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‘Wasted Education’

An exploratory study of the development and implementation of
drug policy in secondary schools

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Abstract

School drug policy is an under explored area, but in the last few years, we have seen schools receive media attention regarding their responses to student drug use, which has highlighted the limited information available to schools when developing and implementing their school drug policies. The current information available to schools from the Ministry of Youth Development (2004) recommends that schools develop their drug policy by employing both youth development and harm reduction approaches.

This purpose of this study was to explore how drug policy is developed and implemented in secondary schools in New Zealand. The research uses a qualitative multiple-case study design, with four schools, and three main participant groups in each, namely students, staff and community members. Data collection tools included focus groups, semi-structured interviews and document analysis. The study found that most drug policy in schools articulated a hard-line abstinence statement. However, the responses to drug policy violations often deviated from the policy statement and how the schools responded varied. The findings from this study show that when developing and implementing a drug policy, three characteristics remained important.

The three key characteristics identified in this thesis were connectedness, clarity and consistency. Aligned to a socio-ecological model, these characteristics are interrelated and operate across multiple layers (Bronfenbrenner, 1979). The *connection* characteristic is that the level of involvement participants had in the development and implementation of drug policy was found, on the whole, to be low. This impacted on participants' sense of connectedness and support for their school's approach. The second characteristic identified was *clarity*, in how the drug policy was written and subsequently how this related to the expectations of the participants. The last characteristic is related to how *consistently* the values from the drug policy were reflected in the responses to young people who violated the school policy.

The findings from this study have implications for the alcohol and drug, healthy youth development and education sectors, and overall, the recommendations are to enhance collaborative opportunities for these sectors regarding drug policy. The findings from this study provide valuable insight into school drug policy development and implementation. Furthermore, the findings inform us as to what is needed to enhance how schools may respond to drug policy violations in the future.

Dedication

Lily Aroha Lesina Prescott and Dougie Moana Nuanua Prescott.

Your names are the embodiment of what this thesis aspires to; to love and respect and provide hope. I dedicate this thesis to you because to me you are all of these things

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Te toa takitahi

Kotaku toa i te

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Glossary

| Term | Definition |
|----------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Aiga | A Samoan term that refers to, not only the immediate family (father, mother and children) but also to the whole union of families of a clan. Even those not related are subject to family control. |
| Aotearoa | The Māori name for New Zealand. |
| Aroha | To love, feel concern for, feel compassion, empathise, show affection |
| Decile Rating | The decile system is an educational funding model in New Zealand based on the national census, school and zoning data. Decile ratings are socioeconomic indicators, each representing 10 percent of the school population. Decile 1-3 schools draw higher proportions of students from low socioeconomic communities whereas decile 7-10 school populations have the lowest percentage of low socioeconomic students |
| Exclude | A student under the age of 16 is excluded from school, which terminates their enrolment from that school. The school must place a student in alternative education. |
| Pakeha | The Māori word which is an identifier for anyone non-Maori |
| Mātauranga Māori | Ancestral Māori knowledge |
| Māori | Indigenous New Zealander, an indigenous person of Aotearoa New Zealand – a new use of the word resulting from Pākehā contact, to distinguish between people of Māori descent and colonisers. |
| Rangatahi | The younger generation, youth. |
| Stand-down | The student is under 16 years of age: which excludes a student from a set number of days at school |
| Tangata whenua | Local people, hosts, indigenous people. People born of the whenua, i.e., of the placenta and of the land where the people's ancestors have lived and where their placenta are buried. |
| Te Tiriti o Waitangi | Otherwise known as the Treaty of Waitangi. This is New Zealand's founding document. It is an agreement made in 1840 between representatives of the British Crown and more than 500 Māori chiefs. It is important to note that this agreement is written in both Te Reo Māori and English, which renders differing interpretations of the Treaty. |

| | |
|--------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Te Whare Tapa Wha | Indigenous model of Health and wellbeing. Can be referred to as Hauora (wellbeing) and comprised of four areas: wairua – spirit; hinengaro – mind; tinana – physical body; and whānau – family. |
| Tikanga | The correct protocol or way of doing something |
| Suspension and expulsion | The student is over the age of 16 the school can formally remove a student from school for a period of time or formally terminate an enrolment, with the potential to either enrol or be excluded from enrolment at another school. The formal definitions of disciplinary options are provided. |
| Whānau | Extended family, family group, a familiar term of address to a number of people – the primary economic unit of traditional Māori society. In the modern context, the term is sometimes used to include friends who may not have any kinship ties to other members. |

Chapter 1: Introduction

“The mentality and behaviour of drug addicts and alcoholics is wholly irrational until you understand that they are completely powerless over their addiction, and unless they have structured help, they have no hope.” (Give It Up | Russell Brand | Official Site, 2003)

Adolescence is a crucial developmental period, and during this time exploration and engagement in drug/substance use are seen mainly as normative risk-taking behaviour (Arthur, Hawkins, Pollard, Catalano, & Baglioni, 2002; Nelson, Van Ryzin, & Dishion, 2015). Regular cannabis use can have a long term developmental impact and alter the life trajectory for a young person. In addition to family, schools can play a significant role in mitigating risk-taking behaviours during adolescence, with education being one of the strongest predictors of good wellbeing (Boden, Fergusson, & Horwood, 2006). Furthermore, school connectedness is a significant protective factor that contributes to enhancing life opportunities and pro-social behaviours for young people (McNeeley, Nonnemaker & Blum, 2002; Boden, Fergusson, & Horwood, 2006). However, according to New Zealand’s Ministry of Education, behind continual disobedience and physical assault, the third most common reason for students being suspended within the New Zealand school system is for drug-related incidences (Education Counts, 2017). Substance use is often a pathway out of education for youth and evidence suggests that students require more intensive education, connection and social support (Fleming, Theresa, Bullen, P., Dyson, B., Peiris-John, R., & Utter, J., 2014). Young people who have been excluded/suspended from mainstream education in New Zealand are required to attend alternative education until they can legally leave school at 16 years of age and have higher levels of substance use compared to young people in mainstream education settings (Clark et al., 2010).

According to Education Counts (the Ministry of Education data service), the students most likely to be excluded from school are 14 years old, male and Māori (Education Counts, 2017). There have been declines in exclusions over the last decade and while Ministry of Education statistics indicate a decrease, other New Zealand research by YouthLaw (Walsh, 2016) suggests there could be more ‘informal removal’ from schools occurring; a phenomenon coined the ‘kiwi suspension’. A kiwi suspension is a suspension, exclusion or expulsion deemed illegal because it does not follow the process required by the official Education Act (Ministry of Education, 2018). A so-called Kiwi suspension typically involves a school sending a student home for a prolonged period of time, or suggesting to parents that they voluntarily withdraw the student before formal action is taken. Data from Walsh’s (2016) research shows a significant increase in illegal

suspensions since 2013 (p. 33). Māori males are also more likely to experience compromised secondary school education compared to other ethnic groups, which speaks to the racially discriminatory practices still prevalent in New Zealand education as discussed by John Boynton's commentary on radio New Zealand (John Boynton, 2018).

The trends remain the same between 2017 and 2018. When reporting on the previous year, the Ministry of Education statistics show a decrease in suspension, exclusion and expulsion rates decreased; while stand-down rates increased. Maori are twice as likely to be excluded than any other group (Education Counts, 2019). For Māori, punitive responses to substance use have resulted in significant inequities emerging in school exclusions and suspension rates, with Māori being 2.2 times more likely to be stood down at school than Pākehā/NZ European students (Education Counts, 2017). They are also significantly more likely to be convicted for drug-related charges compared to Pākehā/NZ Europeans for the same charges, particularly in the 15-29 age group (Department of Corrections, 2007). Current discussions relating to New Zealand's drug reform, have articulated that current responses to drug issues are perpetually inequitable, and as a result Maori are negatively impacted by these current responses in a campaign called Health Not Handcuffs drug reform campaign launches (NZ Drug Foundation - At the heart of the matter n.d.). This literature reveals that the problem with school drug policy is the allowance of a range of unmonitored practices to occur and the disproportionate representation of rangatahi Maori in punitive responses.

According to the 2016 New Zealand Drug Harm Index (McFadden Consultancy, 2016), the social cost of drug-related harm and intervention in 2014/15 was approximately \$(NZ)1.8 billion. This figure incorporates the harm to health, family, friends and the wider community. While the government is estimated to spend at least \$(NZ)350 million each year to directly address the problems associated with drug use in New Zealand, most of this money is spent on the enforcement of laws against drugs. In the 2019 Wellbeing Budget, identified "Synthetic drugs alone have been provisionally linked to as many as 80 deaths over the past two years. The cost of drug-related harm is estimated at \$1.5 billion a year, while the cost of alcohol-related harm is more than \$5 billion" (The Wellbeing Budget, 2019, p. 33).

The prevalence of young New Zealanders' use of substances is noted in the health and wellbeing research undertaken by the Adolescent Health Research Group (Fleming et al., 2014); cross-sectional surveys of the health and wellbeing of approximately 9000 high school students in New Zealand in 2001, 2007 and 2012. The findings showed a decrease, across time, in young people engaging in substance use. However, approximately 11% of young people reported very high levels of substance use. Young people meeting the threshold of high levels of

substance use also reported more negative family experiences compared to their peers. They also reported negative experiences in school. These experiences related to all areas of psycho-social health domains which were measured in the study, such as home and school, mental wellbeing, activities, and cultural practices (Fleming et al., 2014).

In New Zealand, substance use is addressed through legislation and policy. The relevant legislation is articulated in two main Acts: the Misuse of Drugs Act (Ministry of Health, 1975) and the Sale of Liquor Act (Ministry of Justice– New Zealand Legislation, 2012). Our National Drug Policy (NDP) contributes to the policy environment and draws on a harm reduction approach. The NDP has a focus on supply (border control), demand reduction and problem limitation by seeking to reduce the amount of people experiencing problems associated with substance use (Inter-Agency Committee on Drugs, 2015) .

The treatment landscape in New Zealand is largely provided through deregulated funding from the Ministry of Health, via health boards across the country who provide clinical, community based services and distribute funding to the not-for-profit sector to provide therapeutic interventions. These services provide either residential detox and treatment programmes (predominantly for adult drug users), behavioural based treatment services such as Odyssey House, (“Odyssey Home,” n.d.) and 12-step therapeutic communities such as Higher Ground Drug Rehabilitation Trust (n.d.) in Auckland or transitional 12-step support such as through Wingstrust, (n.d.). In the Justice sector, there are drug treatment programmes which allow some offenders access to treatment services while they are incarcerated. The nature of these rehabilitation programmes is available from the New Zealand Corrections’ website (Department of Corrections, n.d.)

Addressing substance use with young people follows a similar trend to the adult treatment models discussed above, however young people tend to have fewer treatment options than adults and interventions in the school context are facilitated through a school guidance counsellor or school nurse. In New Zealand, the school guidance counsellor is often the first port of call for young people who require support for family issues, peer issues, mental health or addiction issues. How the funding is provided for these roles has been identified as problematic by the New Zealand Counsellor Association (New Zealand Post Primary Teachers Association, 2015). Funding for a school nurse position in New Zealand had been provided for Decile 1 and 2 schools until 2018, when the Labour Government increased the funding allocation to include Decile 3 and Decile 4 schools as well. These are the schools which have the greatest proportion of students living in the areas associated with the highest levels of deprivation (see glossary for decile definition). Community based drug and alcohol help for young people is provided through a range of District Health Board services such as Altered High (Youth)

(CADS Auckland," n.d.) this service provides clinical responses in a number of settings including home visits, school based sessions and clinicians specialised in co-existing problems. Some Non-Government Organisations [NGOs] such as Odyssey House run group and one-to-one programmes in schools such as Stand-up ("Stand Up: Schools," n.d.) and Odyssey House also provides a youth residential programme which uses a behavioural-based treatment model specifically designed for 14-18 year-olds ("Youth Residential | Odyssey House Christchurch," n.d.).

Media reports substance use within schools as a deeply moral and polarising manner. For instance, one article reported a school response which included drug testing and highlighting of the harms associated with drug use in students (Biddle, 2017). In contrast, another school received significant media attention for encouraging senior students to critique the harm reduction material, with parents complaining that the resource encouraged young people to use methamphetamines (Tokelau, 2018). These two recent examples of how schools responded, to both the substance use and the information, provides insight into the lack of guidance available for schools when developing and implementing their own frameworks.

Motivations and background for this research

The specific motivations and background for this research stem firstly from my experiences working as a Māori alcohol and drug practitioner with young people, and secondly, from my Master's research at the University of Auckland, *Cannabis use by New Zealand high school students; A study of prevalence, risk and protective factors, and their link to adverse health and wellbeing outcomes* (Prescott, 2007). My Master's research examined secondary school students' harmful use of cannabis, employing data from the Youth2000 Survey Series, a representative sample of New Zealand's secondary school population ("Youth2001 survey - The University of Auckland," n.d.). Key findings from my masters found a significant association between harmful cannabis use and self-reported historical sexual harm. In my Master's thesis I discussed policy implications for education and I asserted, given the significant correlation found between harmful cannabis use and sexual harm, that these young people need to be kept in school and supported, rather than being excluded or suspended from school, as according to Prescott (2007), they often have significant underlying issues. This finding, along with my observations while working clinically with a community alcohol and drug youth service, led to my curiosity about what information schools used to develop and implement drug policy with students. In particular, as a Maori clinician and academic, the data inequities which highlighted a disproportionate number of rangatahi represented, fueled my desire to find out more about this area.

When I explored what was known about this topic, I found there was one key study – the International Youth Development Survey [IYDS]. This research was a longitudinal, school-based survey conducted in the State of Victoria in Australia and with the State of Washington, in the USA (The Royal Children’s Hospital Melbourne, n.d.). Survey participants from the participating schools included both school administrators and parents, covering a number of youth health topics. Their research exploring drug policy in secondary schools was of particular relevance to this thesis. Their overall finding was that Victoria State was more likely to have a harm reduction response and engage the young person in therapy, whereas Washington State was more likely to have an abstinence-based approach and to suspend/exclude the student for drug use. The research concluded that both state responses aligned to each country’s national stance on drug policy, thereby highlighting the vital role of central government policies in influencing school policy (Beyers, Evans-Whipp, Mathers, Toumbourou, & Catalano, 2005).

In New Zealand, information pertaining to drugs and alcohol use in secondary school predominantly resides in government guidelines published by the Ministry of Education [MoEd] (2014a) and Ministry of Youth Development [MoYD] (2004). These guidelines focus on curriculum delivery of alcohol and drug education, as opposed to the proposal of a robust policy framework. The current guidelines for alcohol and drug education developed by the MoYD, called *Strengthening Drug Education* (2004), focused on a youth development model (Ministry of Youth Affairs [MoYA], 2002). The other perspective identified in this document, encourages schools to utilise a harm reduction approach, and New Zealand’s articulation of harm reduction is in our National Drug Policy 2015-2020 (Inter-Agency Committee on Drugs, 2015). The youth development strategy focuses on empowering young people by voicing and prioritising their perspectives and incorporating their active participation. Alternatively, the harm reduction model is professional-centric and may be not be as responsive to the lived experiences of youth (Jenkins, Slemon & Haines-Saah, 2017). It has proved problematic to have these two perspectives, which can be at odds with each other, informing drug policy in secondary schools.

The role and impact of secondary school drug policy on youth drug use needs to be understood within the macro-system of existing national policies or frameworks. The contributing factors which lead me to embark on this thesis were influenced by my clinical work with young people and from my Masters research. Finally, the limited knowledge pertaining to the research topic led me to be interested in drug policy responses in secondary schools. It is anticipated this thesis will make a significant contribution to the field of knowledge which assists in framing and directing more effective, youth-focused drug prevention policies within the New Zealand secondary school system. With the above background in mind, this thesis sought to explore the development and implementation of drug

policy in secondary schools using Auckland as the region in New Zealand to conduct the research.

Research Questions

The study sought to explore the overarching research question: In what ways are secondary school drug policies developed and implemented in New Zealand secondary schools?

In order to answer the overarching research question, the following specific research questions were posed:

1. What are the approaches that underpin school drug policy?
2. How are these approaches reflected in the policy and how it is implemented?
3. What role do the stakeholders (students, staff and members of the school community) play in the development and implementation of school drug policy?
4. What role do Youth Development perspectives play in the development and implementation of school drug policy?

The approach of this research uses a qualitative, multiple case study research design. Case study method was chosen as it has the potential to provide deeper understanding of a topic which currently has little known about it (Silverman, 2005). Case study method is particularly appropriate for use in this thesis, as there is limited research specific to drug policy in secondary schools (Evans-Whipp et al., 2004), and a New Zealand-context case study method allows for exploratory research into a topic with limited knowledge. Case study offers a means by which to utilize a socio-ecological systems approach to explore the complexities of interactions between policy, implementation of policy, and the perspectives of three different stakeholder groups within the school system. Four schools were used as case studies for this thesis research, and a range of qualitative methods, including focus groups, semi-structured interviews and document analysis, formed an understanding of each school as a case.

Overview of this study

This thesis is comprised of 11 chapters, the aim of this chapter (Chapter 1) was to provide an introduction to the topic, to current research about the topic, and to the broader contextual factors underpinning the relevance of this research. This chapter outlined what led me to be interested specifically in drug policy in secondary schools and also provided a brief overview of the research questions, the methodology, and the research methods, which are explored in greater detail in Chapter 5.

Chapter 2 describes traditional approaches to alcohol and drugs. Broadly speaking, there are two main theoretical perspectives that inform responses to alcohol and drugs. The first of these is abstinence and the second is harm reduction. Abstinence is largely informed by a moral discourse and harm reduction, in response to this, is informed by a pragmatic response to reduce harm. The latter is a perspective that informs New Zealand's National Drug Policy, and this will be outlined as part of this chapter.

Chapter 3 describes the socio-ecological approach which underpins a healthy youth development approach. Two models which articulate healthy youth development are described, the first of these is the 5 C's model and the second is the Youth Development Strategy Aotearoa (YDSA).

Chapter 4 summarises the secondary school health curriculum as it relates to alcohol and drug education. The key guidelines produced by the MoYD, which is currently the only document that makes mention of school drug policy, is summarized as it relates to the thesis topic. This chapter concludes with outlining what is currently known about school drug policy and the two studies that have been conducted.

Chapter 5 outlines the socio-ecological approach which forms the research methodology. This methodology is congruent with the multiple case study research design and the qualitative data collection tools used. It is a qualitative, multi-case study research design with four schools participating to form the four case studies in this thesis. Within each case/school, there were multiple data collection points including document analysis, focus groups and semi-structured interviews. Each school had three main participant groups - students, school staff and community participants. Focus groups were conducted with students and school staff, and semi-structured interviews were used for community participants.

Chapters 6-9 present the four individual case studies. The frameworks in which these cases are presented are similar, and begin with describing the recruitment process as it related to that particular school. This is followed by a description of the school context, including demographics, review of relevant documents, and a summary of policies relevant to the research. The participants' perspectives and key themes which emerged from the data are presented. Each written case study concludes with a discussion relating specifically to the research questions of this thesis.

Chapter 10 integrates the individual case studies and discusses the overarching research findings as they relate to the thesis research questions. Following this discussion, the strengths and limitations of the thesis are presented.

Chapter 11 returning to the socio-ecological systems perspective, this chapter is the concluding chapter for this thesis and presents any recommendations and implications this research has, particularly for schools at the micro-system level and the opportunities at the meso-system level and final policy recommendations at the macro-system.

Chapter 2: Traditional Approaches to Substance Use and Addiction

"I've never had a problem with drugs. I've had problems with the police" – Keith Richards - (n.d.)

Alcohol and drug theoretical perspectives

There are two dominant conceptualisations of alcohol and drug use and/or addiction which inform responses to the use of alcohol and drugs and/or addiction; these are broadly recognised as abstinence and harm reduction. These two approaches stand largely opposite to one another, and mark the ends of a spectrum through which Western society contextualises problematic substance use. An abstinence standpoint seeks an ideal of complete freedom from alcohol and drugs. This approach focusses on both the macro level, often underpinned by a moral discourse and policy responses such as the 'war on drugs' approach, and at the micro (individual) level, which reveals itself through largely punitive responses and can therefore impact rates of criminalisation for drug-related behaviours. The second approach, harm reduction, is seen as providing an alternative to abstinence-based approaches, it takes a softer method to enforcement and has a stronger focus on reducing the drivers for harm associated with drug use. Advocates for a harm reduction approach would argue that it is more tolerant, flexible, and contextually dependent compared to abstinence-based approaches. These two theoretical approaches will now be discussed in more detail and considered in terms of how they relate to the practice of working with young people in regard to substance use.

Abstinence

The abstinence model has the longest history in relation to addiction. Expressions of abstinence thinking can be viewed through several perspectives. Firstly, on the individual level, abstinence approaches are articulated through responses such as Alcoholics Anonymous [AA], and secondly, at the society level, through 'war on drug' approaches. At its core, zero-tolerance is a policy of hard and fast law making, with tough penalties for those involved with the production, distribution, and sale of illicit drugs. It is a proactive approach and represents a conservative view of substance use. As a conservative standpoint, this approach identifies the binary of use or no-use, with minimal consideration, tolerance or recognition of the grey areas in between. Because of this, its response strategies do not contextualise substance use within the social, economic, of substance users, and makes minimal allowance for individuals seeking and working to minimise substance use. Abstinence responses are argued to support and promote the

wellbeing of the broader community through law enforcement, regulation and punitive responses (Voas, Tippetts & Fell, 2003). Abstinence approaches have manifested in three main models and, although the discourse underpinning each of these models varies, the shared value is the view that no engagement with illicit substances is acceptable (Marlatt, 1998). The three common expressions of the abstinence model are the moral model, the disease model, and the war on drugs. While each of these models are interrelated and have core elements that distinguish them, the moral and disease model operate largely at an individual level, and can fuel the war on drugs doctrine which is largely enforced at the macro level.

The policy of prohibition was first adopted by the American Government. The 1914 campaign declared a war on drugs in order to end the importation, manufacturing, sale and subsequent use of illegal drugs. It was supported by military aid and the assistance of participating countries. Use of illicit substances was viewed as a criminal behaviour which warranted a response that was swift and proportional in regards to the punishment of the individual. The term 'war on drugs' was first used in 1971 by American President Nixon, who described drug use as "public enemy number one" (Johnson et al., 1996, p. 181). The war on drugs message infiltrated the national policies of many countries resulting in significant resources being dedicated to the prevention of new addicts and the rehabilitation of those who were addicted (Dufton, 2012). Problematically, this saw the development of scare tactics in drug prevention, continued prohibition, and the criminalisation and imprisonment of predominantly the black-American community. It saw less focus on rehabilitation, and understanding the context surrounding substance use was of lower concern (Dufton, 2012). Indeed, Nixon formally declared that the war on drugs was concentrated on "eradication, interdiction and incarceration" (Nixon, cited in Payan, Staudt & Kruszewski, 2013, p. 34).

The war on drugs gave rise to a number of anti-drug campaigns, some of which are still used globally today. Campaigns such as *Just Say No*, started in the 1980s, and sought to encourage school children to say 'No' to trying drugs (Tupper, 2008). Throughout the 1980s and 1990s nonviolent drug offences grew from 50,000 in 1980 to over 400,000 in 1997 (Drug Policy Alliance, n.d.). The majority of people incarcerated during this time were black Americans, and the war on drugs during this period is now largely viewed as indicative of ongoing racism and structural discrimination against blacks in America and the war on drugs was racially motivated (Small Deborah, 2001).

Today however, there is a significant call around the world for an end to the war on drugs, including in New Zealand. The Global Commission on Drug Policy [GCDP] states that the international war on drugs has "failed, with devastating consequences for individuals and societies around the world" (Jahangir et al.,

2011 p.2). The GCDP report states that drug policies of harsh law enforcement over the past 40 years have not resulted in the cessation of illegal drugs, but have in fact given rise to significant eruptions of violence, discrimination, disproportionate criminality and incarceration, resulting in a devastating impact on global communities (Shultz & Volcker, 2011), such as rising incarceration rates, significant mortality and poverty (Chin, 2013; Human Rights Watch, 2000; Payan et al., 2013). Within America alone, it is estimated that \$(US)51 billion has been spent on the war on drugs initiatives (Drug Policy Alliance, 2018). In 2019, President Trump again called on the support of over 120 countries to continue the global war on drugs. The maintenance of these approaches within New Zealand, however, will not be ongoing according to Prime Minister Ardern. Instead, the Prime Minister stated that the national approach will be evidence-based and have a health focus; central to this agenda is the contextualisation of substance use within the New Zealand landscape, and the focus on issues specific to the country (Otago Daily Times 2018). In December 2018 an amendment to New Zealand's *Misuse of Drugs Act (1975)* allowed cannabis to be used for medicinal purposes. While opponents of this see it as a softening of drug laws, advocates view the shift to being increasingly informed by a health and evidence base.

In relation to young people, proponents for criminalisation and the war on drugs would argue that continued drug use is riskier for young people than the intervention designed to interrupt the person's drug use. Sometimes these interventions can negatively exacerbate the long-term consequences for a young person's development and detrimentally alter the young person's life opportunities. Specifically, punishments for drug crimes typically involve the permanent or semi-permanent cessation of educational opportunities, employment pathways, and social citizenship for youth. Blumenson and Nilsen (2002) consider these policies in practice concerning, with one such example including the suspension of a seventh grader in America who merely touched an Adderall tablet (Attention Deficit Hyperactivity Disorder [ADHD] medication). The student was suspended for a week because of the school's interpretation of zero-tolerance. According to the school in Indiana, the student violated the school's drug policy by holding the Adderall that a fellow student had offered her and placed in her hand. Although the student declined the tablet and gave it back, she was deemed to be in possession, and therefore guilty of violating school rules. She was further criticised by the school for putting out her hand (Huffington Post, 2010). Within New Zealand, the MoE (Ministry of Education, 2014c) identified drug use as a leading cause of students not attending school. The MoE reported that drug use was the main reason for student expulsions (27%), and the second reason for both suspensions (24%) and exclusions (16%). Newshub (2018) reported that in 2018, 448 secondary school students and 67 primary school

students were suspended for drug use, and 40 composite school students were suspended for illegal substance use.

One of the manifestations of the war on drugs viewpoint is the implementation of drug testing in schools. The aim of drug testing in schools has been to deter the initiation of engagement with substances, to identify incidents of substance use, and encourage cessation of use. This approach has been widely adopted in the workplace and professional sports settings. Drug testing in schools has been adopted globally, and is a response to the recognised worsening of adolescent drug abuse (Roche et al., 2008). As far back as 1995 the United States formally approved the use of drug testing in schools (Office of National Drug Control Policy, 2004). A study conducted in Australia (Roche et al., 2008), found drug testing in schools to be problematic because of the unreliability of the test itself, and fraught with moral and legal concerns, related to the schools duty of care and the rights of the young person.

New Zealand Schools Trustee Association [NZSTA] (n.d.) outlines the role of the Board of Trustees in the behavioural management of students. If a student is going to be suspended, then the Board of Trustees will be involved in this process. When drug testing is implemented as part of a 'return to school' plan it means the young person is consenting to future random drug tests and to accessing support from a counsellor. Such practices are used in schools across New Zealand, including for example, the mental health and addiction youth service called Rubicon in Northland (Rubicon Youth, n.d.). Rubicon's approach is a partnership model between the young person, their family/whānau, school, police and Rubicon. The programme involves the following activities: drug testing, counselling, after-school programmes, group work, family therapy, whānau support, and self-referral is available. One critique of this approach questions the young person's ability to authentically engage and raises concerns regarding coerced abstinence (Skiba & Peterson, 1999).

Drug testing for young people in secondary schools is most commonly conducted to detect cannabis usage and has generated much debate regarding the necessity, value and effectiveness of such practices (Shek, 2010). Indeed, this is an issue hotly debated within the New Zealand media, with headlines such as 'New Zealand schools with most drug suspensions', 'Schools drug test torture', 'High school students illegally drug tested', 'Most schools rule out random drug tests', and 'Primary schools to introduce random drug testing' (Arnold, 2016). Research from the National Centre for Education and Training on Addiction, which included invited submissions, a comprehensive literature review, an online survey and databases analysis, concluded there is no compelling evidence to support the efficacy of implementing drug testing in the school context (Roche, Bywood, Pidd, Freeman & Steenson, 2009). Moreover, the research articulated negative

outcomes associated with drug testing in schools, including concerns over false-positives and the perceived deterioration in school climate indicators such as trust, communication and decreased help-seeking behaviour. The use of drug testing by schools is often seen as being proactive and preventive in approach; however, after a positive drug test, the result is often a disciplinary response and an increase in the adult surveillance of young people, rather than a health and wellbeing response (Roche et al., 2008). The New Zealand Drug Foundation investigated the use of drug testing in schools and reported that some young people reported positive changes from introduced drug testing. That being said, the positive responses largely came from examples where the drug testing was built into a broader wrap-around restorative approach (Zorn, 2015).

An exploration of the policies and practices resulting from the war on drugs is important for this research; in particular, recognising that the US has pushed for a global response to eradicate illegal drugs and punish their use. The use of drug testing within New Zealand schools and the punitive responses that follow are important for contextualising New Zealand's response within the global political landscape. Moreover, despite New Zealand's National Drug Policy being based on harm reduction, the recent announcement by the Prime Minister that the war on drugs approach will not continue in New Zealand potentially indicates that our national response reflects approaches that are outside what is articulated in our national policy.

Beyond law enforcement and criminalisation of illicit substance use, zero-use approaches are also used to underpin some forms of therapeutic interventions. One dominant model using a zero-tolerance, or the nil-use approach, is the abstinence-based programme most commonly recognised as the twelve-step method of Alcoholics Anonymous [AA], and similar associations such as Narcotics Anonymous [NA], which are approaches specifically connected to policy. Other therapeutic interventions include a harm reduction or controlled use approach, wherein the focus rests more on having control of substance use, rather than ceasing use completely. Zero-tolerance approaches would assert that harm reduction approaches are fundamentally problematic, because illicit substance use still falls into the realm of criminality in New Zealand. Zero-tolerance therapeutic interventions predominantly sit within the disease model ideology of substance use.

The disease model

Unlike the hard line approaches that come from the moral model of drug use and the war on drugs, the disease model sits within a zero-tolerance approach, but does so from a more contextual standpoint with a primary focus on addiction. In other words, the disease model allows for grey areas around substance use, and

does not sit wholly within the boundaries of concrete binaries of good/bad, legal/illegal and/or citizen/criminal. The disease model considers substance use, and particularly misuse, to be a disease that manifests biologically or genetically, and that, similar to other forms of disease, requires a therapeutic intervention and treatment response in order to arrive at any form of remission, halting, or rehabilitation (Conti, Moscon, Fregni, Nitsche & Nakamura-Palacios, 2014; Hasin, Hatzenbuehler, Keyes & Ogburn, 2006; Patel et al., 2016; Whiteford et al., 2013). Neural biology discusses the addictive behaviour from a neural pathway perspective, taking into consideration how the adaptive nature of neurotransmitters influences people's motivation and relapse behaviour (Koob & Volkow, 2009).

From an addiction viewpoint, the development of the disease is progressive, and the disease of addiction can only be halted by complete and lifelong abstinence. Proponents of the disease model attribute addictive substance use with significant changes in brain chemistry, physiological and neurological processes, and psychological functioning (Conti et al., 2014). Koob & Volkow (2009) argue that addiction is increasingly described as a chronic and relapsing brain disease. For this reason, responses to the disease of addiction require the cessation of inhibitors, such as substances, and the engagement with structured and deliberate approaches including pharmacological assistance that works through the brain's neurotransmitters, such as Antabuse™. Any re-engagement with psychoactive substances, no matter what kind, is viewed as a relapse, and considered to reinstate the progression of the disease (AA Big Book; Kelly, Myers & Brown, 2000; Minkoff, 2002). Responses within the disease model also include pharmacology to minimise cravings, stabilise mood, and treat withdrawal symptoms; psychosocial interventions to support positive coping mechanisms, to address underlying triggers and emotional issues; and psychological and psychiatric support for the treatment of comorbid mental illness and the experience of trauma (Witkiewitz & Bowen, 2010).

The disease model has received both behavioural and medical recognition (Black, 2014; van Boekel, Brouwers, van Weeghel & Garretsen, 2013), and is mostly within the twelve-step approach to substance use, more commonly recognised as AA, NA, Gamblers Anonymous, and similar. Twelve-step programmes have formed the basis for many formal treatment intervention programmes throughout the US and New Zealand. They are also the basis for the peer-support movement, most visible through associations such as AA and its subsequent fellowships. Within the disease model philosophy, these steps are the foundation of responding to and seeking reprieve from, addiction (Alcoholics Anonymous, 1984; Kurtz, 1979).

In the book *Pass It On* (Alcoholics Anonymous, 1984), the first twelve-step approach is attributed to the experience of alcoholism and recovery in a man named Bill Wilson. Bill Wilson, a chronic alcoholic who made numerous attempts at gaining sobriety, reported experiencing a spiritual awakening during his stay in the Charles B. Towns psychiatric hospital in America. From that point onward, he never drank alcohol again, and Bill Wilson's experience was considered to be profound. Using his experience and understanding of alcoholism, relapse and seeking sobriety, Bill Wilson drew on the support and principles of the Christian Oxford Group, amongst others. He subsequently turned his focus to help other people who were struggling with alcoholism; a deliberate and definitive formula began to develop involving attempted abstinence, therapeutic intervention, and the support of peers (regarded as 'fellowship') (Alcoholics Anonymous, 1984). In 1937, AA, as an association of peers seeking sobriety, was formed. The following year, Bill Wilson wrote the book *The Alcoholics Anonymous Big Book* (1939) in which the twelve steps to sobriety and recovery are detailed.

The twelve-step approach to addiction uses the notion of co-dependence to capture the idea of a psycho-emotional disease which makes people vulnerable and in need of protection, therefore linking it to the disease model. The strengths of abstinence-based approaches are in the medicalisation of addiction, which has supported a movement away from moral discourse and allows for pharmacotherapy and access to treatment and financial support. For example, in New Zealand, a sickness benefit can be accessed while in treatment. Another key strength of abstinence-based approaches is the peer-support network which emerged as part of twelve-step programmes.

Harm reduction

Harm reduction provides an alternative to abstinence-based responses and focuses on evidence to inform strategies to reduce the harms associated with drug use. The scope of reducing harm is broad, and this can create problems in defining harm reduction and enabling a shared understanding to be developed. However, commonly, there is agreement that the focus is on reducing the harms associated with use, rather than on use per se (Ritter & Cameron, 2006; Single, 1995; Weatherburn, 2009; Wodak & Saunders, 1995). As mentioned above, there are some challenges with a precise definition of harm reduction and the terms 'reducing harm', 'harm reduction' and 'harm minimisation' are often used interchangeably, which can create some confusion. As working definitions; Harm reduction' is any intervention, programme or policy intended to reduce the harm associated with drug use. The term 'harm reduction' therefore refers to measures designed to reduce the harms associated with drug use, other than reducing drug use itself (e.g., needle exchange programmes). 'Harm minimisation' is the overall

goal of drug policy, of reducing harm in all the ways it manifests; to the individual or the wider community (Weatherburn, 2009).

There are two main branches to harm reduction. The first are public health responses, which are underpinned by pragmatism, a robust evidence-base, and a focus on realistic, measurable goals. The second branch is a focus on the human rights of the person using drugs. This branch focusses on rights of the user to receive medical treatment, health protection and security (Marlatt, 1998; Stimson, 2007). Both of these branches of harm reduction allow for a range of pragmatic strategies and ideas that are contextually interdependent and can be individualised to each person or group. The harm reduction approach focuses on rehabilitation through education and therapeutic interventions designed to support, rather than punish, substance use, whether it is illegal or not. The aim is to reduce the adverse health, social and economic consequences that may ensue from the use of substances, without necessarily reducing the actual drug use (Toumbourou, Stockwell, Neighbors, Marlatt, Sturge & Rehm, 2007). This approach is underpinned by the knowledge that complete abstinence from substance use may not be realistic or even desirable for some people and that many drug-related problems are not necessarily the result of drugs themselves (Rasmussen, Arefjord, Winje & Dovran, 2018). Because of the inclusion of tenets of social justice and human rights ideologies which inform harm reduction, the approaches under the umbrella of harm reduction include therapeutic, educational and psychosocial responses. These range from working with the individual to minimise substance use and exposure, and the influence of triggers, through to reducing environmental harms that can contribute to problematic/harmful engagement with substances (Marlatt & Witkiewitz, 2010).

However, harm reduction is criticised for being top-down in its approach to addiction, requiring professionals to facilitate interventions, and for not taking into account broader contextual factors which impact a young person's substance use (Jenkins et al., 2017). Furthermore, the need for a robust evidence-base to be made available to demonstrate the effectiveness of interventions means that harm reduction has a strong alignment to "positivistic interpretations of evidence" (Ritter & Cameron, 2006, p. 612). Opponents of harm reduction critique it as being narrow, despite Wodak & Saunders, (1995) pointing out that the standards of proof have been unrealistically applied to harm reduction interventions such as needle exchange programmes and methadone treatments. Ritter and Cameron (2006) identified several difficulties associated with understanding harm reduction as an effective policy stance versus an individual (or small group) intervention approach. These difficulties are mainly due to broad social factors such as culture and historical approaches to the influence or impact of drugs. Harm reduction has also been critiqued by O'Malley & Valverde, (2004) when they argue that harm

reduction contributes to the silencing of pleasure that can be associated with drug use, due to the focus on risks and harms related to use.

The application of a harm reduction approach occurs across three levels. The first level relates to reducing harm for the individual, and this harm may fall into categories, including social, emotional, legal, and financial harm(s). The second level acknowledges that damage from drug use is not restricted to the individual, but harm is also experienced by people in immediate relationships with the drug user, such as close friends and family, and by the broader community; an example of this can be related to drunken behaviour in public places or used syringes being on beaches. The third level recognises that measures taken to curtail drug misuse may have additional and associated harms, this means that arresting and incarceration may also have a negative impact on a person, especially a young person who may be exposed to a more extensive criminal network. Harm reduction responses occur across three broad areas; 1) supply control, through legislation in New Zealand such as the *Sale of Liquor Act and Misuse of Drugs Act*; 2) demand reduction, through alcohol and drug education in schools; and 3) harm reduction, through treatment interventions.

