

The usefulness of restorative practices in drug prevention in schools

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Good morning ladies and gentlemen,

My name is Ivan Van Damme. I work as a family physician in Belgium. And I am particularly interested in studying the drug issue.

I have come to this conference because I am convinced that the application of restorative practices is also useful in the field of drug prevention. So I want to share and discuss my views with you.

Before I speak about the usefulness of restorative practices in drug prevention I want to highlight some important facts about the drug issue.

We all know that drug use is widespread in society and contributes greatly to an unmotivated, unhealthy and uninspiring culture.

Let there be no misunderstanding:

There is not such a thing as responsible use of illegal drugs. I often hear the remark: And what about alcohol? Isn't alcohol a greater danger than some illegal drugs?

Adults can use alcohol responsibly and that is defined as 2 beverages a day. More than this amount is considered to be inappropriate and unhealthy. Adults generally don't drink to experience the effects of alcohol but to be social with friends, for example.

It needs to be said that when a person is addicted to alcohol, he/she cannot use alcohol responsibly anymore.

Illegal drugs are psychoactive drugs and are different from alcohol in that they are used mainly to experience the effects of these drugs – the "high."

When 10 different people smoke the same joint (= the same amount of cannabis), you will see that these 10 people will react differently. Some will like the joint, others will dislike the joint. Some people will be more high compared with others. And some of them may experience adverse reactions, such as psychotic symptoms.

What is the reason for these different reactions? Well, **each person has his or her specific brain.**

When somebody smokes a joint, the active ingredient of cannabis, named tetrahydrocannabinol enters the bloodstream via the lung circulation and is transported rapidly to the brain, where it targets (among other brain structures) the Ventral Tegmental Area. This brain structure (The Ventral Tegmental Area) is particularly important because it is targeted by all drugs. The Ventral Tegmental Area reacts by releasing massive amounts of dopamine that target the Nucleus Accumbens.

The Ventral Tegmental Area and the Nuc. Accumbens, which are clusters of brain cells, are part of the limbic system.

The limbic system remembers and creates an appetite for the things that keep you alive, such as good food and the company of other human beings. Drugs hijack the limbic system. When an individual uses drugs repeatedly, the brain alters. Neurons change, for example at the Nuc. Accumbens and braincircuits are rewired. People become obsessed with obtaining drugs, which means that addiction has set in.

I offer 2 examples that illustrate why each person has his/her specific brain.

The density of the dopamine receptors in de Nuc. Accumbens is specific for each individual.

When the Nuc. Accumbens of an individual has a high proportion of dopamine receptors, the effect of the drug is experienced as unpleasant.

When the Nuc. Accumbens has a lower density of dopamine receptors, the individual experiences intense pleasure, and there is a great probability, due to positive reinforcement, that the individual will take the drug again.

When drugs are used repeatedly, there is an adaptation of the Nuc. Accumbens that occurs, by reducing the density of the dopamine receptors. This means that the individual needs to take a greater amount of the drug to generate the same effect.

Because of this reduction of the dopamine receptors, natural pleasurable activities, such as having sex or having a meal are not experienced as pleasurable anymore.

The stimulating effect of natural pleasurable activities has disappeared and natural pleasurable activities are not pursued anymore. The drug has taken over the command.

The COMT-gen, that is responsible for the demolition of dopamine, has 2 types:

The MET-type and the VAL-type.

Individuals who have the VAL type are more susceptible to the deleterious effects of cannabis.

People with the MET/VAL-genotype are 2x more likely to develop psychosis when cannabis is used during adolescence.

People with the VAL/VAL-genotype are 10x more likely to develop psychosis when cannabis is used during adolescence.

The differentiation of the COMT-gen is a reason why some individuals with the MET/MET-genotype are able to smoke a lot of cannabis without becoming psychotic or schizophrenic.

However nobody knows which type of the COMT-gen he/she possesses:

We only know that _ of the population has the VAL/VAL-genotype, _ of the population has the MET/MET-genotype and _ of the population has the MET/VAL-genotype.

