

ALTERNATIVES TO SCHOOL BASED EDUCATION FOR ALCOHOL AND OTHER DRUGS

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The Chief Minister's Round Table of Young Territorians is an independent advisory body. The views expressed in this report are those of the authors and are not necessarily reflective of those of the Office of Youth Affairs or the NT Government.

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- Department of Education Northern Territory Government
- All our families
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- Our Lady of the Sacred Heart Alice Springs

Abbreviations

OYA – Office of Youth Affairs

NT – Northern Territory

AOD – Alcohol and other drugs

PE – Physical Education and Health class.

NTCF – Northern Territory Curriculum Framework

Terms used in this Report

Youth - Individuals aged 12 – 25 years of age.

Young Territorian – A person aged between 12 – 25 years who lives in the Northern Territory.

Harm minimisation – When education is not only based around instructing youth not to take drugs or abuse alcohol, but includes methods and practices that are based on the understanding that there is a high likelihood of them trying it and therefore should do so in the safest possible manner.

Peer to Peer education – Peer to Peer education is when people are taught by someone of their own demographic. For the purpose of this report peer to peer education refers to youth between the ages of 15 and 25 teaching other youth. Usually it will take the form of an older youth sharing their knowledge with the younger youth.

Executive Summary

This project investigates the current effectiveness of teaching methods in regards to the identified issue of misuse of alcohol and other drugs (AOD), while exploring alternative possibilities. Research was conducted through surveys, and interviews with; youth, teachers, parents, role models, health professionals and hotline workers. The objective was to see if students would respond better to peer to peer education and if it would be a more effective method for teaching AOD awareness. Overall, this project aims to find way in which to teach youth about the risks of AOD in an engaging way that discourages them to get involved. This project aims to find a preventative method to combat the problems of AOD issues within the youth community of the NT.

Our research found that young people in the NT do not believe that their AOD education was sufficient or effective; however they did think that they would respond well to peer to peer education. Professionals including principals and school counsellors from a range of areas responded well to the idea of peer to peer education.

Overall, the research has supported the proposed peer to peer education for AOD. Community consultation and stakeholder interviews have shown that the current system of AOD education is not as effective as it could be.

Our research supports our belief that the current education system is not as effective as it could be with regards to AOD. If the education and awareness was improved it would potentially see a decrease in the misuse of AOD which would consequently cause a decrease in related crimes. We propose that a peer based learning program for AOD education be piloted in middle schools in the NT. This program would encourage good habits and discourage the use of AOD, as well as teaching harm minimisation tactics.

Introduction

AOD misuse is an ongoing issue within the NT especially for young people. Misuse and abuse of alcohol or other harmful drugs can be life destroying, especially at a young age. People between the ages of 15 and 25 are extremely impressionable and as a result can end up doing drugs or abusing alcohol because of peer pressure or other external influences. Results of the Youth Issues Survey conducted at the beginning of 2015 by members of the Chief Minister's Round Table of Young Territorians (Round Table), highlighted that youth in the NT believe that misuse of AOD was one of the largest issues facing youth today. As it stands, there are many different programs throughout Australia and the NT working to combat AOD misuse.

AOD education in the NT is currently taught through Physical Education class as a section of health, under both the NT Curriculum Framework and the Australian Curriculum. However the final decision on whether and to what extent to teach AOD awareness is up to how the teacher interprets the curriculum. This means that not all students are receiving a comprehensive and engaging education on the risks of AOD misuse.

Youth are getting involved with AOD at an increasingly younger age. This means that it is imperative to educate them on the long term risks and health hazards that misuse of AOD can have. The current education system has not been effective in curbing the ever growing drug abuse problem in the Northern Territory. This project investigates the proposed alternative education method of peer based learning that would encourage good habits and self-esteem as well as discourage substance abuse.

