

FOCUS AREA 2

# Drug Education



## INTRODUCTION

This focus area provides the explicit teaching of content and skills related to medicines, passive smoking and caffeine for Year 4 students. It focuses on:

- introducing a definition of a drug and highlighting a range of legal drugs that are available in our community
- safe use of analgesics, prescription and over-the-counter medicines and non-medical alternatives to these drugs
- health effects of passive smoking and ways to avoid passive smoking
- health effects of caffeine and alternatives to food and drinks containing caffeine
- identifying and responding to unsafe situations around analgesics, prescription and over-the-counter medicines, passive smoking and caffeine.

### Key understandings

- A drug is any substance (except food and water) which, when taken into the body, changes the way the body and mind function.
- Tobacco and alcohol are the drugs that cause the most harm in our community.
- Drugs can have both helpful and harmful effects.
- Most young people choose not to smoke.
- There are a range of motivations for why young people choose not to smoke.
- The younger a person starts smoking, the more likely they are to become a lifelong, regular smoker.
- Different parts of the body are affected by tobacco.
- There is no safe use of tobacco.
- Passive smoke is more dangerous for children than adults because their lungs are still developing.
- Children who are exposed to passive smoke can have bad chest infections.
- It is important to monitor caffeine use as too much caffeine can be harmful.
- Caffeine is found in a range of food and drinks such as coffee, tea, cola, energy drinks and over-the-counter medicines.
- There are non-caffeine products that could be substituted for those containing caffeine.
- Peers, family and the media can both positively and negatively influence decisions to use analgesics and over-the-counter medicines, try smoking and use products containing caffeine.

### Key skills to practise

- Appreciate that others may have different opinions and values about smoking.
- Share opinions about analgesics, prescription and over-the-counter medicines; smoking and caffeine use.
- Identify and respond to unsafe situations around smoking and caffeine use.
- Make responsible decisions in smoking-related situations.
- Monitor own caffeine intake.
- Speak assertively to others when dealing with health and safety issues.
- Negotiate with peers to reach a decision.
- Participate in class, group and pair discussions about shared experiences.
- Share opinions in discussions and written responses.

## General capabilities in the Australian Curriculum

The general capabilities of the Australian Curriculum comprise an integrated and interconnected set of knowledge, skills, behaviours and dispositions that, together with curriculum content in each learning area and the cross-curriculum priorities, will assist students to become successful learners, confident and creative individuals, and active and informed citizens.

The content and activities in this focus area provide teachers with the opportunity to explicitly teach some of the general capabilities. The table outlines how this resource addresses these capabilities.

## Addressing the Australian Curriculum General Capabilities through Challenges and Choices

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<b>Key</b>  Literacy  Numeracy  Information and communication technology (ICT) capability  Critical and creative thinking  Ethical understanding  Personal and social capability  Intercultural understanding		

## TEACHER NOTES

### Analgesics, prescription and over-the-counter (OTC) drugs

#### What are analgesics?

'Analgesics' refers to depressant substances that are used to relieve minor pain. Analgesics are often called pain relievers or painkillers. They slow down the activity of the brain and include:

- aspirin (such as Disprin, AsproClear, Aspirin)
- paracetamol (such as Panadol, Dymadon, Tylenol)
- combination products that contain both aspirin and codeine (such as Veganin) or paracetamol and codeine (such as Panadeine).

#### Prevalence of analgesic use

- Analgesics are the most commonly used drugs among 12-17 year old WA students with 95% having used them at some time in their lives, with females being more likely to use than males.<sup>1</sup>
- Australia has the greatest use of analgesics and renal failure caused by analgesics in the Western world. Teaching young children about non-medicinal alternatives to analgesics challenges our drug taking culture.

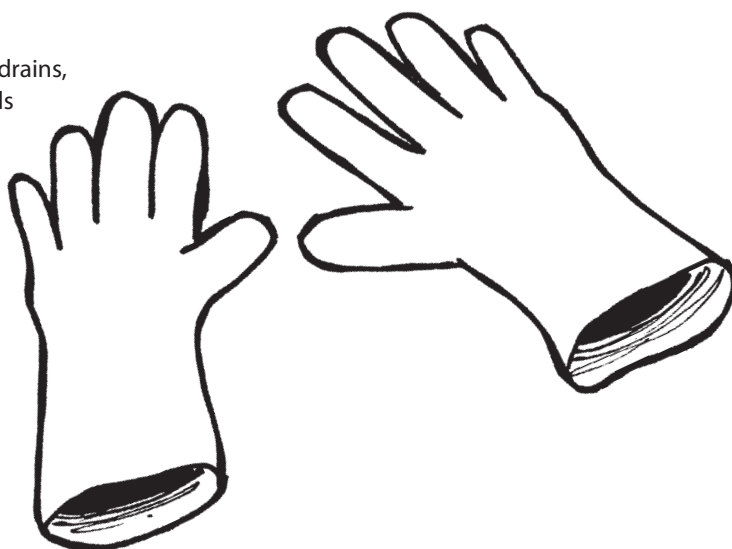
#### Death and disease

- Poisonings continue to be a cause of child hospitalisation in Western Australia. Education on the safe use of medicines is therefore important for students and parents/caregivers alike.
- Childhood poisonings are mainly caused by products commonly found around the home including medicines (pain relievers and sleeping tablets), household cleaning agents (caustic cleaners for drains, dishwashing machine detergent), petrochemicals (kerosene, petrol) and pesticides and weedkillers.
- The majority of poisonings occur when the substance is not in its usual place and has been recently used but not monitored by an adult.

- Aspirin use for children under the age of 12 years is dangerous. It can harm the stomach and intestinal tract and can cause Reye's Syndrome (a rare but potentially fatal condition). This information may not be known by many parents and caregivers.
- 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 however students should be encouraged to use analgesics after they have tried alternatives to pain relief.
- 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 see analgesic use as harmless because they are influenced by advertising and their parents' and other adults' example. Find opportunities to challenge these influences.
- Stress that a trusted adult is the only person who can administer these drugs.

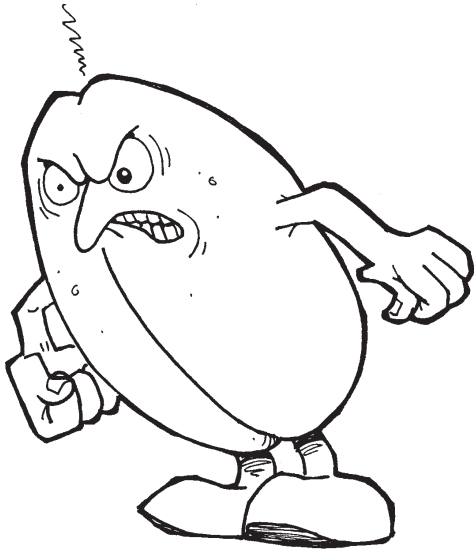


<sup>1</sup> Australian School Student Alcohol and Drug (ASSAD) Survey – Illicit Drug Report 2011 – Western Australian results, Drug and Alcohol Office

- It is important to engage parents in these activities as it is unrealistic to expect young children to protect themselves fully from the misuse of these drugs.

### Caffeine

- Caffeine is a stimulant drug which in its purest form, consists of bitter-tasting crystals. Caffeine 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.



### Effects on the body

- 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 central nervous system, 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.
- 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.

