

FOCUS AREA 2

# Drug Education



## INTRODUCTION

This focus area provides the explicit teaching of content and skills related to medicines, tobacco and passive smoking, caffeine and alcohol for Year 5 students. It focuses on:

- normative education for analgesics, tobacco, alcohol and cannabis
- the substances in a cigarette
- the impact of the chemicals and poisons found in cigarettes on our body and health in the short-term and the long-term
- utility knowledge about alcohol such as types of alcohol and effects on the body
- the positive and negative impact of influences to smoke and not to smoke, and to use alcohol or not use alcohol
- laws and guidelines associated with tobacco and alcohol in WA and at school.

### Key understandings

- A drug is any substance (except food and water) which, when taken into the body, changes the way the mind and body works.
- A psychoactive drug is one that affects the Central Nervous System and alters the user's mood, thinking or behaviour.
- Different parts of the body are affected by tobacco and alcohol.
- Passive smoke is more dangerous for young children than adults and can cause bad chest infections, slower lung growth, more asthma attacks, and irritation to eyes, ears and throats in young children who are exposed to it.
- Most young people aged 12 to 15 years in Western Australia do not smoke or use alcohol.
- Most people who use alcohol do so sensibly and safely.
- There is no safe use of tobacco.
- Tobacco is the drug that causes the most preventable diseases and deaths in our community.
- There are a range of motivations for people to choose to remain smoke free or smoke, and drink alcohol or not drink alcohol.
- Peers, family, tobacco and alcohol control, and media can influence both positively and negatively, a person's decision to smoke or use alcohol.
- Influences to smoke and use alcohol are affected by external pressures (eg peers, family, media) and internal pressure (ie the pressure we put on ourselves to behave in certain ways).
- There are a range of laws in Western Australia that aim to protect people from tobacco and alcohol-related harms.

### Key skills to practise

- Appreciate that others may have different opinions and values about smoking and using alcohol.
- Share opinions about analgesics, smoking and alcohol use.
- Identify and respond to illegal situations around smoking and alcohol use.
- Make decisions in smoking and alcohol related situations.
- Use helpful thinking to respond to internal influences to smoke and use alcohol.
- 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.
- Work effectively in a group to complete a task or goal.
- Appreciate that others may have different opinions about tobacco and alcohol use.

## 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

| Activity  |   | page |
|---|---|------|
| <b>TUNING IN</b>  |   |      |
| 1 Student drug use – let's get the facts  |                   | 65   |
| <b>FINDING OUT</b>  |   |      |
| 2 What's in a cigarette? The effects of smoking on the body   |       | 68   |
| 3 Simulated health effects of smoking   |                   | 74   |
| 4 Factors that may influence young people to smoke  |                   | 76   |
| 5 Tobacco and the law   |       | 79   |
| 6 Finding out about alcohol   |        | 81   |
| 7 Reasons people choose to drink or not to drink alcohol  |       | 84   |
| 8 Alcohol and the law   |             | 86   |
| <b>SORTING OUT</b>  |   |      |
| 9 Responding to influences to use drugs   |       | 90   |
| 10 A practical look at tobacco and alcohol laws and guidelines  |       | 93   |
| <b>REFLECTING</b>   |   |      |
| 11 Telling others about tobacco and alcohol   |        | 96   |
| <b>Key</b><br> Literacy<br> Numeracy<br> Information and communication technology (ICT) capability<br> Critical and creative thinking<br> Ethical understanding<br> Personal and social capability<br> Intercultural understanding |   |      |

## TEACHER NOTES

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

#### What are analgesics?

'Analgesics' refer to depressant substances that are used to relieve minor pain. Analgesics are often called pain relievers or painkillers as 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>
- Teaching 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

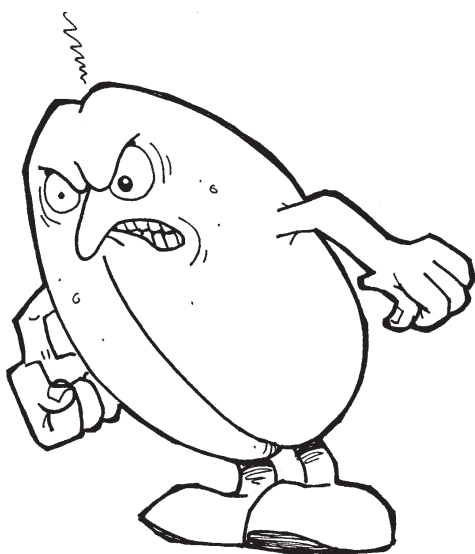
- Sometimes analgesics will be the best form of short term treatment of pain however students should be encouraged to use analgesics after they have tried alternatives to pain relief.
- Stress that a good way to prevent pain is to maintain a balanced diet, be active every day, participate in healthy 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.
- It is important to engage parents in these activities as it is unrealistic to expect children to protect themselves fully from the misuse of these drugs.

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

## Caffeine

### What is 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 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 years are not current smokers<sup>2</sup> and 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>2</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.



### 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>4</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 amongst Aboriginal and Torres Strait Islander people.<sup>4</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.
- More than a third (36%) of 12-17 year old WA students in 2011 reported living with people who smoke.<sup>5</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.

2 Australian School Students Alcohol and Drug Survey: Tobacco Report 2011, WA Results, Drug and Alcohol Office, 2011  
3 National Drug Strategy Household Survey, 2010

4 Begg, 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)  
5 Australian School Student Alcohol and Drug (ASSAD) Survey: Tobacco Report 2011 – Western Australian Results, Drug and Alcohol Office, 2011



- 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.

- 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>6</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>7</sup>

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 central nervous system, slowing the user's reaction time and coordination and is thus classified as a depressant.

7 *National Tobacco Strategy 2004-2009*, Ministerial Council on Drug Strategy, 2004



### Prevalence of alcohol use

- Alcohol is the most widely used legal drug in Australia after analgesics and caffeine, with 92% of adult Western Australians reported to have used it at some time to relax, celebrate, or enjoy themselves.<sup>8</sup>
- Alcohol is the most commonly used legal drug by 12-17 year old WA students with parents being the number one source of obtaining alcohol.<sup>9</sup>
- In 2011, 42% of 12 year old WA students had never consumed alcohol, but only 6% of 17 year olds reported not drinking in their lifetime.<sup>9</sup>
- 18% of 12-17 year olds drank alcohol in the last week with more than one third of those students drinking at risky levels for alcohol-related harm. Of those students who drank in the last week, less than one in ten (8%) 12 year olds but almost half (49%) of 17 year olds did so at levels placing them at risk. The prevalence of risky drinking increases with age.<sup>9</sup>
- Young people often 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.<sup>10</sup>
- Eighty-five per cent of 12 year old students perceive getting very drunk regularly as dangerous while this attitude changes with age, with only 60% of 17 year olds perceiving regular intoxication as dangerous<sup>9</sup>. Alcohol education in the primary years needs to promote negative attitudes towards regular intoxication.

### Death, disease and other costs

- Alcohol use is second only to tobacco as the leading preventable cause of death and 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' the brain is growing and forming all the critical parts it needs for learning, memory, and planning.<sup>11</sup>
- Alcohol has the potential to disrupt this crucial window of development leading to learning difficulties, memory impairment and emotional problems like depression and anxiety.<sup>12</sup>
- 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 almost \$11 billion a year in terms of healthcare, road accidents, labour in the workforce, crime and resources used in prevention and treatment.<sup>13</sup>

### 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 especially important.

8 National Drug Strategy Household Survey, 2010

9 Australian School Student Alcohol and Drug (ASSAD) Survey: Alcohol Report 2011 – Western Australian Results, Drug and Alcohol Office, 2011.

10 McBride, N. *Systematic literature review of school drug education*, NDRI Monograph, series 5, 2002.

11 Squeglia, L., Jacobus, J., and Tapert, S. (2009). *The influence of substance use on adolescent brain development*, Clinical EEG Neuroscience, 40(i), 31-38.

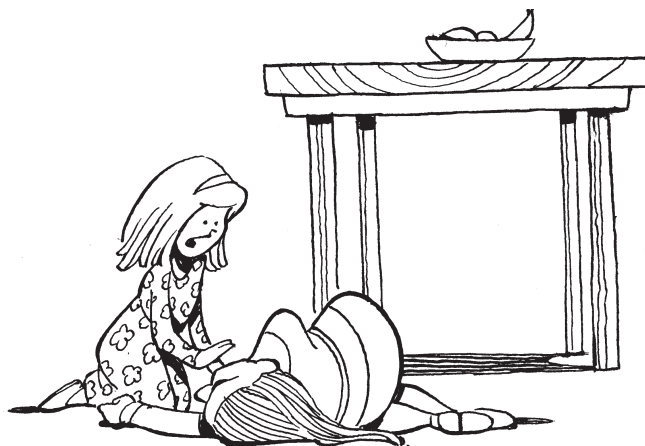
12 Hayes, L., Smart, D., Toumbourou, J. W. and Sanson, A. (2004). *Parenting influences on adolescent alcohol use*, report prepared by the Australian Institute of Family Studies for the Australian Government Department of Health and Aging, Canberra.

13 Collins, D. and Lapsley, H. (2008). *The costs of tobacco, alcohol and illicit drug abuse to Australian society in 2004-05*. National Drug Strategy monograph series no.66. Canberra: Australian Government Department of Health and Ageing.

- **Guideline 4:** For women who are pregnant or planning a pregnancy, not drinking is the safest option. For women who are breastfeed not drinking is the safest option.