Peer to peer education has been identified by the United Nations as a method of educating youth about the dangers surrounding AOD. In a document released by the United Nations Office for Drug Control, it was stated that "peer educators are ... able to convert dry information into useful knowledge, because they are able to understand the context in which their peers are best able to use that information."¹ There are many successful peer based learning programs throughout Australia and the world however we were not able to find any focused on AOD running within the Northern Territory. This gap provides the basis for our recommendations.

¹ https://www.unodc.org/pdf/youthnet/handbook_peer_english.pdf

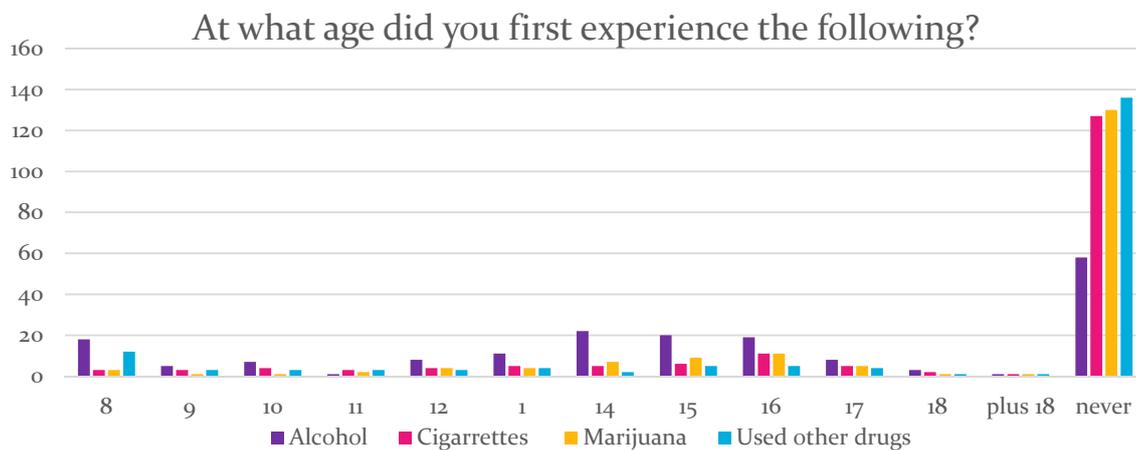
Major Findings

The survey of 170 young people in the NT provided a valuable insight into the effectiveness of the current AOD education system along with a good understanding of what young Territorians thought of peer to peer education. It was found that 18.6% of the responders had not received any AOD education and only 18.0% of those who did were 'more than somewhat' interested in the education that they did receive.

The survey also showed that the average age for consuming alcohol or other drugs was between the ages of 12 and 18; this age bracket corresponds to middle school and high school.

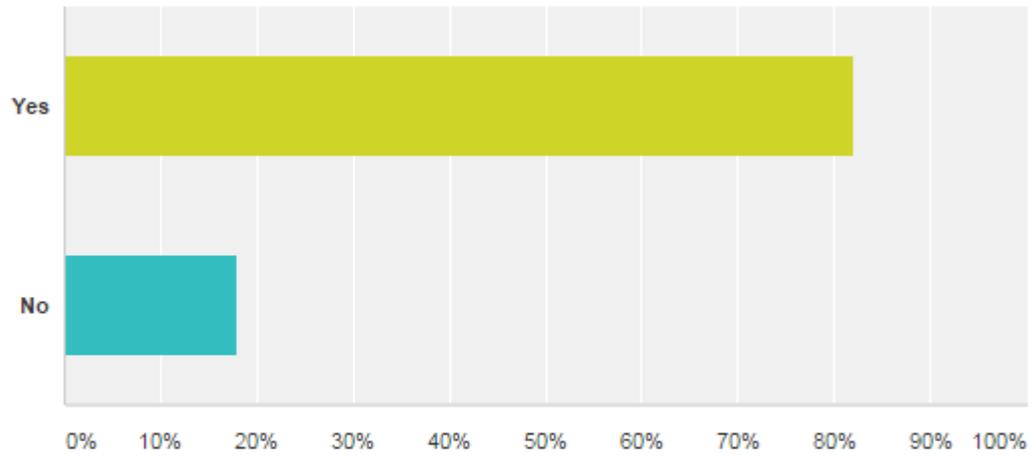
Focus groups conducted in both Alice Springs and Darwin found that youth were enthusiastic about the idea of peer to peer teaching because peers "are the younger generation and can relate to the students better". The focus groups were conducted in year 10 classes, which meant that they no longer were participating in compulsory PE however had completed the health program.

