DRUG CHALLENGES AND CHOICES

TEACHER RESOURCE

7

A Resilience Approach to **Drug Education**

SDERA

EDUCATING FOR SMARTER CHOICES

TITLE: Challenges and Choices: A Resilience Approach to Drug Education Year 7 Teacher Resource

SCIS NO: 1766646
ISBN: 978-0-7307-4585-3

Author
Anne Miller, Resource Development, SDERA

Design & Production
Fuse Design and Communication

Illustrations
Murray Smoker
Terry Allen

Acknowledgements
The author would like to acknowledge the contribution made by Kim Chute (Titan Consulting) to the first edition of *Challenges and Choices: Resilience, drug and road safety education resource for early adolescence* and the inclusion of parts of her work in this publication.

The author has made a comprehensive effort to sight and credit sources. Any omissions detected are not intentional. The author welcomes information to correct any oversights in subsequent editions.

Note: National and State legislation and regulations referred to in this resource were correct at the time of publication. SDERA advises the reader to review relevant websites and documents for legislative and regulatory updates.

SDERA
EDUCATING FOR SMARTER CHOICES

School Drug Education and Road Aware
School Drug Education and Road Aware (SDERA) is the WA State Government's primary drug and road safety education strategy for all government and non-government schools, and early childhood services. SDERA is a cross-sectoral initiative of the Association of Independent Schools of WA (AISWA), the Catholic Education WA (CEWA) and Department of Education (DOE) and is funded by the Mental Health Commission and the Road Trauma Trust Account.

SDERA aims to prevent road-related injuries and the harms from drug use in children and young people.

SDERA empowers early childhood and school-based staff, parents and carers, and community groups to implement effective resilience, drug and road safety education approaches within their schools and community, through the provision of professional learning, evidence-based resources, and a state-wide consultancy team.

School Drug Education & Road Aware
Statewide Services Centre
33 Giles Avenue
PADBURY WA 6025

P: **08 9402 6415**
F: 08 9402 6399
E: sdera.co@education.wa.edu.au
W: www.sdera.wa.edu.au

AISWA
Association of Independent Schools of Western Australia

CATHOLIC EDUCATION
WESTERN AUSTRALIA

Department of Education

Foreword

The transition from childhood through adolescence to adulthood can be challenging for many of our young people. It is during these formative years that our children will be required to make decisions around a range of factors that could have a significant impact on their future physical, social and emotional development.

School based education programs, such as the *Challenges and Choices* secondary school resources, play a significant and vital role in equipping our children with the necessary knowledge and skills to make informed decisions regarding alcohol and other drug use. Participating in an appropriate school alcohol and other drug education program, assists students to make healthy and safer choices, identify high risk situations, and develop a range of strategies to prepare them for challenging situations. Education can also play a counterbalancing role in shaping a normative culture of safety, moderation and informed decision making.

Minimising harm to young people and those around them are the key objectives of *Challenges and Choices*. Focusing on skills development such as building resilience, problem solving and help seeking, are integral to this approach. Students who are able to identify and develop their own attitudes and values associated with adopting a healthy and safer lifestyle are better equipped to make personally and socially responsible decisions during adolescence and beyond.

As educators, you have a key role in encouraging belonging and connectedness within the school community, as this fosters resilience and an overall improvement in the health, safety and wellbeing of our young people.

This resource represents a wonderful opportunity for School Drug Education and Road Aware to partner with schools and families to provide adolescents in Western Australia with meaningful learning experiences that will enhance their resilience and drug risk awareness.

Timothy Marney
Mental Health Commissioner

Government of **Western Australia**
Mental Health Commission

Contents

Challenges and Choices program

The *Challenges and Choices* program has been developed for secondary schools who wish to conduct resilience and drug education programs. The program aims to develop students' awareness of the possible harmful effects of drug use and acquire skills needed to help them make informed decisions and manage drug-related situations.

The program is designed to address two relevant and contemporary health contexts for young people, mental health and wellbeing, and drug education. The content aims to support and expand students' knowledge, understanding, skills and attitudes in relation to their health, safety and wellbeing. This approach is considered to be more effective than programs that only focus on providing information or knowledge to students about what is safe and what is dangerous or risky, and does not address the range of reasons why young people engage in risky behaviours.

Challenges and Choices focuses on developing the protective personal and social resistance skills that can assist in motivating young people against drug use and help identify and resist pro-drug influences. Rather than just describing 'what' these protective skills are, this program provides explicit and intentional learning activities that show teachers 'how' to develop the skills, beliefs and attitudes that can enable young people to effectively resist pressures and influences from others and make responsible decisions in drug-related situations. Practical examples of how teachers and families can promote the learning of skills such as: positive self-talk, optimistic thinking and attitudes; emotional intelligence; social skills; help seeking; problem-predicting, problem-solving and decision-making; and self-knowledge and personal competence, are provided.

When working to assist young people to reduce the harms associated with drug use, there is a need to consult best practice and evidence. SDERA's *Challenges and Choices* program is the State Government's strategy for school drug education and is underpinned by evidence and the Principles for School Drug Education (Department of Education, Science and Training [DEST], 2004).

Schools are encouraged to use the *Challenges and Choices* program in conjunction with other evidence-based resilience and social and emotional learning programs, and drug education programs.

Strengths based approach

Rather than focusing on what students do not know or cannot do, a strengths-based approach recognises the abilities, knowledge and capacities of students. This approach assumes that students are able to learn, develop and succeed, and also recognises the resilience of individuals. It affirms that students have particular strengths and resources that can be nurtured to improve their own and others' health, safety and wellbeing. A strengths-based approach to planning programs for students can transform practice and result in a more satisfying experience for everyone – students, families and educators.

The *Challenges and Choices* program focuses on this approach and provides content and learning activities that build on students' knowledge, skills and capacities. Some content, concept or skill introduced in one year level however, may need to be revisited, consolidated and further enhanced in later year levels. For example, making decisions is a skill that can be introduced in early childhood and then continue to be developed through a student's schooling years. This means educators need to provide ample opportunity for revision, ongoing practice and consolidation of previously introduced knowledge and skills.

Mapping against Health and Physical Education content

There are links between the learning activities in this resource and the *Western Australian P-10 Curriculum Health and Physical Education Syllabus*. These are described in Table 1 page 11.

Mapping against General Capabilities in the Australian Curriculum

The following icons have been used to indicate where the seven general capabilities have been embedded in the learning activities in this resource.

Key

- Literacy
- Numeracy
- Information and communication technology (ICT) capability
- Critical and creative thinking
- Personal and social capability
- Ethical understanding
- Intercultural understanding

Mapping against Personal and Social Capabilities

Challenges and Choices learning activities that specifically link to the *Personal and Social Capability* have been listed in Table 2 on page 12 to 13 under the four elements – Self-awareness, Social awareness, Self-management and Self-management.

Delivery of the program

The activities have been written to support the delivery of Year 7 Health Education content and skills, however the program is flexible and can be implemented in English, life and relationship skills, careers, workplace readiness, and home groups.

Teachers may choose to modify or use activities that are more relevant or support their students' needs and the context within which the program is to be delivered. The *Challenges and Choices* resources for earlier or later year levels may also be referred to depending on the needs of students.

Currency of information

Whilst every attempt has been made to include the latest information and live links within this resource, statistics, legislation and brochures/fact sheets/information sheets do change over time.

You are encouraged to use the most up-to-date statistics, legislation and information in your drug education program. Websites provided at the back of this resource can assist you.

Staff working in schools with a Christian ethos

When teaching resilience, decision-making and coping skills, links to Religious Education and developing a positive sense of self in relationship with God and others, can be emphasised and promoted.

Support for implementing *Challenges and Choices*

Professional learning workshops offered by SDERA, aim to enhance participants' understanding of resilience and drug education. These workshops support the implementation of classroom programs using the *Challenges and Choices* resources and can be accessed by all schools in Western Australia.

Complementary health and safety frameworks

Challenges and Choices is underpinned by national and state strategies including the *Drug and Alcohol Strategic Plan 2013-2018.* This ensures an evidence-based and scientific approach to the pedagogy within the resource.

Challenges and Choices is also underpinned by other frameworks, including: *Health Promoting Schools Framework* (WHO 1986), *Revised National Safe Schools Framework; Melbourne Declaration on Educational Goals for Young Australians;* the *National Framework in Values Education;* and the *National Family-School Partnerships*. These frameworks support the implementation of whole-school health, wellbeing and safety initiatives by schools.

Program components

The *Challenges and Choices* program for Year 7 includes two components: the Teacher Resource and the *Be Ready* student workbook.

Teacher Resource

This easy to use resource offers two modules:

- Module 1: Resilience Education
- Module 2: Drug Education.

The topics in each module are non-sequential and are informed by a strong evidence base that highlights the positive outcomes of building resilience and enhancing personal and social capabilities through the context of drug education. Teachers can select the activities that will meet the learning needs of their students, however it is strongly suggested that Module 1 is delivered before or in conjunction with Module 2.

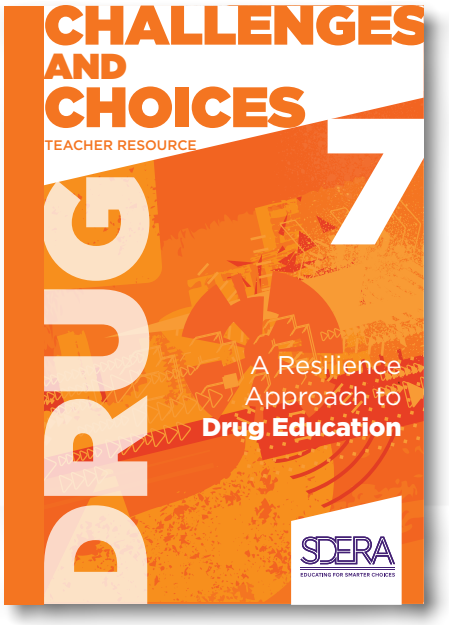
Each Module includes:

- related topics and learning activities appropriate for Year 7 students
- teaching tips to support delivery or extend students' learning
- activity sheets that require photocopying and/or cutting up
- activities that link to the *Be Ready* student workbook
- *Family information sheets* to use as a conversation trigger between students and their families
- links to useful websites and other resources for background information.

A PDF version of the Teacher Resource can be downloaded from the SDERA website.

Be Ready student workbook

The student workbook is linked to activities in the Teacher Resource and gives students information about resilience and drug education topics. Teachers may choose to use the workbook as a record of students' achievement. A PDF of the workbook is included on the SDERA website and can be printed or photocopied for use by schools and other educational settings.



Resilience education

Student resilience and wellbeing are essential for both academic and social development. Children who are confident, resilient and emotionally intelligent perform better academically. The skills these children possess can contribute to the maintenance of healthy relationships and responsible lifestyles and help them to manage challenging situations.

Schools can provide safe, supportive and respectful learning environments that optimise the development of students' resilience and wellbeing. Delivering classroom programs that help students to learn and build on their personal and social capabilities can promote health and wellbeing and lead to success in life.

Students with reported high levels of resilience and wellbeing:

- are more likely to achieve academic success and higher levels of schooling
- have better physical and mental health
- are less likely to engage in problematic drug use
- are more likely to have a socially responsible lifestyle (Zins, Weissberg, Wang, & Walberg, 2004).

Conversely students with low levels of wellbeing and resilience:

- have higher levels of mental health problems and harmful risk-taking behaviour
- are more likely to leave school at a young age
- have higher risk of unemployment and poverty
- have lower levels of participation in the community.

A positive approach

Programs that focus on young people's strengths and assets are important for building their skills and competencies as well as being an effective strategy for reducing problem outcomes such as alcohol or other drug use, bullying or disengagement with school (Porter, 2011; Benson, Leffert, Scales, & Blyth, 2000; Theokas, Almerigi, Lerner, Dowling, Benson, Scales, & von Eye, 2005). While these issues are extremely important and need to be addressed, we want young people not to participate in bullying, or use alcohol and other drugs, and to remain engaged in their education. We want them to thrive as young people and develop the competencies that will equip them for success both academically and in life.

This shift in focus from preventing (fixing) behaviour deficits, to building and nurturing all the beliefs, behaviours, knowledge, attributes and skills that can result in a healthy and productive adolescence and adulthood, is supported by research (Pittman, 1999).

Risk and resilience

There is a wealth of research that indicates that an adolescent who is resilient is likely to enter adulthood with a good chance of coping well, even if he/she has experienced difficult circumstances in life such as poverty, health problems or strained family relationships (Werner, 1995). Some research also suggests that resilient adolescents may be in a better position to avoid risky behaviours such as violence, alcohol and drug use, and adolescent pregnancy (Substance Abuse and Mental Health Services Administration Center for Mental Health Services, 2007).

There are also indications that social disconnection increasingly underlies drug-related harms and other high risk health behaviours amongst students (Spooner, Hall, & Lynskey, 2001). Apart from families, schools are the most important socialising agents that provide a positive environment and promote resilience and wellbeing.

For those students who are not connected to resilient families, it is particularly important that schools provide a sense of belonging and connectedness, meaningful participation and contribution and support for learning. The whole-school enrichment activities in this book (refer to pages 9 to 10) provide a range of ideas on how to enhance the school environment in order to promote resilience.

Factors that contribute to resilience

A combination of factors contribute to resilience. Many studies show that the primary factor in resilience is having caring and supportive relationships within and outside the family. Relationships that create love and trust, and offer encouragement and reassurance can help bolster a person's resilience. Positive outcomes of resilience education programs include young people who have:

- **Confidence** – a sense of self-worth (a positive view of yourself) and mastery (confidence in your strengths and abilities); having a sense of self-efficacy (belief in one's capacity to succeed); seeing yourself as resilient (rather than as a victim).
- **Character** – taking responsibility; a sense of independence and individuality; connection to values; good problem solving and communication skills; helping others.
- **Connection** – a sense of safety, structure and belonging; close, respectful relationships with family and friends; positive bonds with social institutions.
- **Competence** – the ability to act effectively in school, in social situations, and at work; the ability to manage strong feelings and impulses; seeking help and resources; the ability to cope with stress in healthy ways and avoiding harmful coping strategies such as alcohol and drug use.
- **Contribution** – active participation and leadership in a variety of settings; making a difference.
- **Caring** – a sense of sympathy and empathy for others; commitment to social justice.

Explicit teaching of personal and social capabilities

While the concept of emotional intelligence and self-regulation generally encompasses more than what is typically meant by resilience or positive mental health, it does include managing one's emotions, which can be especially important to adolescent wellbeing.

Schools can incorporate social and emotional learning into their programs by the explicit teaching of skills described in the *Personal and Social Capability,* and through whole-school initiatives that focus on increasing supportive relationships among students and adults. Results of this approach show that being able to manage one's emotions, and having supportive relationships with adults, contributes to students' academic success, as well as to their adopting positive social attitudes and behaviours (Payton, Weissberg, Durlak, Dymnicki, Taylor, Schellinger, & Pachan, 2008; Snyder, Flay, Vucinich, Acock, Washburn, Beets, & Kin-Kit, 2010).

Drug education

What is school drug education?

Effective school drug education focuses on skills development and provides students with the capacity to make healthy and responsible decisions for their own and others' safety and wellbeing. It also nurtures a sense of belonging and connectedness and fosters resilience. This approach differs from traditional approaches to school drug education which often focused simply on providing information about drugs and possible harmful effects, on the assumption that somehow this will guard young people against experimentation and use.

What content is covered in drug education programs?

As drug education programs can develop a range of skills such as decision making, help seeking and problem solving, the content through which students practise these skills should be age appropriate and relevant to the students' needs.

In the secondary years, programs should focus on drugs such as caffeine (contained in energy drinks), tobacco (passive smoking), alcohol, cannabis and other illicit drugs. Students are also introduced to the definition of a drug (eg any substance, excluding food, water and oxygen, which when taken into the body, alters its function physically and/or psychologically) (WHO, n.d).

Students also explore the range of factors that can contribute to a drug experience such as:

- the person eg age, gender, previous experience with the drug, mood
- the drug eg type, amount, taken with other drugs
- the place eg where the drug is being used, with friends or strangers.

Knowing this, students begin to understand that the drug is not the only contributor to the range of harms that can be associated with drug use. It also provides opportunity for students to identify how potential harms can be avoided or reduced.

When should drug education start?

Children become aware of drugs from an early age. They gain information and form attitudes about drugs and drug use issues from a range of influences including family, friends, peers, school, the community, and the media. It is therefore important that prevention drug education:

- is started in early childhood
- is age appropriate
- is continued through a child's schooling years in order to build students' knowledge, skills and experiences, and to bring about effective behaviour change.

Prevention education is best introduced when the prevalence of use of the particular drug is still low and before most young people are exposed to the possibility of use. There are three critical phases when the intervention effects of drug education are most likely to be optimised, and include:

- ***Phase 1: Inoculation*** which is when children are first exposed to certain drugs. Most children in secondary school have had some experiences with analgesics and over-the-counter medications, prescription medications and caffeine. In some communities some children will also be familiar with tobacco and alcohol, as well as cannabis and other illegal drugs.
- ***Phase 2: Early relevancy*** which is where information and skills may have practical application in real life.
- ***Phase 3: Later relevancy*** which is when prevalence of alcohol and drug use increases and the context of use changes (eg alcohol and driving).

The early adolescence years are, therefore, a crucial inoculation phase where schools need to implement both resilience and drug education programs as young people are often faced with many influences to use both licit and illicit drugs. Engaging students in alcohol and drug education programs assists them to make healthy and safer choices, identify high risk situations, and develop a range of strategies to prepare them for challenging situations. Education can also play a counterbalancing role in shaping a normative culture of safety, moderation and informed decision making.

SDERA can assist schools to develop ongoing, sustainable drug education programs and school drug education guidelines based on a harm minimisation approach. This approach aims to reduce the adverse health, social and economic consequences of drugs by minimising or limiting the harms and hazards of drug use for both the school community and the individual without necessarily eliminating use.

Who should deliver drug education to young people?

The *Principles for School Drug Education* (refer to www.sdera.wa.edu.au) highlight that classroom teachers, with specific knowledge of students and the learning context, are best placed to provide drug education. External agencies and personnel should be used only where relevant and appropriate, and where they enhance existing drug education.

Harm minimisation approach to drug education

A harm minimisation approach does not condone or encourage drug use. It promotes non-use and delayed use of all drugs, and support of young people who are experiencing drug use issues either themselves or by their family or friends. This approach acknowledges that drug use is complex and that students can be affected by their own drug use, or the drug use of others, and aims to reduce the harms associated with use and to promote healthier, alternative behaviours.

Key messages, which are not specifically for discussing with students, include:

Students who have never used alcohol or other drugs	*Don't start* *Delay starting*
Students who have experimented with alcohol or other drugs	*Don't continue use* *Ensure don't progress to higher levels of use*
Students who use alcohol or other drugs more regularly	*Cease use* *Reduce use* *Ensure don't progress to higher levels of use* *Don't become a regular user*

Additional harm reduction messages for students, and depending on level of use, include:

- reduce exposure from others' drug use
- avoid people, places and situations where drug use is common
- provide support for others who wish to cut down or quit their drug use
- don't pressure others to use drugs
- avoid using drugs in some situations
- do things to reduce risks when using drugs
- try to avoid mixing alcohol and other drugs.

A consistent message to be given to young people is that there is no safe level of drug use and any drug has the potential to cause harm. Understanding the factors involved in the drug use triangle experience can help to minimise the potential risks in drug-related situations.

An understanding of the ways to reduce harm and of the risk and protective factors impacting on patterns of drug use by young people can assist schools to work effectively at both prevention and intervention levels.

What is not covered in classroom drug education programs?

Volatile substance use (VSU) refers to the practice of deliberately inhaling substances that are volatile (vaporous) for the purpose of intoxication. Education around VSU is not the strategy currently used in Australia, as these products are found in many households and may lead to 'copycat' behaviour. Where it is believed that a student or group of students are involved with volatile substance use, a targeted-approach is acknowledged to best practice.

Further information on VSU education can be found on www.sdera.wa.edu.au

New Psychoactive Substances (NPS) or Emerging Psychoactive Substances (EPS) are a range of drugs that have been designed to mimic established illicit drugs such as cannabis, ecstasy, cocaine and LSD. Manufacturers continue to develop these drugs using new chemicals that aim to replace those that are banned. As these substances can be easily accessed via the internet it is recommended that education around NPS or EPS is not discussed in classroom programs and a targeted approach similar to VSU, is used.

Including parents in their child's drug education

Parents and carers can be the most important influence in a child's life. Neglect or exposure to drug use can undermine healthy development and be a predictor of harmful drug use in later life. Parent education, in the form of drug education as well as education on how to promote resilience skills, should be considered as part of a whole-school resilience and drug education program. The *Family information sheets* in this resource cover a range of topics that parents can use as a guide when talking to their children.

To provide families with reliable information about alcohol and drugs:

- send home a copy of the *Family information sheets* provided
- advise parents about websites that can also provide them with information about resilience and drug education
- advise parents about the help lines that they and their children can contact for advice about alcohol and other drug use problems.

Implementing a drug education program in your classroom

Create a class environment

Teaching drug education involves discussing sensitive issues so it is important to establish a safe and supportive environment where students can explore their own values and understandings.

Positive interrupting

Some students may have personal experience where their own or another person's drug or alcohol use has led to situations such as drink driving, mental health problems, family fragmentation, domestic violence, illness, death, or criminal behaviour and incarceration. A young person who has been affected by these or other traumas may become distressed or they may disclose information about their experience.

Personal stories about alcohol and other drug use *should not* be encouraged. This will protect students' personal privacy and the privacy of those related to students, and will prevent them from damaging their reputation. It also prevents students from sharing stories that they feel may increase their status, glamorise risky behaviour, or covertly influence others to engage in risky behaviour. It will also stop the class from being side-tracked.

Teachers should set ground rules and establish a classroom climate where students agree not to reveal personal information and instead use the third person such as 'I know someone who…' or 'A friend told me…'

If disclosure does occur in the classroom, teachers should tactfully but firmly interrupt the student, acknowledge that they have heard the student and indicate to the student that they may want to discuss this later. Straight after the lesson, arrange a time for a follow-up conversation.

School drug education is enhanced by the implementation of *School Drug Education Guidelines* which include procedures for managing incidents related to drug use and providing support interventions for students. The resource, *Getting it Together: A whole-school approach to drug education* (SDERA, 2010) can assist schools to develop their guidelines.

Normative education

Normative education practices need to be included in school drug education programs to correct inaccurate beliefs about the normality and acceptability of drug use. Normative beliefs are most relevant when the forms of drug use in question really are uncommon and not widely accepted among young people, but might be thought to be more common. The use of current prevalence data in Western Australia (WA) can give an accurate indication as to the extent of drug use in particular age groups. The statistics referred to in this resource are taken from the latest *Australian School Students Alcohol and Drugs Survey* (ASSAD).

The ASSAD survey is conducted every three years and the WA results are published on the Drug and Alcohol Office website www.dao.health.wa.gov.au/ and the Mental Health Commission website www.mentalhealth.wa.gov.au/

Terms to avoid using

It is important that teachers are aware of inappropriate terms and words when teaching drug education. Many terms used to describe drugs and drug use are negative and inappropriate because they can create or perpetuate myths and stereotypes, and may also be insensitive to issues being experienced by some students or their families.

Terms to use	Terms to avoid	Reasons
Drug use Drug taking Harmful drug use Problem drug use High risk use	Drug abuse Drug misuse Substance abuse Substance misuse	All drug use has the potential to cause harm. Terms such as drug use and drug taking are non-judgemental.
Depressant drugs Stimulant drugs Hallucinogens Legal or illegal drugs Licit or illicit drugs	Soft or hard drugs Recreational drugs Party drugs Good or bad drugs	Describing a drug as soft implies that it is safe to use. People may think that a drug described as soft or hard is referring to the legal status or level of harm. The terms recreational or party drug implies that the drug is fun and safe to use.
Drug-related problems Alcohol-related problems Dependence	Addicted Addiction Alcoholic	Dependence describes the physical or psychological state of the person without a stereotype being applied.
Someone who uses drugs	Drug addict Junkie Druggie	Avoid terms that are judgemental and negative.

Interactive teaching and learning strategies

Interactive programs that involve a discussion format to explore content have been found to be between two and four times more effective than non-interactive approaches (Tobler & Stratton, 1997). The activities in this resource use a range of interactive teaching and learning strategies that promote active involvement of all students, require students to work collaboratively in small and large groups, and use skills such as negotiation, decision making, active listening and assertive communication, problem predicting and problem solving, and goal setting.

The strategies referred to in activities are shown in bold text and are explained on pages 91 to 97 of this resource.

Where students have not previously experienced collaborative teaching and learning strategies, teachers may need to spend additional time explicitly teaching the skills and set up a classroom environment where students feel comfortable to share their opinion and attitudes without fear of ridicule or of having their personal experiences shared with others outside of the classroom.

Managing discussion activities

Activities which require students to move around the room or discuss with a partner or small group, are likely to produce higher levels of noise and energy. Teachers should not mistake these behaviours as a sign that students are not on task. The use of 'noise level' management strategies such as hand clapping, music starting and stopping, or hand in the air, should be introduced to the class at the start of the program.

Assessment

Assessment takes place for different purposes. Teachers are encouraged to select appropriate activities from the resource and use these to make judgements about students' learning and achievement. These samples can also be used to provide feedback to students with the aim of improving their learning through reflective practices.

Self-assessment can be used to gain an understanding of students' knowledge and understanding, attitudes and values, and skill level. The optional quiz provided on page 30 to 31, can be used to identify students' current drug education knowledge prior to commencing a program using this resource.

Students can also complete the self-assessment activities throughout the resource that require identification of the personal and social capabilities that they possess and those that need development through practice and rehearsal.

Best practice in school drug education

There is good evidence as to what works best in school drug education. The *Challenges and Choices* program is underpinned by the *Principles for School Drug Education* (SDERA, 2009) which outline the critical elements of drug education programs that are believed to delay the uptake or reduce the use of drugs. Schools need to consider these critical elements of drug education when planning, implementing and reviewing drug education programs, policies or guidelines, and practices in their school community.

Whole-school approach

A comprehensive, whole-school approach is widely acknowledged as best practice in working holistically to promote and enhance student health, safety and wellbeing. By adopting this approach schools ensure full engagement with the school community and are more likely to secure sustainable health improvements.

The whole-school approach is not just what happens in the curriculum, it is about the entire school day, advocating that learning occurs not only through the formal curriculum but also through students' daily experience of life in the school and beyond. If consistent messages are evident across the school and wider school community, the students' learning is validated and reinforced.

The Health Promoting Schools (HPS) Framework

School communities can take a coordinated whole-school approach to health and safety by addressing each component of the *Health Promoting School (HPS) Framework* (WHO, 1986) when planning health education or responding to a health concern within the school.

The Framework describes an approach for schools to address the health, safety and wellbeing of their staff, students, parents and the wider community through three key components working in unison. The three components are:

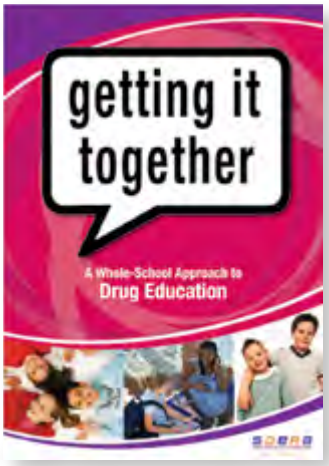
- **Curriculum:** teaching and learning, how this is decided, and the way in which teaching is delivered and learning encouraged.
- **Ethos and Environment:** the physical environment, the ethos and values as well as health-enhancing guidelines, processes and structures developed to create an environment for living, learning and working.
- **Parents and Community:** appropriate partnerships with parents, staff, students, community organisations and specialist services, enhance a healthy and supportive school environment.

  (Note: The term 'parent' in this resource also refers to caregivers, guardians and other significant adults in the child's life).

Supporting a whole-school approach to drug education

School communities can take a coordinated whole-school approach to health and safety by addressing each component of the HPS Framework when planning health education or responding to a health concern within the school.

A whole-school approach can be easily developed using the consultancy support provided by SDERA and the *Getting it Together: A Whole-School Approach to Drug Education* resource which provides action planning templates, sample *School Drug Education Guidelines* and practical ideas to support the implementation of the three areas of the HPS Framework.



A PDF version of *Getting it Together* is available at www.sdera.wa.edu.au

Curriculum ideas

- Develop a scope and sequence for resilience and drug education that outlines which learning activities described in the *Challenges and Choices* resources will be completed by each year level.
- Teach the skills relevant to resilience and social and emotional competence across all learning areas. For example, coping skills in relation to exploration and inventions, establishing classroom and school rules, and dealing with conflict, can be taught through the Society and Environment learning area.
- Plan classroom activities that encourage peer and class connectedness to enhance resilience. For example, older students can work with younger students in a buddy system.
- Select and purchase books that focus on resilience skills and inspirational and self-belief stories such as *I can jump puddles* by Alan Marshall, *Survival* by Simon Bouda (the story about Stuart Diver), *Unstoppable* or *Life without limits* by Nick Vujicic and *Jonathon Livingston Seagull* by Richard Bach.

Ethos and Environment ideas

- Have the school leaders articulate to school staff, parents and students through the school's various channels of communication (eg newsletter, website, induction package) a clear, shared vision of a whole-school approach to resilience and drug education. This can be achieved through the development of school drug education guidelines that include: a rationale for why resilience and drug education needs to be taught in the curriculum, the hours it will be taught over the year, the commitment by the school staff, and the budget allocation. This is an important step to ensure all aspects of effective resilience and drug education are in place within the school.

- Teachers can build and enhance connections with students in their own classroom and in the broader school community by using strategies such as: greeting students using name and eye contact, trusting students with responsibilities, taking an interest in what students do outside of school hours, and by having fair and consistent behaviour management systems.
- To foster engagement offer students opportunities such as planning and presenting a parent drug information expo.
- Build relationships with outside agencies (eg Community Alcohol and Drug Service) to have access to additional expertise and appropriate intervention support for students involved in drug-related situations or experiencing issues with drug use. *Connect*, which is an online state-wide directory for drug services, programs and resources is available on the SDERA website.
- Encourage school staff to reach out to students with academic or social issues to create stronger relationships and a positive school environment. Link them to role models, mentors, peers or trusted adults like the *School Volunteer Program*.
- Identify and acknowledge the ability and personal strengths of staff members and students through awards and presentations. Plan and provide opportunities for the development of the diverse strengths within the school.
- Celebrate success! Do this in a public place within the school or on the school website or newsletter (eg teacher or student profiles each week).
- Budget for professional learning. Organise for staff to attend SDERA workshops and learning seminars to enhance their understanding of resilience and drug education.

Parents and Community ideas

- A simple way to reinforce classroom learning and stress the importance of family support and involvement in their child's resilience and drug education is to provide information to parents on a regular basis. Family information sheets included in *Challenges and Choices* can be photocopied and sent home to trigger conversations.
- Snippets in school newsletters or on the school website can be created using the *Family information sheets*.
- Parents can play an important role in shaping their child's resilience and wellbeing. Hold sessions to give parents information and tips on building resilience skills in their teenager. Give parents tips on how to develop skills such as problem solving, using optimistic thinking, ways to manage emotions, setting goals, showing appreciation and gratitude, making and maintaining positive relationships, learning from mistakes and taking responsibility for their own actions, during the sessions. SDERA can help schools to develop these parent sessions.
- It's crucial that schools seek ways to develop positive, respectful and meaningful partnerships with families. Some ideas that schools can use to improve communication between parents and school staff include:
    - have students invite their parents to school events both social and formal
    - allocate a staff member who is responsible for contacting families who are new to the school
    - set up a parent section on the school website and include tips on building resilience and talking about alcohol and drugs with children and young people.
- Gain publicity and support for successes resulting from the school's resilience and drug education programs and activities by advocating to the P&C or P&F and using local media.
- The classroom teacher, with specific knowledge of students and the learning context, is best placed to provide drug education. However external agencies may be used to complement drug education programs based in the classroom. Teachers should make sure that these presentations clearly support the classroom program and do not replace, or exist in place of, the classroom program.
- Refer to SDERA's *Connect* online state-wide directory of agencies who can support schools.
-  Use the Mental Health Commission website (www.mentalhealth.wa.gov.au/) to obtain up-to-date information on alcohol and drug use by school aged students, current research and drug prevention campaigns.
-  Use the Drug and Alcohol Office website (www.dao.health.wa.gov.au) for drug and alcohol information.

Table 1: Mapping Challenges and Choices to Western Australian Curriculum Health and Physical Education Syllabus Year 7	Resilience Education Module 1			Drug Education Module 2					
Sub-strands: *The content from the resource draws from the Personal, Social and Community Health Strand and focuses on the three interrelated sub-strands detailed below.*	Topic			Topic					
	1	2	3	1	2	3	4	5	6
Being healthy, safe and active									
Feelings and emotions associated with transitions; and practising self-talk and help-seeking strategies to manage these transitions (ACPPS070)		●				●	●	●	
Strategies to promote safety in online environments (ACPPS070)									
Management of emotional and social changes associated with puberty through the use of: coping skills, communication skills, problem-solving skills and strategies (ACPPS071)		●				●	●	●	
Help-seeking strategies that young people can use in a variety of situations (ACPPS072)		●				●	●	●	●
Strategies to make informed choices to promote health, safety and wellbeing, such as: researching nutritious meals that offer value for money, proposing alternatives to medicine, examining accessible physical activity options in the community (ACPPS073)			●	●	●	●	●	●	●
Communicating and interacting for health and wellbeing									
The impact of relationships on own and others' wellbeing: the benefits of relationships, the influence of peers and family, applying online and social protocols to enhance relationships (ACPPS074)		●					●		
Contributing to healthy and active communities									
Preventive health practices for young people to avoid and manage risk, such as: sun-protective behaviours, adoption of the *Australian Dietary Guidelines* for healthy food choices and serving sizes (ACPPS077)				●	●	●	●	●	
Health and social benefits of physical activity and recreational pursuits in natural and outdoor settings (ACPPS078)									

Table 2: Mapping *Challenges and Choices* to Australian Curriculum General Capabilities: Personal and Social Capability	Resilience Education Module 1			Drug Education Module 2					
Typically by the end of Year 8, students will:	Topic			Topic					
	1	2	3	1	2	3	4	5	6
Self-awareness									
Recognise emotions Examine influences on and consequences of their emotional responses in learning, social and work-related contexts		●					●		
Recognise personal qualities and achievements Make a realistic assessment of their abilities and achievements, and prioritise areas for improvement	●	●	●						
Understand themselves as learners Identify and choose a range of learning strategies appropriate to specific tasks and describe work practices that assist their learning			●						
Develop reflective practice Predict the outcomes of personal and academic challenges by drawing on previous problem-solving and decision-making strategies and feedback from peers and teachers			●				●		
Self-management									
Express emotions appropriately Forecast the consequences of expressing emotions inappropriately and devise measures to regulate behaviour		●	●				●		
Develop self-discipline and set goals Select, use and analyse strategies that assist in regulating behaviour and achieving personal and learning goals			●				●	●	
Work independently and show initiative Critique their effectiveness in working independently by identifying enablers and barriers to achieving goals									
Become confident, resilient and adaptable Assess, adapt and modify personal and safety strategies and plans, and revisit tasks with renewed confidence							●	●	●

Table 2: Mapping *Challenges and Choices* to Australian Curriculum General Capabilities: Personal and Social Capability	Resilience Education Module 1			Drug Education Module 2					
Typically by the end of Year 8, students will:	Topic			Topic					
	1	2	3	1	2	3	4	5	6
Social awareness									
Appreciate diverse perspectives Acknowledge the values, opinions and attitudes of different groups within society and compare to their own points of view		●		●	●	●	●	●	
Contribute to civil society Analyse personal and social roles and responsibilities in planning and implementing ways of contributing to their communities									●
Understand relationships Identify indicators of possible problems in relationships in a range of social and work related situations		●				●	●		
Social management									
Communicate effectively Analyse enablers of and barriers to effective verbal, nonverbal and digital communication		●				●	●		
Work collaboratively Assess the extent to which individual roles and responsibilities enhance group cohesion and the achievement of personal and group objectives			●						
Make decisions Assess individual and group decision-making processes in challenging situations				●		●	●	●	●
Negotiate and resolve conflict Assess the appropriateness of various conflict resolution strategies in a range of social and work-related situations						●			
Develop leadership skills Plan school and community projects, applying effective problem-solving and team-building strategies, and making the most of available resources to achieve goals			●		●				

Module 1
Resilience Education

Student resilience and wellbeing are essential for both academic and social development. Children who are confident, resilient and emotionally intelligent perform better academically. These skills can contribute to the maintenance of healthy relationships and responsible lifestyles.

Module 1 includes a variety of activities to enhance students' personal and social capabilities and build their resilience through the context of drug education. The supporting student workbook is linked to the activities in this Teacher Resource and will offer opportunities for students to test their drug education knowledge and skills, solve problems using a drug education context, and reflect on their own attitudes and beliefs.

The suggested activities in this module of work can be modified or additional resources sourced to support student needs and the local context. It is recommended that videos be pre-viewed to determine suitability for different student cohorts.

TOPIC 1:

Introduction to resilience and wellbeing

Activity 1 What is resilience?

Learning intention

- Students define resilience
- Students identify personal and social skills that build resilience

Equipment

Photographs from magazines – class set

Small piece of paper – one per student

Be Ready student workbook – one per student

Be Ready student workbook – *Build your resilience* – page 1

Text – *Oh the places you'll go* by Dr Suess

Family information sheet – *Resilience skills* – photocopy one per student

Teaching tips

Photographs could include landscapes, buildings, people, animals and signs. Source photographs from magazines or internet. Students could also bring a photograph for this activity.

Activities

1. Spread the photographs over the floor and ask students to choose one that they think best relates to the word 'resilience'. List some of the words that students use while sharing their interpretations of the photographs. Have students work with a partner to write their own definition of resilience using the list of words. Listen to some of these and discuss any similarities in the definitions.

   Explain that there are many situations in life where a person will need to be resilient so that they can 'bounce back' from setbacks and cope with tough times in their life while maintaining their wellbeing and relationships with others. Explain that resilient people:

   - know when and how to use skills such as optimistic and positive thinking, speaking assertively, solving problems, responsible decision-making, and planning ahead
   - know how to recognise their emotions and talk about their emotions
   - know how to manage their emotional responses to situations
   - can move forward with a plan of action rather than dwelling on one emotion such as fear or sadness as this can prevent them from coping with the situation
   - know their strengths and use these to deal positively with stressful and difficult situations, and to set short and long term goals.

2. Ask students to think of a person they know who is resilient and what they do that indicates their personal and social competence. Give an example of a resilient person you know or use the example of a new immigrant who has left their family behind and has arrived with very little. They would need to have resilience to be able to manage their new situation. Set up a **circle talk** (refer to page 91) and allocate a timeframe for the inside circle to share their resilience example with a partner then ask the outside circle to do the same. Have students in the outside circle move on several places and repeat the previous step. This will enable the class to hear a range of examples of resilience. Process the circle talk using the following questions.