- Doctors recommend that children consume less than 100mg of caffeine per day, which is approximately one cola drink and a 20g chocolate bar.
- Caffeine poisoning can be seen with much smaller doses in children, such as up to one gram of caffeine (about 12 energy drinks).
- Energy drinks should be avoided by children less than 15 years old due to the high levels of caffeine in these products.

### 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.
- Focus on the peer and media influence to consume energy drinks if students identify that they are regularly using these products.
- Students should be able to identify products containing caffeine and also alternative foods and drinks that can be consumed instead of those that contain caffeine.
- It is important to engage parents and carers in caffeine education as many children have little control over what they eat and drink, and many parents are not aware of the effects of caffeine.

## Tobacco and passive smoking

### What's in tobacco?

Tobacco contains thousands of chemicals that may harm a person's health, such as:

- **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.



### Prevalence of tobacco smoking

- 95% of young people aged 12 to 17 describe themselves as non-smokers<sup>2</sup> and about 81% of adults don't smoke<sup>3</sup>. Many young people significantly overestimate this figure and often perceive smoking to be a normal adult behaviour.
- The number of current smokers aged 12 to 17 years has decreased significantly over time falling from 17% in 1999, to 6% in 2011<sup>2</sup>.
- Young people from lower socio-economic or Aboriginal backgrounds often experience more influences to start smoking, such as overt peer influence and a greater number of family members who smoke.<sup>4</sup>
- People who start smoking in their teen years are more likely to become regular smokers, smoke more heavily, have difficulties quitting and are at greater risk of getting smoking-related diseases.
- The normative education activities in this module clarify misconceptions about tobacco use for students. It is important that students understand that young people who don't smoke are more likely to be one of the crowd rather than the odd person out.

2 Australian School Students Alcohol and Drug Survey: Tobacco Report 2008, WA Results, Drug and Alcohol Office, 2011.

3 National Drug Strategy Household Survey, 2010.

4 Beggs, S., Vos, T., Baker, B., Stevenson, C., Stanley, L., and Lopez, A.D. (2007). *The Burden of disease and injury in Australia 2003*. Australian Institute of Health and Welfare – Canberra 2007 (accessed 6 December 2012).

### Death and disease

- Tobacco smoking is the largest single preventable cause of death and disease in Australia today. Smoking is estimated to cause 15,500 deaths in Australia each year, which is over nine times the number of road crash fatalities.<sup>5</sup>
- 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, urethra, cervix, and bone marrow)
  - heart disease
  - stroke
  - emphysema
  - asthma
  - blindness.

Smoking remains one of the main factors influencing the lower life expectancy of Aboriginal and Torres Strait Islander people. Smoking is responsible for one in five of all Indigenous deaths and is the most preventable cause of poor health and early death among Aboriginal and Torres Strait Islander people.<sup>6</sup>

### Passive smoking

- Passive smoking is more harmful to young children than adults as their respiratory systems are still developing.
- Children exposed to passive smoke are more likely to have serious chest infections, poor lung function and growth, triggered asthma attacks and irritated eyes, throat and ears. Stress that some poisons in tobacco smoke are more concentrated and dangerous in 'side stream' smoke than 'mainstream' smoke because the particles are unfiltered, smaller and reach deeper into the lungs, and stay longer in the body.
- About 85% of the smoke in an average room where people have been smoking is passive smoke. This smoke affects both smokers and non-smokers.
- More than a third (36%) of 12-17 WA students in 2011 reported living with people who smoke.<sup>7</sup>
- It is important to engage parents in tobacco education as it is unrealistic to expect young children to protect themselves fully from passive smoke.

5 National Tobacco Strategy 2004-2009, Ministerial Council on Drug Strategy, 2004.

6 National Tobacco Strategy. 2012-2018 (Draft). Ministerial Council on Drug Strategy, 2012.

7 Australian School Student Alcohol and Drug (ASSAD) Survey: Tobacco Report 2011 – Western Australian results, Drug and Alcohol Office

### The addictive nature of nicotine

- 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.
- Nicotine is poisonous in large amounts 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.

### How tobacco prevention is taught is important

- 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
  - ◉ get 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.<sup>8</sup>
- Encourage students to be 'smoke free' rather than advocating that students simply 'don't smoke'.
- Discussing smoking as a 'deviant' behaviour may attract some students to take up smoking. 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.
- *School Drug Education Guidelines* should treat smoking as a health and safety issue rather than a disciplinary issue. (Refer to *Getting it Together: A Whole-School Approach to Drug Education*, SDERA, 2010 for further information on developing *School Drug Education Guidelines* including Procedures for Incident Management and Intervention Support.)

- 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 analgesics, prescription and over-the-counter medicines, tobacco and caffeine
  - ◉ 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 supported by follow up booster sessions
  - ◉ position drug education within a broader health and wellbeing curriculum that focuses, amongst other things, on staying healthy and coping with stress
  - ◉ respond to cultural and social needs of the school community
  - ◉ engage parents where possible.<sup>9</sup>

### Useful websites

- School Drug Education and Road Aware  
[www.sdera.wa.edu.au](http://www.sdera.wa.edu.au)
- Drug and Alcohol Office  
[www.dao.health.wa.gov.au](http://www.dao.health.wa.gov.au)
- Drug Aware  
[www.drugaware.com.au](http://www.drugaware.com.au)
- Reach Out Australia  
[au.reachout.com](http://au.reachout.com)
- Oxygen  
[www.oxygen.org.au](http://www.oxygen.org.au)
- Kidshelp  
[www.kidshelp.com.au](http://www.kidshelp.com.au)
- Alcohol Think Again  
[www.alcoholthinkagain.org.au](http://www.alcoholthinkagain.org.au)
- Life Education Australia  
[www.lifeeducation.org.au](http://www.lifeeducation.org.au)

8 Helen Cahill, *Taking an evidence-based approach to classroom drug education*. Australian Youth Research Centre, The University of Melbourne, 2002

9 National Tobacco Strategy 2004-2009, Ministerial Council on Drug Strategy, 2004

## ACTIVITY 1

### What is a drug and why do people use them?

#### Preparation

- ▶ A3 sheet of paper – one per group
- ▶ Dot stickers – one per student
- ▶ **Activity sheet** *Why do people use these drugs?* – photocopy one per group
- ▶ A4 paper – one sheet per student
- ▶ Scissors – class set
- ▶ Empty tissue box or similar to be used as a 'question box'

- Place students with a partner or in a group of four. Give each group a sheet of paper. Explain how to use a **placemat** (refer to page 194).

Ask each student to write their own definition of a drug on the placemat. Remind students to consider all the different types of drugs they know and ensure that their definition can be applied to all of these drugs.

Explain that students should listen to the definitions created by other members of their group and then either choose the best or combine their efforts to write a group definition in the centre of the placemat.

Display the placemats and have the class use **dot voting** (refer to page 201) to choose the definition that they think, best describes a drug.

Explain the adapted World Health Organisation definition of a drug which is: *A drug is any substance (except food and water) which, when taken into the body, changes the way the body and mind function.* Compare the most popular definition with the World Health Organisation definition.

- Using the World Health Organisation definition, **brainstorm** (refer to page 188) a list of substances that would fit this definition. Prompt students to include caffeine, analgesics and other prescription and over-the-counter medicines (such as cough suppressants, asthma medications, epi-pens, vaccines and antibiotics) as well as tobacco, alcohol and any illegal drugs known by the class.

#### Ask

*What are some of the most commonly used drugs in Australia?* (The most commonly used drugs are caffeine, analgesics, alcohol and tobacco.)

