



DEPARTMENT OF EDUCATION,
TRAINING AND YOUTH AFFAIRS

NATIONAL

SCHOOL DRUG

EDUCATION

STRATEGY

MAY 1999

A Commonwealth Government Initiative

FOREWORD

The National School Drug Education Strategy demonstrates the Commonwealth Government's recognition that schools are critical places to educate young people to the harm of drug misuse. It reflects that parents and school communities clearly have a role to play in combating the growing threat to our school students of unsanctioned drug use. It also enables abstinence from illicit drugs to be promoted to our young people as a healthy lifestyle choice.

The potential for disruption to families, academic performance, physical development and social integration into the world of adult life is most apparent during the teenage years. Research indicates that the majority of 17 year olds have tried an illegal drug at least once. The age of first experimentation with drugs is lowering.

These very real threats to young people in our schools require a firm commitment by governments to a consistent, national message. A goal of "no illicit drugs in schools" for this Strategy was endorsed by the Ministerial Council on Education, Employment, Training and Youth Affairs at its meeting in December 1997.

The National Drug Education Strategy was prepared by the National Advisory Committee on School Drug Education after extensive consultation with education, health and law enforcement professionals, parent groups, individuals and community organisations. I thank the Committee for its work and also the many organisations, young people and individuals who contributed to the consultation process.

Under the National School Drug Education Strategy, the Commonwealth will fund new and innovative drug education programmes for students and training for teachers. The Commonwealth recognises that the messages delivered by schools need to be reinforced by parents and the wider community. To support this, the Commonwealth will lead the development of strong school/community partnerships and the provision of information to parents.

The strong focus on educational outcomes of this Strategy will complement the development of a national protocol for the management of drug issues and graduated responses to drug related incidents in schools. The development of a national protocol is currently being progressed through the Ministerial Council on Education, Employment, Training and Youth Affairs following agreement by Heads of Government at the Council of Australian Governments on the need to strengthen their response to illegal and unsanctioned drug use in schools.

These efforts in prevention, referral and intervention will send a clear message that unsanctioned drugs have no place in schools. Our young people are precious and we must ensure that they have a safe environment in which to learn and develop to their full potential. We must also ensure that they receive appropriate and professional counselling and treatment if they do become involved in the misuse of drugs.

On behalf of the Government, I thank the members of the National Advisory Committee on School Drug Education for the work they have done and look forward to working with them on the successful implementation of the National Schools Drug Education Strategy.



TRISH WORTH
PARLIAMENTARY SECRETARY
TO THE MINISTER FOR EDUCATION, TRAINING AND YOUTH AFFAIRS
25 May, 1999

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NATIONAL SCHOOL DRUG EDUCATION STRATEGY

PREAMBLE

The purpose of this document is to provide a broad statement of principles and strategic intent for Commonwealth initiatives and funding under the National Illicit Drug Strategy in the area of school drug education. This Strategy does not attempt to direct the activities of States/Territories, and recognises that they have primary responsibility for this area. States and Territories already have strategies in place for the delivery of school drug education and the management of drug related issues and incidents in their jurisdictions.

On 9 April 1999, Heads of Australian Governments agreed to strengthen their attack on drug pushers and their response to drug use within schools. This Strategy should be seen in the context of this new national approach.

The principal intended target audiences for this document are:

- *State and Territory education authorities;*
- *Non government education authorities;*
- *Government and non government schools;*
- *Other government agencies including health and law enforcement;*
- *Related non government organisations; and*
- *Parents and other members of the community.*

GOAL

The goal of the National School Drug Education Strategy is “no illicit drugs in schools”.

The National School Drug Education Strategy strengthens the provision of educational programmes and supportive environments which contribute to the goal of ‘no illicit drugs in schools’. This goal is based on the belief that illicit and other unsanctioned drug use in schools is unacceptable. The focus will be on educational outcomes. Assisting students with drug related problems and deterring the presence and use of unsanctioned drugs in schools will also be addressed.

1. INTRODUCTION

1.1 Need for school drug education initiatives

Harmful drug use in our society continues to be a major source of concern to its members and there is a clear demand for the issue to be broadly addressed. All governments recognise that there is a real need to provide a safe environment for young people, including school students and to address parents' concerns about the impact of drugs on their families. It is vital that Australia's young people, and those who work and interact with them, have the information, strategies and skills to prevent or reduce the harm that can arise from their own drug use and the drug use of others.

For school students, drug use may adversely affect not only their physical and emotional health but also their chances of maintaining a current and life-long connection with education, achieving their full potential academically and living fulfilled and well adjusted lives.

The potential adverse health effects of all drugs, including alcohol and tobacco and other substances such as inhalants, are well documented. Linked with worrying details of levels of use in school students (as revealed in the 1998 report *Australian Secondary Students' Use of Over-the-Counter and Illicit Substances in 1996*, prepared by the Centre for Behavioural Research in Cancer, Anti-Cancer Council of Victoria) it is therefore important to take action to enhance resilience and prevent drug experimentation and usage by our school students and to be able to respond to harm that may arise.

Schools acknowledge, both in principle and in practice, their partnership role in addressing a number of societal issues, through the provision of a safe school environment and the implementation of curriculum, policy and programmes, including the provision of student welfare services.

While it can not be expected that they can work in isolation, they are clearly a critical place for drug education and, ideally, the messages delivered in schools will be reinforced and supported by parents and the wider community.

Schools, parents, related agencies, community organisations and other interested members of the wider community need to be informed and supported in this endeavour as the issue cannot be addressed alone by any one party.

1.2 Whole of Government Approach

On 9 April 1999, Heads of Australian Governments agreed, as part of a broader agreement on the need for national action, to strengthen their attack on drug pushers and their responses to drug use within schools. A Communique was issued at the Special Council of Australian Governments' meeting which included the following extract in relation to drugs in schools.

“The Council of Australian Governments today held its eighth meeting in Canberra. The Council comprising the Prime Minister, Premiers, Chief Ministers and the President of the Local Government Association discussed a national approach to illicit drug use.

This Communiqués sets out the agreed outcomes:

Heads of Government agreed to add a new dimension to the National Illicit Drug Strategy which it founded in November 1997, based on a partnership between governments and the broader community, including volunteer and community organisations.

Heads of Government agreed to work together to make a new investment in prevention, early intervention, education, and the diversion of drug users to counselling and treatment. They agreed to a major shift in the practice of law enforcement and treatment and a clear message about the unacceptability of illicit drug use. The measures proposed increase the availability of information about the dangers of drug use and the impact of police action.

TOUGH ON DRUGS IN SCHOOLS

Heads of Government agreed to strengthen their attack on drug pushers and their response to drug use within schools. Council believes that illicit drugs have no place in schools. It supports the efforts of principals, parents and school communities in pursuing this approach. Some would describe this as a zero tolerance approach, others would use a different description. Heads of Government noted the importance of education in preventing growth in illicit drug use and existing school based initiatives and agreed to the Commonwealth's providing resources to increase the capacity of schools and school communities to respond to illicit drug use.”