   Ask

   - *What were some new ideas about resilience that you learnt from your peers?*
   - *Why is it important for young people to build their skills of resilience?* (Having resiliency skills can minimise the effect of negative and stressful situations. It helps a young person to face challenges, learn from them and apply these skills towards living a healthy life).
   - *Think about your own resilience and some of the skills that you already use when you face a challenge or setback. How did you learn those skills?* (eg watching others such as parents, friends, teachers and role models. Tell students that everyone is capable of developing their resiliency skills however it takes effort and practice).
   - *Is it useful to 'pat yourself on the back' when you do something positive for your own health and wellbeing? Why?*

3. Distribute a *Be Ready* student workbook to each student. Ask them to write their name on the front cover.

4. Read the book *Oh the places you'll go* by Dr Seuss to the class. As you are reading, ask students to jot down on page 1 of *Be Ready* the skills that the author includes in the story.

5. Ask students to share the skills they 'saw' in the story. Discuss these skills and add to them if necessary.

6. Work through each of the strategies that students can use to build their resilience. Ask students to put a tick next to those strategies they may need to work on.

7. Give each student a copy of the Family information sheet – *Resilience skills* to take home and share with their family. If you are teaching Module 1 in conjunction with Module 2, send a copy of the letter on page 33 to parents.

If you have access to individual computers/ipads you may like to ask your students to complete the individual online resilience quiz at:

stress.about.com/qz/Quiz-How-Resilient-Are-You

FAMILY INFORMATION SHEET

Resilience skills

Student resilience and wellbeing are essential for both academic and social development. Children who are confident, resilient and emotionally intelligent perform better academically. The skills these children also possess can contribute to the maintenance of healthy relationships and responsible lifestyles.

Research has shown that children who are resilient are also less likely to be involved in problematic alcohol or other drug use, or misbehave in anti-social ways. So resilience and drug education is important as it helps young people to learn the skills that will help them to be more resilient, manage their emotional responses and cope with challenging situations that may come their way.

Tip for parents

Let your children know when you see them using these skills in their daily life and while interacting with other people.

Our class is building on the social and emotional skills that were covered in Year 6 and learning some new skills which include:

- **Using humour in a helpful way** so when your children experience sadness or bad times, they can laugh at their mistakes or laugh with others to help put things in perspective and feel more positive and hopeful.
- **Recognising their own strengths and limitations** to bounce back from setbacks and achieve new goals. Some teenagers only see what they can't do not what they can do. Knowing their ability strengths (eg good at running or art) or character strengths (eg fair and honest) can help your children to take steps to overcome problems and set goals.
- **Using empathy** to help them see a situation from another person's point of view and understand how they are feeling. This will help your children to build positive and supportive relationships.
- **Using leadership skills** which are the social skills that help to build good relationships. These skills include: being a good communicator, finding the best in others, being adaptable, being able to stand up for their own values, problem predicting and solving, and being enthusiastic and self-aware.
- **Setting SMART goals** that are specific, measurable, linked to actions, realistic and have a timeframe. Being able to set and achieve short and long term goals can add to your children's health and wellbeing.

The strongest oak of the forest is not the one that is protected from the storm and hidden from the sun. It's the one that stands in the open where it is compelled to struggle for its existence against the winds and rains and the scorching sun.

Napolean Hill, 1883-1970

EDUCATING FOR SMARTER CHOICES

TOPIC 2

Emotion recognition and regulation

Activity 1 Strategies for coping

Learning intention

- Students identify emotional responses to stressful situations and propose coping strategies for managing these responses

Equipment

Blank cards – at least four per group

Be Ready student workbook – *Clues about coping* – page 2

Teaching tip

Build students' resilience vocabulary by naming and defining emotions. Emphasise that it is important to acknowledge all emotions, even those that may be seen as negative (eg anger, worry), and be able to manage these emotions in a helpful way.

Activities

1. Place students in groups of four. Give each group a few blank cards. Explain that groups are to discuss how things have changed for them moving from childhood into adolescence and identify situations that have been challenging or stressful (eg the transition from primary school to high school, having to catch public transport for the first time on their own to get to school, more homework, change in friendship groups). Each situation should then be written on a card. (Ask the class not to include physical changes of puberty).

   Complete a **card cluster** (refer to page 91) to sort the cards using headings such as social, responsibilities and activities. It may help students talk about the emotions connected with these experiences (it may help to make a list of these). Explain that it is normal to experience emotions such as worry and anxiety when changes or problems occur in our life and that having a set of coping strategies can be useful.

2. Have students read and discuss the coping strategies identified on *Clues about coping* on page 2 of the student workbook. In groups, have students **brainstorm** (refer to page 91) other coping strategies that they have used successfully or have seen others use. Remind students that during the brainstorm all ideas should be considered.

   Listen to some of the coping strategies identified by each group. Explain that everyone will have preferred ways of coping and that some will always be useful and others may only be relevant in certain situations. However it is always worthwhile considering new strategies and having these at our disposal. Have students select some of the strategies generated in the brainstorm and write these in the blank spaces on their workbook page.

3. Distribute one or two cards from the card cluster activity to each group. Explain that students are to choose strategies, from either *Clues about coping* or the brainstorm, that would be useful for coping and managing each situation. Have one group read out their card and the coping strategies they identified as useful. Other groups should check these against the strategies they chose for other situations. This will highlight to the class that there are some strategies that will always be useful (eg talking to someone else, looking at the problem realistically and setting goals). Use the following questions to process the activity.

   Ask

   - *What might stop someone from managing and coping with a challenge?* (eg unhelpful or negative self-talk, influences from others, being unrealistic or catastrophising the situation).
   - *If talking to someone you trust is a useful strategy, what might stop a person from doing this?* (eg worried they will be judged, not sure how to start the conversation).
   - *When you have asked someone to listen to your problem in the past, how did you start that conversation?* (Suggest that students might feel more comfortable if they take a walk with their confidante, as side-by-side conversations can sometimes be easier than face-to-face. Writing down the problem and taking their notes along to use in the conversation, can also be useful).

4. Have each student write down the names of three people they trust and would go to for advice or help on page 2 of their workbook.

Activity 2 Thoughts and feelings influence behaviour

Learning intention

- Students recognise the link between positive self-talk, feelings and resulting behaviours
- Students examine influences on and consequences of their emotional responses
- Students identify alternatives to negative self-talk statements

Equipment

Be Ready student workbook – *Thoughts, feelings, action!* – page 3

Be Ready student workbook – *Turn on Channel O* – page 4

Activities

1. Explain to the class that if we change the way we think about a situation by using positive self-talk rather than negative self-talk, we are more likely to behave in a way that will result in a positive outcome. Use the example of the two Year 7 students shown in the table on page 18 and in *Be Ready* on page 3 to explain the relationship between thoughts, feelings and behaviour.

Event or situation	Thoughts	Feelings	Actions or behaviour
Billy is in Year 7 and has moved into a new form class with not one friend	***Billy uses negative self-talk*** "I don't want to be in this class. Why me? Everyone else stayed in their same form. I'm going to hate school this year."	Billy feels worried, angry, anxious and stressed.	Billy treats the other students disrespectfully, stares at the teacher a lot, and is often late to class and gets detention. (After 3 weeks Billy has not made any new friends)
Bobby is in Year 7 and has moved into a new form class with not one friend	***Bobby uses positive self-talk*** "This is a bit scary but it's exciting too. I wonder if anyone in this class likes surfing. Great, now I can make friends with some other people at my school."	Bobby feels excited, energised, and just slightly anxious.	Bobby makes conversations with other students, finds others in the class with similar interests, and greets the teacher. (Bobby is invited to a new friend's home for a BBQ)

Ask

- *Was the way Billy behaved prompted by different emotional responses to the situation?* (Yes, Billy's feelings of anger, stress and anxiety lead to his negative self-talk which blocked him from being able to see some of the positive opportunities of the situation).
- *Why might Billy and Bobby think differently about the same situation?* (There are many unhelpful ways of thinking about situations and these can lead us to misinterpret situations and to say very unproductive things to ourselves. Bobby may also have developed more resilience skills than Billy. Billy may also be more naturally anxious so positive self-talk is important).
- *Why was it more useful to have positive thoughts about this situation?* (The students had no control over the situation but they could control the way they reacted to it).
- *Why do we need to use helpful or positive self-talk?* (eg it has a vital role building and strengthening emotional and mental wellbeing, it encourages us to try new things, and assists us to put things in perspective even if they don't turn out as we'd like).
- *Would you rather be around a person who is a positive self-talker like Bobby or a negative self-talker like Billy? Why?* (Talk about how relationships with others can be affected when a person is constantly negative about situations).

2. **Brainstorm** (refer to page 91) some situations and ask students to come up with their own event or situation to write in the blank section of page 3 of *Be Ready*. Once they have chosen their situation, get them to work through the situation using both positive and negative self-talk. Discuss the student scenarios.

3. Have students indicate if these are examples of positive self-talk using **thumbs up, thumbs down** (refer to page 96).
   - Nobody likes me *(negative self-talk)*
   - There's no point me trying out for the team *(negative self-talk)*
   - I can give it a go *(positive self-talk)*
   - Everyone gets nervous about exams *(positive self-talk)*
   - I'm useless at everything *(negative self-talk)*
   - I might not do everything well but at least I try *(positive self-talk)*
   - My last results were not great, but I am improving *(positive self-talk)*
   - All the teachers hate me *(negative self-talk)*

   Explain that challenging negative self-talk is valuable and that students can learn how to do this through practice. Place students with a partner. Read aloud one of the negative self-talk statements listed and explain that each student must challenge the statement by saying an alternative helpful thought to their partner. For example:
   - Nobody likes me – *It doesn't matter if I'm not liked by everybody*
   - Nobody likes me – *I have one really good mate who likes me*

   Repeat this with the other negative self-talk statements then process the activity using the following questions.

   Ask
   - *Will our feelings about a situation be different if we use positive self-talk?*
   - *Can challenging unhelpful self-talk change how we feel and consequently what we do?* (Yes. While we don't have control over events in our lives we do have some control over the way we think about them. Using positive self-talk will in most cases result in a more helpful way of coping with the situation).
   - *Why is it important that we learn to control the way we think about situations?* (It influences how we feel and behave in response to the situation and this can affect relationships with others).

4. Using page 4 of *Be Ready*, read the information at the top of *Turn on Channel O*. Discuss.

5. Ask students to read the optimistic ways of thinking in the 'bubbles'. Once you have read these and discussed them, ask students to add in their own optimistic ways of thinking. Discuss these.

6. The key messages for students are:
   - everyone has bad times that don't last for ever
   - everyone has bad things happen to them that they can't change
   - everyone makes mistakes at some time in their life
   - everyone feels rejected, lonely or sad at some time in their life.

Explain that by using helpful thinking students will be able to maintain a sense of wellbeing to:

- stay happy and positive
- have strong healthy and supportive relationships with friends and family
- bounce back when they have to deal with setbacks and problems.

Activity 3 Using humour in a helpful way

Learning intention

- Students understand that having a sense of humour and positive outlook can help to manage stressful or embarrassing situations

Equipment

Be Ready student workbook – *Look for the funny things in life* – page 5

Don't worry, be happy by Bobby McFerrin – song and lyrics (optional)

Teaching tips

Look for ways to encourage humour in the classroom. Set up a 'laugh it up' board and encourage students to display funny cartoons, jokes and riddles (check for racism, sexism or offensiveness). Have a 'laugh it up' session where students read funny stories or play funny games.

Activities

1. Tell the class a joke or funny story (to promote laughter) then ask the students to share how they are feeling after having a laugh. Explain that laughter has many positive effects as it causes the brain to release endorphins that relax our body and lower our heart rate. The good feeling that we get from laughing can remain long after the laughter subsides.

   Explain that being able to laugh about an event or situation can help us to put things in perspective and contribute to us having a positive, optimistic outlook when we experience sadness, anxiety or bad times. For example, when someone does something silly we will often make a joke about it. Another example is clown doctors who use humour to take children's minds off their illness while in hospital. This doesn't mean that the problem will go away but it can give a person the courage and strength to find new sources of meaning and hope, and make a person feel better and be more hopeful.

   Ask

   - *Why do we like to laugh with our friends?* (eg we get to share something special, it relaxes us, we laugh more than when we are alone).
   - *Are people who smile a lot and laugh, good to be around?* (Yes, because they seem more friendly, confident and relaxed to be around).
   - *How does laughing, when you do something embarrassing or make a mistake, help to make things seem better?* (Laughing distracts attention from the embarrassing thing or the mistake. It shows you can cope and it attracts support from others).
   - *Why do you think humour that puts people down or hurts them is unhelpful?* (eg form of bullying, lacks empathy).
   - *Is laughing when someone else does something embarrassing or makes a mistake always helpful?* (Not always. If we laugh to humiliate the person further it's not helpful but if we laugh with them to show the funny side of their misfortune or to make them feel better, then it can be helpful).
   - *Why do you think acting in a silly way and pretending that you don't have a problem or you don't feel sad or worried is unhelpful?*
   - *Is it helpful to say "We'll laugh about this next week/year" as a way of dealing with stress or sad times? Why?*

2. Set up two concentric circles and conduct a **circle talk** (refer to page 91) using the following questions that focus on the benefit of using laughter as a coping strategy.

   Ask

   - *Tell your partner about something that has happened to you (no name rule) that still makes you laugh when you think about it.*
   - *Tell your partner about someone who did something (no name rule) that still makes you laugh when you think about it.*
   - *Do you think it would be useful to think of this person or situation when you are feeling sad? Why?*
   - *Tell your partner about a time when you coped better with something upsetting or worrying because you found the funny side to it, either at the time or afterwards.*

3. Explain to the class that research suggests that taking time to reflect on some of the good and funny things that happen to us in our lives can contribute to our wellbeing and can also help us to focus on what is going right, as well as wrong, in our lives. Have students keep a humour dairy for a week using *Look for the funny things* on page 5 of *Be Ready*. Offer a few examples of funny things that have happened recently in your life such as hearing a joke or riddle, watching a comedy show or cartoon, seeing a pet or sibling do something cute or weird, or just having a good time and laughing with a friend. Have students share their completed diary with others in the class by either using their written entries or by creating a PPT that includes photos to illustrate the funny situations.

   Ask

   - *How do you feel when you look back at the things that made you laugh each day?*
   - *What did you learn about yourself from keeping this diary?*
   - *How could you use humour to help you get over a mistake or something embarrassing?*

4. Listen to the song *Don't worry, be happy* by Bobby McFerrin and discuss the lyrics. Have students write their own verse to the song that promotes using humour and laughter as a coping skill.

Assign one of the tasks listed on *Look for the funny things in life* page 5 of *Be Ready* to each group to complete.

Activity 4 Recognising and respecting others' feelings

Learning intention

- Students recognise empathy as an enabler to effective communication and positive relationships
- Students practise using reflective listening and expressing understanding skills

Equipment

Activity sheet – *Showing empathy* – photocopy one card per group

Old pair of shoes (optional)

Access to the internet

Teaching tips

When we put ourselves in another person's shoes, we are often more sensitive to what that person is experiencing and are less likely to tease or bully them. By explicitly teaching students to be more conscious of other people's feelings, we can create a more accepting and respectful school community. However increasing students' capacity for empathy is complicated by the fact that most young adolescents experience an extended inward period of development in which individual identity is an important focus. Find ways to embed empathy activities into daily situations such as commenting when a student demonstrates empathy to another student or reading stories and poems with an empathy focus.

Activities

1. Have students use a **one minute challenge** (refer to page 93) to tell their partner about a happy, sad, frightening, embarrassing or annoying incident they have experienced without actually saying how they felt when this happened. Explain that partners are to listen to the story being told and should try to guess how the student telling the story must have felt. Students then swap roles. (If students are not comfortable sharing a real-life experience, suggest that they pretend to be a fictional character and tell his/her story using a scene from a movie or a book).

   Ask

   - *Was it easy to recognise how your partner was feeling in the situation they shared with you? Why?*
   - *How did your partner show you that they understood your feelings?*
   - *How did this make you feel?*
   - *What would you have liked your partner to have done differently?*

   Explain that:

   - When we try to work out how somebody is feeling and try to understand that feeling or try to see something from another person's point of view, we are using the skill of empathy.
   - Being empathetic is the ability to recognise another person's feelings and respond accordingly and respectfully and is a character strength that we can develop and practise.
   - Showing empathy is a skill that assists resilience as it helps to build and maintain strong supportive relationships.

2. Ask students to consider each of the following statements and answer yes or no and keep their answers in their head.

   Statements to consider

   - I often think about other people's feelings.
   - I don't make fun of other people because I can imagine what it feels like to be in their shoes.
   - I listen to others about what they are going through.
   - I try to understand other people's point of view.
   - I am aware that not everyone reacts to situations the same way that I do.

   Explain that if students answered 'yes' to each statement their empathy skills are well developed and a strength of their character. If students answered 'no' to some or all of the statements, suggest that they need to practise being empathetic more often.

3. Draw a **Y chart** (refer to page 97) and brainstorm what empathy might look like (eg body language and nonverbal communication); feel like, and sound like. For example: empathy looks like laughing with someone when they are happy or nodding your head while listening to them, and sounds like statements such as: *"I'm so happy for you". "I understand why you feel that way".*

   Explain that there are skills that are used to let people know that you are listening and respecting their feelings. These skills include:

   - reflective listening – such as encouraging actions (eg a nod, smile) or words (eg "*okay, that's interesting*")
   - expressing empathy – accepting the validity of the other person's feelings whether you agree with them or not, and indicating understanding of what they are feeling.

   Use the example of Tom (on the activity sheet) to explain this.

> *Tom is awarded the 'best and fairest football player of the week' for the first time all year.*
>
> *A team mate tells Tom that he only got the award because everyone else had already won one.*
>
> This statement is *not* empathetic.
>
> What empathy statement could you use in this situation?
>
> *"Tom, I think it's great that you won the award. You must be feeling really happy".*

4. Give each group one of the scenario cards from the activity sheet *Showing empathy*. Explain that students must consider the scenario and write their answers to the following before sharing their responses with other members of the group.
   - Describe what the person might be feeling or thinking.
   - Describe how the other person showed a lack of empathy.
   - Write how the person would show that they were really listening.
   - Write what you could do or say to show empathy ie that you understand how they are feeling.

   Have groups create a **role-play** (refer to page 94) that illustrates their scenario and shows the skill of empathy being used. After the role-play, interview the character who was treated with empathy and find out how this made them feel and if it changed the way they intended to behave. Use the following questions to further the discussion on empathy.

   Ask

   - *Is empathy the same as sympathy?* (No. Sympathy is when you feel sorry for someone, and can sometimes make the person seem inferior. Empathy is when you understand the other person's feelings and situation).
   - *How can becoming more empathetic help you to have better relationships with your family and friends?* (You can understand people less fortunate than you or those who need help. You can better deal with disagreements because you can see both sides and being kind to someone who is angry helps them 'cool' down. You're less likely to harm or bully someone, be a 'know-it-all' or judge other people).
   - *Do you think if all students showed more empathy there would be less teasing and bullying in our school?* (Research shows that when we practise empathy we are less likely to be mean to someone else and more likely to act to prevent or show support to a student who is being mistreated).
   - *There is a proverb that says, 'Don't criticise a man until you have walked a mile in his shoes'. What does this proverb mean?*
   - *What things can you do to help you 'walk' in someone else's shoes or be empathetic?* (eg remember a time when you felt the same way as the other person, remember what you have seen or read about how this person might be feeling, remember how other people said they felt in a similar situation to this person, try to predict how you might feel if you were in this same situation).
   - *Why do you think it's easier for some people to empathise than others?* (Empathy is a learned and practised skill. Some people have practised this skill more than others and know the benefits of showing empathy).
5. Have students make a list of ways to show empathy to other people in their life (eg family members, friends, classmates and teachers). Display these ideas with a pair of old shoes that are labelled 'walk in my shoes'.
6. Students choose one of the following tasks to complete:
   - Find a story, poem, song, or scene in a story that portrays empathy (eg *Chicken Soup for the Teenage Soul* by Jack Canfield and Mark Hansen or watch the youtube clip The Breakfast Club by Pitt River Middle School, USA).

     https://www.youtube.com/watch?v=0Lj5pWWA_MY)
   - Create an announcement to be aired on the school PA that encourages students to be empathetic toward one another.
   - Design a poster that symbolises empathy and reminds your classmates to show compassion toward one another.

SDERA
EDUCATING FOR SMARTER CHOICES

Showing empathy

Adam's parents separate the weekend before he is meant to be going away on holiday with his friend.

When Adam tells his friend he can't go on the holiday, his friend gets really angry with him and says, *"Who cares, I'll have a great time without you".*

What empathy statement would you use in this situation?

Dan gets his maths test back and finds that his results aren't that good.

A classmate next to him grabs the test from his hand, waves it around and teases Dan about his poor results and says, *"What a loser, only 10 out of 20!"*

What empathy statement would you use in this situation?

Tom is awarded the 'best and fairest football player of the week' for the first time all year.

A team mate says to Tom, *"You only got the award because everyone else had already won one".*

What empathy statement would you use in this situation?

Micah has been invited to a pool party but is worried because she can't swim.

Micah tells her friend she is really nervous. Her friend says, *"Stop worrying you're just being stupid".*

What empathy statement would you use in this situation?

Sean lets his friend Hal play his new computer game. Sean has bought the game with his own money after saving his pocket money for several months.

Hal loses the game and says, *"It's no big deal. It was a dumb game anyway".*

What empathy statement would you use in this situation?

Jenni hates talking in front of the class and has been practising her speech at home but she still goes really red and stumbles over some words.

Some kids in the class roll their eyes and giggle behind their hands. One student says to Jenni, *"You looked so stupid".*

What empathy statement would you use in this situation?

Sarah is really excited about going to her first party on Friday night and really wants to borrow her sister's top.

Her sister says "no way" and won't budge even when Sarah says she can borrow anything of hers.

What empathy statement would you use in this situation?

Chris breaks her wrist just before the end of term music concert and can't play in the concert.

All her friends are playing in the concert and keep talking about how great it will be. None of Chris' friends ask how she is feeling.

What empathy statement would you use in this situation?

Rani is a refugee who has only been in Australia for a couple of weeks and is very nervous about being at a new school.

One of the kids makes a joke about her and says she's stupid because she can't speak English properly.

What empathy statement would you use in this situation?

Howard usually stays outside the footy club because his dad often gets drunk.

Howard tells his friend that he feels embarrassed about his dad's behaviour. His friend says, *"No-one else cares so stop worrying".*

What empathy statement would you use in this situation?

TOPIC 3

Self-knowledge

Activity 1 Recognise personal qualities and strengths

Learning intention

- Students make a realistic assessment of their personal strengths and qualities

Equipment

Be Ready student workbook – *Test of strength* – pages 6-7

Family information sheet – *Building your teen's character strengths* – photocopy one per student

Teaching tips

Have students create a scrapbook that includes photos, certificates, cards, letters and drawings to showcase their own ability and character strengths.

Activities

1. Have the class discuss the statement – *'Strength is about being physically strong'*. Explain that we all have strengths and qualities that make up our character and personality. These can be grouped into ability strengths (eg being a good runner or artist) or character strengths (eg being honest and fair). Have students complete *Test of strength* on pages 6-7 in *Be Ready*. Ask the class to be honest with their appraisal and explain that they do not have to be 'strong' in all areas.

   Have students score their strengths and share the results with a partner. Also ask students to share an example of where they have recently displayed one of their strengths. For example: *One of my strengths is thankfulness. I set myself a goal this year to find one thing to be thankful for every day and so far, I'm on track.* Use the following questions to process this part of the activity.

   Ask

   - *Were you surprised by any of your results?*
   - *What are some other ways you can work out your strengths?* (eg look at test scores, listen to feedback, look at what you really like doing, compare yourself to others in this area).
   - *Can you also use these ways to identify your challenges or limitations?* (Yes).
   - *Why is it important to look for this sort of evidence?* (eg knowing your strengths and challenges or limitations can help you to achieve your goals).
   - *What can you do to overcome or get around your challenges?* (eg ask for help, practise the skill more, put more effort into learning the skill, accept and focus on other strengths).
   - *Can knowing what we are good at help us to cope when times are unhappy?* (Yes. Often doing activities that involve our strengths help us to 'be in the zone' and forget about unhappy things for a while. We also learn things more quickly when we are using our ability strengths and this can give us more meaning and purpose).
   - *How can knowing limitations in your character help you in your learning?* (Knowing your limitations can let you know where you might need a bit more work, practice or perseverance, and where you may need to be gentle on yourself).
   - *How can knowing your character strengths help your learning?* (They let you know why you might find it easier to do things and help you to praise yourself for a job well done).

2. Have each student choose their three most developed strengths (ie those that scored highest) and write these on the board. Process the information using the following questions.

   Ask

   - *How can knowing the strengths of other students in our class help you?*
   - *Would knowing a person's character strengths help you decide if you want to build a relationship with that person?*
   - *Which of these character strengths would you value in a friend? Team mate? Teacher? Family member? Why?*
   - *What character strengths do you think the Prime Minister of Australia should have? Why?*
   - *Would they be different to the character strengths of a lion tamer or pirate? Why?*

3. Use a **think-pair-share** (refer to page 96) and have students describe a time when they used one of their strengths to help someone and how they felt when doing this. For example: *I'm good at drawing so I helped my little sister draw the pictures to illustrate her project.* Stress that these kind acts help the giver and receiver to feel good, and they also give our lives a sense of meaning and purpose.

4. Ask students to write a job application that focuses on their strengths. For example: *I have strong written communication skills and have been the winner of several essay competitions at school.*

5. Send home a copy of the Family information sheet – *Building your teen's character strengths* with each student to share with their family.

FAMILY INFORMATION SHEET

Building your teen's character strengths

In the classroom, your child has been learning about how to build skills such as decision making, goal setting and predicting problems. Skills that all contribute to their resilience.

Character strengths such as self-regulation, perseverance and love of learning are not only the foundations of positive youth development and thriving, but are related to school success, life satisfaction and wellbeing. You can play a key role in building your children's character strengths.

Give meaningful and specific praise

When your child does something noteworthy, let them know by using comments that target the particular character strength shown.

You showed great leadership today when you encouraged your team to do their best even when they were down by 20 points.

I'm really proud of the way you supported your friend when they were being bullied by those other kids.

Telling me about your friends smoking cannabis took a lot of courage. I appreciate you being honest with me.

Help your teenager to recognise the character strengths they possess

Sometimes teenagers can become focused more on what they can't do than what they can do. Tell your child the strengths that you know they have (be honest) and how these strengths make them the wonderful person they are. Ask your child if there is a strength that they would like to have and work out a plan together to help them start practising this strength more often.

Help your teenager recognise character strengths in others

Not only is it important that your child becomes aware of their own character strengths but they also need to recognise and acknowledge strengths in others. Try reading books or watching movies where strengths are used by the characters. Have conversations and ask questions to develop your child's awareness of the strengths shown by fictional and real-life characters. For example: *What strengths did the characters show? How did the characters use their strengths to overcome challenges and obstacles? How was this character like you? How was this character not like you? Would you like to be more like this character? Why?*

Encourage your teenager to say positive things about themselves

What we think in our minds will eventually become what we believe. This is why it is so important that we start saying positive things about ourselves many times each and every day. Have your children write a list of at least 10 positive statements to say to themselves each day.

Write these on a list stuck to the fridge

I am important.	*I matter.*
I am worthwhile.	*I am unique.*
I will be what I want to be.	*I know what I can do.*
I can handle things.	*I am strong.*
I accept myself.	*I can change my life.*

EDUCATING FOR SMARTER CHOICES

Activity 2 Identifying leadership strengths and qualities

Learning intention

- Students identify leadership strengths and qualities
- Students practise negotiation and communication skills

Equipment

4 caps each with the name of a famous leader attached

Be Ready student workbook – *Leaders make a difference* – pages 8-9

Teaching tip

Choose famous leaders from different aspects of society (eg science and health, sport, the arts, technology) and that students know well eg Barack Obama (USA President), the Queen, Steve Smith (Australian Cricket Captain).

Activities

1. Have four student volunteers sit at the front of the class. Give each student a cap without them seeing the name of the famous leader. Explain to the volunteers that they are to try and guess the name of the famous leader (shown on their cap) by asking questions. If the answer to their question is 'yes' they may have another turn. Continue the game until all names have been revealed. Talk about the way these people have demonstrated their leadership abilities and why people may admire them.

2. Ask each student to write a list of five qualities or strengths that they think any leader should possess (eg empathy, positive attitude, compassion, and problem-solver). Place students with a partner to share their list and then **streamline** (refer to page 95) these into one list of five qualities or strengths. Stress that the list must be reached by negotiation and consensus. Have each pair then partner up with another pair, and repeat the process of sharing lists and streamlining to create a final list of five leadership qualities or strengths. Have each group share their list and give two or three reasons why they chose the particular qualities or strengths for a leader.

   Ask

   - *Did everyone in your group have similar ideas about leadership strengths and qualities? Why?*
   - *What commonalities did you find when creating your lists?*
   - *What skills did you practise to create your final list? (eg negotiation, decision making, communication, team work).*
   - *Did you feel that your opinion was valued when creating your final list? Why?*

3. Ask students to turn to page 9 in the *Be Ready* student workbook. Thinking back to the last activity they completed, ask students to complete the quiz, *Using my leadership skills.*

   Ask

   - *Think about the leadership qualities and strengths you decided upon in your group. Is this the kind of leader you aspire to be? Why?* (Point out that leadership can be at many different levels such as motivating and influencing only one other person through to leading a team to conduct a whole school event).
   - *Which of these leadership qualities and strengths do you currently possess?* (Remind students they do not have to have all of these qualities and strengths and that they can be learnt and practised over time).
   - *How do you show others the leadership qualities and strengths that you already possess?*
   - *Which of these leadership qualities and strengths would you like to develop?* (Talk about how others can help students to build their leadership qualities and strengths).

3. Ask students to look at the characteristics written around the edges of page 8 and 9 of *Be Ready* in the green colour band. Read through the characteristics and ask students to circle the three characteristics that they think are *most* important for a leader in the 21st century.

   Emphasise that students need to continue to develop their leadership skills and be willing to learn and practice new skills.

Activity 3 Using self-knowledge to set goals

Learning intention

- Students use personal ability strengths and demonstrate leadership skills
- Students analyse their leadership skills and set a SMART goal

Equipment

Be Ready student workbook – *Kick a SMART goal* – page 10

Be Ready student workbook – *Leaders make a difference* – pages 8-9

Teaching tips

Enlist the support of a teacher who works with younger students or a buddy class before conducting this activity.

Activities

1. Explain that people who know their strengths and limitations can use this self-knowledge to set worthwhile and achievable goals. For example, a person who is able to solve maths problems easily and loves working with computers may set their goal to become employed as a financial banker or accountant. However, goals don't always have to have a long term focus such as choosing a career path, they can also be short-term such as getting homework finished on time or saving money for a special event. Explain that goal setting is a skill that can also help people to stay happy and positive, and can stop them from giving up when faced with setbacks and problems.

2. Read *Kick a SMART goal* on page 10 of *Be Ready* and explain the acronym SMART ie specific, measurable, action-orientated, realistic and timeframe. Stress that setting a SMART goal will increase the likelihood of students achieving a goal. Use the following example to show students how to set a SMART goal.

   Specific – I want to save $60 in 4 weeks to buy a ticket to the concert all my friends are going to on 2 July.

   Measurable – I will achieve my goal by 30 June and buy my ticket on 1 July.

   Action-orientated – I will work two shifts at my part time job each week to earn $40. I will wash dad's car twice to earn $20. I will put the money in my account as soon as I earn it. I will check my bank balance at the end of each week.

   Realistic – My boss has already approved me working two shifts each week. Dad has agreed to pay me $10 for a car clean.

   Timeframe – I will have $30 in my bank account by 15 June and $60 by 30 June.

3. Explain that students are to form groups according to the ability strengths they identified on *Test of strength* on page 6 of the student workbook (ie word, logic and maths, space and vision) and then choose one of the leadership activities listed on page 8. (Alternatively groups may select another activity that demonstrates their ability strength). Groups are to write a SMART goal that will result in them conducting the activity they have chosen. Discuss each group's SMART goal and provide feedback on page 10 of *Be Ready.* Set aside time over the next two weeks for students to implement their plans and monitor their goal. Organise a time with a buddy class of younger students or within the class, so students can conduct their activities.

4. Have students reflect on the skills they used to plan and conduct their leadership activity by completing the reflection questions on page 10 of their workbook.

This page has been left blank intentionally.

Module 2
Drug Education

Drug education is an important strategy for reducing the extent of drug related incidents among young people. Effective drug education programs need to build knowledge and increase the competency of students to act in safe ways when presented with challenging situations.

This module supports the personal and social capabilities introduced in Module 1 and provides opportunities for students to build upon their drug education knowledge and skills, identify high risk situations, and develop a range of strategies to prepare them to make safer decisions.

The suggested activities in this module of work can be modified or additional resources sourced to support student needs and the local context. It is recommended that videos be pre-viewed to determine suitability for different student cohorts.

TOPIC 1

Introduction to drug education

Activity 1 Getting started

Learning intention

- Students demonstrate current knowledge and understandings about drugs and drug use
- Students understand the aim of their drug education program
- Students identify rules for a safe classroom environment

Equipment

Activity sheet – *What do you know about drugs?* – photocopy one per student

Activity sheet – *Quiz marking key* (refer to page 32)

Family information sheet – *Letter to parents* – photocopy one per student

Be Ready Year 7 student workbook – one per student

Activities

1. Drug education is not just about the delivery of drug information to increase students' knowledge and understandings, but also the development of skills and attitudes that can help young people to make safer choices.

   Many young people when asked about their school drug education often make comments such as 'it wasn't relevant' and 'the class usually knew more about drugs and the effects they can have on the body, than the person presenting the information'. Young people in their reflections also identified a disconnect from drug education due to the delivery of the same information in each year of their schooling such as the definition of a drug and the short term and long term effects of drug use. Students suggested that knowing how to handle situations where they felt pressured or needed to help a friend would have been more relevant and useful (Copeland, Finney Lamb, Bleeker & Dillon, 2006).

   This quiz has been designed to identify what students already know about: drugs and the effects of drug use; the prevalence of drug use by 12 to 17 year olds in Western Australia; laws associated with legal and illegal drugs; the perception of possible harms from drug use; skills and strategies to reduce the harms of their drug use or the harms from others drug use including basic first aid and who to seek help from in drug-related situations; and their current attitudes about drugs and drug use.

   Assessing the students' knowledge and skills and attitudes will be useful in assisting the teacher to plan a program of work that is relevant to their class.

   Students should complete the quiz on their own and under test conditions. It is also important that students do not write their name on the test. By remaining anonymous it is hoped that the class will provide honest responses. It is important to highlight to the class that their responses are not about being right but will be used to guide the direction that their drug education program will take.

   Check students' answers using the marking key on page 32. Tally the number of correct and incorrect answers as this will help you to decide where to focus the students' alcohol and drug education program, and which activities from this section of the resource to conduct.

   If during the program students demonstrate a lack of awareness that was not identified from the quiz results, select and deliver one or two activities from the relevant section to fill that gap.

   At the conclusion of the program, have students sit the quiz again to identify what advances have been achieved in knowledge and understandings, skills and attitudes as a result of working with the program content.

2. Explain to the class that their drug education program will aim to:
   - make sure they have accurate information about drugs such as alcohol, tobacco and cannabis
   - show the physical effects drug use can have on the body
   - highlight the social, emotional and legal consequences of drug use
   - identify strategies they can use to keep themselves and others safe in drug-related situations
   - present a harm minimisation approach which considers how best to prevent or reduce harms that can occur as a result of the use of alcohol and other drugs.

3. Discuss the classroom rules that will apply during the students' drug education program, such as:
   - No put downs. (Students should feel confident that their question, comment or personal attitude will be respected within the class. Any infringements of this rule should be acted upon quickly).
   - No personal disclosures. (Personal stories about alcohol and other drug use should not be encouraged. This will protect students, and those related to students, personal privacy and prevent them from damaging their reputation. It also prevents students from sharing stories that may increase their status, glamorise risky behaviour, or covertly influence others to engage in risky behaviour. It will also stop the class from being side-tracked).
   - Option to opt out. (Although the aim of the program is to have students consider their own attitudes and beliefs about drug use, students should always be given the option not to share. Teachers should also be aware of any students in their class who have experienced a drug-related situation as discussions may raise emotions and cause distress).

4. Distribute a *Be Ready* workbook to each student.

5. In situations where students have not previously participated in a drug education program, it is suggested that students understand the definition of a drug. The World Health Organisation (WHO) defines a drug to be "any substance, excluding food and water which when taken into the body, alters its function physically and/or psychologically" (WHO, n.d).

6. Send a copy of the letter (refer to page 33) home with each student to inform parents of the focus of their children's drug education program.

ACTIVITY SHEET

SDERA
EDUCATING FOR SMARTER CHOICES

What do you know about drugs?

This quiz is to help you find out what you already know about drugs, the effects they can have on your body, the laws about legal and illegal drugs, how you keep yourself and your mates safe in situations where alcohol and drugs are being used, and your attitudes about alcohol and drugs.

Read each question and circle ◯ your answer. Do **not** write your name on this sheet.

Types of drugs and what they can do to your body

1. Drugs can have different effects on your body. Classify these drugs according to the main affect they have on your central nervous system (CNS).

   nicotine caffeine alcohol ecstasy magic mushrooms amphetamines cannabis cocaine LSD heroin

Stimulants	
Depressants	
Hallucinogens	
Multi-action (have more than one effect)	

2. Dope, gunga and weed are all street or slang names for which drug?

   a) Cannabis b) Alcohol c) LSD d) Cocaine

   e) Don't know

3. Alcohol can cause some cancers in the body.

   a) True b) False c) Don't know

4. Smoking tobacco or cannabis using an implement (eg bong, shisha or hookah) will not reduce the damage to your lungs.

   a) True b) False c) Don't know

5. Alcohol only affects the brain and liver.

   a) True b) False c) Don't know

6. If a young person under 18 years of age drinks alcohol they can affect the healthy development of their brain.

   a) True b) False c) Don't know

7. If a woman drinks alcohol while she is pregnant or breastfeeding it can cause damage to the baby.

   a) True b) False c) Don't know

Drugs and the law

8. It is legal to drink alcohol under the age of 18.

   a) True b) False c) Don't know

9. Growing a couple of cannabis plants is legal in Western Australia.

   a) True b) False c) Don't know

10. Which list includes all legal drugs:

    a) Analgesics, cannabis and caffeine

    b) Nicotine, cannabis and caffeine

    c) Analgesics, nicotine, alcohol and caffeine

    d) Don't know

11. A drug conviction may affect your future employment and travel goals.

    a) True b) False c) Don't know

12. L and P plate drivers and riders must have a Blood Alcohol Concentration of zero.

    a) True b) False c) Don't know

13. It is illegal to drink alcohol in public places (park, beach, oval).

    a) True b) False c) Don't know

What do you know about drugs?

Helping yourself and your mates

14. If your mate has had too much to drink, should you:
    a) Leave your mate alone to sleep it off
    b) Stay with your mate and watch while he/she drinks some water and has something to eat
    c) Encourage your mate to drive or walk home
    d) Don't know

15. Your mate has been using drugs and is on the ground unconscious. You want to call an ambulance. If you do:
    a) You will all be arrested by the police for using drugs
    b) Your mate will be arrested by the police for using drugs
    c) You will be able to get help for your mate from the ambulance officers and the police who are only concerned about safety
    d) Don't know

16. The best thing to do if someone has a bad reaction to alcohol or a drug is to:
    a) Watch them until it is out of their system
    b) Call for help from an adult and/or an ambulance
    c) Leave them alone
    d) Hope they come right with time
    e) Don't know

17. In a health and safety situation involving alcohol or drugs, it is important to look after myself and help my mates.
    a) True b) False c) Don't know

What drugs are used by 12-17 year old school students?