*Which drugs cause the most harm?* (The legal drugs tobacco and alcohol are the two drugs that cause the most harm in our community. In fact, smoking is the largest single cause of death and disease in Australia. The media sometimes may make us think that it is illegal drugs that cause the most harm.)

*Why is it important for some people to take medicines regularly?* (These medicines help them with a physical or mental condition they may have eg diabetics, asthma sufferers, and people with ADHD).

- Give each group two cards from the *Why do people use these drugs?* sheet. In their groups, students are to decide:
  - ⊙ reasons why some people may choose to use this drug
  - ⊙ the possible helpful and harmful effects of this drug
  - ⊙ alternatives to this drug or ways to reduce the risk of this drug.

Draw the following table on the board. Have groups write their findings in the table. It may be useful to group the caffeine products to help students' interpretation of the findings.

	Reasons why people use this drug	Helpful effects	Harmful effects	Alternatives or ways to reduce harm
Tobacco	To reduce stress They are addicted To lose weight	May relax people in the short term May help people not want to eat so much	Causes lung, mouth, lip, throat and breast cancers Causes heart disease Causes stained teeth and fingers Effects other people's health through passive smoking, especially children	Relaxation exercises Try to give up Good food and exercise
Caffeine				

Discuss any similarities and differences in the findings. Correct any misinformation that students have generated.

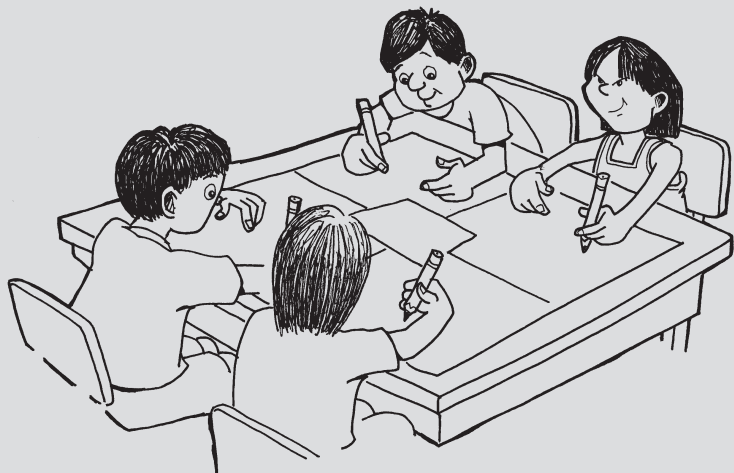
Stress that most people do not use drugs and that all drugs have harmful effects. Stress the short term nature of some of the perceived 'helpful' effects (eg used to relax) and the more damaging and real long term effects of the harms (eg cancers and heart disease) and whether the 'helpful' effects are really worth these harms.

### Ask

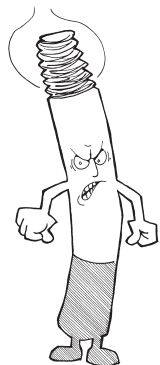
*What has this activity taught you about drugs? (They come in many forms. Some are used to help people lead healthy lives eg insulin. Drugs are everywhere in our community. Drugs can have both helpful and harmful effects. People understand the word 'drug' to mean many different things.)*

- Students write their answers to the following reflective questions on a sheet of paper.
  - ⊙ What's one fact about drugs that you have learnt from this activity?
  - ⊙ What's one thing that you have learnt about drugs that you can apply to your own life?
  - ⊙ What's one question about drugs that is still going around in your head?

Have students cut off the last question and 'post' it in a question box. Remind students that the questions are anonymous so they can feel free to ask anything they want to know about drugs. The 'question box' is a good strategy to identify individual and class needs. Use the questions to plan further activities or answer the questions throughout this focus area.



# Why do people use these drugs?



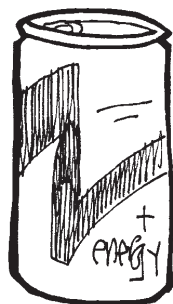
tobacco



alcohol



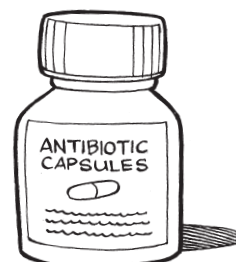
coffee (caffeine)



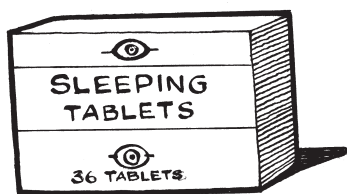
energy drinks (caffeine)



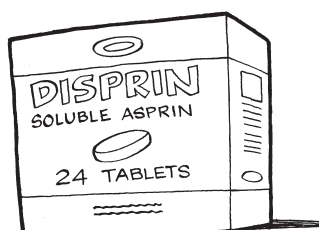
ventolin in an asthma puffer



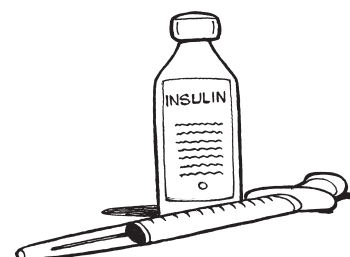
antibiotics for a throat infection



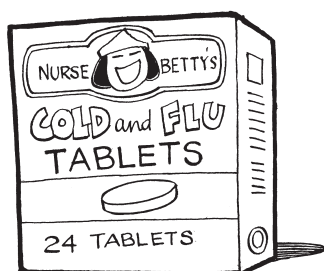
sleeping pills



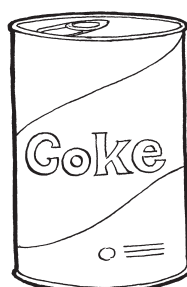
pain reliever like Disprin® (analgesics)



insulin for diabetes



cold and flu tablets



cola drink (caffeine)



iron tablets



## ACTIVITY 2



## Tobacco – the facts

## Preparation

- ▶ **Activity sheet** *Tobacco facts* – photocopy one per student
- ▶ A cigarette and loose tobacco
- ▶ A3 paper – one sheet per group

- Distribute a copy of *Tobacco facts* to each student. Read through the sheet together then discuss the information and clarify any questions.
- Show students the cigarette and loose tobacco. Many students may not have been exposed to either of these forms of tobacco.

## Ask

*Why do you think this fact sheet was written?*

*Did you find out something new about tobacco?*

*Is tobacco a drug?*

*What are some of the names you may have heard this drug being called? (eg ciggies, fags, lungers, butts, smokes)*

*Why do you think most people choose not to use this drug? (eg health reasons, social reasons, financial reasons)*

*Why do you think people use this drug? (eg curiosity, peer influence, stress relief, habit, boredom)*

*What is your opinion about smoking?*

*Do you think your opinion about smoking will change as you get older? Why?*

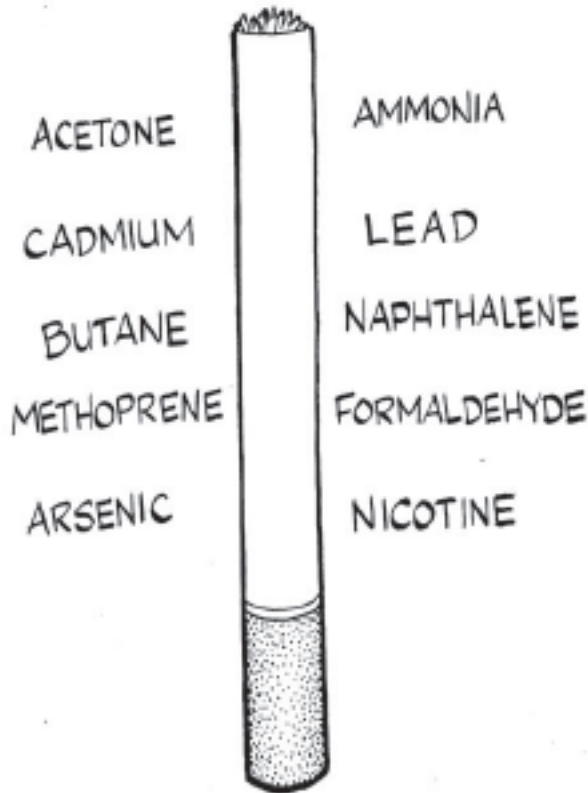
In small groups, have students discuss the effects of smoking listed on the fact sheet. Ask the groups to decide which effect would most likely stop young people their age from starting smoking, and mark this on their sheet. Listen to each group's response and why they selected the effect.