(Source: Prof. Robin Murray, Head of psychiatry at the Institute of Psychiatry, King's College London; <http://news.bbc.co.uk/1/hi/programmes/panorama/4104708.stm>)

Young people can be overwhelmed by the glamorous presentation of drugs by his or her peers. One hit record or music video extolling the pleasures of getting high, one movie scene of actors using drugs, one braggadocio story of a drug assisted sexual conquest and instantly, the child can forget the hazards of drug use.

Why?

Because the brains of young people are still immature, which means that their brains are not fully developed.

The frontal brain systems that underpin self-control and mature judgement regarding long-term goals and consequences, continue to mature well through late adolescence into early adulthood. Thus, the drives, impulses, emotions, and changes in motivation that accompany puberty arise before self-control and judgement are fully developed.

The complex neurobehavioral changes that occur in adolescence interact with the social context of adolescence in ways that may further increase risk. While adolescents are typically dealing with increasingly difficult decision-making and challenges to self-control, external constraints on behaviour are falling away. For example, the biologic tendency to stay up later that accompanies puberty often interacts with greater self-selection of bedtimes to create severe sleep deprivation for many high school students. Sleep deprivation, in turn, has a negative impact on the brain systems necessary for mature judgement.

Evidence of this statement can be found in the article “Continuing Brain Development During Adolescence.”

www.alcoholfreechildren.org/en/research/briefs.cfm?doc_id=296

And it is a fact that drug use, as well as, psychiatric conditions deteriorate the maturation of the frontal brain systems, with as a result a heightened risk for increased exposure of impulsivity and aggressive behaviour.

What can schools do when they are confronted with drug use and drug-related crime?

Illicit drug-related offences will need to be dealt with in accordance with state policy and legislation. In most cases, it is required that school officials report the matter to the police. Police will exercise their judgement about how they will deal with the incident. Sometimes, it is decided to include a restorative approach to address the behaviour of the offender(s).

Drug use and drug-related crime among youngsters is determined by:

1) the availability of drugs in society.

Law enforcement is important to combat the supply of drugs, but we know that the efforts of law enforcement are not enough to eliminate drugs from society, because there will be always a market as long as there is a demand for drugs.

However, when the availability of drugs in a community is low, there is less chance that youngsters from that community experiment with drugs.

2) the perception of danger.

Knowledge about the dangers of drugs steer youngsters away from the drugs.

http://www.nida.nih.gov/NIDA_notes/NNvol20N5/Numbers_2.gif

Information about the dangers of drugs is taught by means of drug education in classes. However, this information is processed by the frontal cortex and science tells us that this part of the brain is not mature before the person is 24 years old. This explains why at a sudden moment the ratio that comes from the frontal cortex is often blocked and as a result, the behaviour of the youngster is controlled by impulses coming from the primitive brain areas.

3) the development of social and personal skills.

Youngsters are taught to say NO to drugs (refusal skills), ameliorate their communication skills, be more assertive, make better choices...

Again, the implementation of these skills demand the input of the frontal cortex, and we know that sometimes the function of the frontal cortex is dominated by the primitive brain areas.

So we may conclude that the development of social and personal skills is helpful in the battle against drugs, but is not sufficient to stem the demand of drugs by youngsters.

4) connectedness to society.

Close connections to other people has a strong moral and emotional base. Our culture reflects what is really valued in our society, and people adhere to it by aligning their behaviour, in order to fit in. Humans are social beings who nurture their culture. This connectedness is a survival tool by which (also ancient) civilisations flourish(ed). Connectedness (by building social bonds) requires a lot of emotional stuff and relies on the function of the primitive brain areas. This is one of the mechanisms through which humanity could survive. What young people need through connectedness is inclusion, mutual respect, feeling valued, a sense of belonging and the need for support.

The more youngsters are connected to society, the less they will be engaged in risky behaviour, such as drug use and drug-related crime.