18. Sort the list from (1) the drug that most young people aged 12-17 years used in the last year to (7) the drug that few young people aged 12 to 17 years used in the last year.

    cannabis ecstasy alcohol nicotine amphetamines analgesics tranquillisers

    1. _____ (91% used this drug in the last year)
    2. _____ (44% used this drug in the last year)
    3. _____ (16% used this drug in the last year)
    4. _____ (14% used this drug in the last year)
    5. _____ (13% used this drug in the last year
    6. _____ (3.1% used this drug in the last year)
    7. _____ (2.8% used this drug in the last year)

19. 95% of 12-17 year olds are not current smokers (smoked in the past 7 days).
    a) True b) False c) Don't know

20. Most 12-17 year old students in Western Australia have used amphetamines some time in their life.
    a) True b) False c) Don't know

SDERA
EDUCATING FOR SMARTER CHOICES

Quiz marking key

Question	Correct	Incorrect	Don't know	Topic	Activity
Types of drugs and what they can to your body					
1. *Stimulants* – nicotine, amphetamine, caffeine, cocaine *Depressants* – alcohol, heroin *Hallucinogens* – magic mushrooms, LSD *Multi-action* – ecstasy, cannabis				1 2 3	2, 3 1 1
2. *Dope, gunga, weed are all street or slang names for which drug?* **a) Cannabis**				1 5	2 1
3. *Alcohol can cause some cancers in the body.* **a) True**				4	1
4. *Smoking tobacco and cannabis using an implement (bong, shisha or hookah) will not reduce the damage to your lungs.* **a) True**				3 5	1, 2 2
5. *Alcohol only affects the brain and liver.* **b) False**				4	1
6. *If a young person under 18 years of age drinks alcohol they can affect the healthy development of their brain.* **a) True**				4	1, 2
7. *If a woman drinks alcohol while she is pregnant or breastfeeding it can cause damage to the baby.* **a) True**				4	1, 2
Drugs and the law					
8. *It is legal to drink alcohol under the age of 18.* **b) False**				1 4	3 4
9. *Growing a couple of cannabis plants is legal in Western Australia.* **b) False**				5	1, 3
10. Which list includes all legal drugs? **c) Analgesics, nicotine, alcohol and caffeine**				1	3
11. *A drug conviction may affect your future employment and travel goals.* **a) True**				5	2, 3
12. *L and P plate drivers and riders must have a Blood Alcohol Concentration of zero.* **a) True**				4	1, 4
13. *It is illegal to drink alcohol in public places (park, beach, oval).* **a) True**				4	1, 4
Helping yourself and your mates (harm minimisation)					
14. *If your mate has had too much to drink, should you:* **b) Stay with your mate and watch while he/she drinks some water and has something to eat.**				6	1, 2
15. *Your mate has been using drugs and is on the ground unconscious. You want to call an ambulance. If you do:* **c) You will be able to get help for your mate from the ambulance officers and the police who are only concerned about safety.**				6	1, 2
16. *The best thing to do if someone has a bad reaction to alcohol or a drug is to:* **b) Call for help from an adult and/or an ambulance**				6	1, 2
17. *In a health and safety situation involving alcohol or drugs, I should look after myself and my mates.* **a) True**				6	1, 2
What drugs are used by 12-17 year olds school students? (prevalence of drug use)					
18. *Analgesics (91%), alcohol (44%), cannabis (16%), nicotine (14%), tranquillisers (13%), ecstasy (3.1%), amphetamines (2.8%),* (MHC, 2016a; MHC, 2016b)				1 5	3 1
19. *95% of 12-17 year olds are not current smokers (smoked in the past 7 days)* (White & Williams, 2015) **a) True**				1	3
20. *Most 12-17 year old students in Western Australia have used amphetamines sometime in their life.* **b) False (3%)**				1	3

Dear Parents

In Health and Physical Education this term, our class will be building on their drug education learning from Year 6 and focusing on alcohol and other drugs such as cannabis using *Challenges and Choices*, an evidence-based education program that is endorsed by the State government and supported by the Department of Education, Catholic Education Western Australia and the Association of Independent Schools of WA.

Research tells us that young people should receive ongoing and age-relevant alcohol and other drug education. *Challenges and Choices* does this by focusing on medicines, poisonous substances and passive smoking in early childhood; energy drinks, tobacco and alcohol in middle primary; and alcohol, cannabis and other drugs in secondary school.

The aim of the *Challenges and Choices* program is to:

1. Develop the skills that young people need to lead a safe and healthy life such as knowing when to seek help, making responsible decisions, predicting and solving problems, and speaking assertively.
2. Give students the confidence to use a range of refusal and coping strategies that can help them resist the pressures and influences from others to keep them safe.
3. Discuss the consequences of alcohol and other drug use. Not only the physical effects on our body but also the social, emotional, financial and legal implications.
4. Develop negative attitudes towards harmful alcohol use or 'binge drinking' and promote the message – no alcohol is the safest option for anyone under 18 years of age (National Health and Medical Research Council [NHMRC], 2009).
5. Look at current Western Australian alcohol and drug statistics. Many teenagers believe that 'everyone smokes' and 'everyone drinks alcohol'. The *Australian School Students Alcohol and Drug Survey* (Mental Health Commission [MHC], 2016a)[2] [3] dispels this perception and can reassure your child that they are part of the majority of young people who do not use alcohol or other drugs.

Parents and families have a key role to play in their children's drug education and can also have a strong, positive influence on their children's attitudes towards alcohol and other drugs. It may however be a topic of discussion that you are not confident to tackle. During the program your will receive fact sheets on a range of topics that I encourage you to share and discuss with your child.

Please contact me if you require further information about the *Challenges and Choices* alcohol and drug education program.

Yours sincerely

[1] National Health and Medical Research Council (NHMRA). (2009). *Australian Guidelines to Reduce Health Risks from Drinking Alcohol.* Retrieved from https://www.nhmrc.gov.au/guidelines-publications/ds10

[2] Mental Health Commission (2016a). Alcohol trends in Western Australia: 2014 Australian school students alcohol and drug survey, Government of Western Australia, Perth. Retrieved from http://www.dao.health.wa.gov.au/Informationandresources/Publicationsandresources/Researchandstatistics/Statistics/AustralianSchoolStudentsAlcoholandDrugsurvey.aspx

[3] Mental Health Commission (2016b). Ilicit drug trends in Western Australia: 2014 Australian school students alcohol and drug survey - Western Australian Results. Government of Western Australia, Perth. Retrieved from http://www.dao.health.wa.gov.au/Informationandresources/Publicationsandresources/Researchandstatistics/Statistics/AustralianSchoolStudentsAlcoholandDrugsurvey.aspx

Activity 2 What are drugs?

Learning intention

- Students define a drug
- Students classify drugs according to the primary effect of the drug on the central nervous system (CNS) eg depressant, stimulant, hallucinogen and multi-action

Equipment

Be Ready student workbook – *Talking drugs* – page 11

Empty tissue box or similar to be used as a 'question box'

Family information sheet – *It's not just the drug* – photocopy one per student

Activities

1. In small groups, have students write their own definition of a drug. Listen to some of the group's ideas then read the World Health Organisation (WHO) definition on page 11 of *Be Ready* which is: "A drug is any substance, except food and water, which when taken into the body, changes the way the body works" (WHO, n.d.). Discuss any similarities between the WHO definition and those created by the class.

2. Explain that drugs which affect a person's CNS (eg physically and psychologically) are called psychoactive drugs. These drugs can be sorted into four categories according to the primary effect that the drug has on the CNS, and include:

    - *Depressants* – these drugs slow the activity of the brain and decrease its alertness eg alcohol, heroin. (Volatile substances such as aerosol sprays and glues also fall into this category. However it is recommended that information on volatile substances *should not* form part of the general drug education curriculum due to the ease of access and risks of experimentation.

      Refer to www.sdera.wa.edu.au).
    - *Stimulants* – these drugs have the opposite effect to depressants by increasing the activity of the brain eg caffeine, nicotine (in tobacco).
    - *Hallucinogens* – these drugs cause the user to see, hear and smell things in a strange way eg cannabis and ecstasy in high doses, and some types of mushrooms.
    - *Multi-action* – these drugs can have more than one effect on the CNS. For example, cannabis can have both depressant and hallucinogenic effects, and ecstasy can have both stimulant and hallucinogenic effects.

    Have groups **brainstorm** (refer to page 91) the names of psychoactive drugs for each category of drugs and write these in their workbook. Suggest that students list street names and slang words if they do not know the correct name of the drug. For example: marijuana (gunga, mull, dope, weed), alcohol (booze, grog), ecstasy (eccies, E). Some street names may be more relevant to certain student cohorts and in different locations. Give students the correct drug name for those drugs only known by the street name. Ask groups to place a tick next to the drugs that are legal to use ie tobacco and alcohol for anyone who is 18 years or older, analgesics etc and to complete the reflection question about what they have learnt.

3. Invite students to place any questions they may have about drugs in the 'question box'. Remind the class not to write their name on the question as this may encourage students to ask a wider range of questions. Select a question each lesson to discuss. Only answer the questions that you feel confident to answer.

    Reliable websites such as the Drug Aware website www.drugaware.com.au will help you find the information to provide credible answers. Emphasise to students that **any drug has the potential to cause harm.**

4. Send home a copy of the Family information sheet – *It's not just the drug* provided with this activity. Also advise parents about the reliable drug information websites and help lines that they, and their teenager, can contact for advice about alcohol and drug use problems.

FAMILY INFORMATION SHEET

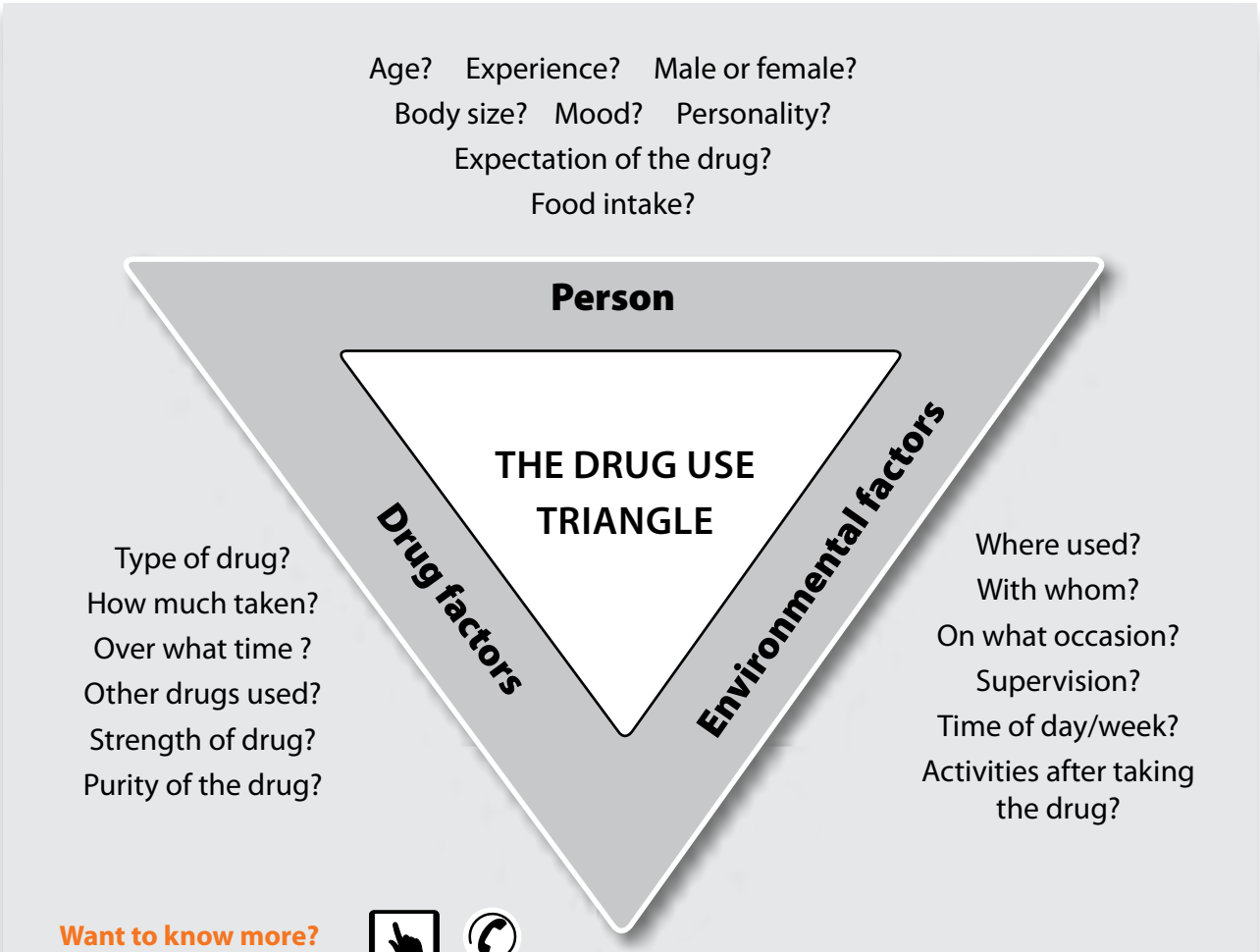
It's not just the drug

When a person uses a drug, is their experience only because of the drug they have used? Simple answer – No. Drug use affects everyone differently.

When setting up open lines of communication to talk with your children about alcohol and other drugs, it is important to be aware of individual differences and the factors involved in drug use.

The information provided on this sheet can help you to have those discussions.

The *Drug Use Triangle* shows how the effects and harms of drug use rely on the combination of three factors – ***The Person, The Drug and The Environment.***



Want to know more?

- Drug Aware www.drugaware.com.au has reliable information about all drugs
- Australian Drug Foundation www.adf.org.au has reliable information about all drugs
- Alcohol and Drug Support Line (08) 9442 5000 or 1800 198 024 (country callers)
- Parent and Family Drug Support Line (08) 9442 5050 or1800 653 203 (country callers)
- Aboriginal Alcohol and Drug Service (08) 9221 1411

Any drug has the potential to cause harm. Illegal drugs especially can have unexpected effects as the substances in them are often unknown and potentially dangerous. Understanding the factors involved in the drug use triangle can help to minimise the potential risks.

EDUCATING FOR SMARTER CHOICES

Activity 3 Normative education around drug use

Learning intention

- Students explore drug use statistics for Western Australian secondary students
- Students identify reliable sources of information about drug use
- Students explore types of drugs and the associated harms from use of drugs

Equipment

Be Ready student workbook – *Alcohol and other drugs* – page 12

Family information sheet – *Drug use: the real story* – photocopy one per student

Family information sheet – *Over the counter medications* – photocopy one per student

Activities

1. Ask students to form small groups. Have each group write the drug that they think should be written next to each heading on *Alcohol and other drugs* on page 12 of *Be Ready*. Point out that the drug names can be used more than once. Allow time for groups to complete the task then listen to responses before providing the answers as shown here.

Drugs that are legal	Ventolin, cough syrup, analgesics, caffeine, tobacco, alcohol, tranquillisers, guarana, caffeine
Drugs that are illegal	Cannabis, ecstasy, synthetic cannabis, LSD
Legal drugs that are illegal to sell to people under 18 years old	Alcohol, tobacco
Drugs that can be used as a medicine	Ventolin, cough syrup, analgesic, tranquillisers, caffeine *for example, caffeine is used to stimulate breathing in premature babies. There have been some instances of using cannabis for pain relief in other countries. This is not currently legal in Australia.*
Drugs that can cause harm	All of the drugs can cause harm depending on the person, the level of use and the situation they are used in. There is no safe level of use for tobacco. Alcohol use for those under 18 can affect brain development. Pregnant women who drink alcohol may harm the development of their baby.
Drugs that cannot cause harm	Any drug has the potential to cause harm. However, when used as directed the risk of harm from analgesics, cough syrup, caffeine, guarana and tranquillisers is low.
The drug that was used by 1.3% of 12-17 year old WA students in the last week	Ecstasy
The drug that was used by 14% of 12-17 year old WA students in the last week	Alcohol
The drug that was used by 4.8% of 12-17 year old WA students in the last week (Department of Health, 2016)	Tobacco
The drug that was used by 5.6% of 12-17 year old WA students in the last week (MHC, 2016a; MHC, 2016b)	Cannabis
The two drugs that cause the most drug related deaths in our community	Tobacco causes about 80% of all drug related deaths each year, through cancer, emphysema and heart disease. Alcohol causes about 14% of alcohol related deaths through traffic accidents, liver disease and misadventure. About one in five deaths in Australia are drug related but only about 6% of these deaths are caused by illegal drugs. ABS Mortality data - 2008
Drugs that are psychoactive drugs	Cough syrup, caffeine, analgesics, tobacco, alcohol, cannabis, ecstasy, synthetic cannabis, LSD
Drugs that are depressants	Alcohol, analgesics, cough syrup, cannabis
Drugs that are stimulants	Caffeine, tobacco
Drugs that are hallucinogens	LSD
Drugs that are multi-action	Ecstasy, cannabis

2. Have students write their answers to the questions on page 12 of their workbook (and shown here) and then discuss as a class.

Ask

- *Why do you think your guess about student drug use was incorrect?*
- *How might knowing the real student drug use statistics change the way a young person your age feels about these drugs or how they behave around these drugs?* (Because students often overestimate the number of people who do use drugs, they may make students believe that 'everyone is doing it, so drug use must be okay' or make them feel pressured to experiment with drugs to be part of a 'cool' subculture. Remind students that delaying the age of experimentation of drug use decreases the likelihood of later problematic drug use).
- *Would thinking that more people around their age were using cannabis actually influence a young person to experiment with cannabis?* (Yes. Young people who perceive cannabis use norms to be higher than they are may be more likely to experiment or be regular cannabis users. The same applies to alcohol use).
- *Why do you think the number of people who smoke, for all age groups, has reduced so much over the last 60 years?* (eg effective public health campaigns, less tobacco advertising, more education about the harmful effects of smoking, more laws that help encourage less use, increase in cost).
- *What have you learnt from this activity?* (Drugs can be grouped in different ways according to the effect they have on the body. Drugs can affect people in ways that are both helpful and harmful. All drugs have the potential to cause harm if misused however tobacco and alcohol are the drugs that cause the most harm in our community. Most school aged students do not take drugs).
- *Where do you usually find out information about drugs?* (eg media, friends, peers, teachers, internet, family, pharmacist, doctors).
- *Are all of these sources reliable?* (No. Doctors, pharmacists, government websites and the Alcohol and Drug Support Line are reliable sources. Teachers, friends, peers, family and the media may not always be well informed and therefore are not always reliable sources).

3. Have students research the drugs discussed in this activity using reliable websites that provide reliable information about drugs such as the Australian Drug Foundation, National Cannabis Prevention and Information Centre, Drug Aware, and the Drug and Alcohol Office WA.

4. Send home a copy of the Family information sheets – *Drug use: the real story* and *Over the counter medications* with each student to share and discuss with their family.

FAMILY INFORMATION SHEET

Drug use: The real story

Many parents worry about whether their teenagers are drinking alcohol or taking illegal drugs, how they can tell, and what to do about it if they are.

With all the stories about drugs in the media, many parents also wonder why young people would even think about trying drugs. However, media stories often try to paint a picture of high drug use amongst secondary students. So what is the real story?

If you would like to read further information about the Western Australian results of the national survey visit the Drug and Alcohol Office or the Mental Health Commission website

Drug and Alcohol Office website
www.dao.wa.gov.au

Mental Health Commission's website
www.mentalhealth.wa.gov.au

The Australian School Students Alcohol and Drug (ASSAD) survey is conducted every three years and involves thousands of students who answer anonymously a range of questions.

The 2014 survey results showed that in Western Australia:

- Apart from analgesics and alcohol, most young people aged 12 to 17 years do not use drugs.
- Although use of alcohol by these age groups has decreased since 2011, 44% reported they had used alcohol in the last year.
- 19% said they had used cannabis at some time in their life.
- 16% of 12-17 year olds reported they had used cannabis in the last year.
- Only 3.1% said they had used ecstasy and 2.8% had used amphetamines in the last year.
- Volatile substances (eg glue, paint, petrol or thinners) were used by 16% of 12-17 year olds at some time in their lives.

(MHC, 2016a; MHC, 2016b)

Dispelling the myths around young people and drug use

Your children will be exposed to news stories that may suggest to them that 'all young people are using illicit drugs'. Your children may also believe that many of their friends are drinking alcohol or using cannabis. It is therefore so important to let your children know that their perceptions about other young people's drug use are incorrect and that by choosing not to use alcohol or other drugs they are part of the majority of young people their age.

FAMILY INFORMATION SHEET

Over-the-counter drugs

When you think about drug use and young people, drugs like alcohol or cannabis might quickly come to mind. But we know from recent surveys that the overuse of over-the-counter drugs is becoming a problem with some young people. These drugs when taken as intended by appropriately following the instructions provided by a doctor, pharmacist or the instructions on the packet, can safely treat specific mind and body symptoms. It is when over-the-counter drugs are misused by taking different quantities or when symptoms aren't present that these drugs may affect a person in ways very similar to illicit drugs. For example, stimulants such as Ritalin achieve their effects by acting on the same neurotransmitter systems as cocaine.

Australian School Students Alcohol and Drug (ASSAD) Survey

The harms associated with pharmaceuticals are not just related to the misuse of prescription drugs but also the misuse of over-the-counter drugs such as analgesics (that contain codeine). Misuse is reported to be increasing and is emerging as an issue of concern. Codeine is used to provide relief from a number of conditions including mild to severe pain, diarrhoea and dry cough. Misusing codeine, including taking more codeine than recommended on the packet, increases the risk of side effects such as dizziness, lethargy and blurred vision, and puts a person at risk of an overdose. Care should be taken when using these drugs including those that contain paracetamol.

The most common reasons for using analgesics for males and females in the 2014 ASSAD survey was to help ease the pain associated with a headache/migraine and to ease the symptoms of a cold or 'flu'. In the national survey of school students aged 12 to 17 years:

- the use of over-the-counter medications such as Panadol was extremely high[1] with 93.4% having used these medications in their lifetime
- seven in ten (70%) had used analgesics in the past month
- females were more likely to have used analgesics in their lifetime. About one in five (20.8%) reported using analgesics to help with menstrual pain
- 16.2% of males, at all ages, used analgesics to help relieve pain from a sports injury.

The messages to give your children about over-the-counter drugs

- **Over-the-counter drugs have the potential to cause harm.** Some young people may think that prescription and over-the-counter drugs are safer than other drugs because they are legal and prescribed by a doctor.
- **These drugs should only be used as directed.** Young people who do not think that using prescription and over-the counter drugs is harmful may be more likely to use them for non-medical reasons than those who view them as harmful.
- **Using pharmaceutical drugs without a prescription from a doctor, or selling or giving them to someone else is illegal.** It is also against the law to forge or alter a prescription.
- **Try alternatives before using medications.** Talk about alternative ways your children can relieve a headache before taking analgesics such as: eating food or drinking water to hydrate the body, lying down in a dark room with a cold compress across the forehead or back of the neck, or going for a walk and getting some fresh air. (These are suggestions only and should not be taken as medical advice).

Any drug has the potential to cause harm.

[1] Mental Health Commission (2016). Australian Secondary Students' Alcohol and Drug Survey 2014: Western Australian Results. Unpublished analysis.

EDUCATING FOR SMARTER CHOICES

Activity 4 The drug use triangle

Learning intention

- Students understand that the effects from drug use are a combination of many factors and not just the drug itself
- Students assess possible harms associated with cannabis use and share their opinion
- Students appreciate that everyone has a different viewpoint

Equipment

Be Ready student workbook – *It's not just the drug* – page 13

Strategy sheet – *Agree disagree* – photocopy agree and disagree signs – page 106

Activities

1. Draw a triangle on the board and label as shown on *It's not just the drug* on page 13 of *Be Ready*. Explain to students that the effects and degree of harm caused to a person while using a drug is determined by a number of factors that can be grouped under the three headings: the person using the drug, the environment it's being used within, and the drug itself. Have students add other factors to each heading of the drug use triangle in their workbook.

2. Read the following scenario to the class. Identify the factors relevant to each point of the drug use experience triangle in this cannabis-related situation and discuss how these may contribute to the drug user's experience.

   Scenario

   - *A 17 year old female who has never used cannabis before is smoking a bong with friends in her own home.*

   Now have students read the scenario described on page 13 of the student workbook and again identify the contributing factors and possible harms using the drug use experience triangle. Check that students have identified all factors.

3. Place a sign (agree/disagree) at each end of the room and conduct a **values continuum** (refer to page 97). Read the following scenario.

   Scenario

   - *The 17 year old female smoking cannabis at home is at a lower risk of harm than the 17 year old female smoking cannabis at the beach. Do you agree or disagree?*

   Ask students to assess the two scenarios then place themselves on the continuum. Invite students to give reasons for their placement along the continuum. Talk about how both females could reduce the possible harms from their cannabis use (eg not smoke cannabis, find out more information about cannabis and the short-term and long-term effects and consequences, use in a safer place with people they know).

   Create other scenarios for discussion using the factors students identified for each heading on the drug triangle.

TOPIC 2

Caffeine

Caffeine is a drug found in a range of readily available products such as chocolate, coffee, tea, cola, cocoa, energy drinks and over-the-counter medicines including *No Doz* and cough mixtures. These are products that young people often drink and eat.

There are currently no guidelines or recommendations about the amount of caffeine intake suitable for young people.

Caffeine effects, like any drug, differ from person to person depending on their age, body size and general health. Regular caffeine users may have different experiences from people who only consume caffeine products occasionally. As a stimulant it can cause physical effects for some people such as increased breathing and heart rates, dizziness, headaches, dehydration and frequent trips to the toilet.

Caffeine prevention education

The trend for young people to consume coffee and energy drinks, which contain caffeine, to increase stamina and performance is an emerging concern. Alerting students to the effects that caffeine and energy drinks can have on their body should be part of caffeine education programs.

It may be appropriate to focus on the peer and media influence to consume these drinks if students identify that they are regularly drinking them.

Key concepts

- Students need to understand that being healthy involves maintaining a low caffeine intake. Low or no caffeine intake needs to be discussed as part of behaviours of healthy people. Many of the caffeine products that young people consume also contain high levels of sugar or artificial sweetners, so it would be appropriate to focus on this as part of a healthy diet.
- Students should be able to identify products containing caffeine and also alternative food and drinks that could be consumed instead of those that contain caffeine.
- It is important to engage parents/families in this caffeine education as many young people have little control over what they eat and drink and many parents are not aware of the effects of caffeine.
- The learning experiences chosen will be dependent on the observed or reported consumption levels of caffeine among students. It may only be appropriate to engage in some of the activities in this topic to raise students' awareness of caffeine and energy drinks.

Whole-school approach

Check to see if your *School Drug Education Guidelines* advise students and families that only caffeine free products will be sold in the school canteen, and that students are encouraged not to bring these products to school especially for use at sports training.

Activity 1 Caffeine – the facts

Learning intention

- Students investigate the caffeine content in drinks and food
- Students discuss the possible immediate effects of caffeine on the body

Equipment

A collection of empty packets, boxes, wrappers, containers of a range of products with and without caffeine (eg chocolate, chocolate and coffee milk cartons and bottles, cola drinks, energy drink cans, tea and coffee, decaffeinated coffee and tea)

A4 sheet of paper

Activity sheet – *Clued up on caffeine* – photocopy one card per student

Teaching tips

Ask students to bring in empty containers of foods and drinks that contain caffeine. Use the list from the *Caffeine and energy drinks* – Family information sheet (refer to page 48) as examples of the types of items required.

Activities

1. Display the collection of empty food and drink items that contain various levels of caffeine. In pairs, have students decide which items have the least caffeine content to those that have the highest caffeine content and write their guess on a piece of paper.

   Distribute the items to the students then ask them to read the ingredient list on the package or container to find the caffeine content. Ask students to then place the items in order from lowest caffeine content to highest caffeine content. Have students check their guesses. Use the following questions to process the activity.

   Ask

   - *Were there any products that had a high caffeine content that surprised you? Why?*
   - *Were there any products that were low in caffeine that surprised you? Why?*
   - *Were you surprised to find that decaffeinated drinks do still contain amounts of caffeine?*
   - *Put the number of fingers up to show how often you would eat or drink something with high caffeine content. Seven fingers means every day of the week, one finger means once a week and a fist means never.* (Note the students who identify high use of caffeine products).
   - *Do you think it is healthy to eat or drink caffeine products every day?* (Children under 15 years should not consume products with high caffeine levels such as energy drinks, as caffeine can affect a growing brain. It is recommended that children stay well under 100mg of caffeine per day which is approximately one can of cola and a small chocolate bar).

2. Conduct a **question partners** (refer to page 94) using the question and answer cards from Activity sheets *Clued up on caffeine* – pages 43 to 46. Make sure that there is a matching card for each student. Explain that students are to find the card that matches either their question or their answer. When all cards have been matched, listen to all of the questions and answers. Use the following questions to process the activity.

   Ask

   - *What type of drug is caffeine?* (Stimulant)
   - *What can caffeine do to your body?*
   - *What was something new that you learnt about caffeine?*
   - *Why are we learning about caffeine?* (So we can monitor our own caffeine intake and reduce it or continue to remain caffeine free to maintain our wellbeing).
   - *Do you think companies who produce foods and drinks containing caffeine should put some of these facts on their packaging? Why?*
   - *Why do many people continue to use caffeine even though it can have some nasty effects on the body?* (Most adults use under 600 mg of caffeine per day so they may not be experiencing the harmful effects).

SDERA
EDUCATING FOR SMARTER CHOICES

Clued up on caffeine

What is caffeine?

Caffeine is a stimulant drug which means it speeds up the messages travelling between the brain and the body.

Caffeine is an ingredient that can be found naturally in the leaves, seeds, nuts or fruit of more than 60 plants. Some of the most commonly known sources of caffeine include coffee beans, tea leaves, cocoa beans, kola nuts, and guarana plants.

What are some common foods and drinks that contain caffeine?

Common foods and drinks that contain caffeine are coffee, tea, cola drinks, chocolate, iced coffee, energy drinks and bars.

It is also found in some painkillers and cold and flu medicines.

What are the immediate effects of caffeine on the body?

These effects may be experienced between 5-30 minutes after consuming caffeine and may continue for up to 12 hours:

- feeling more alert and active
- restlessness, dizziness
- anxiety and irritability
- dehydration and needing to urinate more often
- higher body temperature
- headache and lack of concentration
- stomach pains.

How much caffeine is it okay to eat or drink each day?

Research shows that anxiety level for children aged 5-12 years equates to a caffeine dose of 95mg per day (approximately 2 cans of cola) and about 210 mg per day (approximately 3 cups of instant coffee) for adults.

Source: Food Standards Australia New Zealand (2015)

SDERA
EDUCATING FOR SMARTER CHOICES

Clued up on caffeine

Why do some people use caffeine?

Some people use caffeine because it:

- helps them to concentrate
- wakes them up
- they like the taste
- it's trendy
- they are influenced by their friends and the media.

Does caffeine help people sober up?

No. Caffeine does not help people sober up. Only time will help a person get over the effects of alcohol. Caffeine does not help the body get rid of alcohol.

Can caffeine help people lose weight?

Caffeine doesn't help people lose weight. Caffeine dehydrates you because it makes you pass urine more often. Any weight loss is only water and it is just temporary. Exercise and a balanced diet are the best ways to control weight.

What is guarana?

Guarana comes from a plant in the maple family that grows along the Amazon and is common in Brazil. Its seeds – which look oddly like eyeballs – contain twice as much caffeine as a coffee bean. It's been used for centuries as a tea by grinding the shelled seeds into a paste and then mixing it with hot water and sugar.

SDERA
EDUCATING FOR SMARTER CHOICES

Clued up on caffeine

Is caffeine safe for kids?

There is no safe level of drug use. Caffeine affects everyone differently based on many factors (eg drug use experience triangle) such as size, weight, health, amount taken and used before.

Children and young people who consume energy drinks containing caffeine may also suffer sleep problems, bedwetting and anxiety.

How is caffeine in drinks and foods regulated in Australia?

The *Food Standards Code in Australia* has restrictions on how much caffeine can be added to cola drinks and energy. In cola type drinks, the total caffeine content must not exceed 145mg per litre. The maximum level of caffeine allowed in energy drinks is 320mg per litre (including the guarana content).

Foods containing added caffeine must also have a statement on the label that the product contains caffeine. Foods containing guarana must also be labelled as containing caffeine. This is to help people avoid caffeine either for themselves or their children.

The Standards also require labels to advise when products are not suitable for young children, pregnant or breastfeeding women and people who are sensitive to caffeine.

Is it possible to have too much caffeine?

Caffeine affects everyone differently however if a large amount is consumed it could cause an overdose. If any of the following effects are experienced an ambulance should be called straight away:

- tremors
- nausea and vomiting
- very fast and irregular heart rate
- confusion and panic attack
- seizures.

In small children, caffeine poisoning can happen if 1000mgs of caffeine (equal to around 12 energy drinks) is consumed one after the other.

It is possible to die from having too much caffeine, but this is extremely rare. This would usually only happen if 5000-10,000mgs of caffeine (or 80 cups of strong coffee) were consumed one after the other.

Is it hard to give up caffeine?

Giving up caffeine after using it for a long time can be hard because your body is used to having it. Withdrawal symptoms usually start within 24 hours after the last dose or even with 6 hours for people who consume a lot of caffeine regularly. The symptoms can last for around 36 hours or even longer for people who consume a lot.

Symptoms can include:

- headache
- tiredness
- sweating
- muscle pains
- anxiety and tension.

Clued up on caffeine

Do Australians drink a lot of caffeine?

Coffee is now the most popular hot drink in Australia with 2.1 billion cups bought from cafes and other vendors a year.
(Source: Roy Morgan Research, 2014)

In the last decade, coffee consumption by Australian adults has declined slowly but steadily from 10.5 cups to 9.2 cups per week.
(Source: Roy Morgan Research, 2014).

Sales of energy drinks in Australia and New Zealand increased from 34.5million litres in 2001 to 155.6 million litres in 2010.
(Food Regulation Standing Committee, 2014)

What are energy drinks?

Energy drinks typically contain varying amounts of *caffeine* (the main ingredient in energy drinks); *taurine: guarana* (an extract from a plant that contains about twice the amount of caffeine as coffee beans); *theobromine* (from the cacao plant and is found in chocolate and many other foods); *amino acids; vitamins; ginseng* (a substance that comes from a variety of plants); *theophylinne* (a drug used for the treatment of respiratory diseases and asthma) and sugar.

Energy drinks are promoted as being beneficial in increasing stamina, and improving physical performance, endurance and concentration.

Should you mix energy drinks with alcohol?

Drinking alcohol with energy drinks places the body under great stress and 'mask' some of the effects of the alcohol. For example, if a person combines energy drinks with alcohol they will still be affected by the alcohol but may not feel as relaxed or sleepy. They may feel more confident, take more risks and increase the chances of experiencing alcohol-related harms such as drinking too much or being injured in an accident.

Should pregnant women drink energy drinks?

Women who are pregnant or breastfeeding should avoid energy drinks as high amounts of caffeine can increase the risk of miscarriage, difficult birth and delivery of low-weight babies. Caffeine crosses the placenta so breastfeeding mothers are also advised to avoid energy drinks.

Activity 2 Monitoring caffeine intake

Learning intention

- Students monitor their caffeine intake

Equipment

Be Ready student workbook – *Clued up on caffeine* – page 14

Selection of measuring cups and a jar of instant coffee

Large poster paper and drawing materials – class set

Family information sheet – *Caffeine and energy drinks* – photocopy one per student

Activities

1. Students form small groups. Give each group a selection of measuring equipment and a container of instant coffee. Have students refer to the caffeine content of drinks and foods in *Be Ready* on page 14. Explain that each group is to choose one item from the table and represent the caffeine content by measuring the same amount of coffee. It will be easier for students to represent milligrams as grams (eg one milligram of caffeine = one gram of instant coffee).

   Have students guess the item being represented in coffee by each group. Discuss any observations and compare the different levels of caffeine content.

2. Explain students are to survey the caffeine consumption for the previous day of their group. They need to start by filling in the chart on page 14 of *Be Ready*, listing **their** caffeine consumption. Suggest that students refer to the table on the sheet to calculate amounts. The total for each group should be represented in grams and milligrams ie 1000mg equals 1 gram. Compare the amounts of caffeine consumed by the class then use the following questions to further the discussion.

   Ask

   - *Were you surprised at the amount of caffeine your group consumed in a day? Why?*
   - *Did you think you were consuming caffeine even though you don't drink coffee?*
   - *What did you learn about caffeine?*
   - *How could you share this information with your family?*
   - *What might you do differently now that you know more about caffeine?*
   - *What foods or drinks could you consume instead of each of the items on the sheet that do not contain caffeine or so much sugar?* (eg carob, fruit smoothies, fresh fruit juices, water, popcorn, dried fruit).

   Have students complete the individual written reflections on page 14 of their workbook.

3. Working with a partner, have students design a poster that provides information on products that contain caffeine and the effects of caffeine on the body. Suggest students create a slogan that encourages the reader to reduce their intake of caffeine. Display the posters in areas where other students and parents can read the information.

4. Send a copy of the Family information sheet – *Caffeine and energy drinks* home with each student to discuss with their family. Leave extra copies in the school foyer, library and pick up areas.

FAMILY INFORMATION SHEET

Caffeine and energy drinks

Caffeine is one of our favourite legal drugs. But what does it do to our body and how much is too much?

Coffee and tea both contain caffeine which is a legal but habit forming drug. Caffeine is found in a number of plants including tea, coffee beans and guarana berries.

With coffee and energy drinks becoming more popular in our society, the amount of caffeine, guarana and sugar we consume is on the increase. Did you know that in one cup of flat white coffee there is around 90gm of caffeine, and a 500ml can of Mother, Monster or Rockstar contains around 150 milligrams?

Do you know how much caffeine your child is drinking a day?

The daily recommended dose of caffeine for adults is 200-300 milligrams however there is no recommended dose for young people.

Amounts of caffeine in food and drinks		
	Size / amount	Caffeine content
Chocolate, Dark Chocolate Bar	100mg	59mg
Chocolate, Milk Chocolate Bar	55mg	3-20mg
Chocolate, Milk	200mls	2-7mg
Coca Cola	375ml	49mg
Cocoa, Hot Chocolate	150ml	30-60 mg
Coffee, Brewed	250 ml	80 (20-110)mg
Coffee, Cappuccino	100ml	101.9
Coffee, Decaffeinated	150ml	2-4mg
Coffee, Flat White	100ml	87mg
Coffee, Instant	250 ml	60 (12-169)mg
Coffee, Long Black	100ml	75mg
Coffee, Short Black Espresso	1 standard serve	107 (25-214)mg
Coke Zero	473ml	45mg
Dare Double Espresso®	500ml	177mg
Dare Espresso®	500ml	80mg
Diet Coke	100ml	9.7mg
Diet Coke, Caffeine Free	250 ml	2mg
Kopiko Coffee Sweets	One sweet	25mg
Mother Energy Drink	500ml	160mg
Mountain Dew	100ml	15mg
No Doz	1 tablet	200mg
Pepsi Cola	375ml	40mg
Pulse: Vodka, soda and guarana (alcoholic)	300ml	21mg
Red Bull	100ml	32mg
Red Bull	250ml	80mg
Rockstar Energy Drink	473ml	151mg
Tea, Brewed black	250ml	27 (9-51)mg
Tea, Brewed green tea	100ml	12mg
V Energy Drink	250ml	50mg

Source: National Drug and Alcohol Research Centre, University NSW

So, what's wrong with caffeine?