Discuss the following as a whole class. There are many video clips on the internet that can be viewed to support this discussion.

- ⊙ How tobacco circulates through the body (ie along the respiratory tract, filtered through the lungs and then absorbed into the blood stream before going to the brain).
  - ⊙ How nicotine rapidly reaches the brain and stimulates receptors that are sensitive to nicotine (these receptors are what cause physical dependence).
  - ⊙ Immediate and short-term effects with emphasis on lack of fitness, bad breath, smelly hair and clothes.
  - ⊙ How many of the short and long-term effects of smoking are also true of passive smoking.
  - ⊙ How tobacco affects the body with every puff not just with long-term use.
- In groups, students complete a **KWL** (refer to page 193) on 'what they know' and 'want to know' about tobacco. The KWL should be drawn on an A3 sheet of paper. Review the students' current knowledge and questions as this will determine the selection of subsequent learning activities.

Display the KWL findings around the room and invite students to complete the last column ('what I have learnt') during this focus area.

# Tobacco facts



## EFFECTS OF TOBACCO SMOKING

- Smoking affects your health and fitness and makes clothes, hair and breath stink.
- It causes loss of smell and taste.
- It causes cancer of the lungs, mouth, throat, lips and breasts.
- It also causes lung disease and heart attacks.
- Passive smoking is breathing in someone else's cigarette smoke.
- Children are more harmed by passive smoke than adults.
- Passive smoke can trigger an asthma attack.
- It makes eyes and ears sore and can cause heart and lung disease.

Have a look at the Smarter than Smoking website [www.oxygen.org.au](http://www.oxygen.org.au) for more information about tobacco.

## ABOUT TOBACCO

- Three of the most harmful things in tobacco are nicotine, tar and carbon monoxide.
- *Nicotine* is the main drug in tobacco. It is addictive, which means it is hard to go without.
- *Tar* is the thing that causes cancer and stains people's teeth and fingers.
- *Carbon monoxide* is the gas that comes from a lit cigarette. It has no smell or colour and can cause heart attacks.

## WHAT'S THE LAW?

- There are laws in Australia about who can sell tobacco and where it can be sold.
- It is illegal to sell tobacco products to anyone under 18 years of age.
- There are laws about putting health warnings on cigarette packets.
- Smoking is not allowed inside or outside most restaurants, in work places and on public transport.



## ACTIVITY 3



## Caffeine – the facts

## Preparation

- ▶ **Activity sheet** *Facts about caffeine* – photocopy one card per student
- ▶ A collection of empty packets, boxes, wrappers, containers of a range of products with and without caffeine (eg chocolate and lolly wrappers and packets, choc milk and other flavoured milk cartons, cola and energy drink cans, other soft drink cans, tea and coffee)
- ▶ Three hoops labelled 'has caffeine', 'no caffeine' and 'unsure'

- Seat students in a circle and display the collection of empty food and drink items, some with caffeine and some without.

Ask individual students to select one item and place it into the appropriate labelled hoop then share the reasons for their choice. Continue this process until all items have been classified. As a class, discuss the items that have been placed in the 'unsure' hoop then move them to the appropriate hoop.

## Ask

*Were there any products that were in the 'has caffeine' group that surprised you? If so, why?*

*Were there any products that were in the 'no caffeine' group that surprised you? If so, why?*

*Put the number of fingers up to show how often you would eat or drink something in the 'has caffeine' group. 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.)*

Ask students to bring in empty containers of foods and drinks containing caffeine. Use the list from the *Caffeine and energy drinks* information sheet for families (refer to page 80) as examples of the types of items required.

- Conduct a **question partners** strategy (refer to page 195). Distribute the question and answer cards from *Facts about caffeine*. Make sure 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.

## Ask

*What did you learn 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.)*

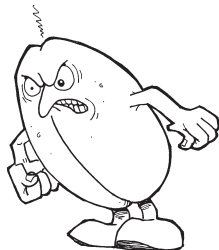
*Do you think companies who produce foods and drinks containing caffeine should put some of these facts on their packaging? Why? Why not?*

*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.)*

# Facts about caffeine

## Question

What is caffeine?

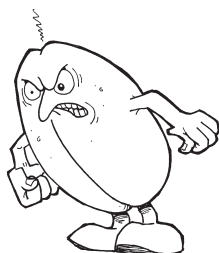


## Answer

Caffeine is the world's most popular drug that comes from plants such as tea, coffee and guarana.

## Question

What are some common foods and drinks that contain caffeine?

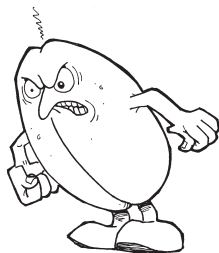


## Answer

Common foods and drinks that contain caffeine are coffee, tea, cola drinks, chocolate, energy drinks and bars. It is also found in painkillers and cold and flu medicines.

## Question

What are the effects of caffeine on the body?

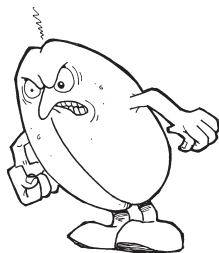


## Answer

The effects that caffeine have on the body include speeding up the activity of the brain, increased heart rate, causing headaches, making you pass urine a lot, high blood pressure and sleeping problems.

## Question

Is caffeine safe for everyone?

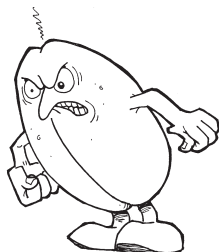


## Answer

Caffeine is not safe for everyone. It's not good for kids under 15, people who have heart problems, or pregnant women.

## Question

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



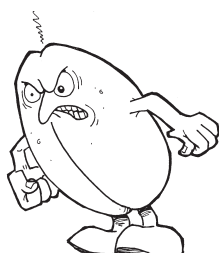
## Answer

It's okay for adults to eat or drink 300mg (about 2 cups of coffee) each day.

Kids shouldn't have more than 100mg per day (about 2 small chocolate bars) each day.

## Question

Why do some people use caffeine?



## Answer

Some people use caffeine because it:

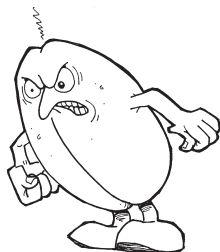
- helps them concentrate
- wakes them up
- they like the taste
- it's trendy
- they are influenced by friends and the media.



