

**SYSTEM-WIDE
DRUG-RELATED INCIDENTS
REPORT
2005**



**Department of Education
Office for Educational Review**

System-Wide Drug-Related Incidents Report 2005

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1. INTRODUCTION

1.1 Rationale

This report provides a summary of recorded drug-related incidents for the 2005 school year. The aim of this report is to provide key data to assist planning and resource allocation at the system level, and to provide data for schools to inform their implementation of systemic drug policy entitled *Management of Drug Issues and Drug Education in Tasmanian Government Schools and Colleges*. Details available from:

<http://connections.education.tas.gov.au/Nav/StrategicPolicy.asp?ID=00000706>

The intent of reporting drug-related incidents at the system-wide level is to address questions such as:

- Is there a reduction in the number of drug-related incidents?
- Is there a reduction in the number of drug-related suspensions?
- What are the patterns of use apparent in schools and what action should be taken?

1.2 Background to the DRI System

The web-based Drug-Related Incidents (DRI) system was introduced in September 2002 in tandem with the new systemic drug policy. It is intended that all drug-related incident data in relation to illicit and unsanctioned substances (which includes tobacco, alcohol and prescription drugs) that occur on school premises are captured in the database.

The DRI system is an easy-to-use database that records details of incidents as required under the policy. Schools may print off hard copies for internal records.

All government schools have access throughout the school year to enter (a) drug-related incidents directly into the online DRI system, and (b) suspensions directly into the online Suspensions Information Management System (SIMS). Some drug-related incidents may lead to the student involved being suspended. When this occurs the relevant information should be entered into SIMS. As a result, some records in the DRI database should have corresponding records in SIMS. Furthermore, all suspensions for drug-related reasons should have a corresponding record in the DRI database. Cross-referencing data between these two databases has identified that many suspensions were issued for drug-related reasons with no corresponding entry into the DRI system. As a result, this report includes both sources of data within its scope.

1.3 Study Sample

The drug-related incidents data for students enrolled in all grades in all Tasmanian Government schools were analysed.

2. DATA COLLECTION

2.1 Data Collection Method

The web-based Drug-Related Incident (DRI) System was introduced in September 2002 in tandem with the new systemic drug policy entitled *Management of Drug Issues and Drug Education in Tasmanian Government Schools and Colleges*. Details available from:

<http://connections.education.tas.gov.au/Nav/StrategicPolicy.asp?ID=00000706>

Drug-related incidents are collected via a web-page accessible for Department of Education schools, and the data are stored centrally in the Data Warehouse. The entry requires a selection of the appropriate school, and entry of the student's unique identifier (ED. ID) before any further details can be entered. Completed details are automatically emailed to relevant support staff.

The incident details are entered in a form as shown in Figure 2.1. The current date is automatically provided, but can be over-written.

The screenshot shows a web-based form titled "Department of Education, Tasmania DRI System - Enter Incident Details". The form is divided into several sections:

- School details:** Name (Happy Valley High School), B.C. No. (999), Age of school data (1 day(s)).
- District details:** Name, District, Code (4297), Service Manager Email address (service.manager@education.tas.gov.au).
- Student details:** Surname (STUDENT), Birth date (24 Sep 1988), Ed. ID (123...), Given name(s) (JAMES), Sex (M), Grade (10), Aboriginal (N).
- Incident details:** Date (14 May 2004), Time (before school), Nature (possession, consumption, selling), Substance involved (Tobacco).
- Action checklist:** Suspension/exclusion imposed, Parents contacted (always), Tasmania Police informed (if illegal drug).
- Principal/delegate:** (Empty field).

At the bottom, there are buttons for "Home", "Validate details", "Cancel and Select another student", and "Validate and Save details and Send email".

Figure 2.1. Web-based form for entry of Drug-Related Incidents.

The time of the incident requires selection from a drop-down list including

- before school
- during classtime
- recess/break time
- lunchtime
- after school

- other (please specify)

The substance involved requires selection from a drop-down list including

- Tobacco
- Alcohol
- Illegal drugs - cannabis
- Illegal drugs - amphetamines
- Illegal drugs - ecstasy
- Illegal drugs - morphine
- Illegal drugs - heroin
- Illegal drugs - cocaine
- Illegal drugs - anabolic agents/steroids
- Illegal drugs - methadone
- Illegal drugs - other - please specify
- Over-the-counter medication - please specify
- Prescription drugs - please specify
- Other - please specify

2.2 Data Collection Issues

Drug-related incidents and suspensions for drug-related reasons are entered independently. All suspensions for drug-related reasons should be recorded also in the DRI system, however drug-related incidents may not result in a suspension and therefore may not appear in SIMS.