The effects of caffeine in large doses (more than 600mg or eight average cups of coffee) can include:

- increased alertness and energy
- elevated blood pressure
- increased body temperature
- insomnia
- nervousness and anxiety
- headaches
- diarrhoea
- increased urination
- nausea and vomiting
- rapid heart rate, heart palpitations and related heart problems
- alterations to mood and even delirium.

Caffeine, energy drinks and sport

Players often say they are using caffeine or an energy drink to 'give them more energy', but they seem to forget that caffeine is a diuretic that increases dehydration and can affect endurance. In fact, the International Olympic Committee has banned caffeine levels of the equivalent of four strong cups of coffee per day.

Energy drinks and alcohol

Mixing an energy drink with alcohol can increase the chances of a person drinking too much alcohol and taking risks. This is because the caffeine (a stimulant) can mask the effects of alcohol (a depressant).

More information about caffeine can be found on the Australian Drug Foundation website www.adf.org.au

EDUCATING FOR SMARTER CHOICES

TOPIC 3

Tobacco

The secondary school experience is the time when young people are at greatest risk of smoking experimentation and uptake. The 2014 ASSAD data states that 91% of 12 year olds and 87% of 13 year olds have never smoked. However, by the age of 17 years, only 66% have never smoked (Department of Health, 2016). Therefore, conducting smoking education throughout the high school years is vital for educating students to make positive health decisions.

Research tells us that the younger a person starts smoking, the more likely they may become a regular adult smoker. We also know that many young people who are aware of the harms associated with tobacco still see it as okay to 'try smoking once' to satisfy their curiosity. It is therefore important to readdress smoking in secondary health programs, as attitudes towards smoking also change over time.

Research on the predictors of smoking suggests that the most promising school based approaches:

- help children to develop negative attitudes to smoking
- teach children how to cope socially while resisting peer influences to smoke
- encourage parents to quit while their children are young
- have opportunities for students to participate in health promoting activities
- prevent children from failing academically and becoming alienated from school.

Key concepts

- The number of young people who smoke has steadily been decreasing in Australia. In a recent ASSAD survey (2014), only 19.5% of 12-17 year old students had smoked in their lifetime (Department of Health, 2016).
- The younger a person starts smoking the more likely they are of becoming a regular adult smoker.
- Smoking cigarettes or smoking tobacco or cannabis using implements such as shishas and bongs can cause lung cancer and many other diseases.
- Encourage students to be 'smoke free' rather than advocating that students simply 'don't smoke'. Encourage students who have experimented with smoking to cut down or stop.

Teaching tobacco prevention programs

Effective programs should not discuss smoking as a 'deviant' behaviour as this may be the very thing that attracts some students to take up smoking. Rather, focus on positive messages such as:

- most young people don't smoke
- young people who do smoke generally respect those who decide not to
- young people can become addicted to smoking even if they don't smoke many cigarettes. However, the fewer cigarettes a young person smokes, the easier it is to stop.

How tobacco prevention is taught is as important as what is taught. Ensure that students have both time and opportunity to explore their own beliefs about smoking and also practise assertive communication and decision making in tobacco related situations that may occur in their own social settings.

Give students many opportunities to consider when, where, how and by whom they may feel pressured to try a cigarette. Consider situations that involve both overt pressure from peers or family and also covert pressures where students put pressure on themselves to smoke, perhaps to please or be like friends or family.

Whole-school approach

Find the school's guidelines on smoking and, if possible, ensure that the smoking incidents at school are managed as a health and safety issue rather than a disciplinary issue.

Activity 1 What's really in a cigarette and cigarette smoke?

Learning intention

- Students identify the chemicals and substances found in cigarettes and cigarette smoke
- Students discuss the physical harms of smoking

Equipment

Packet of cigarettes – one per group

Activity sheet – *What's in a cigarette and cigarette smoke?* – photocopy and cut into cards or use the products listed over the page

Large sheet of paper with a drawn cigarette outline or a large label with the words *What's in a cigarette and cigarette smoke?*

Be Ready student workbook – *Tar is for roads, not lungs* – page 15

Family information sheet – *Helping your child be a non-smoker* – photocopy one per student

Teaching tip

Make sure the displayed products are empty and placed in a clear container when left unattended.

Activities

1. Give each group a cigarette. Have students pull the cigarette apart then smell their hands (but not the cigarette directly). Ask the following questions and record the students' responses on the board.

   Ask

   - *What ingredients do you think are in a cigarette?*
   - *Which ingredients do you think are most harmful to a smoker?*
   - *Which ingredients do you think makes people dependent on cigarettes?*
   - *How do your hands smell?*

2. This next part of the activity can be conducted either by giving students a product as shown in the list below or cards from the *What's in a cigarette and cigarette smoke?* activity sheet. Distribute one card (or product) to each student (or pair). Ask each student to read the information shown on their card (or product) and then place the card inside the cigarette outline (or by the label) if they think it is found in a cigarette or cigarette smoke. Confirm with the class that all of the ingredients shown on the activity cards are found in a cigarette and cigarette smoke, and that the main ingredient in cigarettes is tobacco which contains the drug, nicotine.

   Ask the class to guess how many chemicals and poisons can be found in cigarettes and cigarette smoke. Tell the class that there are over 7000 chemicals and poisons of which 69 are known to be carcinogenic (a carcinogen is something that causes cancer), and that if a person actually ate a pack of cigarettes, they would become very ill and could even die. Explain that some of the chemicals are put in cigarettes to keep them burning or to make them burn quicker.

   Have students draw and label some of the ingredients in cigarettes and cigarette smoke on *Tar is for roads, not lungs* on page 15 in *Be Ready*.

3. Use the following questions to process the activity.

   Ask

   - *When we pulled a cigarette apart was it easy to guess all of the ingredients? Why?*
   - *Were you surprised by the number of chemicals and poisons found in cigarettes and cigarette smoke?*
   - *Would you want to have any of these ingredients in contact with your body?*
   - *Would you want to have any of these ingredients inside your body?*
   - *Why do you think cigarette companies do not advise consumers about the chemicals and poisons found in cigarettes and cigarette smoke?*
   - *Do other products we buy have to have the ingredients they contain listed on the packet or container?* (Yes. The *Food Standards Australia New Zealand* requires products to be clearly labelled to show their contents).

4. Have students design their own cigarette packet cover giving warnings about the chemicals and poisons contained in a cigarette and cigarette smoke.

Ingredients in cigarettes and cigarette smoke	Also found in…	Suggested products
Acetic acid	Hair dye and vinegar	Hair dye boxes, vinegar bottle
Acetone	Nail polish remover	Nail polish remover bottle
Ammonia	Disinfectant	Ammonia, window cleaner
Arsenic	Rat poison	Rat poison
Benzene	Rubber cement	Rubber cement tube
Benzoapyrene	Tar	Tar or jar filled with molasses or brown paint
Cadmium	Batteries	Old batteries
Carbon monoxide	Car exhaust	Tail pipe
DDT	Insecticide	Empty bug spray cans
Fibreglass	Glass	Glass jars
Formaldehyde	Embalming fluid	Empty formaldehyde bottle from funeral home or empty bottle with label
Hexamine	Barbecue lighter	Barbecue lighter
Hydrogen cyanide	Hydrogen cyanide	Container with label
Lead	Paints	Old paint cans or empty spray cans
Methanol	Rocket fuel	Toy rocket or container with label
Methoprene	Flea powder	Flea powder
Naphthalene	Moth balls	Moth balls or Kool mints with 'moth balls' label
Nicotine	Tobacco	Empty cigarette packet
Nitrobenzene Phenol	Fuel additive	Empty petrol can
Polonium	Radiation	Danger radiation sign
Propylene glycol	De-icer	Windscreen de-icer or container with label
Stearic acid	Candle wax	Small candles
Styrene	Styrofoam	Styrofoam cups
Tobacco	Tobacco	Tobacco from one cigarette
Turpentine	Turpentine	Empty turpentine container
Vinyl chloride	Plastic garbage bags	Black garbage bags

FAMILY INFORMATION SHEET

Helping your child be a non-smoker

In our health program students are: learning about the effects of tobacco; ways to avoid passive smoking; and that friends, family, the media and laws can influence young peoples' attitudes to smoking both positively and negatively.

The good news is that the longer your children delay trying smoking, the more likely it is that they will remain smoke free and healthy. It's also reassuring to know that most children who try cigarettes don't go on to be regular smokers.

Taking the first step

Many parents think that their children will ask questions about drugs when they need to know something. For several reasons, many children don't take this first step so it's up to you to take the first step just the same as you would for any health-related topic.

Remember, if you think your child may have experimented with smoking, make it clear that you don't approve of smoking and that you will support them to not try it again or stop smoking.

For information about tobacco
http://www.druginfo.adf.org.au/
(Australian Drug Foundation)

For advice or support about smoking or quitting
http://www.quitnow.gov.au/
or call the Quitline on 137 848

You are a powerful influence on your children's decision to not smoke. Here are some tips that may help you have a positive influence:

- Encourage your children to make his/her own decisions.
- Be a healthy example, don't smoke. If you do smoke, quitting will have a huge influence on your children's attitude to smoking.
- Make your home smoke free, or at least, just allow smoking outside.
- Don't ask your children to buy cigarettes for you as this is illegal.
- Ask your children why they think some young people choose to smoke (eg being part of a group, a sign of independence, looks cool) and talk with them about ways to achieve these things without smoking.
- When you see people smoking, talk to your children about how easily people become dependent on nicotine and about the positive aspects of being a non-smoker such as saving money, no smelly hair or clothes, and a greater fitness level.

You might like to rate yourself on the following attitudes and habits that can help your children remain a non-smoker.

	could improve	1	2	3	fair	4	5	doing well
Do you talk to your children about the harmful effects of smoking?	●	○	○	○	○	○	○	○
Do you have a smoke free house or rules about smoking in your home?	●	○	○	○	○	○	○	○
Do you make your children aware that most people don't smoke?	●	○	○	○	○	○	○	○
Do you make sure you tell your children you don't want them to smoke, even if you smoke yourself?	●	○	○	○	○	○	○	○
If you smoke, have you explained to your children what you think about smoking or how hard it is to quit?	●	○	○	○	○	○	○	○
Do you limit your children's access to tobacco products?	●	○	○	○	○	○	○	○

EDUCATING FOR SMARTER CHOICES

What's in a cigarette and cigarette smoke?

Acetic acid

This acid is found in vinegar and hair dye.

Acetone

It is a colourless, volatile, flammable liquid.

Acetone is found in paint stripper and nail polish remover.

Ammonia

This is used in disinfectants and household cleaning products such as window cleaner or oven cleaner.

Cigarette manufacturers say it improves flavour and makes tobacco more flexible.

Scientists say it helps deliver nicotine to the brain faster.

Arsenic

A toxic metal used in wood preservatives, insecticides and rat poison.

Arsenic causes death from multi-organ failure in high doses and headaches, diarrhoea and weakness in low doses.

Benzene

It is found in crude oil and rubber cement.

It can cause leukaemia and cancers.

Benzoapyrene

One of the most potent cancer causing chemicals known.

You find it in tar, coal, engine exhaust fumes, burnt food and tobacco smoke.

Butane

This is used in cigarette lighter fluid.

Cadmium

This is used in batteries. It builds up in the body and causes cancer.

Cigarette smoking is the main cause of cadmium exposures.

Carbon monoxide

This is the gas emitted from motor vehicles through the tail pipe.

DDT

This is used in insecticide sprays.

Fibreglass

Found in glass.

Formaldehyde

It kills most species of bacteria and is used to embalm dead people and animals.

It causes cancer and is now banned in many countries.

Hexamine

This is found in barbecue lighters.

Hydrogen cyanide

It is a colourless and poisonous gas that was used in the gas chambers during World War II.

The first symptoms of cyanide poisoning are rapid heartbeat, headache, and drowsiness - followed by coma, convulsions, and death

Lead

A toxic metal that can be found in paint.

It can damage nerve connections and cause blood, kidney and brain disorders in high doses.

SDERA
EDUCATING FOR SMARTER CHOICES

What's in a cigarette and cigarette smoke?

Methanol A main compenent used in rocket fuel.	**Naphthalene** It is the main ingredient used in moth balls. Most napthlalene is derived from coal tar.	**Nicotine** This is the addictive drug found in tobacco. It causes nausea, headaches and increased blood pressure. Nicotine is commonly used in insecticides.
Nitrobenzene Phenol This is found in petrol.	**Polomium** This is also found in radiation.	**Propylene glycol** This is used in anti-freeze products. Cigarette manufacturers say they use this to keep the tobacco moist and flexible. Scientists say it carries smoke deeper into the lungs so more nicotine is absorbed.
Stearic acid This is found in candle wax.	**Styrene** This is used in the production of polystyrene plastics and also found in styrofoam cups.	**Tobacco** Tobacco is the dried leaves of the tobacco plant. It is the main ingredient in a cigarette.
Toluene It is found in industrial solvents, added to fuel, paints, synthetic fragrances, inks and cleaning products. It is also used in the production of nylon, plastic soft drink bottles and cosmetic nail products.	**Turpentine** This is usually used as a paint thinner or stripper. In cigarette smoke it irritates the respiratory tract. High exposures cause kidney and nerve damage.	**Vinyl chloride** Small amounts are used in furniture and vehicle upholstery, wall coverings, housewares and automotive parts, plastic garbage bags. It has also been used in the past as a refrigerant.

Activity 2 What's the harm?

Learning intention

- Students discuss the physical, social, emotional, financial and legal harms of smoking

Equipment

Be Ready student workbook – *Tar is for roads, not lungs* – page 15

Activities

1. Explain that despite the known health consequences of smoking cigarettes, it still remains a health issue in Australia. Also highlight that the number of young people who smoke has steadily been decreasing and in the 2014 ASSAD survey of school students aged 12 to 17 years, 80.5% of these young people had never smoked (Department of Health, 2016).

   For statistics on smoking rates in Western Australia refer to the Australian School Students Alcohol and Drugs Survey results on the Department of Health website www.dao.health.wa.gov.au

   In groups, ask students to **brainstorm** (refer to page 91) some of the short and long-term health harms that smoking can have and write these in the table on page 15 of *Be Ready*. Listen to each group's ideas and confirm the effects which are correct. Explain that the toxins in tobacco smoke can go everywhere in the body that the blood flows causing harm to nearly every organ and system of the body. Point out that there are some immediate health effects such as shortness of breath and that some of the long term effects can take decades to occur, and it is this time lag that often gives smokers a false sense of security. Have students add effects not already included on their list.

Possible short-term effects	Possible long-term effects
Stained fingers	Stroke
Less oxygen to the brain	Blindness
Bad breath	Gum disease/tooth loss
Stained teeth	Mouth/throat cancer
More coughs and colds	Heart disease/heart attack
Increased heart rate and blood pressure	Emphysema (walls of lung tubes collapse)
Reduced fitness	Lung cancer
Shortness of breath	Stomach ulcers
Dental problems	Skin becomes dry, discoloured and wrinkled
Pregnancy complications	Bladder cancer
	Reduced fertility in women
	Poorer muscle tone
	Atherosclerosis
	Erectile dysfunction
	Osteoporosis

2. Ask students to define the terms 'second hand smoke' or 'passive smoking' (eg smoke that burns off the end of a cigarettes and sometimes called 'side stream smoke'). Explain that when a cigarette is burned, the heat causes the concentration of some carcinogens to increase and as 'passive smoke' or 'second hand smoke', this can harm non-smokers who are nearby. Now have students tick the health harms on their lists that may also affect a person due to passive smoking (eg lung cancer, breathing difficulties). Discuss the harms identified by students. Stress that there is no risk free level of exposure to cigarette smoke.

3. As smoking harms that are negative, short-term and immediate have greater relevance to young people than long-term effects, have students identify some of the benefits of not smoking using the headings:
   - ***Social*** (eg not being dumped by a girlfriend or boyfriend because you smoke, not being isolated, being part of the majority, smelling and looking great).
   - ***Emotional*** (eg no fear of being caught, feeling good about yourself, not worried about low fitness levels).
   - ***Financial*** (eg having pocket money to spend on other things).
   - ***Legal*** (eg not getting into trouble for buying cigarettes, being able to go into places such as shopping centres, sports stadiums, restaurants, beaches where smoking is banned).

4. Process the activity using the following questions.

   Ask

   - *Why do people try smoking even when they know it is bad for them?* (eg they think they will only smoke occasionally and they can stop when they want to; to fit in with the group; curiosity; to rebel; they believe smoking makes them look older, more adult; someone in their family smokes or they think that everyone does it so it must be okay).
   - *Which three physical harms make smoking less appealing to you? Why?*
   - *Do you have any other reasons that make smoking less appealing to you?*
   - *If you were asked to create a health advertisement targeting young females and smoking, which physical harms would you focus on? Why?*
   - *Would your advertisement be the same for young males? Why?*
   - *Is it easy to stop smoking?* (Smokers become dependent on the drug nicotine which is in tobacco and so it may take them several attempts to quit.

     Explain that people who call the Quitline 137 848 when trying to stop smoking have a better chance of quitting than if they try on their own.

Activity 3 Assessing harms from smoking

Learning intention

- Students assess the level of risk for the person smoking and others nearby in a range of situations
- Students practise listening and offering support to a friend in smoking-related situations

Equipment

Strategy sheet – *Risk cards* – page 107 – photocopy one set

Activity sheet – *What's the risk?* – photocopy and cut into cards

Teaching tip

Some students will live with people who smoke. For these students it may be difficult to reduce their level of passive smoking so suggest strategies they can use such as being in another room to the person who is smoking, and leaving their bedroom window open.

Activities

1. Set up a **risk continuum** (refer to page 94) using the 'high risk' and 'low risk' cards. Distribute a *Risk card* to each group of three, and ask students to consider the situation then place their card on the continuum according to the level of risk.

   Invite each group to read aloud the situation described on their card then tell the class what they perceived the harms to be. Include in the discussion information about passive smoking, smoking while pregnant affecting not only the mother but the developing foetus, and that cigarettes are not legally allowed to be sold to anyone under 18 years of age. Also highlight that people who start smoking when they are young are more likely to smoke heavily, become dependent on cigarettes, and to be at increased risk of illness or death. When all situations have been discussed, invite the class to decide if they think any of the situations should be moved on the continuum (eg because the risk is actually higher or lower than first thought) and explain why.

2. Now have students suggest ways that they might reduce or avoid the harms for each situation. For example, Felix could make sure that he stands upwind and well away from the people who are smoking.

3. Explain to students that they are in a good position to help a friend who wants to quit smoking because young people often talk to their friends first before anyone else. Ask the class what they would do if Zane was their friend and he mentioned that he was thinking about quitting smoking. List some of the students' ideas on the board (eg call me when you feel like smoking and we'll do something together or talk until the craving goes away, save the money from not buying cigarettes and use it to buy a reward, call the Quitline, talk to an adult about their smoking). Explain that when friends come to you for help it is just as important to listen as it is to give advice.

   Ask

   - *How would you show a friend that you are really listening and concerned about their situation?* (Active listening includes verbal and non-verbal responses such as nodding your head, looking at them, asking clarifying questions, smiling, let them know when you agree with the things they say).
   - *What other skills would you need to use in this type of situation?* (eg empathy, courage, problem solving, assertive communication, help seeking).

4. Invite two students to **role-play** (refer to page 94) the Zane scenario. Write the following questions on the board and suggest that the 'friend' uses these to prompt Zane to think about why he smokes and what he can do to quit smoking.

   - *What are the things you like about smoking?*
   - *What are the things you don't like about smoking?*
   - *How interested are you in quitting or not smoking as many cigarettes each week?*
   - *What have you already done to quit or cut back?*
   - *Could you* (suggest a strategy from the list) *when you feel like having a cigarette?*
   - *How can I help you?*

   Watch the role-play then have the class decide how well the 'friend' listened, prompted Zane to think about why he smokes and identify ways to quit, and made suggestions to help Zane quit. Place students with a partner and repeat the role-play as this will allow the performers to include points learnt from the discussion.

5. Process the activity by using a **fist of five** (refer to page 92) and the following questions.

   Ask

   - *On a scale of one to five, how confident do you feel to be able to help a friend with a smoking-related issue? Why?*
   - *On a scale of one to five, how likely is it that you will have to help a friend in a smoking-related situation?* (Remind students that their friends will most likely talk to them first about many health-related situations so having the skills needed to deal with these times can help).
   - *On a scale of one to five, how confident do you feel to be able to refuse an offer of a cigarette? Why?* (Ask students to share some of the refusal comments they have heard or used in the past. Remind students of the 'no name' rule).

SDERA
EDUCATING FOR SMARTER CHOICES

What's the risk?

Ted is 13 years old and he has asthma. He occasionally smokes at parties.	Sally and Kate have just taken up smoking and think that they will be able to quit whenever they want to.	Zane is a Year 7 football player and is trying to make the A grade team. He smokes at least 5 cigarettes with his mates on weekends.
Rani lives with her mum and dad who are both smokers. They smoke at least 10 cigarettes a day inside the house.	Karly pretends she is smoking when she goes to parties so the other kids think she is cool.	Daniel shares a room with his older brother who smokes.
Felix catches the bus to school every day and often stands near the bus stop where adults are smoking.	Heath has a part-time job at Mr Long's mechanic shop. Mr Long is a chain smoker and Heath is often working near him.	Will is in the top soccer team at school. He often has a smoke with his mates after the game.
Mrs Carter is 6 months pregnant and smokes four cigarettes every day.	Charlie often smokes after school with some his mates. He didn't get in the athletics team because he can't run as fast as he used to.	Mrs Riley owns the local shop and often sells cigarettes to kids under 18 years of age.

Activity 4 Opinions about smoking

Learning intention

- Students clarify their own opinions and consider the opinions of others

Equipment

Strategy sheet – *Agree, disagree cards* – photocopy one set – page 106

Activities

1. Explain that students are to listen to a statement about smoking then indicate their opinion by standing at a position along the **values continuum** (refer to page 97). Read one of the statements and allow enough time for students to consider their opinion, move to the continuum and share their thoughts with those standing near them. Invite students from various positions along the continuum to explain the reasons behind the position on the continuum. Encourage students to comment or challenge other students' responses and then if they want to, change their position on the continuum. Continue this process with one or two other statements.

   Statements

   - Cigarettes should be banned in Australia.
   - Increasing the price of a packet of cigarettes won't stop people from smoking.
   - Tobacco and smoking education should be compulsory in all Australian schools for primary and secondary students.
   - The government should let people make up their own mind about smoking and stop putting bans on where you can smoke.
   - Young people only smoke to look cool.

   Process the continuum activity by using the following questions.

   Ask

   - *Were you surprised by the opinions of other students in the class? Why?*
   - *Did listening to the discussion about each statement help you to clarify your own opinion or did it make you change your opinion? Why?*
   - *Is it important for us to listen to other people's opinions on health-related issues like smoking or drinking? Why?*
   - *What skills or strengths did you use in this activity?* (eg active listening, communicating, respecting others' right to have an opinion, courage to share their own opinion).

Activity 5 Refusal strategies for smoking-related situations

Learning intention

- Students identify effective ways to refuse cigarettes
- Students practise refusing offers of cigarettes in a range of situations

Equipment

Activity sheet – *Light up* – photocopy and cut into cards

Be Ready student workbook – *Light up* – page 16

Be Ready student workbook – *Thoughts, feelings, action!* – page 3

Activities

1. Explain that students need to know a range of ways to refuse offers of cigarettes and other drugs such as alcohol and to have the confidence to apply these techniques requires practise. Invite six students to play a game of 'Refuse Me'. Have five students stand in a line behind one another. The other student is given a *Light up* card that has an offer to smoke a cigarette. The student is to give the offer to the first student in line who must then refuse the offer before moving to the end of the line. If a student uses the same response or can't quickly give a refusal, they are out of the game. The winner is the last student in the line.

   Repeat the game with a new group of students and *Light up* card until all students have participated. Have students write some of the refusal comments they heard used during the game on page 16 of *Be Ready*.

2. Explain how using positive self-talk can influence a person's behaviour using the example on *Thoughts, feelings, action!* on page 3 of *Be Ready*. (If students have not completed this activity, it may be useful to do so now). In groups, have students discuss the three smoking-related situations on page 16 of *Be Ready* and complete the table. Listen to the students' answers for each situation then ask the following questions.

   Ask

   - *How do you usually feel when your friends behave in a certain way and you think you should try be like them?*
   - *How difficult is it to resist someone when they won't take 'no' for an answer or make fun of you or reject you?*
   - *Does being confident in your opinion and standing by your decision help you to refuse these pressures from your friends?*
   - *What strengths do you possess that can help you to refuse your friends but in a respectful way?* (eg courage, forgiveness, honesty, kindness, perserverance).

3. Conduct a **snap decisions** (refer to page 95) using the scenarios listed on *Light up* on page 16 of *Be Ready*. Have two volunteers be either the 'positive' or 'negative' thoughts person and stand either side of another volunteer who is to listen to the comments provided by these two students and then make a snap decision based only on the comments they have heard. Have the class watch and also make a decision based on the comments given. Ask the student in the middle what their decision would be and why. Check with the class to see if they made a similar decision and discuss why this may be (eg often the fun element of a potentially risky situation may take over our sense of what we know to be right and therefore it takes a strong commitment to stand by our decisions and refuse offers from friends).

SDERA
EDUCATING FOR SMARTER CHOICES

Light up

Just have one puff it won't kill you.	Everyone will think you're a loser.
If you're really my friend you'll have a cigarette with me.	I bought this just for you.
Everyone's watching you. Go on.	Light up. You'll love it.

TOPIC 4

Alcohol

Year 7 has been identified as a critical inoculation period in students' behavioural development when the intervention effects of alcohol education are most likely to be optimised. It is at this age that most students will have experienced some exposure to alcohol.

The transition from primary to secondary school is a period when young people are at a greater risk of alcohol-related harm. 27% of children aged 12-15 years, who reported drinking in the last week, engaged in unsupervised risky drinking. By age 16-17 this had risen to 36.6% (MHC, 2016a).

Young people usually overestimate how often and how much their peers drink alcohol. Research indicates that there is an association between perceived peer usage and individual drug usage (McBride, 2003). It is important to stress to students that most school aged students do not use alcohol and that most adults use alcohol sensibly and safely.

Teaching alcohol prevention education

Almost three-quarters of 16 to 17 year-old students (73.4%) and just under half of 12 to 15 year old students (48.4%) expect a positive experience after consuming alcohol. Differences in attitudes appear across age ranges and genders. For example, 40.9% of males aged 12-15 years say it's okay to get drunk sometimes as long as you don't lose control whereas 45.6% of females aged 12-15 years say it's okay (MHC, 2016a). Alcohol education in the early secondary years needs to promote negative attitudes towards regular intoxication.

Research on the predictors of problematic alcohol use suggests that the most promising school based approaches:

- help children to develop negative attitudes towards harmful alcohol use or binge drinking
- teach children how to cope socially and emotionally and resist peer influences to engage in risky use of alcohol
- engage parents and families in school based alcohol education programs as they have a strong influence on young people's use of alcohol
- have opportunities for students to participate in health promoting activities
- prevent children from failing academically and becoming alienated from school.

Give students many opportunities to consider when, where, how and by whom they may feel pressured to use alcohol or be harmed by others' alcohol use. Consider situations that involve both overt pressure from peers or family and also covert pressures where students put pressure on themselves to drink, perhaps to please or be like friends or family.

When creating scenarios for students to practice decision-making and assertiveness skills, keep in mind that research has identified that home is the most common drinking place for 12-13 year-old students and that parents are the most common source of alcohol for this age group (Szabo, Hayman, & White, 2004).

Key concepts

- No alcohol for children and young people under 18 years is the safest option. This is particularly so for those under 15 years of age.
- Young people's decisions about alcohol use can be complicated. There are certain factors that influence their decisions such as: what they know about alcohol, reasons why people choose to drink and not to drink, the short-term and long-term effects of alcohol on the body and the mind, myths surrounding alcohol use, and WA laws aimed at reducing alcohol-related harm.
- There is a link between how a person thinks and feels and their decisions about alcohol and their drinking behaviour.
- There are a range of harm reduction strategies that may reduce the risk in situations where alcohol is being offered or used.

Whole-school approach

Ensure that your *School Drug Education Guidelines* include procedures for managing alcohol-related incidents and provide intervention support for students involved in these incidents that consider their health and safety, and not only punitive responses.

Activity 1 Consequences of alcohol use

Learning intention

- Students investigate short and long term effects of alcohol on the body, laws associated with alcohol, and Blood Alcohol Concentration

Equipment

Strategy sheet *KWL* – page 102 – photocopy one per group

Access to the internet

Be Ready student workbook – *All about alcohol* – page 17

Family information sheet – *Talking with your teenager about alcohol* – photocopy one per student

Activities

1. Have the class answer the question – *What is alcohol?* (Alcohol is made through fermenting different types of grains, vegetables and fruit. Pure alcohol has no taste or colour. To make different types of alcoholic drinks, other ingredients are added which give the colour and taste).

2. Using a **KWL** sheet (refer to page 93 and 102) have each group write what they know about alcohol in the 'Know' column, using the following headings as a guide to their discussion.
   - Which parts of the body are affected by alcohol?
   - What happens to your body when you drink alcohol?
   - What are the laws about alcohol?
   - What are some of the good things about alcohol?
   - What are some of the bad things about alcohol?
   - Do all young people drink alcohol?
   - Do all cultures drink alcohol?

   Listen to feedback from each group and clarify any misconceptions students have about alcohol. Ask groups to complete the 'What I want to know' column then share their questions with the class.

3. Explain that while alcohol and cigarettes are legal drugs in Australia, they are the drugs that cause the most harm.

   View the video clip *Under Constructions: Alcohol and the Teenage Brain* at http://www.turningpoint.org.au/Education/Schools-and-Young-People/Under-Construction.aspx. Suggest that groups record any new information the video clip gives about alcohol on their KWL sheet.

   After viewing the clip, explain that alcohol like any other drug can affect different people at different times in different ways. This is because drinking alcohol depends on the combination of factors such as:
   - how much alcohol is consumed (how many standard drinks)
   - how the alcohol is consumed (quickly or over a long period of time)
   - what experience the person has previously had with alcohol
   - the gender, body weight and age of the person
   - the general wellbeing of the person and their emotions at the time.

4. Define the term 'binge drinking' with the class. (Binge drinking can be defined as - drinking too much alcohol on a single occasion of drinking with the intention of getting drunk. A single occasion of drinking is a sequence of consuming drinks without the Blood Alcohol Concentration reaching zero in between). Have students complete the activity *All about alcohol* in *Be Ready*, page 17. Explain that Jenni is 16 years old. The answers are provided here.

Jenni drinks a small amount of alcohol ***(low levels, short-term effects may include)***	**Jenni binge drinks** ***(high levels, short-term effects may include)***	**Jenni drinks a lot of alcohol every day** ***(long-term effects may include)***
Slow reflexes	Can't concentrate	Increased risk of cancer
Coordination is affected	Blurry vision	Problems with memory and thinking
Feels drowsy	Slurred speech	High blood pressure and heart problems
Talks loudly	Gets upset more easily	Inflamed pancreas
Feels more relaxed and confident	Feels sick and vomits	Nerve damage
Giggly	Feels sleepy or goes to sleep	Liver damage
Less inhibited	Gets aggressive	Brain damage
	Hurt because of poor coordination	Reduced fertility
	Can't remember things	
	Unconscious	
	Stops breathing and dies	

   Remind students that no alcohol for those under 18 years of age and women who are pregnant is the safest option.

5. Ask students to tick three short-term and three long-term effects of alcohol that would stop them from drinking alcohol from the list on page 17 of *Be Ready*.

6. Watch the clip *What you need to know about alcohol* on the Alcohol Think Again website http://alcoholthinkagain.org.au which discusses some of the possible short and long term effects.

7. Send home a copy ofthe Family information sheet – *Talking with your teenager about alcohol* with each student to share and discuss with their family.

FAMILY INFORMATION SHEET

Talking with your teenager about alcohol

It is important to talk to your child about alcohol or any other drug use before it happens, just as you would with any other health related issue. Make it clear what your expectations are about alcohol and have a plan for your teenager so they know what to do if they or a friend gets into difficulty after drinking alcohol.

What parents can do

- Talk to your teenager about the effects of alcohol on their developing brain – even if they don't drink alcohol. Explain the risks and harms associated with drinking at a young age. Be clear, confident and consistent. Point out that some of your teenager's goals may be less achievable if they choose to drink alcohol from an early age.

  Watch *Under Construction: Alcohol and the Teenage Brain* https://www.youtube.com/watch?t=163&v=g2gVzVlBc_g

- Use examples of **alcohol use problems** portrayed in the media to start a conversation with your teenager (eg violence, glassing and car crashes).

- **Some parents think they can control the amount of alcohol their teenager drinks by providing it for them.** There is little evidence to support this belief and in fact in many cases, young people may drink what their parents have given them plus more. Giving alcohol to teenagers can give them the message that you approve of underage drinking and that it's okay to drink alcohol.

- Talk to the parents of your teenager's friends and **set some rules** about alcohol not being allowed at gatherings.

- Talk about how **other people's drinking** might affect them. Help your teenager come up with some responses that they can use as a reason to refuse alcohol or other drugs. This will help them to stay safe in a number situations and respond and cope with any pressures to drink, defuse a possibly violent situation, and avoid getting in a vehicle with an intoxicated driver. Being able to tell their friends why they don't want to drink and 'save face' can make your teenager feel more confident eg 'Mum and Dad will ground me if I do that!'

- **Keep talking** with your teenager so that they feel comfortable to talk to you about the things they are worried about.

- **'Look after your mate'** is a message to give your teenager, especially if their friend has consumed too much alcohol. Show your teenager how to place someone in the recovery position. Tell them why it is important for them to call for help and explain that even though some young people think that calling an ambulance means the police will arrive too, that this is not the case. The police will only attend if ambulance staff feel threatened or the patient dies at the scene. Book into a St John Ambulance first aid course with your teenager.

- **If you drink alcohol,** your children will be watching what you do. Drink responsibly and within safe limits.

- **If you don't drink alcohol,** explain to your children why you have made this decision.

- Watch the video clip *Teach teens to play it safe with alcohol* on the Alcohol Think Again website in the 'What parents need to know' section http://alcoholthinkagain.com.au/

Remember you are not the only parent trying to work out how best to talk to your teenager about alcohol and drugs. These websites and call lines can help.

SDERA sdera.wa.edu.au

Drug Aware drugaware.com.au

Australian Drug Foundation
www.adf.org.au

Alcohol and Drug Support Line
Phone: (08) 9442 5000
Country callers: 1800 198 024
E-mail: alcoholdrugsupport@mhc.wa.gov.au

Parent and Family Drug Support Line
Phone: (08) 9442 5050
Country callers: 1800 653 203
Email: alcoholdrugsupport@mhc.wa.gov.au

Aboriginal Alcohol and Drug Service
Phone: (08) 9221 1411

Parents and families are strong influences in what young people think about alcohol and how they use it.

EDUCATING FOR SMARTER CHOICES

Activity 2 Australian guidelines to reduce health risks from drinking alcohol

Learning intention

- Students investigate the *Australian guidelines for alcohol use*
- Students investigate preventative health practices to manage and avoid harm from alcohol use

Equipment

Be Ready student workbook – *Under 18 - No alcohol is the safest choice* – page 18

Family information sheet – *A teenager's brain and alcohol* – photocopy one per student

Activities

1. Explain that in 2009 the National Health and Medical Research Council of Australia developed the *Australian guidelines to reduce health risks from drinking alcohol.* Read four of the guidelines on *Under 18 – No alcohol is the safest choice* in *Be Ready,* page 18. These guidelines are aimed at helping adults to make more informed decisions about alcohol consumption. The guidelines refer to a standard drink which is 10gms of alcohol regardless of what type of drink it is.

2. Allocate one guideline to each group. Have students discuss the specific types of health harms that their guideline is trying to prevent and why. Use the **toss a die** strategy (refer to page 96) to hear responses from each group. Ensure that discussion around Guideline 3 is robust as this is the guideline that targets young people under the age of 18.

   Explain that the brain has three critical periods of development – the foetal period, early childhood and just after puberty. The brain can be harmed during any of these critical periods of development. Explain that the longer young people delay drinking alcohol, the best chance they give their brains to develop fully and reach their full potential in life. It used to be thought that the teenage brain was the same as an adult brain, in that it had already reached full development. Now research shows that from 12 or 13 years to the early twenties, the brain is in a state of intense development and is growing and forming all the critical parts it needs for learning, memory, and planning. It's for this reasons that Guideline 3 has been introduced. Have students complete the questions in their workbook then discuss their answers.

3. Have students imagine that they have travelled ten years into the future and write a list of goals they may have achieved such as relationships, sport and hobbies, travel and employment. Ask students to now cross out the goals on their list that they may not be able to achieve if they drink alcohol in large amounts and from an early age. Have students explain why they crossed out the goals on their list. (Point out to students that many employers have a zero alcohol policy eg mining companies and high level sporting groups).

4. Tell the class that up until 1970 the legal drinking age in Western Australia, Queensland and South Australia was 21. Explain the **one minute challenge** (refer to page 93) is to write a response to the following statement from either the positive (for) or negative (against) viewpoint.

   Statement

   - *If the legal age for drinking alcohol was raised to 21 there would be fewer problems in our society.*

   Divide the class and nominate which group will argue for and the group that will argue against the statement. Have each student write their response within the one minute allocation then share their ideas with other members of their group.

   Ask one person from each side of the argument to present their group's view to the class. Students from the same group can add information after their representative has spoken. Open up the discussion to the whole class. Remind students that all viewpoints should be considered even those that don't support their own.

5. After the discussion, ask the class to consider all sides of the argument and then indicate their decision using **thumbs up, thumbs down** (refer to page 96) to show if they agree (thumbs up) or disagree (thumbs down) to the statement.

6. Send a copy of the Family information sheet – *A teenager's brain and alcohol* home with each student to share with their family. Leave extra copies in the school foyer, library and pick up areas for other parents to access.

FAMILY INFORMATION SHEET

A teenager's brain and alcohol

Australian teenagers live in a world where alcohol is regularly promoted and consumed. So parents often ask 'What is a safe level of alcohol consumption for my teenager?'

It used to be thought that the teenage brain was the same as an adult brain, and that it had already reached full development. Now we know that from the age of 12 or 13 years through to the late 20's, the brain is still in a state of intense development and hardwiring, growing and forming all the critical parts it needs for learning, memory and planning. Alcohol has the potential to disrupt this crucial window of development and can lead to learning difficulties, memory impairment and emotional problems like depression and anxiety[1].

The Australian Guidelines to Reduce Health Risks from Drinking Alcohol[2] give clear advice on how to minimise the harmful health consequences of alcohol consumption for adults and young people.

GUIDELINE 1

For healthy men and women, drinking no more than two standard drinks on any day reduces the lifetime risk of harm from alcohol-related disease or injury.

GUIDELINE 2

For healthy men and women, drinking no more than four standard drinks on a single occasion reduces the risk of alcohol-related injury arising from that occasion.