1.3 Commonwealth Government Commitment

The outcome of the Special Council of Australian Governments' meeting has further increased the Commonwealth's commitment in this area. The Commonwealth and the States and Territories will work together with key stakeholders to develop the detailed implementation of further measures to help schools respond to illicit drug use.

It has a comprehensive and complementary approach to preventing drug use and misuse by school students through:

- preventative school drug education programmes; and
- development of national protocols and associated supporting initiatives to help school communities develop better ways of handling drug use in the school community.

Total funding of \$27.3 million over four years will be provided for these measures.

1.3.1 Prevention Through Education: The National School Drug Education Strategy

The Government has provided approximately \$18 million over four years to 2002-2003 for the Commonwealth Department of Education, Training and Youth Affairs to develop and implement a National School Drug Education Strategy, under the education component of the National Illicit Drug Strategy.

This level of funding demonstrates the Government's belief in educating all young people, particularly school students, about the consequences of the use of all unsanctioned drugs, with a focus on illicit drugs.

While the focus for the National School Drug Education Strategy, under the National Illicit Drug Strategy, is on *illicit* drugs, education about other drugs including alcohol, tobacco, performance and image enhancing drugs and other substances such as inhalants is also included. (It must be kept in mind that most students are of an age where the sale of alcohol and tobacco to them is illegal.)

The National Illicit Drug Strategy, founded on a partnership between governments and the broader community, was endorsed by the Council of Australian Governments in November 1997, with an initial instalment of \$110.7 million. To date, funding of more than \$500 million has been provided under the Strategy.

This includes significant funding for the major education initiative necessary to address these issues in the community as well as in schools. Other education components of the National Illicit Drug Strategy, administered by the Department of Health and Aged Care, include:

- the Community Partnerships Initiative, a community grant programme for local drug prevention and education projects:
- the Australian Drug Information Network (ADIN) to disseminate information to the general community: and
- a community education and information campaign to educate the community about the dangers of illicit drug use and raise awareness about primary prevention, treatment and rehabilitation.

The National School Drug Education Strategy will be an important component of the overall strategy to reduce the demand for drugs and to emphasise the community's concern with the harmful use of legal and illegal drugs. The Ministerial Council on Education, Employment, Training and Youth Affairs (MCEETYA) endorsed the goal of "no illicit drugs in schools" at its meeting in December 1997.

A priority for the Strategy is the recognition of and integration with existing school initiatives in the States and Territories. The development of the Strategy has involved, and will continue to involve, consultation with State and Territory Governments and non-government education authorities, as well as school principals, teachers, parents, academics, health professionals, Indigenous communities, related non government organisations and members of the broader community. The Strategy involves collaboration across Commonwealth and State portfolios, particularly between education, health and law enforcement for both its development and implementation.

Issues raised in a ten week public consultation process on the draft Strategy have been considered in the finalisation of this Strategy. In total, one hundred and thirteen submissions were formally received. A list is included at Appendix A.

1.3.2 Better Ways of Handling Drug Use in the School Community: Development of a National Protocol

To complement preventative school drug education programmes under the National School Drug Education Strategy, the Government aims to work with States and Territories to help school communities develop better ways of handling drug use in the school community, through the development of a national protocol and associated supporting initiatives.

The Council of Australian Governments agreed in April 1999 to strengthen its attack on drug pushers and its response to drug use within schools. This was part of a broader agreement on the need for national action involving explicit rejection by governments of the use of illicit drugs and the harm this causes.

This cooperative approach will be continued through a new MCEETYA Taskforce to develop the national protocol on management of drug issues and incidents in schools. The Taskforce will comprise Commonwealth, State and Territory education officials, Catholic and independent school sector representatives, and will have parent representation.

It is anticipated that the national protocol will be finalised and in place for the beginning of the 2000 school year.

Funding of \$9.3 million over four years will increase the capacity of schools and their communities to respond to illicit drug use by providing:

- the development of enhanced protocols to help school communities develop better ways of handling drug use in the school community on a national basis;
- educational material for schools and building school and community awareness and involvement in addressing drug problems; and
- resource material to all schools for the design of local summits to strengthen the response of schools and the communities to the challenge of drugs.

To support this approach the Commonwealth, in collaboration with States and Territories, will provide for:

- development and dissemination of the national protocol through:
 - * a satellite broadcast targeted at school principals and staff, introducing the national protocol, providing expert information and guidance, and outlining the roles and interaction of parents, the school community and outside agencies in drug related issues;
 - * the creation of a home page on the internet for the national protocol; and
 - * enhancing the Australian Drug Information Network to provide information to teachers and parents on referring students to suitable professional services;
- school information and education resources including:
 - * the development of interactive CD-ROM and video materials for primary and secondary school students and teachers which will provide strategies for increasing the resilience of students through addressing risk factors and enhancing protective factors and provide key information on counselling and referral strategies; and
- resource materials to all schools for the design of their own local summits to strengthen the response of schools and communities to the challenge of drugs.

The development of a national protocol will draw on the work already done by States and Territories and provide opportunities to enhance these activities.

The protocol will assist in providing a consistent message nationally, especially to parents, about how schools will respond and what help is available if a student does become involved in a drug related incident at school. The objective is that every student who does become involved, will receive a timely and appropriate response which aims to maximise their connection to education.

1.4 National Advisory Committee on School Drug Education

The National Advisory Committee on School Drug Education is one of the expert advisory committees established to provide a range of expert advice to the Ministerial Council on Drug Strategy (MCDS). Members of national expert advisory committees are selected on the basis of expertise.

The National Advisory Committee on School Drug Education provides expert advice and direction to the Commonwealth Minister for Education, Training and Youth Affairs, and through the Minister to MCEETYA, on the development and implementation of the National School Drug Education Strategy. The Committee also reports to the Ministerial Council on Drug Strategy through the Intergovernmental Committee on Drugs. It will also work closely with the Australian National Council on Drugs. (See Section 5:Reporting)

The Committee will also monitor and review the progress and implementation of the Strategy in the light of emerging issues relating to drugs and associated drug education, both nationally and internationally. The Committee will provide timely and strategic intervention as required.

The Committee will work collaboratively on matters of joint interest with the MCEETYA Taskforce for the development of a national protocol for drugs in schools. Terms of Reference and membership of the Committee are shown at Appendix B.