Various interviews conducted with teachers, health professionals and mentors provided professional feedback on the proposed idea of peer to peer teaching, as well as providing insight into the structure of the current system.



Have you participated in drugs and alcohol education?

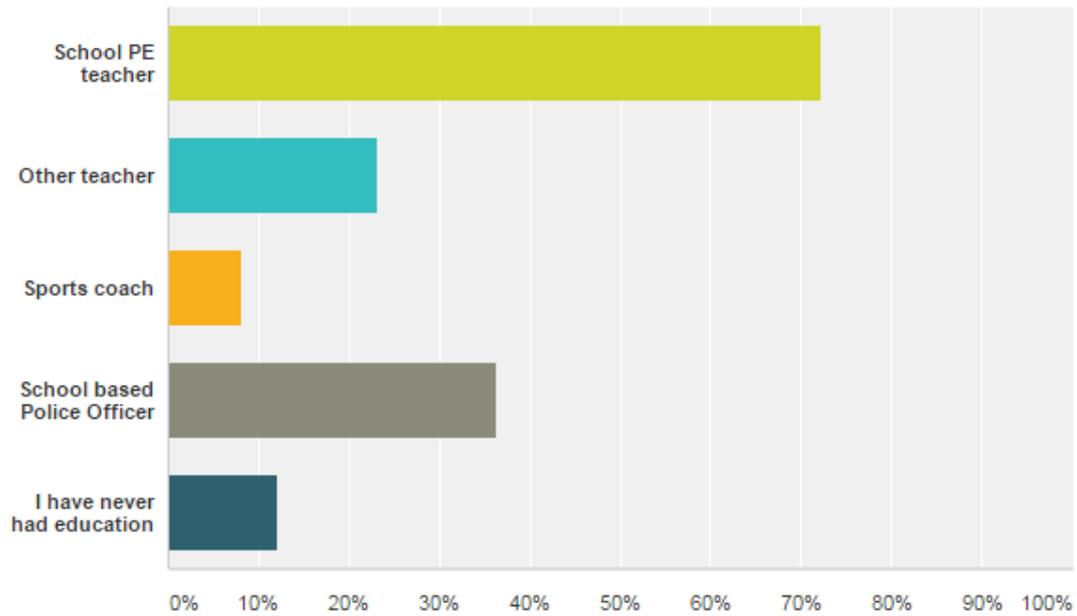
Answered: 183 Skipped: 2



Answer Choices	Responses	
Yes	81.97%	150
No	18.03%	33
Total		183

Who facilitated the drugs and alcohol education?