#### How alcohol education is taught is important

- Middle childhood 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. Of those 13 year old students who drank in the last week (10%), 15% drank at risky levels for alcohol-related harm. The prevalence of risky drinking increased for 14 year olds who drank in the last week to (14%) over one quarter.<sup>9</sup>
- It is important to stress to students that most primary school aged students do not use alcohol and that most adults use alcohol sensibly and safely.
- Help students to develop negative attitudes towards harmful alcohol use or binge drinking.
- 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.
- Prevent students from failing academically and becoming alienated from school.
- 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; tobacco and alcohol.
  - ◉ 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 complimented 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.<sup>14</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)
- AlcoholThinkAgain  
[www.alcoholthinkagain.com.au](http://www.alcoholthinkagain.com.au)
- Life Education  
[www.lifeeducation.org.au](http://www.lifeeducation.org.au)
- National Health and Medical Research Council  
[www.nhmrc.gov.au](http://www.nhmrc.gov.au)

<sup>14</sup> *National Tobacco Strategy 2004-2009*, Ministerial Council on Drug Strategy, 2004.

## ACTIVITY 1

### Student drug use – let's get the facts

#### Preparation

- ▶ **Activity sheet** *Drug use statistics* – photocopy one per group and cut cards out
- ▶ A4 paper – one sheet per group
- ▶ Empty tissue box labelled 'question box'
- ▶ Calculator – one per group (optional)
- ▶ Computer access
- ▶ Cards or small note paper – one per student

- Explain that a drug is any substance (except food and water) which, when taken into the body, changes the way the mind and body works. Encourage students to suggest a range of legal and illegal drugs. If students offer street names for drugs (eg dope for cannabis, grog for alcohol) accept these and clarify using the correct drug name.

Explain drugs that affect the user's Central Nervous System and alter their mood or thinking or behaviour are called psychoactive drugs. Examples of these drugs include caffeine, analgesics, tobacco, alcohol and cannabis.

Stress that it is important for students to have their own opinions and values around drug use so they can make their own choices and not be influenced by others.

- Have students find a partner. Explain that one student in the pair must share their views on a question with their partner. The partner must listen without interrupting then repeat back the answer they have just heard. The student who shared should correct any misunderstandings. Students then swap roles. Repeat this process until all questions have been answered.

#### Ask

*What are some of the alternatives you could try to relieve a headache?*

*How do you feel when you see a 12 year old smoking?*

*How do you feel when you see an adult smoking?*

*Why do you think most young people don't smoke?*

*What do you think about adults getting drunk?*

*Why do you think many young people do not drink alcohol?*

*What is the one thing that would put you off experimenting with smoking?*

*What is the one thing that would put you off experimenting with drinking alcohol?*

- Form groups of four by placing two pairs of students together. Have students share the things they agreed on and the things they disagreed on.
- Explain that the class will be sharing some statistics about students drug use taken from the Australian School Students Alcohol and Drug Survey (ASSAD 2011) which is conducted around Australia every three years with 12-17 year old students.
- Students form groups of five. Give each student one of the cards from the *Drug use statistics* sheet. Tell students to not share the card information with their group.

Explain that students are to take turns to read out the question on their cards. The rest of the group is to each guess the answer. All guesses are to be recorded in a table labelled as shown. If the class are not familiar with percentages, suggest they estimate how many students out of 100 would have been involved in the use of the drug.

|                          | 12-15 year olds who have used analgesics in the last week | 12-15 year olds who have smoked in the last week | 12-15 year olds who have used alcohol in the last week | 12-15 year olds who have used alcohol at 'at risk' levels in the last week | 12-15 year olds who have used cannabis in the last week |
|--------------------------|---|--|--|--|---|
| Tom                      | 50%   |  |  |  |   |
| Tessa                    | 50%   |  |  |  |   |
| Tory                     | 60%   |  |  |  |   |
| Tyson                    | 50%   |  |  |  |   |
| Tran                     | 40%   |  |  |  |   |
| Group average percentage | 50%   |  |  |  |   |
| Actual WA percentage     | 70%   |  |  |  |   |

- After guessing the percentage for each category, students calculate the group average percentage. The student holding the relevant card for each category reveals the actual percentage which is then to be recorded on the table.

## Ask

*Were you surprised with the official statistics? Why? Why not?*

*Why do you think you overestimated (underestimated) the number of 12 to 15 year olds who were using each drug?*

*What effect may this have on how you feel about this drug or how you behave around this drug? (Students often overestimate the number of people who use drugs. This 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. Delaying the age of experimentation of drug use decreases the likelihood of later problematic drug use.)*

*How might thinking more people around your age are drinking alcohol actually influence a young person to drink? (Those young people who perceive drinking norms to be higher than they are, are more likely to experiment or be regular alcohol users.)*

*Do you think the level of 'at risk' drinking increases with age? (Yes. Of those 16-17 year olds who drank in the last week, 46% drank at risky levels of alcohol-related harm. Research shows that 12 year old students perceive 'at-risk' drinking to be dangerous while this perception of danger decreases with age.)*

*Why do you think the smoking rate of all age groups has reduced drastically over the last 60 years? (eg effective public health campaigns; less tobacco advertising; more education about the effects of smoking in schools; more laws that help encourage less use; cost of cigarettes increased)*

- Students create a graph that compares their estimates with their groups' average (or class) estimates and the actual statistics either on a computer program or by hand.
- Have students write any questions they have about analgesics, tobacco or alcohol on a card or piece of paper. The questions should be 'posted' in the prepared questions box. Remind students that the questions will remain anonymous so they can feel comfortable to ask anything about drugs that they want to know. Encourage students to add further questions as they arise during this focus area.





## Drug use statistics

### ANALGESICS

What percentage of 12-15 year students have used analgesics in the last week?

Answer: 70%

From 2011 Australian School Students Alcohol and Drug Survey: Illicit drug report, WA

### TOBACCO

What percentage of 12-15 year students have smoked in the last week?

Answer: 6%

From 2011 Australian School Students Alcohol and Drug Survey: Tobacco report, WA

### ALCOHOL

What percentage of 12-15 year students have used alcohol in the last week?

Answer: 17.5%

From 2011 Australian School Students Alcohol and Drug Survey: Alcohol report, WA

### 'AT RISK' USE OF ALCOHOL

What percentage of 12-15 year students who drank in the last week, drank at risky levels?

Answer: 27%

From 2011 Australian School Students Alcohol and Drug Survey: Alcohol report, WA

### CANNABIS

What percentage of 12-15 year students have used cannabis in the last week?

Answer: 5%

From 2011 Australian School Students Alcohol and Drug Survey (WA results)



## ACTIVITY 2

### What's in a cigarette? The effects of smoking on the body

#### Preparation

- ▶ **Activity sheet** *Poison in a stick* – A3 photocopy or show on an interactive whiteboard
- ▶ **Activity sheet** *Effects of smoking on the body* – photocopy one per student
- ▶ Red and blue pens – class set
- ▶ **Activity sheet** *Body parts* – photocopy enough for one card per group
- ▶ Cigarettes and loose tobacco – one per group

- Place students in groups. Give each group a cigarette to pull apart. Ask students to smell their hands and then record the answers to the following questions.

#### Ask

*What do you think are the ingredients used to make a cigarette?*

*What other items might be used to make a cigarette?*

*What gives a cigarette its smell? (eg the cocktail of chemicals and poisons)*

*What do you think makes people addicted to cigarette smoking? (The drug called nicotine.)*

Explain that cigarettes contain over 4000 chemicals and poisons. Many of these are found in common household products that people would not normally eat or drink, and include mothballs, paint stripper, ammonia-based cleaning products and cigarette lighter fuel.

Display a copy of *Poison in a stick* or the poster, *What's in a Cigarette?* Discuss the ethics of including these chemicals and poisons in cigarettes and why they are not listed on the side of a cigarette packet.

Explain that passive smoke or 'second-hand smoke' carries many chemicals in greater concentrations than in mainstream smoke eg ammonia, benzene, carbon monoxide and nicotine.

- Explain that many things can have short-term and long-term effects on our health. For example, short-term effects are more immediate and tend to go away once the cigarette is removed, whereas long-term effects occur over a greater period of time with continual exposure and are usually permanent. Listen to some responses. Ask students to define the short-term and long-term effects of active and passive smoking.

- Give each student a copy of *Effects of smoking on the body*. Ask each student to mark the parts of the body that are affected by smoking and write a brief explanation of what happens to the body using red pen.

Divide the class into nine groups. Give each group a 'body card' from the *Body parts* sheet and explain that they are medical experts on the particular body part described on their card.

Have each group study the information provided and work out an interesting way to present this information to the rest of the class. Remind each group that they will need to present the information clearly so that the other groups, who know nothing about each other's topics, understand:

- ⊙ where the body part is and what it does to keep a person healthy; and
- ⊙ how smoking affects this part of the body.

Students listen to each group present their information and record these findings in blue pen on their *Effects of smoking on the body* sheet.

