

FOCUS AREA 2

# Drug Education



## INTRODUCTION

This focus area provides the explicit teaching of content and skills related to medicines, passive smoking and caffeine for Year 6 students. It focuses on:

- normative education for analgesics, tobacco, alcohol and cannabis
- chemicals and poisons in a cigarette
- the impact of these chemicals and poisons on our body and health in the short term and the long term
- types of alcohol and the effects on the body
- the positive and negative impact of influences to smoke and not to smoke cigarettes, and to use alcohol or not use alcohol
- laws and guidelines associated with tobacco and alcohol in Western Australia.

### 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.
- Psychoactive drugs are grouped into depressants, stimulants and hallucinogens according to the main effect they have on the body.
- Most young people do not smoke cigarettes or use alcohol.
- Most people use alcohol sensibly and safely.
- Different parts of the body are affected by alcohol in the short and long term.
- There is no safe use of tobacco for any age and no safe levels of alcohol consumption for children.
- Tobacco is the drug that causes the most preventable diseases and deaths in our community, followed by alcohol.
- The consequences of drug use are determined by a combination of factors: the drug itself, the person using the drug, and the place where the drug is being used. This is known as the 'drug use' triangle.
- To make safer decisions in drug-related situations, young people need to have reliable information about drugs. Some sources are more reliable than others.
- Peers, family, alcohol control and media can influence decisions to use alcohol both positively and negatively.
- Influences to use alcohol are affected by external pressures (eg peers, family and media) and internal pressure (pressure we put on ourselves to behave in certain ways).
- There are a range of strategies that a young person can use to resist internal and external influences to experiment with alcohol.
- People choose to quit smoking cigarettes for health, social and financial reasons.
- There are a range of strategies that a young person can use to help an adult quit smoking cigarettes.

### Key skills to practise


























































- Appreciate that others may have different opinions and values about a range of drugs including alcohol.
- Share opinions about caffeine, analgesics, tobacco and alcohol and cannabis.
- Identify and respond to illegal situations around alcohol use.
- Make decisions in smoking and alcohol related situations.
- Use helpful thinking to respond to internal influences to use alcohol.
- Speak assertively in alcohol and drug-related situations.
- Negotiate with peers to reach a decision.

## 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 Let's talk about drugs	    	65
2 Clued up on alcohol	   	68
<b>FINDING OUT</b>		
3 Short term harms of alcohol	   	71
4 Effects of alcohol on the body	   	72
5 Drug use and potential risks in different situations	   	77
6 Reliable sources of information about drugs	    	79
7 Factors that may influence young people to drink alcohol	   	81
8 Helping an adult quit smoking	    	83
<b>SORTING OUT</b>		
9 Responding to influences to use alcohol	    	86
10 Assessing risks and consequences of alcohol use	    	89
<b>REFLECTING</b>		
11 Beating the tobacco and alcohol companies at their own game	    	92
<b>Key</b>  Literacy  Numeracy  Information and communication technology (ICT) capability  Critical and creative thinking  Ethical understanding  Personal and social capability  Intercultural understanding		

## TEACHER NOTES

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

#### What are analgesics?

'Analgesics' 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

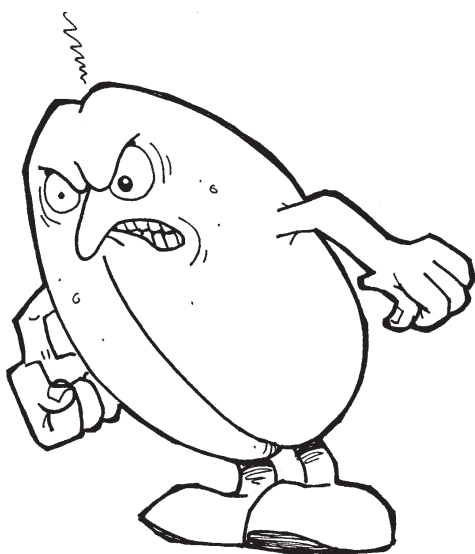
- Sometimes analgesics will be the best form of short term treatment of pain however students should be encouraged to use analgesics after they have tried alternatives to pain relief.
- Stress that a good way to prevent pain is to maintain a balanced diet, be active every day, participate in healthy 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