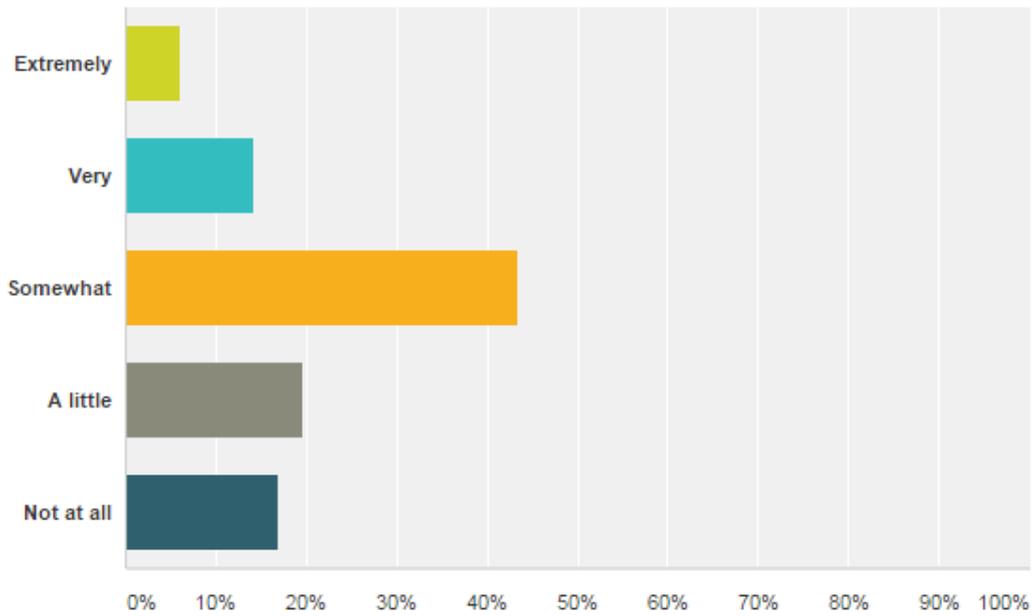
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Answer Choices	Responses
▼ School PE teacher	72.25% 125
▼ Other teacher	23.12% 40
▼ Sports coach	8.09% 14
▼ School based Police Officer	36.42% 63
▼ I have never had education	12.14% 21

How interested were you in the education provided?

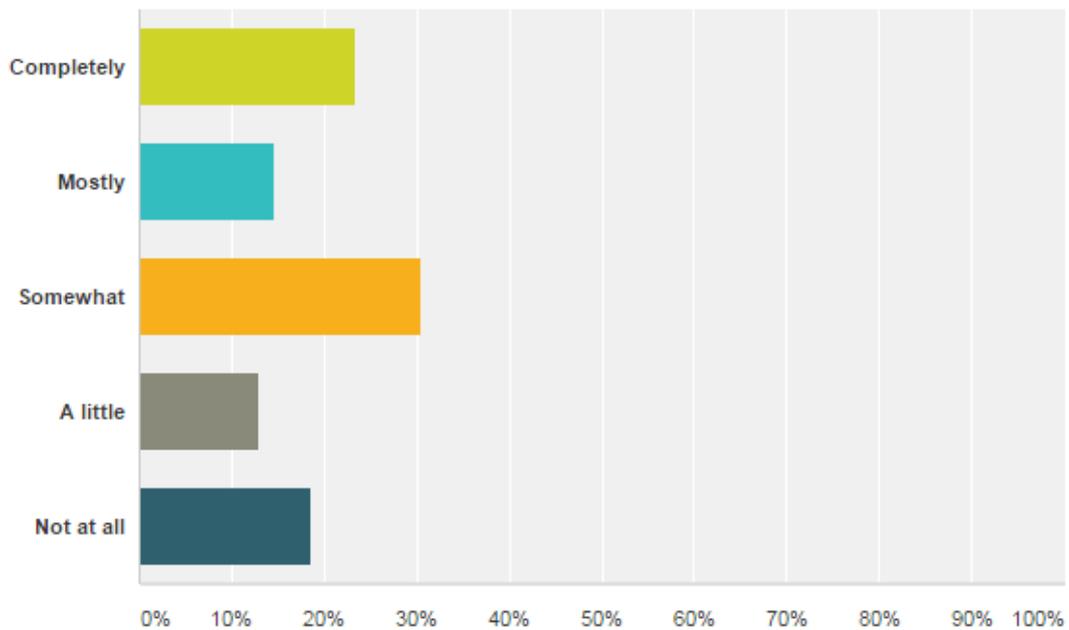
Answered: 184 Skipped: 1



Answer Choices	Responses
Extremely	5.98% 11
Very	14.13% 26
Somewhat	43.48% 80
A little	19.57% 36
Not at all	16.85% 31
Total	184

Has the education helped you to make positive decisions about alcohol and other drug use?