The classroom is a community. A community is healthy when its connections between members is sound. Connectedness of youngsters to the school community can be enhanced by incorporating Circle Time into classes. Circle Time provides an opportunity for young people to come together in a safe, supportive and enjoyable way in the classroom, to learn more about each other, to grow together as a team, to develop communication skills, to share exploration of problems and to celebrate achievements. Participants are able to develop their social, moral and emotional skills and develop a sense of shared purpose. Circle Time can build a good sense of team in the class if it is run regularly, ideally once a week. Via Circle meetings and guided by a teacher, pupils can create their own norms. It is worth to invest time and energy into developing and maintaining positive relationships. It is said that this engagement into development and maintaining positive relationships reshape brain chemistry positively.

Research shows that students who feel connected to their schools are less likely to engage in risky behaviour.

<http://www.washingtonpost.com/ac2/wp-dyn?pagename=article&node=&contentId=A34686-2002Apr11¬Found=true>

That is no surprise.

Feeling connected to people in schools means that one respects the overarching culture in the school communities. Simply said, culture means the way things are done in a community. When people are connected to each other, they respect each other and they behave themselves. When students feel good and safe and have solid relationships with teachers, their academic performance improves. Healthy relationships (the more the better) form a strong base for productive learning and prevent negative life outcomes.

Disconnected people develop a life pattern to manage their shame, alienation, helplessness, isolation, rejection, humiliation – all of the feelings which are quite normal in the wake of harmful behaviour or indeed contributed to the offending behaviour in the first place.

Disconnected people are more likely to develop deviant coping mechanisms which can result in drug use or other harmful behaviours.

By his/her wrongdoing, the individual defies the existing social norms. The offence disrupts the harmony that previously (before the incident) subsisted in the school community. The positive atmosphere, necessary to achieve optimal academic performance, lies in tatters. Substance use and drug-related crime causes people to feel unsafe.

There is a strong connection between the use and distribution of alcohol and other drugs and other destructive behaviours. A recent study by Julie C. Rusby and colleagues from the Oregon Research Institute, published in the November 2005 issue of the Journal of Early Adolescence by SAGE publications, **found significant associations between peer**

harassment of students in middle school and a variety of problem behaviours, such as alcohol abuse, once these students reach high school.

One of the most interesting findings was that verbal harassment during the middle school years increased the likelihood of alcohol use during high school almost 3-fold.

<http://jea.sagepub.com/cgi/content/abstract/25/4/453>

The answer to the threat of deviant behaviour is that we need to move students to behaving appropriately through a sense of community. It is important to send a clear and strong message to pupils about what is acceptable and what is not. Misconduct and crime (drug-related or not) is a fundamental violation of people's rights.

Wrongdoers damage their relationships with their own communities of care by betraying trust. To regain that trust, they need to be empowered to take responsibility for their wrongdoing. It is essential that wrongdoers understand what harm has been caused by their deviant behaviour, who has been affected and in what way. Wrongdoers need to understand the consequences of their deviant behaviours on others and to society. In order to have most chances of an effective intervention (= change the behaviour of the wrongdoer), people from the life of the wrongdoer must impact the wrongdoer.

To change behaviour we need to provide a process to engage people in a meaningful dialogue, in a climate where it is okay to talk about feelings.

Restorative practices provide an opportunity for those who have been affected by an incident to come together to share their feelings, describe how they were affected and develop a plan to repair the harm done. Meetings (also called conferences) are organised which aim to reject deviant behaviours so that pupils don't normalise these actions.

These conferences are learning experiences, by which the offender is confronted with the emotional testimonies of the victims, will provide insight on the harm done, and is the best guarantee that deviant behaviour will not happen again in the future.

The restorative approach is re-integrative, allowing the offender to make amends and shed the offender label. The purpose of the conference is not to judge anyone, but rather talk about the impact of the behaviours on others.

Relevance of the usefulness of restorative practices in drug prevention can be derived from a scientific article entitled "Predicting Addiction" that was published at the American Scientist online in April 2005.