2. DEVELOPMENT OF THE NATIONAL SCHOOL DRUG EDUCATION STRATEGY

The National School Drug Education Strategy was developed on the basis of a collaborative, intersectoral coordinated approach to drug education and reflects consideration of the issues raised by stakeholder groups in the initial consultations (see Appendix C). It has been developed within the following context:

2.1 This Strategy is consistent with the principles set out in the *National Drug Strategic Framework 1998-99 to 2002-03*, endorsed by the Ministerial Council on Drug Strategy in November 1998. This document will form the basis for coordinated action to reduce the harm caused by drugs in Australia over the next five years. The National School Drug Education Strategy will underpin a National Drug Action Plan for School Drug Education under the *National Drug Strategic Framework 1998-99 to 2002-03* and complement initiatives developed by the Department of Health and Aged Care under the National Illicit Drug Strategy.

2.2 Activities funded under the National School Drug Education Strategy will be underpinned by the principles, listed in summary below, and are set out in the document *Principles for Drug Education in Schools - an initiative of the School Development in Health Education Project* (University of Canberra Faculty of Education 1994, Ballard et al). These principles have also underpinned the development and delivery of State and Territory drug education programmes. The principles were developed by the University of Canberra as a collaborative initiative of States, Territories and the Commonwealth of Australia and coordinated by the School Development in Health Education Project. The principles were refined through a national process of broad consultation, presented for comment and critical analysis at the Third International Conference on Drug Abuse Prevention in Schools in Brisbane in 1991 and were widely trialed by all States and Territories.

2.3. The application of the principles will be informed by the Heads of Government Communique on illicit drugs of 9 April 1999, as quoted at Section 1.2.

Principles for Drug Education in Schools

1. Drug education is best taught in the context of the school health curriculum.
2. Drug education in schools should be conducted by the teacher of the health curriculum.
3. Drug education programmes should have sequence, progression and continuity over time throughout schooling.
4. Drug education messages across the school environment should be consistent and coherent.
5. Drug education programmes and resources should be selected to complement the role of the classroom teacher, with selected external resources enhancing, not replacing that role.
6. Approaches to drug education should address the values, attitudes and behaviours of the community and the individual.
7. Drug education needs to be based on research, effective curriculum practice and identified student needs.
8. Objectives for drug education in schools should be linked with the overall goal of harm minimisation.
9. Drug education strategies should be related directly to the achievement of the programme objectives.
10. The emphasis of drug education should be on drug use likely to occur in the target group, and drug use which causes the most harm to the individual and society.
11. Effective drug education should reflect an understanding of the characteristics of the individual, the social context, the drug and the interrelationship of these factors.
12. Drug education programmes should respond to developmental, gender, cultural, language, socio-economic and lifestyle differences relevant to the level of student use.
13. Mechanisms should be developed to involve students, parents and the wider community in the school drug education programme at both planning and implementation stages.
14. The achievement of drug education objectives, processes and outcomes should be evaluated.
15. The selection of drug education programmes, activities and resources should be made on the basis of an ability to contribute to long term positive outcomes in the health curriculum and the health environment of the school.

(From: *Principles for Drug Education in Schools - an initiative of the School Development in Health Education Project*, University of Canberra Faculty of Education 1994, Ballard et al)

3. OBJECTIVES, OUTCOMES AND PERFORMANCE INDICATORS

The Strategy's key goal of "no illicit drugs in schools" requires not only the application of effective management by schools to deter the presence and use of unsanctioned drugs on their premises, but also changes in attitude and behaviour in relation to illicit drug use by some students – a long term outcome widely endorsed by the community. Educative activities conducted under this Strategy are directed towards contributing to the achievement of this end and others, such as, preventing and delaying the onset of experimentation and use, reducing the levels of use and reducing harms associated with drug use. The measurement of such long term outcomes, however, would require longitudinal surveying beyond the scope, resources and lifetime of this Strategy.

In that context, objectives, outcomes and performance indicators for this Strategy focus on outcomes which are achievable and measurable within the ambit, resources and timeframe of the Strategy. Projects funded under the Strategy will be required to identify and report against performance indicators relevant to the proposed activity and this requirement will be reflected in funding contracts. Project performance indicators may be at a lower level than those indicated below but will contribute to those of the overall Strategy which will be monitored by the Commonwealth.

Early in the life of the Strategy, the Commonwealth will commission a project to work collaboratively with the States and Territories to identify processes for establishing evidence of change and the mechanisms through which this could be measured.

Objective 1
Support the development of safe school environments for Australian school students

Outcome
1.1 Drug education policies and programmes in place that contribute to safe school environments

Performance Indicators

1.1.1 The increased proportion of schools that introduce, review and/or refine drug policy and procedures which contribute to a school environment safe from potential drug harm

1.1.2 The increased level of satisfaction in the school community, including parents, that quality policy and programmes are in place to ensure a school environment safe from potential drug harm

Objective 2

In conjunction with students, parents, related agencies and the broader school community, develop initiatives, programmes, and guidelines to support and enhance State and Territory drug education strategies

Outcome

2.1 Drug education initiatives, programmes and guidelines in place that educationally support and enhance State and Territory drug education strategies by contributing to educational outcomes specified in the relevant syllabuses and curricula and which contribute to the broader public health objectives of preventing and reducing drug related harm to individuals and society

Performance Indicators

2.1.1 The increased proportion of schools that adopt initiatives, programmes and guidelines to educationally support and enhance State and Territory drug education strategies

2.1.2 The increased level of satisfaction expressed by schools, systems, parents and the broader school community about the number and quality of additional programmes and strategies and the greater effectiveness of existing programmes

Objective 3

Identify, disseminate and promote the use of good practice models of school drug education policies, programmes, curriculum and resources

Outcome

3.1 Drug education policies and programmes in place that contribute at a national level to the identification, dissemination and promotion of good practice models of drug education policies, programmes, curriculum and resources

Performance Indicators

3.1.1 The increased number of good practice policies, programmes and practices disseminated and used

3.1.2 The increased proportion of schools with improved knowledge about good practice models of school drug education

Objective 4

Enhance the range of drug education curriculum materials and resources

Outcome

4.1 An enhanced range of drug education curriculum materials and resources

Performance Indicators

4.1.1 The increased number of resources produced which meet identified criteria for effective drug education resources and identified areas of need

4.1.2 The increased degree of satisfaction expressed by schools, systems and parents about the quality, relevance and applicability of resources produced

Objective 5

Enhance the professional practice of teachers and school support staff and support the training of preservice teachers

Outcome

5.1 Drug education policies and programmes in place that contribute to enhanced professional practice of teachers and school support staff and the training of preservice teachers

Performance Indicators

5.1.1 The increased number of professional development opportunities offered/provided to teachers and school support staff

5.1.2 The level of increased confidence and competence of teachers in their delivery of drug education and the increased degree to which teachers have incorporated drug education into their teaching programmes

5.1.3 Within the first twelve months of this Strategy, an Action Plan to be developed for addressing the issue of enhanced drug education and training for preservice teachers

Objective 6

In partnership with other stakeholders such as health, inform engage and involve parents about drug related issues