#### Ask

*Which parts of the body did you already know were affected by tobacco?*

*Did you learn anything new about these parts of the body?*

*Were there some parts of the body affected by tobacco that you didn't consider?*

*Does this activity make you not want to smoke in the future? Why?*

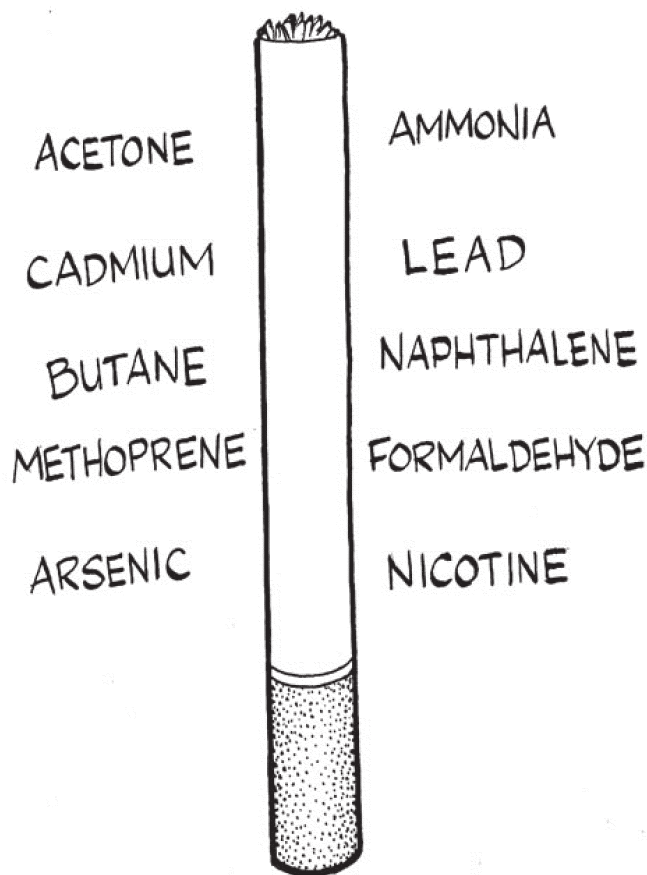
*What would you say to a friend who wanted to experiment with smoking now that you know what it does to your body?*

*What's in a Cigarette? and The effects of smoking on the body* posters can be ordered at <http://www.smarterthansmoking.org.au/>. Higher literacy students may enjoy the Interactive Biopsy on the [OxyGen.org.au](http://OxyGen.org.au) website under 'Fun'.



## Poison in a stick

The following chemicals and poisons can be found in cigarettes or are used to make cigarettes.

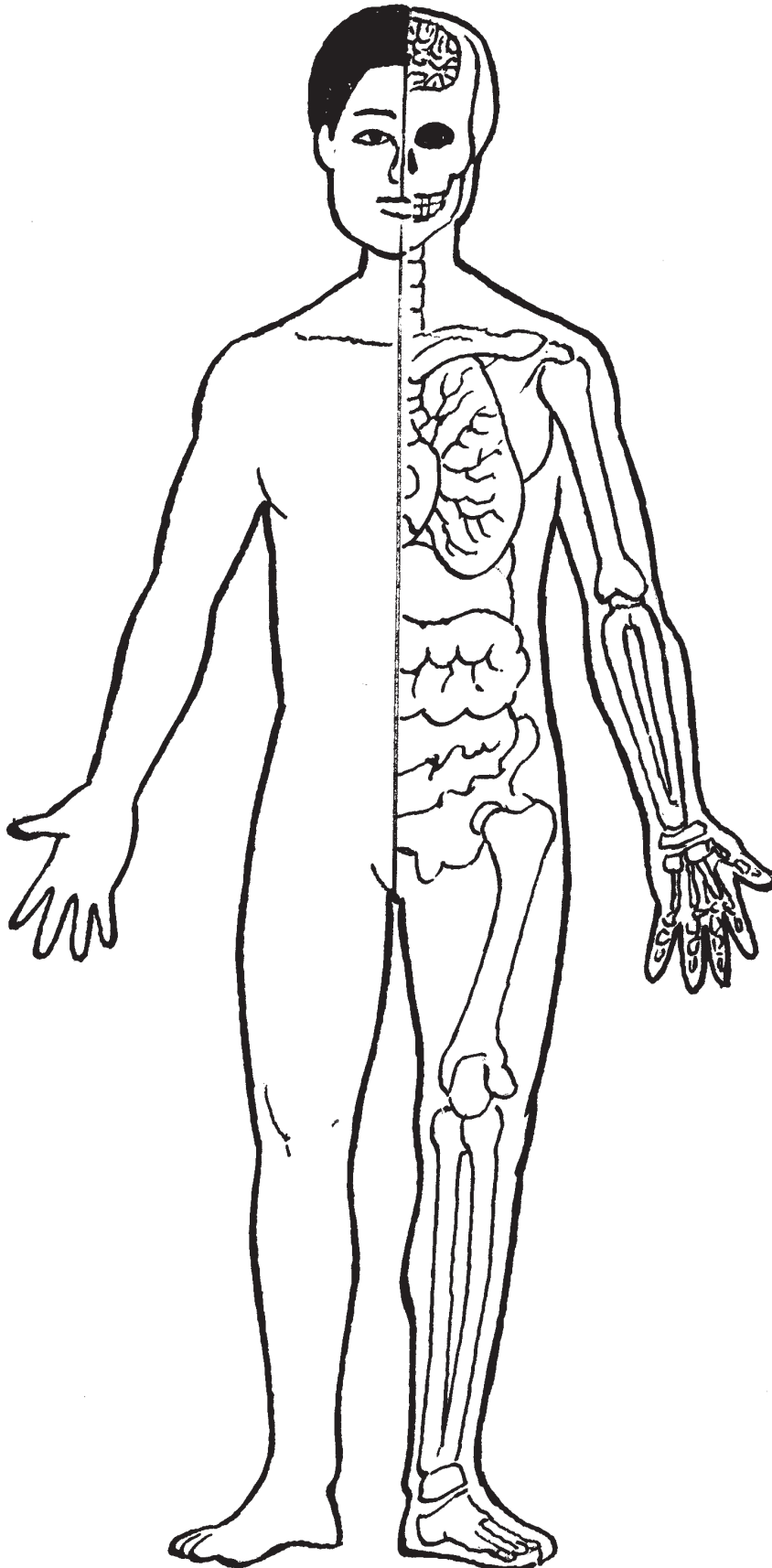


| CHEMICAL OR POISON | ALSO USED IN...                     |
|--------------------|-------------------------------------|
| acetone            | paint stripper, nail polish remover |
| ammonia            | window, floor or toilet cleaner     |
| cadmium, lead      | batteries                           |
| butane             | lighter fluid                       |
| naphthalene        | moth balls, toilet deodoriser       |
| methoprene         | flea, ant or cockroach killer       |
| formaldehyde       | preserving dead bodies              |
| arsenic            | white ant poison, rat poison        |
| nicotine           | pesticide                           |

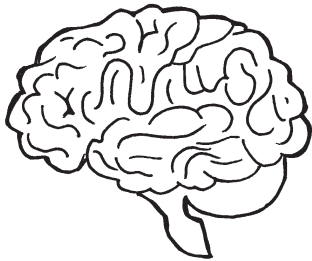


## Effects of smoking on the body

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## Body parts



### What your brain does

*Your brain controls thinking, seeing, hearing, moving and controls how all the organs in your body work.*

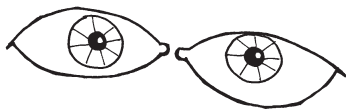


### The short term effects of smoking cigarettes on the brain

Chemicals from the cigarette reach your brain within seconds and give you a 'buzz'. These chemicals can make you more nervous and jumpy.

### The long term effects of smoking cigarettes on the brain

The brain becomes addicted to nicotine the longer people smoke. Smoking increases the chance of having a stroke which stops parts of the brain from working.



### What your eyes do

*Your eyes let you see what is happening around you.*

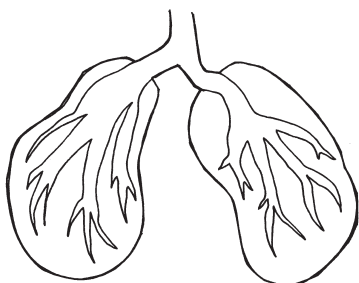


### The short term effects of smoking cigarettes on the eyes

Cigarette smoke irritates your eyes and makes them sting.

### The long term effects of smoking cigarettes on the eyes

Smokers are more likely to go blind due to cataracts in later life. Cataracts are when the lens in the eye becomes cloudy and won't let light in.



### What your lungs do

*Your lungs allow you to breathe in oxygen from the air.*



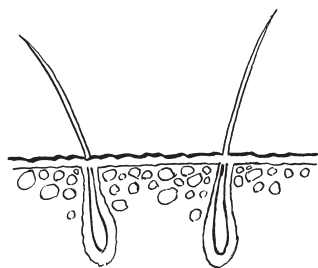
### The short term effects of smoking cigarettes on the lungs

The chemicals in cigarettes enter your body through your lungs. As soon as you take a puff your breathing starts to speed up. Smokers cough a lot to get rid of the chemicals from the smoke they breathe in. Smoking makes asthma worse and also reduces your fitness.

### The long term effects of smoking cigarettes on the lungs

Smoking damages the tissue in your lungs. Smoke paralyses the hairs that clean gunk out of your lungs which is why smokers cough so much. Many smokers die from diseases where it's hard to breathe like bronchitis and lung cancer.

# Body parts



## What your skin does

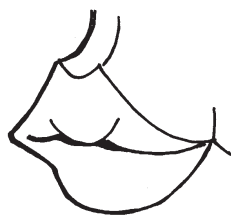
*Skin is the outer protective layer you have all over your body. It stops disease entering your body.*

### The short term effects of smoking cigarettes on the skin

When you smoke a cigarette the blood vessels near the surface of the skin get smaller and make your fingers and toes very cold. Nicotene also stains your skin.