<http://www.americanscientist.org/template/AssetDetail/assetid/40798?fulltext=true&print=yes>

The article tells that what a child inherits from his/her parents is a tendency towards a group of behaviours, of which drug use, and eventually addiction is only one of several outcomes. The Minnesota Center for Twin Family Research has studied the health and development of almost 1400 pairs of twins from their pre-teen years through adolescence and into adulthood. Beginning at age 11 (or 17 for a second group), the participants and their parents cooperated with a barrage of questionnaires, interviews, brainwave analyses and blood tests every three years. The twin cohorts were observed as children before exposure to addictive substances, as teenagers who were often experimenting and as young adults who had passed through the stage of greatest risk for addiction. Studies of twins are particularly useful for analyzing the origins of a behaviour such as addiction.

This research suggests a provocative conclusion: that addiction may be only one of many related behaviours that stem from the same genetic root. In other words, a specific genetic

constitution encodes for what is called externalising traits. Externalising traits are characterized by deviant behaviour, which may include hyperactivity, sensation seeking, oppositionality, anti-social behaviour, criminality and drug use. The same genes predispose for an overlapping set of disorders within the externalising spectrum.

This means that some impulsive risk taking people, frequent rule-breakers and oppositional children may be as much at risk for developing drug addiction later in life as early drug users. Drinking alcohol before 15 doesn't just predict future alcohol and drug problems, but also future anti-social behaviour.

A father with a cocaine habit is more likely to find that his daughter is getting into trouble for stealing or breaking school rules. At first glance, the child's behavioural problems look like products of stress, conflict and dysfunction that go with having an addict in the family. These are certain aggravating factors. Analysis of the data of the Minnesota Center for Twin Family Research indicates that children inherit the general, latent factor of externalising, rather than specific behavioural factors. Thus, an anti-social mother does not pass on genes that code simply for anti-social behaviour, but they do confer vulnerability to a range of adolescent behaviours and disorders. Instead of encounters with the law, her adolescent son may have problems with alcohol or drugs. The outcomes are different, but the same genes, expressed differently under environmental conditions, predispose them both.

Here lies, what I believe, an important application of restorative practices. By addressing deviant behaviour restoratively, the expression of the genes that encode for externalising traits are suppressed, which also may have a preventive effect on drug use. It is indicated that this realistic hypothesis should be explored by well designed studies conducted by specialists in restorative practices.

I repeat: Addressing deviant, externalising behaviours by restorative processes, through understanding the harm done by confronting victims in an emotionally-loaded conference, the wrongdoer who will put things right, will most probably be inhibited to recommit offences, which includes drug use.

Of course, restorative practices can only be effective when participants at a conference are not under the influence of drugs. It is indicated that participants have a clear mind, because your brain does it all. The brain is the command and control center running your life. Your brain determines how you think, how you feel, how you act, and how well you get along with other people.

Random Student Drug Testing: A case for a restorative approach!

Shortly explained, a drug control policy in schools is essential to prevent young people, as much as possible, from starting to experiment with drugs, and for those who do use drugs, that they are caught as soon as possible.

The implementation of Random Student Drug Testing could be one of those measures. RSDT reminds young people that they could be tested for drug use, so RSDT deters drug use when a student is offered drugs.

RSDT can also discover drug use in an early stage, before addiction has set in, which is the most effective time to stop drug use.

The handling of a positive and random drug test in schools is always non-punitive.

A restorative intervention can be organized between a counsellor (who is in this case the facilitator), the school administrator, the student and his/her parents.

The insight of a restorative approach can most probably open the eyes of the child, to understand why his/her drug using behaviour was wrong. The harm is repaired by reaching an agreement, which heals the child and restores the relationship with the school and his/her parents.

The restorative intervention:

A facilitator is appointed who arranges a conference with all those people involved in the incident. His/her task consists of facilitating difficult and emotional conversations between people. Ideally, the facilitator meets each participant before the conference to talk about the incident, so that the facilitator is aware of the circumstances of the incident and is comprehensively informed about what happened. This preparation by the facilitator is very important to avoid surprises during the conference. Not everyone who attend the conference will be emotionally stable and by interviewing participants beforehand, you can predict where the “hotspots” may occur, and therefore, plan how to manage these.