GUIDELINE 3A

Parents and carers should be advised that children under 15 years of age are at the greatest risk of harm from drinking and that for this age group, not drinking alcohol is especially important.

GUIDELINE 3B

For young people aged 15-17 years, the safest option is to delay the initiation of drinking for as long as possible.

GUIDELINE 4A

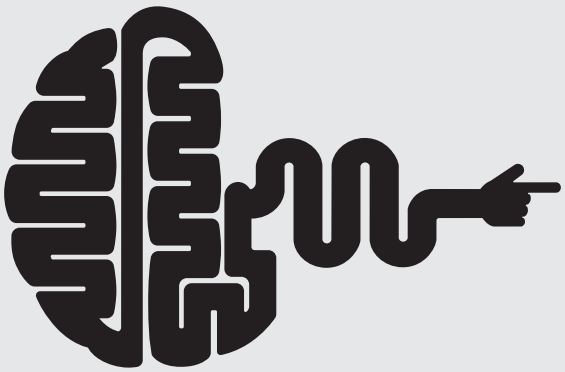
For women who are pregnant or planning a pregnancy, not drinking is the safest option.

GUIDELINE 4B

For women who are breastfeeding not drinking is the safest option.

These guidelines are based on the best available evidence about alcohol related harm and young people. Drinking alcohol from an early age can contribute to harms which range from antisocial behaviour and injury through to violence and even suicide.

Watch the video clip *Teach teens to play it safe with alcohol* on the Alcohol Think Again website in the 'What parents need to know' section http://alcoholthinkagain.com.au/



'No alcohol' is the safest choice for those under 18 years of age.

Delaying your child's alcohol use and encouraging negative attitudes towards 'binge drinking' can protect your child from the likelihood of alcohol-use problems.

[1] Hayes. L., Smart. D., Toumbourou. J.W., and Sanson. A. (2004). Parenting influence on adolescent alcohol use, report prepared by the Australian Institute of Family Studies for the Australian Government Department of Health and Aging, Canberra.

[2] National Health and Medical Research Council (2009). Australian guidelines to reduce health risks from drinking alcohol. Commonwealth of Australia. Retrieved from http://www.nhmrc.gov.au/_files_nhmrc/publications/attachments/ds10-alcohol.pdf

Activity 3 Responding to influences to use alcohol

Learning intention

- Students identify refusal strategies for alcohol-related situations

Equipment

Activity sheet – *Tricky situations* – photocopy one per group

Die – one per group

Cards or strips of paper – one per group

Empty tissue box or similar

Teaching tip

Access *Underage drinking: rating the risk* by clicking on *Alcohol related resources* at www.education.vic.gov.au/studentlearning/programs/drugeducation/tchlearnteach.htm

Activities

1. Ask the class to share what they know about standard drinks and the interacting factors that may affect a person's Blood Alcohol Concentration (BAC).

2. **Brainstorm** (refer to page 91) a list of situations where students may have felt pressured into doing something they didn't really want to. Discuss some of the ways they have responded to or avoided these situations and also saved face. (It may be appropriate to be prepared to protectively interrupt during this part of the learning experience and use the 'no name' rule). Write a list of the suggestions for dealing with these situations on the board. Some strategies could include:
   - avoid the situation in the first place
   - say 'no' in a polite, firm voice
   - ask them to stop doing what they are doing in a polite, firm voice
   - make a joke
   - tell an adult or a friend
   - run away or go to another room
   - ignore the person
   - say your mum or dad will ground you if you do this thing
   - change the subject
   - give a reason why you can't do it right now – delay things
   - plan ahead
   - say you feel sick
   - hang out with other friends
   - always have an excuse ready.

3. Review Module 1 Topic 2 Activity 2 *Thoughts and feelings influence behaviour* (page 17) that explains how the way we think can influence what we do and say.

Event or situation	Thoughts (positive or negative self-talk)	Feelings	Action or behaviour

Brainstorm some helpful thoughts students could have to help them deal with the internal pressure they may feel when faced with these situations. Name these the 'helpful thoughts to use in tricky situations'. For example:

- I don't need to do this to be cool.
- If they don't like me because I don't do this, then they're not real friends.
- I want to stay healthy to play sport.
- I don't want to upset Mum or Dad.
- I might do something embarrassing.
- I could do something that will hurt me or others.
- What they are suggesting is illegal.
- I could get into trouble.
- I don't want to waste my money.

4. In groups of six, students use a **toss a die** strategy (refer to page 96) to respond to the scenarios on the *Tricky situations* activity sheet. Ask students to tell their group what they would do, say and think to help them respond to the tricky situation that corresponds to the number they rolled. Encourage students to use the listed strategies and positive self-talk. Hear feedback from the groups.

Tricky situations

Tricky situation 1

All of Lucy's friends are going on the school camp and have told her to bring along a few cans of pre-mixed drinks. Lucy feels nervous and doesn't want to be dumped by her friends.

Tricky situation 2

Libby's friend is drinking a can of her Dad's beer and offers some to her. Libby doesn't want her friend to think she is a wimp but she doesn't want to drink the beer.

Tricky situation 3

A friend asks Kale to take a bottle of vodka home for a few nights and look after it until the weekend because he thinks his parents suspect he has been experimenting with alcohol. This makes Kale feel worried.

Tricky situation 4

Anna is at her Year 7 graduation party and some kids have started passing cans of beer around the circle. Her best friend says, "Come on Anna, you have to have some!" This makes Anna feel really anxious.

Tricky situation 5

Paul is at his football windup. Paul's older brother and the other boys are drinking and several keep offering Paul a bottle. Paul knows it's illegal for him to drink alcohol and in a public place. He feels very uncomfortable.

Tricky situation 6

Eddie is at his friend's place for a family BBQ. His friend's dad has drunk a lot of alcohol. He keeps telling Eddie to have an alcoholic energy drink. He says they are just like cool drink and okay for kids. Eddie knows his parents would not approve but he doesn't want to offend his friend's dad.

Activity 4 Managing alcohol-related situations

Learning intention

- Students identify ways to respond to alcohol-related situations

Equipment

Family information sheet – *Alcohol and the law* – photocopy one per student

Family information sheet – *Talk and plan around alcohol* – photocopy one per student

Activities

1. Asks groups to create their own 'alcohol-related situation' and write this on a card. Place the cards in a tissue box. Groups take turns to select a card and suggest ways to deal with the situation.
2. Explain that rehearsing the things to do, say or think when faced with a tricky situation will help students to remember them and feel more confident to use them in real life. Rehearsing will also help students decide which strategies will work for them.
3. Have students act out a tricky situation using a **fishbowl role-play** (refer to page 95), where students outside the fishbowl observe the effectiveness of the strategies. Pause the role-plays frequently and ask students on the outside of the fishbowl to suggest possible helpful thoughts that a performer could have to help them deal with the situation, or unhelpful thinking that may make things even trickier.

   After the role-plays, use the following questions.

   Ask

   - *Was your tricky situation caused by internal or external pressure to use alcohol?*
   - *Which type of influence or pressure do you think you would find easier to handle? Why?*
   - *What do you think were the most effective ways of dealing with these tricky situations?*
   - *Have you ever been in a similar situation? How did you feel?*
   - *How might you feel if this situation happened to you in real life?*

   Rotate students through performing and observing roles.
4. Students reflect on the following issues by completing a **think-write-pair-share** (refer to page 96).
   - What would your parents like you to decide about underage drinking of alcohol?
   - What would your friends like you to decide about underage drinking of alcohol?
   - What have you decided to do if you are offered a drink of alcohol when you are underage?
   - Do you think your decision will change as you get older? Why/why not?
3. Send home a copy of the Family information sheets – *Alcohol and the law* and *Talk and plan around alcohol* with each student to share with their family.

For more information on Secondary Supply legislation, head to: www.druginfo.adf.org.au

FAMILY INFORMATION SHEET

Alcohol and the law

Alcohol is the most commonly used legal drug in Australia and the drug that causes the most harm to young people. Make sure that your teenager understands the laws about alcohol.

- It is illegal for young people under 18 years of age to drink, buy or obtain alcohol in a public place or on licensed premises.
- It is illegal for anyone to drink alcohol in public, such as on the street, park or beach.
- It is illegal for L or P plate drivers or riders to have a Blood Alcohol Concentration (BAC) of more than zero.
- Fully licensed drivers must not drive or ride a vehicle if their BAC is over 0.05.
- Police can issue on the spot fines to young people who break the laws. Police also have the powers to seize any alcohol, open or unopened, in certain situations.

Many parents are concerned about alcohol and the impact that it can have on their child. For under 18's, no alcohol is the safest choice.

Parents are the most common supplier of alcohol to their teenagers. The family home and friend's homes are the most common places for drinking to take place.

Can a young person under 18 years of age be given alcohol in a private home?

Under Section 122A of the Liquor Legislation Amendment Act 2015 (WA), it is illegal to supply alcohol to people under 18 years in a private home without the consent of the parent or guardian. It is an offence to supply alcohol to people under the age of 18 if the parent or guardian giving consent is drunk or otherwise unable to act in a responsible manner. Offenders are liable for a fine of up to $10,000 for each underage drinker involved.

If you are about to have a party for a group of teenagers you might like to read the brochure *Hosting a party for teenagers – facts to consider*
http://www.alcoholthinkagain.com.au/Portals/1/Media/Pdf/Hosting-A-Party-Final.pdf

For more information on alcohol visit the *Alcohol. Think again* website
www.alcoholthinkagain.com.au

For more information on Secondary Supply legislation, head to:
www.druginfo.adf.org.au

Note: This information was current at time of publication.

EDUCATING FOR SMARTER CHOICES

FAMILY INFORMATION SHEET

Talk and plan around alcohol

Socialising with friends is a normal and important part of growing up for teenagers. However, parents are often concerned about the things that can happen when alcohol and other drugs are involved.

Here are some tips for parents:

- **Talk to your children** and share your expectations about their use of alcohol and other drugs. Stress that drinking alcohol under 18 years of age can affect their brain development.
- **Set a 'getting home plan' in place** before your children go out to parties and other places where alcohol may be used.
- Talk about **calling you or another responsible adult** whenever your child feels unsafe or when things get out of control.
- **Know where your children are and who are their friends.** Have a list of your teenager's friends and their or their parents' contact details.
- **Talk about some of the consequences of binge drinking** such as violence, verbal fights, sexual vulnerability/unsafe sex, drink driving and embarrassment.
- Talk about how your children can **avoid some of the harms from alcohol** such as:
  - having excuses at the ready when others offer alcohol to them - i have a footy game tomorrow and the coach won't let me play if he knows i've been drinking
  - drinking non-alcoholic or low alcohol drinks
  - drinking slowly
  - not leaving drinks unattended
  - being assertive and standing by their decision to not drink alcohol
  - avoiding topping up drinks and drinking games
  - avoiding driving home with people who have been drinking
  - avoiding walking or riding home if they have been drinking.
- **Limit their access to alcohol.** Talk about the maximum number of drinks (ie safer limits of alcohol use) you would be okay with if you think not drinking isn't a realistic option.
- **Talk about basic first aid and what to do in an emergency.** Explain that anyone who has been drinking and is unconscious should not be left alone and needs to be watched until medical assistance arrives.
- **Let your children know that you would be more disappointed in them not seeking help** than calling to tell you that they or their friends have been drinking.

Need help?

Alcohol and Drug Support Line
Phone: (08) 9442 5000 or
1800 198 024 (country callers only)
E-mail: alcoholdrugsupport@mhc.wa.gov.au
Live Chat: www.dao.health.wa.gov.au

A free 24-hour, state-wide, confidential telephone service where you can talk to a professionally trained counsellor about your own or another's alcohol or drug use.

Parent and Family Drug Support Line
Phone: (08) 9442 5050 or
1800 653 203 (country callers only)
E-mail: alcoholdrugsupport@mhc.wa.gov.au

A free alcohol and other drug information and support line for parents and family members. Talk to a professionally trained counsellor about alcohol and other drugs. Talk confidentially to another parent for strategies and support.

Aboriginal Alcohol and Drug Service
Phone: (08) 9221 1411
Provides a range of culturally secure services, including treatment, education programs and yarning.

TOPIC 5

Cannabis

Year 7 has been identified as a crucial time to implement effective cannabis education as the number of students who have used is low and most young people have not been exposed to the possibility of using cannabis (Midford, Lenton, & Hancock, 2001).

In a recent survey, about one in twelve 12 year old students had 'ever used' cannabis compared to about one in eight 13 year old students. The increase of cannabis use in the following five age groups to one-third of 17 year-old students having 'ever used' cannabis and one in three 'having used' within the last year (Mental Health Commission, 2016b) is another strong rationale to start cannabis education in early secondary years of schooling.

Although the percentage of early secondary school students who use cannabis is small; many others may be exposed to and affected by cannabis use in the family and community. These students often form positive attitudes and opinions about cannabis at an early age. School-based cannabis education provides a supportive environment to challenge these positive attitudes and opinions that may lead to later cannabis use.

Cannabis prevention education

Setting clear ground rules about discussing teacher or student drug use experiences before commencing on cannabis-related learning experiences is the best strategy. Encourage students to respect a person's privacy by not using names when talking about experiences and be prepared to protectively interrupt those students who may disclose sensitive information.

When creating scenarios for students to practice problem predicting, decision making and coping strategies, keep in mind that research has identified that 'at a friend's place with a bong or pipe' is the most common context for cannabis use for young people.

Give students many opportunities to consider when, where, how and by whom they may feel pressured to use or be harmed by others' cannabis use. Consider situations that involve both overt pressure from peers or family and also covert pressures where students put pressure on themselves to use cannabis, perhaps to please or be like friends or family.

Inform parents that the purpose of the chosen learning experiences is to provide students with facts about the harmful effects and consequences of using cannabis so they are able to protect themselves around others who may use cannabis and also make informed decisions about cannabis use. A parent information session may also promote greater parent-child discussion about cannabis.

Key concepts

- Cannabis, like all drugs, has the potential to cause harm.
- Synthetic cannabis use, because of its unknown plant products and research chemicals, is dangerous and can have serious physical harms such as heart attack and death.
- Smoking cannabis using a bong or shisha will not reduce the likelihood of diseases such as lung cancer.

Whole-school approach

Ensure your *School Drug Education Guidelines* are not just punitive and include procedures for managing cannabis-related incidents and providing intervention support for students that address their health and safety.

Activity 1 Clued up on cannabis

Learning intention

- Students explore facts about cannabis and its effect on the body, cannabis use statistics and cannabis laws

Equipment

Be Ready student workbook – Clued up on cannabis – page 19

Activity sheet – *Clued up on cannabis* – photocopy one set of cards per group

A4 paper – one sheet per group

Family information sheet – *Cannabis* – photocopy one per student

Family information sheet – *Synthetic cannabis* – photocopy one per student

Teaching tip

Remind students to respect a person's privacy and to use the 'no name' rule when talking about cannabis. Be prepared to protectively interrupt any disclosures from students.

Activities

1. Have students work in groups to **brainstorm** (refer to page 91) responses for the *Clued up on cannabis* questions on page 19 of *Be Ready*.

   - ***What is cannabis?*** Cannabis Sativa is a flowering plant. Common forms of cannabis are marijuana (dried plant leaves and flowers which are the most potent forms of the plant), hashish (small blocks of dried cannabis resin from flower of female plants) and hashish oil (oil extracted from cannabis resin and is more potent than the other forms of cannabis). It is a depressant.
   - ***How is cannabis used?*** There are several forms of cannabis including:

     Marijuana which is usually smoked in a water pipe (bong), pipe or hand-rolled cigarette (joint)

     Hashish which can be added to tobacco and smoked or baked and eaten in hash cookies

     Hash oil which is usually spread on the tip or paper of cigarettes and then smoked.
   - ***What are some other names for cannabis?*** Marijuana, pot, dope, gunga, yarnie, mull, joint, weed, Mary Jane.

- ***What can be some of the immediate physical effects of using cannabis?*** Tell students that how a person may feel when using cannabis can differ greatly due to many factors eg the drug use experience triangle. Some people may use cannabis for the first time and feel 'high' and relaxed, while another person may have an anxiety or panic attack. Other general effects can include dizziness, relaxation, nausea, giggling, headaches, increased appetite, difficulty concentrating, red eyes, loss of coordination, loss of memory, loss of inhibitions, hallucinations.
- ***Are there any other long-term effects or consequences of using cannabis?*** Once again not a simple question to answer, but can include mood swings, memory loss, lack of motivation, prone to injuries because of poor coordination and reflexes, mental health problems, regular colds and flu, conflict with family and friends, financial problems, fines and other legal problems.

Listen to class responses and correct any misinformation as it is suggested. Explain that accessing correct information about cannabis and other drugs is important as it can ensure that the decisions people make about drug use are based on fact.

Ask

- *What did you learn about cannabis?*
- *If you already knew the answers to some of the questions about cannabis, where did you learn this information?* (Remind the class of the 'no name' rule).
- *Surveys tell us that most young people get information about cannabis and other drugs from their friends. Why do you think young people ask their friends for drug information?*
- *Do you think that friends are always a reliable source of information? Why?* (Discuss the importance of accessing factual, reliable information when making decisions about drug use as friends may not always have the correct answers).
- *Where else can you get reliable information about cannabis and other drugs?* (eg parents, teachers, health promotion information, doctors, police, pharmacists, government websites, telephone advice services like Kids' Help Line, Alcohol and Drug Support Line and Alcohol and Family Drug Support Line, National Cannabis Prevention and Information Centre https://ncpic.org.au/, documentaries, reference books at libraries. Stress that students should have conversations with their parents about drugs and that if their parents don't know the facts, they may know where to find information).

2. Distribute a set of question and answer cards from *Clued up on cannabis* and a sheet of paper to each group. Explain that the questions cover topics such as cannabis facts and myths, statistics about cannabis use and the legal consequences that can arise when young people are in the company of others who are using cannabis.

   Using the **question partners** strategy (refer to page 94), groups place the question cards in a pile and deal out the answer cards. Students take turns to read a question card. As a group, students first guess what they think is the correct answer and record this on their sheet of paper. Students then check their cards to see if they have the answer to the question. The person with the answer card reads aloud the information for the rest of the group to hear and then takes the next question card from the pile. The process is repeated until all questions have been answered. Check that groups identified the correct answers.

   Ask

   - *What is one new thing that you now know about cannabis?*
   - *Did you correctly answer the questions about how many students actually use cannabis?*
   - *Why might young people think that 'everyone is smoking dope'?* (Students often over estimate other students' cannabis use. These perceptions are influenced by the media, their attitudes, family and peer attitudes, and by the fact that teenage drug use is often seen in public places).
   - *How might thinking that more young people use cannabis than actually do, influence a young person to try cannabis?* (Those young people who perceive cannabis norms to be higher are more likely to experiment or become regular cannabis users).
   - *Why do you think most young people don't use cannabis?* (eg because most of their friends don't use cannabis, the legal consequences and impact on future employment and travel goals, risks to mental and physical health, effects on friendships and family relationships, financial costs).
   - *Why do you think people still use cannabis even when they know it can be harmful?* (Those who use cannabis often don't consider the possible long-term effects such as lung cancer. Some of the short-term effects such as feeling relaxed or being part of a group may be more important to the person. They may also be dependent on cannabis and find it difficult to not use).

2. Students complete the **3-2-1 reflect** (refer to page 96) in their workbook by writing three facts they can recall about cannabis, two things about cannabis that are relevant to them, and one question they still have about cannabis. Place students in pairs to share their reflections. Record the generated questions and discuss these.

3. Send a copy of the Family information sheets – *Cannabis* and *Synthetic cannabis* home with each student to share with their family.

Suggest students refer to https://ncpic.org.au (National Cannabis Prevention and Information Centre website for more information).

Clued up on cannabis

Fact or myth? About 25% of WA students aged between 12-17 years have used cannabis ***in the last week.*** 	**Answer: Myth** Most young people don't ever use cannabis. Only 5.6% of WA students (12-17 years) used cannabis in the last week. Source: (MHC, 2016b)
Fact or myth? Eleven in twelve 12 year olds and seven in eight 13 year olds have ***never used cannabis.*** 	**Answer: Fact** About one in twelve 12 year old students and about one in eight 13 year old students have used cannabis in their lifetime. That means that eleven in twelve 12 year olds and seven in eight 13 years have **never** used cannabis.
Fact or myth? About 30% of WA students aged between 16-17 years have used cannabis ***in the last month.*** 	**Answer: Myth** Most 16-17 year old WA students do not use cannabis. Only 14.8% of these students had used cannabis in the last month. That's means 85% of these students had not used cannabis!
Fact or myth? It is okay for someone to carry small amounts of cannabis for personal use. 	**Answer: Myth** This is not okay. Anyone carrying small amounts of cannabis for personal use is committing an offence.
Fact or myth? It is legal to grow cannabis in a suburban backyard for personal use. 	**Answer: Myth** It's not legal to grow cannabis for personal use, possess it or sell it in WA. No exceptions.

Clued up on cannabis

Fact or myth?

In public, police always need a warrant to search for drugs like cannabis or ecstasy.

Answer: Myth

Police don't need a warrant. If there is reasonable grounds for suspecting that a person has an illegal drug, police can search them and their vehicle without a warrant.

Fact or myth?

Cannabis comes from a plant.

Answer: Fact

Cannabis comes from the hemp plant Cannabis Sativa. Marijuana comes from the leaves and flowers of this plant, hashish comes from the resin in the flowering tops of female plants, and hash oil comes from the resin.

Fact or myth?

Cannabis is a depressant drug and slows down parts of the brain used for memory, coordination and concentration.

Answer: Fact

THC (the chemical in the cannabis plant that causes the 'high' or 'stoned' feeling) acts as a depressant and slows down parts of the brain used for memory, coordination and concentration.

If a large amount is used, it can make a person see and hear things that are not there (hallucinations).

Fact or myth?

Cannabis is more harmful than tobacco.

Answer: Fact

Cannabis is more harmful than tobacco as it contains more tar and cancer – causing agents. It can cause cancer of the mouth, tongue and lungs. People who use cannabis, even small amounts, may develop mental health problems or have problems remembering things. This risk increases the earlier you start using cannabis and the more you use.

Fact or myth?

It's illegal to drive a car after using cannabis.

Answer: Fact

Driving under the influence of cannabis or any other drug is illegal. Drug testing has shown that cannabis is involved in about 10% of traffic accident-related deaths.

Clued up on cannabis

Fact or myth?

Young people who use cannabis are more likely to experience depression than those who don't.

Answer: Fact

13 to 17 year olds who use cannabis are three times more likely to experience depression compared to those who don't. This risk increases the earlier you start and the more you use.

Source: Lawrence et al., 2015

Fact or myth?

Synthetic cannabis isn't harmful.

Answer: Myth

Synthetic cannabis can have harmful effects just like naturally produced cannabis. However because the chemicals and the plant products are both unknown there may be different harms and risks for the user. There have been heart attacks and several deaths linked to synthetic cannabis use.

Fact or myth?

Synthetic cannabis is legal.

Answer: Myth

Synthetic cannabis is not legal in Australia. Anyone caught with these drugs can be charged for possession, selling, supplying or intent to sell or supply.

Fact or myth?

Cannabis doesn't affect your driving as much as alcohol.

Answer: Myth

Cannabis and other drugs all affect your ability to react quickly, assess hazards and concentrate and make responsible decisions. It is illegal to drive a vehicle while under the influence of cannabis.

FAMILY INFORMATION SHEET

Cannabis

What is cannabis?

Cannabis comes from a variety of hemp plants called Cannabis Sativa. Marijuana is the most common form of cannabis and is made from the leaves and flowers. It has many street names eg weed, grass, mull, dope, gunja. Hashish and hashish oil come from the resin of the flowering tops of the female plants.

Cannabis, like alcohol, is a depressant drug which means it slows down the nerve messages to and from the brain. The immediate physical effects of a small dose can include a feeling of wellbeing, loss of concentration, increased appetite, red eyes, poor balance and coordination. Larger doses can cause hallucinations making people see and hear things that are not there, and panic attacks.

Some of the long-term effects can include increased risk of bronchitis and lung cancer, lack of motivation, lowered sex drive and hormone production. Those who use cannabis, even in small amounts, may develop mental health conditions or have problems with their memory and mood swings. This risk increases the earlier you start and the more you use.

Why cannabis education for your children?

Cannabis is the most widely used illegal drug in Australia. Cannabis is also the drug that many young people in WA use.

Some parents may have concerns about providing information about cannabis to their teenager. However, research shows that being taught about the harmful effects of using cannabis before they are exposed to it through either their own use or other people's use, can have a positive effect.

What will your children learn about cannabis in their classroom program?

- The possible harmful effects and consequences of using cannabis.
- The WA laws about cannabis and synthetic cannabis.
- How to use refusal strategies in situations where other people may be using cannabis.

What you can do?

Having negative attitudes towards cannabis can also help to protect your teenager from using this drug and protect them from the harms of other people's cannabis use. Talk to your teenager and let them know what you think about cannabis and the rules you have about cannabis use in your family.

For more information about cannabis

Drug Aware drugaware.com.au

National Cannabis Prevention and Information Centre ncpic.org.au

Australian Drug Foundation www.adf.org.au

Alcohol and Drug Support Line is a free 24-hour, state-wide, confidential telephone service where you can talk to a professionally trained counsellor about your own or another's alcohol or drug use.
Phone: (08) 9442 5000
Country callers: 1800 198 024
E-mail: alcoholdrugsupport@mhc.wa.gov.au

Parent and Family Drug Support Line is a free alcohol and other drug information and support line for parents and family members. Talk to a professionally trained counsellor about alcohol and other drugs. Talk confidentially to another parent for strategies and support.
Phone: (08) 9442 5050
Country callers: 1800 653 203
Email: alcoholdrugsupport@mhc.wa.gov.au

Aboriginal Alcohol and Drug Service provides a range of culturally secure services, including treatment, education programs and yarning.
Phone: (08) 9221 1411

It is against the law to possess, use, supply, grow or import cannabis in Australia.

EDUCATING FOR SMARTER CHOICES

FAMILY INFORMATION SHEET

Synthetic cannabis

Synthetic cannabis, or plants sprayed with unknown chemicals, are dangerous and unpredictable.

Is synthetic cannabis safe? No.

Products sold as 'synthetic cannabis' contain a plant like mixture that has been sprayed with unknown chemicals which are often classified as 'research chemicals'. This means they are experimental chemicals that are not for human consumption. Because of the unknown plant materials and chemicals, the risk of harm is high for the user.

What is synthetic cannabis called on the street?

Synthetic cannabis keeps appearing on the market under different names. This name change is usually to try and stay ahead of the law. Some of the well-known products include Kronic, Voodoo, Kalma, Kaos and Mango Kush.

Is synthetic cannabis legal in WA?

Synthetic cannabis is banned in Australia because so little is known about the actual ingredients of these drugs and the possible health consequences. Anyone caught with these drugs could be charged for possession, selling, supplying or intent to sell or supply.

EDUCATING FOR SMARTER CHOICES

Activity 2 Consequences of cannabis use

Learning intention

- Students identify short and long term effects of cannabis on the body, and other consequences of cannabis use
- Students share their opinions about cannabis use and appreciate that others' opinions may differ

Equipment

Be Ready student workbook – *Cannabis messes with your body and your mind* – page 20

Activity sheet – *Cannabis consequences* – photocopy one card per student

Coloured marker pens or highlighters – one set per group

Fact sheet *Cannabis – what's the fuss?* – download one copy per student from www.somazone.com.au

Teaching tips

Show Cannabis and paranoia flow chart video on the DrugAware website www.drugaware.com.au under the cannabis link (or on YouTube) to highlight the mental health harms of cannabis use.

Activities

1. Explain to students that when a person smokes cannabis, THC which is the chemical in cannabis that causes a 'stoned' or 'high' feeling, is quickly absorbed into the bloodstream through the walls of the lungs and a high is felt when the THC in the blood reaches the brain. This can happen in a few minutes and may last up to five hours. Explain that when cannabis is eaten it usually takes one to three hours for the THC to reach the brain. Have groups read *Cannabis messes with your body and your mind* then:
   - Use a green highlighter to identify the possible immediate or short-term effects of cannabis.
   - Use a pink highlighter to identify the possible long-term effects of cannabis.
   - Use a yellow highlighter to identify effects that would mostly just harm the user (eg red eyes, increased appetite, coughing).
   - Use a blue highlighter to identify effects that would mostly harm or have consequences for others (eg passengers in cars, family and friends, pedestrians, owners of property).
   - Use an orange highlighter to identify effects that you think would most likely cause young people not to use cannabis or to quit or cut down their cannabis use.

   Conduct a **head talk** (refer to page 93) to hear responses from each group. Correct any misinformation by referring to the fact sheet, *Cannabis-what's the fuss?*

2. Have students complete the questions on page 20 of *Be Ready* then share their answers. Use the following questions to process this activity.

   Ask
   - *Do you think a person's cannabis use only harms or has consequences for the user, or do these harms and consequences affect other people too?* (Explain that while we know from the Australian School Students Alcohol and Drug survey that most students their age do not use cannabis, often young people are affected by their friends and family).
   - *Does cannabis affect everyone the same way?* (No. Remind students of the drug use experience triangle).
   - *What effects do you think might cause young people not to use cannabis? Why?*
   - *What effects do you think might encourage a young person to experiment with cannabis?*
   - *What other ways can you achieve feelings of relaxation?* (eg feeling relaxed – listen to music, go for a run, meet up with friends, walk along the beach).

4. Point out that the harms listed in the right hand column of *Cannabis messes with your body and your mind* in *Be Ready* page 19 do not just refer to physical and mental health harms but also to harms that might affect the user's relationship with their family and friends (social harms); harms that may affect whether the user can stay at school or work or travel overseas (livelihood harms); and harms that may result in the user being involved with the police and the legal system (legal harms).

   Using a **circle talk strategy** (refer to page 91) give each student a card from the activity sheet *Cannabis consequences*. Explain that students need to consider the situation described on their card and then tell their partner the answer to the following questions. (Write the questions on the board). Encourage students to use the *Cannabis messes with your body and your mind* page in their workbook as a reference and to consider the physical and mental health consequences, and the social, livelihood and legal consequences of cannabis use for their situation.

   - *What skills or requirements are needed to perform the activity on your card?* (eg if the card was riding a bike or skateboard, you would need coordination, balance, good reaction times, ability to obey road rules etc).
   - *What might happen and what harms may result if someone was under the influence of cannabis while performing this activity?* (eg while riding a bike or skateboard, the person might: hit something or someone because of loss of coordination and balance, cause an accident because of slower reaction times, get caught by police, do something risky and hurt themselves or others because of loss of inhibitions, upset family or friends because of the trouble they cause).

   Process the circle talk using the following questions.

   Ask
   - *What possible harms for the cannabis user were the same in each situation?*
   - *Which situation posed more harms for the cannabis user?*
   - *Was death a possible consequence in any of the situations discussed?*
   - *Did any situations pose possible harms for people other than the cannabis user?*
   - *Has discussing how others can also be affected changed your opinion about cannabis use? Why?*
   - *What messages do you think health campaigns about cannabis use should include? Why?*

5. Have students write a letter to a friend explaining what they have learnt about cannabis, the effects of cannabis on the user and other people, and reasons why they would choose not to use cannabis.

SDERA
EDUCATING FOR SMARTER CHOICES

Cannabis consequences

Riding a bike or skateboard	Swimming at the beach
Working in a take-away food shop	Playing a team sport
Driving a car	Talking at a school assembly
With your best friend at their house	Performing in a school play or musical
Walking to school	Catching public transport late at night
Texting a message to a friend	Posting a comment on a social media page
Babysitting for a family friend	Hosting a party
Riding a quadbike	Front seat passenger with a P plate driver

Activity 3 Cannabis and the law

Learning intention

- Students identify the laws associated with cannabis in Western Australia and Australia
- Students consider the impact of cannabis use on personal goals

Equipment

Be Ready student workbook – *Cannabis – legal or illegal?* – page 21

Strategy sheet – *PNI* – photocopy one per group – page 103

Teaching tips

In Western Australia under the cannabis laws, which were reviewed in 2011, if a person is found with a small amount of cannabis on them (10gms) their use has now become decriminalised. This means the person doesn't get a criminal record but must attend an education session called a *Cannabis Intervention Session* (CIS) within 28 days of being caught. Stress that this is the only leniency around cannabis laws and that a person convicted of any other cannabis offence (or any other illegal drug offence) will receive a criminal record. This can make it difficult to get a job, credit or visas for travel.

Cannabis laws and juveniles

A person is eligible for a CIR if they are aged 14 years or over, and are found using, or in possession of not more than 10 grams of cannabis, and/or found in possession of a smoking implement containing detectable traces of cannabis. An adult can only receive one CIR while a young person (aged 14 to 17 years) can be given a CIR on two separate occasions. A young person who commits a third or subsequent minor cannabis related offence will be referred to a Juvenile Justice Team, where appropriate under the *Young Offender's Act 1994*, rather than being charged.

The Drug and Alcohol Office's booklet *Cannabis laws in Western Australia* can be downloaded or ordered online at www.dao.health.wa.gov.au and outlines the 2011 WA Cannabis laws in more detail.

Activities

1. Explain that possessing, using, growing and supplying cannabis are all illegal practices in Australia. In groups, students discuss and complete the quiz questions in *Be Ready, Cannabis – legal or illegal?* using the information on page 21 of their workbook, the *Cannabis laws in Western Australia* booklet (see teaching tip) and the suggested websites. Discuss the answers to the quiz with the class then process the activity using the following questions.

   Ask

   - *Are there laws about cannabis? What are they?* (Correct any misinformation suggested by students).
   - *Why do we have laws about cannabis?*
   - *Who are these laws meant to protect?*
   - *Where did you learn about the laws associated with cannabis prior to this lesson?* (Remind students of the 'no name' rule).
   - *How do these laws influence people's beliefs about what is right and wrong?*
   - *Why might the laws about cannabis change from time to time?* (eg existing laws may have little impact on drug use, may be difficult to police, may not be in line with new medical evidence about cannabis, may be legalised for medicinal purposes).
   - *Which aspect of the cannabis laws do you think would most likely influence a young person's decision to not use cannabis? Why?*
   - *How do the laws aim to reduce cannabis-related harm for everyone?*
   - *What short-term goals would not be possible to achieve if a young person was convicted of a drug offence and received a criminal record?* (eg not finish their education, lose their job, or lose their relationship with family, friends, team mates).
   - *What long-term goals would not be possible to achieve if a young person was convicted of a drug offence and received a criminal record?* (eg anything that involves getting a job, credit or visas for travel to some overseas countries).
2. Have students write two goals they would not achieve if convicted of using cannabis on page 21 of *Be Ready*.
3. Have groups choose one of the following statements and list the positive, negative and interesting implications of that statement on a **PNI** sheet (refer to page 93).

   PNI statements

   - Cannabis should be legalised.
   - Devices should be fitted to cars to stop drivers getting behind the wheel 'stoned'.
   - Education about cannabis should be compulsory for students our age.

   After completing the PNI, have groups share their responses. Encourage students to question each other and justify their answers.

Activity 4 Assessing cannabis-related situations

Learning intention

- Students analyse cannabis-related situations and identify possible harms and consequences
- Students practise refusing offers of cannabis

Equipment

Be Ready student workbook – *It's not just the drug* – Student Workbook page 13

Activity sheet – *Cannabis scenario cards* – photocopy one card per student

Strategy sheet – *Harm signs* – photocopy one set of signs – page 108

Teaching tip

Review the drug use triangle on *It's not just the drug* page 13 of *Be Ready*.

Activities

1. Set up a **values continuum** (refer to page 97) using the 'most harmful' and 'least harmful' signs (refer to page 108). Distribute one *Cannabis scenario* card to each student. Ask students to place their card along the continuum in response to the following question: *How harmful is the cannabis situation on your card?* Stress that students should consider the possible harms for the cannabis user and also others. Have students discuss the placement of the scenarios and identify the potential harm using the following questions.

   Ask

   - *What might happen in this situation to the cannabis user?*
   - *What might happen in this situation to bystanders or others involved?*
   - *How could the harms in this situation be reduced?*
   - *How could the harms in this situation be prevented?*
   - *What might be the consequences of reducing the harm in this situation?*
   - *Could changing the place (or environment) change the risk of harm in this situation? How?*
   - *If you or one of your friends was in this situation, what could you do?*
   - *Who would you ask for help?*

   Discuss why young people hold differing attitudes about the harms of cannabis use. If students express pro-cannabis attitudes remind the class that:

   - young people need to make informed decisions about cannabis use
   - cannabis is not a safe drug as there is no such thing as a safe drug
   - most young people their age do not use cannabis
   - it is illegal to possess, grow, use, sell or supply cannabis in all states and territories of Australia.

2. Have students imagine they are a parent considering the scenario and decide where the card would be placed on the continuum. This will be useful if some students perceive certain effects or consequences to be less harmful than their actual potential.

3. Repeat the values continuum activity by having students consider their card in terms of:
   - possible harms to physical and mental health
   - possible harms to relationships with family, friends
   - possible problems with school, part-time job, money
   - possible problems with the law.

   Time needs to be allowed between each continuum vote for discussion from students about their reasons for their placement. Process the activity using the following questions.

   Ask

   - *What harms do you think would most likely discourage young people from using cannabis?*
   - *What effects might encourage young people to use cannabis?*
   - *What other ways might a young person achieve this effect without using cannabis?* (Discuss how to use mindfulness, meditation and other activities to achieve the same levels of relaxation).
   - *Why do all of these scenarios have potential legal consequences?* (Because it is illegal to grow, use, possess or supply cannabis or synthetic cannabis in Australia).
   - *How might the legal consequences cause problems later in life for young people?* (Convictions may make the person ineligible for certain jobs and for holiday travel visas).
   - *What are some ways that you can avoid or reduce possible harms from cannabis?* (Students should understand that non-use is the safest option. Other examples include not being with others who are using cannabis, knowing how to refuse offers of cannabis and having reliable information about the drug and its effects).
   - *How does it feel to share your opinions about cannabis with others?* (Suggest that knowing that most other young people do not use or condone cannabis use can be empowering).
   - *Has hearing others' opinions and thoughts about cannabis changed how you think about cannabis use? Why?*
   - *What might change your opinion about cannabis in the future? Why?* (eg peer group influences, involvement in a situation that involves cannabis).
   - *What could you do to deal with pressure from others (external pressure) to use cannabis?* (eg practise using refusal comments, walk away, stand by your decision to not use cannabis).
   - *What positive self-talk can you use to avoid the pressure you may put on yourself (internal pressure) to think you should use cannabis?* (eg I want to stay healthy and safe. I don't have to use cannabis to be part of this group).