Outcome

6.1 Programmes in place which inform, engage and involve parents about drug related issues

Performance Indicators

6.1.1 The increase in the proportion of schools, in partnership with other stakeholders, informing parents on drug issues and actively involving and engaging parents in the development and implementation of drug education policies, programmes and strategies

Objective 7

Observing community cultural protocols and in conjunction with students, parents and the broader school community, identify areas of particular need and provide strategies for regions and/or targeted groups

Outcome

7.1 Strategies in place targeted to identified areas of need for communities, regions or special groups

Performance Indicators

7.1.1 The increased number of culturally appropriate materials for targeted groups

7.1.2 The increased availability, inservicing and use of resources to targeted groups

7.2.3 The increased number of coordinated links/partnerships and activities between education, other service providers and the broader community to support the delivery of effective drug education programmes

Objective 8

Maintain and strengthen the role of research in the development and delivery of school drug education programmes and ensure that school aged children are included in other relevant research under the National Drug Strategy

Outcome

8.1 Development, delivery and evaluation of school drug education programmes based on the *Principles of Drug Education in Schools*, in particular Principle 7

Performance Indicators

8.1.1 The number and range of research projects funded that inform quality practice in the development and delivery of school drug education programmes

4. IMPLEMENTATION

4.1 Funding and Timeframe

Total funding for the National School Drug Education Strategy is provided over four years as per the following table.

School Drug Education Strategy	98-99 \$m	99-00 \$m	00-01 \$m	01-02 \$m	02-03 \$m	Total \$m
TOTALS	2.5	4	4	3.7	3.8	18

A proportion of funding each financial year will be available for directed, discretionary, nationally strategic projects, particularly in relation to key areas identified by the Commonwealth, including informing and involving parents, school and community partnerships, research, evaluation and addressing the needs of targeted groups and regions. The National Advisory Committee on School Drug Education will play a significant role in identifying projects to commission and assessing and making recommendations on applications received.

The Commonwealth will also seek proposals from States and Territories for use by government and non government schools systems under contractual arrangements with the State and Territory Directors General, generally for a period of twelve months.

Levels of funding approved to individual States/Territories will be based on the quality of proposals received in relation to specified criteria, but will also take into consideration the relative geographical and population size and nature of sectors covered by the proposal. This is particularly relevant where personnel are limited and where geographical diversity/isolation are greatest.

The National School Drug Education Strategy will also fund the operation of the National Advisory Committee on School Drug Education.

4.2 State and Territory School Drug Education Coordinating Committees

State and Territory proposals will be developed and coordinated by State and Territory School Drug Education Coordinating Committees. Separate guidelines are available for the establishment and implementation of State and Territory School Drug Education Coordinating Committees.

In response to the need for a partnership approach to ensure local 'ownership' and 'ground-up' development of initiatives funded under the National School Drug Education Strategy, these Committees must be representative of school sectors, relevant subject associations, peak teacher organisations (especially the Health and Physical Education learning area), health and law enforcement agencies, peak parent and other community representation.

It is suggested that mechanisms could be in place to recognise and include student opinion and points of view. Similarly, membership of the Committees could also include Indigenous representation, or provide evidence of mechanisms for consultation with Indigenous communities. The establishment of approved Committees is a prerequisite of the funding contract.

It has been identified in consultations the importance of bringing together relevant key people from States/Territories to improve communication between Committees, prevent duplication of activities and increase opportunities for the development of generic materials which could be easily adapted to meet the needs of States and Territories.

In addition, such meetings would provide an opportunity for the Commonwealth to be informed of the progress of State/Territory projects and offer assistance where possible. They would also provide opportunities for a member/s of the National Advisory Committee on School Drug Education to make available their expertise when required.

The Commonwealth will contribute funding to the cost of fares, travel allowance, teacher release (if appropriate) and other agreed incidental costs for four meetings per annum and one representative per State/Territory to attend such meetings.

4.3 Selection Criteria

Applications for all projects will be based on a Request for Proposal which will include selection criteria for projects and priorities recommended by the National Advisory Committee on School Drug Education. Applications will be assessed against these requirements.

Selection criteria will clearly reflect that Commonwealth funding under the National School Drug Education Strategy is intended to be applied strategically to provide opportunities for activities which are catalytic, encourage innovation and best practice and promote sustainability. It is not intended be applied to activities which would duplicate or replace existing activities. In addition, the criteria will be consistent with the Commonwealth Government's focus on achieving measurable outcomes. The selection criteria specified in tender documentation for the National School Drug Education Strategy is at Appendix D.

Funding will target in particular the extension of teacher professional development and the enhancement of preservice teacher training, and will also target activities directed at informing, engaging and involving parents about drug related matters, and innovative school-community drug education projects.

4.4 Indicative Activities

Indicative activities are set out below. Please note that these activities are indicative only and the order is not prioritised. Priorities will be set out in the documentation for tendering and may change over the timeframe of the Strategy.

Indicative Activities at a National Level

4.4.1 Identify whether existing research into the incidence and usage of drugs, especially illicit, by school students adequately informs drug education policy development, and conduct research into areas of identified need. (Linked to Objectives 1, 2, 3 and 8)

4.4.2 Conduct research into how best to make schools free of drug-related harm and the presence of drugs; this could include developing guidelines for school drug education and supply reduction measures . For example, guidelines for conducting school events. (Linked to 1, 2, 3 and 8)

4.4.3 Identify good practice in school drug education strategies and provide opportunities for national dissemination, including customisation where necessary.

(Linked to Objectives 1, 2, 3, 5 and 8)

4.4.4 Develop new, quality curriculum drug education resources or update and enhance existing drug education resources. (Linked to Objectives 1, 2 and 4)

4.4.5 Investigate the availability across all States/Territories of drug education programmes and resources for targeted special groups/regions and disseminate the outcomes. (Linked to Objectives 1, 2, 3, 7 and 8)

4.4.6 Develop a national plan for increasing the level of drug education and drug awareness training into primary and secondary preservice teacher training and health courses in universities. (Linked to Objectives 1, 2, 5, 7 and 8)

4.4.7 Develop programmes and materials to inform, engage and involve parents about drug related issues. (Linked to Objectives 1, 2, 5, 6 and 7)

4.4.8 Identify or design programmes, based on research into prevention principles for children and adolescents, which integrate school and community to reduce risk factors and increase protective factors in relation to drug use by providing intervention. (Linked to Objectives 1, 2, 3, 4, 5, 6, and 7)

4.4.9 Conduct research to determine the nature, extent and quality of existing preservice teacher training in drug education. (Linked to Objectives 5 and 8)

Indicative Activities at State/Territory Level

Within the agreed selection criteria, State and Territory School Drug Education Coordinating Committees will work to identify, develop and prioritise activities under this Strategy which will be consistent with and enhance their State or Territory strategic plan for drug education initiatives. Some indicative activities are set out below.