### The long term effects of smoking cigarettes on the skin

If smokers cut their skin it can take longer to heal than non-smokers because the blood doesn't circulate properly. A smoker's skin gets very wrinkly after about 10 years.



## What your mouth does

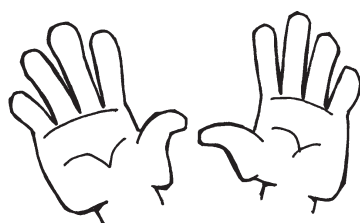
*You eat, drink and taste food with your mouth.*

### The short term effects of smoking cigarettes on the mouth

Smoking causes your breath to smell of cigarettes, stains your teeth, and means you can't taste food as well as non-smokers.

### The long term effects of smoking cigarettes on the mouth

Smokers have a greater chance of getting gum infections and some smokers get cancer of the lips, mouth or throat.



## What your limbs do

*Your arms, hands, legs and feet allow you to move, hold and throw things.*

### The short term effects of smoking cigarettes on the limbs

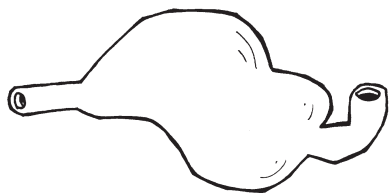
Smokers often get shaky hands if they haven't had a cigarette for a while. Smoking means the blood supply around the limbs is not as good. This makes smokers' fingers and toes cold.

### The long term effects of smoking cigarettes on the limbs

Smokers' toes, fingers, or even their arms and legs can begin to rot or get gangrene. Smokers may have to have the affected part of the body cut off to stop the infection reaching the rest of the body and killing them.



# Body parts



## What your stomach does

*Your stomach gets the energy and chemicals you need to grow from the food you eat.*

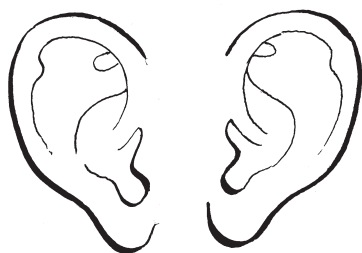


## The short term effects of smoking cigarettes on the stomach

Smokers are more likely to get painful stomach ulcers than non-smokers.

## The long term effects of smoking cigarettes on the stomach

Smokers are more likely to get cancer of the stomach.



## What your ears do

*You hear sounds with your ears.*

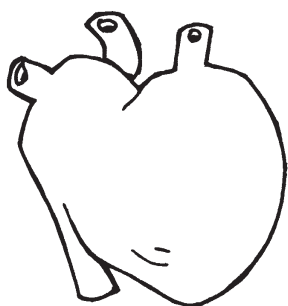


## The short term effects of smoking cigarettes on the ears

Cigarette smoke is a cause of glue ear (that is an ear problem children get). Glue ear stops children from hearing properly.

## The long term effects of smoking cigarettes on the ears

Glue ear can cause deafness and learning difficulties in children. Smoking also increases the risk of deafness in older people.



## What your heart does

*Your heart pumps blood around your body. If your heart completely stops beating or pumping blood, you will die.*



## The short term effects of smoking cigarettes on the heart

The chemicals in cigarettes make the blood vessels in your heart smaller so the heart has to beat faster.

## The long term effects of smoking cigarettes on the heart

Smoking and being exposed to second-hand smoke increases the chance of heart attacks.

Heart attacks are caused when the blood vessels in the heart get blocked.

## ACTIVITY 3

### Simulated health effects of smoking

#### Preparation

- ▶ One cigarette
- ▶ Large plastic cool drink bottle
- ▶ Cotton wool
- ▶ Masking tape
- ▶ **Activity sheet** *Smoking affects your fitness* – photocopy one per student
- ▶ Two straws per student
- ▶ Stopwatch

- Explain that tobacco smoke enters the body through the lungs and that the chemicals in cigarettes affect the lungs. In the short term, as soon as a person takes a puff of a cigarette, their breathing starts to speed up. To get rid of the chemicals from the smoke that smokers breathe in, they need to cough a lot.

Stress that in the long term, smoking:

- ◉ makes asthma worse
- ◉ reduces fitness
- ◉ damages the tissue in the lungs
- ◉ paralyses the hairs that clean phlegm out of the lungs. That's why smokers cough so much.
- ◉ causes many diseases that make it hard for a smoker to breathe such as bronchitis, emphysema and lung cancer.
- Take the class to a well-ventilated area. Explain that the experiment will demonstrate the impact of tar on the lungs. Make a small hole the size of a cigarette near the top of a large cool drink bottle. Place a handful of cotton wool in the neck of the bottle then tape the cigarette, filter first, into the hole. Tighten the cap on the bottle. Explain that the cotton wool represents a smoker's lungs. Ask the class to predict what effect the smoke from the cigarette will have on the clean cotton wool.

Light the cigarette and squeeze the bottle in and out to replicate the inhaling action of a smoker. The cotton wool should turn yellow/brown with tar (as do a smoker's teeth, fingers and lungs) and the bottle should fill with smoke (as do the lungs and mouth of a smoker). Use the following questions to discuss the experiment.

#### Ask

*What effect would tar have on the lungs of someone who:*

- ◉ *smoked occasionally?* (eg the lining of the lungs would slowly be destroyed, leaving this area open to cancer producing substances and exposed to infections)
- ◉ *smoked regularly?* (eg same process as for an occasional smoker however it would occur more quickly)
- ◉ *was exposed to passive smoke regularly?* (eg similar effects to the lungs of someone who smokes, though damage would depend on level of exposure to smoke)

*Can just one cigarette cause damage to a person's lungs? (Yes. Just one cigarette can put extra pressure on both the lungs and heart. There is no safe use of tobacco.)*

- To demonstrate the effect of smoking on fitness, explain one of the immediate effects of smoking is less oxygen available to the blood and hence a reduction in physical performance.

Distribute copies of *Smoking affects your fitness*. Ask students to predict the effects on their breathing and body after:

- ◉ two minutes of resting
- ◉ two minutes of stair climbing
- ◉ two minutes of stair climbing whilst breathing through a straw in their mouth (which simulates the effects an occasional smoker may experience)
- ◉ two minutes of stair climbing whilst breathing through two straws joined together in their mouth (which simulates the effects a regular smoker may experience).

The students' predictions should be written on the activity sheet.

Conduct the experiment. Warn those students who have experimented with smoking, or those who find that exercise triggers an asthma attack, they have the option to stop during this activity.

Students should record their findings against their predictions then complete the group and individual reflections on the activity sheet.

# Smoking affects your fitness

Predict what will happen to your breathing and how you will feel during the smoking simulation experiment.

**My prediction:**

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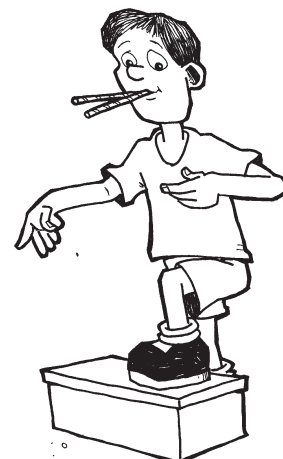
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| Results  | My breathing was...<br>(eg easy/hard,<br>quick/slow) | I felt... (eg increased<br>heart rate, sweating,<br>muscle ache) |
|--|--|--|
| When I was resting.  |  |  |
| After exercise with no straw.  |  |  |
| After exercise with one straw in mouth (to simulate the effect an occasional smoker may feel).     |  |  |
| After exercise with two straws joined together (to simulate the effect a regular smoker may feel). |  |  |

## Reflection (in a group)

- Did your results match your predictions? Why?
- What has this experiment shown you about the effects of smoking on breathing and fitness?
- Explain what smoking does to the respiratory system of someone who smokes.
- Why do some people feel these negative effects but find it difficult to stop smoking?

## Reflection (by yourself)

- If you are smoke-free, what do you think you could remember about this experiment that would help you stay smoke-free for years to come?
- If you have experimented with smoking, how do you think you could reduce the chances of becoming dependent on smoking?

## ACTIVITY 4

### Factors that may influence young people to smoke

#### Preparation

- ▶ Eight large sheets of paper
- ▶ Blu tak or drawing pins
- ▶ **Family information sheet** *Helping your child be a non-smoker* – photocopy one per student

- Label the **graffiti** sheets (refer to page 195) with the following headings and display the sheets around the room.

#### Graffiti headings

- ⊙ Positive things my friends have influenced me to do.
- ⊙ Negative things my friends have influenced me to do.
- ⊙ Positive things my brother/sister has influenced me to do.
- ⊙ Negative things my brother/sister has influenced me to do.
- ⊙ Positive things my Mum/Dad has influenced me to do.
- ⊙ Negative things my Mum/Dad has influenced me to do.
- ⊙ Things I have seen in the media that have influenced me to do something positive.
- ⊙ Things I have seen in the media that have influenced me to do something negative.

Read the statements on each graffiti sheet and give an example for each to ensure that students understand the task. Explain that students are to walk around the room and write responses on each sheet. Tell students to place a tick next to a comment if it was something that they would have written if they were the first to respond to the sheet. Allow time for students to write on each sheet.

Place students in groups to review and tally the responses. Use the following questions to discuss the findings.

Remind students of the 'no name' rule when sharing experiences on the graffiti sheets.