ACTIVITY SHEET

SDERA
EDUCATING FOR SMARTER CHOICES

Cannabis scenarios

Person: 13 year old girl

Place: At home

Drug situation: *She does not smoke cannabis and her parents smoke cannabis in the house*

Person: 13 year old boy with asthma

Place: On a school camp with 2 friends

Drug situation: *Has never smoked previously and shares a joint with friends*

Person: 16 year old boy feeling really sad after breaking up with girlfriend

Place: At school

Drug situation: *Buys some 'synthetic' cannabis so he can feel better*

Person: 13 year old boy

Place: On a school camp

Drug situation: *Not smoking a joint but standing near some boys who are smoking*

Person: 14 year old girl

Place: At a really loud party with older boyfriend

Drug situation: *Not using cannabis but around lots of people who are*

Person: 32 year old man with two small children

Place: At home

Drug situation: *Growing five cannabis plants for his own use*

Person: 10 year old boy

Place: At football training

Drug situation: *Picked up by his Dad who has been smoking cannabis*

Person: 17 year old girl who regularly uses cannabis

Place: At home before an important exam

Drug situation: *Has one joint to calm her nerves*

Person: 12 year old girl

Place: On the school bus

Drug situation: *Agrees to put her brother's joint in her school bag until the end of the day*

Person: 16 year old girl who has a history of mental illness in her family

Place: At the beach with friends

Drug situation: *Tries a joint for the first time*

Person: 12 year old boy

Place: At school

Drug situation: *Tries to sell his older brother's cannabis to a friend*

Person: 11 year old girl

Place: At home alone

Drug situation: *Eats a hash cookie left over from a party at her parents' house*

Person: 21 year old man who regularly uses cannabis

Place: Just started a new job on a mine site

Drug situation: *Uses a small amount of cannabis the night before his compulsory drug test*

Person: 15 year old boy who wants to go on a school basketball trip to America

Place: At the local park

Drug situation: *Smokes a joint with his older brother and his mates*

Person: 13 year old girl with her older brother

Place: At a music festival

Drug situation: *Surrounded by people who look like they have been using cannabis*

Activity 5 Practising harm reduction and refusal strategies

Learning intention

- Students practice refusal strategies in drug-related situations

Activities

1. Explain that being confident and having a number of excuses ready to use if situations arise where a friend or someone else offers cannabis, is a strategy that can be useful. However to feel confident and stand by a decision to refuse offers of cannabis requires rehearsal and practise. Ask for six volunteers to come and stand in a line in front of a student who is role-playing their friend. Explain that each student in the line must give an excuse to the friend when asked 'Do you want a joint?' After giving the excuse, which can be humorous, reasonable or creative, the students are to move to the back of the line. Explain that if an excuse has previously been used, the student is out of the game and should sit down. The winner of the game is the student who gives the most excuses. Process the activity using the following questions.

   Ask

   - *Which refusal strategies would you use if someone offered you a joint?* Have students share their answers with a partner.
   - *Do you think the refusal strategies might have been different if it was a stranger who offered you a joint? Why?* (eg sometimes it is easier to tell a stranger 'no' than a friend who you want to maintain a relationship with).
   - *Which excuses could you use if a friend offered you some alcohol or another drug?* (Point out to the class that excuses that take the decision away from them such as 'my parents will ground me for a month' can be used across many situations).
   - *Do you think it would be easier to say 'no' to an offer of cannabis than alcohol? Why?* (Yes, because cannabis is an illegal drug that has laws that can affect a person's future employment and travel goals. Alcohol is legal for anyone over 18 years of age and more readily available and the associated laws are not as stringent).

2. To personally reflect on this activity, students can complete the following unfinished sentences.

   - *My current risk of harm from cannabis use is (very high/high/moderate/low/very low) because….*
   - *Ways that I could reduce my risk of harm or continue to maintain a low risk of harm from cannabis are ….*
   - *If I had a friend who was trying to make me experiment with cannabis I would …*
   - *If I felt pressured by a friend to use cannabis some helpful or positive thoughts I could use to not feel pressured would be…*

TOPIC 6

Help seeking for drug-related situations

Activity 1 Calling for help

Learning intention

- Students practice responding to an emergency situation

Equipment

Be Ready student workbook – *What is your emergency?* – page 22

Two phones (optional)

Access to the internet

Activities

1. Explain that being able to help someone who is unwell or unconscious because of their alcohol or drug use (or any other medical emergency) is important and that sometimes it may mean the difference between that person living or dying. Have students share their experiences of dealing with an emergency and performing basic first aid. Remind the class not to use people's names when sharing their stories.

2. Listen to the radio advertisements at http://www.triplezero.gov.au/Documents/radio_ads.mp3 that promote the correct procedure for calling and using the Triple Zero service. Stress that it is important to stay calm in an emergency and always first seek help from an adult (if available) before calling 000 or administering first aid. (The Triple Zero radio advertisements are also available in nine languages – Arabic, Cantonese, Greek, Italian, Korean, Mandarin, Serbian, Spanish and Vietnamese at http://www.triplezero.gov.au/Documents/cald_radio_ads.mp3)

3. Read *What is your emergency?* on page 22 of *Be Ready*. Remind students that calling 000 (or 112 as an alternative mobile number) is only for emergencies and doing this for fun means that an operator is spending time with their hoax call when they could be helping to save someone's life. With a student volunteer, model how to complete the 000 call. Explain why it is important to give the emergency operator the state in Australia they are calling from (many of the suburb names in Australia are repeated so clarifying which state they are calling from will avoid confusion).

4. Place students with a partner. Nominate one student in each pair to be the emergency operator and **role-play** (refer to page 94) calling the emergency number for a friend in the following situation:

   Scenario

   - *You and your friend are at 33 Green Street, Maylands, Western Australia. Your friend has been drinking a lot of alcohol and is now unconscious on the floor. Someone tells you that he/she also took a pill but they don't know what it was. Call Triple Zero now.*

5. Have students view the Triple Zero website www.triplezero.gov.au then conplete the **3-2-1 reflect** (refer to page 96) on page 22 of *Be Ready*. Listen to the students' responses and clarify the questions raised. Ensure that the class are aware that calling for an ambulance in an alcohol or drug related situation does not always mean that the police will attend. This usually only occurs when the ambulance officers feel their own safety is in jeopardy or the patient is deceased. Also point out to students that if they are concerned about sharing their identity with the operator, they can choose to not give their name.

6. If students in the class have mobile phones, talk about having an ICE number (In Case of Emergency) entered in their phone contact list. Discuss how this strategy can help a person in the case of an emergency.

Activity 2 Practising the DRS ABCD procedure

Learning intention

- Students recognise signs that a person requires first aid
- Students practice and apply basic first aid principles in emergency situations
- Students practise and apply help seeking strategies for themselves and others

Equipment

Be Ready student workbook – *Tick tock* – page 23

Access to internet

Empty tissue box and small cards (optional)

Teaching tip

Download DRSABCD fact sheet from the St John Ambulance website http://www.stjohn.org.au/index.php?option=com_content&view=article&id=22:first-aid-information-introduction&catid=10:first-aid-information&Itemid=34

Activities

1. Read the following scenario to the class.

   Scenario

   - *You're at the beach with some friends. You notice a friend lying face down in the sand…tick tock…you know your friend was drinking…tick tock, tick tock…hurry up, you need to do something…but what?*

   Ask the class what they would do in this situation. Write all responses on the board. Read through the DRS ABCD steps described on *Tick tock* page 23 of *Be Ready* and check which of the steps were identified by the class.

2. Have students watch one of the many Australian CPR videos on YouTube. Stress that students must always assess the situation for possible dangers and maintain their own safety when helping others (eg being hit by passing vehicles if the emergency is on a road, avoiding contact with blood) and that doing something, rather than nothing, can be the difference between a person living or dying. Reassure students that performing first aid, in most cases, will not result in the person being further injured as sometimes fears of spinal cord injury prohibit bystanders from helping.

3. Place students in groups of three. Allocate one of the following emergency scenarios to each group. Explain that students are to create a **role-play** (refer to page 94) for their scenario that includes the DRS ABCD procedure.

   Emergency scenarios

   - *You go into a toilet block at the park and see a person lying on the floor. There is vomit near them and they have blood on their head. What should you do?*
   - *You are at a party with your friend. Someone yells out 'there's someone on the bottom of the pool'. What should you do?*
   - *Your think your friend has taken some drugs. They are lying on the ground and have started to fit. What should you do?*
   - *Your friend is unconscious. There is a half empty bottle of vodka on the ground near them. What should you do?*
   - *You were a passenger in a car that has just crashed. The driver is unconscious and another passenger is bleeding from their head. What should you do?*

   Process the role-plays and answer questions that students may have about using first aid. It is important to highlight to the class that sometimes young people do not call Triple Zero for alcohol or other drug-related incidents as they are worried that the police will come. Explain that police are only involved when a person dies at the scene or the ambulance workers feel under threat of violence.

4. Have students write an article for the school newsletter promoting first aid or create a PowerPoint about DRS ABCD first aid procedures and present to another class.

5. Have students complete the St John Ambulance online first aid course – *Click to Save* at http://clicktosave.com.au/ or enrol the class in a free First Aid Focus presentation at http://www.stjohnambulance.com.au/firstaidfocus/home

6. Arrange a visit from the school nurse to talk to students about helping out a friend who has consumed alcohol or another drug and is unconscious. Prior to the visit, have students write their questions and place these in a box. During the presentation have students take turns asking the questions generated by the class.

Activity 3 Identifying and practising help seeking strategies

Learning intention

- Students recognise symptomatic signs that can indicate when a person is not coping
- Students persuade someone to seek help using different communication techniques
- Students share strategies for dealing with situations where help is needed
- Students practice ways to communicate concerns about health to a variety of support people

Equipment

Activity sheet – *Suggest a strategy* – photocopy one card per pair of students

Be Ready student workbook – *I need help* – page 24

Family information sheet – *Helping your teenager ask for help* – photocopy one per student

Teaching tip

If students disclose information or make statements that raise concern about their wellbeing, follow up using the support procedures that the school has in place. Continue to observe and monitor the student.

Activities

1. Explain that students need to be able to recognise symptomatic signs that can warn when they, or others, are not coping. **Brainstorm** (refer to page 91) a list of symptomatic signs that may indicate that someone is not coping. For example:
   - not sleeping or eating well
   - feeling overwhelmed, anxious, afraid, defeated or angry
   - often angry and fighting with others
   - not doing the things they usually do
   - withdrawing from family, friends, school
   - exaggerated moods, extreme highs and lows
   - participating in risky behaviours such as drink driving, unplanned and unprotected sex, binge drinking, using drugs.

   Remind the class that a person may show one or several of these signs at different times in different situations. Have students write some of these signs on page 24 of their workbook.

   Suggest that asking for help can sometimes be difficult, particularly when a person is feeling stressed or confused. Ask the students to identify some reasons why a person may not seek help and write these on page 23 of their workbook. Some examples may include:
   - think the problem will go away on its own
   - feel afraid, ashamed or embarrassed to ask for help
   - think that no-one will want to help
   - think that others will judge them

- think that others won't understand
- don't know where to go to find help
- there aren't many support services in their area
- think that getting help will be time consuming or expensive.

Ask

- *Why is it important to be able to recognise when you or someone else you know needs help?* (Point out that being able to recognise these signs can be difficult and that sometimes it is not immediately obvious when a person is not managing well).
- *What might stop a person from recognising that they need help?* (eg using alcohol or drugs to mask your feelings).
- *What can you do if you discover that a friend has a big problem that needs more than your help?* (eg talk to a parent or another trusted adult such as a relative, teacher, school counsellor).

2. Choose one of the *Suggest a strategy* cards and read it aloud to the class then ask the following questions.

Ask

- *Who has the problem and what is it?* (Remind students that some problems can be related to the way a person perceives the situation ie negative thoughts rather than being realistic and optimistic).
- *What self-talk might the character in the scenario be using?* (Remind students that positive self-talk influences a person's thoughts, feelings and subsequent actions and behaviours).
- *What will probably happen if he/she does seek help for herself/himself or the other person?*
- *What will probably happen if he/she doesn't seek help?*
- *Who might be able to help the character now and in the future?*
- *Have you or someone you know, ever been in a similar situation? What did you (he/she) do? Would you tackle it differently if you could replay time?* (Remind students of the 'no disclosure' rule when sharing their responses).

3. Set up a **circle talk** (refer to page 91). Give students standing on the outside circle a *Suggest a strategy* card to read to their partner. Students standing on the inside circle must give at least two strategies that would be useful for the person wanting to help. Suggest that the strategies can include immediate actions and also seeking help from someone else such as a parent, another trusted adult or friend, a teacher or school counsellor, or by talking to a Helpline. Ring a bell after two minutes and ask students to give their card to their partner. Have the inside circle move on several places to meet a new partner and read the card aloud. Continue the process several times to allow students to consider a range of situations and identify help seeking strategies. Process the activity by asking the following questions.

Ask

- *Were any of the situations described on the cards something that young people might have to deal with?* (Remind students to not disclose personal experiences or name people when sharing responses).
- *Which situations were hard to find two useful strategies for? Why?*
- *Who were some of the people identified as those to go to for help?*
- *Would these people be useful to seek help from in all of the situations described? Why?*
- *Would most young people your age feel comfortable talking to someone on a 'help line'? Why?* (Explain to students that the person on the end of the phone is there to help them).
- *Asking another person for help can sometimes be difficult. What are some ways to start a conversation when you are feeling uncomfortable?* (Acknowledge that knowing what to do is one thing but actually carrying out the planned action is the real challenge. Discuss the term 'courage'. Explain it is having the determination to follow through on your decisions and using positive self-talk to say 'it will be okay').

2. Have students investigate the helplines and websites that offer information and counselling on issues such as alcohol and drug use, mental health and depression, and relationships. Some of the reliable sources suitable for adolescents are listed on page 23 of *Be Ready.*

3. Have students create a contact list of sources of help on page 23 of their workbook and then share this with a partner. Ask students the following questions.

Ask

- *Was it easy to write five useful sources of help? Why?*
- *Do you think some of your 'help contacts' may be more than useful than others? Why?*
- *Which of your contacts do you think other students should know about? Why?* (eg Kids helpline, school counsellor, chaplain).
- *Why is it important to have a range of sources when you need help?*
- *Is it important to seek help for more challenging problems from more than one source? Why?*

4. Send a copy of the Family information sheet – *Helping your teenager ask for help* home with each student to share with their family.

SDERA
EDUCATING FOR SMARTER CHOICES

Suggest a strategy

A friend who smokes, often tries to get you to smoke cigarettes at parties. You don't like smoking but you like your friend. ***What can you do?***	Your friend is often rude to other people and can get angry very quickly. You like your friend but you don't like the way they talk and behave. ***What can you do?***	A friend often brings cannabis to your house when your parents are out and wants you to smoke it. You like your friend but you don't want to use cannabis. ***What can you do?***
Your friend has been taking weight loss pills and you know that she is not eating or sleeping properly. You are worried about her health. ***What can you do?***	You think your friend steals money from other students' school bags to buy cannabis. ***What can you do?***	A friend has started taking steroids and going to the gym to 'get cut'. They seem to be agitated all the time. ***What can you do?***
Your friend worries a lot about exams and often takes tranquilisers to cope and get to sleep. ***What can you do?***	A friend often starts fights with other students at school for no reason. You like your friend but you don't like his behaviour. ***What can you do?***	Your friend's dad always offers you a lift after sports training but you know he usually has a few drinks at the club. You like your friend but don't want to get a lift with a drunk driver. ***What can you do?***
Your friend has been drinking a lot of alcohol lately and has been missing school. You don't want to get them into trouble with their parents. ***What can you do?***	Your friend has been saying and doing some weird things lately. You are worried that they are depressed. ***What can you do?***	A friend always gets drunk at parties and it's usually up to you to get them home without their parents knowing. ***What can you do?***
A friend had sex while drunk and now she is very upset and doesn't want you to tell anyone especially her parents. ***What can you do?***	A friend has been binge drinking on weekends for quite a while and now they are drinking during the week. ***What can you do?***	A friend keeps sending you text messages telling you some bad stuff about another student at school. ***What can you do?***

FAMILY INFORMATION SHEET

Helping your teenager ask for help

Many teenagers believe that they should be able to sort out their problems on their own. They are often too embarrassed to talk to someone and can also be worried about the confidentiality of information they give to a professional.

So what can you do as a parent? Firstly, keep talking to your children and let them know that no matter what the problem is you will listen without judgement and help them to work out ways to cope or solve the problem. Now this sounds easy but teenagers, even when they know this, will probably choose to talk to their friends and not you.

- Make sure you know your teenager's friends and their parents. Not so you can delve and discover, but so they know you are approachable and if they feel that the problem needs your involvement, they can talk to you openly and honestly.
- Listen non-judgementally. Now is not the time to give your judgement on a situation that your teenager has decided to share with you. Try to get as much information as you can to help you talk about the issue – but don't try too hard or you might push them away.
- Tell them you are concerned about them. Knowing that you care and are willingly to listen will keep the lines of communication open and encourage your teenager to talk to you when next they have a problem.
- Ask if they have thought about getting help. If your child has resisted getting help, ask them why.
- Brainstorm the different people they could go to for help. Have a list of support services available in your area in case your teenager suggests seeing a professional.
- Check to see if your teenager is okay with you letting the school know there is a problem. This can help to explain changes in behaviour that school staff may have noticed.
- Offer to make an appointment for your child to talk to a professional. Make time to go to the appointment with your teenager, but check that they want this to happen first.

Where else can you go for advice?

SDERA sdera.wa.edu.au

Drug Aware drugaware.com.au

National Cannabis Prevention and Information Centre ncpic.org.au

Australian Drug Foundation www.adf.org.au

Alcohol and Drug Support Line is a free 24-hour, state-wide, confidential telephone service where you can talk to a professionally trained counsellor about your own or another's alcohol or drug use.
Phone: (08) 9442 5000
Country callers: 1800 198 024
E-mail: alcoholdrugsupport@mhc.wa.gov.au

Parent and Family Drug Support Line is a free alcohol and other drug information and support line for parents and family members. Talk to a professionally trained counsellor about alcohol and other drugs. Talk confidentially to another parent for strategies and support.
Phone: (08) 9442 5050
Country callers: 1800 653 203
Email: alcoholdrugsupport@mhc.wa.gov.au

Aboriginal Alcohol and Drug Service provides a range of culturally secure services, including treatment, education programs and yarning.
Phone: (08) 9221 1411

Reachout is about helping young people to help themselves
www.reachout.com.au

Beyondblue is a national depression initiative for young people
www.ybblue.com.au/

Kids Helpline is a 24 hour help line that can be called on 1800 55 1800
www.kidshelp.com.au

Headspace and Yarn Space
www.headspace.org.au

EDUCATING FOR SMARTER CHOICES

This page has been left blank intentionally.

Teaching and Learning Strategies

INTRODUCTION

The interactive teaching and learning strategies described in this section are used to engage students in the resilience and wellbeing, and drug content included in each module of this resource. Strategies are indicated in **coloured bold text** in the learning activities. Teachers should refer to this section of the resource for an explanation of the purpose and how to implement the strategy with their students.

The strategies aim to promote critical and reflective thinking and research and evaluation skills that will help students to take positive action to protect, enhance and advocate for their own and other's health, wellbeing and safety.

Students use personal and social capabilities to work collaboratively with others in learning activities, to appreciate their own strengths and abilities and those of their peers, and develop a range of interpersonal skills such as communication, negotiation, team work, leadership and an appreciation of diverse perspectives.

with their family and
hat may affect whether the user
ork or travel overseas (livelihood harms),
hat may result in the user being involved with
and the legal system (legal harms).

Using a **circle talk strategy** (refer to page 89) give
each student a card from the activity sheet *Cannabis*
consequences. Explain that students need to consider
the situation described on their card and then tell the
partner the answer to the following questions. (Write
questions on the board). Encourage students to use
Cannabis messes with your body and your mind page
workbook as a reference and to consider the physi
mental health consequences, and the social, liveli
egal consequences of cannabis use for their sit

at skills or requirements are needed to
on your card? (eg if the card
would need

Activity 2 Consequences of cannabis use

Learning intention

- Students identify short and long term effects of cannabis on the body, and other consequences of cannabis use
- Students share their opinions about cannabis use and appreciate that others' opinions may differ

Equipment

Be Ready student workbook – *Cannabis messes with your body and your mind* – page 20

Activity sheet – *Cannabis consequences* – photocopy one card per student

Coloured marker pens or highlighters – one set per group

Fact sheet *Cannabis – what's the fuss?* – download one copy per student from www.somazone.com.au

Teaching tips

Show Cannabis and paranoia flow chart video on the DrugAware website www.drugaware.com.au under the cannabis link (or on YouTube) to highlight the mental health harms of cannabis use.

Activities

1. Explain to students that when a person smokes cannabis, THC which is the chemical in cannabis that causes a 'stoned' or 'high' feeling, is quickly absorbed into the bloodstream through the walls of the lungs and a high is felt when the THC in the blood reaches the brain. This can happen in a few minutes and may last up to five hours. Explain that when cannabis is eaten it usually takes one to three hours for the THC to reach the brain. Have groups read *Cannabis messes with your body and your mind* then:
   - Use a green highlighter to identify the possible immediate or short-term effects of cannabis.
   - Use a pink highlighter to identify the possible long-term effects of cannabis.
   - Use a yellow highlighter to identify effects that would mostly just harm the user (eg red eyes, increased appetite, coughing).
   - Use a blue highlighter to identify effects that would mostly harm or have consequences for others (eg passengers in cars, family and friends, pedestrians, owners of property).
   - Use an orange highlighter to identify effects that you think would most likely cause young people not to use cannabis or to quit or cut down their cannabis use.

   Conduct a **head talk** (refer to page 93) to hear responses from each group. Correct any misinformation by referring to the fact sheet, *Cannabis-what's the fuss?*
2. Have students complete the questions on page 20 of *Be Ready* then share their answers. Use the following questions to process this activity.

   Ask
   - *Do you think a person's cannabis use only harms or has consequences for the user, or do these harms and consequences affect other people too?* (Explain that while we know from the Australian School Students Alcohol and Drug survey that most students their age do not use cannabis, often y friends and family).
   - *Does cannabis affec* students of the dru
   - *What effects do you use cannabis? Why*
   - *What effects do you to experiment with*
   - *What other ways ca* feeling relaxed – list with friends, walk ak
4. Point out that the harms of *Cannabis messes with y Ready* page 19 do not just health harms but also to ha relationship with their family harms that may affect whether or work or travel overseas (livelih that may result in the user being in and the legal system (legal harms).

   Using a **circle talk strategy** (refer to page each student a card from the activity sheet *Ca consequences*. Explain that students need to consid the situation described on their card and then tell their partner the answer to the following questions. (Write the questions on the board). Encourage students to use the *Cannabis messes with your body and your mind* page in their workbook as a reference and to consider the physical and mental health consequences, and the social, livelihood and legal consequences of cannabis use for their situation.
   - *What skills or requirements are needed to perform the activity on your card?* (eg if the card was riding a bike or skateboard, you would need coordination, balance, good reaction times, ability to obey road rules etc).
   - *What might happen and what harms may result if someone was under the influence of cannabis while performing this activity?* (eg while riding a bike or skateboard, the person might: hit something or someone because of loss of coordination and balance, cause an accident because of slower reaction times, get caught by police, do something risky and hurt themselves or others because of loss of inhibitions, upset family or friends because of the trouble they cause).

   Process the circle talk using the following questions.

   Ask
   - *What possible harms for the cannabis user were the same in each situation?*
   - *Which situation posed more harms for the cannabis user?*
   - *Was death a possible consequence in any of the situations discussed?*
   - *Did any situations pose possible harms for people other than the cannabis user?*
   - *Has discussing how others can also be affected changed your opinion about cannabis use? Why?*
   - *What messages do you think health campaigns about cannabis use should include? Why?*
5. Have students write a letter to a friend explaining what they have learnt about cannabis, the effects of cannabis on the user and other people, and reasons why they would choose not to use cannabis.

CHALLENGES AND CHOICES YEAR 7
76
A RESILIENCE APPROACH TO DRUG EDUCATION
© 2016 Mental Health Commission

Using teaching and learning strategies

Teachers are encouraged to use their professional judgement to review the suggested strategies and decide on the most appropriate for meeting the needs of their students and delivering the essential content in a resilience and wellbeing or drug context.

Adapting teaching and learning strategies

The strategies linked to learning activities are a suggestion only. As teachers know their students learning styles and needs they can select alternative strategies or adapt those suggested to deliver the content. For example:

- a **think-pair-share** can easily be adapted for students to use when sorting out information or reflection on their learning at the end of an activity
- a **placemat** can be used to tune students into a new concept or to consider information when making decisions
- a **thumbs up, thumbs down** can be used by students to indicate their attitudes at the start of an activity or as a reflection strategy to evaluate changes in their knowledge and understandings.

Addressing students' learning styles and needs

When teachers are asked to cater for individual differences it does not mean that every student must be given an individual work program or that instruction be on a one-to-one basis. When teaching and learning is individualised it is reflected in classroom organisation, curriculum and instruction. Teaching and learning strategies can include a range of whole class, group and individual activities to accommodate different abilities, skills, learning rates and styles that allow every student to participate and to achieve success.

After considering the range of their students' current levels of learning, strengths, goals and interests, it is important teachers select strategies that:

- focus on the development of knowledge, understandings and skills
- will assist students to engage in the content
- will support and extend students' learning
- will enable students to make progress and achieve education standards.

Being inclusive of all students

Many students with a disability are able to achieve education standards commensurate with their peers provided necessary adjustments are made to the way in which they are taught and to the means through which they demonstrate their learning. Teachers can adapt the delivery of activities and strategies in this resource to ensure students with a disability can access, participate and achieve on the same basis as their peers.

Facilitating values education

Health and physical education issues require students to consider their own beliefs, values, attitudes and behaviours. Teachers conducting values learning activities should act as a facilitator and remain non-judgemental of students who display beliefs that may not agree with their particular stance on an issue. Teachers should also make students aware that:

- sometimes people form opinions without being well-informed
- personal experiences often contribute to opinions
- there will usually be a cross-section of opinions within any group and that these opinions need to be respected
- peers, family, society, media and culture will influence values.

Debrief immediately after a values strategy to allow students to share feelings generated from the activity, summarise the important points learned and personalise the issues to real-life situations.

Strategies

BRAINSTORM

1. Select a topic, question, statement or issue and write this on the board.
2. Set up the rules for the brainstorm:
   - share whatever comes to mind
   - the more ideas the better
   - every idea counts – no answer is wrong
   - no 'put downs' or criticisms
   - build on others' ideas
   - write ideas as said – no paraphrasing
   - record each answer unless it is a repeat
   - set a time limit and stop when that time is up.
3. Students consider the topic and respond. Ideas can be written randomly on the board or you may choose to write the responses on post-it notes and have students cluster the responses after the brainstorm.
4. Read and discuss the recorded ideas and clarify any questions where necessary. Group ideas that are similar and eliminate those that do not relate to the topic. Discuss the remaining ideas as a group and decide how the information can be further used.

Guided brainstorming

Conduct the brainstorm using headings to prompt students.

Drugs can cause harm by…

Drugs and teenagers don't mix because…

Brainstorm questions

Write the following questions on the board. Students brainstorm responses related to the content. An example has been provided for the drug context.

Who?	Who makes sure drug laws are followed?
How?	How are laws about drugs made?
When?	When do citizens need to follow the law?
Where?	Where can we find out more about the drug laws in WA?
What?	What happens when teenagers break drug laws?
Why?	Why do we have drug laws?
If?	If parents don't follow secondary supply laws what can happen?

Word splash

A 'word splash' is conducted using the same steps as described for the brainstorm strategy.

CARD CLUSTER

1. Place students in small groups and provide each student with two or three cards or post-it notes.
2. Pose a problem or question related to a health issue. For example: What rules do families have to help them stay healthy and safe? Students individually write only one idea on each card.
3. Students place their cards in the middle of the group and then through discussion, sort the card into similar piles. A heading or title may be given to each pile of cards.
4. All groups come together to discuss their ideas.

Variation

- Groups brainstorm ideas and write these on cards. The cards are all displayed on a board and then clustered under headings.

CIRCLE TALK

1. This strategy will help students to share their own ideas and opinions, and listen to and respect others' opinions. It also holds all students accountable for having something to say.
2. Place students in two concentric circles (one circle within the other). This structure facilitates dialogue between students. Students in the inner circle face outwards, directly facing the student in the outer circle. Sit students facing each other, knees to knees, to encourage active listening between partners. Alternatively, students can stand and face each other.
3. Pose a scenario, question or issue for students to consider. Allow thinking time of approximately 15 to 30 seconds.
4. Now say, "Person on the inside, tell your partner your thoughts. When you are finished sharing, say 'pass' and your partner will share their thoughts with you."
5. When finished, have the outside people stand up and move on one or two places to the left or right. The discussion process is then repeated. To listen to the conversations taking place, stand in the centre of the circle.
6. To debrief, discuss the ideas produced during the circle talk and list questions that were identified to generate further learning or discussion.

Variations

- When first using a circle talk, start with small groups of three or four pairs in each circle. This makes it easier to manage.
- The student sharing their ideas can hold a small beanbag to indicate it is their turn to speak. The beanbag is then passed to their partner who shares their ideas.
- If you have more than one circle set up, swap the outside circles from each group.
- If you have an uneven number of students, place two students together in an outside circle to act as one person. This works well if you have a special needs student as they can be paired with a more capable student.
- To avoid pairing students who may not talk or argue, change the move on instruction so these students do not face each other. This intervention will not single the students out.

DECISION-MAKING MODEL

1. This strategy will help students to consider their own beliefs about their ability to view situations and events and solve problems, explore a series of steps in making decisions in relation to positive healthy behaviours, and share reasons for making a decision with others.

2. Prior to using a decision-making model students will need to understand the idea of 'problem', 'choices' and 'decisions'. Younger students may find it difficult to identify the problem in a decision-making scenario so give this step time and discussion.

3. Explain students make decisions everyday by looking at the choices they have available, for example:
    - Which pair of shoes to wear?
    - What snack to have for play lunch?
    - Which fruit to eat at fruit time?
    - Where to sit at lunchtime/mat time?
    - Who to play with at lunch time?
    - What to play at recess/outdoor play time?

4. Decision-making models will allow students to consider and explore a range of alternatives before making a decision. The models provided on pages 100-101 show the decision-making process. The **Strategy sheets** *Think about your choices* and *Choose the one you like best* (refer to pages 98-99) may be a useful way to introduce decision-making or for those students requiring literacy support. Students should think about the choices available in a given scenario and then choose the best option and use statements to support their decision.

5. Provide your students with a model to use in the decision-making process. Ask students to identify the problem and write this in the model. Ask students to identify and manage their feelings about the problem. Students then gather information to identify the range of possible options. Remind students that going to others for information can assist their decision-making, especially when a difficult decision is to be made (however they need to balance their own views with the views of others).

6. Students write the options they have identified on the model.

7. Students consider the consequences (both positive and negative) to evaluate each option. When considering the consequences ensure students look at the different types (physical, social, emotional, financial and legislative). The impact of the consequences on self, family, friends and the community in the short-term and long-term, also need to be examined.

8. Students discuss the feelings associated with these consequences and then justify their choice.

Role of the facilitator

As a facilitator in decision-making activities explain to students:

- there is the potential for a decision to have positive and negative outcomes and that predicting outcomes can be difficult
- learning how to make more accurate predictions only comes with practice
- they need to collect accurate information from many sources to inform their decisions
- they need to identify their feelings and values as these can influence options and choices before accurate assessment of a situation can be made
- they are responsible for their actions before a choice is made
- the need to re-evaluate the decisions they make and adapt them to new situations.

FIST OF FIVE

1. This strategy allows students to consider their feelings or opinion about a health related issue. Pose a statement for the students to consider. Ask students to indicate their feeling or opinion by showing a fist (for strongly disagree) through to five fingers (for strongly agree).

2. Invite students to share, with a partner or the class, the reason behind their vote.

HEAD TALK

1. This strategy will help students to develop cooperation through problem-solving a shared task and accept responsibility for their own learning. Place students into groups of six and 'number off' the members from one to six. If a group has less than six members, give students more than one number.

2. Pose a question or issue that requires group members to work together. For example: "Put your heads together and decide what you can do to keep yourself safe from drug misuse". Make sure the class understand that each student must be able to share their group's comments.

3. Indicate the time groups have to discuss the question or issue. Let groups know when the discussion time is nearly finished by ringing a bell or blowing a whistle. Groups should check that all group members know the decided response.

4. Roll a die. Call out the number rolled. The student from each group with that number must share their group's response. If more information needs to be given, invite students from the group to elaborate.

Number off

Place students in even groups of four (depending on the number of students in the class). Have students number off from one to four. Ask a question for groups to discuss and decide on their negotiated answer. Ensure that everyone is clear of their group's answer. Call out a number (eg one to four) and only the student in each group with that number gives their group's answer.

KWL

1. Draw the KWL structure on the board or on a large sheet of paper if working with a small group or the class. Alternatively photocopy **Strategy sheet** *KWL* (refer to page 102). Explain this strategy will help students to record what they already know, identify questions they would like to learn more about and what they have learnt.

2. Pose a topic (question, statement or issue) for students to consider. Students brainstorm what they currently know about the topic (question, statement or issue) and write this in the 'I know' column. This will show students the wide range of knowledge already shared as a group.

3. Ask students to decide what else they want to know about the topic and write these questions in the 'I want to know' column. It may help to model making a contribution to this column of the KWL table.

4. Keep the KWL sheets and at the conclusion of several learning activities, students can complete the last column to reflect on what has been learnt and if there have been any changes in their attitudes.

I Know	I Want to know	I have Learnt
Students recall what they know or understand	*Students identify what they want to learn about*	*Students reflect on what they have learnt*

Variation

- The first two columns of the KWL can be completed either individually, with a partner or in a small group. Students can then join with another person, pair or small group to compare notes and circle similar ideas before completing the 'I want to know' column.

ONE MINUTE CHALLENGE

1. Students are given exactly one minute to write down all they know or would like to know about a certain health or safety topic.

2. Students share their writing with a group and common areas of interest can guide the choice of learning experiences.

3. This strategy may also be used as a reflective strategy for students to summarise all they have learnt in a lesson, focus area.

Variation

Students reflect on their understandings and attitudes after completing the learning activities from a focus area. For example:

- *What was the most important or useful piece of information you learnt from these activities?*
- *What two questions do you still have?*
- *What would you like to know more about?*

PNI

1. Pose a question, statement or scenario for students to consider. For example, *All alcohol advertising should be banned in the same way that tobacco advertising is banned in Australia.*

2. Students brainstorm the positive, negative and interesting implications and record these using a table as shown or the **Strategy sheet** *PNI* (refer to page 103).

Positive	Negative	Interesting

3. Discuss the generated ideas with the class and have students write a paragraph summarising their thoughts and indicating their opinion in the negative or affirmative.

QUESTION PARTNERS

1. Devise a set of question and answer cards related to a topic or issue. Distribute the cards to the group.
2. Explain students are to move around the room to find the person who has the matching card to their question or answer and discuss the information provided on the cards.
3. Collect the cards and repeat the activity to let students find out more about the issue or topic.
4. Determine questions that students would like to further investigate and use this to plan lessons.

Variation

- Students can research information and write their own question and answer cards for other students to use.

RISK CONTINUUM

This strategy will help students to identify and clarify attitudes about issues; and consider others' thoughts and attitudes about levels of risk.

1. Prepare a set of risk signs using **Strategy sheet** *Risk signs* (refer page 107) and place these at opposite ends of the room. It may help to draw a chalk line or stick a piece of masking tape on the floor between the two signs to indicate the continuum.
2. Explain that there are many places along the continuum that may represent each student's opinion about a given statement.
3. Select a statement and read to the group.
4. Ask students to move to the point on the continuum that best represent their opinion.
5. Students then discuss their reasons for placing themselves in that point on the continuum with others standing nearby.
6. As a class, discuss why there are variations in students' opinions.
7. Provide students with the option to pass or reconsider their placement after the discussion and move to another position along the continuum.
8. Examples of questions to ask students during this strategy are:
   - Why would someone place themselves in that position on the continuum?
   - What experiences would have brought them to that conclusion?
   - Would they feel differently if they had more information about this?
   - Was it easy to choose the position on the continuum? Why or why not?

ROLE-PLAY

1. This strategy will help students to develop interpersonal skills including: assertive communication and negotiation within a range of contexts, building empathy and experiencing a variety of perspectives by adopting different roles, and planning effective strategies for managing 'real life' situations.

   To conduct effective role-plays, a supportive classroom environment must exist. Establish rules such as:
   - one person speaks at a time
   - everyone's responses and feelings are to be treated with respect
   - everyone is entitled to express their opinion or pass
   - use character names rather than student names.
2. Ensure that students have a clear understanding of the purpose of the role-play (eg to demonstrate assertive communication and to practise negotiating when there is conflict). If there is an audience, prepare them for the role-play by giving a specific role to encourage their active involvement. Audience members can also be involved by identifying the feelings of the role-play characters, commenting on appropriateness of actions and providing relevant feedback.
3. Design the role-play so that it encourages students to model appropriate behaviour. If a character is required to depict a negative behaviour such as acting aggressively, the teacher should take on this role.
4. Set the scene by choosing a relevant scenario or have students select their own. Avoid using extreme stereotypes or allowing the issues to become exaggerated.

During the role-play

5. Make sure the role-play doesn't arouse anxiety as learning will decrease. Give the students enough time to practise the role-play before they perform in front of others. If students feel uncomfortable with the scenario of the role-play, allow them to withdraw. These students can take on an observers' role.
6. Start the role-play by reminding students to keep the action brief (a few minutes is usually sufficient). If the role-play starts to deteriorate, stop it quickly, discuss what is happening and re-focus the action.
7. If students become angry, switch roles so they argue the opposing view. This may help them to develop understanding and empathy for the views of others. Make a point of taking students out of their role (this can be done by removing props, costumes or name tags).
8. Facilitate the role-play by allowing students to direct the action. Wait until the end of a scenario to make any comments. Do not judge the actions of a student in any given scenario as right or wrong. Instead focus attention on alternatives and/or consequences of actions.

After

9. Use open-ended questions to debrief the role-play that focus on the feelings of the characters, attitudes expressed, consequences of actions, alternatives to

decisions/actions, and what students have learned about the characters portrayed. Remember to include the observers in the debrief time. Allow plenty of time for de-briefing and provide positive feedback for effort and participation.

10. As a result of the role-play, ask students to personalise the content by considering what they would do in a similar real-life situation. Ensure they reflect on their learning and consider its application to future experiences. The role-play can be re-enacted by switching roles to demonstrate other courses of action.

Fish bowl role-play

Make a class set of prompt cards by photocopying **Strategy sheet** *Prompt cards* (refer to page 104). A small group of students conducts a role-play on a selected topic at the front or centre of the classroom. Other students sit in front of, or around the small group to observe their discussions and actions. The observers are allocated one of the following responsibilities:

- Focus on one performer, their ideas and responses (give them a picture of a question mark to remind them of their task).
- Focus on one performer and how this person may be feeling (give them a picture of a heart to remind them of their task).
- Focus on alternative outcomes relevant to the role-play (give them a picture of an arrow) eg when she said "Do you want to smoke a joint?" he said "No, I'm feeling sick tonight". But if he'd said "No, my Mum will kill me!" she might have called him a wimp and kept putting pressure on him.

To conclude a fishbowl, observers report on their findings depending on the responsibility assigned to them.

Telephone role-play

This strategy will help students to increase understanding and control of conventions and skills associated with using the telephone, and develop collaborative group work skills.

Prepare several pairs of telephone role-play cards where one card of each pair is for the caller and the other is for the receiver. Caller cards should specify the audience, purpose and any background information for making the call. For example: You need to call the police because there has been an accident outside your house. The accident happened when your friend ran out onto the road chasing the footy. Your friend is crying and can't move their leg. Receiver cards should specify their role such as a police officer, a busy doctor, answering machine or wrong number.

Introduce this activity as a whole class to alert students to the sorts of decisions they will need to make and the options available to them.

Place students in groups of three and nominate the caller, receiver and observer. These roles should be swapped during the role-play. The caller and receiver read their card and do not swap information. Allow one minute thinking time for each to rehearse what they will say, the language they will use, and the tone they will adopt.