4.2.10 Identify, document and disseminate models of good practice within schools to prevent harmful drug use, particularly illicit, within the school environment. (Linked to Objectives 1, 2, 3, 5 and 7)

4.2.11 In areas of special need, develop drug education strategies and materials which are specific to locations and populations, for example Indigenous students. (Linked to Objectives 1, 2, 4 and 7)

4.2.12 Support professional development, including resources as required, to assist teachers and school support staff deliver drug education in schools. (Linked to Objectives 1, 2, 3 and 5)

4.2.13 In conjunction with parents and the broader community, and working within school clusters, develop school-community projects to deliver drug education in new ways, including incorporating information about healthy life styles in safer alternative activities. (Linked to Objectives 1, 2, 5, 6 and 7)

5. REPORTING

Reporting on Project Activities

All projects funded under the National School Drug Education Strategy will be subject to a contractual requirement to provide satisfactory and timely reports on their outcomes.

Reporting on the National School Drug Education Strategy

The Ministerial Council on Drug Strategy has endorsed the Intergovernmental Committee on Drugs (IGCD) as the appropriate body to prioritise and coordinate activities across the national expert advisory committees, including the National Advisory Committee on School Drug Education, to ensure that policies, strategies and directions are consistent with the *National Drug Strategic Framework 1998-99 to 2002-03*. The Department of Education, Training and Youth affairs is represented on the IGCD.

The National Advisory Committee on School Drug Education will also work closely with the Australian National Council on Drugs (ANCD). The education sector is represented on the ANCD by the Chairperson of the National Advisory Committee on School Drug Education.

6. REVIEW AND EVALUATION

An evaluation process will review the National School Drug Education Strategy in terms of achievement against stated guiding principles, objectives and outcomes.

In addition, the Committee will regularly review the Strategy's implementation to ensure consistency with stated objectives and guiding principles. It will provide expert advice and direction on the development and implementation of the Strategy.

Such review would be conducted in the light of emerging issues relating to drugs and associated drug education, both nationally and internationally and provide timely advice regarding strategic intervention.

An evaluation of the Strategy would be conducted from June 2002 to be completed in 2003. In addition, the National Drug Action Plans, of which School Drug Education is one, will be coordinated to maximise consistency, particularly in relation to reporting, research, monitoring and evaluation. The evaluation of the National School Drug Education Strategy will therefore be consistent with an agreed approach regarding the evaluation of the overall National Drug Strategy and the National Illicit Drug Strategy.

GLOSSARY

Note: This Glossary sets out the meaning of significant terms within the context of this Strategy and its subsequent application and is informed by terminology adopted by the *National Drug Strategic Framework 1998-99 to 2002-03*.

- **Drug**

A substance which produces a psychoactive effect. Within the context of the National Drug Strategic Framework, the term drug is used generically to include tobacco, alcohol, pharmaceutical drugs and illicit drugs. The National Drug Strategic Framework also includes strategies to address the harmful use of other substances including inhalants and kava.

- **Educational Outcomes**

Educational outcomes are those drawn from State/Territory syllabuses and curricula which contribute to the broader public health outcomes related to preventing and reducing the harm associated with drug use.

- **Harm Minimisation**

Harm minimisation underpins the National Drug Strategy and refers to policies and programs aimed at reducing drug-related harm. Harm minimisation aims to promote better health, social and economic outcomes for both the community and the individual and encompasses a wide range of approaches. Both licit and illicit drugs are targeted. Harm minimisation includes preventing anticipated harm and reducing actual harm. Harm minimisation is therefore consistent with a comprehensive approach to drug-related harm, involving a balance between *demand reduction, supply reduction and harm reduction strategies*.

A comprehensive approach must take into account three interacting components: the individuals involved, their social, cultural, physical and economic environment and the drug itself. Approaches for reducing harm will, therefore, differ across target groups, time and location. For example, strategies for reducing harm to underage drinkers will be different from strategies targeting an older smoker. Similarly, different strategies may be required to access parents in rural areas from those in metropolitan centres.

Demand Reduction: Demand reduction strategies aim to seek a reduction of desire and preparedness to obtain and use drugs. These strategies are aimed at preventing the uptake of harmful drug use and include abstinence-oriented strategies aimed at reducing drug use. Demand reduction strategies aim to both prevent harmful drug use and also prevent drug-related harm.

Supply Reduction: Supply reduction strategies aim to disrupt the production and supply of illicit drugs. They may also be used to impose limits on access to and the availability of licit drugs – an example is legislation regulating the sale of alcohol and tobacco to persons under the age of 18. Another example in the school setting includes measures taken to limit the availability of illicit drugs on school premises.

Harm reduction: Harm reduction strategies are designed to reduce the impacts of drug-related harm on individuals and communities. Governments do not condone illegal risk behaviours such as injecting drug use, but they do acknowledge that these behaviours occur and have a responsibility to develop and implement public health and law enforcement measures designed to reduce the harm that such behaviours can cause.

Health Curriculum

As defined in *Principles for Drug Education in Schools* (Ballard, Gillespie and Irwin, University of Canberra 1994) the Health Curriculum refers to the subjects and courses of study which address curriculum areas that draw from the Health and Physical Education Statement and Profile for Australian Schools. It may encompass health education, personal development, health and welfare or other curriculum areas that States and Territories perceive as relevant.

The Health and Physical Education - Statement on health and physical education for Australian schools further states that “The health and physical education area emphasises the relationships in a field of influence that includes personal actions, the beliefs, attitudes and values held by families, cultural groups and the wider community, public policies affecting health and physical activity, and the settings and contexts of activities in the area.

An understanding of the beliefs, practices and policies in the area of health and physical education allows people to play an informed part in public debate and to take the individual and collective action necessary for emotional, mental, physical, social and spiritual wellbeing, both personal and social.”

In a similar vein, as defined in the draft document *National Strategy for Health Promoting Schools 1998-2001*, health promoting schools aim to provide “a place where all members of the school community work together to provide students with integrated and positive experiences and structures which promote and protect their health. This includes both the formal and informal curricula in health, the creation of a safe and healthy school environment, the provision of appropriate health services and the involvement of the family and the wider community in efforts to promote health.”

- **Health Promoting Schools**

See paragraph above.

- **Illicit (or Illegal) Drug**

A drug of which the production, sale, possession or use is prohibited. An alternative term is ‘illegal drug’.

- **Inhalants**

Substances which are inhaled for psychoactive effects, including many domestic and industrial products such as glue, aerosol sprays, paints, industrial solvents, thinners, petrol and cleaning fluids.

- **Kava**

A drink or a preparation obtained from the plant 'kava' (*Piper methysticum*).

- **National Drug Action Plans**

The National Drug Strategic Framework will be accompanied by a series of National Drug Action Plans. These National Drug Action Plans will identify specific priorities for addressing the harm arising from the use of licit and illicit drugs and other substances; strategies to address these priorities; and performance indicators.