Harm reduction strategies first emerged in the 1970s in response to ineffective prohibition strategies (Payte, 1991) and with the introduction of methadone maintenance treatment programmes, which reducing crime and drug-seeking behaviour. The next wave of significance was during the early 1980s when concern for public health and the transmission of HIV became paramount due to escalating numbers of HIV infections and the strong association between HIV and IV drug use (Marlatt, 1998; Wodak, 2009). A crucial characteristic of harm reduction is the emphasis on evidence to support how the harm is reduced. Broadly, harm reduction approaches occur along a continuum; at one end is abstinence, and at the other is harm reduction, if the presence of proof of effectiveness is available. Therefore, harm reduction includes abstinence as a goal, providing there is proof of effectiveness. Harm reduction approaches employ several realistic goals that vary in their propensity for decreasing the adverse effects of drug misuse. For example, needle exchange programmes aim to reduce the risk of HIV and other blood-borne diseases rather than reduce drug use per se, whereas a controlled substance use intervention aims to develop personal skills to monitor use (Marlatt, 1998).

Harm reduction has five main principles that guide the development of policy and interventions. Firstly, according to Marlatt (1998), harm reduction offers a public health alternative to the war on drug approaches. Secondly, abstinence from drug use is seen as an acceptable goal if the evidence is available to support this approach. Thirdly, the need for addict advocacy, based on the human rights of users. Fourthly, harm reduction promotes a low-threshold for service users.

Finally, compassionate pragmatism underpins the approach by acknowledging some people will always use drugs. These principles have been articulated differently by numerous authors (see, for example, Ritter & Cameron, 2006, p. 612) but similar tenets are covered. More recently, the fundamental principles of harm reduction seek to be evidence-based and to take an interest in human rights, pragmatic responses, and an understanding of the spectrum in which people engage with substances (Harm Reduction International, n.d.). Harm reduction is a public health alternative to abstinence-based approaches for drug use and addiction. This first principle aims to address the macro-system level and provide an effective, evidence-based alternative to punitive methods by promoting an approach informed by a health response, for example, by advocating for policy to enable interventions such as the needle exchange to occur because the legalities regarding drug use were addressed. The second harm reduction principle acknowledges that abstinence is part of harm reduction, provided the evidence supports that an abstinence approach is best. However, harm reduction also acknowledges that it is possible for substance use to focus on reducing harm, to the individual and the community, as seen through initiatives such as methadone maintenance programmes and needle exchanges (Wodak, 1995). The third principle articulates that a harm reduction is a bottom-up approach based on “addict-advocacy” rather than a “top-down” approach by policymakers (Marlatt, 1998, p. 53). This principle supports the involvement of consumers as part of the service delivery in drug and alcohol services. Consumer and peer roles were implemented in the 1990s, and this acknowledged consumers might have valuable insights into service delivery. This was alongside treatment services wanting to ensure service delivery matched the needs (Robertson, 2010) such as supporting the development of parental units within treatment programmes. To date in the drug and alcohol sector in New Zealand, consumer models have not been transferred to include young people at a strategic level in service design and delivery (B. Birks, personal communication, March 13th 2019).

The fourth principle discussed by Marlatt (1998) is that harm reduction promotes low-threshold access to services as an alternative to abstinence-based services, meaning a person can access services while they are still engaging in substance use, whereas an abstinence model would promote the person should be substance-free before receiving treatment. Harm reduction advocates argue that they create several goals to encourage success, as opposed to the single purpose of abstinence. This method is perceived to enable better access to treatment because it supports help-seeking behaviour.

The final principle is that of compassionate pragmatism. In the context of harm reduction, this means accepting that some people will continue their use of substances, as opposed to a moralistic viewpoint which aspires to drug-free societies. Instead, harm reduction asks, if people are going to continue to use

drugs, how do we reduce the harms associated with use, to themselves and the community? Supporters of a harm reduction approach argue that the behavioural emphasis employed by harm reduction also challenges the moral binaries of 'good' or 'bad' actions and behaviours. Harm reduction is not without its opponents, and while it is seen as an approach which lowers the threshold for access to services (principle 4), some argue it encourages use. The next discussion will explore opponents to, and the dilemmas of, a harm reduction approach.

In 2012, New Zealand, drug courts (now known as therapeutic courts) were established, with a final evaluation report of their effectiveness completed in 2016 (Smith, Chetwin, Marama, Whare & Wairua, 2016). The initiative is aimed at less severe offending and intends that offenders who have admitted their guilt will be supported in having their drug use responded to therapeutically (New Zealand Ministry of Justice, n.d.). The evaluation report identifies that the therapeutic courts have reduced drug-related harm for participants and some whānau members and that participants have an increased awareness of the recovery process and treatment options available such as twelve-step. Therefore, New Zealand's therapeutic courts are attempting to address the dilemma articulated by Weatherburn (2009), which identifies that the penal responses to drug use outweigh the harm caused by the drug use itself. One example provided by Weatherburn is the practice of rapid injecting, which can cause significant health issues and where the associated risks, in part, are influenced by the user trying to avoid legal ramifications. With this in mind, even if the criminal implications were removed, this would not necessarily alter rapid injecting behaviour. He goes on to identify that the liberalisation of drug laws is rarely pursued by lawmakers due to reputation concerns.

Abstinence-based models were developed out of an adult-centric viewpoint, whereas harm reduction was developed based on what could be proven as effective and the perceived limited evidence-base of the dominant (at the time) abstinence-based approaches. The evolution of abstinence-based approaches for young people fuelled the tough love movement ("Coping With Legal Highs," n.d.) and the moral panic associated with young people's drug use, according to Stanley Cohen's articulation of moral panic in the 1960s (Cohen, 2011). The construction of the addiction archetype as morally bankrupt has received critique by thinkers such as Keane (2005), O'Malley and Valverde (2004), and Reith (2004). These critiques of addiction concepts mostly still apply to 'adult archetypes', while young people remain on the fringe of addict conceptualisation. A conceptualisation of youth addiction is essential as it contributes to the illumination of the youth voice, and young people's rights articulated in the United Nations Convention on the Rights of the Child. While the conceptualisation of addiction has received critique, the purpose of this research is to explore the

application of the two approaches discussed in this chapter in the school context with young people. To date, neither of these approaches have youth as their focus. The lack of focus on young people in these approaches, creates challenges when applying these approaches with young people, as often we are driven by a desire to protect young people from becoming an addict or from the harms associated with drug use, which can be in conflict with a harm reduction perspective. One recent example of such challenges was a New Zealand school which incorporated harm reduction-based resources into a senior health education class. The purpose of the lesson was to look at complex health issues, of which drug use was one topic. A parent complained about the resource to the media, saying that while they supported drug education, this resource encouraged young people to use drugs (Radio NZ, n.d.). The parent's preference for a focus on making young people aware of the severe consequences of drug use is more aligned to abstinence-based models discussed earlier in this chapter. As neither the harm reduction or abstinence-based approaches specifically addresses drug-use by young people, these one-versus-the-other conversations get stuck in a debate where the young person becomes silenced. Therefore, enabling young people to engage in the conversation around secondary school drug policy is one area of focus for this thesis.

New Zealand's National Drug Policy

New Zealand's National Drug Policy uses a harm reduction approach and in theory, shapes how we respond to drug use. Examination of the National Drug Policy is vital as it sets foundational ideologies from which drug-related responses and policies are developed within the community, and in particular, school and education settings.

When this doctoral research began, the National Drug Policy 2007–2012 (Ministerial Committee on Drug Policy, 2007) was the current policy, this was then updated in 2015 with an updated National Drug Policy released for 2015–2020 (Inter-Agency Committee on Drugs, 2015). While harm reduction informs both of these policies, there was a significant shift in the 2015 policy document to both continue focussing on reducing the harm *and* having a stronger focus on the “promotion and protection of wellbeing” (Inter-Agency Committee on Drugs, 2015, p. 4). The new inclusion of the “promotion and protection of wellbeing” demonstrates the alcohol and drug sector's shift to looking beyond treatment, towards a more holistic and strengths-based approach. This shift is important in the context of this research as these changes are more aligned with a youth development approach. A comparative discussion below between the National Drug Policy for 2007–2012 and the current National Drug Policy for 2015–2020 highlights some key differences which are particularly relevant to young people.

While the principle strategies of harm reduction have long remained the same within New Zealand's National Drug Policy [NDP] (supply control, demand reduction and problem limitation), the focus of these has shifted. In the 2007–2015 policy period, the focus of supply control was to reduce harm by restricting the availability of drugs and included border controls and legal enforcement of substance cultivation or manufacturing (Ministerial Committee on Drug Policy, 2007). The current NDP focuses on reducing access to alcohol and/or drugs, with the proposition that reduced access will minimise harm. This marks a shift towards acknowledging that the locus of control is an attitudinal change at a population level, rather than at a legal enforcement level, as articulated in earlier NDPs (Ministerial Committee on Drug Policy, 2007). In the previous NDP, the second strategy, demand reduction, aimed to reduce specific harm to individuals and reduce an overall desire to use drugs. This strategy delayed the uptake of substance use and encouraged a drug-free lifestyle with the goal of increasing public awareness of the risks and harms associated with drug use (Ministerial Committee on Drug Policy, 2007). In contrast, the current policy sees a shift where the focus is on increasing people's life-skills and it uses strengths-based language. For example it states that "people have the knowledge, skill and support to make good decisions about their alcohol and other drug use" (Inter-Agency Committee on Drugs, 2015, p. 5) . The current policy objectives also focus more on the reduction of illness and injury and hazardous drinking amongst the entire population, as opposed to concentrating on specific population groups such as Māori, Pasifika and young people (Ministerial Committee on Drug Policy, 2007).

The final strategic area for harm reduction is problem limitation. In the former NDP, problem limitation sought to "reduce harm from drug use that is already occurring" (Ministerial Committee on Drug Policy 2007, p. 5). Policy activities in this space included emergency service responses and the treatment of individuals with problematic drug use and dependence. The original aim was to reduce the related harm to both the individual and the community (Ministerial Committee on Drug Policy 2007, p. 5). The focus of the earlier policy was on the person as a substance user or the community of users as a whole, rather than on specific gaps in services or workforce development. The 2015 National Drug Policy articulated that problem limitation is concerned with removing "barriers to people accessing and receiving support or treatment for their own or others' Alcohol and other Drug [AOD] use" (Inter-Agency Committee on Drugs, 2015, p. 5). The NDP focuses on delaying young people's uptake of substances. This shift is crucial because it signals an increasing awareness of health promotion and health prevention, in particular, the reorientation of health services towards addressing access issues ("WHO | The Ottawa Charter for Health Promotion," 1986). This reorientation is especially important in the context of youth substance use responses because it challenges schools' employment of deficit focused, punitive responses such as exclusion

(Inter-Agency Committee on Drugs, 2015, p. 5), which can have negative, lifelong impact on the young person. Accordingly, this research project is specifically interested in how schools are responding to young people, acknowledging multiple perspectives, while maintaining a youth development, rather than punitive, approach.

Summary

This chapter discussed traditional approaches to drugs and alcohol through the exploration of two perspectives - abstinence and harm reduction. An abstinence approach at a macro level influences the war on drug policy and perpetuates the 'drug users as criminals' discourse. This approach, which is underpinned by binary perspectives related to morality, influences the disease model and manifests most actively in the AA twelve-step movement. In response to the abstinence approach, harm reduction was first articulated in the 1970s and gained momentum in the 1980s. Harm reduction is arguably morally neutral and using an evidence base seeks to reduce the harm *associated* with drug use. Harm reduction has influenced the development of policy, globally, and it underpins the New Zealand NDP described in this chapter. However, neither abstinence nor harm reduction perspectives, or conceptual thinking about addiction, deal with youth substance use as a core element driving the theoretical response. While New Zealand's NDP may identify that preventing young people's engagement with alcohol and drugs is a priority area, harm reduction was not explicitly developed as a response for young people. As a response to adult addiction models such as abstinence, Harm reduction was designed. While abstinence and harm reduction perspectives are widely used with young people, it is evident that a gap exists in these traditional approaches; young people have specific needs which are not being addressed in these adult-oriented approaches to addiction, resulting in the imposition of adult-constructs in lieu of a youth-focused response which keeps developmental factors at the forefront.

Chapter 3: Healthy Youth Development

“Schools serve the same social functions as prisons and mental institutions – to define, classify, control, and regulate people” – Michel Foucault

Traditionally, understandings of adolescence have primarily been driven by discussions of pathology and deficit. Indeed, in recent decades, the dominant framework underpinning interventions with young people has focussed on risk behaviours, including substance use, suicide, antisocial behaviour, violence and dropping out of school (Hein, 2003). Engaging a healthy youth development perspectives “emphasises the manifest potentialities rather than the supposed incapacities of young people” Damon (2004 p. 15). A healthy youth development perspective has emerged from Bronfenbrenner (1979) socio-ecological model. The purpose of this chapter is to firstly outline Bronfenbrenner’s socio-ecological model, followed by examining healthy youth development models such as the 5 C’s (R. M. Lerner, Almerigi, Theokas, & Lerner, 2005) and New Zealand’s articulation of a healthy youth development approach through the Youth Development Strategy Aotearoa (Ministry of Youth Affairs, 2002).

Bronfenbrenner

In conjunction with the complex, interwoven concept of a healthy youth development approach, this study utilises the socio-ecological model of Urie Bronfenbrenner to explore the school drug policy in secondary schools. A socio-ecological model is interested in the “interactions between characteristics of people and their environments (Bronfenbrenner, 1979 p.x). The socio-ecological model examines a set of interactions via an “arrangement of concentric structures, each contained within the next. These structures are referred to as the micro-, meso-, exo-, and macro-systems” (Bronfenbrenner, 1979, p. 22). The study looks at in particular the macro, meso, and microsystems. The macro-system includes government policies such as the National Drug Policy (refer to Chapter 2) and the Education Act (refer to chapter 3). The macro-system considers the historical context and how it may have an influence on current outcomes for young people, for example, colonisation as it relates to exclusion statistic, (discussed in chapter 3). The mesosystem includes the relations between the microsystems and the connections between the contexts. Relevant to this study is how the alcohol and drug sector, healthy youth development sector and education sector interact around the topic of school drug policy; and this includes the “extent and nature of knowledge and attitudes existing in one setting about the other” (Bronfenbrenner, 1979, p. 25). For example, this could be how much the alcohol and drug sector understands educational concepts and youth development to provide curriculum

input. The microsystem is the most linear system and is interested in the responses of the school towards students. Bronfenbrenner (1979) placed the importance of the school's effectiveness as being related to the school's relationship with the community, for example with community providers such as health services and the home environment of the students. Bronfenbrenner (1979) and a healthy youth development approach are aligned (Ministry of Youth Affairs, 2002). About students participation schools "have magic like (sic) power to alter how a person is treated, how she acts, what she does, and thereby even what she thinks and feels. The principle applies not only to the...person but to the others in her world" (p. 6). This assertion raises concerns who determine young people's ability to participate in the school system. Bronfenbrenner (1979) also advocated that young people are not passive, but play a role in constructing their (school) context/s, so understanding their perspectives and participation within a system becomes increasingly relevant.

On the surface, Bronfenbrenner's (1979) microsystem may appear to be a worthy focus to understand school drug policy and to undertake an evaluative study, however, the meso and macro levels of the model contain important overt and covert influences on school drug policy which are relevant to this thesis. The macro-system holds particular importance due to the political nature of young people, education and alcohol and drugs, and how morality and scientific evidence are at constant odds in the world of politics. The mesosystem, in the context of this research, seeks to place the young person at the centre, in light of a purist health or education approach can take a different lens of youth development which possibly creates tensions. A healthy youth development approach can be the mediator between the two sectors, with this in mind, an examination healthy youth development theory follows.

Youth development

A key theme to emerge from a healthy youth development perspective is that of developmental success, the focus of which rests in public policy and practice and conceptualises health as the absence of pathology or disease (Benson, Scales, Hamilton, & Sesma, 2006). While sociological perspectives of youth development accept reductions in risk, and that health-compromising behaviours are essential contributors to successful development, there is a peaked interest in identifying "the other side of the coin" (Benson et al., 2006, p. 895). In other words, there is a growing interest in the emancipation of young people and to see them in the contexts of their skills, attributes, potential, voice and sovereignty. It is within these positive development frames that this research positions itself. Benson, Scales, Hamilton, and Sesma (2006) argue that traditional understandings and knowledge around youth and their development are incomplete, if not distorted, without the inclusion of these critical voices. Specifically, exploring the young people's voice

and subsequent power, influence and authority regarding school drug policy are inherent in a healthy youth development approach. Coming to a healthy youth development lens, in part, was in response to the 20th-century shift which occurred from seeing the period of adolescence as a time of storm and stress, to seeing adolescence as a period for growth, opportunity and positive development (Lerner, R, 2009). Even during this time, researchers identified that it was more common to track problems and view young people through a deficit lens than to track positive behaviours (Catalano, Richard, Berglund, Ryan, Lonczak, & Hawkins, 2002). The emergence of healthy youth development or positive youth development perspective (these terms are used inter-changeably in the literature) included a desire to challenge the dominant deficit lens which young people were viewed through (Benson et al., 2006).

5 Cs model

The five C's model was founded in 2005 (Benson et al., 2006) and hypothesised that each of these 5 C's would be enablers towards young people being successful contributors to society. This model built on Little's 4 C's (Little, 1993) and the most recent iteration of the model, identifying the importance of young people being able to contribute and the salience of young people being able to participate (Benson et al., 2006). The positive youth development model identifies the following areas *Competence: Confidence: Connection: Character: Caring/Compassion: Contribution* (Benson et al., 2006).

Competence in this model is over several areas and identifies that a young person would positively view their experiences, social, academic, cognitive, health, and vocational. Social competence refers to interpersonal skills, for example, emotional regulation skills to effectively manage conflict. Cognitive competence means a young person can make decisions which are developmentally appropriate and mitigate risk. A young person demonstrating academic ability means they have good attendance and academic achievement. Competence regarding their health means they can use nutrition, exercise, and rest to keep themselves physically healthy and fit. Vocational competence involves work habits and explorations of career choices. *Confidence* identifies the young person has an internal sense of positive self-worth and efficacy. *Connectedness* emphasises the relationships that young people have with their peers, family, school and community. *Character* relates to a young person's understanding and articulation of societal and cultural norms, and that they demonstrate possession of standards for correct behaviours, a sense of right and wrong (morality), and integrity. *Caring*; this characteristic takes an interest in a young person's ability to have sympathy and demonstrate empathy for others. The *contribution* is that a young person is willing and able to make contributions to their family, school, and organisations in the community (Richard Lerner, 2009).

Healthy Youth Development in New Zealand

In New Zealand, the importance of a healthy youth development approach to inform social and political responses is expressed through the Youth Development Strategy Aotearoa [YDSA] (Ministry of Youth Affairs, 2002). YDSA places emphasis on the *connectedness* of young people to the contexts they engage with, and also describes key engagement processes such as *youth participation*, that can empower young people to be active citizens that have voice and influence in their environments. The tenets of connectedness and youth participation within New Zealand's youth strategy mirror key recommendations and obligations outlined in the United Nations Convention on the Rights of the Child [UNCROC], (United Nations General Assembly, 1989) to which New Zealand has been a signatory since 1993 (Ministry of Social Development, 2015).

Healthy youth development aspires to enhance young people's sense of connectedness to people in these environments and encourages systems such as schools to examine how they can improve students' sense of connectedness, therefore shifting the focus from the young person being at fault and challenging systems to take some responsibility. Research in this space is often referred to as school climate (Denny, 2011). It is an essential consideration within this study, because how young people are empowered, nurtured, and protected within social policy and contemporary understandings of the role/place of young people within society informs what transpires in the school context.

Six principles shape New Zealand's articulation of healthy youth development (YDSA). Firstly, young people are shaped by the big picture which recognises that young people are shaped by broader social, economic and dominant cultural values, which is underpinned by Bronfenbrenner's socio-ecological theory (1979). Secondly, positive social connections influence healthy youth development. Thirdly, a consistent strengths-based approach which addresses both risk factors and protective factors underpin effective interventions. Fourthly, quality relationships with young people are essential. Fifthly, the promotion of, and advocacy for, youth participation, as this is viewed as an area to provide opportunities for young people to increase their control of what happens to them and around them, through advice, participation and engagement. Finally, healthy youth development should need to have evidence-base and useful information (Ministry of Youth Affairs, 2002). YDSA views these principles as overlapping, and it is where they intersect with each other that a comprehensive and empowering philosophy towards the nurturing of, and optimised outcomes for, New Zealand youth are formed (Ministry of Youth Affairs, 2002).

Connectedness

Connectedness in the lives of young people can significantly affect their developmental outcomes. Healthy youth development literature asserts the importance of young people to be connected to and have active involvement in all areas of their lives such as family and whānau, school and training institutes in their communities (church, sporting, cultural groups) and also with other young people (Denny, Clark, & Watson, 2015). A lack of connectedness is associated with poorer health and education outcomes and higher rates of mental illness (Denny, Clark, Fleming, & Wall, 2004; T Fleming, 2003).

Strengths-based approaches

From a human development perspective, adolescence is concerned with physical, psychological and cognitive changes associated with the developmental phase. Youth development has been the subject of significant research and analysis (see, for example, Benson et al., 2006; Benson, Scales, & Syvertsen, 2011; Bonanno, 2004). The literature makes particular links between protective factors such as resilience and positive outcomes and asserts the need for understanding resiliency to inform health promotion based response with young people (Blum, 1998). Research has shown it is essential for young people to feel connected and safe in school, and that when young people do not experience this, they are more likely to have poor health outcomes (Bond et al., 2007; Bonny, Britto, Klostermann, Hornung, & Slap, 2000).

Furthermore, young people who leave school without qualifications are significantly more likely than those who achieve qualifications to report both cannabis use and dependence (Boden et al., 2006). Low school commitment was also found to be associated with increased cannabis use (Beyers, Toumbourou, Catalano, Arthur, & Hawkins, 2004) and this was extended by Chen (1998), who found that students who leave high school early are less likely to stop their cannabis use.

Quality relationships

A principle of YDSA identifies that quality relationships for young people can co-occur across numerous environments, for example, at home with parents/caregivers and siblings, and at school with teachers and peers. The ability to build and maintain relationships is two-fold, as this principle encourages that the young person is equipped with the skills and knowledge to navigate these relationships, and also asserts the need for adults to understand the mechanisms that enhance quality relationships with young people.

Youth participation

Youth participation advocates for the inclusion of young people's views on systems and services that impact them. Article 12 of the UNCROC specifically addresses children's/young people's rights to participate and be listened to, while Article 12 was seen as audacious and far-reaching and is also the article that is most likely to be violated and breached (H Shier, 2001). In practice, within health and education realms, youth participation can be incorporated via roles such as youth advisory committees that can provide a youth perspective about service delivery or policy, or in education, where young people can be youth participants on a school board. Therefore, youth participation becomes a central tenet of youth emancipation, and these ideas are important for research that explores how youth voice is included in the development and implementation of drug policy.

Understanding youth participation occurs through two models; the first; Hart's Ladder of participation (Hart, 1992), which looks at how projects can involve young people, and the second; Shier's, pathway to participation (2001), which articulates organisational readiness and commitment to youth participation.

Hart's ladder of participation (1992) was the dominant model of youth participation throughout the 1990s and early 2000s. It was this model that initiated parameters and measures of accountability in regards to youth as legitimate citizens. The model, first published in 1992 by UNICEF, is a ladder which recognises different levels through which young people can participate in the world around them. Hart's (1992) ladder was hugely influential in its time, and in New Zealand, the Ministry of Youth Development adopted this model to inform how the ministry engaged and worked with young people. Hart's (1992) ladder identifies a spectrum of participation, from young people being fully involved and participatory in their relationships and decision-making about their world (shared decision-making), through to non-participation, where young people are excluded due to power dynamics and participation, where adults have complete and unchallenged authority over them (manipulation).

The second model of participation is Shier's (2001) pathway to participation. This model was designed to provide an alternative to Hart's (1992) ladder. Shier (2001) suggested that youth participation is a process rather than a specific event or moment in time. As opposed to Hart's (1992) ladder, which identifies participation as a firm construct within a project, Shier's (2001) linear approach recognises that participation can be fluid and different within various contexts. This approach identifies participation to be understood along a spectrum and allows organisations to look at how young people are participating at an organisational level. Moreover, as a model, it provides organisations and institutions with a tool through which to measure their current rate of youth participation in the

organisation; it identifies areas to amend or alter to increase or ensure authentic and complete youth participation.

Shier's (2001) model is based on five principles and asks questions at each level to prompt the user to engage in critical reflection about how the organisation can enhance participation if that is the desire. The five principles are: that young people will be listened to; supported in expressing their views. Young people's opinions considered, and they (the young people) will be involved in the decision-making process. Furthermore, young people will share power and responsibility in the decision-making process (H Shier, 2001). Sheir's (2001) model encourages people and organisations working with children and young people to examine their practice. While this model provides a useful organisational perspective similar to Hart's (1992) ladder, one critique of it is that this model is hierarchical, indicating that organisations have to go through each of these priority areas before progressing.

Good information

The final principle of the YDSA is encouraging the use of evidence to inform a healthy youth development approach (Ministry of Youth Affairs, 2002). This principle is viewed as necessary because it shapes the professional's scope of practice and ways of working with young people. It can provide young people with information which may shape their behaviour, and impacts on workforce development and how we train youthworkers working with young people.

The information currently available as it relates to the current study was research in the *International Youth Development Study*, which undertook a comparative longitudinal research project between a state in Australia and a state in America (Beyers et al., 2005). In New Zealand, the *Strengthening Drug Education in School Communities* resource (Ministry of Youth Development, 2004) produced by Ministry of Youth Development, recommends the drug policy approach which schools in New Zealand ought to employ. There is limited information available specific to drug policy in secondary schools, both nationally and internationally, as discussed in chapter 3 of this thesis.

The MoYD states the strategy "can be used as a checklist and a tool for developing youth policies and programmes" (Ministry of Youth Development, n.d., para. 3). It, therefore, stands to reason that schools and educational institutions would draw from this policy in their approach to both general education and student achievement, as well as matters relating to discipline, student transgression, and factors that negatively inform the positive development of youth, such as substance use and its associated factors. In the 2004 guidelines, the MoYD clearly articulates the approaches, that is youth development and harm reduction, which schools are encouraged to inform policy and education regarding

substance use. Based on the limited information about school drug policy, enacting this principle becomes a challenge. This thesis hopes to contribute to the body of knowledge using a socio-ecological approach to develop an understanding of school drug policy. The next chapter outlines the multiple-case study research and data collection used within the participating schools.

Chapter 4: Drug Policy in Secondary Schools

Using a socio-ecological systems perspective (Bronfenbrenner, 1992), the purpose of this chapter is to introduce the reader to relevant information within the key systems which relate to this research topic. With this in mind, the current chapter will highlight macro-system information through relevant aspects of the Education Act (Ministry of Education, 2019-a); mesosystem information through the health curriculum (Ministry of Education, n.d.-b) and at the microsystem level information about school drug policy.

New Zealand education context

One of the key ways schools focus their attention on supporting the promotion of student health and wellbeing is through their health curriculum. The Ministry of Education (2014d) states that health-related education supports the development of young people through a wellbeing framework. It argues that through an educated understanding of wellbeing, students can learn how to grow healthily and productively. In particular, students can develop foundations of resilience, responsibility and contribution, which impact not only their immediate lives but also those around them and the broader community.

Moreover, the Ministry purports that “this learning area makes a significant contribution to the wellbeing of students ... particularly when it is supported by school policies” (Ministry of Education, 2014d). For these reasons, an examination of school-based health education is important when considering how youth wellbeing is evident in and supported by the school policy and responses. In particular, a healthy youth development approach is useful to develop an understanding of how schools negotiate internal and external influences when developing their policies, and the extent to which the key principles of Youth Development Strategy (YDSA) are incorporated into school practice.

In the New Zealand *Education Act* (1989) amendment in 2017, the goal was to put children and young people at the centre of the education system. The *Education Act* is a comprehensive document covering diverse aspects of education, discipline and the management of youth within the schooling context. Particularly relevant to this thesis are the areas of the Act that discuss discipline and punitive responses to delinquency; the 2017 amendment specifically dealt with discipline in regards to domestic versus international students. Examining educational policy as it pertains to discipline is important for understanding how New Zealand’s high schools are instructed to, or permitted to, respond to acts of student transgression.

The Education Act Section 13 (1989) defines the purpose of discipline within the Act as being to:

Provide a range of responses for cases of varying degrees of seriousness, and minimise the disruption to a student's attendance at school and facilitate the return of the student to school when that is appropriate, and finally to ensure that individual cases are dealt with in accordance with the principles of natural justice (p79).

Within the Act, the options for formal discipline are outlined and vary depending on the student's age, if the student breaches the school rules, and specifically if the student is under 16 years old. When students under the age of 16 may violate school rules, the school's discipline options include: Firstly to use a *stand-down*, which excludes a student from a set number of days at school. Secondly, to *exclude* a student from school, which terminates their enrolment from that school. And finally, the school the student is currently enrolled in, is responsible for finding the student an alternative education facility. If the student is over 16 years of age, schools have further options of suspension and expulsion available; suspension formally removes a student from school for a while, and expulsion officially terminates an enrolment at that school. The student can enrol at another school but also may be excluded from enrolment at another school. The formal definitions of disciplinary options are provided within the thesis glossary.

The use of these punitive mechanisms reflects a school's response to the specific *transgression*, rather than the student's behaviour. The disciplinary responses will vary between schools based on factors such as their student and community demographics, access to resources, informed decision-making processes, and broader social and economic influences. For example, concerning drug use, one school may choose to suspend a student for substance use, while another school may instead decide to refer a student towards therapeutic intervention. The spectrum of these responses may be indicative of broader influences such as attitudes towards substance use within the local community, including parent and committee directives; prevalence of substance uses within the school community; local access to therapeutic interventions and support; and the school's education and understanding around the nature of substance use and effective interventions. Independent of these broader social factors and a critical challenge that schools face in this area is that there is little guidance for schools regarding policy development and subsequent responses to young people who may be experiencing issues with substance use. The *Education Act* (2017) provides a broad range of options but offers little guidance about the efficacy of these disciplinary responses and no mention of evidence-based practice concerning psychosocial issues facing students.

Stand-downs are the formal disciplinary option available for schools when a 13–15-year-old student breaches school rules and are available for use at the principal's discretion. Often schools will have a set of guidelines regarding the implementation of standing-down a student for a breach("NZSTA n.d.-b). As the

Education Act (2017) does not define or stipulate what constitutes a breach, the operational definition of a breach can vary from school to school. Moreover, as the punitive responses outlined in the Act pertain for violations of the school rules, each school will differ about their prescribed school community rules. With this in mind, across New Zealand, the use of stand-downs was steadily decreasing up until 2006 but began to increase again in 2015 (Preston, 2017). Particularly relevant to this thesis is the difference between male and female students; males are nearly three times more likely to be stood-down than females (Education Counts, 2017, p. 7). Schools in the highest (rating of 5) quintile (i.e., operating in neighbourhoods with the lowest socioeconomic status), have consistently higher rates of standing a student down, than schools in the lower (rating of 1) quintiles. In New Zealand school deciles range from a Decile 1 school through to a decile 10, the decile measures the socio-economic positions of the community surrounding the school, relative to the rest of the country. Therefore, a decile one school draws from a community with the highest (most deprived) quintile community. School disciplinary data indicates that students in a Decile 1 school are over five times more likely to be stood-down than students who are in a Decile 9 or 10 school (Education Counts, 2016, p. 6).

Statistics collected by the MoE and written by education counts (Education Counts, 2019 & 2017) consistently show that Māori students account for a disproportionate amount of the formal disciplinary action taken by schools. These students are predominantly males, most likely from a low decile school, and aged 14 years old. The reasons for stand-down or suspension vary; however, drug and substance abuse accounts for the top three reasons for the suspension. The other most common reasons for disciplinary action are for continual disobedience and verbal/physical assault on staff. If the young person is under the age of 16 years, they are often (unless approved for an exemption from the MoE) required to remain engaged in education, and referred to an alternative education provider. These are funded by the MoE through mainstream schools, because Section 9 of the *Education Act* (1989), stipulates that all young people under the age of 16 are required to attend a registered school. Alternative education was initially set up as short-term intervention, which enabled the provider to develop an individual programme of learning and behaviour modification to support the young person to re-engage in mainstream education, employment and/or a training programme (Ministry of Education, 2017).

This educational policy enables schools to take disciplinary action for student transgression, but also ensures that the learning trajectory is not significantly impinged for students. For young people aged 13–15 years, who have been alienated from mainstream education and meet the specific entry criteria, alternative education provides continued learning as well as an opportunity for a planned pathway back into mainstream schooling. The entry criteria includes: the

young person must have been out of school for two terms or more, with a history of disciplinary incidents and/or exclusions, and/or have been absent for at least half of the last 20 weeks (for reasons other than illness), and/or have been suspended or excluded and at risk of further suspensions or exclusions (Ministry of Education, 2017). Young people who are engaged in alternative education are saturated with risk factors such as psychosocial challenges, mental health and wellbeing issues (inclusive of substance use), and higher reporting of family violence and sexual abuse (Denny et al., 2015). With this vulnerable group of young people forming the alternative education cohort, there is a changing need for schools to be supported in working *with* young people from both an educational stance *and* a broader, psychosocial perspective. Education has shifted in this regard over recent years, mostly about sexual health and wellbeing, with specific curriculum developed (for multiple year groups), underpinned by an evidence-base (Ministry of Education, n.d.-c). The same cannot be said for drug and alcohol or mental health education in the curriculum, despite it being outlined as a key competency for young people's learning. The health curriculum is described below, not because this thesis explores alcohol and drug education, but because a school's drug policy also influences the way/s in which curriculum-based drug education occurs in that particular institution.

Mesosystem: Health and wellbeing within the school curriculum

The mesosystem seeks to bring together knowledge about alcohol and drugs and make it applicable within an education context. In relation to this thesis, the mesosystem is interested in how the school curriculum is developed referencing alcohol and drug education. The New Zealand health curriculum is framed by an indigenous model of health called Te Whare Tapa Wha (Durie, 1994) (see glossary). The foundation of the curriculum rests on wellbeing, value systems, connected relationships and health promotion. It is a holistic approach seeking to understand and elevate youth within the context of their relationships and connections with the world around them. The four foundational concepts of the curriculum are: firstly, Hauora - a Māori philosophy of wellbeing that includes the dimensions taha wairua, taha hinengaro, taha tinana, and taha whānau, (refer to glossary) with each one influencing and supporting the others. Secondly, attitudes and values - a positive, responsible attitude on the part of students to their wellbeing, as well as respect, care and concern for other people and the environment, and a sense of social justice. Thirdly, a socio-ecological perspective – a way of viewing and understanding the relationships that exist between the individual, others and society. And finally, Health promotion - seen as a process that helps to develop and maintain supportive physical and emotional environments, and involves students in personal and collective action (Ministry of Education, n.d.-b).

The seven areas of health that are prioritised by the MoE are mental health, sexuality education, food and nutrition, body care and physical safety, physical activity, sport studies, and outdoor education. Pertinent to this thesis is the focus on substance use, which falls within the scope of mental health as noted in the *Diagnostic and Statistical Manual of Mental Disorders* [DSM-V] (American Psychiatric Association, 2013) and is the primary tool for mental illness diagnosis in New Zealand. The New Zealand Drug Foundation (2012), reports that 11% of high school students use substances at levels that can cause severe immediate and long-term harm. By the age of 13 years, three in ten students have tried alcohol, and by age 17, that number rises to eight in ten, with seven out of ten students having met the criteria for binge-drinking at some point in their lives (Welham, 2015). Problematically, the students identified as most at risk do not view substance use as a problem. In response to the cumulative impact of substance use, particularly for young people, the Ministry of Youth Development [MoYD] has developed a specific set of guidelines for schools to use when developing their lesson plans (Ministry of Youth Development, 2004).

Within the New Zealand secondary school environment, alcohol and drug education has varied over the years. Amongst its curriculum-based substance education, New Zealand schools have also been offered programmes by the Life Education Trust, D.A.R.E programme, and resources provided by an organisation called FADE. These programmes were mainly developed through the 1980s and were used until approximately 2000. Problematically, research regarding the efficacy of these programmes has shown their effectiveness to be limited and often short-lived (Shackleton et al., 2016). Moreover, programmes designed to deter antisocial behaviour in adolescents can, in fact, impress unexpected negative influences on young people.

An example of this is the Scared-Straight programme (Petrosino, Turpin-Petrosino & Finckenauer, 2000), which was designed to deter young people from continued offending by taking them to visit a prison. However, the literature reviews found that young people who were already on a trajectory of antisocial and offending behaviour often encountered social alienation, and therefore experienced prison as an opportunity for a sense of community and belonging. In this context, it could be argued that introducing vulnerable young people to experiences of incarceration, through visits and exposure, could be more detrimental than beneficial.

The focus of earlier alcohol and drug programmes within schools was on deterring young people from engaging with alcohol and drugs through an abstinence perspective, and a particular acknowledgement of the harms and risks associated with substance use. Evidence regarding these programmes has shown that they are limited in their effectiveness when they do not take into account the

developmental perspective (Onrust, Otten, Lammers & Smit, 2016), are completed in isolation as a single teaching session or are an isolated clinical response. Research has argued that the most effective response is a 'whole school' approach (Shackleton et al., 2016). These findings are supported by the review of the literature commissioned by the MoYD (2004). In response to these findings, the Ministry subsequently developed guidelines surrounding alcohol and drug education (Ministry of Youth Development, 2004), and are discussed below. Early in the new millennium, the New Zealand Government commissioned research as part of the national agenda to reduce illicit substance use amongst the population. The MoYD conducted a review regarding drug education, its impact, effectiveness and correlation to broader social policy (Ministry of Youth Development, 2004). From this comprehensive research and recommendation report, a set of guidelines for schools was developed, to be used when engaging in alcohol and drug education. The guidelines recommend 16 principles of best practice that need to be underpinned by three core elements of *design*, *delivery* and *evaluation*. The MoYD purports that within alcohol and drug education programmes, the focus should be on increasing the young people's skills, knowledge and attitudes, with the aim of preventing and reducing harm associated with substance use. These are all to be framed within a youth development policy approach (Ministry of Youth Development, 2004).

The MoYD's view of best practice signifies the influence of youth development policy, YDSA in particular, within the best practice framework. It also highlights that the best practice principles influence the *what*, *where* and *how* of drug education programmes within schools. In essence, the MoYD's views on youth development policy influence the curriculum principles, which, in turn, affects the implementation of drug education within the school. The best practice model is a more comprehensive, prescriptive and evidence-based model than the drug education policies that came prior. MoYD's report also outlines developmental goals for students and highlights the importance of cultural sensitivity. The developmental goals depend on the year group in which the education is being delivered. As an example, in Years 7–8, young people, typically aged 10-12 years old, the recommended goal is to strengthen young people's ability to resist pressure to engage with substance use. Whereas in Years 12–13, typically aged 16-18 years-old, the goal is to "influence and reduce student's cannabis use through better-informed choices and decisions (Ministry of Youth Development., 2004 p14)". The report also includes a dedicated section about being responsive to Māori students and culture, based on the bicultural Treaty of Waitangi, by utilising a range of traditional and contemporary Māori perspectives on health and wellbeing. This section of the report recognises cultural differences in understandings of, and approaches, to health and wellbeing, and supports culturally sensitive and aware practices within schools. Specifically, this section includes recommendations

about how to utilise practice models such as Te Whare Tapa Wha (see glossary) within each year group.