It is very important that the facilitator explains the conference process to the participants, especially what they might expect. The offender is briefed about what questions will be asked in the conference and about the opportunity he/she will be given to make amends. The offender must also be told that participants will be asked what needs to happen to repair the harm and that this will be recorded in a formal agreement. In this way a trusting relationship is build between the facilitator and the participants.

The facilitator leads the conference, guided by **a script of essential questions**.

Also, the order and the structure of the questions are crucial. The script represents a plan to assist you in managing the conference process.

The order in which people are invited to tell their stories is critical.

First, the wrongdoers are addressed:

We need to talk about your drug use / drug dealing.

(allow no ambiguity, you have stated the incident as a fact)

What happened? (to help us understand what harm has been done and who has been affected by this incident, could you start telling us what happened?)

How did you become involved?

The victims (the teacher, the constable, the school administrator, some classmates ...) need to understand why the wrongdoing has happened. The cause why the wrongdoer is engaged with drugs is explored.

They also seek to understand the life circumstances and the pressures of the wrongdoer.

We also have to address the root causes of harmful behaviour.

What were you thinking at the time?

What made you decide to do that?

These questions are critical to reaching an understanding of the motivation behind the wrongdoing. Investigate the decision-making process of the wrongdoer, which still makes perfect sense in his/her world, but which may well have been flawed in our eyes. Some offenders may argue that their drug-related behaviour is only affecting themselves. Enlist the assistance of the participants by asking: “Is there any way you can help him/her understand what harm has been done?”

What have you thought about since the incident?

You are likely to get a variety of answers here, depending on the capacity of the young person for self-reflection and his maturity.

Possibilities are:

Remorseful about the action.

Angry that he has got into trouble, and how unfairly he feels he has been treated.

This question provides a window to see into his thinking and emotional capacities.

Who do you think has been affected by your action and in what ways?

This will give conference participants another insight into the emotional/social maturity of the wrongdoer. Some young people will have very little understanding about the depth and breath of the harm that has been done. Classrooms are populated by children, adolescents and/or young adults undergoing enormous physical, hormonal, emotional and intellectual change. Awareness of “other” is not a strength at this point in their development – their brains are still developing.

Secondly, the victims are addressed, about exploring the harm:

What did you think at the time?

What have you thought about since?

How has this incident affected you?

How did your colleagues, friends and family react when they heard about the incident?

What has been the worst of it for you?

It is vital that the victims share with others the emotional component of the harm:

How they feel and the pressure/stress they may be suffering as a result.

It is just this personal sharing and vulnerability/humanity that is more likely to have an impact on the wrongdoer.

Usually, victims have 4 questions they seek to answer:

Why me?

Do you understand how you have hurt me?

Are you sorry for the things that you have done to me?

Will you do this to me again?

The process needs to instil values in wrongdoers by letting them see what they have done wrong and developing their conscience.

This is where the conference is a powerful tool for conscience building and teaching emotional intelligence in a real setting. This section of the conference is one of the key moments when offenders are most likely to recognise and then understand the impact of their behaviour on others and the harm that it has caused.

Thirdly, the supporters of victims are encouraged to speak:

What did you think when you heard about the incident?

How do you feel about what has happened?

Finally, the supporters of the wrongdoers are addressed:

This must be difficult for you to hear about the harm that has been caused?

What did you think when you heard?

How do you feel about what has happened?

What has happened since?

How has this affected you?

Offender supporters are left till last so that they too can hear the full extent of the impact on others. This is the group who can best disapprove of the behaviour that has caused the harm, but in a spirit of care and support.

It's important to everyone present that they (the participants) understand all the parts of the story – wrongdoer's stories are as important as other's.

When all participants have expressed their feelings about the incident, the word is again given to the wrongdoer.

This is the moment in the conference where the wrongdoer is given the space in which to demonstrate that he has understood who has been harmed by their actions and in what way. For the victims, it is most important to hear this acknowledged. A conference gives the victims the opportunity to explain how they have been affected.