Callers ring their receivers, with each playing out the role specified on the card. As the role-play occurs, the observer makes an assessment of the conversation used and provides feedback to the caller and receiver at the end of the role-play.

Students swap roles and continue the role-plays.

Process the activity by asking the class what they learnt and what they still need to practise to become confident to make an emergency call.

Variations

- Provide telephones and mobile phones for students to use during the role-play.
- Set up one group to role-play the telephone conversation while others in the class sit around them to observe and offer feedback.

SNAP DECISIONS

1. This strategy will help students to understand how difficult it is to make quick decisions and understand the variety of thoughts common to young people in health and safety related situations.

2. Seat a student 'volunteer' in the 'snap decision seat'. Pose a health and safety dilemma to the student who must try to put themselves in the shoes of the character described.

   Two students stand either side of the seated student. One represents the 'positive' side of the dilemma and the other represents the 'negative' side. (Try to avoid the terms 'good' and 'bad' or 'angel' and 'devil' as this places a value judgement on the volunteer's decision.) The two students' role is to try and convince the student sitting in the snap decision seat to make a decision based on their comments.

   The student in the snap decision seat is allowed no thoughts of their own and must make a decision based purely on the arguments presented by the two students.

3. After listening to the arguments have the student in the snap decision seat make a decision and share this with the class. Invite the class to vote if they agree or disagree with the decision and explain the reason behind their vote.

STREAMLINE

1. Pose a question or statement for students to consider such as: What five foods or drinks have the highest amount of caffeine? Each student writes their list of five things.
2. Students form pairs and discuss their lists then negotiate to merge their lists so they still only have a list of five between them.
3. Pairs join another pair to make a group of four and negotiate to merge their lists so the group of four still only has a list of five things between them.
4. Groups write their final five on the board for the class to compare and discuss.

THINK-PAIR-SHARE

1. This is quick strategy that requires students to think individually about a topic, issue or question before turning and sharing their ideas with a partner. Some rules that need to be followed are:
   - no discussion or talking during the thinking time
   - find the person nearest to you, not right across the room
   - sit facing each other ie knees to knees
   - each person has a turn to share.
2. Pose a question and ask students to think about their response. After giving sufficient thinking time, have students turn and face a partner to share their ideas. This will allow students to consider others' ideas and perspectives and also encourage active listening.
3. Bring the class back together and choose a few students to share a summary of their discussion. Ask: What did you and your partner talk about or decide? (To select students, have each student's name written on a pop stick and placed in a container. Select a pop stick and call out the student's name. Repeat this process until a number of students have shared with the class).

Variations

- If time allows, one pair of students may share ideas with another pair, making groups of four. Sufficient time for discussion should be allowed.

  Think-pair-share-write

  Students reflect on their own and their partner's responses from the think-pair-share and continue their thought process through writing.

  Think-ink-pair-share

  Ask students to think then 'ink' their own ideas, knowledge or attitudes to a statement. In 'ink' time students choose to write or draw before turning and sharing with a partner.

  Music-think-pair-share
  Pose a question to the class. Explain students are to move around the room while listening to a piece of music and thinking about the question. When the music stops students are to turn to the person nearest them and share their ideas.

3-2-1 REFLECT

1. Give each student a 321 reflect strategy sheet or write the following on the board:
   - 3 things I learnt
   - 2 things I found interesting
   - 1 question I still have.
2. Students individually use the prompts to write or draw their responses.
3. Place students with a partner or small group to share their thoughts.

Variation

- Adapt the strategy to focus on skill development eg 3 things I learnt, 2 skills I practised, 1 thing I still need to learn or practise.

THUMBS UP, THUMBS DOWN

Students may use a 'thumbs up' gesture to suggest 'agree'; a 'thumbs down' gesture to suggest 'disagree' and a 'flat palm' gesture to suggest 'unsure' (or similar opposing responses).

TOSS A DIE

1. Prepare a set of six questions and print a copy for each student (or write the questions on the board). The questions should require students to give a personal view or preference or recall a personal experience related to the topic. Give students a the questions prior to conducting the 'toss a die' activity. This will allow students to discuss the questions with family or friends and think about their responses.
2. Sit students in groups of four with their question sheet or within sight of the questions written on the board, and a die.
3. Explain that one person in the group is to roll the die and answer the question on the sheet that corresponds with the number thrown. The other group members listen to the student's response.
4. The person to the left of the speaker, after listening carefully, asks the die roller one question about what they have heard. After the question has been answered other students in the group can ask the die roller a question based on what has already been shared.
5. The die is then passed onto the person sitting to the right of the die roller. The process is repeated until all members of the group have the opportunity to respond to at least two questions.

Variations

- If students roll a number for a question that has already been answered by another member of the group they can choose to roll again or answer the same question.
- Consider using two dice and twelve questions.
- Write a set of six questions. Number each question by a playing card such as an Ace, King, Queen, Jack, ten and a nine. Give each group a set of these playing cards instead of a die. The cards should be shuffled and placed in a pile. Group members take turns selecting the top card then respond to the question that matches.

VALUES CONTINUUM

1. Prepare a set of signs with opposing responses (eg safe/unsafe; useful/not useful; agree/disagree). Place signs at opposite ends of the room. It may help to draw a chalk line or stick a piece of masking tape on the floor between the two signs to indicate the continuum.
2. Explain there are many places along the continuum that may represent each student's opinion about an issue or statement. Model this by giving a statement such as 'Teenagers shouldn't drink alcohol' then placing yourself along the continuum. Tell students why you might have placed yourself at that position.
3. Read aloud a statement to the group. Ask students to move to the point on the continuum that best represents their opinion. Students discuss their reasons for placing themselves in that point on the continuum with other students standing nearby. As a class, discuss why there are variations in students' opinions. Provide students with the option to pass or reconsider their placement after the discussion and move to another position along the continuum.

   Examples of questions to ask students during this strategy are:

   Why would someone place themselves in that position on the continuum?

   What experiences would have brought them to that conclusion?

   Would they feel differently if they had more information about this?

   Was it easy to choose the position on the continuum? Why or why not?

Feelings or face continuum

Photocopy enough of the **Strategy sheet** *Feelings continuum* (refer to page 108) and give one strip to each student. Explain to students the smiley face represents 'agree', the sad face represents 'disagree' and the face in the middle represents 'unsure'. (Alternatively the faces could represent yes, maybe and no). Students use a clothing peg or paper clip and slide it along the card to indicate their answer.

Name tag

Construct a values continuum by sticking a length of masking tape along the ground. Ask students to write their name on a post-it note or small card. Pose a question or statement for students to consider then place their name on the masking tape continuum that best represents their opinion. Ask students from various parts of the continuum to justify their placement. After the discussion give students the opportunity to reposition their name tags if they have changed their opinion as a result of the discussion.

Sign your name

If using a piece of masking tape for the values continuum, ask students to sign their name on the spot where they are standing. After the discussion, students return to the values continuum and sign their name again where they are standing. This will prompt discussion on why they have or haven't moved along the continuum.

Ruler continuum

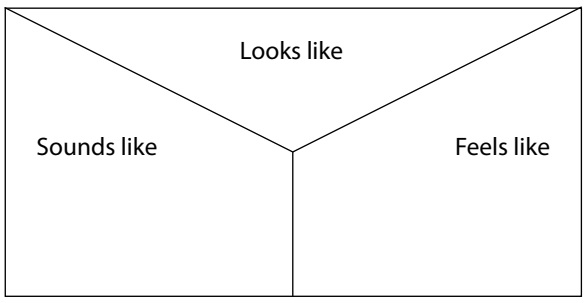
Students attach a smiley face to one end of their ruler and a frowning face to the other end of their ruler. Presuming the smiley face suggests 'agree' and the frowning face suggests 'disagree', students respond to the statements the same way they would in the values continuum outlined above.

Yes, no, maybe

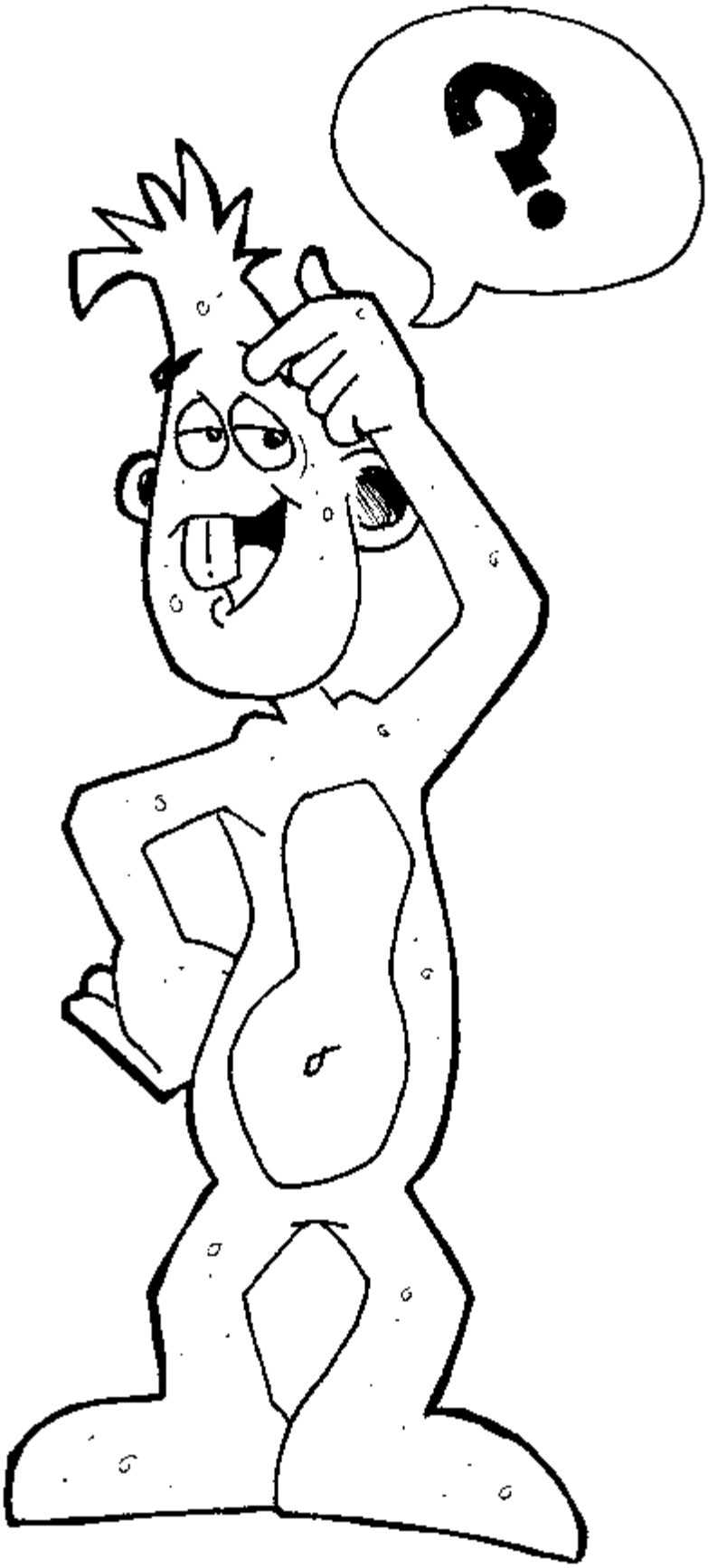
Photocopy the **Strategy sheet** *Yes, no, maybe* (refer to page 105) and give one set of cards to the each student. Pose a statement and have students indicate their opinion by showing one card to a partner and saying why they chose that card. Alternatively place the cards in a continuum.

Y CHART

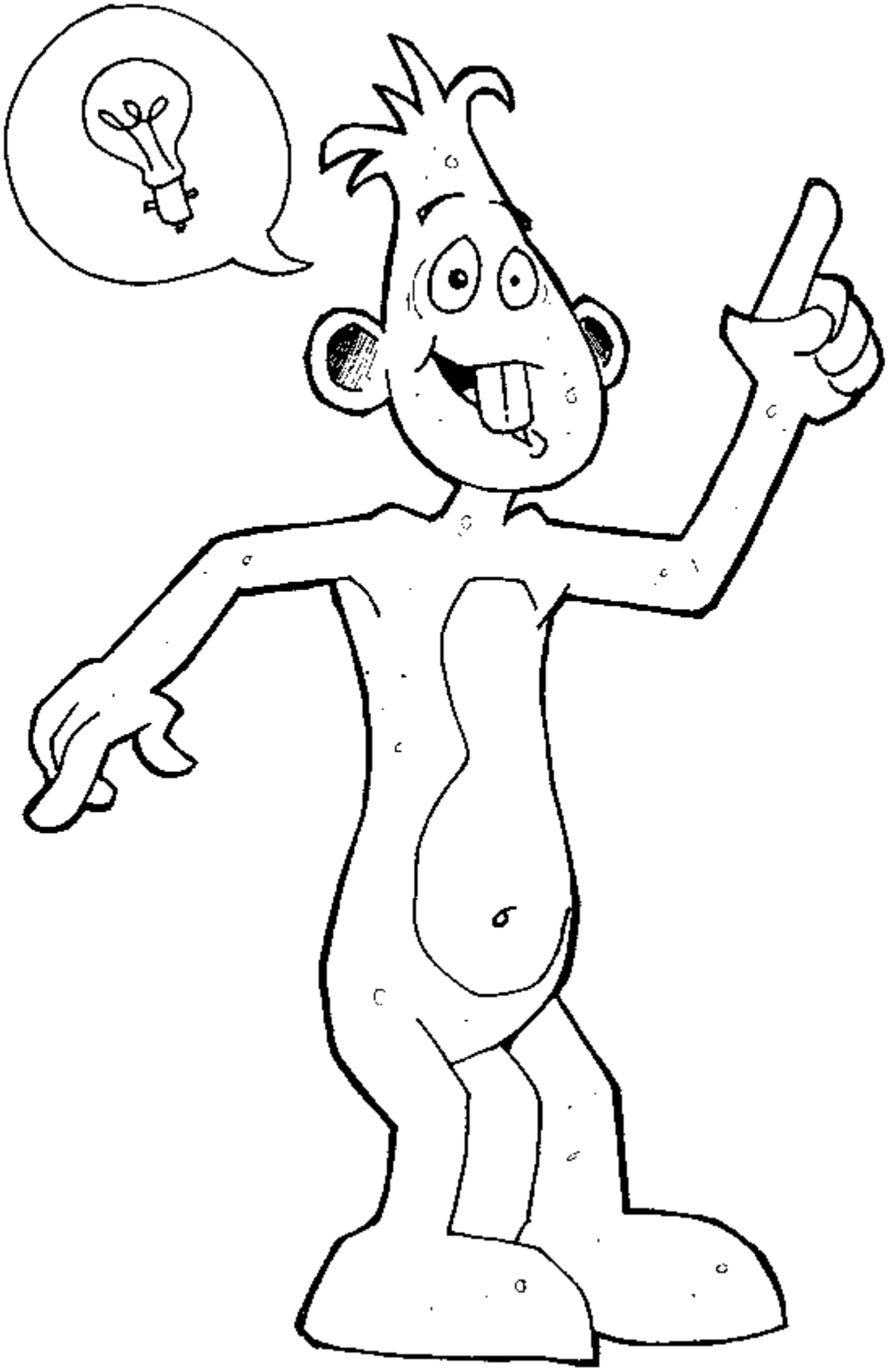
1. A Y chart is a graphic organiser. It is a way of encouraging students to think about what something 'looks like', 'sounds like' and 'feels like'.
2. Show students how to draw a Y chart and label each section. Pose a question for students to brainstorm and record their responses.
3. Start with the concrete or the obvious and encourage students to look for ideas that are more abstract. Explain that 'sounds like' doesn't refer to just listing actual sounds related to the event. Ask students to predict what might be actually said or what they could imagine people saying. Ask students to imagine what people might say to themselves. Record these using speech marks. When completing the 'feels like' section ask students to be empathetic in more challenging scenarios eg *How would this person be feeling in this situation?*



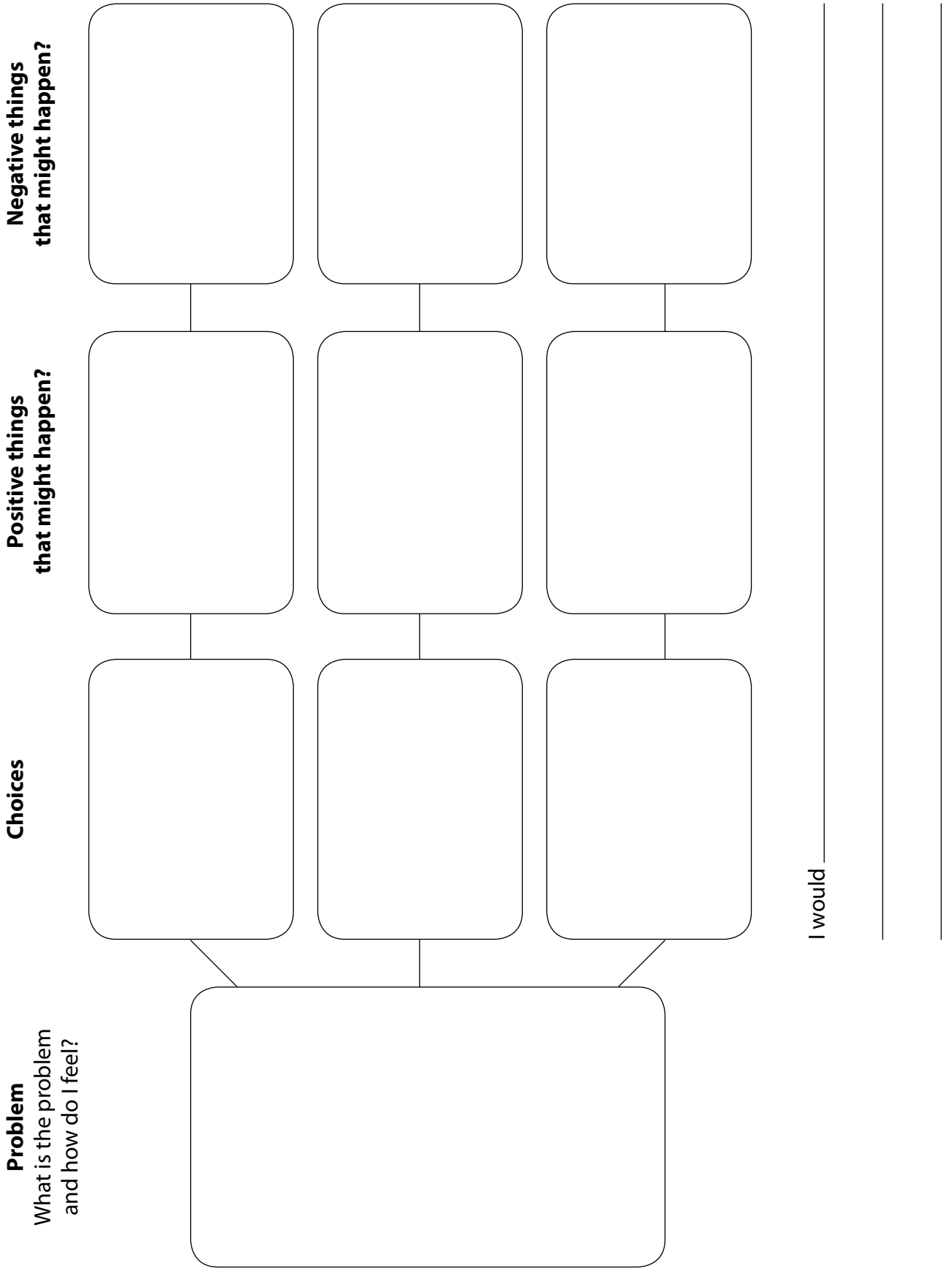
Think about your choices



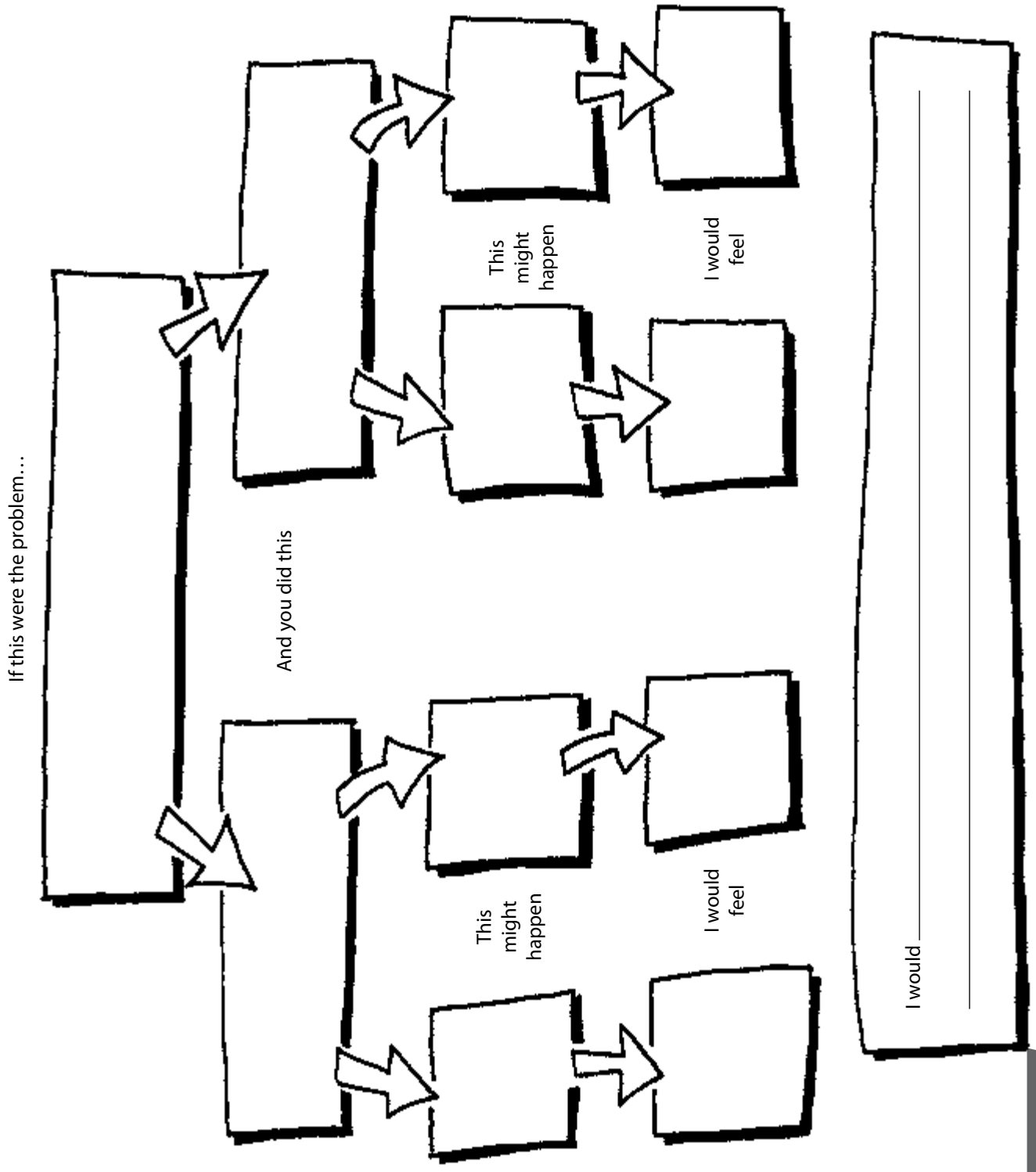
Choose the one you like best



Decision-making model



Decision-making model



KWL

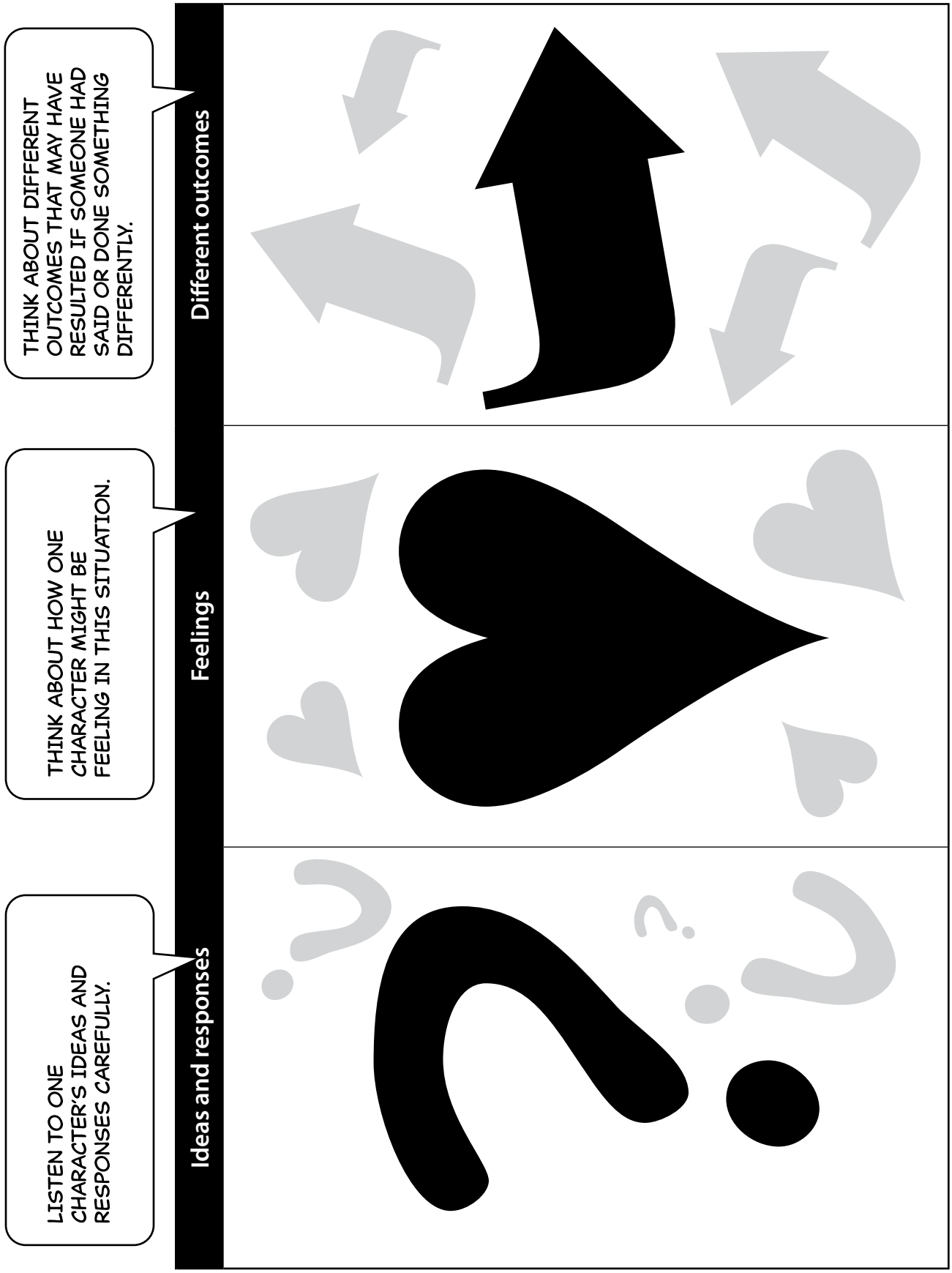
I have **L**earnt	
I **W**ant to know	
I **K**now	

SDERA
EDUCATING FOR SMARTER CHOICES

PNI

P Positive	
N Negative	
I Interesting	

Prompt cards



Yes, no, maybe

YES

NO

MAYBE

Agree, disagree

Agree

Disagree

Risk cards

High risk

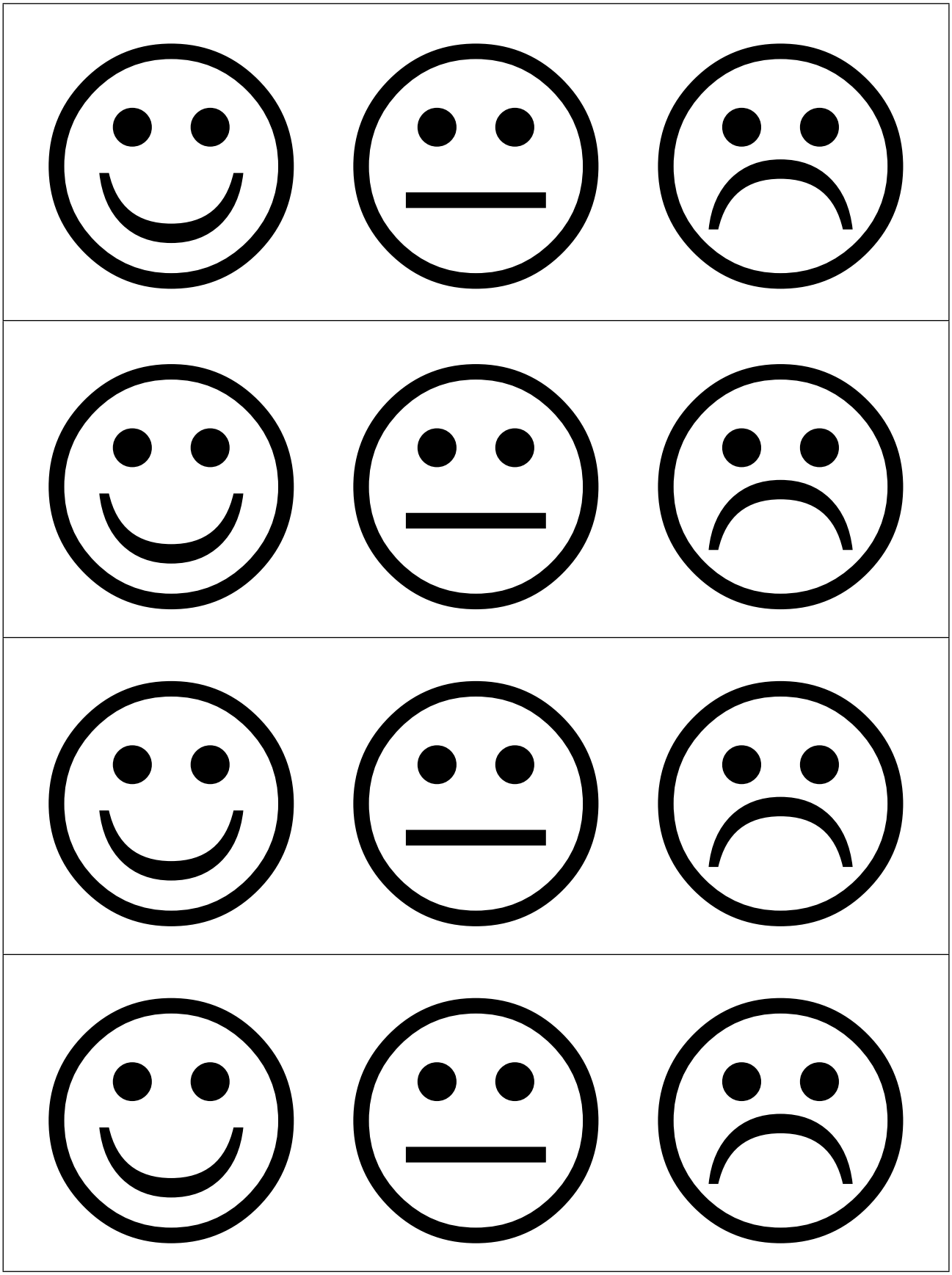
Low risk

Harm signs

Most harmful

Least harmful

Feelings continuum



Teacher Notes

INTRODUCTION

The information contained in this section has been compiled for teachers and provides information about drugs that will help to support the delivery of activities in this resource. This information aims to increase teachers' knowledge and understanding of drug use and the context for drug using behaviour, as well as acknowledge the complexity of the issues that may impact on drug using behaviour.

What is a drug?

A drug is any substance, with the exception of food and water, which changes the way the body or mind functions (WHO, n.d.).

Drugs may be legal (eg alcohol, caffeine and tobacco) or illegal (eg cannabis, ecstasy, cocaine and heroin).

What is a psychoactive drug?

Psychoactive drugs affect the Central Nervous System (CNS) and alter a person's mood, thinking and behaviour. Psychoactive drugs may be divided into four categories:

- **Depressants**: Drugs that decrease alertness by slowing down the activity of the CNS (eg heroin, alcohol and analgesics).
- **Stimulants**: Drugs that increase the body's state of arousal by increasing the activity of the brain (eg caffeine, nicotine and amphetamines).
- **Hallucinogens**: Drugs that alter perception and can cause hallucinations, such as seeing or hearing something that is not there (eg LSD and 'magic mushrooms').
- **Multi-action:** Some drugs fall into this category as they may have properties of more than one of the above categories (eg cannabis has depressive, hallucinogenic and some stimulant properties).

New Psychoactive Substances (NPS)

The term 'synthetic drugs' and 'emerging psychoactive substances' is confusing since many traditional drugs such as MDMA, LSD and methamphetamine, are also synthetic. These drugs are made using substances such as 25B-NBOMe and 25I-NBOMe. These drugs are usually extremely cheap to buy which has encouraged some young people to use them. They are usually taken by smoking, ingesting or injecting. Many younger drug users believe these drugs have a relatively low risk of addiction or overdose and are harmless compared with other drugs such as methamphetamine. Some believe that because they look like pills that they are produced in a sanitary location and under regulations. The concern is the content of these substances is unknown.

Australian School Students Alcohol and Drug Survey

Every 3 years, school students in Western Australia are surveyed to find out about their drug use in the Australian School Students Alcohol and Drug Survey (ASSAD).

Students are asked about how often they consume alcohol, tobacco, and other illicit and licit drugs. Students are also asked about how much they use, how they use and their attitudes to alcohol and other drug use. This survey has been collected since 1984, with additional drug related questions added since 1996. The most recent survey conducted in 2014 included 3,305 young people aged from 12 to 17 years from randomly selected public and private schools across the State.

Statistics do change. To access the most current drug statistics, refer to the ASSAD survey data which is currently located on the Drug and Alcohol Office website www.dao.wa.gov.au

Please note, the ASSAD data may move to the Mental Health Commission's website www.mentalhealth.wa.gov.au

Normative education

Students will often overestimate the number of young people their age who are using legal and illegal drugs. It is therefore important to present students with statistical evidence to dispel their perception and acknowledge that they are actually part of the majority of young people who do not use alcohol or drugs. The *Challenges and Choices* program does this through a range of activities and discussions.

Drug terminology

It is not considered appropriate to use the terms 'drug abuse' or 'drug misuse' as they are too subjective ie what you may consider to be acceptable may well be determined abuse by another person. The World Health Organisation (1982) recommends the following terms:

- **Unsanctioned use** where use is not approved by a community (eg alcohol use in a Muslim community).
- **Hazardous use** where there is a probability that the use will result in harm of some description (eg smoking and the increased likelihood of health problems in the future).
- **Dysfunctional use** where the drug use is causing or contributing towards social or psychological problems (eg relationship problems or interfering with school attendance).
- **Harmful use** where the drug use is known to be causing physical or mental health problems (eg consuming alcohol at a level that is compromising liver function).

Model for understanding drug use

The Interaction Model (Zinberg, 1984) which is derived from Social Learning Theory explains that the way a person (individual) experiences alcohol or other drugs does not depend only on the drug itself or factors to do with the drug. The drug use experience will vary depending on:

1. The **drug factors** eg what it does (effect), how much (dose), how often used.
2. The **individual factors** eg gender, age, body size, food in stomach, personal metabolism, state of general health and wellbeing, attitudes, values, previous drug using experiences, mood, expectations, mental health, personality.

3. The **factors in the environment** eg when (time of day), where (place used), who with, how much, availability, combination of drugs, culture, family, laws.

School drug education programs should use an approach that aims to reduce the harms from alcohol and other drug use (ie harm minimisation). For example, a female may have drunk alcohol previously but when placed in an environment such as the beach at night and with others she doesn't know, the level of potential risk for her has increased. The discussion with students here would be – What could the female in this situation have done to reduce the potential harms?

Four Ls Model

This model describes a person's life and divides it into the four Ls – Liver, Livelihood, Lover and Law. It is a useful model when working with students to identify the level of possible harm arising from their drug use.

Liver – physical, psychological and emotional health problems

Livelihood – work, school, money, recreation, lifestyle problems

Lover – relationships with partners, family, friends, peers

Law – legal problems such as fines, convictions, loss of driver's licence

Alcohol

What is alcohol?

Alcohol is a by-product of the process known as fermentation whereby yeast reacts with the sugar contained in fruits, vegetables and grains to produce alcohol and carbon dioxide. It slows down the CNS, slowing the user's reaction time and coordination and is thus classified as a depressant.

Prevalence of alcohol use

Refer to the ASSAD survey data for the latest prevalence statistics.

Drug and Alcohol Office website
www.dao.wa.gov.au

Mental Health Commission's website
www.mentalhealth.wa.gov.au

Death, disease and other costs

Alcohol use is second only to tobacco as the leading preventable cause of death. Hospitalisation and excessive consumption is associated with significant levels of harm and increased risk for a multitude of physical diseases including forms of cancer, liver cirrhosis, cardiovascular disease and psychiatric problems.

Problems related to alcohol use can be defined as either short term or long term. While long-term effects can be discussed, the possible immediate and short-term problems such as nausea, slurred speech, short term memory loss, poor coordination and unconsciousness are most appropriate for school-aged students.

It used to be thought that the teenage brain was the same as an adult brain; that it had already reached full development. It is now known that from 12 to around 20 years, through a process called frontalisation, that the brain is growing and forming all the critical parts it needs for learning, memory, and planning.

Alcohol has the potential to disrupt this crucial window of development leading to learning difficulties, memory impairment and emotional problems like depression and anxiety.

Most of the alcohol-related problems in our community are not caused by people dependent on alcohol but by those who occasionally drink excessive amounts of alcohol. The use of alcohol costs the Australian community more than $15 billion a year in terms of healthcare, road accidents, labour in the workforce, crime and resources used in prevention and treatment.

Foetal Alcohol Syndrome

During pregnancy, the alcohol that a woman drinks passes through the placenta into the baby's blood stream. This can cause problems such as miscarriage, stillbirth and long term developmental problems or Foetal Alcohol Disorder (FAD).

Foetal Alcohol Spectrum Disorder (FASD) describes the range of effects that can occur in a baby who has been exposed to alcohol in their mother's womb. These can include: low birth weight; small head circumference; failure to thrive; developmental delay; organ dysfunction; facial abnormalities,

including smaller eye openings, flattened cheekbones, and indistinct philtrum (an underdeveloped groove between the nose and the upper lip); epilepsy; poor coordination/ fine motor skills; poor socialisation skills, such as difficulty building and maintaining friendships and relating to groups; lack of imagination or curiosity; learning difficulties, including poor memory, inability to understand concepts such as time and money, poor language comprehension, poor problem-solving skills; behavioural problems, including hyperactivity, inability to concentrate, social withdrawal, stubbornness, impulsiveness, and anxiety.

FASD is often referred to as the 'invisible disability' as it often goes undetected or is not diagnosed due to other factors such as genetic abnormalities. FASD can only be diagnosed by a specialist medical practitioner.

More information about FASD is available at www.nofasd.org.au

The new Australian Guidelines to Reduce Health Risks from Drinking Alcohol

In 2009 the National Health and Medical Research Council (NHMRC) developed the *Australian Guidelines to Reduce Health Risks from Drinking Alcohol* so that adults could make more informed decisions about alcohol consumption.