The inclusion of family/whānau and the community are important features of a robust alcohol and drug education programme within schools. This goes beyond 'facts' and 'effects' conversations with parents and considers dynamics and communication, while also examining environments that reduce the risk of harmful substance use. These sections of the report highlight the importance of education being positioned within a family/whānau and community context, and not to exist as an isolated lesson with little or no relevance in the young person's broader life context. Alongside the family/whānau focus, it is recommended that lessons are connected to more extensive community input such as counselling services, the NZ Drug Foundation, and drug and alcohol health promotion agencies, such as Health Promotion Agency New Zealand. A core component of all the principles articulated within the Ministry's recommendations is factual information that is evidenced-based and promotes the skills development of young people, with school drug education and policy recommended to operate within a harm reduction and youth development overarching framework (Ministry of Youth Development, 2004).

School-based interventions

The current literature on school drug policy identifies significant variations in the ways schools interpret and respond to substance use by students. Underpinned by the desire to prevent substance use and support the cessation of substance use, research has found that school drug policies principally inform substance use within the school context, such as smoking on school grounds. However, school drug policies have little impact on substance use by students outside of the school context (Toumbourou et al., 2007). Where implemented, school drug policies tend to have two key directions; either punitive or therapeutic. Within the context of substance use intervention, research has identified the significant benefit of therapeutic responses as predictors of cessation (Dutra et al., 2008). For adolescents, in particular, research has suggested that therapeutic interventions are more effective than punitive and confrontational approaches because they are more likely to engage the young person, rather than put them on the defensive and become disengaged (Simkin, 2002).

Problematically, Simkin (2002) suggests that schools who experience economic challenges and those in lower socioeconomic communities often lack the resources for comprehensive responses to student needs regarding poor academic performance and substance use. This is an important consideration because it suggests that schools within lower socioeconomic communities may be less able, or inclined, to therapeutically support substance using students. In the

current context, it suggests that schools in a lower decile may be more inclined to use less expensive approaches, such as punishment and punitive interventions, whereas more affluent schools may tend to engage in treatment and therapeutic intervention. Currently, there is a call for schools to employ a 'whole of school' approach when it comes to alcohol and drugs within the school context (Ministry of Education, 2014c; NZ Drug Foundation, n.d.). In New Zealand, a 'whole of school' approach would be inclusive of drug policy, as school drug policy is perceived as setting the scene in which education-based conversations can occur.

A 'whole of school' approach discusses the importance of creating positive school environments (Denny, 2011). A report published by the New Zealand Education Review Office [ERO] suggests that schools influence a young person's success and their wellbeing (Education Review Office, 2015). ERO outlines the desired goals of wellbeing in secondary schools, which based on known protective factors. The focus of 'whole of school' approach remains on education and intervention, with key targets including delivering effective education, offering school-based support and linking to trained therapeutic professionals. The ERO argues that an effective school drug policy should, "Align with school charters, annual plans and targets for promoting students' achievement as well as annual curriculum planning and budgets, including professional learning and development" (Education Review Office, 2015, p. 7).

The recommendations then outline linkages to health and wellbeing educational outcomes, which advocate a harm minimisation approach and clearly describe the schools' incident reporting and procedures within the school community (teachers and students) and the wider community (Ministry of Education, 2014b). The research is mainly by the *International Youth Development Study* [IYDS] which was a collaborative research project between Washington State in the USA and the State of Victoria in Australia (Beyers, Evans-Whipp, Mathers, Toumbourou & Catalano, 2005). Given the contribution the IYDS has had to drug policy within secondary schools, a discussion of this study is below.

Microsystem: School drug policy

When looking at the micro-system and what is known about current ways schools approach the topic of drug policy, the main contribution to the body of knowledge pertaining to school drug policy has been the *International Youth Development Study* [IYDS] which included a state in Australia (Victoria) and a state in America (Washington). This was a quantitative study that collected data from 205 secondary schools across both States (Beyers et al., 2005). Initial findings highlighted the difference between the two states' approaches to substance use, Australia has a national policy more aligned with harm reduction and the USA state implementing a policy closer aligned to zero-tolerance methods or "punishment

rather than remediation” (Beyers, Toumbourou, Catalano, Arthur & Hawkins, 2004, p. 229). The study also identified “there is much more to learn about what comprises of effective school’s policies to limit students’ substance use” (Beyers et al., 2004, p. 232) with little knowledge about either zero-tolerance or harm reduction stances. The comparison study looked at three domains of the policy, including policy documentation, involvement in setting the policy, and how the level of communication about the policy compared between the two states. A school administrator survey was sent to the principal in each of the schools who agreed to participate (Beyers et al., 2005). In the three domains of policy this studied explored, there were more written policies in Washington State compared to the state of Victoria. However, in Victoria, it was reported there was a higher involvement of students, teachers and parents involved in setting the policy when compared to Washington State. Although communication of the policy was higher in Washington than it was in Victoria, Washington State was more likely to report using monitoring, by having school staff present in locker bays and hallways as part of their policy response. An acceptance that young people are likely to experiment with substances was more likely to be found in Victoria, with Washington State placing more emphasis on total abstinence than Victoria. The observed differences reported in the study included that when a policy violation occurred in Washington, the response was more likely to be punitive, such as a referral to the police or expulsion. In Victoria, the use of written warnings and detention was more likely. Schools in both states also used referrals to school counsellors/nurses as part of a response, along with restricting independence (Beyers et al., 2005). The IYDS also conducted surveys of students and parents from the studied schools. The parents (of each participating student) were surveyed via telephone interview (Evans-Whipp, Bond, Toumbourou, & Catalano, 2007). The survey measures included awareness of the policy and level of involvement, communication methods, policy philosophy and orientation, policy enforcement and student drug use on school grounds. The findings from the IYDS found parental awareness of the school’s drug policy was higher in Washington than Victoria. In both states, parents reported multiple means of communication, such as school newsletters and parent evenings, to inform them of the policy. As previously discussed, Washington State was more aligned with abstinence-based messages in their school drug policy and education programmes, compared to Victoria, where the messages were more aligned to harm reduction.

The IYDS is the main contributor to the body of knowledge as it pertains to school drug policy. In New Zealand, previous research in this area was conducted in the 1990s and explored the how school Board of Trustees [BOT] responded to students caught with cannabis (Abel & Casswell, 1997)(Alcohol & Public Health Research Unit, n.d.). The study used qualitative interview methods, the 1990s New Zealand research objectives were to outline the policies of ten Auckland secondary

or intermediate schools for the management of students caught using cannabis and to highlight the issues arising from the implementation of such policies for BOT members. The BOT chair was interviewed about the school's policy and the process that was followed. The findings identified that in most schools, the first response (in most incidents) was to suspend the student, with conditions established when they returned to school. The study outlined the dilemmas the BOT encountered concerning weighing up individual needs versus student population, how the incident and how the school's response could impact future enrolments, the cost of public perception of the school, and the level to which the response was congruent with the perceived level of use within the community. Recommendations from this study were as follows:

The Board of Trustees Association, the Principals Association and the Post Primary Teachers Association establish networks to facilitate exchange of information about strategies used for dealing with cannabis use by students.

Schools strengthen health promoting policies, conducive to preventing drug use and other problems, within the school environment.

Existing community organisations which provide information and support to schools dealing with cannabis use and related problems of students (e.g., the youth section of Community Alcohol and Drugs Services; Children and Young Persons Service) be strengthened.

Community action initiatives be resourced to strengthen links between school and community and enable development and implementation of joint school/community/media initiatives to deal with recreational drug use problems.

(Abel & Casswell, 1997)

This research, which was conducted close to 30 years ago in New Zealand, has contributed to what is known about school drug policy practices in New Zealand. Since the research took place, there have been additional guidelines developed and changes to the alternative education system in the 2000s. This chapter highlighted the limited research in this area, which potentially provides guidance and instruction for New Zealand schools when responding to substance use amongst students. In particular, it identified that schools are responsible for developing policies and practices about substance use and that the presence or absence of policies in this area is dependent on the individual school's priorities. In New Zealand, the MoYD recommends that school alcohol and drug policy use two theoretical orientations; the first is harm minimisation, which informs responses to alcohol and drug issues and guides New Zealand's National Drug Policy (Inter-Agency Committee on Drugs, 2015). The second is a healthy youth development response, reflected in YDSA (Ministry of Youth Affairs, 2002). Youth development

is a 'bottom-up' approach, and harm reduction is a 'top-down' approach. Both orientations are supported by a considerable body of research and application to youth alcohol and drug issues. However, there is no research where these orientations have been *jointly* applied in a secondary school context to address a youth health issue such as substance use.

Each of these orientations has conflicting perspectives; youth development, for instance, has a meta-narrative of emancipation, which is interested in empowering people, issues of freedom and voice, and relishing knowledge from within the community as opposed to professional expert knowledge. The harm reduction perspective maintains neutrality regarding the morality of drug use, and harm minimisation is primarily interested in the effectiveness of harm reduction strategies/interventions. In turn, this has theoretical links to the positivist theory of knowledge (Adams, Prescott, & Dixon, 2012). For example, when developing a school drug policy, from a purist youth development perspective, young people would be involved in the design and their views taken into account, whereas a harm reduction approach which would seek to reduce the harms associated with use at the individual and school level, and developed by an addiction professional.

This chapter sought to provide the reader using a socio-ecological systems perspective with an overview of the relevant information regarding the New Zealand education context and drug policy literature. To date, the research about drug policy has focussed on examining drug policy purely from an alcohol and drug approaches framework. As this chapter has identified in New Zealand, schools are recommended to use a healthy youth development approach. The next chapter describes the research methodology and multiple case study research design employed by the thesis.

Chapter 5 Multiple Case Study Research Design

Somebody once said we never know what is enough until we know what's more than enough – Billie Holiday

This chapter presents the research design through which the development and implementation of drug policy within New Zealand secondary schools is explored. In consideration of a socio-ecological systems and youth development approach, three main participant groups, along with a number of data collection tools were used to explore the research questions.

Rationale for Research

Chapter four highlighted a dearth of international research and evaluation specific to the nature and effectiveness of school drug policy. There is even less research within the New Zealand context. The current study seeks to open discussion about drug policy in the secondary school environment. It involved three main participant groups, including young people, and aimed to deepen our understanding of the New Zealand school context. The research bridges the gap in international understandings of this area by providing a cultural context for the issues. It recognises the important contribution of students, parents and teachers within these discussions. Many studies have excluded these crucial voices. This thesis aimed to explore the ways schools accommodate external influences in their development of policy, the impact of drug policies in the school context, and future directions for schools.

Purpose of the study

The purpose of this study was to explore how school drug policy was developed and implemented in secondary schools in New Zealand. Of particular interest was how school drug policy operated within a complex system, with multiple stakeholder perspectives.

Research Questions

To answer the overarching research question of *how school drug policy is developed and implemented* the following specific research questions were posed:

1. What are the approaches that underpin school drug policy?
2. How are these approaches reflected in the policy and how it is implemented?
3. What role do the stakeholders (students, staff and members of the school community) play in the development and implementation of school drug policy?

4. What role do Youth Development perspectives play in the development and implementation of school drug policy?

Research Methodology

Exploring how schools develop and implement school drug policy is the focus of this study. A case study design was selected to research this phenomenon and employed a range of data collection tools, including: using scenarios in focus groups and participant interviews, along with document analysis. This is useful as the phenomenon is understood within the real-life context of a school setting; the participants included students, school staff and community members. The study used a socio-ecological systems lens along with multiple case study design to understand this topic.

A socio-ecological systems approach was used as the methodological framework for this thesis as it is consistent with both the case study research methods and a healthy youth development approach. A case study is positioned to capture the real-life events and to understand relationships within a complex system. This approach “rests implicitly on the existence of a micro-macro link in social behaviour” (Gerring, 2007. pp1), and seeks to capture real-life events in the context in which they occur (Yin, 2005). The case study design allows the socio-ecological systems lens to be applied to develop an understanding of the topic between multiple actors, across multiple layers and regarding real-life situations. Schools are a complex system with multiple layers of influence, to understand the topic, case study design along with a socio-ecological approach aims to understand the complexity of the school system. In the current research, the real-life event is the implementation of drug policy. Within the implementation of that policy are the relationships within the school and the influences in and around the school (including external policy and stakeholder’s perspectives). Exploring this in a range of schools is crucial to develop an understanding about the range of practices that maybe occurring.. To meaningfully understand the ways schools approach, develop and implement drug policies, a contextual approach is vital. Case study research naturally lends itself to ‘how’ and ‘why’ questions (Yin, 2003).

Furthermore; researching complex systems such as a school requires a methodology that will allow for the identification of these complexities, understand them in their context, and draw conclusions with these factors in mind (Flyvbjerg, 2006). Some have suggested that in order to understand complex issues, such as school drug policy, it is important to see this operating across complex systems such as a school, and to achieve this, in-depth case studies are necessary (see for example Baxter & Jack, 2008.; Flyvbjerg, 2006). Flyvberg (2006) suggests

further that social science knowledge may be strengthened by the execution of more case studies, due to the focus on the complexity between human behaviour and the environment or context. The use of a systems thinking is crucial because “the relationship between people and their social networks is a circular one. The participants, as structure-determined entities, will have properties and behaviour determined by their structure. These properties and behaviours realise the particular social systems to which they belong” (Mingers, 2006 p.168). Therefore, a socio-ecological, systems thinking, approach is consistent with the purpose of this research which seeks to understand the relationships of the participants to the drug policy within the structures and processes of a school.

Arguably, this study concurs with Khanlou and Wray’s (2014) recommendation to utilise a hybrid-approach, which places value on understanding drug policy from multiple perspectives. Chapter 3 described both a healthy youth development approach and a socio-ecological systems approach. With these discussions in mind, they are bringing together how a healthy youth development approach has contributed to the understanding of school drug policy. Embedded in a healthy youth development approach is an understanding of resiliency (see YDSA for an example) and resiliency has been argued to be “related to a ‘new ecology’ that proposes ecosystem dynamics should be understood as revolving around multiple stable states” (Côte & Nightingale, 2011 p. 476). Subsequently, utilising a healthy youth development approach incorporates an ecology approach. Youth development is interested in the ‘bigger picture’, the wider context, such as political environment or socioeconomic status. The research design employed for this project allows for context (the bigger picture) to be examined. Case study and a socio-ecological systems approach enable an in-depth exploration into a phenomenon, including context of the participant, which ensures the participant’s experience is analysed against their surrounding context. Understanding a young person’s perspective of this topic has been considered throughout the research design and data analysis. Because young people do not exist in isolation, understanding their viewpoint by amalgamating health (alcohol and drug), youth (healthy youth development) and socio-ecological systems perspectives to explore drug policy in schools helps shed light on the complexity which surrounds this phenomenon. The final youth development principle, relevant to this research, is “Good Information”. In chapter 3 this principle was described as aiming to enhance the evidence-base for a healthy youth development approach. Given the previously established shortage of information available regarding school drug policy (refer to chapter 4), this principle is the driving force behind this thesis.

A personal approach; researcher engagement

From a systems perspective, a researcher needs to be viewed part of a system in which he or she is researching. With this in mind, a brief discussion about my

positionality and what has led me to the research is provided. After secondary school, I decided to pursue a degree in addiction studies and ended up being the youngest person in the country to graduate with a Bachelor of Addictions. Most of my fellow students were second-chance learners or returning to education to retrain. At numerous times, in a sector with an aging workforce, I was often the youngest by a decade, and this heightened my awareness of being considered an 'Other'. This had some benefits as I was often afforded the opportunity to represent the youth perspective on Boards, such as the Drug and Alcohol Practitioners Association Aotearoa (DAPAANZ) and YouthLine. I still felt as if my inclusion was 'tolerated' or merely checking a diversity/inclusion checkbox, rather than being considered a legitimate contributor with a real sense of professional belonging. Having worked clinically with young people experiencing alcohol and drug problems, and engaging with many schools throughout the Auckland region, I was able to observe variations in how schools responded to their students regarding drug infringements. These variations at times were due to the context of the school environment and often the moral code of the leadership.

At this time, the addictions sector was yet to embrace ideas of participation beyond 'consumer roles' born out of methadone maintenance treatment. I struggled with the sector's inability to integrate broader models of working with young people, such as youth development. The influence of biomedical interventions and addiction approaches, drawn mainly from adult models, were being repackaged for interventions with young people. This was problematic and conflicted with the youth development framework to which I was aligned. I then completed a Masters in Health Science in which I submitted a thesis which found a significant association between harmful cannabis use and sexual harm (Prescott, 2012). Through this masters research, I developed a concern for how schools were responding to young people with alcohol and drug problems because the majority of responses were from a disciplinary, punitive perspective rather than a health perspective. I felt these responses neglected to acknowledge the trauma experienced by some of these young people.

From my experiences in education and my work as an addictions practitioner I entered this research project with some assumptions; firstly, that the ideal outcome would be a policy and procedure manual which could be adopted by schools across New Zealand. Secondly, I held the view that the two perspectives harm reduction and the healthy youth development would create tensions in the school drug policy. And finally I had naïve assumptions about the complexities and heterogeneity of youth voice and the (re)presentation of youth voice. These assumptions were challenged during the research process through academic supervision and by engaging in reflexive research practice, such as by keeping a journal to test my known assumptions. Thus, while being mindful of my positionality, as a female, Maori addictions practitioner, and cognisant of the

ethical responsibilities imperative when conducting research with young people data collection began. The following section outlines the case study research design used for this study.

Multiple Case Studies

This thesis uses a multiple case study approach (four schools in total), and both inductive and deductive analysis techniques to answer the research questions. Eisenhardt and colleagues (1989) holds the view that “there is no ideal number of cases” (, p.545). Furthermore, they suggest that multiple case-studies are beneficial in that they can capture variations across data (Eisenberg, D., Golberstein, E., and Gollust, 2007) and an increased number of cases assists in identifying common patterns amongst different groups (Patton, 1990). Therefore, rather than a single case study design, this research project uses multiple case studies to examine secondary school drug policies, harnessing the ability to generate richer data (Yin, 1994 Eisenhardt & Graebner, 2007). This also helps to enhance the transferability of findings to other contexts and contributes to the overall flexibility of the research (Yin, 1994; Patton, 1990; Cook & Campbell, 1976; Eisenhardt & Graebner, 2007). Furthermore, including four schools to form the case study I hoped to develop a broader view of the issues and the participant responses. Three main participant groups were included to develop an understanding of the relationships within each school to answer the research questions. These participant groups were students at the school, school staff and community participants, such as the local youth constable, or Board of Trustee (Cook & Campbell, 1976; Patton, 1990). In each school, a range of data collection tools were employed; this included scenarios used in focus groups and semi-structured interviews, along with document analysis to develop an understanding of school systems and to explore the research questions. The use of multiple data sources enables triangulation of data to make multi-case study findings more comprehensive (Hayes, 2004).

Instead of cases being randomly selected, this research project adopted a purposeful selection of schools based on the decile rating of the school (refer to glossary) and geographical region. This was particularly advantageous in the context of this research because it allowed the researcher to identify and select a wide level of variation across Auckland secondary schools - factors which are necessary for highlighting differences and possible similarities in drug policy. For example, this research project uses four secondary schools in the Auckland region of New Zealand as its case studies. Initially, schools were approached from the five regions (North, South, East, West and Central) in Auckland and resulted in Four schools participating from 3 of the areas (North, West and South) Auckland. Using school decile rating and the geographical area was done to capture the cultural and socioeconomic diversity, to understand the research topic in a range

of schools. A matrix was developed based on regions within the Auckland area - North, South, East and West - and schools were identified and mapped onto this matrix based on the decile rating, which the researcher accessed via school websites. Once a range of schools had been determined, they were approached by the researcher, and the recruitment process began.

Recruitment

When approaching the schools to participate the researcher made multiple phone call to the school guidance counsellor or nurse to arrange a meeting to discuss the researcher's and the school's possible engagement. This person then set up a meeting with the school principal or someone from the senior leadership team to discuss the research further and gain consent for the research to be conducted in the school. The independent status of the researcher was also emphasised to ensure participants understood their perspectives were confidential from the school. It was made clear to the school and individual participants that they were able to withdraw at any time. These two factors were reiterated to all participants. Information sheets and consent forms were provided and signed by, each of the schools (see Appendix A) and by individuals who agreed to participate (for example, see *Appendices B-D*).

The recruitment process resulted in the following schools agreeing to participate in the study (see *Table 1* below); two South Auckland schools (both decile 1), a North Shore School (decile 10), and a West Auckland School (decile 5).

Table 1 Participating Schools

| School | Case Name | Region | Decile Rating | Discussion Chapter |
|--------|-----------------|----------------|----------------------|--------------------|
| 1 | Horizon School | North Auckland | Private (fee-paying) | 6 |
| 2 | Redvale School | South Auckland | 1 | 7 |
| 3 | Bluevale School | South Auckland | 1 | 8 |
| 4 | Sunset School | West Auckland | 5 | 9 |

There were three main participant groups recruited and used for data collection in each of the participating schools. These were a) students, b) school staff, and c)

community participants (see below for a further description of community participants).

The risk of researcher coercion, such as, the participants feeling pressured to participate in the study was reduced, by having the school contact person facilitate recruitment. This person was often the school guidance counsellor or school nurse. Staff holding these roles in the school are often pressured with multiple demands. Thus, while this person was key to successful recruitment, it did slow the recruitment down and meant for the researcher there was significantly less control over the timeframe in which the data was collected, making the process of final data collection longer. For example, in one school, it took over 18 months for the school to consent to participate and for the data collection to begin.

Table 2 below categorizes all the participants across the four case studies and lists the data collection methods employed for each participant group. The following section of this chapter will describe the recruitment process for each of the participant groups, followed by a description of the data collection methods used for each participant group.

Table 2 Research Participants in each school

| Participants | Horizon School | Redvale School | Bluevale School | Sunset School |
|------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Youth Focus Group 1 | <ul style="list-style-type: none"> • 6 young people • All Year 13 • 5 male/1 female | <ul style="list-style-type: none"> • 6 young people • All Year 12 • 6 Pacific Island. • 2 male/4 female | <ul style="list-style-type: none"> • 5 young people • Year 13 • 4 Pacific Island. 1 Maori. • 3 male/2 female | <ul style="list-style-type: none"> • 4 young people • 3 Year 13s. • 1 Year 12. • 3 Pakeha. • 1 NZ Chinese • 3 female/1 male (student rep on the BOT) |
| Youth Focus Group 2 | <ul style="list-style-type: none"> • 4 of the same students as above • 3 male/1 female | <ul style="list-style-type: none"> • 3 of the same students as above • 1 male / 2 female | <ul style="list-style-type: none"> • Same group as above | <ul style="list-style-type: none"> • Totally different group: • 5 young people. • All Year 13 • 1 male/4 female • All Pakeha |
| Staff Focus Group | <ul style="list-style-type: none"> • Director of Health & Wellbeing • School Guidance Counsellor [SGC] • Health Teacher • School Nurse • Senior School Dean • Health Teacher | <ul style="list-style-type: none"> • Head of Guidance • Deputy Principal • Social worker • School nurse • Senior School Dean/ Health Teacher | <ul style="list-style-type: none"> • School Nurse • Head of Health/Social Worker | <ul style="list-style-type: none"> • Head of Guidance • School Nurse • School Youth Worker |
| Community Face to face Interviews | <ul style="list-style-type: none"> • Board of Trustee Member • Parent • Alcohol & Drug Educator | <ul style="list-style-type: none"> • Youth Constable • Team Leader of alcohol and drug service provider | <ul style="list-style-type: none"> • School Counsellor • Youth Worker | <ul style="list-style-type: none"> • Alcohol & Drug Counsellors x2 • Alcohol & Drug Educator |
| Document Types | <ul style="list-style-type: none"> • School Website • Education Review Office reports (ERO reports) • Relevant school policy • School Diary statements | <ul style="list-style-type: none"> • School Website • Education Review Office reports (ERO reports) • School drug policy • Evaluation of Stand-up Programme (AOD programme) | <ul style="list-style-type: none"> • School Website • Education Review Office reports (ERO reports) | <ul style="list-style-type: none"> • School Website • Education Review Office reports (ERO reports) • School policy • School procedure manual |

Student Recruitment Process

The contact person in the school recruited participants in two ways; the first being via an announcement or notice at the school assembly, where the research was explained, and students were invited to participate in the study. The second, via the school contact person approached young people directly who they thought might be interested in participating, and asked them also to approach their peers. This resulted in students being recruited across the four cases to participate in this study (see *Table 2* above).

The participation criteria for young people identified was: the student had to be (a) in the final two years of New Zealand secondary schooling (Year 12 and Year 13) and (b) had been at the same school for at least two years. This was an attempt by the research to increase the likelihood that students had observed a drug policy response from the school. Each participating student was provided with an information sheet explaining the research and a consent form (see *Appendix B*), which formalised their agreement to participate. Consent was gained by the student participants, the school's contact person organised a time that was mutually suitable to the student and the researcher, and when there was a room available at the school the researcher was able to conduct the focus group.

School Staff Recruitment Process

The recruitment of school staff was informed by the staff member's involvement in the development and implementation of the drug policy within their school. Across all participating schools (cases), staff were invited to participate via the school contact person. Usually, contact took place via the contact person identifying the most appropriate staff member/s to participate and then sending them an email along with a Participant Information Sheet [PIS] (see *Appendix C*).

Across participating schools, the profiles of participating staff members were similar in terms of their roles and positions. For example, the staff participant's roles commonly included the Deputy Principal, Senior School Dean, School Guidance Counsellor, School Nurse, Health/Physical Education Teacher or the School Chaplain. Some staff held multiple roles such as in Redvale School, where the Senior School Dean was also the Health Teacher. *Table 3* below, identifies the participating staff by position, for each of the four case studies. Upon agreeing to participate, each of the participating school's contact people then organised a focus group at a suitable time for staff (often during a lunchtime to increase the likelihood of their availability), and food was provided by the researcher for the staff participants, as this is culturally appropriate in New Zealand particularly in Maori and Pacifica populations.

Table 3 Staff participants

| Horizon School | Redvale School | Bluevale School | Sunset School |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> • Director of Health & Wellbeing • School Guidance Counsellor [SGC] • Health Teacher • School Nurse • Senior School Dean • Health Teacher | <ul style="list-style-type: none"> • Head of Guidance • Deputy Principal • Social Worker • School Nurse • Senior School Dean • Health Teacher | <ul style="list-style-type: none"> • School Nurse • Head of Health/Social Worker | <ul style="list-style-type: none"> • Head of Guidance • School Nurse • School Youth Worker |

Community Participant Recruitment Process

Potential community members identified as suitable participants included a Board of Trustees member, parent, community constable, alcohol and other drugs [AOD] service provider, an alternative education teacher, counsellor and a private training provider who runs one-off presentations relating to youth health. In terms of engaging community members, the school contact person approached the identified community participants on behalf of the researcher and a brief description of the research was provided (See *Appendix D*). If the community members gave their consent to participate, the researcher was provided with their contact details to follow up with them. When the researcher made contact with potential community participants, the researcher discussed the nature of the research and participation in more depth, and arranged an interview time. The community participants (in terms of roles) varied within each school, this was intentional, the researcher believing that the difference in community participants would reflect the diversity of communities found within each school studied. *Table 4* below identifies the varied nature of community participants.

Table 4 Community participants

| Horizon School | Redvale School | Bluevale School | Sunset School |
|--------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> • Board of Trustee Member • Parent • Alcohol & Drug educator | <ul style="list-style-type: none"> • Youth Constable • Team Leader of alcohol and drug service provider | <ul style="list-style-type: none"> • Contracted Counsellor • Youth-worker | <ul style="list-style-type: none"> • Alcohol & Drug Counsellors (x2) • Alcohol & Drug educator |

Data Collection Tools

Case study research allows for multiple data collection tools to be utilised to develop a holistic methodological approach (Yin, 2003). The four case studies presented in this research were approached using multiple data collection sources which included focus groups, semi-structured interviews (these were the primary data sources) and document analysis (used as a secondary data source). Employing multiple data collection techniques when studying an empirical phenomenon is referred to as “triangulation” (Cox & Hassard, 2005; Jick, 1979). Triangulation enhances the confirmability and external validity of the research findings, as well as provides greater accuracy of the information on a given research topic (Jick, 1979).

Scenarios

To generate discussion amongst the participants and provide contextual relevance and linkages to the theoretical frameworks of a) alcohol and drugs, and b) youth development, the researcher developed and employed scenarios that were used within both focus groups and semi-structured interviews. The benefits of using scenarios during data collection include helping the researcher to “capture how meanings, judgments and actions are situationally positioned” (Barter & Renold, 2000, p. 308). Moreover, they allow the participants to determine the most important aspects and issues at play, in their context, and to determine the influencing factors in the decision-making process, which are key components of the scenarios (Barter & Renold, 2000). Furthermore, the employment of scenarios as a research tool allows potentially sensitive and complex issues to be explored with participants in a non-confrontational way, as the sharing of perspectives occurs about the scenario rather than the participant’s life experiences. Each scenario was carefully crafted by the researcher and reviewed in consultation with alcohol and drug clinicians. The researcher’s supervisors then revised the scenarios based on the consultation feedback. The researcher then tested the scenarios with a range of people to check the scenarios, and also to see if they achieved the aims of the researcher. These groups of people included fellow doctoral students, a group of young people, aged 16-18 years old, and addiction lecturers. The feedback from these groups was incorporated into the final iteration of the scenarios which were used with the participants in the study.

The four scenarios developed for this research study were informed by the statistics surrounding the discipline and real-life situations the researcher had observed while working as a practitioner. Also, the scenarios linked strongly to either abstinence, harm reduction, or youth development theoretical position. The

first scenario was written about a young person who was excluded from school for possession of a small amount of cannabis. This scenario became known as 'Sam' (named after the fictional young person it is about). The intention of this scenario was to align with abstinence-based frameworks (see *Appendix E*). The second scenario was about a young person with a family environment contributing to the use of cannabis. The school responded by engaging the young person in counselling. This scenario was based on both youth development and harm reduction (see *Appendix F*). The third scenario was about the use of parental drug testing and students voicing concerns. It also outlined the school's response. This scenario was designed to have conversations about abstinence approaches such as drug testing, as well as to explore youth voice and participation (see *Appendix G*). The fourth scenario related to a common practice in New Zealand secondary schools, whereby school balls (dances) are followed by a party (after-ball). Historically after-balls have been an occasion in which young people use alcohol and drugs, causing problems for the school (see, for example, commentary in media outlets about schools in Canterbury and Auckland (NZ Herald, 2009)). The fourth scenario related to a secret after-ball party. This scenario was designed to trigger conversations about surveillance, harm reduction and abstinence (see *Appendix H*).

Each of the scenarios was utilised by the researcher during both focus groups and interviews when deemed useful for generating and guiding the discussion. It was expected that most of the four scenarios developed by the researcher would be used. However, in the majority of situations, scenario one (Sam), generated a large amount of discussion and allowed the researcher to enter into an exploration of the research questions without the use of further scenarios.

Focus Groups

Focus Groups were a primary data collection method used with both students and staff members. Focus groups allow for the views and values of the participants to be located within a social context (Temple & Glenister, 2002). This is an important aspect of this research project, as one of the principle aims is an exploration of the relationships *between* participant groups while considering the school context. Wilkinson notes that focus groups are a particularly useful method of data collection when the purpose of the research is to evoke people's understanding, opinions and views, as well as to explore how these are "advanced, elaborated and negotiated in a social context" (Temple, 2002, p. 180). Accordingly, focus groups were considered by the researcher as a key tool to address the research questions regarding relationships, impact, stakeholder perspectives, acceptability of the drug policy and responses to drug policy incidents, because they do so through the inclusion of the most voices.

Focus groups also allow for participants to engage in conversations amongst themselves, with the researcher observing these discussions. Wilkinson (1998) highlights how focus groups not only reveal shared ways of talking but also shared experiences and ways of making sense of these experiences. Thus, they offer the researcher insight into shared assumptions, concepts and meaning, regarding the area being researched. Moreover, the importance of group interaction and group dynamics is a feature characteristic of focus groups, and therefore, differing opinions are valued in the focus group method (Hoggart, Lees, & Davies, 2002). This allowance of space for difference and variation in perspectives and opinions is an essential cornerstone in this exploratory research project and thus an additional benefit of using this data collection method.

Two focus groups were formed; school students and school staff. The design of the focus groups differed between school staff and school students. School staff only participated in one focus group, whereas the school students participated in two focus groups. The purpose of having two focus groups was to privilege the youth voice in alignment with the conceptual framework of this thesis.

The first school (Horizon School) provided the researcher with insight into how to most effectively conduct the focus group and interview structure for all subsequent case studies, and also how to use scenarios to generate discussions amongst participants. Scenario one (Sam) generated such significant discussion and insight in the early researcher/participant interactions that the decision was made to exclusively use this scenario.

Participant consent was obtained by the school contact person before each student focus group took place. Consent was rechecked by the researcher at the beginning of the first focus group to ensure no one wished to withdraw consent. Each focus group was digitally recorded and then transcribed by the researcher. Except for Sunset School, the same students participated in one of two focus groups. The purpose of having two student focus groups was twofold; firstly, the initial focus group was designed to act as a warm-up to the research process and allow the participants to build trust with the researcher (Gibson, 2007). Secondly, it provided more opportunity for the youth voice to be heard, (compared to the two other participant groups), and thereby stayed consistent with a youth development framework by remaining cognizant and avoidant of an adult-centric lens.

For the first student focus group, each of the school's contact people arranged the time and the venue. The contact details of the participants were then given to the researcher enabling the second focus group to be organised independently of the school contact person. Each student focus group lasted approximately 50 minutes (the duration of one school period), and food was provided.

Each student focus group began with a brief introduction from the researcher, which involved introducing herself to the participants and outlining the purpose of the research. She addressed the confidentiality of the study and explained the digital recording to capture the information discussed in the focus groups. This would enable the researcher to transcribe the recordings.

Students were also allowed to withdraw at any time. An overview of the research process, including examples of the types of questions the researcher would ask, was provided. The researcher used a slideshow to present the scenarios and each of the school's respective drug policies (if available). Hard copies of both of these documents were also provided to the students at the appropriate time in the focus group session (see *Appendix I*).

Following introductions, the researcher introduced scenario one (Sam) (see *Appendix E*) to the participants as a way to warm up to the research topic and explore participants' perspectives about the scenario. The researcher asked questions such as, "*What are your thoughts about this scenario?*".

Following the discussion about Sam, the researcher then asked the participants, "*What would happen if Sam was at your school?*" The researcher then introduced the school's drug policy, enabling the participants to explore the previous discussion in consideration with the school's formalised approach, subsequently revealing what the participants' perspectives about this policy were. The first student focus group concluded with the participants having the opportunity to share any other views related to the topic that they felt were important to include. The researcher then obtained a participant's contact details and organised the date for the second focus group and thanked the young people for their time and their perspectives.

The purpose of the second student focus group was threefold; firstly, it allowed the researcher to check the findings from the first session and ensure adult-centric assumptions could be challenged or corrected by the student participants. Secondly, it provided the researcher with the opportunity to gain clarity on any areas which created confusion from focus group one; again, this was to ensure that the research design allowed for and supported youth voice to be authentically and accurately represented in the research. The final purpose was to explore the last research question: "*How can school staff, student and community perspectives inform future drug policy responses in secondary schools?*"

To explore these question students either discussed amongst themselves, used post-it notes or mind-mapped (in small groups) on a poster, their responses about what they would like to see in the school. This was shared with the group as a way to facilitate a discussion. This interactive approach was designed to enable

participation in diverse ways and consider young people who may not engage initially through open-ended questions (see *Appendix J*). This approach was intended to reduce power imbalances between the (adult) researcher and the student participants and to promote better discussion and engagement in a way that was comfortable and non-threatening to participants (Gibson, 2007).

School staff participants for each school were recruited based on their role in the school, and likely involvement in the drug policy in their school. Information sheets (see *Appendix C*) were provided to the staff and consent was obtained before the focus group meeting (see *Appendix C*). These forms were completed and returned to the school contact person who passed them on to the researcher.

A schedule specific to the staff focus groups was developed (see *Appendix K*) along with an accompanying slideshow and relevant handouts (such as copies of the school's drug policy), and the same copy of the scenarios used as with the student focus group. Similar to the student groups, the staff focus group began with a brief introduction from the researcher to outline the purpose of the research, participant confidentiality, the participant's right to withdraw from the study, and the method of data collection (digital recording) and transcription (by the researcher).

The staff focus groups followed a similar format to student focus group one (described earlier in this section) with similar open-ended questions used about the scenario of 'Sam', such as *What would happen if Sam was a student in their school?* This allowed entry into a discussion about the school's particular drug policy. The researcher then asked if there were any changes the staff wished to make regarding developing their drug policy. The implementation of the school's drug policy was then explored with participants. The focus group concluded with an opportunity for participants to share any other views related to the topic and were thanked for their time and for sharing their perspectives.

Semi-Structured Interviews

Semi-structured interviews were used as a primary data collection source to engage the third group of participants in this research: members of the school community. Yin (1994, p. 85) states that interviews are an "essential source of case study evidence because most case studies are about human affairs". Also, Hays (2004, p. 229) argues that interviews are one of the "richest sources of data in a case study" because they provide the researcher with data from multiple perspectives. For example, semi-structured interviews, as opposed to structured interviews, allow participants to respond to specific research questions, while providing the participant with the opportunity to inform the direction of the discussion, based on areas of importance and significance to them (Doody & Noonan, 2013). This is relevant within the context of this research project since

there has been little study within this field to date, and the nature of the research is, therefore, exploratory.

The semi-structured method of interviewing also allows the researcher to engage flexible and responsive practices during the interview and can alter the wording or provide further explanation for participants where needed (Robson, 2002). In addition, any questions or context that may seem inappropriate or irrelevant to particular participants, or participant cohorts, can be omitted, altered or replaced (Robson, 2002 p.270). For these reasons, a semi-structured interview was deemed the most appropriate method to interview members of the community, given each participant comes from a varied socioeconomic and professional background and the researcher wanted to be as exploratory as possible.

Nine community members holding a variety of different positions from different backgrounds were interviewed for the research. As discussed earlier in this chapter the roles of community participants were: Board of Trustees members, parents, a community constable, two alcohol and drugs [AOD] organisation team members, an alternative education teacher, a counsellor and an education provider (also refer to *Table 4*). Engaging a variety of participants with wide-ranging backgrounds in this research was designed to capture a variety of relevant perspectives relating to each school's respective drug policies.