#### Ask

*What were the most common influences on each sheet? (eg as identified by the number of ticks)*  
*What does it feel like to be influenced in a negative way to do something?*  
*What does it feel like to be influenced in a positive way to do something?*  
*Which influences are easier to handle, positive ones or negative ones. Why?*  
*How can you avoid some of the negative influences? (eg using helpful thinking; having an optimistic outlook; choosing different friends; gaining some knowledge or skills; being assertive)*

- Explain that 'influence' or 'pressure' can be both positive and negative. For example, your friends can influence you to smoke and also not to smoke.

Explain that pressure can be 'external' (eg when friends, family or people in the media do or say things to persuade us to do something they want) or 'internal' (eg when we put pressure on ourselves to behave in a certain way, perhaps to please or be like friends, family or people in the media).

Ask groups to re-examine their graffiti sheets and decide whether the influence in each situation is external (things other people say or do) or internal (thoughts that put pressure on ourselves). Remind students that different attitudes may result in conflicting answers within the groups.

- With a partner, students write ideas for the following categories:
  - ⊙ Things their friends may say or do that might influence them not to smoke.
  - ⊙ Things their friends may say or do that might influence them to smoke.
  - ⊙ Things their parents may say or do that might influence them not to smoke.
  - ⊙ Things their parents may say or do that might influence them to smoke.

Discuss the lists students have generated.



- With their partner, ask students to make a list of 'helpful thoughts' they could say to themselves that might stop them from experimenting with smoking, if they were around people who were smoking.

Pairs then make a list of 'unhelpful thoughts' they might say to themselves that might encourage them to experiment with smoking, if they were around people who were smoking.

Have students decide which of these influences would most likely persuade young people not to smoke.

#### Ask

*Which three things (ie things someone said or did or things you thought) would most likely stop you experimenting with smoking?*

*Which three things (ie things someone said or did or things you thought) would you find most difficult to manage?*

*How do you think you could manage these things?*

- **Brainstorm** (refer to page 193) reasons why young people may experiment with cigarettes. For example:
  - ◉ curiosity
  - ◉ to appear cool
  - ◉ to appear rebellious
  - ◉ to appear sociable
  - ◉ to calm nerves or cope with stress
  - ◉ to challenge their parents
  - ◉ they think their friends might be thinking they should try smoking
  - ◉ they are often in situations where people are smoking
  - ◉ their friends ask them to try
  - ◉ their parents or family members smoke
  - ◉ they think their parents won't mind
  - ◉ they think there is no risk in trying
  - ◉ they think that addiction won't happen to them
  - ◉ because cigarettes are often just lying around their house.

Be aware some students may already have experimented with cigarettes. Many young people underestimate how quickly they will become addicted to cigarettes and see their smoking as a short-term activity. Some young people, because of their circumstances, have more influences upon them to smoke than others.

#### Ask

*What other ways could someone appear cool, rebellious, sociable or calm their nerves without smoking?*

*What would be the three influences that would encourage someone your age to experiment with smoking?*

*What could you do to avoid these influences?*

- Send a copy of *Helping your child be a non-smoker* home with each student to share with their family.

View anti-smoking commercials from Critics Choice at <http://www.oxygen.org.au/criticschoice/>. Discuss the elements being used by advertisement producers to influence people not to smoke or to stop smoking (eg fear, music, graphics, role models, humour, focus on health effects).





# Helping your child be a non-smoker

## About 81% of Western Australian adults DO NOT smoke cigarettes.<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 in Western Australia.<sup>1</sup>

The good news is the longer your child delays trying smoking, the more likely it is they will remain smoke-free and healthy.

### You are a powerful influence on your child's decision to smoke

Young people's attitudes to smoking can be influenced both positively and negatively by friends, family, the media, and laws about smoking.

#### Here are some tips that may help you be a positive influence

1. Talk to your child about the harmful effects of smoking.
2. Limit your child's access to tobacco products.
3. Have a smoke-free house or rules about smoking in your house.
4. Make sure you tell your child you don't want them to smoke, even if you smoke yourself.
5. If you smoke, don't ask your child to buy cigarettes for you. It's also illegal!

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> Hood, R., Miller, J., & Christou, A., 2012, National Drug Strategy Household Survey 2012: Western Australian Supplementary Tables, Drug and Alcohol Office, Perth.

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

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

## ACTIVITY 5

### Tobacco and the law

#### Preparation

- ▶ **Activity sheet** *Tobacco laws in WA* – photocopy one per group
- ▶ Large sheets of paper – one per group

- Define the word 'law' as a group. Ask students to consider the laws that have influenced their behaviour such as wearing a seatbelt in a vehicle, coming to school each day, and not stealing.

Explain many laws have been put in place in Australia to protect people from the harms of tobacco. In Western Australia, there were two important sets of laws, the *Tobacco Product Control Act (2006)* and the *Tobacco Products Control Amendment Act (2009)* that helped the state lead the way in this area.

- Divide the class into groups of three. Assign one student as scribe, one as leader and one as speaker. Give each group a large sheet of paper. Pose the following question.

#### Ask

*If you were in charge of making laws about tobacco products, what sort of things would you like to see happen and why?*

Students may need some ideas to get started, such as:

- ⦿ People with smoking-related diseases should pay for their own hospital treatment.
- ⦿ It should be illegal for people under the age of 18 years to smoke cigarettes.
- ⦿ Nicotine should only be available from a doctor.

Encourage students to think in terms of:

- ⦿ Health warnings on packets and near points of sale.
- ⦿ Refusing to allow advertising.
- ⦿ Protecting young people from harm.
- ⦿ Smoke-free areas to protect all people from the effects of passive smoking.

The speaker in each group is to report the group's findings to the class.

- Groups then complete the *Tobacco laws in WA* activity sheet. (The answer to all questions is true.)

Use the following questions to further the discussion about tobacco and the law.

#### Ask

*Which of the tobacco laws are similar to the ideas that your group wrote down?*

*Does this surprise you? Why?*

*Which laws did you not know?*

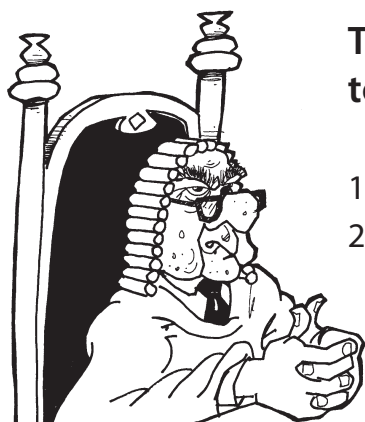
*Why would this law have been made?*

*What laws are most likely to influence young people your age not to smoke? Why?*

*What other laws do you think would influence young people your age not to smoke?*

*Do you think laws about smoking are an effective way of reducing the number of young people who smoke?*

# Tobacco laws in WA



Tobacco laws in WA have been put in place to protect people from the harms of tobacco.

1. Read each statement.
2. Tick the box that is correct. If you don't know – tick unsure.

| True | False | Unsure |
|------|-------|--------|
|------|-------|--------|

## Laws about health warnings

All cigarette packets must warn people about the toxic ingredients and the effects on their health.

All cigarette packets must have graphic images eg close up images of lung cancer, feet with gangrene, mouth cancer.

All cigarette packets must have advice on where to get information about quitting.

## Laws about advertising

Tobacco advertising is banned on TV, newspapers, radio and magazines.

Tobacco advertising is banned at sporting, racing or arts events.

Tobacco advertising is banned in shops at the counter (point of sale).

It is illegal to give away free promotional cigarettes or win prizes with the purchase of cigarettes.

## Laws about selling and supplying to young people

It is illegal to sell (or supply) tobacco products to a person less than 18 years of age.

It is illegal to sell cigarettes individually or in packs of less than 20.

It is illegal to sell confectionary and toys that resemble cigarettes.

Children who ask adults or retailers for cigarettes are asking that person to break the law.

All people selling cigarettes must have a licence.

## Smoke free laws

It's illegal to smoke 'between the flags' at the beach.

It's illegal to smoke in outdoor eating areas.

It's illegal to smoke within 10 metres of playground equipment in a public place.

It's illegal to smoke in or on vehicles if someone under 17 years is in or on the vehicle.

## ACTIVITY 6

### Finding out about alcohol

#### Preparation

- ▶ Post-it notes or small pieces of paper – one per student
- ▶ **Activity sheet** *Finding out about alcohol* – photocopy one per student
- ▶ Internet access

- Explain that because we live in a country where alcohol use is widespread, students their age, whether they drink alcohol or not, have thoughts and expectations about drinking.

Ask students to consider what they know about alcohol and write one thing on a post-it note. Be prepared to protectively interrupt any disclosures from students. Remind the class of the 'no name' rule.

Depending on the students' background, teachers may need to give examples such as:

- ⊙ It is for adults only.
- ⊙ It is for celebrations and special events.
- ⊙ It is forbidden to Muslims.
- ⊙ It causes fights and road crashes.

Conduct a **card cluster** (refer to page 193) and determine common opinions and knowledge about alcohol. Correct any misinformation suggested by the class.

#### Ask

*Why do you think we have different opinions and knowledge about alcohol? (Our knowledge about, and our attitudes towards alcohol, can be influenced by family, friends, community cultural values, past experiences, advertising and the media.)*

*Did you learn anything new about alcohol from your classmates? What?*

*Who or what do you think has had the most influence on your opinions about alcohol? Why?*

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

- Distribute a copy of *Finding out about alcohol* to each group or place on the interactive whiteboard. Ask groups to complete the quiz.