- **Pharmaceutical Drugs**

Drugs available through a pharmacy including over-the-counter and prescription medicines.

- **Psychoactive effects**

Effects produced by a drug or substance that alter mental processes including mood, cognition, thinking or behaviour.

- **Safe and Supportive School Environment**

A safe supportive learning environment will provide for the physical, physiological, psychological, social, cultural, aesthetic and intellectual development of students. (As defined in *Creating Safe and Supportive Learning Environments: What's working in Australian schools*, Australian Council of State School Organisations, November 1998, ISBN 0 908264 39 9.)

- **School Community**

The school community is composed of a number of groups and agencies who work together to achieve the best educational and personal outcomes for students. These groups and agencies can include students, school staff (for example teachers and other professionals, administrators and other support staff), parents/guardians and other carers, interested individuals and members of other agencies and organisations, such as community organisations.

- **Unsanctioned Drug Use**

Drug use that is proscribed by law, school authorities or school policies and/or guidelines. It includes illicit, social and prescription drugs.

RESPONSES RECEIVED FROM CONSULTATION PROCESS

Aboriginal Education & Training Council of WA ACT Department of Education & Community Services
 ACT Department of Health & Community Care Alcohol & other Drugs Council of Australia, ACT
 Anti-Cancer Council of Vic Aquinas College, Vic Association of Independent Schools of TAS
 Association of Independent Schools of Victoria Association of Independent Schools of Western Australia
 Association of Independent Schools of NSW Attorney General's Department Australian Association of
 Christian Schools, ACT Australian Bureau of Criminal Intelligence, ACT Australian Council for Health,
 Physical Education & Recreation, SA Australian Council of State School Organisations, ACT Australian
 Federal Police, ACT Australian Heath Promoting Schools, NSW Australian Institute of Criminology,
 ACT Australian Medical Association Ltd, ACT Australian Parents Council Inc, NSW Australian
 Parents for Drug Free Youth, Qld Australian Professional Society on Alcohol & other Drugs, NSW
 Board for Lutheran Schools, SA The Canberra College Canberra Grammar School Canberra
 Montessori Society Primary School Caroline Chisholm High School, ACT Catholic Education
 Commission, NSW Catholic Education Office, Archdiocese of Canberra & Goulburn Catholic Education
 Office, Lismore Catholic Education Office, Melbourne Catholic Schools Parent Forum, NSW
 Chapman Primary School, ACT Corpus Christi College, NSW Curtin University of Technology WA
 Daramalan College, ACT Department of Education, TAS Department of Education, Training and
 Employment SA Department of Education, Victoria Department of Health & Aged Care, ACT Dickson
 College, ACT Drug Education Network, Tas Drug-Arm, Qld Drugwatch Australia, NSW Education
 Department of Western Australia Education Queensland Families & Friends for Drug Law Reform
 (ACT) Inc Federation of Parents & Citizens Associations of NSW Focus on the Family Australia, Vic
 Fraser Primary School, ACT The Friends' School, Tas Holy Euchadist Primary School, Vic Holy
 Trinity Primary School, ACT Isabella Plains Primary School, ACT Jesuit Social Services, Vic Kaleen
 High School, ACT Kids Media Pty Ltd, SA Lake Tuggeranong College, ACT Life Education
 Australia, NSW Life Education Centre Foundation Qld Inc Life Education SA Inc Lyons Primary
 School, ACT Macgregor Primary School, ACT Major Brian Watters, Chair, Australian National Council
 on Drugs Miles Franklin Primary School, ACT Ministerial Advisory Council on Torres Strait Islander
 Education, Qld Mount St Joseph Girls College, Vic Mr Alan Heath, Vic Mr Graham Strathearn, CEO,
 Drug & Alcohol Services Council & Chair of the Intergovernmental Committee on Drugs Mr Keith Evans,
 Alcohol, Tobacco & other Drug Services, Queensland Health & Member of the Intergovernmental Committee
 on Drugs Mr P Anderson, Vic Mr Phillip Gosper, NSW Ms Bronwyn Barnard, ACT Ms Lorraine
 Robertson, NSW Ms Margaret Hamilton, Member of the Australian National Council on Drugs Ms
 Philomena Bisshop, Member of the Intergovernmental Committee on Drugs National Aboriginal Community
 Controlled Health Organisation, ACT National Catholic Education Commission National Drug & Alcohol
 Research Centre NSW NSW Department of Education & Training NSW Health Department NSW
 Federation of School Community Organisations NSW/ACT Independent Education Union O'Connor
 Cooperative School Board, ACT Palmerston District Primary School, ACT Pedare Christian College, SA
 Peirson Family Support Service, Qld Police & Public Safety, Tas Qld Catholic Education Commission
 Qld Council of Parents Citizens Association Qld Police Service QUIT Victoria Royal Australian
 College of General Practitioners Royal Australian & New Zealand College of Psychiatrists Rotary Club
 of St Peters, SA Rural Youth Information Service, Vic SA Independent Schools Board Inc Sacred
 Heart Primary School, ACT St Cathages Primary School, NSW St Joseph's School, Vic St Michaels
 Primary School, ACT St Thomas Aquinas Primary School, ACT Territory Health Services, NT Uniting
 Education, Vic University of Sydney University of Western Sydney Uriarra Primary School, ACT
 Victoria Police WA Police Service

Thanks to the students and teachers at the following schools who participated in a youth focus group:
 Rochedale State High School Brisbane State High School Redbank Plains State High School

TERMS OF REFERENCE FOR THE NATIONAL ADVISORY COMMITTEE ON SCHOOL DRUG EDUCATION

The National Advisory Committee on Schools Drug Education will:

- Provide expert advice and direction to the Minister for Schools Vocational Education and Training, and through the Minister to the Ministerial Council on Employment, Education, Training and Youth Affairs (MCEETYA), on the development and implementation of a National Schools Drug Education Strategy.
- Monitor, review and evaluate the progress of the Schools Drug Education Strategy in the light of emerging issues relating to drugs and associated drug education, both nationally and internationally and provide timely advice regarding strategic intervention as required.
- Provide high level expert advice to the Ministerial Council on Drug Strategy through the Intergovernmental Committee on Drugs and work closely with the Australian National Council on Drugs.
- Provide reports to Australian National Council on Drugs, the Ministerial Council on Drug Strategy, the Ministerial Council on Employment, Education, Training and Youth Affairs or Council of Australian Governments as required.