### The addictive nature of nicotine

- Nicotine occurs naturally in the tobacco plant. When tobacco smoke is inhaled, the vapour is absorbed very quickly into the bloodstream through the lining of the mouth and lungs.
- Nicotine is poisonous in large amounts however when smoked, only a small dose is inhaled.
- The first symptoms of nicotine dependence can appear within days to weeks of the onset of occasional use, often before the onset of daily smoking. There does not appear to be a minimum nicotine dose or duration of use as a prerequisite for symptoms to appear.
- Interestingly, girls tend to develop symptoms of nicotine addiction faster than boys.

### How tobacco prevention is taught is important

- Research on the predictors of smoking suggests that the most promising school-based approaches:
  - ◉ help children to develop negative attitudes to smoking
  - ◉ teach children how to cope socially while resisting peer influences to smoke
  - ◉ get parents to quit while their children are young
  - ◉ have opportunities for students to participate in health-promoting activities
  - ◉ prevent children from failing academically and becoming alienated from school.<sup>6</sup>
- Encourage students to be 'smoke free' rather than advocating that students simply 'don't smoke'.



<sup>6</sup> Helen Cahill, *Taking an evidence-based approach to classroom drug education*. Australian Youth Research Centre, The University of Melbourne, 2002

- 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

#### What is alcohol?

Alcohol is a by-product of the process known as fermentation whereby yeast reacts with the sugar contained in fruits, vegetables and grains to produce alcohol and carbon dioxide. It slows down the central nervous system, slowing the user's reaction time and coordination and is thus classified as a depressant.

<sup>7</sup> *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.

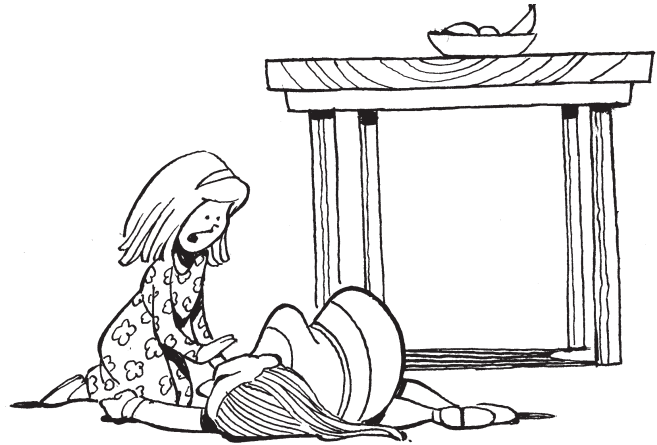
12 Hayes, L., Smart, D., Toumbourou, J. W. and Sanson, A. (2004). *Parenting influences on adolescent alcohol use*, report prepared by the Australian Institute of Family Studies for the Australian Government Department of Health and Aging, Canberra.

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



## Let's talk about drugs

### Preparation

- ▶ **Activity sheet** *Let's talk about drugs* – photocopy one per student
- ▶ Empty tissue box
- ▶ Strips of paper – several 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 that the 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.

Explain that psychoactive drugs can be categorised into three main categories.

1. **Depressants** – slow the activity of the brain and decrease its alertness eg alcohol, most analgesics and cannabis in low doses.
  2. **Stimulants** – have the opposite effect to depressants by increasing the activity of the brain eg caffeine, nicotine (in tobacco) and ecstasy (in low doses).
  3. **Hallucinogens** – cause the user to see, hear and smell things in a strange way eg cannabis and ecstasy in high doses, and some types of mushrooms. (Volatile substances such as aerosol sprays and glues also fall into this category, but it is recommended that information on volatile substances should not form part of the general drug education curriculum due to the ease of access and risks of experimentation.)
- Provide each student with a copy of *Let's talk about drugs*. Explain students are to write the names of the drugs that they think should be next to each of the headings listed on the sheet. The answers are provided.
  - Check students answers then use the following questions to process the activity.