Specifically, employing a semi-structured interview format, as opposed to focus groups, for the 'community' participants had two main reasons. Firstly, it allowed for different perspectives to be heard, independent of the influence of other participants' opinions, thus allowing the researcher to obtain a higher level of accuracy from their feedback. (For example, a parent's perspective could be different from a Board of Trustees member's perspective because the former has only their child's well-being in their focus while the other has every child and the school to consider. However, if these two people were interviewed together, it may not allow one or both participants to express their views.) Secondly, from a logistical perspective, a focus group was viewed as unnecessarily challenging since participants resided in various locations across the Auckland region, some very far from each other, thus making it difficult to bring this group together in a location mutually convenient for all involved.

The community participant interview structure followed a format similar to that of the school staff focus groups. Information sheets (see *Appendix D*) were provided to the participant and consent was obtained before the interview taking place (see *Appendix D*). Each interview began with a brief introduction from the researcher outlining the purpose of the research, addressing participant confidentiality and the participant's right to withdraw from the research, and confirming how the data collection would be managed (digital recording) and transcribed (by the

researcher). The duration of each interview varied between 60 and 90 minutes. Following introductions, the researcher introduced interviewees to scenario one (Sam) (see *Appendix E*) as a way to explore all the research questions. The researcher used a slideshow to present the scenarios and each of the school's respective drug policies (if available). Hard copies of both of these documents were also provided to participants at the appropriate time in the interview. Community participants were also asked what would happen if Sam was a student of the respective participant's school and how the school would respond to this incident. As part of this discussion, the community participant was also presented with the school's policy and the researcher then inquired into their perspectives. The interviews then concluded with an opportunity for participants to share any other views related to the topic and were thanked for their time and for sharing their perspectives.

Document Analysis

Bryman argues that documents are always written for a purpose and an audience. Therefore they do not reflect a universal 'truth' or 'reality'. In this sense, "documents cannot be regarded as providing objective accounts of a state of affairs", as in this study, a drug policy drives the particular approach to the responses a school would make. For better academic rigour, documents must be interrogated and examined in the context of other sources of data (Bryman, 2008, p522). Often additional information and insight into an organisation's policies, (or school policies in the context of this research), are documented informally written, internal organisational documents, as well as external (publically available) websites and community group organisations. Where possible, internal documents, such as archival data relevant to school drug policy, were also used as a secondary source to supplement focus group and interview data.

The primary documents are drawn on and analysed in this study included; a) each schools' current and historical school policy(ies) regarding alcohol and drugs and b) additional relevant policy such as a health and wellness policy(ies). This approach allowed the researcher to analyse both the written policy and the practice of how schools respond to drug policy incidents. The Education Review Office [ERO] reports were also reviewed and analysed. ERO is the Government's reporter and evaluator of how young people are catered for within the New Zealand education system (for more information see www.ero.govt.nz). These documents were reviewed for the purposes of providing a wider context to the schools' functioning and practices against broader national benchmarks.

Finally, each of the respective school's websites was also used by the researcher to deepen their understanding of the school. It is important to note, at this point, these documents are not available in the reference list or Appendices of this thesis

to ensure the researcher does everything possible to maintain and protect the anonymity of the participating schools. Documents were either provided directly from the school contact person or were sourced via the school's website or ERO website. The relevant school policy and websites were reviewed by the researcher before conducting the focus groups or interviews.

Ethical considerations

Application for permission to undertake this study was made, and ethical approval was granted by the University of Auckland Human Participants Ethics Committee (Reference number 2010 /503). Numerous layers of consent occurred within this study. Information and consent sheets were developed, and consent sought; in the first instance from the School Principal or delegated Authority (see *Appendix A*) then from the remain participant groups: school students (*Appendix B*) the school staff participants (*Appendix C*), the student participants, and community participants (*Appendix D*).

Ethical concerns require thorough consideration when designing and anticipating the process of all social research. Key ethical considerations for this research were to ensure schools had anonymity; subsequently schools were assigned a pseudonym. Participants were assured participants' perspectives remained confidential to the school. It was clarified the research was not seeking to explore participants' personal experience regarding drug use, or personal experience with the school drug policy. To mitigate the risk of researcher coercion, the school guidance counsellor and nurse identified and recruited participants.

Data Processing and Analysis

The above data collection methods generated a total of 22 hours of transcribed interviews (consisting of 12 hours of focus group audio and 10 hours of semi-structured interview audio), and a large number of documents and archival data. A strategy was required to condense the assembled materials for the analysis to become manageable. In theory, data processing and analysis are different activities, but they will be discussed together in this chapter as there is significant overlap due to the combined inductive and deductive nature of the research.

The researcher followed the same process for transcribing the focus groups and interviews. As previously mentioned, each focus group and interview was digitally recorded. The researcher listened to the recorded audio within 24 hours of conducting each of the focus groups and interviews. This allowed the researcher to take notes and highlight key points relevant to the research, without feeling pressured to immediately transcribe the sessions. Within one month, all focus groups and interviews were transcribed. All participants were offered the opportunity to review the transcribed data, to comment on it or add to their

interview. Transcribing the data was beneficial in several ways; it enabled the researcher to become increasingly familiar with the data and to deepen their understanding of the data (Kohler Riessman, 2005) and it allowed the researcher to identify key areas to follow-up on for the (student) second focus group, and gain an initial sense of themes, as they related to the questions.

Completing the focus groups and semi-structured interviews with time gaps of up to two weeks between, allowed the researcher to engage in reflexive practice and, when needed, to adapt questions to retrieve richer data from participants. The transcribed data, along with any notes, themes and additional data (documents) collected about each school's drug policy was collated and then (physically) separately bound into a folder. The purpose for collating all case study data together in this way was for the researcher to easily refer to, and access, the data as a whole and to assist in developing a clearer understanding of the relationships between the participant groups within each case study.

Multi-step analysis process

The analysis and write up of the four case studies were undertaken in two steps. Firstly, the data about each case (school) was analysed using a specific approach, and the case study was written before the analysis and writing of the next case (school) occurred. Secondly, once all four written cases were complete, a cross-case analysis, as it related to harm reduction and youth development, was conducted. Step one used inductive research principles, whereas step two of the analysis was guided by deductive techniques (described below). Furthermore, it is important to note that the first school (Horizon School), where the researcher was able to complete data collection analysis and develop the analytical framework, informed the analysis for remaining cases.

An inductive approach was used in the first step of the analysis. This was important for the individual analysis of the cases since the researcher aimed to unearth as many rich and diverse findings as possible and did not want to limit the nature and quantity of findings. Initial analysis of the collected data occurred through the researcher reading and identifying themes based on the repetition of participants' responses, the relevance of the themes to the research questions, or connection to the theoretical framework of the research project. This generated specific areas of interest for the researcher. However, refining of these areas, to answer the research questions, occurred during the writing of the first case-study (Braun & Clarke, 2006).

To facilitate the speed and ease of data processing a categorisation/coding system based on the themes emerging out of the focus groups and interviews was developed by the researcher. Examples of themes identified included, “approaches to Sam”, “school process”. This is similar to the “open coding approach” (Braun & Clarke, 2006) allows for a range of themes, possibly unrelated yet relevant to the original purpose of the research, to emerge. Thus a richer pool of findings becomes available with which the researcher can undertake the final cross-case analysis (see next section).

Within each case, data themes emerged at the level of the participant group, such as school student or school staff. Themes were first identified on hard copies of the transcribed material, usually using highlighters or post-it notes. These themes were then tabulated (along with relevant quotes and page numbers) from the original transcripts. This process was used for each participant group within each case study. While refining the writing of the case studies, the themes were later renamed to enhance readability and to ensure consistency of terminology across all cases. Identified themes were coded and recorded for each participant group within each school before moving onto the next participant group. Later on, a matrix containing both themes across all three participant groups was developed, enabling the researcher to compare themes across participant groups. This matrix of themes was then presented to the researcher's supervisor for review, and critical discussions regarding data analysis and presentation of case study data took place. The first school (Horizon School) in which data collection was completed enabled the researcher to develop an analytical framework upon which the remaining data analysis was applied

Case Study Write up

As briefly mentioned earlier, Horizon School was the first case study write up completed by the researcher. The writing of this case study was an iterative process that underwent several rounds of refinement before the final structure was determined. This structure subsequently served as a template for the researcher to write up the remaining three case studies.

Each case study follows a similar format. It begins with the recruitment process used for the school and is supported by background information such as demographics, size, location and relevant drug policies to provide context. Next, scenario one (Sam) is discussed, allowing entry into a discussion about the school's drug policies and processes and any areas for future development. Each case study concludes with an analysis of the school's response to the specific research questions.

It is useful to note here that ethical consideration for the current researcher was how to balance a detailed description of the data while maintaining the anonymity

of the participants. For example, school staff and community participants were identified only via their title such as “principal’ or “guidance counsellor”, and students and community members were assigned pseudonyms.

Cross Case Analysis

Following the completed analysis and write up of each of the four individual case studies, the cross-case analysis was conducted. This second main stage of analysis enabled all the findings across the different schools to be reviewed, compared and contrasted holistically, and allowed the researcher to identify possible themes common to all the schools. In contrast to individual case study analysis, which used an inductive approach, the cross-case analysis followed a deductive approach based on principles of harm reduction (Marlatt, 1998) and youth development (Ministry of Youth Affairs, 2002). Traditionally, deductive research is used for quantitative research methods, with inductive research approaches used in qualitative research. However, increasing studies are indicating that adopting a deductive theory-building approach to qualitative research helps confirm the validity of qualitative findings stemming from inductive research (Hyde, 2000; Eisenhardt & Graebner, 2007), and thus the two approaches are actually complementary (Hyde, 2000; Ali & Birley, 1999; Patton, 1990).

The data source which was used for the cross-case analyses the written individual case studies, as the deductive analysis builds on the written cases. The deductive cross-case data analysis approach used by the researcher involved a coding system similar to the “pattern matching” used by qualitative research (Braun & Clarke, 2006). This technique compares patterns of observed outcomes with patterns of expected or predetermined values derived from a given theory (Yin, 2003). Given two pre-established sets of principles, one harm reduction and the other youth development (which provided guiding influence on the research), the technique was regarded as an appropriate approach to analysis for this study.

This approach provided the key themes that guided the analysis and informed the deductive framework in which the case studies were analysed. The four principles from the harm reduction perspective and the six key principles from a youth development perspective were used to inform the analytical framework for the cross-case analysis. These principles are discussed in depth in chapter three and chapter four (respectively). The researcher methodically worked through how each of the principles were expressed across the four written case studies. Care was taken to ensure each principle was analysed and written as a complete process before the researcher proceeded to analyse the next principle.

Writing and analysis in qualitative research are often a simultaneous process (Braun & Clarke, 2006). For example, when additional information was needed,

the researcher returned to the case studies for further analysis of that particular principle. As previously mentioned, there was a significant amount of data (including documents), to be analysed. Typically, the four completed written case studies provided the researcher with adequate material for cross-case analysis. However, if the broader context was needed regarding a quote from a focus group or interview, to ensure the cross-case analysis was representative of the data, the researcher would also access the original transcriptions. Similar to the researcher's process when writing up the individual case studies, the cross-case analysis enabled the overarching research findings to emerge about the research questions.

In summary, the use of case study research designed allowed for an in-depth, layered analysis to occur and enabled multiple data collection strategies to be adopted. This approach was well aligned to a socio-ecological system and youth development approach.

Chapter 6: Horizon School

"You can never stop and as older people, we have to learn how to take leadership from the youth and I guess I would say that this is what I'm attempting to do right now."—

Angela Davis

This chapter outlines the recruitment process of the school and participants, and then describes the context of the school and the school's approach to discipline, including outlining the school's approach to drugs and alcohol. The participants' perspectives of the scenario of Sam moves into a discussion of how Sam would be responded to if Sam was a student at Horizon School. Following this, there is an exploration of the participants' responses to the scenario, a discussion of their thoughts about what the school could do in the future, and finally, their responses as they relate to the research questions are presented.

Recruitment

Initial contact and engagement with Horizon School were through personal networks. Horizon School is based in North Auckland and is a fee-paying school, rather than state-funded school. A personal friend who was a member of the BOT, on my behalf, contacted the executive principal about the research and potential participation of the school in the study. Following the facilitated contact with the executive principal, I met with the principal to discuss the research. As a result of this meeting, approval was given for the school to participate in the project.

Following contact with the principal, communication with the school occurred via the director of health services. This person organised the recruitment of students, staff and community members. The director of health services provided me with the school policy, which referred to discipline and drug and alcohol use, and copies of how this was in the student diaries. Additional documents were sourced from the BOT member who provided governance documents relating to the research topic. The section below explains the recruitment process for the qualitative component of the research—the focus groups with students and staff, and the interviews with members of the school community.

The recruitment of staff from Horizon School occurred by purposeful selection (Patton, 2002). Staff were selected as a result of their interest or knowledge of how the school responds to drug policy violations in the school, as identified by the director of health services. In this school, eight staff participated in the focus group, and they held the following positions in the school: Chaplain, director of health, school guidance counsellor, health teacher, school nurse, senior school dean, and senior school deputy principal.

The recruitment of students in this school was via a formal announcement in the school assembly, snowballing methods, where participants identified further participants, and purposeful selection by the director of health services. These recruitment techniques developed as the research progressed to ensure a significant sample size and representation of students in the school. Recruitment began through the formal announcement about the research and participation options in the senior school assembly. Students were advised about the research and informed that there was additional information for them if they were interested, for example, the participant information sheet.

One student was recruited as a result of the school announcement. The student completed the consent form (see *Appendix B*), and the director of health services forwarded it to me for follow-up. Initiating contact with this student was challenging as an incorrect email address was provided. I sought the assistance of the director of health services to assist with contacting this initial student, and they made contact with the student on my behalf. Engagement with this student then led to a snowballing technique for further recruitment; specifically, the student was asked to bring additional students with them for the focus group.

In addition to the snowballing technique, the director of health services purposely identified an additional student. This student was told about the research and asked if they would like to participate which they did. This resulted in four senior students participating in the focus groups.

A purposeful selection process was used for engaging participants from the school community. The director of health contacted the school's public relations advisor regarding the recruitment of a parent. The selected parent was approached by the director of health services, who explained the nature of the research and participation. I contacted the parent via phone and email to explain the study in more detail, and once consent was obtained to participate, an interview time was arranged. A second community participant interview was organised using the same process as the recruitment of the parent. This interview was with the BOT member.

School context

Horizon School is a private (fee-paying) co-educational school that opened in the early in the 1970s. The school was founded by a small group of parents to provide continuous education from kindergarten through to Year 13. Parental involvement is a valued function, and the school has an active parents' committee. The school is divided into three smaller schools: Junior School, Middle School and Senior School. Today, the school has a role of just over 1,400 students from Years 1–13. Of this, 53% are male, and 47% are female. The majority of students identify as New Zealand European/Pākehā (58%) and the second most common ethnicity at

this school is Chinese (18%). The least represented at this school are Māori students at 1%. The ERO report from 2015 identifies a key strength in the school being the robust education curriculum, which is communicated with parents. Moving forward, ERO identified a few priorities for the school in regards to strategic planning and student wellbeing to be consistent across the three schools (Education Review Office, 2015).

Approach to discipline

Horizon School allows each school to develop an age-appropriate developmental approach to the wellbeing and discipline of the students. Horizon School has written policies and documents on school rules, codes of conduct, values and mission, and operational issues regarding education and the development of students that operate across all three levels of the school. Of most relevance to the current research are the policies related to student behaviour, conduct and discipline, and drug policy. Upon joining the school, students are provided with a copy of the code of conduct policy and a list of school rules and are informed of the consequences and punishments incurred for breaching school rules.

During their time at the school, students are reminded of the school rules, and any new, or changes to school policy, as well as the consequences for transgression. These rules and consequences are reiterated during school activities such as assembly, class roll call, and the principal's address.

The senior school diary (which each student gets as part of their stationery requirements), provides a brief discussion regarding behavioural expectations and consequences. Behavioural guidelines discuss the core principle of respect, examples of how this is demonstrated was identified as being always being in class on time, and the diary reminded them that being a senior student is a privilege that comes with rights and responsibilities. Horizon school is divided into three schools. Students participating in this research were from the senior school, years 12 and 13, and the written communication which was relevant to their school was included in the document analysis and presented to the students for their perspectives.

Across Horizon School, the consequences for breaching school rules are clearly stated in the student diary and operate on three levels according to the severity of the conduct.

Level One is for minor misdemeanours – for example, being late, uniform issues and minor acts of disrespectful behaviour. This results in a Dean's detention, which means they are required to attend detention at lunchtime and are supervised by school prefects and overseen by the dean.

Level Two is for a breach of classroom guidelines – for example, not working to expectations in class and being disruptive. These result in a prep detention which runs after school until 4.30pm, where they are supervised by the assistant principal.

Level Three is for more serious breaches of the guidelines – for example, ‘wagging’, which is leaving the school grounds without permission. A violation of this kind will result in a Principal’s detention which runs on a Friday until 4.30pm and is supervised by the school principal.

Beyond these three disciplinary levels, students are also reminded by school staff in assemblies and information sent to parents that the school “will not tolerate alcohol, drugs or dangerous items” (Horizon School Drug Policy). This means that substance use on the school grounds is prohibited, and for this school, students who are deemed under the influence while at school are also considered to be breaching appropriate conduct. In relation to the consequences of transgression, students are reminded that staff will “follow the principles of natural justice and always try to adopt a restorative approach” (Horizon School Drug Policy).

The underpinning tenet of Horizon School’s disciplinary process is “that provision exists to remove from the school, students whose behaviour and conduct necessitates that action, and to do so in a manner consistent with the principles of natural justice” (Horizon School Drug Policy).

The delegated authority for suspension and expulsion is the executive principal, similar to the role the BOT has in a state school.

Alcohol and drugs

The governance manual provided to BOT members outlines the student rules and conditions, and parents’/guardians’ responsibly about alcohol and drug use. The manual describes the unacceptable behaviour as ‘Unacceptable behaviour shall include (but not limited to) physical or verbal violence, theft, sexual and racial harassment, the use of tobacco, and illegal drugs.’ (Horizon School Governance Manual, 2010, p. 32). It further states that “Alcohol can only be consumed by staff, parents and guests of the school at school approved and licensed functions” (Horizon School Governance Manual, 2010, p. 32)

The manual also outlines under what conditions the school will use particular methods of discipline. With regards to expulsion, the manual dictates that, “Expulsion (or indefinite suspension) shall be used only as a last resort, except for serious offences (such as illegal use of drugs at school or serious assault on a teacher or student)” (Horizon School Governance Manual, 2010, p. 32). It then further says that “rehabilitative and educational programmes (including

programmes external to the school), should be established and used before the suspension” (Horizon School Governance Manual, 2010, p.32). In other words, while Horizon School has the capacity and foundation for the expulsion of students, it advocates its use after other rehabilitative and education options have been explored. In this way, it prefaces discipline with a therapeutic approach first, and then with more punitive responses as a later course of action.

The discussion below considers the school’s response to the scenario of Sam that was discussed in the focus groups. In particular, it identifies the reactions of students, staff and community representatives, in relation to the actions of Sam (who was found with a small amount of cannabis and expelled from school), and the school’s method of response (referring to the deputy principal, then BOT and the resulting permanent expulsion).

Response to Sam

This section discusses participant responses to the scenario of Sam, referenced below. It identifies the opinions of the participants (staff, students and community), about how the school chose to respond to Sam via permanent expulsion. From there, it discusses the participants’ responses and ideas about how the school should have responded to Sam. The participants naturally made a comparison between the scenario and their school, and in particular, they discussed what would have happened in Horizon School if had Sam been a student there.

Discussions of the school's response to Sam

Across the participant cohort for this research, all respondents expressed that the school's response to Sam was considered mainly severe, with the different groups drawing on various resources to inform their rationale for why they felt this way. In the focus groups, the student participants thought the response was severe, mainly because of the impact this action would have on his education. The staff focus group participants also mostly articulated the school's response to be severe; however, they focussed more on the process through which it occurred and were uncomfortable with the school response process, rather than the outcome of permanent expulsion. The parent participant (interview) was also unhappy with the school's process, and in particular, the fact that parents were not involved at any stage along the way. The interviewed BOT member remained loyal to school policy, and while less concerned with the response to Sam than other participants, also had some thoughts about the process. These responses are considered in more detail below.

Students' responses

The students were unanimous in their view that the outcome of permanent expulsion for Sam was a "severe punishment". The rationale for the students' response was driven by the permanency of the action, and the resulting negative impact this would have on Sam's life. The students' view was that a permanent expulsion (exclusion from education), could potentially ruin his educational opportunities and have an ongoing negative impact on his life. There was a sense, by some students, that the school would not "deal with you", and provide support for the problems underlying the use of cannabis. In other words, the school did not discuss the event in question (school search and identification of cannabis in his bag) with Sam, nor did it ask for context or circumstances. The students' response of not "dealing with you", indicates their discomfort to the fact that there was no consideration by the school to identify or discuss any contextual or contributing factors, nor did the response provide for any supportive or individualised exploration around the circumstances of drugs in Sam's bag, whether they were his, and whether he used cannabis. In essence, the perceived resistance of the school to "deal", or discuss and engage with Sam, was felt to be dismissive of him and reflected a handwashing approach to Sam and any issues he may have. Because the scenario identified that Sam was feeling overwhelmed and had spoken about this to his rowing/rugby coach, the students in the focus group were aware that there were potentially underlying influences to Sam's actions. In response to the permanent expulsion, students in the focus group had the following types of responses:

Well, it's just so permanent, it's like that's it, the school won't deal with you, one misdemeanour and you're like... (Mark)

Yeah like their education could be like potentially ruined. (Mark)

They are potentially ruining his education because if it were a school like this, he would be allowed back. (Francis)

Francis makes a distinction between the scenario about Sam and what would happen at their school. Their perception of the school's approach to discipline, student wellbeing and educational opportunities, suggesting that Horizon School supports the stumbles of students along the way, and that the school does not just have hard and fast rules, without room to consider context or underlying influences. The other area of importance to the students was their perception of how important education is and that the response to Sam was overly punitive. Their view is this was damaging and could have not only an immediate impact on him but also future educational opportunities. The fact that this is a key issue highlighted by students is indicative of the importance they place on school and their educational opportunities.

The focus for the students was the impact that being expelled would have on Sam's education. There was value attached to education for this student group, and that having a good education was linked to future opportunities. Given this is a fee-paying school, drawing on an affluent population base, the value of education and the opportunities education can create is likely to have been an imprinted value for these students, reinforced within school and family environments.

As identified in the scenario, Sam was experiencing feelings of being overwhelmed and stressed. The fact that this was not at all acknowledged or explored by the school was noted amongst the students. Their discussions conveyed a desire of the school to be more supportive and sensitive in their approach. Moreover, they perceived the hard approach by the school, expressed to Sam, and other students, that transgression of school rules would lead to dismissal and rejection, and create a sense of Sam being an 'other' to the rest of the school. With the exclusion of Sam, from a Foucauldian view, Sam is likely to take on the 'other/offender' identity and that expulsion from school, as the students suggested, could lead him to carry that perceived identity himself. In turn, he could continue to conduct himself in the way the institution (school) portrayed him – as deviant, in need of removal and dislocating from the broader collective.

The students from Horizon School highlighted the importance of education and preference of supportive therapeutic response from the school. With the scenario of Sam, it highlighted the need for the inclusion of young people within discussions about them and their lives – the expulsion from school, for Sam, negated the inclusion of his voice and therefore created significant power imbalances. The

students at Horizon School were of the view that Sam's school did not engage a youth development focus, and this was identified in the comments of the students.

The students agreed that the consequence of permanent expulsion for Sam was too severe. Informing their opinion was a strong sense of the impact this would have on his education, indicating this student group placed value on the importance of education. There was also a sense with these students that the school wouldn't support Sam to work through his issues, and this was seen as somewhat sad by the students with a sense of rejection from the school. The emphasis on education and opportunities implies these students place value on a response which encourages an education and a developmental, rather than punitive response. While the student group were consistent in their priorities for Sam's educational opportunities and their disappointment in the school's perceived abjection of Sam's wellbeing, within the staff focus group, there was less consistency in how staff would respond to Sam.

Staff members' responses

The staff focus group consisted of pastoral staff (counsellors, nurse and Chaplain), a health teacher and a senior dean. These participants responded from their roles, which created more tension within the staff focus group. While staff shared a similar view that the response to Sam was overly punitive, the rationale for why it was and the uniformity in their answers was less compliant with school policy. Suggesting that because these staff had roles that were traditionally more oriented to student wellbeing, health and support, it could be that they may be less focussed on hard school rules, than for instance, the dean. The staff drew on their role in the school and how their role would engage with the scenario. The second theme emerging from the staff focus group was the desire of staff at Horizon School to be proactive in how they responded to student wellbeing and identified that a wraparound approach would be applied. In discussing how they would respond to Sam if Sam was a student at their school, staff often referred to the counsellors as part of both a wellbeing and disciplinary response. The staff discussed the severity of the responses, articulating if Sam were at Horizon school, Sam would not have been expelled. They also discussed the lack of collaboration in the scenario and identified this would be different at Horizon School.

Horizon School's policy articulated both a zero-tolerance to substance use and restorative justice response. The staff discussed how their role would be involved in such a scenario if it were to happen at their school. While staff were accepting of the school's policy, they drew on wider theoretical perspectives when discussing how they would respond. Some staff identified that they would not be involved with incidents related to drug use as that would be a disciplinary matter.

However, they would refer students who were “stressed out” to another staff member. For example, Helen, the school nurse, said:

Umm I work as the nurse, so I don't get involved in the disciplinary process but I would if they were showing signs of being stressed out or if they reported that to me I would be in touch with the deans or the counsellors or assistant principal.

Another member of staff, Peter, who held a pastoral role drew on his role as Chaplain to inform his opinion, and was in strong disagreement with a zero-tolerance response, with an expectation that the school would explore historical and educational contexts when making their decision:

I would strongly disagree with the Board of Trustee's outcome in terms of the permanent expulsion. That's my thing, and I think I'd be much more dependent on the track record ... and he seems to have a good relationship with the teacher, ah, I certainly would hope as the Christian [school], thing that restorative justice is far more appropriate in this situation.

The Chaplain's response indicates the importance of a restorative justice approach. While restorative justice attempts to develop the offender's understanding of the impact of their behaviour, it does not truly promote a youth development approach which would examine the power relations within the response and Sam's sense of being overwhelmed and stressed. The Chaplain notes a restorative justice approach to be “far more appropriate in this situation”, which could be indicative of his awareness of Sam's feelings of being overwhelmed as identified in the scenario. This echoes the concerns of the students previously stated. The Chaplain also talks about the importance of the relationship Sam has with their rowing/rugby coach, connectedness and positive pro-social relationships (Ministry of Youth Affairs, 2002) are key features which have been identified in the youth development approach. The Chaplain at Horizon School is indicating this is an important feature that needs to be considered when formulating the response to Sam.

The next topic the staff at Horizon School discussed was how they would respond if Sam were a student at their school. Similar to previous discussions about their views on the response to Sam, staff drew on their roles within the school to guide how they would respond. By drawing on their roles within the school, this possibly provided the staff with a depersonalised way to respond. It did, however, mean that policy was less consistently utilised to inform their responses, leading to a less consistent approach to Sam from the staff. There was agreement that if Sam were at their school, Sam would have received support earlier when it was realised he was first overwhelmed and stressed out. Here, staff placed an onus on Sam's rowing/rugby coach to take intervening action when Sam first mentions

he is having difficulty. This indicates that a student at their school would be targeted for intervention at the outset of an identified problem (talking with a teacher), rather than when the problem resulted in negative consequences (cannabis in school bag), says a great deal about the overall approach of Horizon School and of the values this school conveys to staff about supporting students and identifying issues that require attention. These ideas echo the perceptions of the students who articulated that Sam should be allowed back, and is suggestive of a more flexible and tolerant school that is interested in the wellbeing of the student over the hard-line approach to discipline. In the instance of Sam, staff identified the support he received would have been in the form of a referral to either the dean or the counsellor, who would be more specialised/appropriate for such a supportive response.

We probably would've had Sam in before things came to a head. (Pam Senior Dean)

Did the school do anything about Sam being stressed out, was that referred to counsellors [or] deans (Paula Assistant principal)

These quotes convey a strong sense that this school prioritises early intervention for students where there may be an identified or imminent problem for them, and conveys that student wellbeing is particularly important. They convey that this school is more active and proactive with regards to its students, rather than being reactive and punitive in response.

These comments also suggest that a youth development focus is in place within this school and within the practice of how staff engage with students, rather than within the policy itself. The quotes by the staff suggest that they would take the time and make it a priority to speak to Sam about the situation. This approach is youth focussed, in that Sam is seen as an essential part of the equation in responding to the situation and that Sam's voice is included. The staff are attempting to challenge responses that lack the contextualised understanding of the young person's voice. The staff are doing this by including Sam in discussions about what is going on, which is indicative of the staff attempting to see the grey areas within the scenario, and the school seeking context rather than making decisions on minimal information.

Staff indicated that early intervention is a key aspect of student behavioural management. Early intervention indicates that staff are motivated to support students early on and prevent the escalation of behaviours. The utilisation of therapeutic responses, via the school counsellors rather than punitive responses, was indicated by the staff as the preferred response. Staff who are included in a disciplinary response are the school principal and if needed the executive principal, the relevant dean and teacher. The school counsellors, if they have been

involved with the student, often represent the student's needs or voice in the disciplinary process. However, the counsellors at Horizon School are also referred to as part of the disciplinary process by other staff.

The positioning of the school counsellors by other members of the staff was interesting in this discussion. For other members of staff in the focus group the counsellors were positioned as part of the disciplinary process. They spoke about how students were "asked to see", or were "sent to" the counsellor, typically as a consequence for bad or unwanted behaviour. An example of this is in a previous quote by a staff member, where they questioned whether Sam had been "referred to counsellors [or] dean." The school nurse expanded on this by saying:

And if they are reporting that they are stressed out to anybody, we are all sort of linked into each other. So umm, I work as the nurse, so I don't get involved in the disciplinary process. But I would if they were showing signs of being stressed out or if they reported that to me, I would be in touch with the deans or the counsellors, or assistant principal.

The nurse's comment suggests several things. Firstly, she indicates that there are particular staff members and roles within the school body responsible for discipline and the disciplinary process. Amongst these staff roles, the role of nursing is not considered to be a discipline informed position. She does, however, identify that she, and the other staff members, work collaboratively to support and work with students. She notes that if a student reported stress and concern to her, she would ensure that that information was passed on to other staff members who are more broadly involved in the wellbeing of students. The nurse also suggests that staff within the school are alert and mindful of signs and symptoms of concern amongst students and that early intervention responses seek to remedy these.

The counsellors themselves appeared to have a fluid alignment, moving between positioning themselves as part of the school staff, and then once engagement occurs, moving to be an advocate for the student.

However, once an engagement with the student occurs by the counsellor, [the counsellor] then advocates to the school on behalf of the student. Counsellors, from our perspective, we'd be a support person to him or to her and are to understand what are [or] would be possible options of help that we can put in his way, and we will advocate for him in a round table conversation with the people who are doing the disciplining of the youngster. (Jen school counsellor)

While this thesis does not focus on access to support services in schools, a question arises regarding how the fluid alignment of the counsellors in the school impacts on students accessing support when needed. The discussion by staff in Horizon School conveys a real sense of wrapping around a student when there is an issue or potential issue. The staff reported many staff becoming involved,

which could be a good approach because it means the student has more chance of having someone involved who they can relate and talk to comfortably. It also means that the student does not need to repeat their stories to many staff to get support or understanding about how attendance, performance or other factors may have been impacted. And that the staff can work together and share the pieces of information they have to create a more detailed and complete picture of what is happening for the student. The flipside to the positives mentioned is the potentially limited confidentiality for the student who may have sensitive issues going on, which they may not want to be shared in a wraparound conversation. The counsellor's comment also seems to oppose the comments of other staff; that is, the counsellor also identifies themselves as outside of the disciplinary process, which was opposite to what other staff alluded. The counsellor at the school could be in a potentially tricky position managing the need for confidentiality, and the ability to advocate a response which could have a negative impact on the overall wellbeing of the student.

While the students in Horizon School shared a similar collective view regarding the response to Sam, the staff were less united in their opinion and drew on how their role would engage with the scenario of Sam to inform their opinion. The staff shared a view that the response to Sam was severe. They also shared concerns regarding the process in the scenario and articulated that this process would not occur at Horizon School. The staff identified that a proactive wraparound process would be used to address wellbeing and disciplinary concerns with students. The staff discussed what this would look like, and left the outcome of this process open, rather than providing a clear response to the scenario. The process was aligned with youth development, in particular from the pastoral staff, which is outside of the articulated school policy. Without knowing the outcome of the process, theoretical alignment of the school staff remains unclear. In the next section, the responses from a parent and a BOT member will be discussed.

Community participants' responses

Kim, a parent, expressed the view that the consequence for Sam was “*not right*”. However, the parent’s response to this scenario, akin to that of the school staff, was more critical of the process rather than the outcome. This parent was especially concerned that there was no mention of parents being involved in any process around a policy violation or wellbeing matters regarding a student. While this parent had been involved with the school for over 18 years and expressed a fondness for the school, she did discuss a lack of trust regarding this matter in that teachers would appropriately address issues regarding alcohol and drugs. The parent talked about her views and stated that she felt it required specialist training and skills:

I don’t actually trust school teachers or whoever is doing the ... to actually deal with this properly. I think they’re not, you need to have a very special knowledge and someone that is well trained, well educated, is sensitive, knows how to handle it, I think with the information you need to know exactly what you’re going to do with it and who’s going to do it and where will you collect it.

Her comment suggests she has a strong opinion that parents needed to be involved from the beginning regarding drug policy violations. The parent also provided some insight into how she thinks the process should occur and the sequence in which the school should respond to Sam.

...the minute they found it in his bag that gets them in yeah. Take them to one side with their bags and you phone their parents, and you hold them until the parents get there. I don’t think any deputy principal I definitely wouldn’t call the BOT in and the deputy principal isn’t enough, you need to have the principal involved, and no one is to say anything to Sam until I mean you’d say to Sam or whoever it is ‘Come and sit here I’m calling your parents and you’re to sit there until your parents get here’ and then you have the conversation you don’t even talk to the kids until that’s happened.

Several times throughout the interview Kim articulated her acute awareness of the importance of human rights, the rights of the child and the common practice of parents at Horizon School to use a lawyer in discipline processes involving their child and the school. A number of factors from my perspective feed into this perspective held by the parent. Firstly, the parent is clear that teachers need to “stick to education” and that substance issues are a specialist area. This view led to her articulating that because substance use is a specialist area, there was a lack of trust held by the parent that the approach conducted by the school would be managed in a way which upheld the human rights and the rights of the child. These factors meant she placed importance on the involvement of the parents in discipline matters relating to children at Horizon School. She also stated that most

parents at the school are “proactive about their children’s education, and also quite legally minded”.

This parent is positioning herself as an advocate and upholder of human rights and the child’s rights, to the education provider, as she attempts to address the power imbalance between the education system and the family. In her dialogue, however, she asserted that she knew the perspective of the young person, and therefore may assert herself in a way that acts and further silences the young person in the process. This, therefore, undermines the value of youth voice articulated in youth development.

The parent at Horizon School is clear that any response to Sam needed to involve the parents, and this comes from a certain level of distrust regarding the school’s ability to respond in a fair or appropriate manner due to the complexity of substance use. While her response is justified as being a proactive parent and attempts to address the power imbalance between the education system and individual, the risk is that the voice of the young person could be silenced through this process. The next perspective discussed will be the BOT member.

Leanne was a board of trustee (BOT) member was able to have some sympathy for Sam; however, she was clear what the alcohol and drug policy (zero-tolerance, principles of natural justice) were in Horizon School. The policy was used to form her opinion that if there was not compliance with the school policy, then this would be wrong. The BOT member was clear that the school policy which articulates both restorative justice and zero-tolerance response to alcohol and drugs must be adhered to. However, the focus for this participant was on the zero-tolerance aspect, rather than the restorative justice perspective. This meant that she held the opinion that if Sam was at Horizon School, and if the school did not respond to Sam from a zero-tolerance perspective, this would be in breach of the school’s policy and therefore this would also be wrong.

The BOT member had a view which meant the policies had to be upheld and stated:

Year 9, well I mean the initial response is a sympathy for Sam because he is obviously quite a good student umm, and he’s you know a good participant and all of those sorts of things, and he’s obviously been feeling under some pressure ... but on the other side of the coin, is the school has a drugs policy – it says zero-tolerance, and so it would be actually wrong if the school didn’t implement that ... but having said that umm our line I know it is something schools generally do is they make every effort to place the student, ensure or find a place for that student in another school, and will provide the counselling and the assistance to the parents and to the student to deal with that.

The BOT member implies that Horizon School would seek to remove the student and send them to another school. Unlike the staff, this is a much more hands-off approach – it is suggestive of less youth focus on wellbeing, support and early intervention. The BOT member is indicating that there is no grey area, that a breach is a breach, and there is no room to consider context such as why Sam may have had the cannabis in his bag, what he may have been going through, and what could be the best way to approach the situation for examples. The BOT member reports a very concrete approach to the situation. This approach is supported by YouthLaw's report on the rise of informal removals of students in New Zealand (Walsh, 2016), which identified that schools would use informal suspensions to remove students in the absence of a formalised documented process. This view held by the BOT member could be because they are a board member and removed from how the school would deal with the matter, as BOT usually only become involved for more pressing issues involving media reporting that could negatively impact the school reputation. Her viewpoint is in stark contrast to that of the teachers, who seemed to convey more challenges with the lack of early intervention and referral to appropriate staff. The BOT member is looking at the fact there is a policy in place, and this needs to be applied, if and when the situation arises. The concern here is that the BOT member is neglecting the other aspect of the policy, which is the application of the principals of natural justice. These principles would include, from the Chaplain's perspective, the use of the pastoral staff within the school to these situations. The staff seem to be largely ignored by the BOT, which does allude to the importance the BOT places on student wellbeing. The BOT member for this school also identified that they would not be involved in the decision-making, in such a scenario. Unlike the students, staff and parent at Horizon School who drew on personal resources or role-based resources, the BOT member used the school policy as the resource to form her opinion about how to respond to Sam. She did not think the response was unjustified as the students and some staff did.