## Facts about caffeine

**Question**

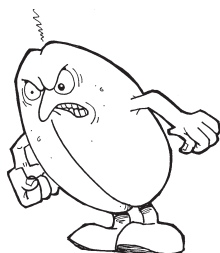
Does caffeine help people sober up?

**Answer**

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

**Question**

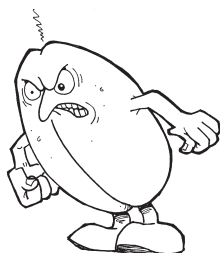
Can caffeine help people lose weight?

**Answer**

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

**Question**

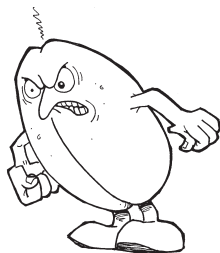
What is guarana?

**Answer**

Guarana comes from a plant in the maple family. Its seeds contain about twice as much caffeine as a coffee bean.

**Question**

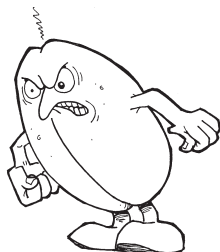
Is it okay for kids to consume energy drinks and bars containing caffeine?

**Answer**

It's not okay for kids under 15 years to consume energy drinks and bars because they contain too much caffeine.

**Question**

What can too much caffeine do to kids?

**Answer**

Too much caffeine can make kids wet the bed, have trouble sleeping, have a funny heart beat and have weak bones.



## ACTIVITY 4

### Considering smoking risks

#### Preparation

- ▶ **Activity sheet** *Your risk of smoking* – photocopy one per student

- Distribute a copy of *Your risk of smoking* to each student. Inform students that their responses to the questions will remain confidential and the responses to the attitude questions will be shared with others.

When students have completed the sheet, inform the class that if they answered mostly 'no', they are at low risk of smoking. If students answered mostly 'yes', they may be vulnerable to experimenting with smoking or becoming a regular smoker. Stress that:

- ⦿ Most people who smoke never actually intended to do so.
- ⦿ Smokers usually start by 'just giving it a try' but because nicotine is highly addictive they quickly become dependent on it.
- ⦿ Making a firm commitment not to smoke is a protection against future smoking.
- ⦿ The more someone is surrounded by tobacco smoke or cigarettes, the more likely they are to try smoking.

Allow students to share their ratings and the reason why they chose that rating for all of the attitude questions.

Inform students that if they answered mainly 1 and 2, their attitude will help protect them from smoking, and if they answered mainly 4 and 5, they may be vulnerable to experimenting or becoming a regular smoker. Those who answered with a mixture or mainly 3, may also be vulnerable.

Stress that before experimenting with tobacco, it is worth students finding about tobacco and being aware of the short and long-term effects of smoking decisions. Also point out that the younger a person starts smoking, the more likely they are to become a lifelong, regular smoker. The Smarter than Smoking website ([www.oxygen.org.au](http://www.oxygen.org.au)) is a reliable website for students to access.



## Your risk of smoking



	Yes	No
Does anyone in your family smoke?		
Do any of your friends smoke?		
Are you often in places where other people are smoking?		
Do you know that most people your age don't smoke?		
Have you already decided not to smoke?		

### What is your attitude to smoking?

Circle the answer that best describes how you feel.

When I see an adult smoking, I think they look...

Not cool      1                  2                  3                  4                  5                  Cool

If I see a young person smoking, I think they look...

Not cool      1                  2                  3                  4                  5                  Cool

What are the chances of me smoking in the future?

Low                  1                  2                  3                  4                  5                  High

## ACTIVITY 5

### Most young people don't smoke

#### Preparation

- ▶ **Activity sheet** *Most young people don't smoke* – photocopy one per group
- ▶ **Cigarettes are poison song** – cue the CD
- ▶ **Family information sheet** *Families who want smoke free children* – photocopy one per student

- To help the class understand that very few 12 year old WA students regularly smoke cigarettes, have students individually answer the following questions.

#### Questions

- ◉ If there were one hundred 12 year old students in a room, how many of these children do you think would have smoked cigarettes?
- ◉ If there were one hundred 13 year old students in a room, how many of these children do you think would have smoked cigarettes?
- ◉ If there were one hundred 15 year old students in a room, how many of these children do you think would have smoked cigarettes?
- ◉ If there were one hundred 17 year old students in a room, how many of these children do you think would have smoked cigarettes?

Place students in groups of four. Explain that students are to share their estimations with the other members of their group then agree on a percentage and create a visual representation (eg make a pie or bar graph, use building blocks or matchsticks, make a cut out paper doll chain).

View the representations from each group. Discuss variations in estimations and the possible reasons for these variations (eg often children from families with smokers or those who are already experimental smokers overestimate these percentages).

- Distribute a copy of *Most young people don't smoke* to each group (or show it on the interactive whiteboard) and compare the percentages shown with the estimations of the class. (the graphs represent WA data taken from the 2011 Australian School Students Alcohol and Drug Survey.)

#### Ask

*Were you surprised with the percentage of students who have smoked cigarettes? Why or why not?*

*Why do you think you overestimated (or underestimated) the number of young people who smoke? (Reasons may be that smokers are so noticeable; photographs of smokers often*

*appear in magazines or newspapers; some famous people smoke; children from families where people smoke may perceive that everyone smokes.)*

*How might thinking more (or less) people around your age are smoking, actually influence a young person to smoke? (Recent school-based smoking research indicates that students' perceptions of the proportion of people who smoke (social norms) and the proportion of people they believe expect them to smoke (social expectations) can significantly increase the likelihood that they will smoke.)*

*Why do you think most young people choose not to smoke? (Discuss the health, social, financial and legal reasons ie not legally able to purchase cigarettes.)*

*Do you think knowing that most young people don't smoke will help you make a commitment to stay smoke-free or reduce your smoking? Why? Why not?*

Look at the graph that shows the percentage of 12 to 17 year old students who have never smoked and ask the following question.

*Why do you think there are more students who are choosing not to smoke? (eg adults are smoking less; smoking is less trendy; there are more places where people cannot smoke; there is more social disapproval; kids are getting smarter about smoking)*

- Teach students the *Cigarettes are poison* song.

#### Cigarettes are poison

(Words and music by Janis Cullen and Adele de Marchi)

##### Chorus

Stop right now. Here's the latest news.  
Cigarettes are drugs. They are bad for you.  
Stop right now. Here's the latest news.  
Cigarettes are poison and they can kill you.  
Cigarettes are poison and they can kill you.