The data indicate a lack of completion in data recorded in the DRI system. During 2005, 503 suspensions were issued for drug-related reasons, and 588 drug-related incidents were reported, with 149 of these incidents in common. A summary of the data collected is shown in Table 2.1. Of 942 total drug-related incidents recorded across both DRI and SIMS systems, only 62% were recorded in the DRI system. Although it is known that 354 drug-related suspensions were not entered in the DRI system, it is not possible to estimate with certainty the level of under-reporting in the DRI system of incidents not resulting in suspension.

Table 2.1. *Drug-Related Incidents by Data Collection Method*

Data Source	Number of Incidents	Number of students
DRI	588	322
SIMS but not in DRI	354	271
Total	942	593

In relation to reporting by schools, drug-related incidents were recorded by 54 schools when data were combined from DRI and SIMS databases, however only 18 of these schools recorded data in DRI. Thus 36 schools who entered drug-related suspensions failed to enter any DRI records.

These results indicate a clear need to revise the methods of collecting these data, as reported for 2003 and 2004 data. This lack of data completeness also highlights the need to consider both data sources within this report. As each data entry form requests different information, some details about the nature of the incident are only available for events recorded in the DRI system.

3. DRUG-RELATED INCIDENTS – SYSTEM-WIDE

Data for 2005 are reported for the 942 identified incidents, resulting in a rate of 1.5 incidents per 100 FTE students. This number is similar to 2004 data, with 912 reported incidents and a rate of 1.4 incidents per 100 FTE students. Direct comparisons are made in the analysis by year level (Section 4.1), but are not made for school analyses (Section 5) due to the known incompleteness of the data available.

3.1 Substance and Nature of Incident

A total of 593 students were involved in 942 drug-related incidents. Most drug-related incidents concerned consumption of tobacco, as shown in Table 3.1. Alcohol and cannabis related incidents accounted for most of the remaining drug-related incidents. The proportions of the total incidents for each of the substances were similar to the proportions reported during 2004.

Table 3.1. *Drug-Related Incidents by Substance and Nature of Incident*

Substance	Proportion of total incidents	Nature of Incident			Total Incidents	Total Students
		Possession	Consumption	Selling		
Tobacco	78%	66	657	10	733	431
Alcohol	15%	18	117	2	137	128
Illegal drugs - cannabis	3%	7	22	1	30	29
Illegal drugs – other/unspecified	4%	14	17	3	34	34
Prescription drugs	<1%	1	0	0	1	1
Other	1%	2	5	0	7	7
Overall	100%	108	818	16	942	593*

Note: % do not total 100% due to rounding.

Note: Data combined from Drug-Related Incidents System and Suspensions Information Management System. These data were cleaned on the assumption that incidents on the same day for the same student concerning possession and consumption could be more simply reported as consumption, which implies possession.

* 630 was the total of students by substances, however, as some students were involved in incidents with different substances, only 593 students in total were involved in drug-related incidents.

3.2 Time of Day

The DRI system (but not SIMS) records the time of day of incidents. Incidents occurred at various times throughout the school day. Of 588 incidents reported in the DRI system:

- 107 (18%) occurred before school,
- 89 (15%) occurred during class time,
- 177 (30%) occurred during recess/break time,
- 141 (24%) occurred during lunch time,
- 40 (7%) occurred after school, and
- 34 (6%) occurred at other times*.

* 18 were reported on at school socials, 7 during school excursions, 5 at the bus stop, 4 miscellaneous times.

3.3 Repeat Incidents

A total of 942 incidents involved 593 different students. A total of 419 of these students were reported for a single incident, and 174 students (29%) were repeat offenders during 2005. Repeat incidents occurred most often with tobacco, and were very rare for other substances, as shown in Table 3.2.

Table 3.2. *Numbers of Students with Numbers of Drug-Related Incidents by Substance*

Substance	Number of Incidents per Student								Total Students	Total Incidents	Average Incidents / Student
	1	2	3	4	5	6	7	>7			
Any substance*	419	91	47	14	6	8	4	4	593	942	1.59
Tobacco	282	78	38	12	6	9	4	2	431	733	1.70
Alcohol	120	7	10	0	0	0	0	0	128	137	1.07
Illegal drugs - cannabis	28	1	0	0	0	0	0	0	29	30	1.03
Illegal drugs -other/unsp.	34	0	0	0	0	0	0	0	34	34	1.00
Prescription drugs	1	0	0	0	0	0	0	0	1	1	1.00
Other	7	0	0	0	0	0	0	0	7	7	1.00

* **Note:** The numbers of students by repeat incidents (any substance) may not match the sum of column values, as some students were involved in incidents with different substances; for example although only 2 students were reported with >7 incidents involving tobacco, some of these students were reported with incidents across more than one substance, hence there were 4 students with >7 incidents under 'any substance'.