#### Answers to the quiz

1. Alcohol comes from fermenting grains, fruit or vegetable. **True**  
*When water and yeast are added to these things, alcohol can be made. It has no colour or taste. Other ingredients are added to give drinks their colour and taste.*
2. Alcohol is the most widely used legal drug in Australia. **True**  
*Up to 90% of Australians over 14 years have tried alcohol.*
3. Most adults drink alcohol in a safe and responsible way. **True**  
*Only a small percentage of adults drink at a risky level.*
4. You can buy alcohol legally when you are 15 years old. **False**  
*A person has to be 18 years old to legally buy alcohol. It's illegal to sell or supply alcohol to someone under 18 years.*
5. Alcohol belongs to the group of drugs called depressants. **True**  
*These drugs slow down the Central Nervous System (our brain, spinal cord and nerves) but don't necessarily make us feel 'depressed'.*
6. Alcohol is the second most preventable cause of health problems and death in Australia. **True**  
*After tobacco, alcohol causes more preventable health problems and deaths than any other cause.*
7. Most alcohol is broken down in the kidneys. **False**  
*The liver breaks down around 10g of alcohol every hour when someone is drinking alcohol.*
8. It takes the body about one hour to break down one standard drink of alcohol. **True**  
*Most alcohol (approximately 90%) is broken down in the liver and leaves the body as water, carbon dioxide and other substances in our breath, urine and sweat.*
9. Activities like drinking coffee, drinking an energy drink or having a cold shower can help a person sober up. **False**  
*Once alcohol is in the bloodstream it's not possible to speed up the breaking down process and sober up more quickly.*
10. Pregnant and breastfeeding women who drink alcohol can harm their unborn or breastfed baby. **True**
11. It is illegal to drive with a blood alcohol concentration (BAC) of more than 0.05% in WA. **True**  
*Even small amounts of alcohol can affect your ability to drive. For Learner and P-plate drivers the BAC limit is 0%.*

12. For many young people, drinking too much alcohol can result in doing something embarrassing or getting injured. **True**

*Binge drinking leads to a greater risk of harm but most young people don't drink at hazardous levels.*

13. Alcohol affects males and females the same way.

**False**

*Females usually experience higher blood alcohol levels after drinking the same amount as males. Alcohol dissolves in water and females have less water in their bodies than men.*

14. Getting drunk just once can damage a person's brain cells. **True**

*Just one episode of binge drinking can cause damage to a person's brain cells which do not recover.*

## Ask

*Did anything surprise you about the answers? If so, what? If you knew the answers to some of these questions, where did you learn this information?*

*Where are some reliable places to learn about alcohol? (eg teachers, public health advertisements, WA Drug and Alcohol Office website)*

*Do you think most people use alcohol sensibly and safely? (Yes, 90% of Australian adults report to have used alcohol to relax or celebrate. Most of the alcohol problems in our community are caused by those who only occasionally drink excessive amounts of alcohol.) Why do you think people still drink alcohol even when they know it can be harmful? (Most people drink alcohol in a safe way. Those that drink at a more risky level over a long period often do not think of the long-term effects. The short-term effects of feeling relaxed, being part of a group etc may be more important to the person.)*

- Write the following words on the board and ask groups to sort the words into categories. Discuss how the words are related (eg types of alcoholic drinks; legal aspect of use; short-term effects of alcohol; long term effects of alcohol). Add words from the original card cluster if appropriate.

|                |                |
|----------------|----------------|
| relaxed        | liver cancer   |
| confident      | spirits        |
| illegal        | throat cancer  |
| adults         | stomach ulcers |
| blurred vision | heart failure  |
| slurred speech | beer           |
| legal          | brain damage   |
| under 18 years | wine           |
| vomiting       | grog           |
| unconscious    | booze          |

- Students can use the alcohol related words to create a word sleuth. Websites such as <http://puzzlemaker.discoveryeducation.com/WordSearchSetupForm.asp>. (Discovery Education Puzzlemaker) provide an easy to follow template for students to use.

Send the word sleuth home for students to complete and discuss with their family.

# Finding out about alcohol



1. Read each statement.
2. Tick the box that is correct. If you don't know – tick unsure.

|   | True | False | Unsure |
|---|------|-------|--------|
| 1. Alcohol comes from fermenting grains, fruit or vegetable.  |      |       |        |
| 2. Alcohol is the most widely used legal drug in Australia.   |      |       |        |
| 3. Most adults drink alcohol in a safe and responsible way.   |      |       |        |
| 4. You can buy alcohol legally when you are 15 years old.   |      |       |        |
| 5. Alcohol belongs to a the groups of drugs called depressants.   |      |       |        |
| 6. Alcohol is the second most preventable cause of health problems and death in Australia.                          |      |       |        |
| 7. Most alcohol is broken down in the kidneys.  |      |       |        |
| 8. It takes the body about one hour to break down one standard drink of alcohol.                                    |      |       |        |
| 9. Activities like drinking coffee, drinking an energy drink or having a cold shower can help a person sober up.    |      |       |        |
| 10. Pregnant and breastfeeding women who drink alcohol can harm their unborn or breastfed baby.                     |      |       |        |
| 11. It is illegal to drive with a Blood Alcohol Concentration (BAC) of more than 0.05%.                             |      |       |        |
| 12. For many young people, drinking too much alcohol can result in doing something embarrassing or getting injured. |      |       |        |
| 13. Alcohol affects males and females the same way.   |      |       |        |
| 14. Getting drunk just once can damage a person's brain cells.  |      |       |        |



## ACTIVITY 7

### Reasons people choose to drink or not to drink alcohol

#### Preparation

- ▶ **Activity sheet** *To drink or not to drink* – photocopy one per group
- ▶ Large sheets of paper
- ▶ Scissors – one pair per group

- Using the **around the table** strategy (refer to page 193), students either talk or write about the following:
  - ◉ Parents and families have the biggest influence on how their children use alcohol.
  - ◉ Alcohol is bad because it causes fights and accidents.
  - ◉ Most people use alcohol safely and sensibly.
  - ◉ Most primary school students don't use alcohol because...
  - ◉ People choose to drink for many different reasons such as...
  - ◉ The thing that would most likely delay my use of alcohol would be...

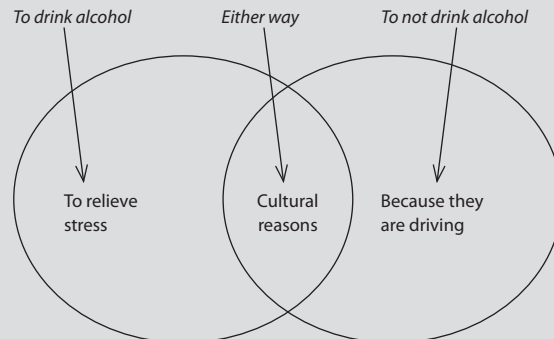
Discuss common findings and how they feel about these issues.

- Distribute a copy of *To drink or not to drink* to each group. Have groups draw a large Venn diagram with two intersecting circles on the paper, then label 'to drink alcohol', 'not to drink alcohol', and 'either way'.

Explain that the statements on the activity sheet describe a range of influences that may impact on peoples' decisions to drink alcohol or not to drink alcohol. Some of the influences may cause one person to decide to drink or another person not to drink, depending on their situation. This influence would then go in the 'either way' intersecting part of the circles.

Students cut out the cards on the sheet and after discussion amongst the group members, place each influence in the Venn diagram. Students may also identify and add other influences to each category.

## FINDING OUT



Have the students view the other groups' classifications then use the following questions to process the activity.

#### Ask

*Look at the influences (or reasons) to not drink alcohol. What do you think would be the strongest influence for young people?*

*What do you think would be the strongest influence for adults? (Many of the reasons young people choose not to drink are the same as adults).*

*Look at the influences (or reasons) to drink alcohol. What do you think would be the strongest influence for young people?*

*What do you think would be the strongest influences for adults? (Many of the reasons young people choose to drink are the same as adults, others are linked to development, finance and lifestyle, and may differ).*

*Look at some of the cards that don't actually mention alcohol, such as 'to relieve stress', 'to relieve boredom', 'to celebrate', 'to have a good time', 'to gain confidence'.*

*Are there things young people could do to achieve these without involving alcohol? (eg 'to have a good time' – they could play a game or watch a movie with friends)*

*What do you think would be the strongest influence on you to delay starting drinking or to not drink alcohol?*

*Do you think there are different influences for males and females?*

*Do you think it's important to make your own decisions about alcohol use?*

*How could we use these reasons to protect other students from using alcohol?*

*How does it feel to share your opinions about alcohol with others?*

*Has hearing others' opinions and thoughts about alcohol changed how you think about drinking? Why?*

*Do you think you will always have the same opinion about alcohol? Why? (Research shows that young people's attitudes towards alcohol consumption become less negative with age. ASSAD data 2011.)*



## To drink or not to drink

|                                      |                                     |
|--------------------------------------|-------------------------------------|
| to relieve stress                    | too young to drink alcohol          |
| to experiment                        | to be cool or look good             |
| to relieve boredom                   | cost                                |
| to celebrate                         | getting into trouble with the law   |
| because everyone else is             | to enjoy the taste                  |
| because it's not allowed             | to get drunk                        |
| because of expectations from friends | because of expectations from family |
| previous bad experiences             | too young to buy alcohol            |
| religious reasons                    | cultural reasons                    |
| because they are driving             | to have a good time                 |
| because it's hard to refuse          | to gain confidence                  |





## ACTIVITY 8



### Alcohol and the law

#### Preparation

- ▶ **Strategy sheet** *PNI* – photocopy one per group
- ▶ **Activity sheet** *Planet scenarios* – photocopy enough for one per group
- ▶ **Activity sheet** *Laws about alcohol* – photocopy enough for one per group
- ▶ A3 paper – one sheet per group
- ▶ Internet access
- ▶ **Family information sheet** *Rules about alcohol* – photocopy one per student or place on school website

- Introduce the **PNI** strategy (refer to page 197) to the class.