Legal drugs	Analgesics, caffeine, tobacco and alcohol
Illegal drugs	Cannabis
Drugs that are only illegal to sell to people under 18 years old.	Alcohol and tobacco (Cannabis use is illegal for all age groups)
Drugs that can be used as a medicine.	Analgesics and caffeine (There have been some instances of using cannabis for pain relief in other countries. This is not legal in Australia.)
Drugs that can cause harm.	All of the drugs can cause harm depending on the person, the level of use and the situation they are used in. There is no safe level of use for tobacco.
Drugs that cannot cause harm.	When used as directed the risk of harm from analgesics is low. When used in moderation the risk of harm from alcohol may be low. However, no drug is without side effects.
The drug that was used by 41% of 12-17 year old WA students in the last week.	Analgesics (Australian School Students Alcohol and drug Survey 2011 data – WA results)
The drug that was used by 18% of 12-17 year old WA students in the last week.	Alcohol (Australian School Students Alcohol and drug Survey 2011 data – WA results)
The drug that was used by 6% of 12-17 year old WA students in the last week.	Tobacco (Australian School Students Alcohol and drug Survey 2011 data – WA results)
The drug that was used by 5% of 12-17 year old WA students in the last week.	Cannabis (Australian School Students Alcohol and drug Survey 2011 data – WA results)
The two drugs that cause the most drug related deaths in our community.	Tobacco causes about 80% of all drug related deaths each year, through cancer, emphysema and heart disease. Alcohol causes about 14% of alcohol related deaths through traffic accidents, liver disease and misadventure. About one in five deaths in Australia are drug related but only about 6% of these deaths are caused by illegal drugs. (ABS Mortality data – 2008)
Depressants	Alcohol, analgesics, cannabis in low doses
Stimulants	Caffeine, tobacco
Hallucinogens	Cannabis in large doses

**Ask**

*Why do you think you may have answered the statistics for students drug use incorrectly? (Most students tend to underestimate student analgesic use and overestimate student alcohol and cannabis use. This may be due to influences from the media, their friends and family.)*

*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.)*

*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)*

*What have you learnt from this activity? (Drugs: can be grouped in different ways according to their effect on the body; affect people in ways that are both helpful and harmful; have the potential to cause harm if misused however, tobacco and alcohol are the drugs that cause the most harm in our community; are not used by most young people.)*

- Have students write questions they have about analgesics, tobacco, caffeine and alcohol on strips of paper. The questions should be 'posted' in the prepared question box. Remind students that the questions will remain anonymous so they can feel comfortable to ask anything about the drugs. Encourage students to add further questions as they arise during this focus area.

The 2011 Australian School Students Drug and Alcohol Survey results can be viewed at the Drug and Alcohol Office website at [www.dao.health.wa.gov.au](http://www.dao.health.wa.gov.au) (statistics).

Use the 'question box' strategy to determine individual and class needs, and plan further activities.

# Let's talk about drugs

Write the names of the drugs that you think should appear next to each category. Some drugs may fit into more than one category.



**analgesics (eg Aspirin/Panadol)**

**tobacco**

**alcohol**

**cannabis**

**caffeine**



Legal drugs	
Illegal drugs	
Drugs that are only illegal to sell to people under 18 years old.	
Drugs that can be used as a medicine.	
Drugs that can cause harm.	
Drugs that cannot cause harm.	
The drug that was used by 41% of 12-17 year old WA students in the last week. <small>Australian School Students Alcohol and Drug Survey 2011 data – WA results.</small>	
The drug that was used by 18% of 12-17 year old WA students in the last week. <small>Australian School Students Alcohol and Drug Survey 2011 data – WA results.</small>	
The drug that was used by 6% of 12-17 year old WA students in the last week. <small>Australian School Students Alcohol and Drug Survey 2011 data – WA results.</small>	
The drug that was used by 5% of 12-17 year old WA students in the last week. <small>Australian School Students Alcohol and Drug Survey 2011 data – WA results.</small>	
The two drugs that cause the most drug related deaths in our community.	
Depressants	
Stimulants	
Hallucinogens	



## ACTIVITY 2

### Clued up on alcohol

#### Preparation

- ▶ Post-it note – one per student
- ▶ **Activity sheet** *Clued up on alcohol* – photocopy and cut up one set of question cards per group

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

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

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

- ◉ Alcohol is for adults only.
  - ◉ It is used for celebrations and special events.
  - ◉ Alcohol is forbidden to Muslims.
  - ◉ It causes fights and road crashes.
- Conduct a **card cluster** (refer to page 201) and determine common opinions and knowledge about alcohol. Correct any misinformation that may have been suggested by students.