4. DRUG-RELATED INCIDENTS BY STUDENT FACTORS

4.1 Drug-Related Incidents by Year Level

Table 4.1 details drug-related incidents by year level. These data are shown graphically in Figure 4.1. Drug-related incidents were rare for students in years Prep to 6, and were most commonly reported for students in years 7 to 10. Values were similar in 2005 to those in 2004, however caution should be exercised when interpreting these values, as incidents are based on those reported and compliance in reporting may differ from year to year (see Section 2.2).

Table 4.1. *Drug-Related Incidents by Year Level*

Year Level	Enrolment FTE		Number of Drug-Related Incidents		Number of students with DRI		Rate of DRI per 100 FTE students		Proportion of students with DRI	
	2005	2004	2005	2004	2005	2004	2005	2004	2005	2004
Prep	5070.0	5036.8	0	0	0	0	0.0	0.0	0.0%	0.0%
1	4966.6	4927.0	0	0	0	0	0.0	0.0	0.0%	0.0%
2	4898.0	5130.0	0	0	0	0	0.0	0.0	0.0%	0.0%
3	5046.6	5135.4	1	0	1	0	0.0	0.0	0.0%	0.0%
4	5096.8	5332.1	6	5	6	5	0.1	0.1	0.1%	0.1%
5	5218.4	5110.3	7	5	5	5	0.1	0.1	0.1%	0.1%
6	5042.0	5250.3	10	4	7	4	0.2	0.1	0.1%	0.1%
7	4738.2	4673.3	126	88	73	69	2.7	1.9	1.5%	1.5%
8	4679.7	4756.8	270	198	148	132	5.8	4.2	3.2%	2.8%
9	4777.2	4727.1	267	298	175	191	5.6	6.3	3.6%	4.0%
10	4645.4	4651.2	240	287	163	176	5.2	6.2	3.5%	3.7%
11	3781.2	3508.6	7	21	7	20	0.2	0.6	0.2%	0.5%
12	2523.0	2420.1	8	6	8	6	0.3	0.2	0.3%	0.2%
13	336.6	445.2	0	0	0	0	0.0	0.0	0.0%	0.0%
Other*	3399.9	3799.4	0	0	0	0	0.0	0.0	0.0%	0.0%
Overall	64219.5	64903.5	942	912	593	608	1.5	1.4	0.9%	0.9%

Note: Data combined from Drug-Related Incidents System and Suspensions Information Management System
 * Other includes enrolments/suspensions in Kindergarten and other special enrolment year levels.

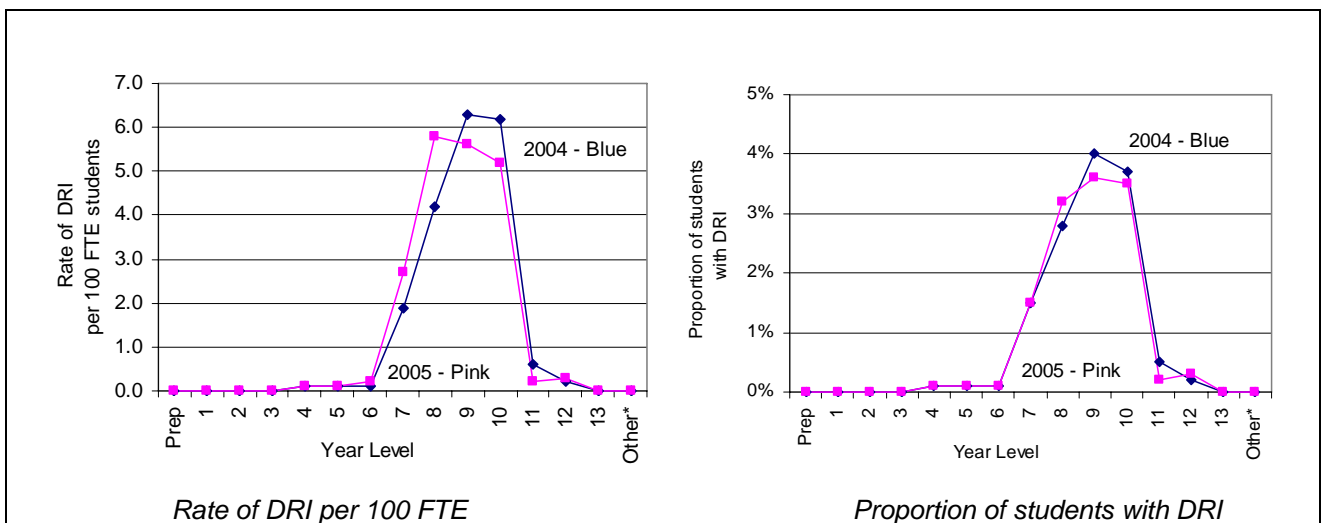


Figure 4.1. Graphs of Data in Table 4.1 by Year Level.