##### Verse 1

You don't want smelly hair,  
Stinky, stinky everywhere. Whoa.  
You don't want yellow teeth,  
Yellow fingers people see. Whoa.  
Dizzy head racing heart,  
Don't you ever, ever start. Whoa. **Chorus**

##### Verse 2

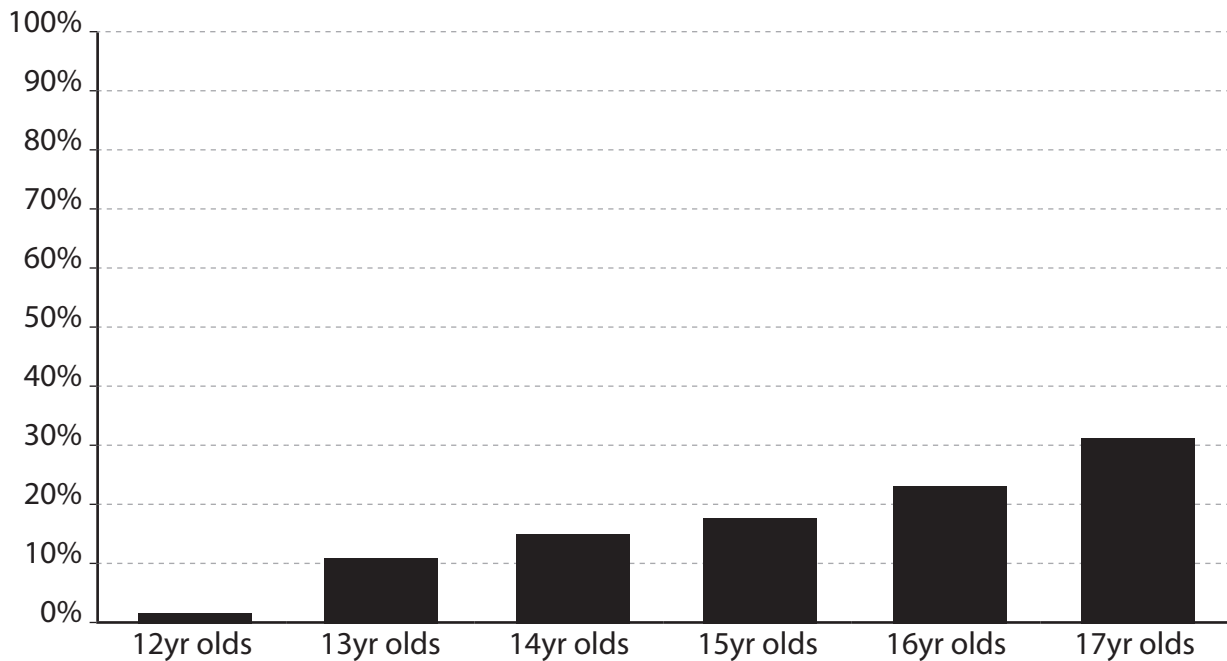
Waste of money costs a lot,  
Better things at the shop. Whoa.  
People choke they're a joke,  
Never ever, ever, ever smoke. Whoa.  
Watery eyes feeling ill,  
Don't you know that smoking kills? Whoa. **Chorus (twice)**

- Send a copy of *Families who want smoke free children* home with students.

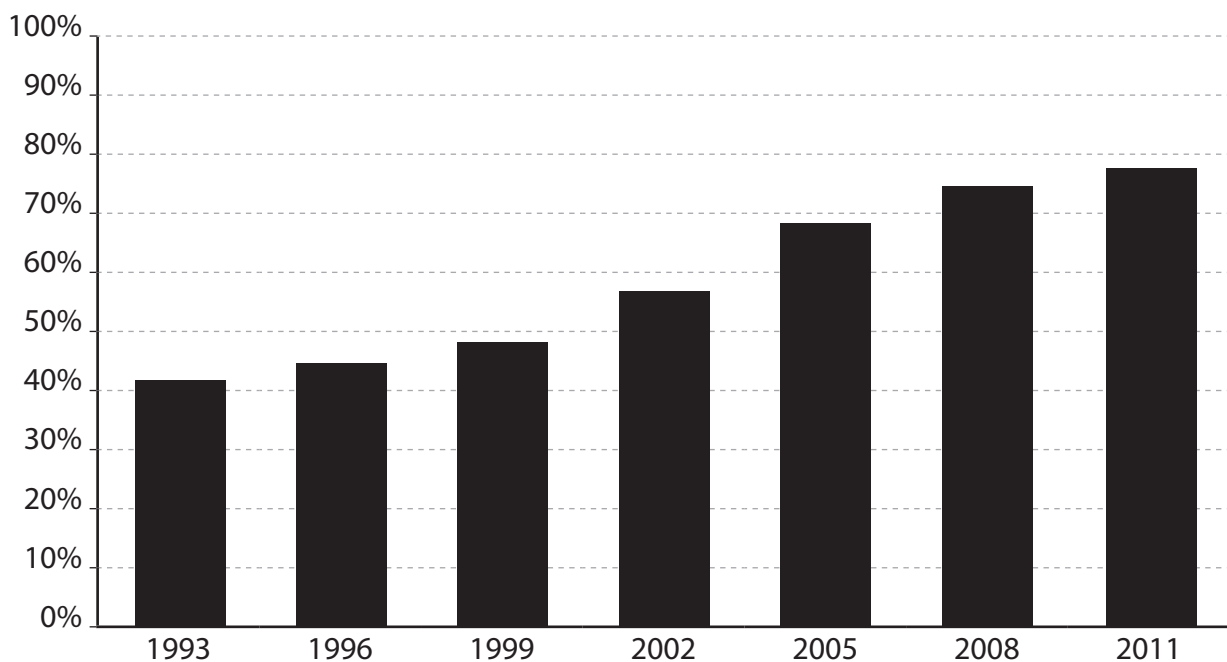


## Most young people don't smoke

**12-17 year old WA students who smoked last year**



**12-17 year old WA students who have never smoked (1993-2011)**



Source: Australian School Students Alcohol and Drug Survey 2011 Western Australian Results: Tobacco, Drug and Alcohol Office.



# Families who want smoke free children

**Did you know that kids who live in houses with people who smoke are more likely to be at risk of asthma, ear infections and Sudden Infant Death Syndrome (SIDS)?**

About 81% of WA adults don't smoke<sup>1</sup>. Less than 1% of WA 12 year old students smoke regularly, however, young people often overestimate this figure and think that smoking is a normal adult behaviour. This figure goes up to 7% for 15 year old students.<sup>2</sup>



In the time it takes you to do this activity (about half an hour) one more Australian will have died from smoking.

Here are some questions that might be useful starting points when you want your child to share their opinion about smoking.

- How do you feel when you see kids your age smoking?
- How do you feel when you see adults smoking?
- Why do you think kids might experiment with smoking?

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

1. Do you encourage your child to think positively?
2. Do you help your child recognise their feelings, others' feelings and calm their feelings if they are negative ones?
3. Do you encourage your child to make their own decisions?
4. Do you encourage your child to manage their own conflicts with friends and solve other small problems themselves?
5. Do you encourage your child to set their own goals and work towards them?
6. Do you talk to your child about the harmful effects of smoking?
7. Do you have a smoke-free house or rules about smoking in your house?
8. Do you make sure you tell your child you don't want them to smoke, even if you smoke yourself?
9. If you smoke, have you explained to your child what you think about smoking or how hard it is to quit?
10. Do you limit your child's access to tobacco products?

For advice or support about smoking or quitting, call the WA Quitline on 131848 or visit [www.quitwa.com](http://www.quitwa.com).



<sup>1</sup> National Drug Strategy Household Survey, 2010

<sup>2</sup> Source: ASSAD: Tobacco Survey 2011 (WA results), Drug and Alcohol Office, WA.

Thank you for playing a vital role in your child's health and drug education.

## ACTIVITY 6



## Monitoring caffeine intake

### Preparation

- ▶ **Activity sheet** *My caffeine use* – photocopy one per student
- ▶ 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

- Students form small groups. Give each group a selection of measuring equipment and a container of instant coffee. Distribute a copy of *My caffeine use* to each student.

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.

- Explain students are to survey the caffeine consumption for the previous day of their group. 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.