Answered: 184 Skipped: 1



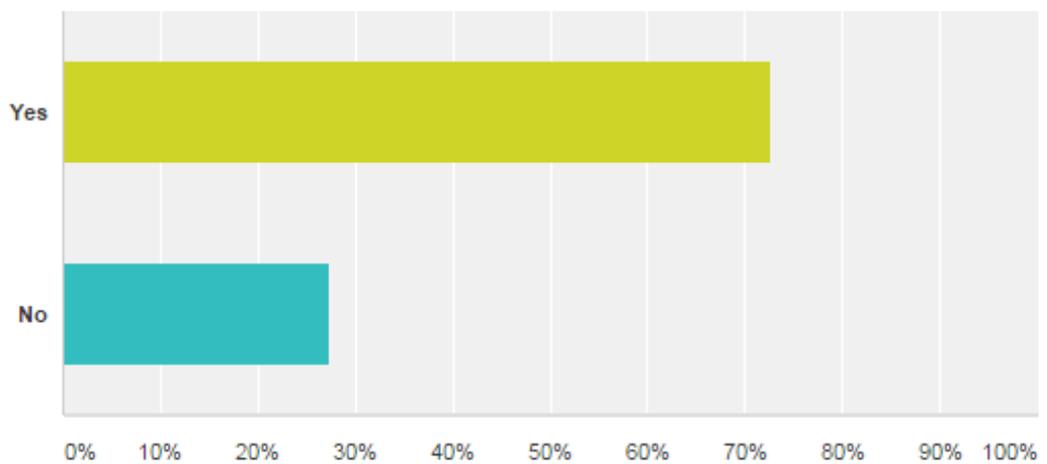
Answer Choices	Responses	Count
Completely	23.37%	43
Mostly	14.67%	27
Somewhat	30.43%	56
A little	13.04%	24
Not at all	18.48%	34
Total		184

Q 16. Do you think you would respond well to peer AOD education?

Of 161 young people surveyed, an overwhelming 72 % stated that they would respond well to peer to peer AOD education.

Do you think you would respond well to this method of education?

Answered: 161 Skipped: 24



Answer Choices	Responses
Yes	72.67% 117
No	27.33% 44
Total	161

[Comments \(101\)](#)

Comments from survey participants

Who taught AOD education?

“a cheeky giraffe named Harold”

Do you think you would respond well to peer to peer education? Why?

“The information and warnings would be less likely to be seen as commands, which often occurs when they originate from a figure of authority”

“It helps to educate students through a positive environment (including me), this method of education allows students to not do negative things in their future livings.”

“Surprisingly no, although it is fantastic to hear someone’s story of coming out of their drug issue I find it more relatable to speak to a Police Officer who has actually seen what drugs can do to youth. Someone get a family member up on stage and tell me their struggle and I’ll listen to that. You have to appeal to someone’s emotions in order to relate, and everyone can relate to a burdened mother who has broken down about their son/ daughters drug abuse. Have a look at Peter Chandler (Minister for Police...I believe) his son was recently involved with the drug Ice. It is a lot more connectable and relatable to hear it from someone that has had honest trauma without even taking the drugs. Drugs ruin families - families need to stand up and appeal to youth. No one wants to see their mum hurting over their actions. (sounds silly but it’s not) if I had a drug problem and my mum broke down on TV or in some public display I would actually feel ashamed I had made her feel this way. Same goes for any family member/ partner/ close friend etc.”

“Peers are a major influence in educating people. Students tend to listen to what their peers have to say. It is something different from a teacher doing it, so I would more than likely be more interested in listening to it.”