4.2 Drug-Related Incidents by Year Level and Sex

Table 4.2 details drug-related incidents by year level and sex. These data are shown graphically in Figure 4.2. Drug-related incidents were rare for students in years Prep to 6, and were most commonly reported for students in years 7 to 10. Proportions and rates of reported drug-related incidents were similar though slightly higher for males than for females at years 8, 9 and 10, but slightly higher for females in year 7. The peak of the graphs in Figure 4.1 is at year 9 for females, and year 10 for males.

Table 4.2. *Drug-Related Incidents by Year Level and Sex*

Year Level	Enrolment FTE		Number of Drug-Related Incidents		Number of students with DRI		Rate of DRI per 100 FTE students		Proportion of students with DRI	
	Female	Male	Fem.	Male	Fem.	Male	Fem.	Male	Fem.	Male
Prep	2499.0	2571.0	0	0	0	0	0.0	0.0	0.0%	0.0%
1	2413.0	2553.6	0	0	0	0	0.0	0.0	0.0%	0.0%
2	2363.0	2535.0	0	0	0	0	0.0	0.0	0.0%	0.0%
3	2415.0	2631.6	1	0	1	0	0.0	0.0	0.0%	0.0%
4	2456.0	2640.8	5	1	5	1	0.2	0.0	0.2%	0.0%
5	2493.3	2725.1	3	4	3	2	0.1	0.1	0.1%	0.1%
6	2352.0	2690.0	3	7	2	5	0.1	0.3	0.1%	0.2%
7	2334.7	2403.5	86	40	47	26	3.7	1.7	2.0%	1.1%
8	2292.1	2387.6	112	158	63	85	4.9	6.6	2.7%	3.6%
9	2322.2	2455.0	138	129	85	90	5.9	5.3	3.7%	3.6%
10	2228.3	2417.1	94	146	63	100	4.2	6.0	2.8%	4.1%
11	2046.7	1734.5	5	2	5	2	0.2	0.1	0.2%	0.1%
12	1365.7	1157.3	3	5	3	5	0.2	0.4	0.2%	0.4%
13	178.0	158.6	0	0	0	0	0.2	0.0	0.0%	0.0%
Other*	1845.3	1554.6	0	0	0	0	0.0	0.0	0.0%	0.0%
Overall	31604.2	32615.3	450	492	277	316	1.4	1.5	0.8%	0.9%

Note: Data combined from Drug-Related Incidents System and Suspensions Information Management System
 * Other includes enrolments/suspensions in Kindergarten and other special enrolment year levels.