After this period of listening, reflection and comment, participants are asked what they want to happen to repair the harm done:

What do you want to see happen as a result of this conference today to make things right?

The group negotiates an agreement about how to repair the damage and to prevent further harm. The offender is also involved:

Do the proposals seem fair to you?

Is there something that you want to say? (such as making amends)

Violations create obligations and liabilities, the wrongdoer need to put things right in a way that is agreed together.

A signed agreement then becomes the record of the meeting and the basis for careful follow-up. Record in the agreement what will happen if the behaviour recurs, so that the offender knows about future consequences. Determine also who is responsible for supervising the terms of the agreement. The responsibility will usually rest on the shoulders of a school administrator, a counsellor or welfare staff. This designated person can also provide ongoing practical and emotional support for the offender while he/she works towards meeting the terms of agreement.

Refreshments are served after the end of the meeting.

General features of a restorative approach:

1)High social control and high social support:

Clear limit-setting and diligent enforcement of behavioural standards characterize high social control. Active assistance and concern for well-being characterize high social support.

Through a restorative approach pupils are helped to understand their behaviour, but at the same time inappropriate behaviour is not tolerated.

2)The conference **fosters awareness** to the wrongdoer of how others have been affected.

3)The wrongdoer is **actively involved**.

In a punitive intervention, the wrongdoer is completely passive. The wrongdoer just sit quietly and act like a victim. In a restorative intervention, the wrongdoer is asked to speak. The wrongdoer faces and listens to the victim(s) and others whom the wrongdoer has affected. The wrongdoer helps decide how to repair the harm and must then keep his commitments. The wrongdoer has an active role in a restorative process and the wrongdoer is truly held accountable. Through restorative practices, offenders are more likely to develop self-discipline and emotional intelligence.

4) **Separate the deed from the doer.**

We want to signal that we recognize the wrongdoers' worth and disapprove only the wrongdoing. When appropriate, we may want to cite some of his virtues or accomplishments. The focus is on the incident and not on the individual.

5)A restorative intervention sees every instance of wrongdoing and conflict as **an opportunity for learning**. Conferencing is immensely powerful. That's the emotional stuff that changes people's behaviour. Offenders are given a clear message by their peers, parents and school personnel that the behaviour is wrong and unacceptable. When understanding

happens and wrongdoers accept responsibility for his/her deviant behaviour, relationships are restored, the troublesome behaviours cease, pupils feel safe again.

6) School administrators testimony that conferencing **reinforces school values**, like:

- Development of commitment
- Taking responsibility for one's own behaviour
- Helping young people develop social and communication skills.

The research paper "*Prevention Programs: What Are the Critical factors That Spell Success*" states on page 7 that one of the variables most strongly associated with future drug use are the kinds of VALUES to which young people adhere. Adherence to school values prevents drug use. www.drugabuse.gov/MeetSum/CODA/Critical.html

7) Through implementing restorative practices, **the culture of the pupils at school changes**.

It had become acceptable to tell when another pupil was making them feel unsafe. Pupils feel safe reporting an offence because they believe it will be addressed. Also self-reporting of problems increases. Pupils feel comfortable saying: "I've got a problem, I need help."

Schools that use conferences to address major incidents comment that the script language and process gradually filter through the school environment.

8) From the victim's perspective the restorative process is a step to **understanding why the incident happened**. This is often a pressing need for victims, and not knowing can lead to anxiety, distress, loss of confidence, feelings of failure and inability to cope with every day life. Often, an incident has much wider impact than first acknowledged and people are left alone to come to terms with it as best as they can. Friends and families can suffer in silence, worried and unsupported, to the detriment of their health and their relationships. A conference can surface these difficult emotions and enable people to reach out, realising that they are not alone, and support each other.

9) Offenders are **accountable** and **take responsibility** for what they have done.