“I think that sharing experiences with other people is effective as people are often left thinking about what that person has said for a long time after the conversation”

What made the education effective?

“The teachers were aware that someday people would drink alcohol, so instead of preaching entirely against it, they showed how to do so safely. By showing the worst case scenarios of what could happen, education was able to make us aware and prepared for the worst case”

“Having someone more relatable talking their views/experiences would make their message more appealing rather than an authoritative figure”

Quotes from focus group

“They didn’t engage as much...mainly just taking down notes, they didn’t give scenarios or role-plays a go.” (referring to their PE teachers)

“interactive would definitely make the class more engaging.”

“I found the goggles that make it look like you are drunk stuck in my mind.” (AOD convention/fair that visits the school)

“It is because they are the younger generation they can relate to the students better.”

“compared to someone older who is just more stern and just gets to the point. But with the younger generation they can explain it more” in a way that will connect with the young students.

The education “was all really repetitive”

“it would be nice to hear it from somebody who had actually been involved.”

“the sex side of it was more thorough than the drugs side.”

“some things were covered more than others”

“The information and warnings would be less likely to be seen as commands, which often occurs when they originate from a figure of authority” (information received from other youth.)

Conclusion

There are many different stakeholders with the issue of AOD misuse. Current and future youth are the largest stakeholder and were the focus of this investigation. Pilot programs, if implemented, would benefit the youth who will be growing up, educating them about mental health and the need for caution around alcohol and drugs. The programs would encourage an open dialogue about AOD. This investigation has presented a possible program to work towards combating AOD misuse for youth. AOD was identified by young Territorians as an issue for them in the NT, as such young Territorians have been the focus and centre point of the entire community project.

Another major stakeholder is the parents and families of affected youth. AOD misuse often breaks up families creating unhealthy relationships based on the anger from the aftermath. This program would encourage dialogue between family members and encourage youth away from drugs and alcohol, in a way parents might not be able to due to their own personal experiences. Children from families where one or both parents have a history in drug or alcohol abuse are more likely to have issues because they were exposed at a young and very impressionable age. By targeting youth while they are still young we aim to help break this cycle, and aid parents in educating their children about the dangers of AOD.

Alcohol and illicit drug abuse often leads to erratic or violent behavior and this can often lead to crime or run-ins with the police. Hopefully the program if successful, will lead to a decrease in crime rates and youth arrests and consequently less work for the police. If the program were to educate the growing youth about these issues it could result in less youth arrests and that the community would be a safer place.

Drugs and alcohol cause many other residual health problems, both physical and mental. Many of these health issues, while initiated during youth often do not become apparent until the person is older. By reducing AOD usage throughout the NT this education program could cause a decrease in related diseases and health issues.

If these recommendations were to be put in place it could positively affect both the aforementioned stakeholders and the NT Government. If the abuse of AOD was reduced it would save money in healthcare and policing in the long run. The NT Government would also benefit through addressing one of the most pressing issues for youth in today's society.

Recommendations

It is recommended that the NT Government:

- Review current alcohol other drug education within NT schools.
- Trial a peer based learning program for AOD education to be piloted in middle schools.

Evaluation

As a group there were many different strengths and experiences that helped to develop the project. Ritwik and Nick were strong at researching and gathering evidence on current and past projects and generally on AOD. Their skills gave the project the backing of research done by us and by organisations such as the United Nations. While Nooria brought an enormous amount of passion and community connections to the group, she was able to continue to keep the group on track and focused on the community benefits. Aurora's strength was the group organisation and leadership as well as the collation of the evidence. It was very beneficial having group members residing in various regions in the NT, as this allowed for much larger and more diverse community consultation. We were able to get responses from Alice Springs and Darwin schools. Along with this the different backgrounds and interests of the group, we all played a role in making sure survey participants were diverse across hobby groups, such as cricket, to family and close friends. Subsequently the survey reached a range of ethnicities and demographics within the youth sector.