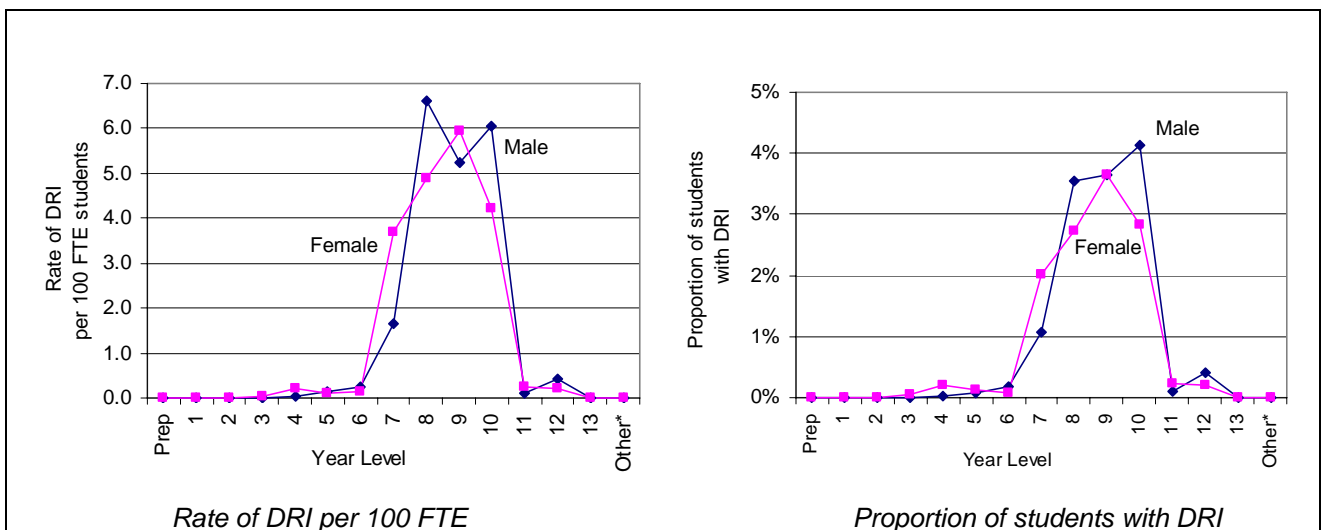


Figure 4.2. Graphs of Data in Table 4.2 by Year Level and Sex.

4.3 Drug-Related Incidents by Year Level and Indigenous Status

Table 4.3 details drug-related incidents by year level and Indigenous status. These data are shown graphically in Figure 4.3. Proportions and rates of reported drug-related incidents of Indigenous students were approximately 2.5 times higher than those of non-Indigenous students at many year levels. Caution should be exercised when interpreting these differences among groups of students, as they may be confounded by other socio-economic and geographic factors.

Table 4.2. *Drug-Related Incidents by Year Level and Indigenous Status*

Year Level	Enrolment FTE		Number of Drug-Related Incidents		Number of students with DRI		Rate of DRI per 100 FTE students		Proportion of students with DRI	
	Non-Indig.	Indig.	Non-Indig.	Indig.	Non-Indig.	Indig.	Non-Indig.	Indig.	Non-Indig.	Indig.
Prep	4714.0	356.0	0	0	0	0	0.0	0.0	0.0%	0.0%
1	4593.6	373.0	0	0	0	0	0.0	0.0	0.0%	0.0%
2	4543.0	355.0	0	0	0	0	0.0	0.0	0.0%	0.0%
3	4684.6	362.0	1	0	1	0	0.0	0.0	0.0%	0.0%
4	4708.8	388.0	6	0	6	0	0.1	0.0	0.1%	0.0%
5	4798.5	420.0	7	0	5	0	0.1	0.0	0.1%	0.0%
6	4612.0	430.0	7	3	4	3	0.2	0.7	0.1%	0.7%
7	4338.2	400.0	112	14	65	8	2.6	3.5	1.5%	2.0%
8	4291.6	388.1	221	49	124	24	5.1	12.6	2.9%	6.2%
9	4346.2	431.0	213	54	137	38	4.9	12.5	3.1%	8.8%
10	4277.7	367.7	204	36	141	22	4.8	9.8	3.3%	6.0%
11	3550.6	230.5	6	1	6	1	0.2	0.4	0.2%	0.4%
12	2412.9	110.1	6	2	6	2	0.2	1.8	0.2%	1.7%
13	317.6	19.0	0	0	0	0	0.0	0.0	0.0%	0.0%
Other*	3163.3	236.6	0	0	0	0	0.0	0.0	0.0%	0.0%
Overall	59352.5	4867.0	783	159	495	98	1.3	3.3	0.8%	1.9%

Note: Data combined from Drug-Related Incidents System and Suspensions Information Management System
 * Other includes enrolments/suspensions in Kindergarten and other special enrolment year levels.