In groups, students think about and list the positive, negative and interesting implications to one of the statements on the *PNI* sheet. Encourage students to question each other and justify their answers during the discussion.

#### Statements

- Young people of any age should be allowed to legally drink alcohol.
  - All cars should be fitted with a device that won't let the engine start until the driver has blown into it to prove they are below 0.05 BAC.
  - Kids our age should learn about alcohol so they can make informed decisions about alcohol use.
  - Families should talk with their kids about family rules about alcohol.
- Distribute copies of *Planet scenarios* and assign a planet to each group. Explain that one planet leaves the management of alcohol use totally up to the individual and the other leaves the management of alcohol use totally up to the government and the legal system. Ask students to discuss and answer the questions on the activity sheet.

Hear feedback from the groups then use the following questions.

#### Ask

*Why would the ways each planet manages alcohol be too extreme?*

*What things do we have in our community that make the management of alcohol more balanced (ie the individual, the government and the legal system)? (eg laws, education, health services, public health campaigns)*

Explain that alcohol-related laws in Western Australia have been introduced to protect people, especially young people, from alcohol-related harm. Research shows that alcohol use is not healthy for children as they are still growing and developing, therefore, some laws relate to children and alcohol use. Other laws relate to the health and social harms that may affect those people who are around others who have been drinking (eg no drinking in public places, no serving alcohol to intoxicated people, 0.05 BAC limits when driving).

Explain that it is for the same reason (to protect young people from alcohol-related harm) that some families have rules about alcohol use. Discuss what some of these rules may be. It may be necessary to remind students of the 'no name' rule during this discussion.

- Distribute the *Laws about alcohol* sheet and read through as a class. Have students record their thoughts to the questions listed on the activity sheet.

Group members share and discuss their answers.

#### Ask

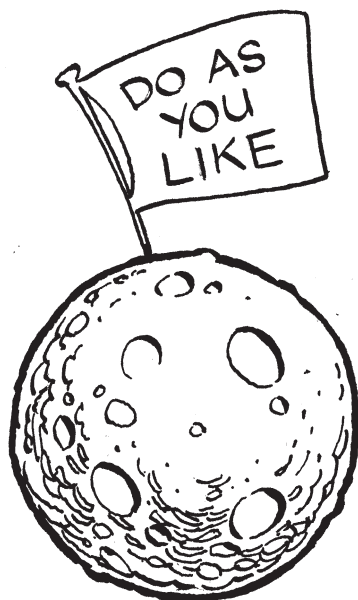
*Which aspect of the state laws about alcohol would most likely influence your decision to not drink alcohol? Why?*

*Can you think of any other laws that might reduce alcohol-related harm in WA?*

*Which family rules about alcohol would most likely influence your decision to not drink alcohol? Why?*

- Students investigate alcohol laws around Australia or in other countries and compare these to Australian laws.
- Send a copy of *Rules about alcohol* home with each student. Leave extra copies in the school foyer, library and pick up areas.

## Planet scenarios



You live on planet **Do-as-you-like**. Anyone can drink alcohol here no matter what their age, religion or culture. Choosing to drink alcohol is left up to the individual. All alcohol is free of charge. There are no treatment services for those people who become dependent on alcohol. There are no laws about alcohol use (eg no drinking under 18 years) or alcohol misuse (eg penalties for drink driving). There is alcohol education at school and information about the effects of alcohol is freely available. People on this planet make up their own minds about alcohol.

### Questions

What would life be like on this planet? Use a PNI to decide.

What health problems do you think might occur?

What social problems do you think might occur?

What legal problems do you think might occur?



You live on planet **Just-say-no**. Alcohol is considered to be a poison and is banned to everyone. It is not available in hotels or supermarkets and bottle shops don't exist. Anyone who gets caught using alcohol is sent to jail for one year. There is no alcohol education in schools or information made available to the public about alcohol except that it is banned.

### Questions

What would life be like on this planet? Use a PNI to decide.

What health problems do you think might occur?

What social problems do you think might occur?

What legal problems do you think might occur?

## Laws about alcohol

There have been many laws about alcohol use at different times in our history. Even today there are many different laws around the world about alcohol. For example, in Muslim countries alcohol use is banned and in America a person must be 21 years old before they can legally drink alcohol.

In WA there are two main laws that help reduce the harm to you and your family from alcohol.



### Under the Liquor Control Act 1988

- Young people under the age of 18 years can't drink, buy, obtain or try to obtain alcohol in a public place or in a licensed venue such as a restaurant or hotel.
- Young people under 18 years can't enter or remain on licensed premises without a legal guardian or responsible adult.
- Hotel or restaurant staff are not permitted to sell or supply alcohol to a drunk person.
- Hotel or restaurant staff are not permitted to allow a drunken person to consume alcohol.
- Hotel or restaurant staff are able to refuse entry or remove people from their premises who are drunk or disorderly.
- People can't obtain alcohol for a drunken person to drink.

- People can't help a drunken person to obtain or consume alcohol.
- People can't purchase alcohol for young people under 18 years.
- People of any age can't drink in public, such as on the street, in a park or at the beach.
- Young people under 18 years can't be in possession of alcohol (open or unopened) in a public place. Police can seize and dispose of the alcohol under these circumstances.

### Under the Road Traffic Act 1974

- It's illegal to drive with a Blood Alcohol Concentration (BAC) of more than 0.05%.
- The BAC limit for L and P plate drivers is zero (0.00%).

### Think about these laws and record your thoughts.

- Why do you think each law has been made?
- Which laws do you think are most likely to protect you and your family from harm caused by alcohol use?

### Think about rules you have in your family about alcohol and record your thoughts.

- What rules do you have about alcohol in your family?
- What rules do you think you should have?
- How do you think these rules protect you from harm caused by alcohol use?



# Rules about alcohol

**Studies show that parents and families are strong influences in what young people think about alcohol and how they use alcohol.<sup>1</sup> Research also tells us that attitudes to alcohol are formed early in life and parents are their kids most positive role model.**

**With alcohol playing a prominent role in Australian culture, it can be difficult for parents to set boundaries and establish rules around alcohol use for their children.**

**Here are some tips that may help.**

- Talk with your child about the family rules you have around alcohol use and explain why they are in place.
- If you drink alcohol your child will be watching so be a positive role model (eg don't drink and drive, and drink water in between alcoholic drinks).
- If you don't drink alcohol, talk about why you have made this choice with your child. Share stories where you have had to deal with others trying to influence you to drink alcohol.
- Talk to your child about the effects of excessive use of alcohol.
- Try to limit your child's access to alcohol. The longer they delay drinking alcohol, the best chance they give their brains to develop fully and reach their full potential in life.
- Don't be afraid to answer questions about alcohol.
- Hold non-alcoholic family gatherings.
- Don't glorify alcohol and intoxication.
- Talk to your child about the laws about alcohol. Did you know that it is illegal:
  - ⊙ To purchase alcohol for young people under 18 years.
  - ⊙ For young people under 18 years to possess alcohol (opened or unopened) in a public place.
  - ⊙ To obtain alcohol for an intoxicated person to drink.
  - ⊙ To help an intoxicated person to obtain or consume alcohol.
  - ⊙ To drink alcohol in public, such as on the street, in a park or at the beach.

Talk about these alcohol laws with your child.

## Resilience and alcohol use

Young people who are resilient or able to bounce-back from stressful experiences are less likely to become involved in long-term substance abuse.<sup>2</sup> You can help your child develop resilience by encouraging them to:

- make their own decisions
- set and achieve goals
- have an optimistic outlook
- make positive relationships
- manage their own difficulties with friendships.



- 1 Shanahan, P. and Hewitt, N. Developmental research for a National Alcohol Campaign: Summary report, Department of Health and Aged Care, ACT, 1999.
- 2 Fuller, A., McGraw, K. and Goodyear, M. The mind of youth: Resilience – A connect project, Turning the Tide Project, Victoria, 1998.

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



## ACTIVITY 9



### Responding to influences to use drugs

#### Preparation

- ▶ **Activity sheet** *Tricky situations* – photocopy one per group
- ▶ Die – one per group
- ▶ Small cards or strips of paper – one per group
- ▶ Empty tissue box or small container

- **Brainstorm** (refer to page 193) a list of difficult situations where students may have felt pressured into doing something. Discuss some of the clever 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 the clever ways for dealing with these situations on the board. Use the title 'Things to do in tricky situations' for the list. 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.
- 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 '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.

- In groups of six, students use a **toss a die** strategy (refer to page 201) to respond to the scenarios on the *Tricky situations* sheet. Ask students to tell their group what they would do, say and think to help them respond to the tricky situation corresponding to the number they rolled. Encourage students to use strategies from the 'Things to do in tricky situations' and 'Helpful thoughts to use in tricky situations' lists.

Hear feedback from the groups.

- Asks groups to make up their own 'smoking-related tricky situation' and 'alcohol-related tricky situation' and write these on a card. All cards are then placed in a tissue box. Groups take turns to select a card and suggest ways to deal with the situation.
- 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 these ideas in real life. Rehearsing will also help students decide which strategies will work for them.

Have students act out a tricky situation in a **fishbowl role-play** (refer to page 194), 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 him/her deal with the situation, or unhelpful thinking that may make things even trickier.