School process

The scenario of Sam was used to generate discussion and provide participants with context regarding school responses to drug and alcohol use. In relation to how school a would respond to such a situation, participants were asked to consider the response of Sam's school, and then if Horizon School would react in a similar or different manner. Specifically, participants were asked, 'what would happen if Sam were in [their] school?'. Each of the groups drew on differing resources, such as a sense of fairness, experience, or personal values, or purely the policy statement to inform their opinions. The students grappled with ideas around fairness, and in particular, the ways the school's actions would impact students, from both a life opportunities perspective but also how to maintain fairness in the decision-making to previous, current and future students. Issues of

fairness and equity were most pronounced in terms of the outcome of permanent expulsion. The staff at Horizon School made several comments about what would happen in their school. These comments were about proactive, early intervention response, with several staff being involved in forming a holistic understanding of the situation when responding to Sam. The parent participant had a strong view that parents needed to be involved in the process, and she spoke about her expectations of the school to include parents, or her expectations of the school when responding to matters of alcohol or drugs, which she felt required specialised intervention and response. Finally, the BOT member was very clear that strict adherence to the zero-tolerance aspect of the school policy was necessary, which meant if Sam was at Horizon School, the outcome of exclusion from the BOT perspective was likely. Each of the participant's views of the school's process is discussed below.

Tensions existed between the students' desire to be fair and consistent to previous students who had been expelled, while also struggling with how severe the consequence was for using cannabis. This was also underpinned by a view that the individual's context needed to be taken into consideration throughout the decision-making process. The concerns the students had about the severity of the consequence was influenced by the impact it would have on the rest of Sam's life; "exactly like one event could determine the rest of your life" (Jack).

Yeah the policy should [change], but it hasn't [changed] because just because you've got to remain consistent because like what once was a punishment must remain a punishment in order to be fair to previous kids. (Amelia)

The students grappled with the idea that the current school policy needed to change; however, if it did change, it could then be viewed as unfair to students who had previously violated the drug and alcohol policy at Horizon School. The students discussed this at length and expressed a strong desire for fairness, which was seen as consistency in approach. Amelia spoke about the importance of consistency across school responses to students breaching school rules. The student impressed the importance that once established; a procedure should endure so that there is justice and equity amongst the student body. Ideas of fairness are also present in the narrative of Brent; whose idea of fairness relates to contextualised understandings of the student's transgression. In the scenario of Sam, there was a lack of discussion with Sam about the situation, nor was there an opportunity presented by the school to provide support, understanding or positive intervention for Sam. The school's response was a reactive response that put the school's interests above Sam's individual needs. It is to these ideas that Brent discusses how he viewed the school should respond:

Yeah you don't have to agree to it, but they need some sort of leniencies I don't know investigation, psychology issue counsel, I don't know (Brent)

Brent introduces the idea of contextualised understandings of students and situations, where matters of transgression/alcohol or drug issues occur. Here, the student is suggesting the importance of the student's voice, through investigation, positive intervention (counselling), and allowances for mitigating factors and circumstances. These ideas are congruent with critical theories and youth development frameworks, in that established order and black and white perspectives are challenged. Instead, consideration is given to the grey areas of the social world, and appreciation of an individual within the context of their world – in this instance, Sam within his school life and broader life. Amelia's response is more indicative of the need for stricter boundaries on transgression, and that in spite of individualised circumstances, the reaction of authority should remain steadfast and consistent to ensure equity and fairness. These ideas are less aligned with youth development and maintain the power dynamic between the education system and the young person.

In the context of fairness and equity, the students then went onto discuss what would happen if Sam was at their school. These students reported managing the sense of justice/fairness, and an ideal response existed between and within participants in the student focus group, more so than with the other participant groups.

The staff members were reasonably clear in regards to the process that would occur if Sam was a student in their school.

The staff seemed clear they [the school] would investigate the circumstances surrounding the cannabis found in Sam's bag if Sam had been at Horizon School. An investigation would include separating the students and asking them to write what had occurred. The separation of students was driven by the motivation to determine the parameters of fault amongst the involved students and then attribute appropriate punitive consequences. This response would seem to favour a procedural reaction rather than a pastoral response:

...we'd probably do an investigation with the kids, we'd get the, they'd be separated from each other, and we'd be asking them to write the story of the incident of what they thought happened and why they had the drugs with them, and gather some evidence. (Pam: Senior school dean)

At Horizon School, the senior dean was involved in incidents that were related to disciplinary matters such as disruptive behaviour, which at this school were

referred to the dean of the year group to address. Therefore, from the senior school dean's perspective, having cannabis at school was a violation of a school policy that required a disciplinary response. This was similar to the BOT member's response, which was related to a zero-tolerance perspective. From a critical theory perspective, it could be argued that the senior school dean is also reinforcing or maintaining the current power structure within the school. However, conducting an investigation was not the only perspective held by school staff. In particular, pastoral staff were more interested in the 'context' or 'underlying' reasons for Sam's possession of cannabis, and this influenced how they felt their school would respond.

It's really about finding out the factors in terms of what, what has he got to that point. In telling his story for the first time, is it an experimental sort of thing giving him the opportunity to learn. Being an educational institute to learn personally about life [I'd] rather see him grow and sort of overcome holistically his situation. (Peter: School Chaplain)

The view of the Chaplain was to understand the reasons behind Sam's use, rather than respond to the immediate concern of policy violation. This perspective was also held by the school counsellors who discussed the need at times to advocate on behalf of students during the school process. The clarity of the process the school undertook was unclear, with some staff wanting to understand the context or what underpinned Sam's engagement with cannabis and then respond to these matters. Other staff wanted to respond directly to the policy violation of cannabis from a punitive perspective, negating the context and the youth development perspective. The latter response is similar to both the BOT member's view and the parent's view on what the response should be. However, notably absent in the staff response is the involvement of parents. The involvement of parents is clear in both the BOT member's response and the parent's response.

Responding to Sam in the context of Horizon School, the parent was assertive that minimal discussion with the student should occur without the parents being involved. As previously discussed, the mistrust of school teachers and the requirement to have specialist knowledge to address this issue appropriately was where this parent drew to form her opinion:

I would want this response to be the students, the school, and the parents and the student representatives got together I think that's its always got that trifecta, it's always been staff-students-parents you know you're working together I believe so therefore you're there but definitely for the students. (Kim: Parent)

This parent articulates the need for a collaborative response that involves the student, the parent and the school. Given the parent's previous view regarding the lack of trust in the school and ability as educationalists to respond appropriately

to alcohol and drug issues, the parent elaborated on what she expected the school to do by stating:

I think that you're immediately taken to your principal and your executive principal is notified and your parents. Probably [school guidance counsellor] or somebody is there as well. A support person is there as well, and you know you just follow. The parent comes in and then you know you just have the conversation. I don't think you do anything until the parent gets there, you just hold them somewhere with the evidence. You don't call the police, you just hold them there and decide how it goes once the parent gets there. You'd find some parents would actually get a lawyer as well. (Kim: Parent)

This quote demonstrates the expectation that parents will be involved before the school starts any process of responding to the situation. This parent expects that if anything that would have an impact (mainly negative) should occur, that she would have a hope to be involved very early in the situation.

The BOT member was aligned with conforming to the school policy. While this participant did not support the expulsion of Sam, she did promote the idea of Sam being supported by another school:

Process of investigation into umm they've found the cannabis so they've gone through to find out you know how much how long they'd had it just to find out all the issues surrounding this situation, umm potentially see maybe who had given it to them and you know probably if that was the case and if it was somebody outside notify the police about that, umm then I think they would end up having a meeting of Sam and parents with the principal and discussing and going through the issues and umm making the position pretty clear and then do all that they could then to ensure that he was able to move to another school without a disruption to his studies and see what counselling help that sort of thing that they could give. (Leanne: BOT member)

The process outlined by the BOT member highlights the school's policy of zero-tolerance and where drug use will not be tolerated, therefore moving Sam out of the school is viewed as the driving response rather than providing Sam with a pastoral, restorative justice response that the school has also stated it is committed to. The reference by the BOT member is inferring the use of the process coined by YouthLaw (2016) of kiwi suspension, meaning that a student is moved to another school without formal disciplinary action occurring and not impacting the student's record, but noting the incident/s which resulted in the exclusion from school. There seems a challenge here amongst participants that adherence to policy is important for procedural fairness, setting examples, holding students to account, and maintaining the cohesion and standards of conduct within the school. However, there is also a hesitance from students to approach

teachers if they are experiencing difficulties, for fear of punishment versus understanding and support.

While the scenario of Sam suggests he needed support or early intervention of some kind, the school response was punitive and ostracising. There was no recognition what this response meant to Sam and the impact this response had on other students, in particular, how other students would feel about coming forward if they experienced concerns about substance use. This does not encourage a safe space for students to talk about wellbeing concerns. Strict adherence to an expel and/or move to another school policy conflicts with a youth development approach, where the response would encourage an opportunity to learn and develop while focussing on the student's strengths. This perspective was completely neglected in the response.

It could be argued that this is a harm reduction approach, but for the school, not the student. The school is removing potential harm (Sam and drugs) from the school body; however, there is no intervention, nor sense of responsibility to support the harm reduction approaches as they relate to Sam (Poulin & Nicholson, 2005). This does raise a question about where the boundary is between the private self and the public at school, and when the school has the right to intervene. Some of the participants' comments (particularly the BOT member's), indicate that the school is merely responsible for identifying a harmful situation (a student with drugs), and removing it (expulsion or moving to another school), and that it is someone else's responsibility to explore the 'hows and whys' of Sam's situation and address any stress issues. In contrast, participants such as the staff and the students felt it was important that a pastoral response should govern how the school responded to Sam.

The views of participants regarding how to respond to Sam was inconsistent at Horizon School. The students grappled with ideas of fairness and consistency, often with the guiding principle for them being that such a punitive response would generate a negative impact on educational opportunities and learning development. The students reported they felt that it was important for the school to ensure there was support for Sam to change his behaviour, without jeopardising a sense of fairness to other students. This could be related to the context of the school, where the students in more affluent schools would be more likely to adhere to rules around conduct, values and behaviour. It can be understood within the context of higher rates of education, employment and affluent citizenship within the school and the broader community, that there is stricter enforcement of rules and behaviours

However, they were unsure of how to do this. The staff articulated that they were highly proactive when responding to students, and they did wraparound students

and intervened early. This view was highly inconsistent with the student view. Inconsistency and lack of clarity about the school's responses was also presented by the community participants. The parent was clear that any response automatically involved the parent, and also articulated the need for teachers to stay within their area of expertise and not to view themselves as specialists in the area of alcohol and drugs. The parent emphasised her view that matters relating to alcohol or drugs required a unique response, by people who have training, knowledge and experience with this particular area of health and behaviour. The parent conveyed she did not feel this was something the majority of staff within the school had, and therefore, responding to alcohol or drugs issues with students should be portioned to a particular group of specialised staff.

The involvement or inclusion of parents in the alcohol or drug response process was not mentioned by the other participant groups. This could be reflective of perceptions of power and authority, for example, if behaviours occur within the school setting perhaps staff and BOT members perceive they have the right and authority to choose the response, whereas involving the parents early on may blur these power balances. In addition, students may not have mentioned parents because they were thinking about being in Sam's position, and what the expulsion may feel like for them. Alternatively, they could have also omitted the inclusion of parents because they feared the responses of their parents if they were in a similar situation.

The other community participant, a BOT member, remained clear the school needed to have a zero-tolerance policy and swift proportionate response. This was inconsistent with all the other participant groups who discussed a level of pastoral response to understand the context and the underlying reasons for engagement with cannabis use and respond to these factors appropriately. A youth development perspective would advocate for a bigger picture response and understanding the context. The pastoral response articulated by some staff and students would be more aligned with healthy youth development, rather than a zero-tolerance, perspective.

While the scenario of Sam was used to engage and warm the participants up to the research topic, the purpose of using a scenario was to enable participants to share their views about the situation, without feeling too confronted or exposed when sharing their perspectives. After exploring the scenario of Sam and how it related to the participants' responses initially and then what would happen if Sam was at Horizon School, the investigation went on to explore how participants would want their school to respond in the future.

The students articulated two main areas for how the school could develop future responses. One of these areas was the philosophical positioning of how the

school responded, and secondly, they felt there was a need for teachers to have an increase in training to be able to have conversations and respond to alcohol and drug issues with students.

The students' view was the school responded to drug and alcohol problems from a criminal perspective, and there was a view amongst the student body that this was unhelpful for young people, wasn't supportive, and was likely to lead to excluding the young person which would have a significant negative impact on their life. The students would have rather the school treated drug and alcohol problems as a health issue and provide support to students, enabling honest and well-informed conversations to occur to increase the student's knowledge of the area. The students also noted their preference for a therapeutic intervention to happen, rather than punitive consequences. For example, as one student articulated:

It's definitely situationally dependent, I think, I think schools should adopt a policy where they treat drug users rather than criminals ... treat them as umm like as in like people suggest that the law people suggest that all drugs should be legal but rather than treat drug users as criminals send them to like rehab like treat it as like an illness and like maybe have like that more of that sort of approach rather than like its bad its illegal get out like a help thing maybe like talk it over kind of thing. (Zach)

This quote from Zach demonstrates there is a need for the school to view incidents from a holistic perspective, and this aligns with youth development where the context and provision of evidence-based information are important. Zach also expressed the need to be able to see it as a "help thing maybe like talk it over kind of thing" rather than responding purely from a punitive, punishment perspective, and he would want a therapeutic response which sought to understand the broader context for the young person.

The second area the students commented on was the need for the staff to have training regarding alcohol and drugs. Part of their rationale was the need to extend the conversation about substances beyond "drugs are illegal don't do them", into a more critical health conversation with students. This would be consistent with a youth development perspective, which encourages good information which is evidence-based. It demonstrates the importance of teachers in a young person's life and the importance of a connected relationship to teachers, which is consistently shown in the literature (Clark et al., 2010). This goes beyond connectedness, as it indicates that young people have a desire for robust and critical discussions and have an expectation that schools will provide this:

I think they should adopt like education for teacher[s] for drugs and stuff because they could, like teachers that are say more educated on the subject are more understanding. (Mark)

Mark's quote highlights there is a desire to know and that young people will seek this out. Mark then goes on to discuss how he assesses teachers who he could have a conversation with, and how young people make assessments about adults and who they could talk to and who would support them to get the help they needed, rather than providing a punitive response:

Teacher would understand maybe that like for example cannabis or something umm I like educated about it it's not something that will ruin your future you're not throwing your education down the tube or anything like I understand there might be some disciplinary or counselling or something because of the fact due to eh fact that its illegal but other than that they are more understanding. (Mark)

The importance of an adult seeking to understand the context of the young person was emphasised by Mark and supported by the other students. The desire to be able to have robust health conversations as they relate to drugs and alcohol in the education setting was an important future response these students identified. This was alongside their desire to see less of a punitive response. In Horizon School, students would want to see alcohol and drug use positioned as a health issue rather than a legal matter. This positioning influenced both the conversations that students felt they were able to have with teachers and also how teachers responded to these conversations. From the students' perspective, this was also influenced by how the school responded in a punitive way because drugs were illegal.

The staff felt that how the drug and alcohol policy was communicated could be developed further for future responses, mainly to ensure parents and students were clear about the factors the school considered when they responded to a student:

I wonder whether a little bit more of an umm details regarding the policy might be useful, especially if parents are asking questions about things regarding process. (Charles: School guidance counsellor)

The staff offered little regarding future responses apart from the need to increase the level of detail provided in the written material. The staff did articulate that giving information to the parents was particularly important, as the parents at Horizon School were strong advocates regarding their children's education:

...it's important to know that there is a real consistency even though the kids know that are viewed for their uniqueness, and all the contextual factors are considered because they are still really really important and parents are umm strong advocates for their children so sometimes I think slightly fuller documents can be useful, but you know what's happening currently is working well. (School guidance counsellor)

Charles, is one of the school guidance counsellors, his quote highlights a few points that are similar to those made by the the students regarding consistency. Charles, reflected the importance of this, and without a transparent process outlined, consistency is potentially more challenging. The other area highlighted was that without the 'fuller documents' it was challenging to communicate to the parents at Horizon School, what the process was and the what the expectations were. Therefore, the rationale for developing fuller documents was underpinned by a need for clarity of process.

The views regarding future developments for Horizon School's drug and alcohol policy of the two community participants will now be explored. The parent had a view the future responses needed to include a more transparent policy with a procedures document attached. She also felt there was a need to increase communication and resources for parents, while the BOT member was more involved in the strategic direction of the school as opposed to being involved in discipline matters, therefore, had little to offer regarding future responses of the school.

Kim, the parent, felt there was a need for more detail, which was consistent with the staff view that more detail, especially for parents, was needed:

Maybe they do need to say somewhere the procedure they do follow if this happens then umm that's something to think about as well if there is a procedure they need to document it. That could be helpful. I mean they do have a policy I don't know what they do in that situation, but I would expect to be the first person to be contacted if that was my child.

This parent talked about the desire to work collaboratively with the school and felt the school could increase its communication regarding responses to substance use within the school setting. In particular, the parent felt the school could provide information to parents about what to look out for with young people regarding substances:

I think it would be really good if the school gave out a pamphlet for what to look for, i.e., changes in behaviour, pupil dilation; it would be really handy to have that if they sent it out once a year with the bill or something like that. It just sounds silly, but it's helpful just to be reminded. (Kim)

Communication was a consistent theme for both the staff and the parent. The nature of communication was consistent in that both the staff member and the parent felt there could be more detail in the policy, in particular, the process of responding to incidents. The parent also had a view that sending information to parents about substances, substance use behaviours, and what to look for, would be helpful to enable parents to support their child throughout adolescence, or if they found themselves in a situation similar to Sam's.

For students, communication was not raised in the same way as was raised with the parent and staff. The students were more concerned that the punitive, zero-tolerance response in the policy indicated it would be treated as a criminal/legal issue, and violations of the policy would be punished. For the students, this was problematic due to the long-term impact this could have on a young person's life, and also because the school was not providing support for them. Their view was that Horizon School's alcohol and drug policy needed to be positioned as a health response and that staff needed training around drugs and alcohol and how to have conversations and support students.

Conclusion & Integration with the research questions

1. What are the approaches that underpin school drug policy?

It remains unclear which approach Horizon school uses when responding to students if the policy is violated. A contributing factor to this is the variation in how the participants in this school responded to the scenario. Students experienced an attitude of 'don't ask don't tell' and reported concerns about what the school would do if they asked for help. There was also a concern amongst the students that reputational risk to the school was more important than responding to students experiencing problems with alcohol drugs. Staff reported proactive responses to students and proactive referrals when students required support; this is quite different from how students experienced the staff and how they responded. Students said the staff would "sweep it under the carpet" or "ignore it" rather than refer to the school guidance counsellor. The community participants, in particular, the parent, expected the school to respond in a way that ensured parental involvement, and this was the emphasis for her, while the BOT member wanted the policy of zero-tolerance to be strictly adhered to. Therefore, the variance in allegiance to either harm reduction or youth development perspectives remains unclear.

2. How are these approaches reflected in the policy, and how is it implemented?

The acceptability of Horizon School's substance use policy varied between participant groups and was also diverse in the community and staff focus groups. There was a low level of acceptability of the policy among the students, who found the wording unclear and lacking in a consistent process of how the school would respond. The staff mostly found the policy acceptable and provided little critique of the process around how the school would respond. However, the contradiction within the policy around zero-tolerance with a restorative justice approach was highlighted by the Chaplain as contradictory, as the preference was for the school to respond in a restorative manner. The community participants expressed similar sentiments. The parent was clear that young people with their parents needed to be at the centre of the response, to ensure that any risk to the young person's

education was limited. The BOT member expressed that zero-tolerance was needed, and this was a highly acceptable approach from their perspective.

3. What role do the stakeholders (students, staff and members of the school community) play in the development and implementation of school drug policy?

The role of stakeholders in school drug policy was inconsistent and disjointed, making it somewhat unclear if there was a consistent approach to alcohol and drugs within the school. The students were unanimous in their perspective, which was underpinned by the notion of 'don't ask/don't tell' and that the school had an inconsistent approach depending on who the student was. Students were left with a sense of isolation and that they had to find out information themselves as there was no clarity in the school for them if they sought support. The staff had a clear idea about how they would respond, which was markedly different from the students. The staff at Horizon School reported being highly proactive and collaborative in how they responded to students, and that students would not get as distressed as they would intervene early. The students reported a different kind of response. There did not seem to be any overlap between these very varied approaches. Finally, the community participants again reported a difference in the actual approach, or how they expected the approach to be, and this varied again from both the students and staff. There was an expectation from the parent about immediate involvement to act as an advocate for the student or their child. There was also an expectation the student body would have some knowledge and involvement in the process. These young people reported a desire to be involved in how the school responded, as the responses impacted them as a student body. Finally, the BOT member put high trust into the executive principal and how they would react, reporting that the BOT would not be involved in disciplinary processes of individual students. However, the BOT member did expect that the school's zero-tolerance policy was strictly followed. The disjointed nature of the participants' perspectives makes it very unclear about how the school would respond, the nature of the relationships, and what is being communicated between participant groups.

4. What role do Youth Development perspectives play in the development and implementation of school drug policy?

Youth development did not take on a substantial role in the development or implementation of Horizon's Drug policy. The participants in Horizon School struggled to reconcile the two positions articulated in their policy. The first position being the zero-tolerance to alcohol and drugs, and the second being a pastoral response. The struggle to reconcile these two very different ways of responding contributed to high variance in participant groups and across participant groups. The students in Horizon School were unclear about how they thought the school

would respond, and felt it would vary depending on who the student was. Community participants, again diverse in their opinions, still contributing to a lack of clarity about how the schools responded and view on how future responses could be.

Chapter 7: Redvale School

“Give young people a greater voice. They are the future, and they are much wiser than we give them credit for” – Desmond Tutu

This chapter presents the case study of the first South Auckland school. Similar to the previous chapter, the recruitment process as it related to Redvale School will be outlined. Following this, a description of the school context and policies, such as the discipline policy and drug policy are also described. The next section presents the findings as they relate to Redvale School. This chapter concludes with a brief discussion integrating the research questions with the findings from this school.

Recruitment process

Contact with Redvale School was initially made via an email to the head of guidance. I then met with her to discuss the research in more detail. The head of guidance spoke with the deputy principal on my behalf, to see if the school would agree to participate. Once agreement had been made, I met with the deputy principal for the purposes of building a meaningful relationship and an opportunity to address any questions. This was a very beneficial and straightforward process, and the school was willing and engaged from the start. Documents were accessed from the school that related to the research topic by the school guidance counsellor. In addition, information was sourced about the school from the school’s website and their most recent ERO report.

The staff from Redvale School were purposefully selected by the head of guidance depending on their role within the school, and their involvement with drug-related responses in the school. Engagement of staff involved some effort from the head of guidance, who had to work to de-stigmatise the research itself, clarifying that this research was interested in development and implementation of a drug policy, rather than prevalence of substance use by students. The head of guidance advocated on my behalf, informing staff that they did have something worthy to say about the topic area, and that they weren’t required to have an in-depth background knowledge of theory on the subject matter. Staff were informed that the interest of the research was about staff experiences and viewpoints, and therefore there was not an undue requirement for them to express anything other than their beliefs and experiences in relation to the research questions. There were six staff recruited from Redvale School and these staff held the following positions: deputy principal, head of guidance, social worker, school nurse, and dean and the health teacher.

The engagement of students from Redvale School involved the head of guidance discussing the research project in assembly, recruitment from this announcement did not result in any student volunteering, so the head of guidance approached several students and asked if they were interested in participating. These students served as a further enabler for student recruitment via a snowballing technique, where they brought additional students to the focus group. In total, six students participated in the focus group.

There was a distinct challenge when engaging this school to identify students as research participants. Akin to the preconceived ideas about the research held by school staff, in particular, that participants were required to have a particular level of expertise or meet strict selection criteria, the school perceived that the research required a particular type of student to participate in the focus groups. To this end, I was required to persistently advocate for, and explain, the exploratory nature of the project. That is, that the research was interested in exploring the beliefs, experiences and thoughts of participants, rather than evaluating the school's processes, or lack thereof. In this regard, I reiterated that students, as participants, could be any members of the student body, and that the only key focus was participants who were interested in the topic area.

An important consideration and theme that surfaced when working with Redvale School was that of potential bias and the potential for the school to have a certain agenda with regards to them being under the research lens. Initially, the school sought to identify school leaders, or those with a particular experiential background. I was however mindful and purposeful that the participating student cohort should be open to any of the student body. This was done because tightly controlled research parameters regarding a type of student could sway the findings towards a particular participant attribute. Indeed, such method bias could have a significant impact on the research findings, potentially inflating or deflating relationships between students, school process and practice (Podsakoff, MacKenzie, & Podsakoff, 2012). I found that managing the potential agenda of the school and my relationship with the school was something that had to be navigated carefully. With these considerations in mind, in the end, the student focus group cohort turned out to be less prescribed and more representative of the initial desire that any students who were interested in the topic area could participate.

This resulted in two focus groups being facilitated with students from Redvale School. These were the same students each time, to allow for trust building and the relational aspect to develop, with the hope that further perspectives could be gathered. The young people who participated in the research were all of Pacific descent and in Year 12. There were four females and two males present in the first focus group. In the second focus group, only some of the young people who

participated previously were available, resulting in three students in the second focus group, consisting of two females, and one male.

The staff focus group consisted of the school nurse, the head of guidance, the social worker, the deputy principal and the Year 11 dean, who was also the health teacher. All of the school staff were female except the deputy principal. The period of employment at the school ranged from 2 to 35 years (see table 2).

The community participants were initially contacted by the head of guidance who provided an overview of the research and requested their participation. If consent was granted, their contact details were then passed to me. I then contacted each of the participants which allowed for an introduction, for further questions to be answered, and to schedule a time and venue for the interview. Three community participants were interviewed. These were the alternative education teacher, the team leader from an alcohol and drug treatment programme, and a youth constable from New Zealand Police.

School context

The New Zealand Deprivation Index is a group of measures including access to the internet, income level, number of people living in households, income thresholds, level of employment, qualifications, home ownership, number of parents, level of support for over 65's, bedroom occupancy, and access to a car (for more details refer to *Appendix M*). Measures of deprivation range from 1 (not deprived) to a score of 10 (highly deprived). According to the New Zealand Deprivation Index, the community in which this school is situated has a score of 10 being the most deprived based on 2013 census data. This score for the community has not changed since deprivation was first measured in 2006.

The community is considered to be youthful with a median age of 27.4 years, with 43% of the people born overseas representing a wide variety of ethnic expressions. The community consists of predominantly peoples of Pacific Island descent (58%,) with European (20%), Māori (17%) and Asian (14%). The median household income is NZD\$51,387, and of the 34 schools in the area, they are all Decile 5 and below.

Redvale School opened in 1971 and is at the heart of the community. The school values and places a high emphasis on creating a culture of whānau with students being the centre of this. Wellbeing is a high priority in this school, and this is communicated overtly on the school website and is a key message. The majority of students at Redvale School are of Pacific Island ethnicity, with Samoan (34%), Cook Island Māori (24%), Tongan (15%), Niuean (5%). Nineteen percent of students identify as Māori (mainly Tainui and Ngāpuhi descent), Asian (1%) and Other (2%), and consists of 51% females, and 49% males.

ERO's report in 2012 commented that Redvale School has a focus on a relational model and "Good relationships between students and teachers and the staff is highly evident" (Education Review Office, 2012). These relationships and the students' learning are supported by parents and the wider community. Having a relational framework contributes to a positive learning culture, and this is enhanced by the valuing of ethnic diversity with the school offering Samoan, Tongan, Cook Island Māori and Māori languages and recently creating a language centre. The report noted that the principal and senior leadership are well respected by both staff and students. There is low staff turnover which allows the school to have a sense of stability and good communication across the departments (Education Review Office, 2012). The valuing of diversity and drawing upon common cultural values of whānau and aiga create this sense of connection between staff and students.

Approach to discipline

The suspension and stand-down of students in the Discipline policy indicates that exclusion of a student will be a last resort for the school and the school will endeavour to "take reasonable steps to modify the student's behaviour before resorting to stand-down or suspension" (Redvale School Discipline Policy) Stand-down or suspension will be warranted when the risk to the school community (students and staff) outweighs the ability for the school to proactively/pastorally respond to the individual.

In practice, any student discipline issues are immediately referred to the deputy principal who has been at the school for 20 years and is well-established and respected in the school and community. The process that the deputy principal facilitates is discussed in the school process section of the Discipline Policy as it relates to substance use in the school.

Alcohol and drugs

Engagement in alcohol and drugs is a more common behaviour in areas of high deprivation. Therefore, the use of alcohol and drugs in this community is considered to be a more 'normal' behaviour. The school drug policy articulates zero-tolerance regarding alcohol and drugs and infringement will be referred to the school nurse, notification of senior management, and suspension. This policy is somewhat dormant, as the practice and response to students presenting with alcohol and drug issues has developed beyond a zero-tolerance approach as students are referred to an in-school alcohol and drug treatment provider who works with students to change their behaviour.

Response to Sam

This section presents the opinions of participants in relation to the scenario of Sam. The participants also discussed how they would respond to Sam if he was at their school. At Redvale School there was a consistent view the response to Sam was too severe. The expectations students have of the school staff, the school staff's and community member responses to Sam will be explored.

There was consistency across all the participant groups and participants that were interviewed about the punitive nature of the response to Sam. This response to Sam was thought of to be overly punitive and did not consider the wider needs or holistic needs of Sam. The staff were very clear that a response like the one described in the scenario would not happen at Redvale School for several reasons, including them not doing random searches, a more pastoral response to students in the school, and a clearer connection to the community expectations. The community participants shared this view that the response was overly punitive and such a response would not occur in Redvale School. Each of the participant's viewpoints will now be discussed in more detail.

The students were clear in their opinions that the response to Sam was "not fair" and that the school should have done more to support Sam and take his situation into consideration. The students at multiple times talked about what more should have been done for Sam and why this should've been done, demonstrating a clear expectation they have regarding the response they would expect to have from their school:

He was going through heaps they should have recommended him to a counsellor. So instead of resorting to drugs he should have went through a counsellor to help him out. Especially with what's going on at home. (Faye)

Faye expressed that it was important from her perspective that there should be a therapeutic intervention such as seeing a counsellor. Other student participants expressed the same perspective, saying "You have to get to the root of the problem to fix the problem" (Tane), and another student saying that "Most parents don't know how much their issues affect the child" (Falailo). These students felt the school needed to give students a chance and that Sam should have been given more support.

The staff at Redvale School shared a similar view to the students, which was that the response to Sam was overly punitive and that for a number of reason this would not occur in their school:

It's an extreme reaction. It is overly punitive and it's probably not looking at the child, the whole child with regards to where they sit in

terms of school achievement, prior history, associations with family.
(School guidance counsellor)

Other staff in the focus group supported the guidance counsellor's view that there would not be a disciplinary response which would result in exclusion from education and that they would "refer to student services first either the school nurse, social worker or counsellor" (School dean). From a youth development perspective, staff articulated the importance of having the "child at the centre of all decisions" (Deputy principal) indicating alignment with a youth development approach.

Staff also had a clear understanding of how they would respond and discussed this in some depth. They also discussed when they thought a more punitive response such as that in the scenario of Sam was warranted. The view expressed by the deputy principal above was discussed, and he expressed the importance of staff being able to put young people's interests at the centre of decision-making and that understanding this value was part of the recruitment process of staff. Therefore, there was a little variation in the school staff perspectives regarding how they responded to students.

The community participants were aligned in their thinking that the response from the school in the scenario would not occur at Redvale School. There was also congruence across this participant group that the school culture prioritised a pastoral response. Each of the community participants engaged with the school at different points, and therefore had different expressions for why this occurred. For example, the youth constable was mainly involved with the deputy principal so was only aware of how the deputy principal would respond when confronted with this scenario. The alternative education teacher had been at the school for 20 years, and she again referred to the leadership of the deputy principal. However, she had a more in-depth understanding of the contributors to the pastoral culture of the school. Finally, the team leader from the alcohol and drug programme provider was able to articulate the uniqueness of this school's pastoral response and the impact this had on school climate and young people's help-seeking behaviour.

The youth constable was aware of the school policies and also had a close working relationship with the deputy principal. His interest was working to keep drugs out of the school but mainly engaged with truancy. From the youth constable's perspective, the school would "take into account all the situations and the person's history" and that the deputy principal would "use his discretion as to helping the child out rather than just expel straight away for cannabis". The alcohol and drug team leader had a view that they "could see how it would be like that in a lot of schools, where they would have the first response [to Sam would be] to be

expelled from school". The alternative education teacher had been associated with the school for 20 years and discussed that Redvale School's process would deviate from the scenario and that Sam would not have been referred to the BOT, but would have been a "referral to student services" and "depending on the circumstances probably to [the deputy principal] for an in-depth discussion". She also discussed the importance of the dean's role in supporting the overall pastoral response within the school.

Each community participant expressed how highly valued a pastoral response was from Redvale School and highlighted it would be unlikely the school would have the punitive response shown in the scenario, with each of the participant's viewpoints coming from a different point of engagement with the school.

Redvale School's process

All the participant groups were clear regarding the process of how the school would respond when an alcohol or drug problem became apparent or if a young person was seeking help regarding such behaviour. While the students understood from a receiver role in the process, the staff provided insight into what went on behind the scenes to ensure the process and the values that upheld this process were maintained.

The students at Redvale School were clear regarding their expectation of what would happen at their school, and this was that they would receive "counselling and mentoring" (Brad), with another student (Latai) saying: they'd go to see the stand-up crew, who are the alcohol and drug service situated within the school.

They had clear expectations about the process and that both students and staff would be involved in the decision-making process. The students' perspective relied heavily on the deputy principal, with one student stating, "You get sent straight to [name of deputy principal], and he deals to you" (Fale). The students had expectations that he would take into consideration "their whole history like throughout the years they've been at school and try to help them" (Fale). The expectation of helping the students was clear, and this was not limited to pastoral responses for health or behavioural problems. The expectation extended to supporting their parents to understand the school's perspective and when necessary, keep them (the student) safe from violent consequences in the home, as Latai explained, "They [their parents] would understand what you're going through if [name of deputy principal] explained".

The process from the staff perspective

As mentioned previously, the staff viewed the process similarly to the students; any initial behavioural concerns were almost always referred to the deputy

principal and/or student centre, and discussion with the young person/people concerned would occur to establish the reason(s) for the behaviour. The extended history from behavioural, whānau and educational perspectives was all considered when developing an intervention strategy for the young person concerned, and as the school dean stated, “we just talk to them really and ask what’s going on and see how forthcoming they are with the information. Then we refer them to the right people”. The nurse had a similar understanding of the process and said, “it won’t automatically be that it goes up to as a discipline thing. He [the deputy principal] will refer students to us, in the course of his discipline stuff, he has a discussion with the young people about being stoned. Then he’d refer them back to us and through to Stand-up [in-house alcohol and drug treatment programme]”. The staff discussed that where “safety is paramount or if the young person is intoxicated, then a referral to the school nurse occurs to ensure the young person is safe and any medical harms, such as an overdose of Panadol can be addressed appropriately by the school nurse” (Head of Guidance).

The process from the community participants’ perspective

Consistent with the processes articulated above, all the community participants expressed how vital the deputy principal was and reflected on his heavy involvement with setting the pastoral responses within the school. In this school, they identified that he is the keystone that has established the pastoral culture, youth development responses, and created a sense of whānau between the school and the community. This is perhaps helped by his 20-year length of service at the school, which supports his ability to maintain relationships within the community. The community participants were clear, as were the staff and students, that for any concerns in the area of alcohol and drugs that the young person would be referred to the deputy principal, support services, and include family involvement:

Probably at [Redvale School] what would happen is when they were caught with small amounts of cannabis in their school bags, the teacher would refer them to the deputy principal. The deputy principal would refer them straight away to the student support services team, and the first step that they would get would probably be to stand-down. During stand-down, there would be probably somebody from the student support services team who would be working together with them and the family. (Alcohol and drug practitioner)

The alternative education teacher discussed that it would be unusual for the teacher not to refer the student to the deputy principal and for student services to be involved in the process, saying “it would have probably again, been a discussion with student services about what has been happening. Probably a

referral to Stand-up. There possibly might have been a 1–2-day stand-down period”. Again, this is a consistent report of the school process:

It’s usually [name] the social worker, but sometimes it could be [name], the school counsellor, whose had involvement. In this kind of case they would discuss it at the, what do they call it, I can’t remember the name of the group. It’s kind of like the supportive needs, wellbeing something or other. I can’t remember what it’s called, but they have that once a week, and so it would be discussed there. The deans are present there, the school health centre is there as well and the deputy principal. (Alcohol and drug practitioner)

When a young person was considered for high-risk truancy, the youth constable is engaged by the school and responded to criminal behaviour such as burglary. This referral is not done in isolation, and the constable discussed how the relationship with the school, via the deputy principal ensures the young person is well supported and that he is “a bit more giving and will take into account all the situations and like again the person’s history and so forth”.

The consistency of the process of referral and to the values expressed throughout the process was consistent across the participant groups. Values were youth focussed, honest and transparent, and the process was consistent, therefore supporting the establishment of clear expectations. The obvious risk with this process is the high dependency on the deputy principal who has a significant influence on setting the culture of the school. Sound succession planning would need to be considered for the sustainability of this process and to ensure this response to young people is maintained.

Youth development approach

A core value that was expressed by staff at Redvale School was protecting the interests of young people, and when responding to alcohol and drug problems, this value underpinned the decision-making process. This view was expressed by the counsellor who stated, “...whichever direction would be in the best interests of the child”. And elaborated further saying, “so I think the perception of the student body is that people care about them and want to work with them, but there’s no way that there’s a perception that as a school we condone their drug use”. Further to the young person being at the centre is a demonstration of how the school expresses its value of whānau and aiga as core values in this school. The involvement of whānau and aiga was expressed by both staff and students. Parents would be involved in meetings with the deputy principal when decisions were being made about how to support a student who might be struggling with drugs and alcohol. Again, there was consistency across all participant groups of the importance of this. The social worker at the school spoke about the school culture and the importance of relationships:

I think the school culture, the way the school operates, is very different. I deal with social workers from the other schools, and the school culture here is about the best interests of the young person. That is seen from senior management, and it filters down to all the areas of responsibility to the kids. The relationships that teachers build we build, senior management build plays a huge part.

The social worker articulated the importance of the school's leadership in regards to setting the expectations of a pro-social relationship, and that these relationships are a partnership that young people also have to take responsibility for, along with teachers and other school staff in establishing the school's culture.

The students at Redvale School expressed that they knew the teachers and school staff cared about them; they also articulated some clear expectations they had of the school. These expectations included clear communication about behavioural expectations such as "a warning or a suspension, so they know the school doesn't tolerate that stuff" (Latai). Running alongside this was the expectation that the school provided the young people with opportunities to learn, and "they should provide him [Sam] with mentoring and counselling" (Brad). When examining this further, the young people articulated that this mentoring needed to last a year and that in their view the school had a responsibility to "keep him [Sam] on track" (Brad). Parental involvement was also discussed with some tensions raised, and this will be explored later in this chapter.