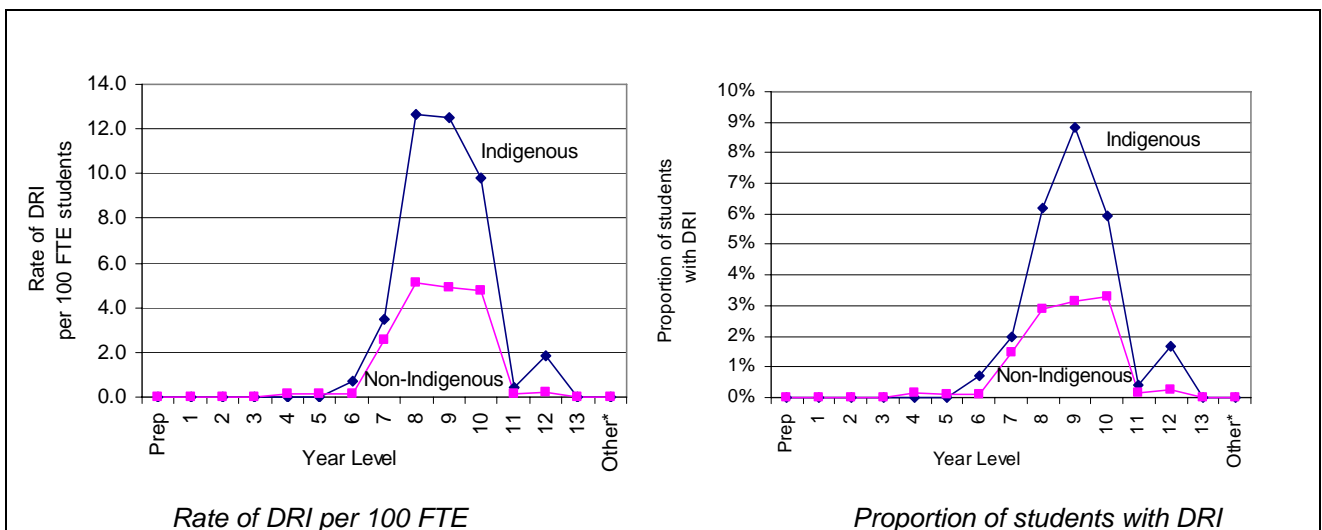


Figure 4.2. Graphs of Data in Table 4.3 by Year Level and Indigenous status.

5. DRUG-RELATED INCIDENTS BY SCHOOL FACTORS

Proportions of students with drug-related incidents and the rates of drug-related incidents per 100 FTE students were compiled for each school and analysed by the school factors of ENI, school type, and branch. It is important to note that data collection issues (see Section 2.2) included evidence that under-reporting in the DRI system was more pronounced in some schools, thus each school's rates are highly dependent on the school's compliance in reporting.

5.1 Drug-Related Incidents by Educational Needs Index

The Educational Needs Index (ENI) of a school is a measure of its socio-economic disadvantage. It is the sum of the proportion of the school's student population that is in receipt of student assistance (100 points) and the school's Index of Relative Socio-Economic Disadvantage (IRSED) – an ABS statistic – (20 points), and thus ranges from 0 (lowest needs) to 120 (highest needs).

Table 5.1 shows the correlation of a school's ENI with two measures of drug-related incidents by school type. There was no significant correlation of ENI with these drug-related incidents measures, although there were differences for different school types as they include students at different year levels. For secondary schools only, there was some evidence that higher ENI values were associated with higher proportions and rates of drug-related incidents, as shown in Figure 5.1. The correlations for primary and combined schools were heavily influenced by one or two schools with high DRI.

Caution should be exercised when interpreting these correlations, as the data also may be subject to under-reporting that may differ among schools (see Section 2.2).

Table 5.1. Correlations (*r*) of DRI Measures with ENI by School Type

Schools included	Rate of DRI per 100 FTE students	Proportion of Students with DRI
All (N = 217)*	0.17	0.16
Primary (N = 140)	0.19	0.23
Secondary (N = 31)	0.42	0.42
Combined (N = 26)	-0.07	-0.12

Note: Data combined from Drug-Related Incidents System and Suspensions Information Management System Included in All schools are Senior Secondary colleges and Special schools, which are not considered separately due to the few schools from which to analyse measures.

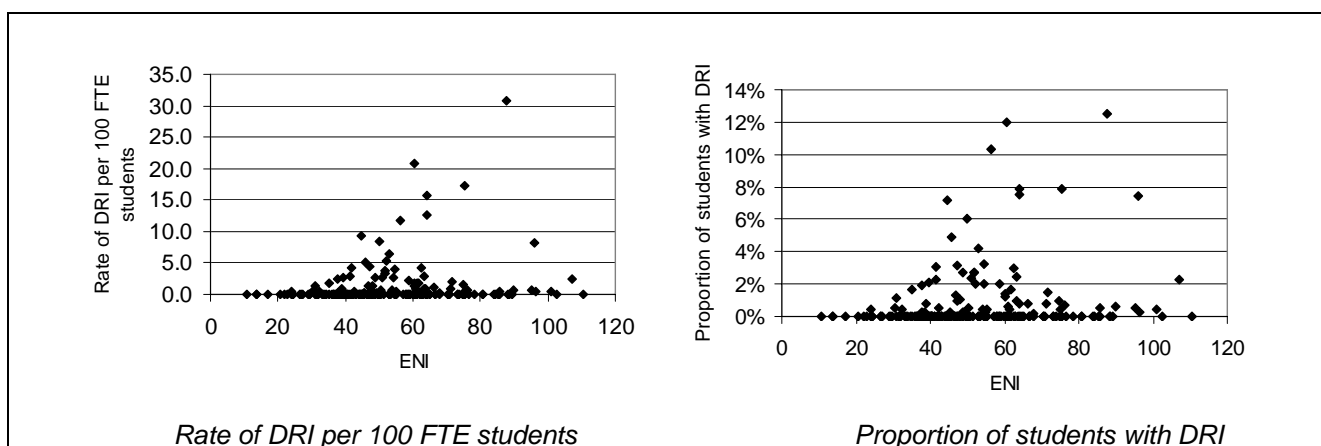


Figure 5.1. DRI measures versus ENI for all schools.