Members of the National Advisory Committee on School Drug Education

Chairperson

Ms Karyn Hart: Principal Rochedale High School, Brisbane; and President of the Australian Secondary Principals Association; Member of the Australian Council on Drugs

Associate Professor Steve Allsop: Director of the National Centre for Education and Training on Addiction (NCETA), South Australia

Mr Rod Ballard: Coordinator Health Issues, Education Services Directorate, Education Queensland

Mr Peter Collier: Teacher, Scotch College, Perth; and Member of State Youth Advisory Committee, Western Australia

Mr Richard Crane: Manager, School Drug Education Project, Western Australia

Ms Eleanor Davidson: Executive Director, Student Services and Equity Programs, NSW Department of Education and Training

Ms June Hicks: Executive Officer, Caroline Chisholm High School, ACT; and National Health Coordinator for the Australian Council for Health, Physical Education and Recreation

Ms Mary Johnston: Department of Education, Training and Youth Affairs (ex officio)

Mrs Maria Marriner: Education Officer, Health and Drug Education, NT Department of Education

Ms Bernadette Murphy: Teacher, St Columba's College, Essendon, Victoria

Mr Leslie (Les) Nayda AM: Director, Aboriginal Employment, Education & Development Branch, Department of Employment, Technical and Further Education, South Australia

Mrs Julie Roberts: Australian Council of State School Organisations, Tasmania

Detective Inspector Malcolm Schluter: Australian Parents Council, South Australia

APPENDIX B

Ms Laurel Sutton: Manager, Police/Schools Involvement Programme, Victoria Police

Ms Margaret Sykes: Education Officer, Student Welfare Programs, Catholic Education Commission, New South Wales

Mrs Janice Szmal: Principal, MacKellar Primary School, Victoria

Mr Michael Urwin: Principal, Brighton Grammar School, Victoria

Ms Laurie Van Veen: Department of Health and Aged Care (ex officio)

Ms Elaine Walters: Community member with involvement in schools drug education. Ms Walters lives in Melbourne.

SUMMARY OF ISSUES RAISED IN INITIAL CONSULTATIONS
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General- all States/Territories have developed a collaborative, intersectoral, coordinated approach to drug abuse prevention. Views across the various sectors are consistent.

Partnerships between parents, the school community and the wider community are seen as critical by all parties consulted. Parent bodies are keen to be involved and offer support and the use of their networks.

Accurate and well designed information for parents and professional development for teachers in their interaction with parents is also seen as very important.

Schools alone cannot “solve” the problem. A “whole of school” and community approach to school drug education is needed rather than putting the onus on individual schools or teachers.

Wide support for *Principles for Drug Education in Schools - an initiative of the School Development in Health Education Project*, University of Canberra Faculty of Education 1994, Ballard et al - widely supported and evident in policy and practice.

Most effective message is ‘harm minimisation’ ie reduction of drug related harm is an important objective - **consumption reduction and abstinence** are important strategies to achieve this objective.

Drug education for school children should cover **all drugs** - not just illicit drugs - and include substance misuse.

States/Territories support a **holistic approach** to drug education.

Funding - support for three year funding model for effective planning - not submission based but report against outcomes.

Research - drug usage well researched (though possibly a lack of data re primary aged children) and research is needed on effective models of drug education (what works and why).

Teacher professional development - a high priority - including professional development to support and sustain partnerships between principals, teachers, parents, police, health workers and the community.

Curriculum - must fit into the wider area of Health and Physical Education; greatest need for middle years of schooling.

Regional focus - recognition of regional differences and needs of particular groups is important.

Existing networks - NIDE networks could provide a network on which to build.

Drug education in **pre-service teacher education** - general support, although some felt Strategy should focus on existing teachers.

National awards - some support as a means of positive recognition of schools, but there may be some difficulties in setting criteria for "success" in this area.

Support for a “clearinghouse” function where case studies and other best practice models can be shared - support as an appropriate way of sharing effective practice. Suggestions of a national drug education newsletter or interactive site on the Internet.

**SELECTION CRITERIA FOR PROJECTS FUNDED UNDER THE NATIONAL SCHOOL
DRUG EDUCATION STRATEGY**

STATE AND TERRITORY PROPOSALS

1. CONTEXT AND APPROPRIATENESS

Do the proposed activities demonstrate consistency/concordance with:

- the goal, objectives, principles, outcomes and indicative activities set out in the National School Drug Education Strategy;
- where relevant, the mission, objectives and priority areas of the *National Drug Strategic Framework 1998-99 to 2002-03*; and
- relevant State/Territory Plan/Strategy for school drug education.

Note: While applicants are not expected to address all these documents in detail in their proposal, they should ensure in the development of their proposal that this criterion has been met.

2. THE NEED

Does the proposal provide a rationale based on research/evidence?

3. CONSULTATION AND DEVELOPMENT

Does the proposal demonstrate evidence of consultation / partnership with and endorsement / agreement by:

- all education sectors and systems;
- where appropriate, other related agencies such as law enforcement and health;
- where appropriate, students, parents and related non government community organisations.

4. STRATEGIC ENHANCEMENT

Does the proposal demonstrate how Commonwealth funding could be applied to strategically enhance State/Territory activities, fund new catalytic activities or demonstrate where appropriate, how the activities will contribute to the sustainability of the activities?

Note: Proposals which strategically enhance activities would contain mechanisms to address issues of:

- *innovation and best practice;*
- *customisation of activities or resources to provide for wider or national application;*
- *ability to respond to emerging issues;*
- *reflection of consultation and collaboration with all players;*
- *consistency with relevant principles;*
- *ability to support policy; and*
- *addition of long term value and sustainability to activities.*

Commonwealth funding is intended to provide opportunities for strategic activities which are catalytic and is not intended to be applied to activities which would duplicate or replace existing State/Territory activities.

5. THE OUTCOMES

Does the proposal clearly define objectives and outcomes which are consistent with the National School Drug Education Strategy and are they achievable in the timeframe and measurable?

6. TARGET AUDIENCE

Does the proposal clearly define the target audience, for example does it address the drug education needs of:

- teachers and other school support staff;
- students with special needs (such as Indigenous students);
- students living in communities / regions with particular characteristics (such as rural or remote or culturally and linguistically diverse); and/or
- parents.

Note: The proposal should include details of the estimated impact on schools, teachers, school support staff and parents and where possible, provide quantitative estimation of the impact.

7. STRATEGIC LINKAGES

Does the proposal show evidence of innovative, cost effective and strategic linkages with other related Commonwealth or State/Territory strategies and/or activities?

Note: An example could be the shared provision of professional development where the teaching skills and strategies are similar, such as in the area of BBV/HIV/STDs education.

A table of associated Commonwealth strategies / programmes is attached for your information.

8. THE BUDGET

Does the project include a clearly defined/itemised budget which includes details of all funding sources, including State/Territory contributions and intended financial reporting mechanisms?

Note: Funding for equipment of a capital nature (such as computers, TVs etc) is not generally an approved budget item. Special approval would need to be sought from the Commonwealth for inclusion of such items in the budget.