There was clear philosophical alignment between all the staff that participated, and new staff were inducted into this philosophical position assumed by the school, which is pastoral and youth development focussed. The youth development position of the school underpinned all the decision-making and the process, in particular, the elements of understanding the young person's context, the involvement of students in the decision-making, and a focus on positive pro-social relationships. In the case of alcohol and drug use, this created a sense of unity, despite multiple perspectives being involved in the decision-making process.

Future responses

Future directions or improvements centred on updating the policy to be more aligned with how the school was currently approaching drug policy violations. The practice of responding to young people had evolved with the introduction of the Stand-up programme, improved communication of the policy, and looking at how to improve the alignment of alcohol and drugs in the health curriculum with the values and practices in Redvale School.

Staff responses

The staff acknowledged that the practice of responding to young people in the school had evolved beyond what was articulated in the school policy. Therefore, the policy needed updating, but was not without some reservations articulated by the school nurse:

So this [the policy] is a bit of a legacy of the past, and it's very hard for us to have written policy around how we would react to the situations because we have a fluent case management if you want to call it that.

There was an acknowledgment the current policy was still better than having a zero-tolerance policy because in Redvale School, "we'd have a lot more kids derailed" (School guidance counsellor). A social worker also discussed how young people's engagement with alcohol and drugs had changed:

The ones that are being caught regularly here, it often comes through from their intermediate records. So it's in the community, it's in the families, it's around so much. I think there's probably been more of that evolution of policy, is the fact that we've seen a change in our young people and their usage.

These conversations highlighted the need for a policy to be flexible enough to address changes in engagement with alcohol and drugs in the community, to allow for individualised case management and to identify some risks with positioning the policy in a zero-tolerance framework. Also, the evolved response to young people was a connection to the curriculum, which focusses on increasing students' awareness about services that are available to them if they are concerned about their or someone else's health:

I mean, the curriculum has got that stuff about where to seek help, and about going out. So sometimes I go down and talk about these are the services that we offer, and it kind of gets talked about then. I think I would have more kids talk about alcohol becoming a problem because they get themselves into trouble way more when they're under the influence. (Health teacher)

The health teacher also discussed the importance of honest conversations with young people saying, "So there's got to be a little bit of honesty with how you relate to kids, or they see that you're not someone they can relate to, so they're not going, to be honest". While this could create tension, parents engage when needed to understand why the school is positioning itself in a harm reduction framework, and this was seen as consistent with the norms of this community.

Conclusion and integration with research questions

1. What are the approaches that underpin school drug policy?

Redvale School uses both a harm reduction and healthy youth development approach by creating a clear value alignment between the two. One of the central tenets of youth development is that young people are cared for. Secondly, central to a youth development perspective is valuing youth voice and youth participation in decision-making. From a harm minimisation perspective, these ideas are visible; however, expressed differently. For example, harm minimisation covers the importance of ensuring drug use is not positioned as morally corrupt with the view. This will enhance the ability to form a relationship with the young person experiencing problems. Also, harm minimisation asserts the importance of working at the client's pace and work from a place that addresses power imbalances.

2. How are these approaches reflected in the policy, and how is it implemented?

Particularly in the practice of responding to young people in Redvale School, the potential for tension between these two theoretical and practical ideals are resolved by the individual young person and their unique circumstances being at the forefront of all decision-making. Guiding this was a clear understanding that a young person disengaged from the school presented a higher risk to the individual and the community. Therefore, keeping them in school was paramount. Keeping young people in school and providing options for them to learn strategies to manage their health created a sense of acceptability for all participant groups.

3. What role do the stakeholders (students, staff and members of the school community) play in the development and implementation of school drug policy?

Schools can find it challenging to overtly or proactively address alcohol and drug problems in the student community, due to the potential reputational risk this poses for the school, and this seems to be exacerbated by the continued moral positioning of alcohol and drug use. In Redvale School, this is overcome by being highly proactive and student-centred in their approach and a high level of engagement with stakeholders. The students in this school expected the school to care for them and help them, and staff actively led and created a school culture of this expectation.

4. What role do Youth Development perspectives play in the development and implementation of school drug policy?

The practice of responding to alcohol and drug problems is highly developed and drawn from multiple bodies of knowledge to create a best practice suitable for this school's culture. Future directions will involve updating the policy to reflect how the practice has advanced, while mitigating the challenges raised previously, such as the flexibility to respond to the individual's needs. Furthermore, this school identified the disconnection between alcohol and drug curriculum and how they

respond to a young person who is having problems, so there is a desire to make these two areas more congruent and aligned.

Redvale School has a practice of responding to young people with alcohol and drug problems that draws on both harm minimisation and youth development. The deputy principal articulates the school's position and the values underpinning the response to young people:

So there's a sense that everyone's on board because there's so much being done. And they're not a problem just with one teacher, they're a problem across the board, with us and with everybody. So that's that holistic approach. We've done everything we can, and sometimes for the good of the whole school, they go down that track. But I think that's what keeps me here doing it, you know. Everyone bends over backwards and does somersaults. Whether it's the classroom teacher trying to get the few extra credits, or what we do. Everyone here tries so hard because they believe that these kids are the future, and if we kick them out of school for something early, then that derails their future.

The following principles circumvented potential tensions: young people at heart, shared decision-making between staff, community member/s and young person and whānau (where appropriate), and consequences that seemed fair and justified and are underpinned with the notion to help young people. While there is a consistent approach that is referring concurrently to the deputy principal and student services and then to Stand-up, within this, there are multiple opportunities for this to be individualised to meet specific needs. The flexibility of the practice to be highly personalised also contributes to resolving potential theoretical tensions.

Chapter 8: Bluevale School

“Young people when truly informed and empowered, when they realise what they do can truly make a difference, can indeed change the world” – Jane Goodall

This chapter presents the case study of the second South Auckland, Decile 1 school that participated in this research. This chapter, similar to how the previous case studies have been written will outline the recruitment process. Following this, a description of the school context and policies, such as the discipline policy and drug policy, are described. The next section presents the findings as they relate to Bluevale School. This chapter concludes with a brief discussion integrating the research questions with the conclusions of this school.

Recruitment

Recruitment at Bluevale School occurred via the school nurse. Bluevale School is a Decile 1 school in South Auckland. I met with the school nurse to discuss the research. On my behalf, the school nurse approached the principal about the opportunity to participate in the project; the initial response was a decline to participate. Eight months later, I approached the school nurse again to ask her to review her decision to decline. At this time, I emphasised that involvement in the research was not a lot for work for teachers and was simply one focus group and that not all teachers were required to participate. The school then agreed to participate on the basis that the school nurse would organise and take responsibility for the research activity. A key challenge I experienced with this school was the securing of a date to begin the research and data collection. The busyness of the school nurse meant that the research activity in this school was delayed and dependent on her availability and school-related schedule. Eventually, data collection occurred in this school. The absence of drug policy at this school meant the only policy related to the research topic was the smoking cessation policy, and this was provided by the school nurse. Additional information about the school was gathered from the school’s website and ERO reports.

The school nurse supported the recruitment of students in Bluevale School. The method used was for the school nurse to ask three students if they would be interested in participating. Once they had consented, the school nurse asked them if they had any friends that would also be interested in participating in focus groups. This resulted in five young people in Years 12 and 13 participating. Four of these students identified as being of Pasifika descent and one identified as Māori. Three were female, and two were male. The same group of young people

that participated in the first focus group were also participants in the second focus group.

The school nurse identified teachers, the school principal and the social worker as relevant to attend the focus group; however, the only participants that turned up to the focus group were the school nurse and the social worker. The school nurse had been in her position for approximately two years and was of Pasifika descent. The social worker had been at the school for five years and identified as Māori.

I discussed with the school nurse who might be potential community participants for this research. It was identified that a previous youth worker at the school who was now working for an external agency but had ongoing involvement with the school, would be appropriate. The second community participant was an externally contracted counsellor. This person spent one day per week in the school, providing therapeutic interventions with young people. Initially, the school nurse contacted each of these people and provided them with an overview of the research and requested permission for me to contact them to discuss the study in more detail. I then contacted them as a way of introduction, to answer any questions, gain consent and arrange an interview time and venue.

Students' responses

The students had a clear response about smoking cigarettes, and this was consistent with the view that smoking cigarettes was no longer socially acceptable and the students wanted, , the strict enforcement of a zero-tolerance policy. . The students' perspectives of the alcohol and drug policy was that it needed to be more specific, with Brad asking for it to be "More clear. Like, including smoking and stuff, because I thought, you meant alcohol and drugs, and you're like, cannabis and weed and stuff". In addition to this, it was viewed the communication of the policy was not clear, with Faye stating, "Yeah. The principal and the, oh the deputy, they should, like, make sure the school knows the policy. Like as you see, we don't even know any of them, and we're the student leaders aye?".

School context

Bluevale School is a designated character school under the *Education Act* (1989) Section 156, meaning the school has special characteristics which sets it apart from mainstream education or traditional Kura Kaupapa (for more information refer to becoming a designated character school Ministry of Education, 2019). In the case of Bluevale School, this is the emphasis on bilingual education for Māori, Samoan and Tongan students. The role is just over 300, comprising 55% female students and 45% male students, and 49% of students identifying as Māori, with the main iwi affiliation being Ngāpuhi, and 45% identifying as Pasifika (Education

Review Office, 2015). The school places a high value on cultural identity for students as a pathway to success, and in their 2015 ERO report, reached national standards in academic achievement for Māori and Pasifika students. ERO cited the school as actively engaged with a programme which wraps around students to encourage success, and this programme and the students' levels of success is monitored closely by the school.

The marae is the heart of the school and the community that surrounds the school. The school encourages a whānau collaborative relationship between the school, the student and parents/whānau. The school's philosophy is "that if a student is confident in their cultural identity and their language, well embedded into the curriculum is the bilingual approach" (Education Review Office, 2015). Bluevale School is situated in South Auckland, and is markedly impoverished, as identified by a decile of 10 on the New Zealand Deprivation Index (Massey University, n.d.). The student participants at Bluevale School all discussed knowing where 'tinny houses' were in the local area, and that substance use was normal. A way for the student participants to resist engaging with substances was church and also alcohol and drug education; however, there was no alcohol and drug education provided at the school. With a strong philosophy of 'second chances' and being situated in a community of high needs, Bluevale School staff were often supporting young people in poverty and young people who were vulnerable socially. This meant that the staff were overwhelmed, and due to the lack of support services available in the school, often engaged reactively rather than being able to develop robust policy and procedures.

Approach to discipline

Bluevale School's approach to discipline is based on having conversations with the students about any areas of misconduct. It is highly unlikely that a student at this school will be suspended or expelled. The staff at Bluevale School discussed that they are more likely to accept students who had been expelled from other schools. The school has a Whānau Centre, which at the time of this research, included a full-time social worker (also head of the department), a full-time nurse, and a counsellor for one day a week. Previously, the school had two youth workers, both of whom left due to lack of funding. The most likely response to a behavioural problem would be a referral to the Whānau Centre. The school responded to violence strongly; however, their response to violence and also drugs and alcohol was unclear. The school had a well-developed smoke-free policy including a clear response procedure, but adherence to this policy was unclear.

Alcohol and drugs

In previous case studies (Chapters 5 & 6) a discussion about the school's policy statements was provided. At Bluevale school, the participants reported there was no policy outlining the school's stance or way of responding to alcohol and drug use by students. Staff also speculated that perhaps the school would react more strongly to methamphetamine use than cannabis, as cannabis is highly normalised in the community, with the students in the focus group all being able to identify local tinny houses.

Response to Sam

The students, staff and community participants all agreed that it was unlikely Sam would be expelled from Bluevale School if this situation occurred. The staff discussed a response process which will be considered later, while the students were able to discuss what they thought the contributing factors for Sam's use were. The community participants discussed their involvement with the school and their observations of how the school responded to drug and alcohol presentations at Bluevale School.

The students reflected on the school's approach to discipline saying "this school doesn't really know what expelled is" (Tama), and other students echoed this sentiment saying the school believed in second chances, "a lot of second chances" (Mele). The approach to alcohol and drugs reflected that there was no clear process and students were encouraged at all times to remain in school. Three key themes emerged from the student focus group in response to the scenario of Sam. The first theme was regarding whether the response to Sam was in his best interest, the second theme was students' concerns about responses from a racial equity perspective, and the third theme was regarding who was responsible for supporting Sam.

The students articulated that the school in the scenario was responding in the best interests of the school and not in the best interests of Sam. They felt the school should have "referred Sam and his friends to get some help for, like, counsellors and professional people. Instead of just, like expelling them" (Tama). Another student expressed a similar view stating, "I guess it was the right move for the school and for other students because it's a bad example. But if I was to put myself in the parents' shoes, I'd feel like the school was giving up on my child. They should've tried to help" (Mele).

The students identified the responses to similar situations can be influenced by racial equity matters. As Matalina stated:

I reckon it depends how, like say African American, caught with a bag of drugs, straight away he'd be gone. But if it was a white person, there's stuff stopping him.

While this example is not directly related to the cultural make-up of the students in the focus group, they felt this example was the same as being Tongan, Cook Island or Māori. Some of the students felt that teachers had a responsibility to support Sam and ensure they facilitated an appropriate and timely response. As Lucas suggested, "I reckon that Mr Smith, his coach, should've taken action straight away before they started getting risks and him hanging out with the wrong crowd which got him caught". Jack felt that if Sam were their friend, then they would be responsible stating:

As a friend, I would have seen why he was, talked about him and wondered why he was doing it. And then I would have just tried to convince him to stop, if not try and help him through what he's going through with his parents. I would have just helped him through it. If not, I would have made him go to someone that would actually help.

There was support for the idea that as Sam's friend, they would have encouraged Sam to get help. As Matatina said, "Yeah I would've like, encouraged him to get close to someone who's been through the same things and then they can go through how to prevent it". The students had a view that both teachers and Sam's peers were responsible for supporting Sam to obtain help. They also had a racial equity perspective on the response to Sam, and finally, they had a view the school was acting in the school's best interest, not necessarily Sam's.

The staff had a clear view that the response to Sam would not occur in Bluevale School. The staff discussed how the school would respond to the scenario. The school nurse was clear that the response of kicking Sam out would not happen at Bluevale School and the school social worker agreed. The school social worker then elaborated, saying her response would be:

Mine, would be yeah what's stressing him out, what's going on, you know, if you're saying there's certain problems with his parents then finally they're talking to him about that and finding out what that's about and maybe then, you know, that sort of stuff, And whether he's been smoking cannabis or not, because he could possibly have just been holding it for somebody else. Might not even be his. But it'll be just through a lot of talking and stuff really, there'd be no, we wouldn't have to yeah, we wouldn't be going to the board or kicking him out or anything like that.

Both staff members were critical of the response given to Sam and would have advocated for Sam to the BOT, with the social worker stating, "I'd be talking about all the good things he'd done, the above-average student, the rugby you know".

The school nurse felt it was essential to provide feedback to the school to improve its policy:

If this was the school's policy, that anything like this even small or big goes straight to the board to make decisions around that kid's future and those outcomes, then yeah, I'd like want to actually get stuck into supporting how we could have better policy, so the outcomes weren't see you later kicked out.

The staff also reported that they took on a lot of young people like Sam, who had been expelled from other schools that embraced a zero-tolerance approach to drugs and alcohol. The social worker felt that when these young people ended up at Bluevale School "[it] takes a while to get used to what, the way we work". The staff had a youth development approach to how they would support Sam if he were at Bluevale School, stating they would have a conversation with Sam to help develop a collaborative plan that would involve addressing his strengths and his relationships, particularly, with his coach. They would also assess whether to have a whānau meeting. The staff would consider whether it was him:

Just pushing the boundaries and then being stressed and all that then possibly not if it was something worse than that or, separation, or you know they're [the parents] not quite aware how that's impacting him, we'd be supporting him by talking to his parents. (Social worker).

The staff reported that it is likely that Bluevale School receives students from other schools who have been kicked out for alcohol and drugs, and that these students reportedly have an adjustment to make as to how Bluevale School responds to them in matters of misconduct. Bluevale School staff reported a strong emphasis on relationships and conversations with students developing a strengths-based response to behavioural problems. Staff participants were consistent in their view of how they would respond to a young person like Sam.

Community responses

The community participants agreed with the staff that a response resulting in the expulsion of Sam was unlikely to occur in Bluevale School. The community participants felt the response of expelling Sam was common in other schools and expressed concerns about this response:

Permanently expelling someone has a huge impact, and you kind of haven't dug a little bit deeper I think, and maybe given the student the chance to, yeah, I guess you haven't supported him enough before just kicking him out" (Counsellor)

The youth worker felt that if Sam was at Bluevale School "then it would be handled differently. He might be given, I mean definitely a stern conversation and [about]

things like that about drugs and about hanging out with the wrong people and try to hang out with the right people.

When asked how Bluevale School would respond to Sam, the community participants varied in their views, and the youth worker was able to articulate what a response to Sam would look like stating:

I would imagine that the HOD would have that conversation, and the social worker would be a part of that as well. But I think at Bluevale School they're a bit more, they have a bit more, grace for some of the students, which is good, especially in this context. I mean he's overall a pretty good kid, and I think they'd for Bluevale School they'd weigh that up which is really good, which I think is really good. Cause you've gotta have the bigger picture; you don't have the context, then it's really one-sided, and it's really short-sighted. So I'm glad at Bluevale School I'd definitely say he'd get probably a second chance.

The counsellor felt there was not a clear process of how the school would respond and that it would vary depending on whether the principal of Bluevale School was involved. She provided an example of students who were accused of buying cigarettes at the dairy, and the principal got involved and "they had to write out this whole smoking cessation thing", and their parents were called. The counsellor spoke of the staff viewing things as not significant, but situations becoming major when the principal became involved. Overall, the counsellor felt the process was inconsistent. Also, an emphasis of the school is on cultural identity, and each of the areas in the school can at times have a varied response to discipline, perhaps contributing to the overall lack of articulated process. The counsellor explained:

There's often a shame-based approach across the school I think. And I don't find that surprising in our Pasifika units because they still take that kind of old school, you know, people will be so ashamed of you, that kind of approach. But they have it in the Māori unit as well. I don't know it's almost like they turn a bit of a blind eye to it.

The community participants made it clear that the response to Sam would be different if Sam were at Bluevale School. However, they varied in what they thought this response would be. The counsellor felt the response varied a lot depending on who was involved, and this created some inconsistency in the responses. However, the youth worker had a clear idea of how he thought Bluevale School would respond to a situation like Sam.

School process

Students at Bluevale School were able to discuss an incident regarding alcohol and drugs and how the school responded, which was to have police dogs come into the school. The staff did not refer to this incident. However, staff identified they would have a conversation with the student. Historically, external services

had been used for this, with limited success, and staff now generally managed alcohol and drug concerns themselves. The community participants discussed the school process as a conversation, and the counsellor explained that it was unlikely she would get a referral specifically for substance use and that her referrals were mainly for anger issues, although the use of substances at times was part of the young person's presenting concerns.

The students at Bluevale School recalled one time when they were called to go into the hall and when they arrived found out that police sniffer dogs were in there, as Mele detailed, "the teachers like and say it's assembly and all the students just go in. Then when we get in there, it's just like dogs, and that's when people start panicking. You can use them because they're ultra-panicking". When asked what happened next, the students were unanimous in saying "you just get a growling" (Matalina). One of the students questioned the efficacy of the approach saying, "and then some of them act nice in front of the teacher, and oh yeah I won't. Then once they leave the teacher, they just oh, 'let's go have a smoke'" (Pita). When questioned about more severe incidents, Tama said, "if it's serious serious, the principal and Board of Trustees will know about it, and they'll ring their mum". When the students recalled a recent incident of students smoking, they reported that students would get a growling and told it's their last warning, "then they'll get snapped again, this is your last warning. Then they'll get snapped again; this is your last warning. It's probably what they [the teachers] say all the time" (Jack). There was a view that this response was consistent across the student body, with the expectation that response may be harsher for Year 13 students "because they are role models and stuff" (Mele); however, the students were not able to articulate what the response would be in this situation. The threshold of when referrals were made to the counsellor, from the students' perspective, was determined by how threatening the behaviour was to other students or staff, and in this instance the student reported "they see the counsellor, the school counsellor and she offers help or programmes, or she'll monitor you" (Jack).

Staff at Bluevale School had a variety of responses, including the removal of students from the classroom to send a message to other students. The social worker articulated that if the student was a frequent user, that they'd often stop coming to school and other services such as truancy would be involved:

What's generally happened before is that if we've got kids that are getting stoned all the time, what will usually happen is they'll just stop coming to school, so then we'll get truancy involved.

What underlines all these responses is a philosophy within the school that young people are better off at school:

So the principal won't give them [students] exemptions so we'll get a lot of kids that have dropped out of school, the rationale for this is based on the structure of alternative education ending up being a long-term strategy which in Bluevale School's opinion means the student gets way more behind and they never come back to school, and they just drop out of the system. (Social worker)

Aligned with the cultural values of the school is the importance of relationships, and responding to students in a proactive way is heavily reliant on the teachers having good relationships with the students and staff in the Whānau Centre. The ongoing challenge in Bluevale School is the lack of resourcing for a population of young people who are vulnerable. The utilisation of student social workers and student nurses seems to alleviate this pressure somewhat. However, this is not a consistent resource for the school, with the school nurse stating, "there are still kids falling through the cracks because we're not able to, well I'm talking to myself? Not able to follow them up all the time and be as on top of them as we should be".

The youth worker and the counsellor varied in their views of how they thought the school would respond. The counsellor was unsure if there was any process, while the youth worker felt the process would be conversation-based. When the youth worker had worked at Bluevale School, he did not recall getting involved with any issues related to substances as he worked more doing leadership programmes within the school. The counsellor reported that she is "not normally informed or young people aren't brought in as a result of being caught". Young people were referred to the counsellor with anger issues rather than substances; both participants felt the responses were inconsistent, and both participants also discussed the level of communication at the school as being challenging. The counsellor discussed the challenges of being isolated in the school community, and that perhaps the norms established in the school presented concerns:

Yeah, I think though that it's that people can get a little bit isolated themselves within the school and things that aren't normal. You know, you can lose sight of stuff that's not okay, yeah. Because I'm only here one day a week I'm out of it enough to kind of be objective.

The counsellor mentioned the school nurse saying, "I'm like wow man, it's just like, you know, because she's kind of isolated in her office too, she's just head down, working hard, and often she doesn't see what's going on in the outside world". She then gave an example of how when she first started, approximately one year ago, there was no policy or process regarding bullying, and this was something that she had to work hard to develop within the school and get the school on board and consistent with a youth development approach. She found that group-based interventions were effective in Bluevale School, and cited a

leading reason for this being peer influence because “it’s such a small school and it’s so intertwined, seriously”.

The youth worker was consistent with the counsellor’s view around the level of communication. While he thought the process would be conversation-based, he also said:

It would have been useful to know and have some kind of process for, whether it was smoking or drugs and alcohol or whether they were bringing alcohol into school or whether they were leaving school, whatever it might be. It would’ve been nice to have some kind of process instead of sometimes doing things ad-hoc.

He then went on to discuss that while staff might be well-intentioned, without consistent approaches to students, it could make it harder for young people to navigate and seek help when needed.

While the importance of the relationships within the school is a consistent theme that has been addressed by the participants, the overwhelming strain on being able to do this effectively and to develop robust policy and processes seems to impact how the school responds, eventuating in students being referred to the truancy officer rather than a proactive response being implemented in Bluevale School.

Future responses

The students emphasised it was essential to have access to a safe person to talk to, such as the social worker. The students saw this as the school providing a pastoral response during a drug policy violation. Having a safe person to talk to, needed to be included in any future responses the school provided. The students clarified further saying this person had to be someone they could trust, and someone perceived to not be in a position of power such as the principal, as this role was associated with a student being in trouble. Students agreed with the school’s approach to discipline, which is highly unlikely to suspend or expel students. Jack stated, “I reckon if you suspend them, they’re not going to change they’re just gonna run back and do the same because they think you don’t care about them” and that the school would view them as a “bad person” (Student J). The importance of a non-judgmental, pastoral approach is paramount for these students. There was deliberation over whether to involve the parents; some students thought that it would be useful to include the parents, while others had concerns about the repercussions, e.g. “get a hiding” (Pita) for the student if their parents were involved.

The students also noted that mental health concerns were a contributing factor to substance use, and these were articulated as being caused by stress at home,

not being able to keep up with schoolwork, and the stress of “paying bills and stuff” (Mele). The students discussed how hard it can be to come to school after their parents had fought:

It builds up and up and up, and you just can't handle, there's a point where you just can't handle it, and then you turn to alcohol and drugs, and it all comes crashing down. (Matalina).

Currently, there is no alcohol and drug education except if students choose to do the subject for a topic assignment, and this was a concern. There was a view that alcohol and drug education was as important as sexual education. The students commented on this as a necessary way to resist the community norms, “That’s what I mean, like, stuff that’s happening in our community, that’s what we need to get taught about. Because, like if we don’t know the effects of this stuff, then we’re just living as if it was normal, but it’s not” (Mele).

The need for education for staff was also identified as a gap by one student who said, “Yeah, it’s mainly they should have that because even now students are still bringing drugs and alcohol into school, but the teachers don’t really know about it. They don’t know the real effects that it has on you, on your body, so yeah” (Tama).

Staff identified challenges implementing any future response as being that staff often by default are parents to the students and that there is high burnout amongst staff and therefore retention of staff is challenging. When exploring future responses, staff identified there was an obvious need for a policy to be written with a cultural focus and that implementing this policy would require upskilling of staff in this area. The staff also identified a need to have in-house capabilities to support young people, and finally, they discussed the future role of a youth worker as mentoring young people.

The school has a well-developed smoke-free policy. However, the desire to keep students in school seems to impact the efficacy of this policy, with students receiving countless final warnings. A policy regarding substance use is much needed and has been identified by staff as a gap. The staff grappled with writing a policy, mainly due to the need to meet the varied cultural responses in the school. As the social worker stated, “So having a guide, but the thread that’s throughout that guide is relationship”. In addition to the relationship, was a principle regarding whānau, the view that these are “our children ... and you’re not generally kicking people out of your family ... you’re part of the Te Puna forever” (School nurse). With this in mind, the staff wanted to focus more on mentoring and upskilling of staff:

So I think for us the focus will be more people to mentor, that actually are part of this plan, and it’s about upskilling so doing some motivational interviewing or whatever and providing round maps that

change ourselves. And also, positive development stuff. (Social worker)

Similar to both students and staff was the view from the community participants that upskilling and training was needed for staff to respond appropriately to alcohol and drug concerns in Bluevale School and the need for clear communication with staff and teachers:

Yeah, definitely, and I think a lot of work would need to go into coaching the teachers. Because you know, they're in it every day, and unless they're going to pick up on these things, it's going to be quite hard to roll it out. So if you are concerned about a young person to do with this, or if you catch a young person this is what you do next. (Counsellor)

In addition to the training, the counsellor identified that drug use, in particular cannabis, was highly normalised and based on this she wondered if possibly the response may be different if it were another drug, for example, methamphetamine, the reaction in the school could be different:

You're coming up against culture eh. Like if it's just the norm to use cannabis daily amongst the teachers, I'm not saying this is what's happening, I don't know, but I get the sense sometimes that it's just not a big deal. I think if you say P or something else, these a bit of like, oh shit we need to address this.

The youth worker supported the view there was a need to support staff, and allow cultural responses to guide discipline. The youth worker added to this theme saying it was important the school reassured the parents that as a school they would address the concern and articulate the process in which it would be addressed:

Yeah so I think it's really important to implement, if that's happening in school then we have to implement different measures or different interventions to support those teachers and to support staff to ensure the consequences for this child is being met and so they understand the parent feel that way, that's okay we'll sort it out here at school. There's a real cultural emphasis at Bluevale School that they allow, they give the freedom to these other ethnicity groups to deal with discipline which is culturally appropriate.

The need for staff training in both alcohol and drug education and guidelines for staff in how to respond to students were the key areas identified by participants in Bluevale School. Staff and community participants were also able to identify some critical challenges to implementation, of which some related to the level of knowledge among staff and the high needs of students (which subsequently meant staff also acted as parents contributing to the low retention among staff). These factors, along with a desire to keep students in school, seem to be

substantial contributing factors of the school's current responses to drug and alcohol concerns.

Integration with research questions & case conclusion

1. What are the approaches that underpin school drug policy?

With the school's emphasis on keeping young people in school, the school has employed both a harm reduction approach and also a youth development approach to alcohol and drug use. Harm to the community either by dealing with substances or violence seems to be when the school responds, perhaps with referral to the counsellor or being suspended. Given the high needs of this student population, the staff are often drawn into a reactive, rather than a proactive model. Young people using substances regularly are reported to disengage from school, and as the school only responds once truancy services become involved, this response is neither a youth development nor harm minimisation approach.

With the lack of policy in Bluevale School, there was a lack of clarity around how the school would respond. Most participant groups assumed there would be a conversation, but also noted this would be inconsistent depending on who was involved. While having a conversation and a relational approach was widely accepted across the participant groups as appropriate, the lack of clear process around how to facilitate this was a concern, particularly for the community participants.

2. How are these approaches reflected in the policy, and how is it implemented?

The school's focus on keeping young people in schools, as discussed above, left little to no room for the school to explore how they responded to a student who may violate a drug policy. It is challenging to develop an understanding of the school's process and what approaches are reflected due to the inconsistencies reflected in the participant's responses. Certainly there was a desire among the staff participants to be strength-based in how they responded. However, they also reflected on the reality of being in situations that were reactive rather than proactive.

3. What role do the stakeholders (students, staff and members of the school community) play in the development and implementation of school drug policy?

The relationship between the participants is underpinned by a desire to have high-functioning, effective relationships. However, in reality, it would seem relationships between the participant groups, particularly amongst staff and community participants seemed fragmented and isolated, with staff responding to situations in an ad-hoc way and/or not utilising youth workers or the counsellor and therefore leaving them isolated and confused. Perhaps a contributing factor

to this is the lack of policy and procedure which would outline people's involvement and clarity around the school's stance on substance use. In turn, the students were not able to articulate who they would go to if they had a concern, so this was unclear and fragmented to the student participants also.

4. What role do Youth Development perspectives play in the development and implementation of school drug policy?

Bluevale School has a youth development approach in that as a school; there is a strong desire to keep students engaged in education. The school has a population group which is high needs and has low resourcing in the Whānau Centre, which meant staff were stretched and responded proactively. The desire for the wider community to be present in how the school developed and implemented drug policy was expressed. However, a barrier to this was the staff feeling stretched by the high needs of the students. This was seen to contribute the inconsistent, somewhat chaotic approach to alcohol and drugs at Bluevale School. The strong emphasis of the school to promote cultural identity creates an opportunity, as the staff have identified the need to develop a guideline that is underpinned by cultural values. Finally, future responses were aligned with a youth development approach in that they involved having a safe person to talk to, were non-punitive and highly relational. Also, the need for upskilling of staff to provide adequate responses and clear guidelines which allowed for responses to be guided by cultural values was part of the future direction the school would like to take.

Chapter 9: Sunset School

“Young people should be at the forefront of change and innovation. Empowered they are key agents in development and peace” – Kofi Annan

This chapter presents the case study of the final school which participated in this research. This chapter, similar to the previous case studies that have been written, will outline the recruitment process as it relates to Sunset School. Following this, a description of the school context and policies, such as the discipline policy and drug policy, are described. The next section presents the findings as they relate to Sunset School. This chapter concludes with a brief discussion integrating the research questions with the findings from this school.

Recruitment

Recruitment at Sunset School was facilitated by a colleague of mine who had a long history with the school as a parent and also as a BOT member. This person advocated on my behalf for the school to participate and provided an introduction to the head of guidance who subsequently gained consent for the school to participate. Sunset School is based in West Auckland and is a Decile 5 school. The head of guidance provided the school's drug policy, and additional information about the school was gathered from the school's website and ERO reports. The head of guidance went on to become the school contact person and the person who facilitated recruitment for the participant groups.

The head of guidance approached two students, discussed the research with them and gained consent. They were also asked if any of their peers would be interested in participating. As a result, three females and one male were recruited. Three of these students were in Year 13, and one was in Year 12. One student identified as Australian, two identified as New Zealand born Pākehā, and one identified as New Zealand born Chinese.

The school staff were identified by the head of guidance, based on their involvement with how the school responds to drug policy. The head of guidance spoke to each of the participants and described the research and provided them with the information and consent forms. Once consent was gained, I facilitated the focus group with three staff members—the school nurse, the head of guidance and the youth worker. All staff had been at the school for between five and ten years. The youth worker was a male of Pasifika descent, and the school nurse and head of guidance were both female and both identified as Pākehā.

In consultation with the head of guidance, four community participants were identified as relevant to the research topic. These were two alcohol and drug

community-based practitioners, an external education provider and a police officer. All participants were approached initially by the head of guidance to describe the research and seek permission for me to contact them for further discussion. The alcohol and drug practitioners agreed along with the external educator. However, the police officer declined. I then contacted the alcohol and drug practitioners, and while they both agreed, consent had to be gained from the manager and team leader of the organisation. Firstly, the manager granted consent, which subsequently allowed the team leader to consent, enabling the alcohol and drug practitioners to consent and engage in the research. The layers of consent required to meet the organisational requirements of the participants had not been experienced until this point. This caused further delays in the data collection process. However, once consent had been granted I contacted the alcohol and drug practitioners and arranged an interview time. The external education provider was contacted, and consent was provided and an interview time was arranged.

School context

Sunset School is a Decile 5 school-based in West Auckland and opened in the late 1960s. It mainly consists of Pākehā students (40%) followed by Māori (23%), and students of Pacific Island ethnicity (10%). The school is a large school with over 2,000 students, so subsequently, the school is divided into smaller units to encourage connectedness amongst the students and school staff.

The school feeds from both the rural surroundings and urban communities. The school is viewed as a leader in education and has been commended by ERO (2009) because of the leadership and systems and achievements of diverse learners. The ERO (2009) report identifies that the pastoral care of students is “well-developed”. Success for Māori and Pacific students is recognised as being an area for improvement, and of particular concern is the stand-downs for Māori and Pacific students (Education Review Office, 2009).

West Auckland has a different approach to alcohol and drugs than other regions in Auckland. West Auckland is made up of trusts which are businesses owned to sell alcohol responsibly. The trusts also manage 49% of the gaming machines in the West Auckland region, with surplus profits being returned to local businesses or invested in community initiatives. During the 1990s and early 2000s, access to alcohol was limited as the number of liquor outlets was heavily controlled, and the number of outlets is less in West Auckland than in other regions in Auckland. This is one example of West Auckland’s approach to alcohol and drugs; another is the community’s engagement with the Community Action on Alcohol and Drugs (CAYAD), and West Auckland was one of the original communities engaged in the pilot which has subsequently been funded by Ministry of Health since 2009.

CAYAD is community action project aiming to start conversations in the community and implement community lead projects to address the harm associated with the use of Alcohol and Drugs (for more information see Community Action on Youth and Drugs, (n.d.).

Approach to discipline

The egalitarian approach of Sunset School very much encourages young people to be compliant with the rules and not to question them. There is a clear policy and procedure document in Sunset School as to how it will respond to young people presenting with alcohol or substance abuse-related problems. The school staff are aware of this policy and the procedure and are compliant with this process.

Alcohol and drugs

Sunset School has a clear policy of how it will respond to students who are caught using marijuana. There is a referral process to a random drug testing programme called K-it. This programme combines both random drug testing and referral to the school counsellors. Below is an outline of the process and programme.

The programme aims to “assist students to stop using drug and remain in school education”. The programme involves:

- A meeting involving the principal, community constable, representative from student support services, and the parents and student
- A contract signed between family and the police which commits the student to having random drug tests for 12 months
- Regular meetings with a guidance counsellor to undergo an education and support programme
- Review of progress with the family after 12 months
- Test results will be provided to the student first and a letter or phone call to the parents once the results are received.

If a student chooses not to engage in the programme, they will be referred to the BOT.

The guidelines are as follows:

1. Alcohol, solvents, cannabis and other illegal drugs are not permitted on the school premises or at any school event regardless of location
2. Approval for alcohol to be used at a staff or community function must be gained from the principal
3. Drug education is an integral part of the health education programme

4. Specialist counselling and intervention programmes are offered to students as required
5. Staff and the school community will be informed regularly of the Sunset School policy and the actions of managing drug-related incidences
6. If students are caught using drugs or in the possession of drugs at school, the school discipline procedures will be followed
7. Use of drug sniffer dogs will be at the discretion of the principal and the BOT.

(Sunset School Policy Document)

The level of awareness about the policy by the student participants varied, and there was uncertainty about where the information about the policy was located, with some students thinking that perhaps it was in their student diary. The students that did have the knowledge were aware of the K-it programme and were able to articulate the process outlined above.

Yeah a couple of years ago who were on regular drug testing and stuff like that. Not because they got into fights or anything like that but because they'd be caught with it or they'd come to school stoned or something like that. And they were on regular testing once a month to make sure they're staying off it. Not because they would get in trouble if they were but because they were, but just so that if they were then the school could manage it again (Will)

Claire thought there was a perception that the automatic referral to the K-it programme was seen as "too easy and avoiding real punishment". A student questioned the efficacy of the programme, saying that:

I know it's sad, but it's like the people that end up doing drugs and alcohol, well not all but most of them, don't end up staying in school for long. Like, they just end up leaving themselves. It's not like they're expelled or anything, they're like I'm done enough, I've got my credits, let's leave (Kate)

Staff at Sunset School were all aware of the stance of the school and policy. The staff perspective was that students had a choice between the K-it programme or a disciplinary process, the staff identified one student in the last eight years who chose to enter a disciplinary process rather than the K-it programme and this resulted in the expulsion of the student. While the K-it programme targets cannabis use, the staff did talk about being unsure what to do when students were using other substances such as solvents:

Yeah we had two girls who owned up to it, that they were doing it, so we put them on the K-it programme, because that's the only drug programme we had available and then because obviously, it's not illegal to carry those substances, we bag-search twice a day with family permission, so once in the morning, and then once randomly out in school to make sure they didn't have anything on them. But it's hard

not to give deodorant to someone else. And then we just put them through the K-it programme. Both girls continued to use, and the short end of the story are no longer at school. They weren't expelled, though. We just made them someone else's problem. (Counsellor)

While the staff were clear on how to respond to cannabis use, there was a lack of strategies to support young people experiencing issues with other substances. When asked about knowledge of community resources such as CADS (Community Alcohol and Drug Service) and CADS cultural teams, engagement with the CADS youth service was low, and mostly used when students were engaged with youth mental health services. Despite the ethnic demographics of the school, there was no knowledge of the cultural services Tupu or Te Atea Marino.

Response to Sam

The overall consensus amongst the students was that the response to Sam was "way too harsh" (Will), with Kate expanded on this by saying, "I totally agree. It's a bit extreme to expel him his first time. And then he's an achieving student... it's kinda going to destroy the work he has done".