- **Guideline 1** For healthy men and women, drinking no more than two standard drinks on average on any day reduces the lifetime risk of harm from alcohol-related disease or injury (sometimes called long term harms).
- **Guideline 2** For healthy men and women, drinking no more than four standard drinks on a single occasion reduces the risk of alcohol-related injury arising from that occasion (sometimes called short term harms).
- **Guideline 3** For children and young people under 18 years of age, not drinking alcohol is the safest option. Parents and carers should be advised that children under 15 years of age are at the greatest risk of harm from drinking and that for this age group, not drinking is especially important.
- **Guideline 4** For women who are pregnant or planning a pregnancy, not drinking is the safest option. For women who are breastfeeding, not drinking is the safest option.

How alcohol education is taught is important

Early adolescence has been identified as a critical inoculation period in students' behavioural development when the intervention effects of alcohol education are most likely to be optimised. It is at this age that most students will have experienced some exposure to alcohol.

It is important to stress to students that 31.5% of 12-17 year olds have never used alcohol (MHC, 2016a), and that most adults use alcohol sensibly and safely.

Help students to develop negative attitudes towards harmful alcohol use or binge drinking and promote Guidelines 3 of the Australian Guideline's (see above) that recommends that no alcohol is the safest option for those under 18 years of age.

Teach students how to cope socially and emotionally and develop strategies to resist peer influences and internal pressure to engage in hazardous use of alcohol.

Engage parents and families in school-based alcohol education programs as they can have a strong influence on young people's use of alcohol, both positively and negatively.

Amphetamines

What are amphetamines?

Amphetamines are a group of drugs commonly referred to as 'speed' as they speed up or stimulate the activity of certain chemicals in the brain. Common street names include: MDA, goey, oxblood, uppers, dex, dexies, crystal meth, base, and ice. Dexamphetamine and methamphetamine are the most common forms of amphetamine available in Australia.

Amphetamines bought on the street are usually supplied as white or yellow powder, tablets or as liquid in capsules. They can be swallowed, injected, smoked or inhaled (snorted).

Prevalence of amphetamine use

Refer to the ASSAD survey data for the latest prevalence statistics.

Drug and Alcohol Office website
www.dao.wa.gov.au

Mental Health Commission's website
www.mentalhealth.wa.gov.au

Death, disease and other costs

The immediate effects of amphetamine can last from two to five hours. The effects can include: increased alertness, confidence and energy; hyperactivity and talkativeness; reduced appetite; inability to sleep; enlarged pupils; anxiety; irritability; suspiciousness; panic attacks; or a threatening manner. Sometimes users can experience a residual 'hangover' which can last from two to 26 hours.

The continued use of amphetamines is likely to cause health problems including: malnutrition, violence, hallucinations, panic attacks, periods of psychosis, reduced resistance to infection, or high blood pressure which can lead to stroke.

Analgesics, prescription and over-the-counter (OTC) medications

What are analgesics?

Analgesics, or pain killers, are medicines which relieve pain. Analgesics are known by their chemical name and also by a brand name, and include: aspirin (eg Disprin®, Aspro Clear®); paracetamol (eg Panadol®, Panamax®, Dymadon®, Tylenol®); ibuprofen (eg Nurofen®); and products that contain a combination such as aspirin and codeine (eg Codral Cold and Flu ®); paracetemol and codeine (eg Panadeine Forte®); ibuprofen and codeine (eg Nurofen Plus ®); and paracetamol, codeine and doxylamine (eg Mersyndol®). Analgesics are available in many forms including tablets, capsules, liquids, suppositories and soluble powders.

Prevalence of analgesic use

Refer to the ASSAD survey data for the latest prevalence statistics.

Drug and Alcohol Office website
www.dao.wa.gov.au

Mental Health Commission's website
www.mentalhealth.wa.gov.au

Death and disease

- Most analgesics are safe to use when taken as prescribed or instructed by a doctor or pharmacist, in conjunction with the manufacturer's instructions on the packaging. Some extra precautions may apply to patients with pre-existing medical conditions such as kidney failure or gastric ulcers.
- Studies have linked aspirin or aspirin containing medications during viral illnesses as a factor in the development of Reye's Syndrome. This syndrome can affect the brain and liver and has the potential to be fatal. Cases have dropped dramatically since this link was discovered and doctors have started advising against giving aspirin to children and teens.
- Aspirin may cause irritation of the gastric mucous membrane and even bleeding from the stomach. Excessive use may result in ringing in the ears, giddiness, nausea and mental aberration. Regular long-term use of aspirin may cause kidney damage and anaemia and asthma attacks.
- Paracetamol overdose can produce acute and sometimes fatal liver damage and also kidney damage. A dose of fewer than 10 tablets (25g) may be fatal.

How analgesic and over-the-counter medicine education is taught is important

Sometimes analgesics will be the best form of short term treatment of pain, but students should be encouraged to use them after they have tried alternatives to pain relief. Stress that a trusted adult is the only person who should administer these drugs.

Stress that a good way to prevent pain is to maintain a balanced diet, be active every day, participate in healthy relationships, and get sufficient rest.

Students often see analgesic use as harmless because they are influenced by advertising and their parents' and other adults' example. Find opportunities to challenge these influences.

Caffeine and energy drinks

What is caffeine?

Caffeine is a stimulant drug which in its purest form, consists of bitter-tasting crystals, and is found in many common substances such as coffee, tea, cocoa, chocolate, cola, energy drinks and bars, some prescription and over-the-counter medicines (eg No Doz) and other stimulants such as guarana.

What are energy drinks?

Energy drinks are beverages that contain varying amounts of caffeine and other substances. Energy drinks are promoted for their positive effects on stamina, physical performance, endurance and concentration.

These drinks typically contain a mixture of:

- **Caffeine** which is usually the main active ingredient in energy drinks. Some of the popular brands have up to 160mg of caffeine in a 500ml can.
- **Guarana** is an extract from a plant that contains about twice the amount of caffeine as coffee beans.
- **Theobromine** which comes from the cacao plant and has a similar effect to caffeine. It is also found in chocolate and many other foods.
- **Theophylline** which is a drug used for the treatment of respiratory diseases and asthma, marketed under a variety of brand names. It is structurally similar to caffeine and is also naturally found in tea at very small levels.
- **Taurine** which occurs naturally in food, especially in seafood and meat, and is necessary for normal skeletal muscle functioning.
- **Ginseng** which is a substance that comes from a variety of plants and is believed to have medicinal properties, but has been found to interact with a number of prescription and herbal drugs.

Death, disease and other costs

The effects of caffeine, like those of any drug, differ from person to person depending on their age, body size and general health. Regular caffeine users may have different experiences from people who only consume caffeine products occasionally.

Caffeine is a stimulant drug so even a small amount (1-2 cups of average strength coffee) can stimulate the brain and the CNS, making a person have increased alertness, temperature, blood pressure, gastric acid secretion, and urination. These effects continue as long as caffeine remains in the blood, usually around 12 hours after consumption. Disturbing physical effects of caffeine on some people include anxiety, irritability, increased breathing and heart rates, dizziness, headaches, dehydration and frequent trips to the toilet.

Doctors recommend that children stay well under 100mg a day of caffeine, which is approximately one cola drink and a 20 g chocolate bar. Energy drinks should be avoided by children less than 15 years old due to the high levels of caffeine in these products. Caffeine is particularly harmful for young children because it can cause sleep problems, anxiety, irritability and bed wetting. There is also a danger that regular use may threaten bone mass among young children since it causes excess secretion of calcium and magnesium.

The consumption of energy drinks by pregnant and breastfeeding women as well as people with 'caffeine sensitivity' should be avoided.

Combining energy drinks with alcohol

Mixing energy drinks with alcohol or drinking alcoholic energy drinks, can mask some of the effects of the alcohol, meaning the person doesn't feel as intoxicated as they actually are, and so there is more risk of alcohol-related harm.

How caffeine education is taught is important

Students need to understand that being healthy involves maintaining a low caffeine intake. Low or no caffeine intake needs to be discussed as part of behaviours of healthy people.

Many of the caffeine products that children consume also contain high levels of sugar, so it would be appropriate to focus on this as part of a healthy diet.

It may be appropriate to focus on peer and media influence to consume energy drinks if students identify that they are regularly drinking them.

Students should be able to identify products containing caffeine and also alternative food and drinks that could be consumed instead of those that contain caffeine.

It is important to engage parents in caffeine education as many adults are not aware of the effects of caffeine and the amount of caffeine found in energy drinks.

Cannabis

What is cannabis?

'Cannabis' refers to the products from the Indian hemp plant called *Cannabis sativa*. Delta-9 tetrahydrocannabinol (THC) is the psychoactive ingredient of the plant. THC has both depressant and mild hallucinogenic effects on the CNS. A small dose can depress the CNS and produce mild euphoria, relaxation, impaired balance and coordination. Larger doses may produce hallucinogenic effects such as changes in perceptions in time, colour, distance or touch similar to mild hallucinations, and may also trigger a serious psychotic episode.

Marijuana is the most commonly used and least powerful form and is made from the dried leaves, stems and flowers of the plant. It is usually smoked in hand-rolled cigarettes often called 'joints' or in smoking implements such as pipes, bongs, hookahs and shishas.

Hashish (hash) is made from the plant's resin, which is extracted from the flowering tops and leaves of the female plant, then dried and compressed. The concentration of THC is higher than in marijuana, producing stronger effects. It is usually smoked or taken orally, in tea, cakes or cookies.

Hashish oil is a very thick, concentrated liquid which is extracted from the plant and is the most powerful form of cannabis. It can be consumed by smoking (one way this is done is by rubbing a small amount of oil onto the outside of a cigarette) or taken orally in food or drinks.

When cannabis is smoked, the effects can last for between two and four hours. When eaten, the effects may last for between four and seven hours. THC and its metabolites are highly fat-soluble. They may be stored and accumulated in the fatty tissues of the body (including the brain) from which they are gradually released over time and then cleared from the body. This means these compounds may be detectable in very small amounts in fatty tissues for more than 28 days.

Synthetic cannabinoids

Synthetic cannabinoids (or synthetic cannabis) interact in the same way with the brain and other organs as cannabinoids. These products usually contain some plant based ingredients that have been sprayed with a solution of cannabinoids.

Once considered a legal substitute for cannabis, these products, commonly known as 'legal herbal' mixtures are often labelled 'not for human consumption' and marketed as 'safe' and 'legal' drugs.

Synthetic cannabinoids keep appearing on the market and to try and stay ahead of the law, the names also change with each production. Some of the well-known products include Kronic, Voodoo, Kalma, Kaos and Mango Kush.

Are synthetic cannabinoids safe?

Synthetic cannabinoids are often classified as 'research chemicals' which means they are experimental chemicals that are not for human consumption. The plant-like mixtures that these chemicals are sprayed on are also unknown, and are usually produced in Asia eg China.

Are synthetic cannabinoids legal in WA?

Because little is known about the actual ingredients of synthetic cannabinoids and the possible health consequences, these substances are now banned in Australia. Anyone caught with these substances could be charged for possession, selling, supplying or intent to sell or supply.

Prevalence of cannabis use

Refer to the ASSAD survey data for the latest prevalence statistics.

Drug and Alcohol Office website
www.dao.wa.gov.au

Mental Health Commission's website
www.mentalhealth.wa.gov.au

Death, disease and other costs

The acute toxicity of cannabis is very low. There are no confirmed cases of deaths from cannabis overdose in world literature. However, research shows evidence of some long-term effects in some regular cannabis users, such as:

- *Respiratory illness:* Marijuana cigarettes have more tar than tobacco, placing cannabis users at an increased risk of respiratory illness such as lung cancer and chronic bronchitis. This risk is increased because marijuana smokers often inhale deeply, and hold the smoke in the lungs longer, to increase the effects of the drug.
- *Brain function:* Concentration, memory and the ability to learn can all be reduced by regular cannabis use. These effects can last for several months after ceasing cannabis use.
- *Hormones:* Cannabis can affect hormone production. Research shows that some cannabis users have a lower sex drive and women have irregular menstrual cycles.
- *Reduced motivation:* Many regular users, especially young people, have reported that they have less energy and motivation, so that performance at work or school suffers. Usually these effects disappear gradually when cannabis use stops.

Ensure students consider other health risks of young people using cannabis such as injuries in a variety of situations; social risks such as upsetting family, friends and teachers; livelihood risks such as not being able to travel overseas or get or keep some jobs; and legal risks such as arrest, a criminal record if found possessing small amounts of cannabis on more than two occasions, and expensive fines.

How cannabis education is taught is important

Late primary and early secondary years have been identified as a crucial time to implement effective cannabis education as the number of students who have used is low and most young people have not been exposed to the possibility of using cannabis (McBride, 2002).

The available evidence-base suggests that effective drug education programs for students of this age should:

- increase student's knowledge, social skills, and refusal skills towards tobacco, alcohol and cannabis
- include scenarios relevant to students' experiences and interests
- contain highly interactive activities that engage students in problem solving and critical thinking
- provide significant coverage of content around these drugs complemented by follow up booster sessions
- position drug education within a broader health and wellbeing curriculum that focuses, amongst other things, on staying healthy, stress and coping
- respond to cultural and social needs of the school community
- engage parents where possible (McBride, 2002).

School based cannabis education provides a supportive environment in which to challenge any positive attitudes and opinions students may have about cannabis that may lead to later cannabis use. A positive attitude towards drug use is a known risk factor for future drug use.

Young people who use tobacco and alcohol have a greater chance of being offered cannabis and other illegal drugs. Cannabis education is therefore important for those students who begin early use of alcohol or tobacco as they are more 'at risk' than those students who do not. Delaying the onset of cannabis use has also been identified as a protective factor for later heavy or regular use. It is important to note, however, that cannabis is not necessarily a 'gateway' drug to other illegal drug.

Set clear ground rules about discussing teacher or student drug use experiences before commencing cannabis-related activities. Encourage students to respect a person's privacy by not using names when talking about experiences and be prepared to protectively interrupt those students who may disclose sensitive information.

Harms that may affect students as a result of other people's cannabis use are the key focus of these introductory learning experiences about cannabis; however, decision-making activities also focus on refusal and coping strategies in cannabis-related situations.

Give students many opportunities to consider when, where, how and by whom they may feel pressured to use cannabis or be harmed by others' cannabis use. Consider situations that involve both overt pressure from peers or family and also covert pressures where students put pressure on themselves to use cannabis, perhaps to please or be like friends or family.

When creating scenarios for students to practice problem predicting, decision making and coping strategies, keep in mind that research has identified that 'at a friend's place with a bong or pipe' is the most common context for cannabis use for young people.

Inform parents that the purpose of the chosen activities is to provide students with facts about the harmful effects and consequences of using cannabis so they are able to protect themselves around others who may use cannabis and also make informed decisions about cannabis use. The *Family information sheets* outline this rationale. A parent information session may also promote greater parent-child discussion about cannabis.

Cocaine

What is cocaine?

Cocaine is commonly known on the street as coke, snow, flake, dust, crystal, nose candy and white lady.

The most common ways of using cocaine is by snorting and intravenous injection. The base form of cocaine which is achieved by the chemical activation of the hydrochloride form vaporises at low temperature and can be smoked. This form of cocaine is commonly known as crack (from the cracking sound it makes when it is heated).

Prevalence of cocaine use

Refer to the ASSAD survey data for the latest prevalence statistics.

Drug and Alcohol Office website
www.dao.wa.gov.au

Mental Health Commission's website
www.mentalhealth.wa.gov.au

Death, disease and other costs

The effects of smaller doses may include an increase in heart rate, blood pressure, body temperature or confidence and diminished fatigue. The effects of larger doses may include: anxiety, insomnia, paranoia and persecutory fears. The long term effects may include: sexual dysfunction, interpersonal conflicts, severe depressive conditions, dysphoria, and bizarre and violent psychotic disorders which may persist for weeks after use.

Ecstasy (MDMA)

What is ecstasy?

MDMA (methylenedioxymethamphetamine) is known as ecstasy. MDMA is a derivative of amphetamine and shares the stimulant properties of amphetamines and hallucinogens in its side effects as well as residual effects.

Ecstasy doesn't always contain just MDMA, it is often mixed with (or substituted by) related drugs including amphetamine, MDA, PMA, ephedrine and LSD. Some tablets sold as ecstasy contain no ecstasy at all.

Ecstasy is usually sold as small tablets or capsules. Yellow or white tablets are the most common but many other colours and designs have also been available. Some tablets are sold with embossed shapes on them such as hearts, doves, rabbits and champagne bottles.

Prevalence of ecstasy use

Refer to the ASSAD survey data for the latest prevalence statistics.

Drug and Alcohol Office website
www.dao.wa.gov.au

Mental Health Commission's website
www.mentalhealth.wa.gov.au

Death, disease and other costs

The effects of ecstasy usually start with 30 to 90 minutes and can last for six to eight hours, however sometimes the effects may last up to 24 hours. Some of the immediate effects may include: feeling of wellbeing, increased confidence, anxiety, nausea, sweating, hot and cold flushes, jaw clenching and teeth grinding, increased pulse rate and blood pressure, dry mouth, paranoid feelings and high body temperature.

Higher doses can produce: irrational behaviour, convulsions, dehydration, urinary retention, rhabdomyolysis (muscle meltdown), vomiting, hallucinations, and excessive thirst.

Ecstasy may also have a 'hangover' effect which usually occurs the day after it is taken. Symptoms may include: depression, drowsiness, muscle aches, loss of appetite, insomnia and loss of concentration.

Ecstasy affects the production of serotonin, a mechanism that regulates the body's temperature. It appears to cause a loss of control of normal body temperature. When the effects of ecstasy are combined with physical activity such as dancing, the user may overheat and dehydrate.

Ecstasy may also disturb the brain's mechanism for satiation (knowing when you have had enough water), causing users to continue drinking. When the brain is affected, swelling of the brain stem and spinal cord affects respiration, heart rate and blood pressure and can lead to death.

Hallucinogens

What are hallucinogens?

Hallucinogens are naturally or synthetically produced drugs that act to alter a person's perception of the world. Natural hallucinogens include plants such as mushrooms (psylocibin) and the peyote cactus (mescaline). Other hallucinogens include LSD, bromo-DMA, MDA, STP and PCP (angel dust) are manufactured. Certain drugs such as cannabis and MDMA (ecstasy) can produce hallucinogenic effects at high doses or in particular circumstances.

Prevalence of hallucinogens

Refer to the ASSAD survey data for the latest prevalence statistics.

Drug and Alcohol Office website
www.dao.wa.gov.au

Mental Health Commission's website
www.mentalhealth.wa.gov.au

LSD

Lysergic acid diethylamide (LSD) is commonly known as acid, trips or tabs. It is synthetically produced and is considered to be the most powerful hallucinogen produced. LSD is effective in extremely small doses with usual doses ranging from 25 to 300 micrograms. Because the amounts of the drug are so small it is usually mixed with sugar and sold on a small piece of absorbent paper decorated with popular designs. It can also be sold on sugar cubes, small squares of gelatine or in capsule, tablet or liquid form.

LSD is usually swallowed, placed under the tongue and dissolved, or the paper tile can be chewed to release the hallucinogen into the mouth.

Death, disease and other costs

The short-term physiological effects can include: slight increase in body temperature, dilation of the pupils, slightly increased heart rate and blood pressure, increased levels of glucose in the body, drowsiness, and nausea. The psychological effects can include: alterations in mood and emotion, euphoria and dysphoria, visual hallucinations, perceptual disorder, emotional instability, inability to cope, and paranoia.

LSD may also precipitate psychotic episodes that would normally be suppressed. Some users may experience 'flashbacks' where there is a spontaneous recurrence of the original experience at a later date. The flashbacks can occur weeks or even months after the last use of the drug. The mechanism that underlies the flashbacks is unknown.

Magic mushrooms (psylocibin)

Psilocybin is the natural hallucinogenic chemical found in some mushrooms. It may be sold as white crystals, crude mushroom preparations or whole dried brown mushrooms. Some species of magic mushroom grow wild in Australia. It is always dangerous to pick and eat wild mushrooms as it is difficult to distinguish magic mushrooms from other mushrooms that look the same but are poisonous.

Death, disease and other costs

The effects of magic mushrooms are usually similar to those of LSD but usually last for a shorter time (four to six hours) and can include: vivid perceptual distortions, a distorted sense of time and space, poor coordination, increased body temperature and sweating and/or chills, a lack of control over thinking processes and concentration. Users often experience a feeling of nausea before the psychoactive effects of the drug set in.

Heroin

What is heroin?

Heroin (diacetylmorphine) is a depressant that belongs to a group of drugs called opioids (sometimes referred to as narcotic analgesics eg Mersyndol ®). Opioids are derived from a milky white substance produced by the opium poppy, which, when dried is known as opium. Heroin is manufactured from morphine or codeine, major alkaloids of opium, by chemical process.

In its pure form, heroin is usually a white crystalline powder. It is usually sold in the form of powder or 'rocks' and can range in colour from white to brown, depending on the substances it is mixed or 'cut' with.

Some of the street names for heroin include hammer, H, smack, horse, white and beige.

Prevalence of heroin use

Refer to the ASSAD survey data for the latest prevalence statistics.

Drug and Alcohol Office website
www.dao.wa.gov.au

Mental Health Commission's website
www.mentalhealth.wa.gov.au

Death, disease and other costs

Heroin crosses the blood brain barrier quickly, resulting in a euphoric feeling or intense rush which is then followed by a calming effect, slowing the reactions through the thought process.

Immediate effects may include: feelings of wellbeing; relief of pain; shallow breathing; nausea and vomiting; constipation; sleepiness; or loss of balance, coordination and concentration.

Large doses of heroin can cause: very depressed breathing, pupils narrow to pin point, cold skin, or overdose (the CNS is depressed to a point where the person goes into a coma and dies).

Because street heroin is usually mixed with other substances, it is almost impossible to assess its strength or composition without laboratory testing. Unpredictable and high levels of purity can be a cause of overdose. When heroin is combined with other depressant drugs such as alcohol and tranquillisers the CNS becomes very depressed and breathing may cease.

Poly drug use

Poly drug use occurs when two or more drugs are used at, or near, the same time. This can occur intentionally (ie when a person chooses to combine drugs) and unintentionally (ie when a manufacturer combines different drugs to achieve a specific effect or to save money by mixing in cheaper chemicals).

The risk of harm is increased if more than one drug is used at a time, especially when drugs of unknown content and purity are combined. This includes mixing over-the-counter drugs, prescription drugs and illegal drugs.

Poly drug use increases the risk of the following symptoms and effects including:

- an increase in heart rate, blood pressure and body temperature
- overdose
- severe emotional and mental disturbances such as panic attacks and paranoia.

Steroids

What are anabolic-androgenic steroids?

Anabolic-androgenic steroids (or anabolic steroids) are a group of drugs that include the male sex hormone testosterone and several synthetically produced structural derivatives of testosterone. They are not classed as psychoactive drugs. The anabolic effects assist in the growth and repair of tissue, mainly muscle. The androgenic effects are involved in the development and maintenance of male sex characteristics. All anabolic steroids have both anabolic and androgenic effects to varying degrees.

Anabolic steroids are available as tablets or liquid for injecting.

Prevalence of steroid use

Refer to the ASSAD survey data for the latest prevalence statistics.

Drug and Alcohol Office website
www.dao.wa.gov.au

Mental Health Commission's website
www.mentalhealth.wa.gov.au

Death, disease and other costs

There are a range of adverse side effects which users may experience following the non-medical use of anabolic steroids. Some side effects are irreversible and others have been associated with death.

Physical effects may include: acne, high blood pressure, liver and heart problems, increased cholesterol levels, gynaecomastia (breast-like growth in the male), hair loss, hypertension, sleeplessness, headaches, tendon injuries, permanent short stature in adolescents, tendon and ligament damage, and water retention.

Psychological side effects may include: increased aggression and irritability; mood swings, schizophrenic type activity; depression; dependence. Females may experience: clitoral enlargement, smaller breasts, voice changes, cessation of menstruation, excessive growth of hair on back and bottom. Males may experience shrinking of testicles and prostate problems.

Tobacco and passive smoking

What's in tobacco?

Tobacco contains thousands of chemicals that may harm a person's health:

- Tar, a black, sticky substance that contains many poisonous chemical such as: ammonia (found in floor and window cleaner), toluene (found in industrial solvents) and acetone (found in paint stripper and nail polish remover).
- Nicotine, the addictive stimulant drug in tobacco found in the tobacco plant.

- Carbon monoxide, a poisonous gas that reduces the amount of oxygen taken up by a person's red blood cells.
- Hydrogen cyanide, the poison used in gas chambers during World War II.
- Metals, including lead, nickel, arsenic (white ant poison) and cadmium (used in car batteries).
- Pesticides such as DDT, methoprene (found in flea powder) are used in growing tobacco. Other chemicals such as benzene (found in petrol) and naphthalene (found in mothballs) are added when cigarettes are being made.

Nicotine occurs naturally in the tobacco plant. When tobacco smoke is inhaled, the vapour is absorbed very quickly into the bloodstream through the lining of the mouth and lungs. In large amounts nicotine is poisonous, however when smoked only a small dose is inhaled.

The first symptoms of nicotine dependence can appear within days to weeks of the onset of occasional use, often before the onset of daily smoking. There does not appear to be a minimum nicotine dose or duration of use as a prerequisite for symptoms to appear. Interestingly, girls tend to develop symptoms of nicotine addiction faster than boys.

Prevalence of tobacco smoking

Refer to the ASSAD survey data for the latest prevalence statistics.

Drug and Alcohol Office website
www.dao.wa.gov.au

Mental Health Commission's website
www.mentalhealth.wa.gov.au

Death, disease and other costs

Tobacco smoking is the largest single preventable cause of death and disease in Australia today. Smoking is estimated to cause 19,000 deaths in Australia each year, over nine times the number of road crash fatalities.

Some of the diseases caused by smoking include: cancer (in the lung, lip, tongue, mouth, throat, nose, nasal sinus, voice box, oesophagus, pancreas, stomach, kidney, bladder, ureter, cervix, and bone marrow); heart disease and stroke; emphysema and asthma; and blindness.

Passive smoking

Passive smoking means breathing in other people's tobacco smoke. Second-hand smoke is a danger to everyone, but young children, pregnant women and the partner of people who smoke are most vulnerable. Passive smoking increases the risk of sudden infant death syndrome (SIDS or cot death).

How tobacco prevention is taught is important

Research on the predictors of smoking, suggest that the most promising school-based approaches:

- help students to develop negative attitudes to smoking
- teach young people how to cope socially while resisting peer influences to smoke
- get parents to quit while their children are young
- have opportunities for students to participate in health-promoting activities.

The normative education activities in this resource clarify misconceptions about tobacco use for students. It is important that they understand that young people who don't smoke are more likely to be one of the crowd, than the odd person out. Encourage students to be 'smoke free' rather than advocating that students simply 'don't smoke'.

Discussions that suggest smoking is a 'deviant' behaviour may be the very thing that attracts some students to take up smoking. It is therefore suggested that programs should focus on positive messages such as:

- Most young people don't smoke.
- Young people who do smoke, generally respect those who decide not to.
- Young people can become addicted to smoking even if they don't smoke many cigarettes, however, the fewer cigarettes a young person smokes; the easier it is to stop.

Schools should consider developing *School Drug Education Guidelines* that include the procedures and intervention support that will be put in place for students who smoke. The Guidelines should treat smoking as a health and safety issue rather than a disciplinary issue.

Tranquillisers (Benzodiazepines)

Benzodiazepines are depressant or sedative drugs prescribed by doctors to relieve stress and anxiety, relax muscles or promote sleep and are sometimes used to treat epilepsy. They are commonly known as tranquillisers and sleeping pills that have calming, anxiolytic (anxiety relieving) and hypnotic (sleep inducing) properties and are usually prescribed in tablet or capsule form and include diazepam (eg Valium®0, oxazepam (eg Serepax®), nitrazepam (eg Mogadon®), temazepam, flunitrazepam and bromazepam. Benzodiazepines are available on prescription only in Australia.

Street names include Benzos, tranx, sleepers, downers, pills, xannies, serras (Serepax®), moggies (Mogadon®) and normies (Normison®).

Prevalence of tranquilliser use

Refer to the ASSAD survey data for the latest prevalence statistics.

Drug and Alcohol Office website
www.dao.wa.gov.au

Mental Health Commission's website
www.mentalhealth.wa.gov.au

Death, disease and other costs

Benzodiazepines affect everyone differently but some effects may include: depression, confusion, feelings of isolation or euphoria, impaired thinking and memory loss, headache, drowsiness and fatigue, dry mouth, slurred speech or stuttering, blurred vision, nausea and loss of appetite, diarrhoea or constipation.

If a large amount is taken the following may be experienced: over-sedation or sleep; slow, shallow breathing; mood swings and aggression; jitteriness and excitability; unconsciousness or coma; death (more likely when taken with another drug such as alcohol).

The effects of taking benzodiazepines with other drugs can be unpredictable and dangerous and could cause breathing difficulties, an increased risk of overdose and death (eg benzodiazepines combined with alcohol or opiates such as heroin).

Volatile substances (inhalants)

Volatile substance use (VSU) refers to the practice of deliberately inhaling substances that are volatile (vaporous) for the purpose of intoxication. Volatile substances are also known as inhalants and are depressant drugs which can be categorised into:

- **Solvents** are liquids or semi-solids such as petrol and glue. They are usually common household and industrial products such as paint thinner, dry cleaning fluid, correction fluid and degreaser.
- **Gases** include medical anaesthetics and gases used in household or commercial products such as fire extinguishers and lighter fuels.
- **Aerosols** are sprays that contain propellants and solvents. They include paint, deodorant, hair, insect and vegetable oil sprays.
- **Nitrites** such as amyl, butyl and isobutyl nitrite (together known as nitrites or poppers) are clear, yellow liquids and include soda

Prevalence of volatile substance use

Refer to the ASSAD survey data for the latest prevalence statistics.

Drug and Alcohol Office website
www.dao.wa.gov.au

Mental Health Commission's website
www.mentalhealth.wa.gov.au

Death, disease and other costs

The possible physical effects of VSU, like any drug, are dependent on a range of factors. The effects of inhalants may start to be felt immediately and can last for 45 minutes.

Low to moderate dose effects can include: feeling of wellbeing, blurred vision, runny nose or sneezing, diarrhoea, drowsiness, unpleasant breath, giggling and laughing, slurred speech, irregular heart beat, headache, bloodshot or glazed eyes, impaired coordination and muscle control.

Higher dose effects can include: decreased coordination, bloodshot eyes, hallucinations and delusions, decreased coordination and muscle control, nausea, vomiting, diarrhoea, blackout, convulsions, coma, grand mal epilepsy, acquired brain syndrome.

Sudden sniffing death

Sudden sniffing death can follow the use of aerosol sprays, cleaning and correction fluids, and model building cement. It is believed that the chemicals in these products can cause heart failure, particularly if the user is stressed or does heavy exercise after inhaling.

How VSU is managed and taught is important

As products containing volatile substances are cheap and easily accessible from retail outlets, it is recommended and reflected in state and national policies and strategies, that schools do not include these inhalants in their classroom-based programs.

It is however recommended that school drug education about VSU should occur when groups of students are at-risk by virtue of a local outbreak or 'fad', or by widespread knowledge and discussion of the issue by young people. Where this is not required, generic drug-related education that emphasises these products as poisons and hazardous chemicals is recommended.

Any education delivered to students around this issue should be offered alongside appropriate school-based intervention support. Examples of intervention support procedures and how to develop these in schools to support students at risk, can be found in SDERA's *Getting it together: A whole-school approach to drug education* resource which was distributed to all WA schools in 2010 and is available on the website www.sdera.org.au

Where a school has clear evidence that an individual or small group of students are using volatile substances, it is recommended that the school seeks the counselling services from a Community Drug Service team (refer to the Drug and Alcohol Office WA website www.dao.health.wa.gov.au).

Further information about VSU is available on the Drug and Alcohol Office website at http://www.dao.health.wa.gov.au/vsu/pages/home.htm

Useful websites and other resources

Aboriginal Alcohol and Drug Service provides a range of culturally secure services, including treatment, education programs and yarning.
Phone: **(08) 9221 1411**

Alcohol and Drug Support Line is a free 24-hour, state-wide, confidential telephone service where you can talk to a professionally trained counsellor about your own or another's alcohol or drug use.
Phone: **(08) 9442 5000**
Country callers: **1800 198 024**
E-mail: **alcoholdrugsupport@mhc.wa.gov.au**

Australian Drug Foundation www.adf.org.au

Australian Institute of Health and Welfare (2010 National Drug Strategy Household Survey report)
http://www.aihw.gov.au/WorkArea/DownloadAsset.aspx?id=10737421314&libID=10737421314

Beyondblue is a national depression initiative for young people
www.ybblue.com.au/

Drug Aware www.drugaware.com.au

Drug and Alcohol Office (ASSAD survey 2014)
www.dao.health.wa.gov.au

Headspace and Yarn Space www.headspace.org.au

Kids Helpline is a 24 hour help line that can be called on 1800 55 1800
www.kidshelp.com.au

National Cannabis Prevention and Information Centre www.ncpic.org.au

National Health and Medical Research Council
www.nhmrc.gov.au/guidelines

Parent and Family Drug Support Line is a free alcohol and other drug information and support for parents and family members. Talk to a professionally trained counsellor about alcohol and other drugs. Talk confidentially to another parent for strategies and support.
Phone: **(08) 9442 5050**
Country callers: **1800 653 203**
Email: **alcoholdrugsupport@mhc.wa.gov.au**

Reachout is about helping young people to help themselves
www.reachout.com.au

School Drug Education and Road Aware
www.sdera.wa.edu.au

The other talk http://theothertalk.org.au/

REFERENCE LIST

Benson, P. L., Leffert, N., Scales, P. C., & Blyth, D. A. (2012). Beyond the "Village" Rhetoric: Creating Healthy Communities for Children and Adolescents, *Applied Developmental Science*, 16(1), 3-23.

Copeland, J., Finney Lamb, C. E., Bleeker, A., & Dillon, P. G. (2006). *Identifying Barriers Around Providing School-based Prevention Programmes for Ecstasy and Related Drugs,* National Drug and Alcohol Research Centre, University of New South Wales, Sydney.

Department of Education, Science and Training (DEST). (2004). *Principles for School Drug Education.* Australian Government, Canberra.

Department of Health (2016). *Australian Secondary Students' Alcohol and Drug Survey 2014 – Western Australian Results: Tobacco*. Perth: Chronic Disease Prevention Directorate, Public Health Division, Western Australia.

Hayes, L., Smart, D., Toumbourou, J. W., & Sanson, A. (2004). *Parenting influence on adolescent alcohol use.* Australian Institute of Family Studies for the Australian Government Department of Health and Aging, Canberra. Retrieved from https://aifs.gov.au/publications/parenting-influences-adolescent-alcohol-use

Lawrence, D., Johnson, S., Hafekost, J., Boterhoven De Haan, K., Sawyer, M., Ainley, J., & Zubrick, S.R. (2015). *The Mental Health of Children and Adolescents. Report on the second Australian Child and Adolescent Survey of Mental Health and Wellbeing.* Canberra: Australian Government, Department of Health.

McBride, N. (2003). A systematic review of school drug education. *Health Education Research Theory and Practice, 18,* (6), 729-742.

Mental Health Commission (2016). Australian Secondary Students' Alcohol and Drug Survey 2014: Western Australian Results. Unpublished analysis.

Mental Health Commission (2016a). Alcohol trends in Western Australia: 2014 Australian school students alcohol and drug survey, Government of Western Australia, Perth. Retrieved from http://www.dao.health.wa.gov.au/Informationandresources/Publicationsandresources/Researchandstatistics/Statistics/AustralianSchoolStudentsAlcoholandDrugsurvey.aspx

Mental Health Commission (2016b). Ilicit drug trends in Western Australia: 2014 Australian school students alcohol and drug survey - *Western Australian Results.* Government of Western Australia, Perth. Retrieved from http://www.dao.health.wa.gov.au/Informationandresources/Publicationsandresources/Researchandstatistics/Statistics/AustralianSchoolStudentsAlcoholandDrugsurvey.aspx

Midford, R., Lenton, S., & Hancock, L. (2001). *A critical review and analysis: cannabis education in schools,* NSW Department of Education and Training, Sydney.

Ministerial Council on Education, Employment, Training and Youth Affairs [MCEETYA]. (2008). *Melbourne Declaration on Educational Goals for Young Australians,* Victoria. Retrieved from http://www.curriculum.edu.au/verve/_resources/National_Declaration_on_the_Educational_Goals_for_Young_Australians.pdf

National Health and Medical Research Council (NHMRA). (2009). *Australian Guidelines to Reduce Health Risks from Drinking Alcohol.* Retrieved from https://www.nhmrc.gov.au/guidelines-publications/ds10

Payton, J., Weissberg, R. P., Durlak, J. A., Dymnicki, A. B., Taylor, R. D., Schellinger, K. B., Pachan, M. (2008). The positive impact of social and emotional learning for kindergarten to eighth - grade students: Findings from three scientific reviews. Retrieved December 18 2012 from http://www.indiana.edu/~pbisin/pdf/PosImpact-SELK-8.pdf

Pittman, K. (1999). *Youth Today: The Power of Engagement.* Forum for Youth Investment. Retrieved from http://forumfyi.org/content/youth-today-power-enga

Porter, J. R. & Smith-Adcock, S. (2011). Children who help victims of bullying: Implications for practice. *International Journal for the Advancement of Counselling*, 33(3), 196–205. doi: http://dx.doi.org/10.1007/s10447-011-9121-9

Snyder, F. J., Flay, B. R., Vucinich, S., Acock, A., Washburn, I. J., Beets, M. W., & Kin-Kit, L. (2010). Impact of a social-emotional and character development program on school-level indicators of academic achievement, absenteeism, and disciplinary outcomes: A matched-pair, cluster randomized, controlled trial. *Journal of Research on Educational Effectiveness,* 3(1), 26-55.

Spooner, M., Hall, W., & Lynskey, C. (2001). *Structural determinants of youth drug use,* Australian National Council on Drugs, Australian Government, Canberra.

Substance Abuse and Mental Health Services Administration Center for Mental Health Services. (2007). *Promotion and prevention in mental health: Strengthening parenting and enhancing child resilience.* Retrieved December 18, 2012, from http://store.samhsa.gov/shin/content//SVP07-0186/SVP07-0186.pdf

Szabo, E., Hayman, J., & White, V. (2004). *Alcohol consumption among 12- to 17-year-old Western Australian school students in 2002*. Centre for Behavioural Research in Cancer, Cancer Council Victoria.

Theokas, C., Almerigi, J., Lerner, R.M., Dowling, E., Benson, P., Scales, P. C., & von Eye, A. (2005). Conceptualizing and modeling individual and ecological asset components of thriving in early adolescence. *Journal of Early Adolescence,* 25(1), 113-143.

Tobler, N., & Stratton, H. (1997). Effectiveness of school-based drug prevention programs: A meta-analysis of the research, *Journal of Primary Preventions,* (18), 71-128.

SDERA

EDUCATING FOR SMARTER CHOICES

School Drug Education & Road Aware
Statewide Services Centre
33 Giles Avenue
PADBURY WA 6025

P: **08 9402 6415**
F: 08 9402 6399
E: sdera.co@education.wa.edu.au
W: www.sdera.wa.edu.au

ISBN 9780730745853