Pupils demonstrate responsible and sensitive problem solving skills when given an appropriate forum. Therefore, they still deserve and have a place in the school community. Doing this way, we may avoid expulsion or suspension of the offenders, that may further alienate those pupils who are the most vulnerable, and who may later cause more harm in our communities. Suspended pupils are stripped of the support network that might be their only hope in addressing their drug problem. Suspension does not help their educational needs or enhance their future in society. These young people are those who are most in need of the opportunity to redeem themselves and to make some serious decisions about the direction their life is taking them.

10) Restorative conferences offer a **fair process**. Retribution and retaliation from offenders is very unlikely.

11) Conferencing is **not a soft option** for offenders. The offender is confronted with a large group of people realizing, often for the first time, how his/her behaviour has affected others, including their own families. Pupils have commented that they would prefer to be suspended from school rather than face up to a group of affected people, as the conference is really though.

Drug offences cause strong emotional responses and debate. Emotions are openly displayed.

12) The restorative process is applied with **respect and dignity**. The wrongdoer is not berated or belittled.

13) Restorative practices are **interactive**. In the research paper "*Prevention programs: What are the Critical Factors That Spell Success*" is written on page 8 that the interactive delivery technique has significantly more overall effectiveness.

www.drugabuse.gov/MeetSum/CODA/Critical.html

14) A restorative approach may also be used when a pupil fails a random drug test at school. The handling of a positive ad random drug test in schools is always non-punitive. A

restorative intervention can be organized between a counsellor (who is in this case the facilitator), the school administrator, the pupil and his/her parents.

A case of an implementation of a restorative approach into the school's drug policy:

3 STUDENTS BROUGHT MARIJUANA TO SCHOOL.
THE DEPUTY PRINCIPAL REPORTED THE INCIDENT TO THE POLICE.

At the time Terry O'Connell (a restorative justice specialist from Australia) was working in an advisory role in his police district, a young [female] constable rang Terry and explained that she had just taken the report and was under pressure to charge the three students. She rang because she felt there was a better way of dealing with the incident. Terry of course obliged and ran a restorative conference.

It was one of the more memorable conferences because the deputy was pretty angry about having to participate, given he had already 'done his job' by reporting the students. Present also was a teacher [drug educator] who was pretty upset because a week earlier she had had the students in a drug education lesson talking about the harmful effects of drugs. Present also were the mothers of the three students and one father.

The conference was successful with lots of reflections and acknowledgement.

The conference was initially tense but this changed as the mothers started to cry which in turn impacted on everyone, including the teacher [Mrs Smith] who seems to be in tears for most of the second part of the conference. Terry went to each student towards the end asking them about 'what the hardest thing was for them' and one replied [in tears] "I have broken my mother's heart." When Terry got to ask the deputy about his experience of having to attend the police station, he explained he felt a lot of shame because he was proud of his school image and wanted others to feel the same – Terry noticed some tears.

Six weeks later, Terry was running a workshop for police and teachers when just after it started, a teacher [Mrs Smith] stood up and said she had a story to share. Terry immediately recognised her as the teacher in the school drug conference. She told about being initially cynical about participating and then described how emotional she became. Of special mention was when the facilitator [Terry] asked the young students '**How can you share with your peers, what you have learnt from your experience today?**' She then said, "The facilitator said **I want you to think about this and then talk with Mrs Smith, the drug education teacher.**'

She said at the time, she didn't give it a lot of thought but this changed when the three students returned to school and spoke about wanting to be part of the school's drug education program. She said I was concerned that if they were to 'tell their story' that other students would ridicule them. **She agreed and was amazed to hear the students talk about how their behaviour had impacted on their relationships with their families and the teachers.** Mrs Smith said that she has had to 'rethink' the way she offers drug education and she went on to make the point that rather than the students being suspended, appearing in court and being always known as the 'drug students', she said they not only learned from the experience, **but were about to develop a sense of pride from taking responsibility and helping other students.**

Recommended and additional references:

- 1) **Restorative practices in classrooms** by Margaret Thorsborne and David Vinegrad (Incentive publishing)
- 2) **Restorative practices in schools** by Margaret Thorsborne and David Vinegrad (Incentive Publishing)