When asked what an appropriate response to the scenario would be, the students felt a warning would be suitable; however, they also questioned the legitimacy of the decision and had a view that to establish the truth, a drug test needed to occur. There was a view from the student participants that drug testing should be the first port of call to establish whether Sam was actually using cannabis.

I think a drug test is the first thing that should be done because then you can kinda judge whether he's just got it or whether he's being using it or something. Because people pass drugs around at school, like, just because he had it on him doesn't mean he was using it or anything like that (Matt)

Further to the concern regarding the decision-making, was the view that there was a lack of concrete evidence that Sam had used the cannabis, and that drug testing was required to ascertain this. Furthermore, the students also had an opinion that there was an invasion of privacy by searching Sam's bag.

The staff in Sunset School had a similar response to the students in that they felt the response to Sam was "extreme" (School nurse) and that it would be useful to determine the level in which Sam was using cannabis, and if it was "experimental or ongoing drug use" (School counsellor). The school counsellor expanded on this by saying, "Yeah it would probably be a good idea to, or at least fair to take his good behaviour into account. It's not, he doesn't seem like an out and out druggie, so it doesn't seem right to disregard who he is". The school nurse supported this sentiment by saying "And to be expelled, like to end your education". The school's

youth worker also agreed with this, and stated, “if it’s a one-off thing, I think it’s really extreme that he got expelled”.

At Sunset School, there was limited engagement from the community participants interviewed regarding how the school responded. In part, this was due to a highly resourced support centre for students at Sunset School, and also due to lack of knowledge at the school about resources available for them, in particular, culturally-based youth addictions services such as Te Atea Marino and Tupu. For these reasons, the community participants will be discussed separately rather than integrated into the discussion as in previous case studies.

As discussed previously, Sunset School has engaged in a drug testing programme for its students who are caught using substances. The school’s process and the perspectives of this process from the participants will now be discussed.

School process – drug testing

Sunset School has an active engagement with a drug-testing programme. This programme only tests for cannabis, and the students are given a choice whether to engage with this programme or enter a disciplinary process and report to the BOT. There were mixed views about the programme from all participant groups. Some of the students felt it was a useful programme to keep students drug-free, while others viewed that some students were not taking it seriously. The staff were positive about the programme; however, they did not know how to respond to young people using substances other than cannabis, such as solvents. The community participants similarly felt that for some young people, this programme worked. However, there were concerns about the lack of therapeutic support, and young people on this programme increasing their use of alcohol. A discussion highlighting the views of each of these groups is presented in the next section.

When analysing the students’ response to the scenario, there was a sense that drug testing would provide proof that he was or was not using cannabis and that there was no other way to get this concrete evidence from a young person. Will was the student representative on the BOT and provided the student participants with a breakdown of the programme:

I don’t know the ins and outs but its something that happens in West Auckland, I’m pretty sure it’s funded from something else. It’s an external thing, and it’s kind of like a drug monitoring programme, and they do the drug testing, but is also education stuff. Like here when people have been caught with drugs or doing it or anything like most like, if they get through to the Board and stuff, then the board recommends that they do this programme as part of their reinstatement to the school. If you get to the Board, you are usually suspended, which just stops the problem [being] handled and then the board can

deal with it. But then they set down some guidelines, like go on the K-it programme which is an education and monitoring programme. Then they report to the dean or the guidance counsellor here, and often there is a dean, like if it's a behaviour issue, then the deans report, and once a month goes through the board to track the student's things. That also covers the drug testing and stuff like that. I just think it's a good sort of programme, and I don't know the success rate of it though, but it seems better than nothing, you know.

Most of the participants did not know where this information was communicated to them but suspected it was in the school diary, as Maria stated, "In the school diary, I think there is. It's like you shouldn't bring alcohol or drugs to school". Kate thought the school diary also referenced "or while we are in uniform I'm pretty sure that's in there as well". Subsequently, this generated a discussion about the school needing to manage "the reputation of the school and stuff" (Will).

Students were asked to recall any particular incidents when a student was on the K-it programme. They were able to remember a couple of situations where the student had subsequently left school. Maria stated, "it's not like they were expelled or anything, they're like I've done enough. I've got my credits let's leave". Will recalled asking a form teacher where a student was, and the teacher replied, "they're not in school anymore", and Kate reflected saying, "and if they are in school they're not really here much any way which isn't really beneficial for themselves. So they end up leaving, and most of them either work or stuff". Claire, who was a trained peer sexuality support representative and prefect felt that drug testing was a barrier for seeking help and also felt that it was an invasion of the student's privacy:

And I think it's harder; it's going to be harder for the student to like take on that counselling anyway without the drug testing. So that's going to be even more of a push, scare factor kind of thing. Like if you wanted help, but you didn't want to be tested then obviously you're not going to go to counselling.

Kate and Maria agreed that it created a barrier for people to access support, but also felt the drug testing did not allow a gradual process:

I think that it would need to be a gradual process, so if the counselling you know was the first step to come. Because like what [Claire} said, like a lot of people would be more inclined to do that kind of thing if they didn't have to do the drug tests and it would be a lot easier to kind of ease into that. If you do the counselling for a certain number of sessions or a certain period of time and then ease into something like the drug tests and then have that later like to show your commitment, or to, as proof to see their counselling is whether working or not if you need to like look at alternatives.

Both Kate and Maria felt that it was a big step asking for help and that being forced into a drug test was counter-productive. Also, there was a view the students

“should be able to choose when they have it [the drug test]” (Will). When asked about the benefits, Kate felt it could “motivate [you] to get clean or whatever”, however, she contextualised this by saying “you can’t like try and pressure someone to do it straight away”.

The student’s responses were varied, with some students being pro-drug testing programme, while others, notably Kate and Maria, had concerns about how this programme may create barriers and emphasised the importance of having counselling as part of the process. The staff were pro-drug testing programme and only hinted at a critique of the programme when the student was presented with a substance other than cannabis, at which point staff did not report feeling that the programme supported these young people. The staff responses to Sunset School’s process will now be discussed.

The staff all expressed the importance that it is the student’s choice to engage with the K-it programme. The senior school teacher in the focus group provided a recent example of how the school responds:

For instance, last week a girl was in my class completely wasted, so she was completely totally gone, so she’s offered K-it as a choice, so that goes from the classroom teacher to the dean and then from the dean to the guidance area, from the guidance area to the principal.

The school counsellor then explained the next steps, “then there is a meeting with the dean, principal, police, guidance, student and – then that’s a choice though, it’s not you have to do this. It’s choice and then if they don’t choose that then it goes to discipline, so that discipline process can be to go to the board, yeah depending on what the student’s previously been like”. Staff reported that when students had a choice between the K-it programme or the disciplinary process, most students chose the K-it programme. The staff recalled one scenario in the previous eight years, where a student chose not to engage in the K-it programme and opted for the disciplinary process. This resulted in the student being expelled from Sunset School. Before joining with the K-it programme, the students have a meeting with a guidance staff member who explains the choice the students have, and when referring to the previous student mentioned earlier in the paragraph, the school counsellor reflected on this meeting:

Because I only see it from my angle in those meetings but even the girl you’re talking about, she didn’t really kind of seem ready to sign and it turns out she wasn’t ready to stop or didn’t seem ready; I don’t know she was quite reluctant to sign. But with most of them, I believe in that meeting it’s my job to help them understand, yes it’s a choice. We’re trying to support you to stay in school. That’s based on the premise that we believe a clear head is a good idea from learning, we want to help you have a clear head in class, and this is how we can help. If you don’t, it is a choice. If you don’t want to sign good luck.

The emphasis from all staff was the importance of the students understanding that engaging with the K-it programme was a choice, and they could choose not to engage and choose the disciplinary process of the school.

When students choose the K-it programme, they are allocated an internal support staff member, either a school counsellor, the nurse or the youth worker, and these staff members then work with the student throughout the 12-month programme. During this time, if a positive test is received, the support worker will often provide advocacy to the principal on the student's behalf, as "we just still need to keep working with them because through the counselling and the programme we've seen that they're dealing with these issues which has caused..." (Youth worker). The staff then went on to discuss how the K-it programme deals solely with students who are using cannabis, despite the school policy referring to the K-it programme to deal with all substance use. Staff then discussed a recent situation of a group of female students huffing or using solvents and how they responded to and the outcome of this situation. The school counsellor described the scenario:

Yeah we had two girls own up to it, that they were doing it [huffing], so we put them on K-it, because that's the only drug programme we had available and then because it's obviously not illegal to carry those substances, we had to bag-search them twice a day with family permission, so once in the morning and then once randomly out in school to make sure they don't have anything on them. But it's not hard [for them] to give [their] deodorant [to huff] to someone else. And then we just put them on the K-it programme. Both girls continued to use, and the short end of the story is they are no longer at school. They weren't expelled though; we just made them someone else's problem. Well, the story is you can walk now, or you'll be shoved and get a record ... we did try to help them though we had a conversation with residential because it wasn't just huffing either, it was anything pretty much.

The referral to the K-it programme within the school is the first and often only option the staff sees as available, even when it is known that the presentation of the young person and the K-it programme is not a suitable match. When asked whether a student can self-refer, the response was, "No, they can't, it's just a being caught programme. And in my experience so far they don't turn themselves in because it's still working for them, so they're using and getting away with it, why would you stop?" (School nurse). The school counsellor agreed that she had no self-referrals but "if they did, I would cheer them on outrageously for asking for help".

The staff at Sunset School were engaged with the K-it programme and the model in which the school responded to young people being caught engaging with substances. While the staff realised there were gaps, for example, when a student is using a substance other than cannabis, there was a limited discussion about exploring alternatives for an improved therapeutic match for these young people.

The students were perhaps more diverse in their opinions, with some relatively accepting of how the school responded and felt it was better than nothing, while other students expressed concerns about drug testing creating barriers, and the therapeutic or behavioural support seeming limited. The students could also not recall where the information about the policy or procedure was or how the school communicated this to them.

Future responses

Questions were asked to each of the participant groups about how they would like to see the school respond in the future. In Sunset School, the second student focus group was scheduled during the exam period, so, unfortunately, I was unable to ask the student's perspectives about future responses at Sunset School. I was able to ask the staff and below is the discussion regarding their responses. The staff participants had a view that the K-it programme could be enhanced by having a whānau/family course alongside to support the young person, a celebration at the completion of the programme, possibly a peer-support model integrated into the K-it programme, and some training for teachers to increase awareness.

The school counsellor proposed that "It'd be cool to have some whānau or family classes and course for kids that are on K-it. Because the ones that struggle the most, it's like really ingrained behaviour, so it's hard to see, you know like you nearly become an outcast in your family". The school counsellor then went to acknowledge how difficult it is for substance use to change for the young person when the family is engaged in this behaviour and that perhaps having community engagement in the programme may support these changes to occur. The school counsellor then went to raise the idea of having a celebration which was followed up by the school nurse who said, "It been talked about but never happened to have a like a celebration at the end of the 12 months". The school nurse made another suggestion about a peer-support model stating:

Yeah perhaps we need to get the students, the clean ones who've come right, too, you know, there would be some of them out there prepared to help if they realise how it's a good idea to be clean, in fact, it's easier to be clean and to help.

This would be similar to the peer education sexuality support programme that is currently also running in the school. The health teacher acknowledged that she knew little about substance use and that perhaps there was a need to increase teacher awareness:

I think what [school counsellor] said before about, like, teachers being more aware 'cos, like for me, I teach health but I'm still quite naive in

terms of, like, drug use and how it affects people because I've never been in that environment and I wouldn't know how to pick it.

The health teacher then went on to say she's "not around those people and I don't know it's quite hard to pick". There was an acknowledgment that for teachers on the coalface, support for them to identify substance use would be useful.

Community responses

Three community participants were interviewed about Sunset School. Two were clinicians from a youth addiction service in Auckland, and one was from an education provider who does one-off sessions nationwide regarding substance use. The use of community services for substance use seemed limited in Sunset School. The clinicians cited current young people who attend Sunset School, where the referral to their service came via mental health services rather than from the school. The education provider could only speak about the service they provide, rather than specifics about their engagement with Sunset School. For these reasons, the community responses are discussed in a separate section.

The clinician's responses discussed the low level of referrals to their service from schools in West Auckland was low, citing a "few referrals from any of them, so I don't know if any of them were from Sunset School" (AoD Practitioner Maree). Jane, another AoD practitioner, reported she had worked with a couple of young people who attended Sunset School. When she had worked with students from this school, the referrals came via a family member or youth mental health service rather than the school. To the clinician's knowledge, the family referral came when the young person "failed the requirements of the K-it programme, and I think it was a kind of last option" (AoD Practitioner Maree). The other AoD practitioner Jane reflected that most of the referrals she worked with came "via the board of trustees ... of young people who have been caught, using drugs at school or in the local park". Jane also stated that they're "not overly busy with referrals from them".

Both the clinicians discussed concerns about the lack of behavioural change support that sat alongside the K-it programme. They shared the view that during school, the drug testing "kept them inline", but that at the end of term "they went straight back to using" (AoD Practitioner Maree). Jane (AoD Practitioner) compared it to forced detoxification in prison stating that, "no one was working with their feelings or their habits you know, no one's helping them with that side of it" Jane (AoD Practitioner) then went on to discuss the concern about young people on the K-it programme "who barely drank alcohol before will then start drinking. And they'll say well I can't have cannabis at the party because I'm on K-it so I'll have a drink". Along with the lack of behavioural support offered. Maree

(AoD Practitioner) was concerned with the timeliness of drug testing and expressed:

Getting it started as soon as possible rather than a few months later. And if they're going to be doing drug testing to do it earlier so they can show a reduction and the young people some support around really increasing their protective factors, and you know, looking at supporting them making changes regarding their use so that they are getting that. And kind of I think in a motivational kind of way yeah.

The main concerns outlined by the practitioners interviewed was the limited availability of therapeutic support available to young people experiencing concerns about their drug use at Sunset School. And this concern was reflected in the low number of referrals and also by direct comments from the participants about the limited use of therapeutic models. There was a shared view that one of the positives about the K-it programme is that it did "keep them in line" (AoD Practitioner Maree) and/or "on their toes" during the school term. However, in the view of the clinicians, integration of these behaviour changes was limited once the drug testing ceased.

As discussed earlier, in Sunset School, the staff were unable to recall when a student had self-referred and that the engagement with K-it was mostly due to the student having been caught using substances.

The education provider provides presentations to schools and states they are in 94% of schools across the country. These presentations are targeted at Year 9 and Year 10 students and aim to complement the health curriculum, not replace it. One participant reflected that it is mostly the "well-to-do" schools that they present at, and the service views itself as a "great voice and a cool way to fuel a conversation, but we don't do that much reactionary stuff". In most schools, this service engages with the health teacher and completes a session lasting approximately 45 minutes. Students can sometimes ask questions, and when an issue arises, the referral of a student is to either internal resources within the school or external providers such as Youthline. Guidance counsellors reported an increase in young people engaging with them after the presentation, and Youthline "literally spikes at the same time we are speaking". Zach, the team leader of the organisation that facilitates these presentations, describes what they address:

Peer-pressure, boredom, self-esteem, wanting to feel better, dealing with pain. In the middle of the talk, we have a look at substances and some of the uses, some of the effects of substances. But once again the way we frame the information is differently, so we're having a look at the consequences, or risks but all we're trying to do is get young people to realise that there are lots of reasons for doing something, and lots of reasons for not doing something. What are the superior reasons or better reasons to drive our behaviour? And then at the end of the talk, we have a quick look at addictions and lifestyles, and really it's a

smorgasbord of ideas that will be touchpoints for young people to either ask big questions or actually access help.

From the community participant's perspective, Sunset School's engagement with the external providers was limited. The AoD practitioners who were interviewed had a view that while drug testing can be useful during the term, with limited support to change the behaviour. There was a clear risk articulated by the practitioners that young people would engage in either alternative substance such as alcohol, which is not tested or would use again once they were no longer drug tested. The education provider facilitates the presentations with the aims of supporting the health curriculum within the school, promoting health and help-seeking behaviour where appropriate. This provider works alongside the school for one-off presentations and promotes external agencies that the students can engage with if they would like to.

Integration with research questions

1. What are the approaches that underpin school drug policy?

Sunset School does not use a harm reduction model or youth development approach in its response to young people with alcohol and drug problems. Instead, Sunset School engages with the hard-lined abstinence approach, more reflective of zero-tolerance or war on drugs approaches. This is evidenced by the use of police, the history of using sniffer dogs and waiting until a young person is caught using a substance before the school responds. If a young person opts out of the K-it programme or is unsuccessful, that is, returning a positive sample, it will most likely result in a suspension or an exit plan to leave Sunset School.

2. How are these approaches reflected in the policy, and how is it implemented?

The evidence of the hard-lined abstinence approach was reflected differently by the participant groups. Some students reported no knowledge of drug policy or the K-it programme. Students articulated there needed to be more support for them and they questioned the involvement of police in the K-it programme. Staff had high acceptance of how the school responded, despite identifying that it did not address all substances, most recently solvent use, and accepted that these students went to another school. The community participants, in particular the clinicians interviewed, had low acceptance of the policy and identified some concerns including lack of therapeutic support, increased use of other substances such as alcohol, and the efficacy of drug testing only apparent during the school term.

3. What role do the stakeholders (students, staff and members of the school community) play in the development and implementation of school drug policy?

The level of involvement participants felt they had in the development and implementation of the drug policy seemed low. The staff reported that students would willingly seek support if they had concerns regarding their substance use or a peer's substance use. The external service providers reported low referrals, and when referrals did occur, this seemed to happen via other external services such as mental health or self-referral. Available services, in particular, culturally-based youth alcohol and drug services, were not known by staff. Therefore they were not utilised by staff as an option for students in Sunset School needing support.

4. What role do Youth Development perspectives play in the development and implementation of school drug policy?

Future responses in Sunset School centred around how to improve the K-it programme, and from the staff perspective, this involved a celebration, teacher

training to identify potential substance users, and family/whānau involvement. The staff responses did not touch on what the clinicians identified, which involved an increase in therapeutic support for young people involved in the K-it programme.

Conclusion

Sunset School has a practice of responding to young people in a reactionary and punitive way, and this response is incongruent with Ministry of Education guidelines that encourage schools to respond to substance use from harm minimisation and youth development models. While the young people were compliant with this model, exposure to alternative responses to a youth health issue is limited. Also, if a young person seeks help, which is unlikely in Sunset School, they are likely to have a response that could ultimately impact their education, which was to change schools. The use of drug testing by schools, in particular in West Auckland and Northland, is common practice, and the risk of this as identified by the clinicians is that without a therapeutic model sitting alongside the drug testing, behaviour change can be limited or difficult to maintain when the drug testing period is complete.

Chapter 10: Integration of Case Studies

“The opposite of addiction is human connection. And I think that has massive implications for the war on drugs. The treatment of drug addicts almost everywhere in the world is much closer to Tent City than it is to anything in Portugal. Our laws are built around the belief that drug addicts need to be punished to stop them. But if pain and trauma and isolation cause addiction, then inflicting more pain and trauma and isolation is not going to solve that addiction. It’s actually going to deepen it.”

– Johann Hari

This research is exploring the ways secondary schools’ drug policy has been developed and implemented in New Zealand. The purpose of this chapter is to firstly compare the schools’ responses and to summarise the theoretical positions assumed in each. This will be followed by presentation of the overarching findings of the deductive cross-case analysis and describe how they relate to the research questions. The chapter concludes with a discussion regarding the current study’s limitations and strengths.

Theoretical comparison of the schools.

The research included four schools that aligned themselves, to varying degrees with particular theoretical perspectives, for example, Sunset School presented a strong alliance with an abstinence theoretical perspective, with elements of an emancipatory approach (youth development). In comparison, Redvale School presented a strong allegiance to emancipatory theory (youth development) and harm reduction. However, while three of the four schools had the policy statements aligned to an abstinence framework their response to a policy violation did not reflect the policy. As a way of summarising the policy statements of the schools and their practices, Table 5 compares the schools.

Table 5 Comparison of Schools

|  Policy statement  practice | Horizon School | Redvale School | Bluevale School | Sunset School |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Abstinence |  |  | |   |
| Harm reduction | |  |  | |
| Youth Development | |  |  | |
| Unclear |  | |  | |

The next section examines the deductive cross-case analysis using the research questions to frame the analysis and to summarise key findings.

What were the approaches that underpin school drug policy?

This study has highlighted that each school had a range of approaches that underpinned its drug policy. The alignment of schools’ responses to the recommendations made by the Ministry of Youth Development’s guidelines (2004) was limited. The written policy statements included hard-lined abstinence approaches such as zero-tolerance through to combined abstinence and restorative justice policy statements. None of the participating schools had a policy that reflected harm reduction or healthy youth development. With the dominance of a hard-line abstinence response, there was little to no room for a harm reduction or healthy youth development to inform a school’s drug policy. What emerged from this study was the drug policy statement and the practice of implementing and responding to drug policy violations varied. How the schools implemented its drug policy was not typically aligned with the policy statements. Unlike previous research by Beyers, Evans-Whipp, Mathers, Toumbourou, & Catalano, (2005) which found an alignment in school drug policy to the Country’s national drug policy stance, this study found schools did not align to the New Zealand National Drug Policy. This may be exacerbated by New Zealand’s legislative framework (Misuse of Drugs Act), which has different classifications for drugs which may contribute to a unclear policy response in schools.

How are these approaches reflected in the policy and how the policy was implemented?

An understanding was developed based on participants' perspectives of what would happen in their school if a drug policy violation occurred. Most of the schools' responses varied from the policy statements and deviated from the hard-lined abstinence policy statement. There was one exception in the participating schools, where the drug policy statement and how the school responded to a violation of this policy were aligned. However, participants indicated that this presented issues for their school, as their response was designed to drug test for cannabis only and that this was problematic when students were using other drugs, for example, solvents.

The findings have indicated a disconnect between policy and implementation. Further, the results have suggested this is because of the perceived risk to the reputation of the school that a harm reduction approach might give the impression of endorsing young people's use of substances. Secondly, getting to a harm reduction approach takes time and requires an investment of time from education and alcohol and drug sectors to develop a shared understanding. This is complicated by the perception that responses needed to occur promptly when a drug policy violation occurred. These factors seemed to enable the dominance of a hard-lined abstinence approach to continue, while at the same time creating barriers for the school to shift to harm reduction or healthy youth development approach. The moral discourse that underpins a hard-lined abstinence approach, along with concerns about being perceived as advocating for 'addict rights' (for further discussion see chapter 2), were identified as critical barriers for schools in developing their drug policy.

For a school to use a harm reduction approach, the findings indicate that a school needs to, firstly, have a strong relationship with an alcohol and drug programme provider. Secondly, that the alcohol and drug programme provider is willing to become embedded in the school community and, finally, that both parties are willing to have robust conversations that help them work towards shared expectations and understandings. The relationship between the school and the alcohol and drug provider was seen as vital to develop the schools *understanding* a harm reduction approach. Once an understanding was established, an approach involving both parties was able to be developed. Furthermore, with the school having developed this understanding, they were able to engage the wider community and create stakeholder buy-in to the approach. With a robust understanding of how the school would approach drug policy, and having involved stakeholders in the process, this reduced the perceived risk of endorsing drug use and the impact this may have had on a school's reputation. Furthermore, pursuing a *partnership* approach between schools and an alcohol and drug programme

provider was seen as a way of developing a shared understanding from their different perspectives. Each of the worldviews could lead to forming a shared and consistent approach which took on board both sectors (parties) expectations. Once the school and the alcohol and drug programme provider succeed in having a robust conversation about drug policy, it would then enable a common approach to young people, rather than getting caught up in clashes related to their different perspectives.

Healthy youth development

The use of youth participation to inform the development and implementation of a drug policy varied across all the schools. The presence of factors that acted to silence young people, either in response to an allegation of violation, or the ability to have open conversations about drugs and alcohol, impacted help-seeking behaviour and in some of the schools empowered the hard-line abstinence approach. An implication from not having young people involved is, as the results suggest, that they struggled to understand the rationale for the school's approach, and, because of this, the school's response was viewed as inconsistent and biased. This then leads them to see responses as sweeping the issues under the carpet, and this, in turn, does not foster a sense of trust in school staff or a sense of teachers caring about them.

At the school which drew on youth development and harm reduction to inform how they responded to drug policy violations, the staff reported consciously investing time developing a strong relationship with alcohol and drug treatment service providers to develop a shared approach within the school. Senior leaders and the school board devoted time to understanding the rationale for the approach. They also spent time promoting the same understanding with the school staff, parents and the wider school community. By investing this time, the youth development and harm reduction approaches were refined, resulting in improvements in the depth of understanding across stakeholders. By creating a shared understanding about the concerns regarding reputational risk (referred to above) were addressed and, because the relationships across the school were strong and the approach was well understood, those involved understood the rationale and became champions for the approach and the rationale.

What role do stakeholders play in the development and implementation of school drug policy?

The school which had a harm reduction approach discussed the time and the multiple stakeholders involved in the process of development. Lengthy conversations occurred with stakeholders from the health sector, including district health boards and an alcohol and drug programme service providers, school

leadership and pastoral staff such as the head of guidance. These groups partnered together to develop a shared practice response within the school. In this process, stakeholders took an active role in the development and the implementation of their policies. However, it remained unclear the level of involvement young people (as stakeholders) had in this process.

Stakeholders, especially alcohol and drug providers and young people, were less likely to be involved in the development of drug policy when the approach was abstinence oriented. The use of stakeholders in the implementation of the policy was only evident in one of the schools, in which police, along with family members and the school signed consents for drug testing. Stakeholders' perspectives in the development and implementation of drug policy were under-utilised. Engaging young people as a stakeholder was minimal, despite the students have expressed a desire for their voices to be heard and for them to be involved in the process. The relationship was negatively impacted when a response from the school was not aligned to expectations. The stakeholder was, then, less likely to have trust in the school, and the school's way of responding. This finding was particularly relevant for the students and the parent participants.

What role do harm reduction and youth development perspectives have in the development and implementation of school drug policy?

The research indicated that most schools were not drawing on harm reduction and healthy youth development to inform their approach to school drug policy. This is problematic because a hard-lined abstinence-based approach, with a focus on punishing young people, can breach their (the young person's) rights and contribute to inequities particularly for rangatahi Maori in the education system (Education Counts, 2017). The findings from this research would support previous research by Simkin, (2002), where the school with high levels of deprivation had additional challenges regarding the normalisation of drug use within the community and where it was less likely for staff in this school to devote time and resources to respond to students with high and complex needs. As also identified by Simkin (2002), schools with students from high deprivation areas are less likely to have the resources available to develop comprehensive health responses for their students.

When considering a healthy youth development perspective, the YDSA and the 5's C's model (as discussed in chapter 4). Identify critical areas which underpin a positive (healthy) youth development approach While each of the principles and characteristics is imperative from a healthy youth development approach, the findings from this research further highlight the importance of connectedness as a salient factor which contributes to the clarity and the consistency needed for drug policy development and responses.

However, while each of these characteristics has been explored separately, in practice they are interdependent and form the overarching themes derived from the deductive cross-case analysis. A healthy youth development approach is interested in the relationships young people have. In the YDSA this is articulated by young people being connected and having access to pro-social relationships. A socio-ecological perspective is interested in the systemic layers in which these relationships occur. With this in mind, this study's finding regarding *connection, clarity and consistency* is interested in a young person's experience of drug policy development and implementation with the other stakeholders and the school system, while considering what the macro-system influences on the school maybe. The connection extends to the level at which young people can contribute or participate in the school's policy development and implementation.

Further, their (the young people's) level of involvement, or ability to participate in the development and implementation of the drug policy varied across the case studies. The second characteristic, *clarity*, as evidenced firstly by the written drug policy statement using accessible language for participants and the participants reflected a similar understanding of the school policy development and implementation. The last characteristic is related to how *consistently* the drug policy was applied to young people who violated the school policy.

Connection/Trust

Connection refers to the extent to which young people can contribute or participate in the school's policy development and implementation. Central to connectedness was participants prioritising the best interests of the young person and a desire to maintain meaningful relationships. When the connection was present, it resulted in a sense of trust in the school being reflected by the participants. Fundamentally, the relationships which require trust are between the young people and the school and stakeholders and the school. The underpinning element for connectedness was the young person's sense that adults cared about them. From what young people said in this study, a hard-lined abstinence response was viewed as the school not caring about them, and this perception undermined the student's sense of connectedness to the school. When a response which was centred more on harm reduction, young people reported feeling that those in the school cared about them and that their wellbeing was at the centre of the decision making. This means that the extent to which those in the school puts the young person's best interests at the centre of the decision-making process also impacts on their level of connectedness to the process. With the young people at the centre, their wellbeing is prioritised throughout the process. The guiding question in the school's response becomes "*How can we best support this young person to develop skills and capacity through how we respond?*" as opposed to "*How do we punish this unwanted behaviour?*"

This study identified the capacity of the schools to actively draw on youth participation as low and most likely to be pegged as “tokenistic” on Hart’s Ladder (see Chapter 4) and at the lowest levels in Sheir’s model of youth participation (see chapter 4). The use of unilateral power-based responses, such as the use of police with sniffer dogs or drug testing, acted to silence young people and limited their ability to have a voice and exert influence over matters directly impacting them. In turn, this led to students disconnecting from the policy and process and seeing it as something imposed on them from outside. A possible risk when approaches taken to drug policy violations vary and when they are not guided by a healthy youth development approach is that it creates opportunities for inequities to manifest.

The findings from this research would support previous research by Hattie (2003) and Haynes et al., (2008) in which young people expressed concerns that the responses schools make are racially biased. Some young people expressed concerns that drug policy would be a lever which Pakeha (non-Maori, refer to glossary) privilege (Education Counts, 2019). When the response was punitive, young people in this study expressed concern about the implications this would have on their education. Young people articulated a desire for their voices and perspectives to be taken into account and had a view that this would make a positive impact on the school community. The importance of connectedness as it related to drug policy became apparent as a critical characteristic which influenced the implementation, the responses and the students’ trust in how the school would respond. Connectedness is a crucial element of healthy youth development for several reasons (see chapter 4 for further information). The findings indicated that students’ relationships should be prioritised throughout the school’s policy implementation. These relationships were identified as being in the student body, with the school and their parents. However, even when a relational focus was evident, the policy and implementation responses varied. Particularly so in the school that did not have a written policy; the absence of policy meant there was nothing to inform the staff’s responses and generated a sense of uncertainty amongst students. Many articulated a concern about the number of warnings students received, and the high threshold before an intervention occurred.

Clarity

The study highlighted how schools have a range of approaches to drug policy violations, and these were not always aligned to the school’s policy statement. The lack of clarity perpetuates uncertainty about what guides the response when a drug policy violation occurred. A lack of clarity created a range of tensions, from lack of trust in the school’s response to personal perspectives about what the response *should be* guiding school staff decision making. Moreover, the range of approaches and the absence of procedural guidelines sitting alongside a policy

statement created confusion amongst participants about the school's stance. In some circumstances, the inaccessibility of the language used, along with how it guided implementation, was compounded by a lack of knowledge about how stakeholders can have input into the policy. With the participants not knowing how they could have input into the school drug policy it creates the sense that stakeholders were silenced and were not able to be actively involved in matters relating to drug policy development and implementation.

Consistency

The importance of a consistent approach to drug policy is twofold. Firstly, the response needs to align the policy statement with the shared understanding of stakeholders and, secondly, the implementation response needs to express a consistency in values across all stakeholders. This value needs to include a commitment to the school, demonstrating that they care about the young person. As discussed earlier, this study found the students' perceptions regarding the level of consistency as impacting on their sense of trust in how the school would be likely to respond. The students understood that consistency did not mean that every response needed to be the same. When it was the same, young people raised concerns regarding whether the needs of the individual are being met by the response. Consistent did mean, for them, that values that underpinned drug policy in practice were being consistently applied. The values which were important related to maintaining school connectedness and the quality of the relationships. For example, when the best interests of the student were at the centre, engagement in education was maintained, and this helped in finding appropriate support. Even if this support was different, based on the individual needs of the young person, the students considered a consistent approach was being applied. When young people observed a lack of values underpinning a consistent approach, they spoke up about a need for it. They felt that inconsistency was driven by either the school's perception of the student or concerns about how the student's behaviour may influence the school's reputation. Alternatively, inconsistency was perceived as the school prioritising their reputation over the needs of the student.

These characteristics are connectedness, clarity and consistency are interrelated and operate across multiple layers (Bronfenbrenner, 1979). The *connection* characteristic is that the level of involvement participants had in the development and implementation of drug policy was low, and this impacted participants sense of connectedness and support for the school's approach. The second characteristic is that *clarity*; in the written drug policy statement and how this allowed for informed the same expectations from participants to be developed. The last characteristic is related to how *consistently* the values from the drug policy informed the responses to young people who violated the school policy

Strengths & Limitations

The key strengths of this research are, firstly, the healthy youth development approach embedded in a socio-ecological approach informed by systems thinking and, secondly, the use of case study design that incorporates multiple stakeholder perspectives. The focus on healthy youth development within a socio-ecological systems approach has led the research design towards insights across the socio-ecological layers that exist within a school system and the varying perspectives of multiple stakeholders, including young people, school staff and community members.

Using a case study design is consistent with a socio-ecological approach and allowed the research to capture the complexity across multiple layers as it relates to the phenomenon of drug policy in secondary schools. Also, a socio-ecological approach takes an interest in relationships within a system, therefore including multiple participant perspectives is essential to developing a hybrid understanding of school drug policy in New Zealand. It is not only a strength of this research but expands the body of knowledge as it currently stands.

Previous research has explored the topic of school drug policy solely from an alcohol and drug theoretical perspective and focused primarily on harm reduction or abstinence approaches (Beyers et al., 2005). This thesis extends previous research as it seeks to understand how a healthy youth development approach relates to the topic of school drug policy (Beyers et al., 2005; Evans-Whipp et al., 2004). Originality in this work does not necessarily mean a significant breakthrough has been achieved, or development of new theory, or discovery of facts, but is more concerned with the theoretical source and the practical implications (Silverman, 2005). The use of a socio-ecological and youth development methodology and case study research design approach to understand drug policy within a complex system is a unique contribution this study has made to the existing body of knowledge.

All research is understood within the context of limitations and, accordingly, this research has three main limitations which are, firstly, the composition of the cases and participating schools, secondly, the representativeness of the study findings and finally the validity of the data.

1. Composition of cases

Despite inviting 16 schools to participate in this study, with an initial plan of having 5-6 schools, only four schools agreed to participate. This self-selection bias suggests these four schools might not be representative of all schools, nor might it provide comprehensive coverage of the wide range of possible responses. It also indicates that several innovative approaches that some schools are taking

may not have been captured as part of this research. Purposeful sampling, based on the approach articulated in the school drug policy, may help develop a more comprehensive coverage of schools with an increased variation in approaches to drug policy in future research.

2. Reliance on self-reporting

This research sought to understand the research topic within a complex system. It is possible that the data collection methods, which relied heavily on the perceptions of the stakeholder participants, may have meant that the data gathered is limited by participants wanting to present what they perceived as useful to the research. Only one of the four scenarios developed was used as a data collection tool, and this too may have created unintended bias. The influence of peer pressure and social desirability is an inherent limitation for focus groups. It might be possible that increasing the observational data collection may have mitigated the reliance of self-reporting, and this could be incorporated into future research.

3. *The validity of the data*

The data analysed to form the overarching research findings was drawn from a small sample size of four case studies. Based on this the sample size, it is possible that the study reflects nuances only relevant to the schools that participated and therefore are less able to be generalised to other schools. If the study included more schools to increase the number of case studies this may have led to richer data and provided clarity of themes being replicated which will have helped confirm external validity (or transferability) and better overall generalisability of research findings (Cook & Campbell, 1976; Patton, 1990; Eisenhardt & Graebner, 2007)

This chapter aimed to integrate over-arching findings from the case studies which had been previously presented in this thesis. These findings were presented as they related to the research questions and identified that a hard-lined abstinence approach dominated policy statements, which left harm reduction and a healthy youth development policy less likely to occur. The implementation of school drug policy also varied across the schools, and how the policy was implemented appeared to raise concerns about the impact it would have on a young person's education. Aligned to a healthy youth development approach connectedness was an overarching finding for this. Johann Hari expressed the importance of connectedness as a critical factor in supporting an addict. This chapter has highlighted the desire of participants, particularly the young people, to remain

connected to school. This chapter concludes with a quote from a social worker illuminating the layers of relationship to promote connectedness for young people.

I think the school culture, the way the school operates, is very different. I deal with social workers from the other schools, and the school culture here is about the best interests of the young person. That is seen from senior management, and it filters down to all the areas of responsibility to the kids. The relationships that teachers build we build; senior management build plays a huge part - Social Worker from Redvale School.

The final chapter presents the recommendations and the conclusion

Chapter 11: Recommendations and Conclusion

“Take care of our children. Take care of what they hear, take care of what they see, take care of what they feel. For how the children grow, so will be the shape of Aotearoa” Dame Whina Cooper

Introduction

The area of drug policy in secondary schools is under-researched both internationally (Evans-Whipp et al., 2004) and in New Zealand. Engagement with both healthy youth development and alcohol and drug approaches is important in understanding how school drug policies operate within the context of New Zealand. This chapter returns to a socio-ecological systems approach; and will provide recommendations at the micro, meso and macro-systems as relevant to schools, alcohol and drug sector and the healthy youth development approach (Bronfenbrenner, 1992).

This research has shown the dominance of a hard-lined abstinence view which does not allow room for either a harm reduction or healthy youth development approach to emerge. With this in mind, three characteristics were found to have an impact on school drug policy development and implementation from a healthy youth development perspective; these were *connectedness, clarity and consistency*. *Connectedness, clarity and consistency*. Using Bronfenbrenner’s socio-ecological model as a framework a number of recommendations are made at each of the levels, that is micro-system, (school setting), meso-system (drug and alcohol and education sector) and the macro-system, where recommendations for policy and legislative change at a national level are made. The remainder of this chapter provides a conclusion for the thesis.

Microsystem (within the school) specialist response

Young people spend a significant amount of their time at school, and what happens in this setting has an impact on a young person’s life trajectory. At a microsystem level, this is the most linear solution to drug policy development and implementation in a school setting. The first recommendation is for any disciplinary response relating to alcohol and drugs to incorporate a youth health assessment and a youth advocate as part of the response. Secondly, alcohol and drug policy development and implementation needs to be a combined approach which draws from youth development, and schools could do this by engaging with young people to develop drug policy.

Mesosystem

At a meso-system level, this thesis discusses the recommendation for each of the sectors to collaborate in practice, to contribute to an increased harm reduction and healthy youth development response to drug problems in secondary schools. By increasing the collaboration between these sectors, this will influence the micro-system's ability to implement the recommendations. The following recommendations are made to the sectors operating at the mesosystem level.