Students create a visual representation of their group's caffeine consumption (eg by creating a bar graph, using building blocks or making a paper chain).

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? Why not?*

*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, fresh fruit juices, water, popcorn, dried fruit)*

- Students complete the individual written reflections on the activity sheet.
- Design posters that provide information on products that contain caffeine and the effect 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.
- Send a copy of the *Caffeine and energy drinks* sheet home with each student to discuss with their family. Leave extra copies in the school foyer, library and pick up areas.



# My caffeine use

## Amounts of caffeine in food and drinks

Item	Size/amount	Caffeine content
Tea	150 ml	30-100 mg
Cocoa or hot chocolate	150 ml	30-60 mg
Coffee – instant	150 ml	60-100 mg
Coffee – percolated	150 ml	100-150 mg
Coffee – decaffeinated	150 ml	2-4 mg
Cola drink like Coke	250 ml	40-50 mg
Diet cola drink like Diet Coke	250 ml	40-50 mg
Diet Coke caffeine free	250 ml	2 mg
Chocolate milk drink like Choc Milk	250 ml	2-7 mg
Energy drink like Red Bull	250 ml	80 mg
Dark chocolate bar or energy bar	55 g	50 mg
Milk chocolate bar	55 g	3-20 mg

Think about what you ate and drank yesterday. Write the amount of caffeine you consumed.

Person	Breakfast	Morning tea	Lunch	Afternoon tea	Dinner	Total
Sue	1 cup of choc milk = 7mg	Energy drink = 80mg	Choc milk = 7mg	Viking bar = 50mg	Can Coke = 50mg	194mg
You						
Your group						

How do you feel about the amount of caffeine you have in your diet?

---

Do you think you need to cut back on the amount of caffeine you eat or drink? Why?

---

How will you continue to maintain no caffeine in your diet or cut down on your caffeine use?

---



# Caffeine and energy drinks

Caffeine is a stimulant drug that comes from a range of plants such as tea, coffee, cacao pod (used to make cocoa and chocolate) and guarana (used in energy bars and energy drinks).

## How much caffeine is your family having?

Drink or product	Size or amount	Caffeine content
Tea	150 ml	30-100 mg
Cocoa or hot chocolate	150 ml	30-60 mg
Coffee – instant	150 ml	60-100 mg
Coffee – percolated	150 ml	100-150 mg
Coffee – decaffeinated	150 ml	2-4 mg
Cola drink like Coke	250 ml	40-50 mg
Diet cola drink like Diet Coke	250 ml	40-50 mg
Diet Coke caffeine free	250 ml	2 mg
Chocolate milk drink like Choc Milk	250 ml	2-7 mg
Energy drink like Red Bull	250 ml	80 mg
Dark chocolate bar	55 g	50 mg
Milk chocolate bar	55 g	3-20 mg

## Some things to think about before giving products containing caffeine to your child

- Caffeine can affect a growing brain so food or drink containing high levels of caffeine, such as energy drinks are not recommended for children under 15 years.
- Children who consume high levels of caffeine (eg through energy drinks) may suffer from increased heart rate, excitability, sleep problems, bed-wetting and anxiety.
- Caffeine is a diuretic (makes us produce more urine) and can quickly cause dehydration, which can lead to overheating and dizziness.
- Energy drinks should not be given to young children after heavy exercise.
- Energy and cola drinks also contain high amounts of sugar (about 5 teaspoons per can) and while some energy drinks claim to include natural vitamins and minerals, these are easily obtained from fresh fruit and vegetables.
- You might like to talk to your child about alternatives to foods that contain caffeine (eg muesli bars, carob bars, flavoured milks, juices, water).
- More than 350 mg of caffeine a day for an adult (about 4 energy drinks or 4 cups of coffee) is enough to cause dependence on this drug.
- A person who is dependent on caffeine is likely to suffer withdrawal symptoms (headaches, fatigue, sweating, muscle pain) within 24 hours of their last dose.



Thank you for playing a vital role in your child's health and drug education.

## ACTIVITY 7

### Media and marketing influence attitudes to drugs

#### Preparation

- ▶ **Activity sheet** *Advertising* – photocopy one per student
- ▶ Collection of print advertisements for products containing caffeine, guarana, analgesics, over-the-counter medications, alcohol – one per group

- Laminate and cut each advertisement into jigsaw puzzle pieces.

Hand out one jigsaw puzzle to each group and ask them to assemble the advertisement.

Use the following questions to discuss the advertisements.

#### Ask

*What does influence mean? (eg persuasion, power, ability to make someone do or think something)*

*Who or what do you think influences what you think about medicines, tobacco and caffeine? (eg friends, family, school, religion, internet, media)*

*Who or what do you think influences you to use medicines, tobacco, products containing caffeine such as energy drinks?*

*Who or what do you think influences you to not to use medicines, tobacco, products containing caffeine such as energy drinks?*

*Why do companies put messages on stickers, packaging, flags, clothes, giveaways and other places that can be seen by lots of people? (The messages are used to inform people about the product and persuade them to buy the product.)*

*What do you think the company that made your advertisement is trying to sell?*

*What drug is contained in the product shown in your advertisement?*

- Distribute *Advertising* and explain the terms such as 'target audience', 'role models' and 'persuade'. Show the class how to fill in the sheet using one of the drug advertisements.

Students complete the activity sheet using their advertisement jigsaw.

Students can either listen to other groups' findings or the advertisement jigsaws can be swapped and the process repeated several times.

#### Ask

*What are some common techniques used to try to make people buy the products containing drugs we have looked at today?*

*Who are the main target group for the drug advertisement we have looked at today?*

*Why do you think the advertisers have chosen this target group?*

*Which advertisement do you think would persuade you to buy their product the most? Why?*

*Why do the advertisers not focus on the harms that may result if someone uses these drugs incorrectly or in a harmful way? (They want to encourage consumers to buy them.)*

*What sorts of information do you think people need to know about these drugs before they use them? (Short and long term effects to health; social harms; long term financial costs if you become dependent on this drug; the laws around the purchase of these drugs by children.)*

*Do you think the use of this drug would be reduced if the advertisement was banned in Australia?*

*Does hearing other people's opinions and ideas about these advertisements change your opinion? Why?*

*What sort of courage would you need to not be influenced by this type of advertising?*

Collecting appropriate drug advertisements may form part of a homework task. Advertisements can also be downloaded from the internet.

# Advertising

**What drug is your advertisement trying to sell?**

**Who is the main target audience for this advertisement? Why?**

**What techniques are being used to persuade the reader?** Cartoons? Humour? Emotions?  
Role models? Facts? Bright colours?

**Does your advertisement say anything about the harms of this drug?**



## ACTIVITY 8

### Reasons why young people choose not to smoke

#### Preparation

- ▶ **Activity sheet** *Reasons why young people don't smoke* – photocopy one per student
- ▶ *Most important, least important* signs – one set
- ▶ Coloured sticker dots – one per student
- ▶ A4 paper – one sheet per pair
- ▶ Small box

- Using the **around the table** strategy (refer to page 188) students either talk or write about the following.
  - ⦿ Most people choose not to smoke because ...
  - ⦿ People smoke for many different reasons such as ...
  - ⦿ The effects of smoking that would most likely stop people our age from experimenting with smoking are ...

Discuss the responses listed by students and how they feel about the harmful effects of smoking. If the discussion goes beyond health effects, encourage students to talk about the financial costs and social costs such as being smelly, the inconvenience of having to smoke outside, disapproval from people who don't like the passive effects of tobacco, and impact of smoking on fitness. Another key message is that, while many adults smoke, many of these adults would like to be non-smokers but find it difficult to quit smoking.