5.2 Drug-Related Incidents by School Type

Schools are generally classified as one of the following: primary school, high school, combined district high school, a senior secondary college, or a special school. School types are systematically related to various year levels, and analysis of drug-related incidents comparing different school types must take into account the year levels of students involved. For this analysis, only data for years 7 to 10 are considered, due to small counts in other year levels.

Table 5.2 shows that the rates of reported drug-related incidents were similar in district high schools compared to high schools for these year levels, however the proportions of students with drug-related incidents were slightly higher in district high schools. The relatively higher proportion of district high students with drug-related incidents indicates a lower proportion of repeat offenders in these schools. These comparisons are further illustrated in Figure 5.2.

Caution should be exercised when interpreting these differences, as the data also may be subject to under-reporting that may differ among schools (see Section 2.2).

Table 5.2. Drug-Related Incidents by School Type by Year Level (Years 7 to 10)

Year Level	Enrolment FTE		Number of Drug-Related Incidents		Number of students with DRI		Rate of DRI per 100 FTE students		Proportion of students with DRI	
	High	District High	High	District High	High	District High	High	District High	High	District High
7	3958.0	758.3	104	22	55	20	2.6	2.9	1.4%	2.6%
8	3934.7	720.4	232	38	118	32	5.9	5.3	3.0%	4.4%
9	3952.1	776.2	218	49	139	37	5.5	6.3	3.5%	4.7%
10	3899.5	699.3	207	33	134	29	5.3	4.7	3.4%	4.1%
Overall	15744.3	2954.2	761	142	446	118	4.8	4.8	2.8%	4.0%

Note: Data combined from Drug-Related Incidents System and Suspensions Information Management System

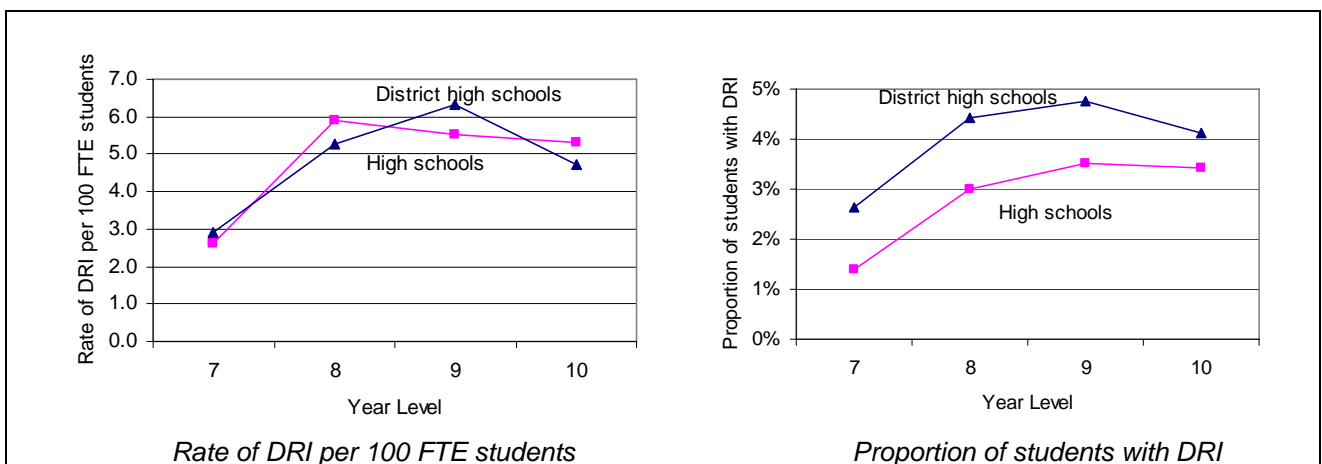


Figure 5.2. DRI measures for different school types at comparable year levels.

5.3 Drug-Related Incidents by School Branch

Table 5.3 details drug-related incidents by school branch for 2005. The branches were formed after structural changes at the end of 2004 from the previous structure of districts as reported previously. Northern branch recorded lower rates and proportions than other branches. In general, these results were similar to those in 2004. These comparisons are further illustrated in Figure 5.3.

Caution should be exercised when interpreting these differences among school branches, as they may be confounded by other factors such as socio-economic status. The data also may be subject to under-reporting that may differ among schools (see Section 2.2).