. The participants, notably the students, identified a critical area, which was a lack of training for the teachers about how to have conversations about drugs and alcohol with students. The impact of this was identified as a lack of, or poorly positioned, education or misinformation being provided to students. Firstly, training for teachers was needed to deepen their understanding of harm reduction approaches. Some indicated that if there was greater training for staff, there would be an enhanced ability to have honest conversations with students. Secondly, the schools need to be supported in reducing their concerns about reputational risk and to develop responses grounded in a healthy youth development approach. From a health perspective, the alcohol and drug sector has the specialist knowledge and training to provide effective interventions when issues arise; this guides the contribution this sector can have to school drug policy responses. This may mean this providing schools with robust youth alcohol and drug psychosocial assessment, to understand the therapeutic needs of a young person. The second recommendation would be for the alcohol and drug sector to partner with schools, the young person and their family/whanau in any disciplinary process. Beyond the disciplinary response, this research also identified there was limited education for both students and staff regarding alcohol and drug use as a youth health issue. Based on this finding it would be recommended for the alcohol and drug sector to co-design with teachers an education curriculum aiming to enhance teacher's knowledge as well as students. The overarching recommendation for schools is for them to take the lead and partner with youth alcohol and drug organisations in their community to enhance a healthy youth development drug policy response.

Macro-system

What happens at the macro level is crucial because the macro-system sets the conditions for the other systems to operate. These three sectors, represented at the macro-system level by the respective government ministries such as the Ministry of Education, Ministry of Health and Ministry of Youth Development, are encouraged to join together to have a conversation. This conversation could be about how best to approach school drug policy development and implementation, with a goal to develop a shared understanding and approach, which has the young person/people at the centre.

The health and wellbeing of young people is recognised as being imperative for a them to succeed. In New Zealand, the National Drug policy is being reviewed in 2020 and lobbyists are advocating for a shift to health informed response to be reflected in this policy. The findings from this research would support this, particularly a move away from abstinence approaches, such as zero-tolerance, and a move towards responses that prioritise health, human rights, equity and the developmental needs of a young person. To this end schools should be encouraged to increase healthy youth development responses. This would be enhanced by the MOE requiring schools to report on how they, as a school, are responding to the wellbeing needs of young people. This may occur through the increasing wellbeing indicators as criteria to be included in the Education Review Office's evaluation of schools.

Addressing the disproportion number of young Maori males being responded to punitively by drug policy in school, and concerns about racial bias raised by participants in this study, it is recommended any punitive drug policy responses which have a negative impact on a young person's life and are racist, be removed as an option for schools when responding to drug policy violations. And for schools to ensure that policy responses are mana (strength-based) enhancing and seek to create opportunities in a young person's life rather than limit these opportunities.

A healthy youth development response would seek to enhance the ways young people participate in both the alcohol and drug sector and the education sector. The recommendation is to move beyond young people being receivers of education or treatment and moving towards being authentic participators in the development and implementation of drug policy and treatment provision. With these factors in mind, this thesis sought to understand how participants' perspectives could shape future drug policy responses. It would be beneficial for schools to partner with a local alcohol and drug provider and youth development service to find ways to form a robust working relationship to shape drug policy responses in schools. The healthy youth development sector as a workforce and the Ministry of Youth Development are encouraged to be agitators and advocates and provide solutions which engage or have influence over young people, with a goal to enhance this systems youth development response. This sector is the champion for young people and the broader healthy youth development response. The Ministry of Youth Development could set up processes that advocate for the application of healthy youth development approaches in schools. The youth development sector could seek to partner with those universities with secondary school teacher training programmes and to provide healthy youth development training for future teachers. Also, this sector could seek to partner with the Office for the Commissioner for the Children to create accountabilities and reporting mechanisms within Government Ministries regarding UNCROC and YDSA.

Research reflections & Future research opportunities

At the start of this research, I had envisioned developing a drug policy prototype which could be evaluated. However, while this could still be a worthwhile project, the current thesis has highlighted the complexities that currently exist, which I was not aware of at the start. On reflection, if I was to embark on this project again, I would have aligned the study solely with a healthy youth development approach and strengthened the use of a participatory action research methods. As such, I would have addressed some of the challenges that were created for me due to my desire to understand this topic from multiple theoretical and stakeholder perspectives. I think it is useful to understand a young person's view within the wider perspectives which operate around them and have an impact on them. While the multiple stakeholders who participated in this study provided a rich, broad understanding, this created additional layers for analysis and writing of the case studies, which would not have been present if only young people were the participants. The limited research available to inform how we might facilitate conversations about drug use and schools response to these conversations is also a significant contribution this research makes to the existing body of knowledge.

Given the limited body of knowledge related to this topic, there are some key areas of opportunity for future research. Exploring how a school drug policy could be developed and implemented, using a participatory action research with young people would provide increased insight into a young person's perspective regarding this topic, which could be of value to the body of knowledge. There is potential also to explore whether drug policy is appropriate as a stand-alone policy within the school setting or whether there is an opportunity for drug policy to be situated within a broader health and wellbeing policy in the school. For example, with increased research funding, it would be worthwhile trialing a comparative study between harm reduction policy approach and a healthy youth development policy approach to school drug policy. Further, as little is known about the long-term impact that hard-line abstinence, such as zero-tolerance responses, (which exclude young people from education) has on a young person's life opportunities, it would be worthwhile finding a way to incorporate capturing this information in a longitudinal study.

Overall conclusions

This research used a multiple-case study design, with multiple data collection tools to explore how drug policy is developed and implemented in secondary schools within New Zealand. Schools were viewed in this research as a complex system, and to understand the relationships within this system as related to school

drug policy, the study drew on literature about alcohol and drug approaches and healthy youth development. Given the systems lens, multiple stakeholder perspectives formed the participant groups included in the study and drew on relevant documents such as the school's website, school policies related to the topic and Education Review Office (ERO) reports.

Of particular importance to this study was the significant influence of the macro-system level on how the school drug policy responded to students. The approaches in schools that deviated from a zero-tolerance policy could indicate a desire for these schools to move to a harm reduction and healthy youth development response. This transition echoes what is currently occurring within New Zealand's political environment. At the school level, the barriers related to a lack of knowledge and evidence-based best practice regarding alcohol and drug policy and education. This factor seemed to shape the school's varied responses, which remained dominated by a hard-line abstinence approach and left little room for harm reduction or healthy youth development. The risk with a hard-line abstinence approach, which focuses on punishment, is that it opens the opportunity for inequity to be perpetuated by a school drug policy. Young people from all the participating schools expressed how vital education was and their desire to remain in education alongside teachers who cared about them. While acknowledging the transition that seems to be occurring in these sectors, three overarching characteristics formed the key findings of this thesis. These characteristics are connectedness, clarity and consistency, and were essential factors in the development and implementation of drug policy in a school setting. The *connection* characteristic also extends to the level in which young people can contribute or participate in the school's policy development and implementation. The second characteristic *clarity* relates to the stakeholders' (at each school) level of shared understanding of the drug policy and how it was implemented when the policy was violated. The final characteristic *consistency* is related to how the drug policy was continuously applied to young people who violated the school policy.

Recommendations have been made to the relevant sectors that had a touchpoint with this research. These sectors were: Education, Alcohol and Drug, and Healthy Youth Development. The recommendations for these sectors have been made across the socio-ecological system levels of Macro, Meso and Micro levels. The key macro-system level recommendation is that each of the relevant Government Ministries are encouraged to collaborate about drug policy in the school context. The mesosystem level again sought to recommend that in practice, the three sectors collaborate to increase healthy youth development and harm reduction response for young people. The emphasis is on facilitating a stronger focus on youth health during training for alcohol and drug practitioners/teachers. Implementing responses at the microsystem level sought to provide tangible

recommendations such as a youth health assessment to sit alongside and inform how the school may respond.

This study has contributed to the international body of research on school drug policy, in particular, it is one of the few studies in this area and one which has used a socio-ecological systems approach with multiple case-study research design to develop an understanding of school drug policy. Nationally, it is the first study to look at school drug policy drawing on a healthy youth development systems perspective. This study has demonstrated that young people are concerned about how schools are responding, and the impact this may have on their life trajectory.

Recommendations for future research have also been made. Importantly, these focus on how to increase opportunities for young people to participate in the development and implementation of school drug policy. This will enable young people to have an influence over matters that have an impact on them, enhance our responsiveness to our obligations to UNCROC while ensuring research remains connected and relevant for young people.

Final thoughts

Young people in this study were viewed as participants within a complex systems of a school. Using a socio-ecological approach allowed this study to understand the young people's perspective in relation to the other participants and the school. Synthesis of the literature available regarding school drug policy is indicative of limited involvement of young people's voices and understanding of this topic from a healthy youth development approach. It is important to recognise this study offers insight into understanding of this topic from a healthy youth development approach and highlights the need for young people's voices to be actively included and responded to by schools. The implications of actively including young people's voices in the school context has yet to be recognised by education policy or policy development and implementation in schools. Further collaboration across government ministries to provide schools with the expectations of drug policy responses is important to promote less punitive responses from schools. A way of doing this would be to have meaningful roles and authentic opportunities that are created for young people to participate in their school policy environment, and this would be seen as crucial to encourage youth voice and their engagement in matters that have an impact on them. As Dame Whina Cooper expressed at the beginning of this chapter the importance of taking care of our young people and responding to their voices, this thesis concludes with a young person's voice

"I reckon if you suspend them, they're not going to change they're just gonna run back and do the same because they think you don't care about them" Student Bluevale School

Appendices

Appendix A: School Principal information sheets and consent forms

Contact: Annabel Prescott



The University of Auckland

Faculty of Medical and Health
Sciences

Private Bag 92019, Auckland

Ph 09 3737 599, ext.88271, or email: a.prescott@auckland.ac.nz

School Drug Policy Study

Participant Information Sheet for Principals

Researcher: Annabel Prescott

To: Principal

I am a PhD candidate at the University of Auckland and I am undertaking a study of school drug policy development, implementation and practice. The last few years has seen schools receive media attention regarding the responses they were making to student drug use. This has highlighted the limited availability of information available to schools when developing and implementing a school drug policy. The current information available to schools from the Ministry of Youth Development (2004) stipulates schools to have a youth development and harm minimisation response. The aim of the study is to understand how a school's drug policy is developed, practiced and implemented from a school, student and community perspective. It is envisioned the findings from this study will highlight the areas in which schools are responding well and assist schools in the ongoing development and implementation of their drug policy.

To this end I would like to invite students, teachers/school staff, and community members (for example, BoT members and parents) associated with your school to participate in focus group discussions or face to face interviews. Students would participate in a group with other students, and teachers/school staff would participate with other teachers/school staff, and community members would be offered a face to face interview. The information obtained during these discussions will be analysed and the results reported back to the school in a final report of the whole study.

What is involved?

If you agree, I would ask for copies of current and historical school policies, including but not limited to the drug policy, this might include policies such as student disciplinary policy, student wellbeing policy etc. I would also request copies of documents relating to an incident where a student has appeared in front of the Board in relation to the drug policy. These documents will be analysed as part of a document and archival analysis.

If you agree, I would ask that the school identify a contact person. In consultation with the researcher the contact person will be asked to identify students and teachers/school staff who might be interested in participating in a focus group discussion and extend the invitation to them. Written information will be provided explaining the study and potential participants will be asked to contact the researcher. The researcher will consult with you to determine a time and venue for the focus group discussion that is convenient to the school, staff and students. This may or may not take place during school time, depending upon your preference and that of participants. The focus group discussion will take approximately 60 minutes of participants' time. Participants will be asked questions to obtain their thoughts and opinions on topics relevant to the school drug policy development and implementation, such as knowledge of current policy, strengths and challenges when implementing policy. As part of the focus group participants will be presented with scenarios, these scenarios will illustrate a situation requiring a response. Participants will be asked their thoughts regarding the scenario and how they would respond to it. The focus group and discussion regarding the scenarios will be digitally recorded and transcribed as a check on the accuracy of written notes taken during the discussion. I will transcribe the focus group and scenario discussion.

In consultation with yourself and the school contact person a list of potential community members (BoT members, cultural liaison workers, parents, youth-workers,) who are actively involved in the school will be generated. The school contact person will then send PIS to the potential participant, who will be requested to contact the researcher if they are interested in participating. The interview will take 45 minutes of the participant's time and will take place at a time and venue suitable to them. The participants will be asked questions about the community's role in the development, implementation and practice of the school drug policy. Participants will also be presented with scenarios (same as scenarios used in the focus groups) and they will be asked their thoughts and how they would respond to it. The interviews will be digitally recorded and transcribed as a check on the accuracy of written notes taken during the discussion. I will transcribe the interview and scenario discussion.

Participation in this study by the school and by student, staff and community participants is entirely voluntary. If staff members, students and community members agree to participate, they are free to withdraw their consent at any time, although it will not be possible to withdraw information provided in the focus group. Focus group and interview discussions will be digitally recorded for later transcription. I ask that you give your assurance that a staff members, students' and community members participation or non-participation will not in any way affect his/her standing in the school.

All information obtained will remain confidential. Information included in a report or published, will not identify staff, students, community members or the school. Any information provided will be stored securely in the researcher's office for a period of 6 years after which time it will be destroyed (shredded) through secure destruction services. Consent forms will be stored separately from data and digital recordings will be erased following transcription.

I will endeavour to cause as little disruption as possible. However, I would need to liaise with a member of the staff in order to organise the focus group(s) and interviews.

If you have any questions or would like further information, please call or email me on the contact details above and I will be happy to discuss these with you.

If you agree to this study being undertaken in your school please sign the accompanying consent form and return it to me at your earliest convenience.

Head of School is: Associate Professor Peter Adams, School of Population Health, the University of Auckland, Private Bag 92019, Auckland, Ph: 373 7599, ext. 86538.

For ethical concerns contact: The Chair, The University of Auckland Human Participants Ethics Committee, office of the Vice Chancellor, Room 005 Alfred Nathan House, 24 Princes Street, Auckland. Tel: 09 373 -7599, ext. 87830.

Approved by the University of Auckland Human Participants Ethics Committee, on 8/12/2010 for a period of 3 years:

Reference number 2010/503



Contact: Annabel Prescott

The University of Auckland

Faculty of Medical and Health Sciences

Private Bag 92019

Auckland

Ph 09 3737 599, ext.88271, or email: a.prescott@auckland.ac.nz

School Drug Policy Study

Consent Form for Principals

Researcher: Annabel Prescott

- I consent to this research project being conducted in my school.
- I have been given the opportunity to discuss this study with the researcher. I am satisfied with the information I have been given.
- I understand that participation by students, staff and community members is entirely voluntary and that they are free to withdraw their consent to participate in a focus group/interview at any time, although it is not possible to withdraw any information provided in the focus group/interview.
- I agree to ensure that participation or non-participation by staff, students and community members will in no way affect their employment or standing in this school.
- I understand that staff members, students, community members or the school will not be identifiable in any reports arising from the research.
- I understand that information obtained will be stored securely by the researcher for a period of 6 years after which time it will be destroyed (shredded) via secure destruction services.

I, _____ (print full name),

Principal of _____

hereby consent to this research project being conducted in my school.

Signature of participant giving consent _____

Date ____ / ____ / ____

Approved by the University of Auckland Human Participants Ethics Committee

on 8/12/2010 for 3 years: Reference number 2010/503

Appendix B: Student information sheets and consent forms



Contact: Annabel Prescott
The University of Auckland
Faculty of Medical and Health Sciences
Private Bag 92019, Auckland
Ph 09 3737 599, ext. 88271, or email: a.prescott@auckland.ac.nz

Wasted Education: Focus Group Discussions

Participant Information Sheet

Researcher: Annabel Prescott

To: Students over 16 years of age

You are invited to take part in a focus group discussion for the Wasted Education Project.

My name is Annabel Prescott. I am a student at the University of Auckland and I am enrolled in a PhD degree at the school of Population Health. I am interested in school drug policy, the aim of my study is to explore how school's drug policy is developed and implemented. The findings from this study will contribute to the completion of my PhD and also Secondary Futures to assist policy change in education.

To this end we are inviting you to participate in a focus group discussion. The information obtained during these discussions will be analysed and the results will be used to assist educational policy development. Permission has been obtained from your principal to conduct this study in your school.

What will happen if I agree to take part?

If you agree a researcher from the University will call you to arrange a time and venue for the focus group discussion that is convenient to you. Depending on your preference and that of the principal, this may or may not take place in school time. The focus group discussion will take approximately 60 minutes of your time. All participants in the focus group will be students. The facilitator will ask questions to obtain participants' thoughts and opinions on topics relevant to the school drug policy's development and implementation, such as exploring... The focus group discussion will be audio-taped and transcribed as a check on the accuracy of

written notes taken during the discussion. I will undertake the transcribing of the focus group data. In recognition of your time, a koha will be offered to you in the form of a \$10 petrol voucher or a movie voucher.

All comments from the focus group discussion, including any you make, will be processed to remove identifying information. All information or comments you provide for the research will be made anonymous. If any of the comments you provide are included in a report or published, this will be done in a way that does not identify you as the source. It should be noted that as other members in the focus group will know what participants have said, confidentiality of information that might identify you cannot be completely guaranteed.

The audio-tapes will be erased after transcribing has been completed. The focus group transcription information will be stored securely in an anonymous electronic format and written notes from the discussion will be stored in a locked cabinet at the University for a period of 6 years after which time they will be deleted or destroyed via secure destruction services. No identifying information will be stored with focus group data.

You do not have to participate. If you agree to participate in the focus group discussion, you will be asked to fill in a consent form. However, you are free to withdraw your consent to participate in the focus group discussion at any time, although it is not possible to withdraw information you may have provided in the focus group. Your principal has assured us that, whether you agree to participate or not, this will in no way affect your standing in the school. The consent form will be stored securely, separate from the discussion information, for a period of 6 years, after which time it will be destroyed securely.

If you have any questions or would like further information, please call or email Annabel on the contact details above and she will be happy to discuss these with you.

If you agree to participate, please fill in the attached consent form indicating this, and post it in the supplied envelope - it doesn't need a stamp.

We would greatly appreciate your assistance in this project and hope that you will be happy to take part.

Head of School is: Associate Professor Peter Adams, School of Population Health, the University of Auckland, Private Bag 92019, Auckland, Ph: 373 7599, ext..

For ethical concerns contact: The Chair, The University of Auckland Human Participants Ethics Committee, office of the Vice Chancellor, Room 005 Alfred Nathan House, 24 Princes Street, Auckland. Tel: 09 373 -7599, extn. 87830.

Approved by the University of Auckland Human Participants Ethics Committee
on /2010 for a period of 3 years: Reference number : 2010/503

Appendix C: School Staff information sheets and consent forms



THE UNIVERSITY OF AUCKLAND
FACULTY OF MEDICAL AND HEALTH SCIENCES

Contact: Annabel Prescott

The University of Auckland

Faculty of Medical and Health
Sciences

Private Bag 92019, Auckland

Ph 09 3737 599, ext., or email: a.prescott@auckland.ac.nz

Researcher: Annabel Prescott

To: Member of School Staff

You are invited to take part in a focus group discussion for the School Drug Policy Study.

I am a PhD candidate at the University of Auckland and I am undertaking a study of school drug policy development, implementation and practice. The last few years has seen schools receive media attention regarding the responses they were making to student drug use. This has highlighted the limited availability of information available to schools when developing and implementing a school drug policy. The current information available to schools from the Ministry of Youth Development (2004) suggests schools to be guided by youth development and harm minimisation. The aim of the study is to understand how a school's drug policy is developed, implemented and practiced from a school, student and community perspective. It is envisioned the findings from this study will highlight the areas in which schools are responding well and assist schools in the ongoing development and implementation of their drug policy.

I would like to invite you to participate in a focus group discussion with other staff. The information obtained during the focus discussions will be analysed and the results reported back to the school in a final report of the whole study. Permission has been obtained from your Principal to conduct this study in your school.

What will happen if I agree to take part?

If you agree, I will contact you to arrange a time and venue for the focus group discussion that is convenient to you. This may or may not take place during school time, depending upon the preference of participants. I have obtained permission from the Principal to conduct this study within the school. The focus group discussion will take approximately 60 minutes of your time. I will ask questions to obtain your thoughts and opinions on topics relevant to the school drug policy's formulation and implementation; this may include exploring knowledge of the current drug policy, exploring the perceived benefits of and challenges with the current policy. As part of the focus group you will be presented with scenarios and you will be asked your thoughts and how you would respond to this situation if it was to happen in your school. The focus group & scenario discussion

will be digitally recorded and transcribed as a check on the accuracy of written notes taken during the discussion. I will transcribe the focus group and scenario data.

All comments from the focus group and scenario discussion, including any you make, will be processed to remove identifying information. All information or comments you provide for the research will be confidential. If any of the comments you provide are included in a report or published, this will be done in a way that does not identify you as the source. To ensure confidentiality all participants in the focus group will be asked not to share any of the information discussed once the focus group has finished. It should be noted that as other members in the focus group will know what participants have said, confidentiality of information that might identify you cannot be completely guaranteed.

The digital recordings will be erased after transcribing has been completed. The transcribed information from focus group and scenario discussions will be stored securely in an anonymous electronic format and written notes from the discussion will be stored in a locked cabinet at the University for a period of 6 years after which time they will be deleted or destroyed via secure destruction services. No identifying information will be stored with focus group data.

You do not have to participate. If you agree to participate in the focus group and scenario discussion, you will be asked to fill in a consent form. However, you are free to withdraw your consent to participate at any time, although it is not possible to withdraw information you may have provided in the focus group. Your principal has assured me that, whether you agree to participate or not, this will in no way affect your standing in the school. The consent form will be stored securely, separate from the discussion information, for a period of 6 years, after which time it will be destroyed securely.

If you have any questions or would like further information, please call or email me on the contact details above and I will be happy to discuss these with you.

If you agree to participate, please fill in the attached consent form indicating this, and post it in the supplied envelope - it doesn't need a stamp.

Head of School is: Associate Professor Peter Adams, School of Population Health, the University of Auckland, Private Bag 92019, Auckland, Ph: 373 7599, ext.86538

For queries regarding ethical concerns you may contact the Chair, The University of Auckland Human Participants Ethics Committee, Office of the Vice Chancellor, Private Bag 92019, Auckland 1142. Auckland. Telephone: 09 373 -7599, ext. 83711.

Approved by the University of Auckland Human Participants Ethics Committee on 8/12/2010 for a period of 3 years:

Reference number 2010 /503



Contact: Annabel Prescott

The University of Auckland

Faculty of Medical and Health
Sciences

Private Bag 92019

Auckland

Ph 09 3737 599, ext. 88271, or email: a.prescott@auckland.ac.nz

School Drug Policy: Focus Group Discussions

Member of Staff Consent Form

Researcher: Annabel Prescott

- I have read the information sheet about the focus group & scenario discussion and I understand the reasons for it.
- I have been given the opportunity to discuss this study with the researcher. I am satisfied with the information I have been given.
- I understand that taking part in this study is voluntary, that I may withdraw my consent to participate in the focus group at any time and this will in no way affect my standing in the school. However, it is not possible to withdraw any information I provide in the focus group & scenario discussion.
- I understand that this consent form will be stored securely in the researcher's office for a period of 6 years after which time it will be destroyed through secure destruction services.
- I understand the digital recording of the discussion will occur and that the recording will be transcribed in order to check the accuracy of written notes taken during the focus group & scenario discussion.
- I understand that the digital recordings will be erased when the transcriptions have been completed.
- I understand that anonymous transcriptions of the focus group & scenario discussions in which I have participated will be stored securely in an electronic format and that anonymous written notes will be stored in a locked cabinet by the researchers for up to 6 years, after which time they will be deleted or destroyed securely.
- To ensure confidentiality for myself and other participants I agree not to discuss the information shared in the focus group once the focus group has been completed
- I note that as other members in the focus group will know what participants have said, confidentiality of information cannot be completely guaranteed.
- I understand that I will not be identified in any reports.

I **agree** to take part in the focus group discussion

I _____ (print full name)

hereby consent to take part in the focus group.

Signature of participant giving consent _____

Date ____/____/____

Appendix D: Community Participants information sheets and consent forms



THE UNIVERSITY OF AUCKLAND
FACULTY OF MEDICAL AND HEALTH SCIENCES

Contact: Annabel Prescott

The University of Auckland

Faculty of Medical and Health
Sciences

Private Bag 92019, Auckland

Ph 09 3737 599, ext.88271, or email: a.prescott@auckland.ac.nz

School Drug Policy: Face to Face Interview

Community Participant Information Sheet

Researcher: Annabel Prescott

To: Community Participant

You are invited to take part in a face to face interview for the School Drug Policy Study

I am a PhD candidate at the University of Auckland and I am undertaking a study of school drug policy development, implementation and practice. The last few years has seen schools receive media attention regarding the responses they were making to student drug use. This has highlighted the limited availability of information available to schools and the school community when developing and implementing a school drug policy. The current information available to schools from the Ministry of Youth Development (2004) suggests to schools that they be guided by youth development and harm minimisation. The aim of the study is to understand how a school's drug policy is developed, implemented and practiced from a school, student and community perspective. It is envisioned the findings from this study will highlight the areas in which schools are responding well and assist schools in the ongoing development and implementation of their drug policy.

I would like to invite you to participate in a face to face interview. The information obtained during the interview will be analysed and the results reported back to the school in a final report of the whole study. Permission has been obtained from your principal to conduct this study in your school

What will happen if I agree to take part?

If you agree, I will contact you to arrange a time and venue for the interview that is convenient to you. I have obtained permission from the principal to conduct this study within the school. The interview will take approximately 45 minutes of your time. I will ask questions to obtain your thoughts and opinions on topics relevant to the school drug policy's development and implementation, such as exploring such as knowledge of current policy, strengths and challenges when implementing policy, what you see as the role of community in regards to the school drug policy. I will also present you with scenarios and ask for your thoughts and how you would respond to the situation. The interview will be digitally recorded and transcribed as a check on the accuracy of written notes taken during the discussion. I will transcribe the interview.

You will be provided with a copy of your transcribed interview and given an opportunity to check the transcribed information for accuracy.

All comments from the interview will be processed to remove identifying information. All information or comments you provide for the research will be made confidential. Comments you provide that are included in a report or published, will not identify you as the source.

The digital recordings will be erased after transcribing has been completed. The transcribed information from the interview will be stored securely in an anonymous electronic format and written notes from the discussion will be stored in a locked cabinet at the University for a period of 6 years after which time they will be deleted or destroyed via secure destruction services. No identifying information will be stored with interview data.

You do not have to participate. If you agree to participate in the interview, you will be asked to fill in a consent form. However, you are free to withdraw your consent to participate at any time. Your principal has assured me that, whether you agree to participate or not, this will in no way affect your standing in the school. The consent form will be stored securely, separate from the discussion information, for a period of 6 years, after which time it will be destroyed securely.

If you have any questions or would like further information, please call or email me on the contact details above and I am happy to discuss these with you.

If you agree to participate, please fill in the attached consent form indicating this, and post it in the supplied envelope - it doesn't need a stamp.

Head of School is: Associate Professor Peter Adams, School of Population Health, the University of Auckland, Private Bag 92019, Auckland, Ph: 373 7599, ext.86538

For queries regarding ethical concerns you may contact the Chair, The University of Auckland Human Participants Ethics Committee, Office of the Vice Chancellor, Private Bag 92019, Auckland 1142. Auckland. Telephone: 09 373 -7599, ext. 83711.

Approved by the University of Auckland Human Participants Ethics Committee on 8/12/2010 for a period of 3 years:

Reference number 2010 /503



THE UNIVERSITY OF AUCKLAND
FACULTY OF MEDICAL AND HEALTH SCIENCES

Contact: Annabel Prescott

The University of Auckland

Faculty of Medical and Health
Sciences

Private Bag 92019

Auckland

Ph 09 3737 599, ext. 88271, or email: a.prescott@auckland.ac.nz

School Drug Policy: Face to Face Interviews

Community Participant Consent Form

Researcher: Annabel Prescott

- I have read the information sheet about the face to face interview and I understand the reasons for it.
- I have been given the opportunity to discuss this study with the researcher. I am satisfied with the information I have been given.
- I understand that taking part in this study is voluntary, that I may withdraw my consent to participate at any time and this will in no way affect my standing in the school.
- I understand that this consent form will be stored securely in the researcher's office for a period of 6 years after which time it will be destroyed through secure destruction services.
- I understand the digital recording of the interview will occur and that the recording will be transcribed in order to check the accuracy of written notes taken during the interview.
- I understand that I will be provided with a copy of the transcribed interview, with an opportunity to check the transcript for accuracy.
- I understand that the digital recordings will be erased when the transcriptions have been completed.
- I understand that anonymous transcriptions of the interview in which I have participated will be stored securely in an electronic format and that anonymous written notes will be stored in a locked cabinet by the researchers for up to 6 years, after which time they will be deleted or destroyed securely.
- I understand that I will not be identified in any reports.

I **agree** to take part in the face to face interview

I _____(print full name)

hereby consent to take part in the face to face interview.

Signature of participant giving consent _____

Date ____/____/____

Approved by the University of Auckland Human Participants Ethics Committee on 8/12/2010 for a period of 3 years:

Reference number 2010 /503

Appendix E: Scenario 1

Scenario 1

Sam has been at your school since Year 9. Sam has previously had a good relationship with all of his teachers and is an above average student, but during the last term he has become disruptive in class. He is actively involved in school activities and is part of the rowing/rugby¹ team. He has an excellent relationship with his rowing/rugby coach Mr Smith, and he has talked to Mr Smith about feeling stressed out and having problems with his parents. In a routine inspection, Sam and two other students were caught with small amounts of cannabis in their school bags. The teacher then referred Sam to the Deputy Principal and the incident was referred to the Board of Trustee's who made the recommendation that Sam and the other two students should be permanently expelled.

¹ For an explanation of the use of rowing versus rugby, within scenarios, refer to the above discussions of School B, and the researcher's reflective practice.

Appendix F: Scenario 2

Ben is 14 years old and a year 10 student. He is below average academically however this is mainly due to his limited motivation to be at school. Ben does enjoy subjects like metal work and woodwork and has expressed interest either in building or something to do with cars. Ben lives with his Mother who is in her late twenties; he has not met his father. Ben's family is known to use cannabis. A number of Ben's teachers are concerned about his cannabis use, as often he will be late to school and when he does turn up most of his teachers think he is stoned. Some of Ben's friends are also concerned about him smoking cannabis, particularly before school but they're not really sure what to do to help him. His metal work teacher has talked to him about this but Ben did not want to talk about his cannabis use.

Ben was caught by the duty teacher smoking a joint at lunch time, he was by himself. The teacher talked to Ben about what he was doing and why, at this point Ben and the teacher agreed it would be useful for Ben to talk to the school guidance counsellor. Ben was referred to the school guidance counsellor. Over time, the counsellor works with Ben, Ben slowly reduces his use of cannabis, especially before school. Ben is now actively involved in school and he is seeing improvements in his grades and he is now enjoying school a lot more.

Appendix G: Scenarios 3

A new alcohol and drug service has been contracted by the school to deliver alcohol and drug programmes to students at the school. The programme was presented at a student and parent information evening. The service encourages parents to purchase drug testing equipment to test their children. The service also does counselling for students who have alcohol and drug issues. The counselling includes a mandatory drug test; if the student doesn't do the drug test they can no longer receive the counselling.

The next day at school, a number of the students who attended the information evening approach you (the youth worker), and discuss their concerns about the school using this service. The student's decided to lobby the school and their parents about not utilising this service.

With your help, the students engage with a local lawyer to gain an understanding of their human and legal rights.

The student representatives presented their concerns to the BoT, the students present a compelling argument against the use of drug testing. The students present their argument against drug testing, and they also present the BoT with some alternative options when addressing the issue of student drug use.

The BoT decided it was important to have both the students' and the community supportive in the responses to students with alcohol and drug issues. Therefore, the BoT decided to continue discussing with the students and the community to come up with an alternative response, other than drug testing.

Appendix H: Scenario 4

You're a member of the school council and ball season is approaching. Last year when organising the school ball, there was a lot of drama with the school ball. The school threatened to cancel the ball when they found out about a secret after-ball party. This year, the students and the student council have been told to that a school ball can only occur if the students agree to not hold an after-ball party. The school has approved of the pre-ball functions and have strict conditions in which a pre-ball can occur. This includes, parental attendance, limited alcohol, food to be served and transport to the ball. You're really looking forward to the ball. You and some of your friends are meeting at someone's house after the ball and staying over; you're all 18 years old so you might go into town. You've heard some people are trying to organise a secret after-ball party. What do you do?

Appendix I: First student focus group plan

| | |
|-------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Intros Confidentiality etc | Purpose of study and warm-up Tell me something no one else knows |
| Vignette Sam | Use post-its and get them to write their thoughts down and then we'll discuss (similar to last time) What are your thoughts on this scenario? How would you respond? What do you think would be a useful response from the school? If you were this student what would you like to have happen? IF this was your friend what would you like to have happen? If you were the parent's/caregivers of this student what would you like to have happen? |
| AOD Education | <ul style="list-style-type: none"> ● Tell me about the AOD education at school? ● What do you find useful and less useful about this? ● What was the main thing you remember about this |
| Vignette Ben | What are your thoughts on this scenario? How would you respond? What do you think would be a useful response from the school? If you were this student what would you like to have happen? IF this was your friend what would you like to have happen? If you were the parent's/caregivers of this student what would you like to have happen? |
| Your school | <ul style="list-style-type: none"> ● If you have seen a student get 'in trouble' at your school for alcohol and drug, can you tell me what happens? ● Is it always the same response for every student? ● What do you think doesn't work well in the policy? ● What do you think works well in the policy? |
| Next time & wrap up | <ul style="list-style-type: none"> ● Any questions from what we've talked about? ● Catch up next Friday at the same time? ● Thank-you |

Appendix J: Second student focus group plan

| Time | Plan |
|-------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 3.30-3.40 | Intro, warm-up How did exams go? Any questions from last time? What stood out? |
| 3.40-3.50 | Ball How was it? What were the processes that the school put in place this year? How did that work? What about the after-ball? |
| 3.50-4pm | Media coverage of Kings Ball and also Kronic What are your thoughts regarding this? What did you think about |
| 4-4.20pm | Attitude vs Policy In the last Focus group you talked about that attitudes have moved on but policy hasn't. What is the current attitude? Is the attitude different between school, parents and you guys as students? <ol style="list-style-type: none"> 1. If we were to draft an ideal policy in your school what would it include? 2. What would be the key points that you would cover in a policy? 3. How do you resolve the difference between responses to students? 4. Conflict between when a school intervenes and when you would want them to intervene? 5. How do schools/teachers develop good relationships? Alcohol Policy Cannabis Policy 2 groups 1 write an alcohol policy, 1 write a cannabis policy.. |
| 4.15-4.20pm | |

Appendix K: Staff Focus group plan

| | |
|------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Time | Intro: Myself & Participant Discuss purpose for research and the plan for the interview & Confidentiality |
| | <p>Scenario 1</p> <ol style="list-style-type: none"> 1. Tell me about your response to this scenario? 2. If there was a similar situation in your school, how would you respond? 3. When responding to issues such as this, what are the factors considered by you? 4. And how do these influence the decision-making process for you? 5. In your opinion what would be the ideal response & why? |
| | <p style="text-align: center;">Knowledge of School Drug Policy</p> <ol style="list-style-type: none"> 1. What do you know about your school's current drug policy? 2. What do you think of it? 3. How was the policy developed? 4. How was the policy communicated to you? |
| | <p style="text-align: center;">Policy Violation Knowledge</p> <ol style="list-style-type: none"> 1. If you have seen a student get 'in trouble' at your school for alcohol and drug, can you tell me what happens? 2. Is it always the same response for every student? 3. What are the challenges for you, the school, the student body and the community in regards to this area? 4. What have you seen work well for the school, the student body and the community in regards to school drug policy? |
| | <p style="text-align: center;">Future Policy</p> <ol style="list-style-type: none"> 1. Tell me about one effective strategy/response that is currently happening in your school? Tell me about why you see this as effective? 2. Tell me about one strategy/response could change for your school in relation to this area what would it be? 3. Tell me about an effective strategy/response the community could have in regards to this area? 4. Tell me about one strategy/response that is unhelpful and why you see this as unhelpful? 5. If we were to draft an ideal policy in your school what would it include? |
| | Wrap up & Any questions etc |

Appendix L: Interview plan for community participants

| | |
|------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Time | Intro: Myself & Participant Discuss purpose for research and the plan for the interview & Confidentiality |
| | <p>Scenario 1</p> <ol style="list-style-type: none"> 6. Tell me about your response to this scenario? 7. If there was a similar situation in your school, how would you respond? 8. When responding to issues such as this, what are the factors considered by you? 9. And how do these influence the decision-making process for you? 10. In your opinion what would be the ideal response & why? |
| | <p>School & Community Relationship</p> <ol style="list-style-type: none"> 1. Tell me about your understanding of the role of the school in the community? 2. Tell me about your understanding of the role of the community in the school? |
| | <p>Community role & school drug policy</p> <ol style="list-style-type: none"> 1. Tell me about your understanding of a school drug policy in a school (purpose, implementation, response etc), tell me about your knowledge your school drug policy? 2. Do you see the community/yourself having a role in the development and implementation of the school drug policy? 3. How do you see this occurring? 4. Do you have any examples of how this works and what worked well and what the challenges were? |
| | <p>Policy Violation Knowledge</p> <ol style="list-style-type: none"> 5. If you have seen a student get 'in trouble' at your school for alcohol and drug, can you tell me what happens? 6. Is it always the same response for every student? 7. What are the challenges for you, the school, the student body and the community in regards to this area? 8. What have you seen work well for the school, the student body and the community in regards to school drug policy? |
| | <p>Future Policy</p> <ol style="list-style-type: none"> 6. Tell me about one effective strategy/response that is currently happening in your school? Tell me about why you see this as effective? 7. Tell me about one strategy/response could change for your school in relation to this area what would it be? 8. Tell me about an effective strategy/response the community could have in regards to this area? 9. Tell me about one strategy/response that is unhelpful and why you see this as unhelpful? |

| | |
|--|-------------------------------------------------------------------------------|
| | 10. If we were to draft an ideal policy in your school what would it include? |
| | Wrap up & Any questions etc |

Appendix M: The New Zealand Deprivation Index

| Dimension of deprivation | Description of variable(in order of decreasing weight in the index) |
|---------------------------------|--------------------------------------------------------------------------------|
| Communication | People aged less than 65 with no access to the Internet at home |
| Income | People aged 18-64 receiving a means tested benefit |
| Income | People living in equivalised* households with income below an income threshold |
| Employment | People aged 18-64 unemployed |
| Qualifications | People aged 18-64 without any qualifications |
| Owned home | People not living in own home |
| Support | People aged less than 65 living in a single parent family |
| Living space | People living in equivalised* households below a bedroom occupancy threshold |
| Transport | People with no access to a car |

*Equivalisation: methods used to control for household composition. Source - NZDep User Manual

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