Rotate students through performing and observing roles. After the role-plays, use the following questions.

#### Ask

*Was your tricky situation caused by internal or external pressure to smoke or use alcohol? (See Activity 4)*  
*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?*



- Students reflect on the following issues by writing a response to the questions and then share with a partner.
  - ◉ What would your parents like you to decide about smoking?
  - ◉ What would your parents like you to decide about underage drinking of alcohol?
  - ◉ What would your friends like you to decide about smoking?
  - ◉ What would your friends like you to decide about underage drinking of alcohol?
  - ◉ What have you decided to do if you are offered a cigarette?
  - ◉ What have you decided to do if you are offered a drink of alcohol when you are underage?
  - ◉ Do you think your decisions about smoking or alcohol will change as you get older? Why?

Add to the brainstorm lists when someone finds another successful way to deal with a tricky situation.

## Tricky situations

All of Cate's good friends were selected to go in the Interschool Carnival but she missed out. Her friends train at recess and lunch time. Cate feels left out and has nothing to do. Some girls in her class asked her to join their group but Cate knows they often smoke in the toilets.

Keeta is often asked by an older girl at school if she can borrow money from her to buy cigarettes after school. Keeta feels nervous every time she sees this girl.

A friend asks Harry to take his cigarettes home for a few nights and look after them until the weekend because he thinks his parents suspect he has been experimenting with smoking. This makes Harry really nervous.

Taj has been asked by a boy from school to stay over at his place on the weekend. Taj has never stayed at anyone else's house since he has lived in Australia. He doesn't know if he really likes this boy and he knows this boy smokes cigarettes. Taj doesn't want to offend the boy.

Josh is at his big brother's football windup at the club rooms. All the older boys are drinking and several keep offering Josh a stubby. Josh knows it's illegal for him to drink alcohol and feels very uncomfortable.

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



## ACTIVITY 10

### A practical look at tobacco and alcohol laws and guidelines

#### Preparation

- ▶ **Activity sheet** *Tobacco laws in WA* (refer to Activity 5 page 80)
- ▶ **Activity sheet** *Laws about alcohol* (refer to Activity 8 page 88)
- ▶ **Activity sheet** *Considering WA drug laws –* photocopy enough for one card per group
- ▶ **Strategy sheet** *Decision-making model* (refer to page 205) – photocopy one per group
- ▶ **Activity sheet** *Planning school smoke-free or alcohol guidelines* – photocopy one per student
- ▶ Access to computers

- Distribute one card from *Considering WA drug laws* to each group. Ask students to refer to their copies of *Tobacco laws in WA* and *Laws about alcohol* or show these on the interactive whiteboard as a reference.

Ask students to consider the WA laws and use a **decision-making model** (refer to page 195) to decide their response to the questions:

- ⊙ What aspect of the alcohol or smoking laws are being broken?
- ⊙ What would you do if you were the character in this scenario to make a legal or safe decision?

Ask students to report back their decisions to the class. Scenarios could then be swapped with other groups and further decisions made to illustrate that the same decisions in alcohol and tobacco-related situations are dependent on not only what they know (eg the laws relating to alcohol and tobacco) but also on beliefs, values and the situation.

Use the following questions. Remind students of the 'no name' rule before starting the discussion.

#### Ask

*Does smoking occur at our school?*

*Does alcohol use occur at our school?*

*Should smoking be allowed in school grounds? Why or why not?*

*Should alcohol use be allowed in school grounds? Why or why not?*

*Should there be rules and consequences if people use these drugs on school grounds? Why?*

*Do you know what procedures or steps the school follows when a student is found smoking in the school grounds?*

*Are these fair? Why? Why not? Are they consistent?*

*What is a guideline? (eg rules and laws for a particular community)*

*Can you think of any guidelines we have at our school or in our class?*

*Why do you think schools have guidelines and rules? (eg to keep people safe, to be fair, to stop accidents)*

*Who would smoke-free guidelines be intended for at our school? (eg staff, parents, students, visitors)*

*Who would alcohol guidelines be intended for at our school? (eg staff, parents, students, visitors)*

- Divide students into small groups. Use *Planning school smoke-free or alcohol guidelines* to give an overview of the three areas that are the focus for school guidelines. Nominate either smoke-free guidelines or alcohol guidelines to each group. Explain that groups are to write a list of ideas for inclusion in school guidelines.

Facilitate a class discussion on the lists.

- Students present their groups' ideas using PowerPoint or other computer generated program and display in the school library or office area.

Identifying the problem is often the hardest thing for students to do. Ensure students have identified the correct problem before they start to consider options using the decision-making model.

## Considering WA drug laws

Tash is 11 and is with her family and friends at a public camping ground. The younger people are sitting around a camp fire separate from the adults. One of the teenagers offers Tash some beer that he has pinched from his dad's tent.

What aspect of the law has been broken?

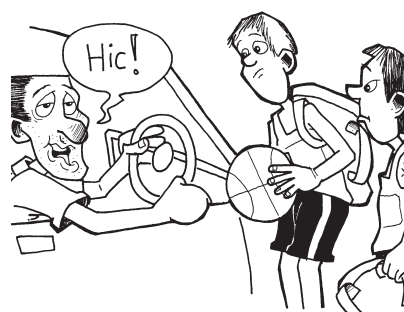
What would you do if you were Tash to make a legal or safe decision?



Ryan is 10 and is waiting with his friend to be picked up from basketball by his dad. When his dad gets there he appears to be quite drunk. Ryan is scared his dad might be over the 0.05 BAC limit and doesn't want to get in the car.

What aspect of the law has been broken?

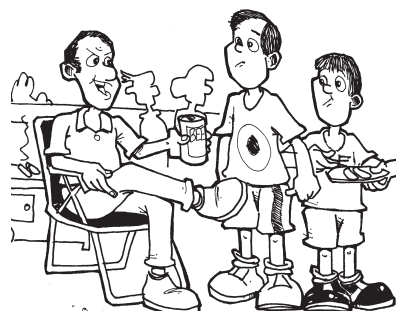
What would you do if you were Ryan to make a legal or safe decision?



Zac is having his 13th birthday party. His 18 year old brother decides the party is too boring and goes out to buy a carton of beer for the small group of 13 year olds at the party. He sneaks the carton around the back of the house, so their parents can't see it, and starts offering the beer to Zac's friends.

What aspect of the law has been broken?

What would you do if you were Zac to make a legal or safe decision?



Meg and her family are at their favourite burger restaurant in the outside eating area. Just as her family starts to eat their meal, two men sit down next to them and light up cigarettes. Meg doesn't like the smell of the smoke and is not enjoying eating her food.

What aspect of the law has been broken?

What would you do if you were Meg to make a legal or safe decision?



Callum gets bad asthma. He gets picked up from swimming training by his friend's mum each Wednesday. She always lights up a cigarette and drives with all the windows up all the way to his house. Callum always finds it hard to breathe and he hates the smell.

What aspect of the law has been broken?

What would you do if you were Callum to make a legal or safe decision?



## Planning school smoke-free or alcohol guidelines

CURRICULUM/LESSONS

PROCEDURES AND RULES

COMMUNITY AND PARENTS



## ACTIVITY 11



# Telling others about tobacco and alcohol

### Preparation

- Access to computers

- Using a **circle talk** (refer to page 194) ask students to respond to the following questions.

#### Ask

*What percentage of 12-15 year old WA students have used analgesics in the last month? (70%)*

*What percentage of 12-15 year old WA students have smoked in the last month? (5%)*

*What percentage of 12-15 year old WA students have used alcohol in the last month? (22%)*

*Name three things that you would find in tobacco smoke. (eg ammonia, benzene, carbon monoxide, nicotine)*

*Name three parts of the body that smoking affects. (eg brain, eyes, skin, mouth, stomach, limbs, lungs, heart)*

*What happens to the lungs when a person smokes? (The lining of the lungs is destroyed and this opens the lungs up to chemicals that cause cancers and infections.)*

*Name three positive influences or reasons why you would choose to remain smoke free.*

*Name three negative influences or reasons why you may be tempted to experiment with smoking.*

*What helpful thinking could you use when you find yourself up against these negative influences?*

*What clever tricks could you do or say if someone was pressuring you to experiment with smoking?*

*Name three aspects of the law to do with tobacco in WA. (eg It's illegal to smoke in or on a vehicle if someone under 17 years is in or on the vehicle.)*

*Name three aspects of the law to do with alcohol in WA. (eg young people under the age of 18 are not able to drink, obtain or buy alcohol in a public place or licensed premises)*

*Name three positive influences or reasons why you would choose to not experiment with alcohol.*

*Name three negative influences or reasons why you may be tempted to experiment with alcohol.*

*What helpful thinking could you use when you find yourself up against these negative influences?*

*What clever tricks could you do or say if someone was pressuring you to experiment with smoking?*

- Students use a computer and choose one of the following options to reflect on their learning.
  - ◉ Write a letter to your family telling them what you have learnt about tobacco or alcohol and what your opinions are about tobacco or alcohol. In your letter, include questions to your family about their opinions on tobacco or alcohol use.
  - ◉ Write an article for the school newsletter explaining what you have learnt about tobacco or alcohol and the common attitudes about tobacco or alcohol use held by class members.
  - ◉ Write a speech or a rap about the harmful effects of tobacco and alcohol on the body and the advantages of not using these drugs. Present these at a school assembly or to another class.

Allow time for students to revise activity sheets and work they have completed during this focus area before commencing the circle talk.