9. REPORTING

Does the proposal provide:

- clear project milestones; and
- identified mechanisms to *separately* identify and report, quantitatively and qualitatively, and financially on both;
 - the Commonwealth funding contribution and
 - associated activities, including by type of activity (such as: resource development; teacher professional development; school-community partnerships; parent education/information; and measures addressing the needs of special groups or regions with particular characteristics).

Note: For accountability reasons, it is important that activities funded by the Commonwealth are attributable and measurable.

10. MONITORING AND EVALUATION

Does the proposal provide clearly identified and measurable:

- project monitoring mechanisms;
- project performance indicators which are consistent with those of the National School Drug Education Strategy; and
- proposed project evaluation strategies and mechanisms.

11. COORDINATION COMMITTEES (Mandatory)

Has a Coordination Committee been established in accordance with the “Guidelines for the Establishment and Operation of State/Territory School Drug Education Coordinating Committees”.

Note: The proposal should include details, as set out in the guidelines, of the Committee.

NATIONAL PROPOSALS

1. CONTEXT AND APPROPRIATENESS

Do the proposed activities demonstrate consistency/concordance with:

- the goal, objectives, principles, outcomes and indicative activities set out in the National School Drug Education Strategy; and
- where relevant, the mission, objectives and priority areas of the *National Drug Strategic Framework 1998-99 to 2002-03*.

Note: While applicants are not expected to address all these documents in detail in their proposal, they should ensure in the development of their proposal that this criteria has been met.

2. THE NEED

Does the proposal provide a rationale based on research/evidence?

3. CONSULTATION AND DEVELOPMENT

Does the proposal demonstrate evidence of consultation / partnership with and endorsement / agreement by:

- all education sectors and systems;
- where appropriate, other related agencies such as law enforcement and health;
- where appropriate, students, parents and related non government community organisations.

4. STRATEGIC ENHANCEMENT

Does the proposal demonstrate how Commonwealth funding could be applied to strategically enhance existing activities or fund new catalytic activities?

Note: Proposals which strategically enhance activities would contain mechanisms to address issues of:

- *innovation and best practice;*
- *customisation of activities or resources to provide for wider or national application;*
- *ability to respond to emerging issues;*
- *reflection of consultation and collaboration with all players;*
- *consistency with relevant principles;*
- *ability to support policy; and*
- *addition of long term value and sustainability to activities.*

5. THE OUTCOMES

Does the proposal clearly define objectives and outcomes which are consistent with the National School Drug Education Strategy and are they achievable in the timeframe and measurable?

6. TARGET AUDIENCE

Does the proposal clearly define the target audience?

Note: Where possible, the proposal should include details of the estimated impact/coverage of the proposed activities or demonstrate how the activities will increase coverage by other mechanisms eg 'train the trainer'.

7. STRATEGIC LINKAGES

Does the proposal show evidence of innovative, cost effective and strategic linkages with other related Commonwealth or State/Territory strategies and/or activities?

Note: A table of associated Commonwealth strategies / programmes is attached for your information.

8. THE BUDGET

Does the project include a clearly defined/itemised budget which includes details of all funding sources, including State/Territory contributions and intended financial reporting mechanisms?

Note: Funding for equipment of a capital nature (such as computers, TVs etc) is not generally an approved budget item. Special approval would need to be sought from the Commonwealth for inclusion of such items in the budget.

9. REPORTING

Does the proposal provide:

- clear project milestones; and
- identified mechanisms to *separately* identify and report, quantitatively and qualitatively, and financially on both
 - the Commonwealth funding contribution and
 - associated activities, including by type of activity (such as: research; resource development; teacher professional development; and measures addressing the needs of special groups or regions with particular characteristics).

Note: For accountability reasons, it is important that activities funded by the Commonwealth are attributable and measurable.

10. MONITORING AND EVALUATION

Does the proposal provide clearly identified and measurable:

- project monitoring mechanisms;
- project performance indicators; and
- proposed project evaluation strategies and mechanisms.

THE ORGANISATION (Mandatory)

Does the organisation demonstrate sound financial viability and an organisational structure, experience, expertise and ability to manage the proposed project including achieving the expected outcomes, managing financial resources and maintaining appropriate accounting mechanisms.

Note: Organisations should read the draft funding contract carefully in relation to any potential conflict of interest and the authority of the Department to monitor projects and inspect accounting records in relation to the project.

NATIONAL DRUG STRATEGY - LINKAGES TO OTHER STRATEGIES

<i>Strategy</i>	<i>Coordinated By</i>
National Drug Strategy	
National Drug Strategic Framework National Illicit Drug Strategy	Ministerial Council on Drug Strategy (MCDS) Intergovernmental Committee on Drugs (IGCD) Australian National Council on Drugs (ANCD) National Expert Advisory Committee on Illicit Drugs
National Alcohol Strategy	National Alcohol Strategy Committee <i>to be expanded to National Expert Advisory Committee on Alcohol</i>
National Tobacco Strategy	Ministerial Tobacco Advisory Group <i>to be expanded to National Expert Advisory Committee on Tobacco</i>
National Illicit Drug Supply Reduction Strategy National Heroin Supply Reduction Strategy	Australasian Police Ministers' Council Senior Officers Group
Schools Drug Education Strategy	National Expert Advisory Committee on Schools Drug Education <i>- also links to Ministerial Council on Education, Employment, Training and Youth Affairs (MCEETYA)</i>
National Drug Crime Prevention Fund (NDCPF)	National Drug Crime Prevention Fund (NDCPF) Committee
National Community Based Approach to Drug law Enforcement (NCBADLE)	NCBADLE Board of Control
Australia's International Drug Strategy	Standing Interdepartmental Committee on International Narcotic Issues (SIDCINI)
Related Public Health Strategies	
National Public Health Partnership	National Public Health Partnership Group <i>links to Australian Health Ministers' Advisory Council (AHMAC) Australian Health Ministers' Conference (AHMC)</i>
National Aboriginal and Torres Strait Islander Substance Misuse Program	Aboriginal and Torres Strait Islander Substance Misuse Advisory Committee <i>links to Ministerial Council on Aboriginal and Torres Strait Islander Affairs (MCATSI/A)</i>
National HIV/AIDS Strategy Hepatitis C Action Plan National Indigenous Sexual Health Strategy	Australian National Council on AIDS and Related Diseases (ANCARD) ANCARD Hepatitis C Subcommittee National Indigenous Sexual Health Working Group
Quality Use of Medicines Policy other pharmaceutical issues	Pharmaceutical Health and Rational Use of Medicines (PHARM) Committee <i>links to Australian Pharmaceutical Advisory Committee (APAC) National Expert Advisory Committee on Pharmaceuticals</i>
National Mental Health Policy National Mental Health Strategy National Youth Suicide Prevention Strategy	National Mental Health Working Group (NMHWG) National Community Advisory Group (NCAG) Youth Suicide Prevention Advisory Group
Related Policing Strategies	
Directions in Australasian Policing	Australasian Police Ministers' Council - Senior Officers Group