Table 5.3. *Drug-Related Incidents by Branch*

District	Student enrolment		Number of DRI	Number of students with DRI	Rate of DRI per 100 FTE students		Proportion of students with DRI	
	FTE	Students			2005	2004	2005	2004
Northern	17247.0	18003	147	114	0.9	0.8	0.6%	0.5%
North-Western	14191.1	14845	240	168	1.7	1.8	1.1%	1.2%
Southern	25449.2	26608	541	302	2.1	1.6	1.1%	1.0%
State	56887.2	59456	928	584	1.6	1.4	1.0%	0.9%

Note: Data combined from Drug-Related Incidents System and Suspension Information Management System.

Note: Some schools and colleges are defined outside of the branch structure.

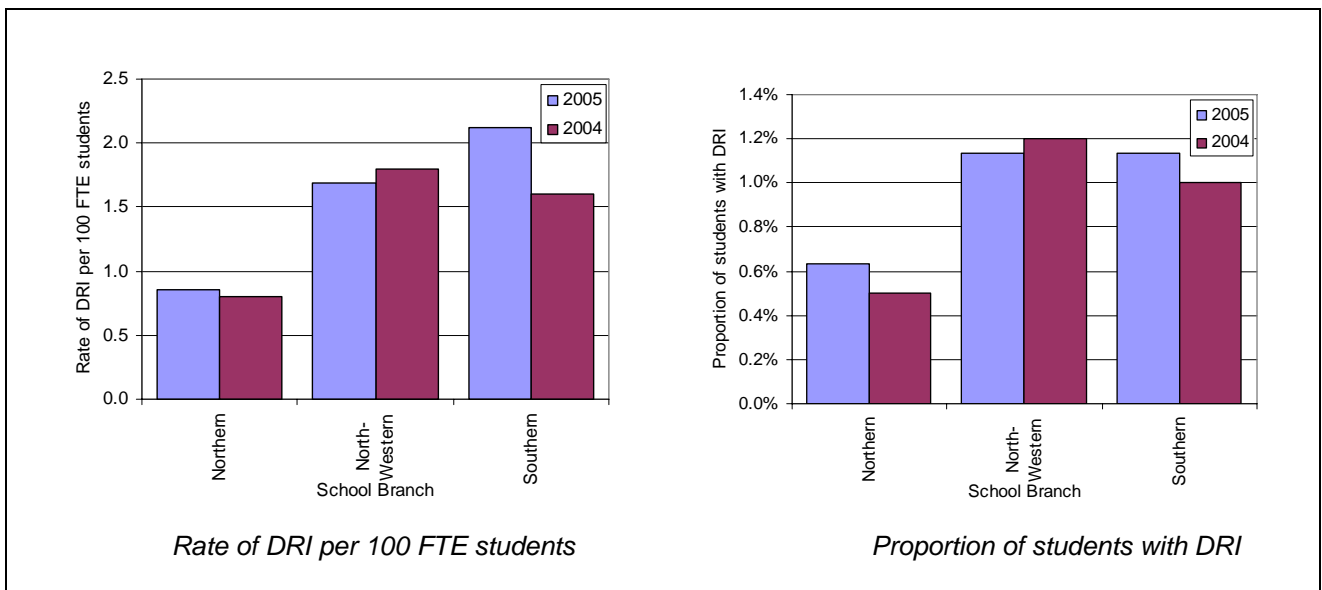


Figure 5.3. DRI measures by school branch.

6. CONCLUSIONS

Cross-referencing drug-related incidents reported in the DRI and SIMS systems indicated, as for 2003 and 2004, that many drug-related suspensions recorded in SIMS were not entered in the DRI system as per reporting procedures expected of schools. Evidence of this lack of compliance was more pronounced in some schools. Combining available data from both DRI and SIMS, the proportion of students with DRI reported at any year level was less than 5%, which is well below the estimates of consumption of tobacco, alcohol and cannabis for comparable age groups made by large-scale research studies (see, for example, reports from websites of the Australian Bureau of Statistics and the Australian Institute of Health and Welfare). This finding may indicate under-reporting by schools, or may result from less use of drugs by students in schools than in the home or other settings.

The data for 2005, as for 2003 and 2004, indicated most reported drug-related incidents were for tobacco, and the remainder were most frequently for alcohol and cannabis. Higher proportions and rates of drug-related incidents were reported for students in secondary year levels, and for Indigenous students, however proportions and rates were similar for males and females. Similar findings were made for 2003 and 2004 drug-related incidents, and for data concerning absence and suspensions more generally. There was minimal evidence of effects at the school level of ENI. These findings will be re-examined as further data are collected in coming years to provide a more complete picture of any patterns in drug-related incidents.