- Conduct a **values continuum** (refer to page 200) by placing the 'most important' sign at one end of the line and the 'least important' sign at the other end. Distribute the *Reasons why young people don't smoke* cards to the students. Have students place their cards along the continuum, giving reasons according to how important they think their card is in relation to the following question.
  - ⦿ Why do most young people choose not to smoke cigarettes?

If students identify other reasons that may stop a young person from smoking, write these on the spare cards provided on the activity sheet. The cards may be swapped around and the question re-asked in order to show that different people hold differing attitudes towards smoking.

- Give each student two sticker dots. Ask the class to view the cards placed on the continuum and vote for the two most important reasons why they would not smoke or why they would stop smoking.

#### Ask

*What are the common reasons identified by our class for not smoking?*  
*How could we use these reasons to protect other students from smoking and passive smoking?*  
*What type of courage would you need to have to remember these reasons and not experiment with smoking?*  
*What optimistic thoughts could you have to make you feel good about deciding to stay smoke free?*  
*How does it feel to share your opinions about smoking with others?*  
*Has hearing others' opinions and thoughts about smoking changed how you think about smoking? Why? Why not?*  
*Do you think you will always have the same opinion about smoking? Why?*

- Place students with a partner. Using the reasons not to smoke identified by the class, each pair should choose the one they consider to be 'most important'. A snippet of conversation that addresses this reason and could be used to discourage a friend from taking up smoking should be written by each student. For example:  
**Reason:** Might lose friends.  
**Snippet:** *What do you think Jane and Toby would think of you if you started smoking? I think they would be really disappointed in you, don't you?*

Students then place their snippet of conversation in a box. Choose one snippet from the box and ask for a student volunteer. Use the conversation written on the snippet to try and dissuade the student volunteer from taking up smoking or continuing with their occasional smoking. By modelling the activity the class will have a better understanding of how to run the activity themselves. Let each student choose a snippet from the box and practise dissuading their partner to take up smoking or continue with their occasional smoking. Swap roles and snippets to give students the opportunity to practise responding to smoking situations.

#### Ask

*How effective were the conversations written by your classmates?*  
*Which conversations sounded aggressive (bulldog), submissive (mouse) or assertive (panda)?*  
*What told you that the conversation was aggressive, submissive or assertive?*  
*Which messages used the best dealing with conflict skills?*  
*How did you feel being in each of these roles?*  
*Do you think it would be hard to do this in real life?*  
*What optimistic thoughts could you use to keep encouraging a friend not to experiment with smoking?*  
*What sort of courage would you need to do this?*



## Reasons why young people don't smoke

against school rules	get bad breath	get a bad reputation
might lose friends	affects fitness	costs too much
friends are non-smokers	gives you bad skin	hardly anyone else smokes
long term health effects like cancers	is inconvenient (a hassle)	kills 15,500 Australians each year
might get caught	makes asthma worse	just not interested
looks stupid	stains teeth	parents disapprove
non-smoking TV ads giving good messages	makes your hair and clothes stink	looks uncool



## ACTIVITY 9

### Responding to marketing influences around drugs

#### Preparation

- ▶ **Activity sheet** *Tobacco facts* (refer to page 69)
- ▶ **Activity sheet** *Facts about caffeine* (refer to page 71)
- ▶ A collection of cans, wrappers, bottles, boxes from products that contain caffeine, guarana, tobacco (eg empty cigarette packets, caffeine energy drinks, energy bar wrappers) and a variety of household cleaning agents and packaged foods

- Students form small groups. Give each group either one household cleaning product and an empty cigarette packet or one empty packaged food item and one caffeine energy drink or energy bar wrapper.

Show students where to find information about product content on the packaging. Model how to compare and contrast the content labelling on two products. For example:

- ⦿ The cleaning product lists the active ingredients, has warning signs and symbols, gives first aid information and safety directions. In contrast the cigarette packet only provides the carbon monoxide, nicotine and tar content but has no lists of chemicals, poisons and additives. The cigarettes do have a warning sign but it's very small (eg smoking kills and a small photo).
  - ⦿ The packaged food item has a list of ingredients and nutritional information. The caffeine energy drink/bar also has this same information but also includes caffeine (and sometimes guarana) content. Only some of these energy products include information about not being suitable for children under 15 years and pregnant women.
- Discuss the techniques used by companies to sell products containing drugs (eg bright colours, bold lettering, appeal to emotions, very little information about possible harmful effects).

#### Ask

*What other information, warning signs or symbols need to be included on this packet to tell people how harmful this drug could be?*

*Do you think the labelling of cigarette packets needs to be changed? Why or why not?*

*Why do you think cigarette companies give us very little information about the contents of cigarettes on their packets?*

*Do you think the labelling of energy drinks/bars containing caffeine needs to be changed? Why or why not?*

*Why do you think these companies give us very little information about the harmful effects of caffeine on children?*

- Students use information from *Tobacco facts* (refer to page 69) and *Facts about caffeine* (refer to page 71) to design and construct their own packaging or print advertisement for either their cigarette packet or energy drink/bar including signs and symbols or written information to warn people about the harmful effects of their specific drug.

There are a variety of anti-smoking advertisements in the Watch and Rate section of the OxyGen website ([www.oxygen.org.au](http://www.oxygen.org.au)) that may be useful to show before students design their own packaging or advertisement. Preview first as not all are suitable for primary students.

Discuss finished products and display in the library with other information sheets available through the Drug and Alcohol Office website at <http://www.dao.health.wa.gov.au/>

Ask students to bring in the empty containers listed in the preparation list.

## ACTIVITY 10



### What does this all mean to me?

#### Preparation

- ▶ **Strategy sheet** *Thought shapes* – photocopy one set
- ▶ Computer access

- Set up two concentric circles and use a **circle talk** (refer to page 190) to have students discuss the following questions.

#### Circle talk questions

- ◉ What is a good definition of a drug?
- ◉ What two drugs cause the most harm in our community?
- ◉ Give five reasons why you think most young people choose not to smoke.
- ◉ Why do you think knowing that most kids don't smoke will help you make a commitment to stay smoke-free?
- ◉ What are the three most harmful things in cigarettes?
- ◉ What are some of the effects of tobacco on the body?
- ◉ Name five different foods and drinks that contain caffeine.
- ◉ What are some of the effects of caffeine on the body?
- ◉ What could you do to reduce the amount of caffeine you eat or drink or stay caffeine free?
- ◉ What techniques do advertisers use to try to influence people to buy food and drink containing caffeine?
- ◉ What techniques do advertisers use to try to influence people to buy analgesics and other over-the-counter medicines?

- Use all or some of the **thought shapes** (refer to page 199) to encourage students to stop and reflect on the following.

- △ The most important thing I learnt about caffeine was ...
- △ The most important thing I learnt about smoking or tobacco was ...
- What I enjoyed most about learning about drugs was ...
- ♡ How I feel about being able to take control of the amount of caffeine I eat or drink is ...
- The thoughts still going around in my head about smoking/caffeine/ how the media influences us to buy drugs are ...

- Students write a letter on the computer to their family telling them what they know about tobacco or caffeine and reasons why they would not smoke or how they can reduce their caffeine intake. Suggest that the letter includes questions that require their family to provide their opinion on tobacco, smoking or caffeine.