#### Ask

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

*What did you learn about alcohol from your classmates?*

*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?*

- Explain that a person's attitudes and opinions about alcohol are also influenced by their knowledge of this drug. Students will be able to make better decisions around alcohol if they can dispel the myths by accessing reliable sources for information and facts.

Distribute a set of cut up question and answer cards from *Clued up on alcohol* to each group of students. Explain the **question partners** strategy (refer to page 206). Ask groups to place the question cards in a pile on the desk and deal out the answer cards.

Explain that the questions all relate to some myths and misconceptions about alcohol such as how many young people drink, the effects of alcohol on the body and also the harms that can arise when young people are in the company of others drinking alcohol.

The quiz is started by one student reading aloud a question card. As a group, students are to first guess what they think is the correct answer then each student checks their cards to see if they are holding the answer that matches the question. The person with the correct answer card must read the next question and the process is repeated until all questions have been answered. (Use the activity sheet on pages 69-70 as a reference when checking the answers, as the questions and answers are listed together.)

Ensure that students get to hear the responses to all questions once the matching is complete. (Note: statistics derived from 2011 ASSAD Survey, WA results.)

#### Ask

*Did you find out something new about alcohol?*

*Do you think getting drunk regularly would be a dangerous thing for a person to do? Why?*

*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 such as feeling relaxed and being part of a group, may be more important to the person.)*

*What is your opinion about alcohol now?*

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

- Students write three things they have learnt about alcohol and share these with a partner.

Question partners can be played as a whole class rather than in small groups.





## Clued up on alcohol

### FACT OR MYTH?

Getting drunk a few times when you are under age doesn't have any long term effect on your health.

#### Answer: Myth

Getting drunk a few times when you are under age has a much bigger impact on your brain than researchers first thought. Drinking alcohol as a child or teenager can cause permanent brain damage. The parts of the brain affected are the areas that control learning, memory and verbal skills.

### FACT OR MYTH?

Most 12-17 year old WA students drink alcohol regularly.

#### Answer: Myth

Most 12-17 year old WA students do not drink alcohol regularly. In 2011, 24% of these students had never consumed alcohol and only 53% had used alcohol in the last year.

### FACT OR MYTH?

It's not safe for anyone to drink alcohol while they are taking medications.

#### Answer: Fact

It's not safe for anyone to drink alcohol while they are taking medications because the alcohol can reduce the effectiveness of the medicines. The medicines can also mask how drunk a person may feel.

### FACT OR MYTH?

The kidneys break down the alcohol in the body and remove it from the blood stream.

#### Answer: Myth

The kidneys don't break down alcohol in the body, the liver does. The liver breaks down about 10 grams (one standard drink) of alcohol per hour. Drinking coffee or having a cold shower will not speed up this process.

### FACT OR MYTH?

Drinking milk and eating bread lines your stomach so you can drink alcohol without getting drunk.

#### Answer: Myth

Drinking milk and eating foods to line the stomach may slow down the rate that alcohol is absorbed but it doesn't prevent a person from getting drunk. Any alcohol that you drink will reach the bloodstream.







## Clued up on alcohol

### FACT OR MYTH?

Alcohol slows down the Central Nervous System.

#### Answer: Fact

Alcohol does slow down the Central Nervous System, including sending messages to and from the brain. Too much alcohol can be fatal because the brain slows down so much that the person stops breathing. All drugs that fall into the 'depressants' category can do this.

### FACT OR MYTH?

When young people choose not to drink alcohol, they don't need to worry about harms from alcohol even if people around them are drinking.

#### Answer: Myth

Young people who choose not to drink alcohol help protect themselves from the harms of alcohol use. However, when they are around people who are drinking they still need to protect themselves from other people's drinking. Alcohol use can cause people to get into fights, have accidents and do things they regret.

### FACT OR MYTH?

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

#### Answer: Fact

There is no level of drinking that can be guaranteed to be completely safe however the National Health and Medical Research Council in 2009 put out new guidelines that state that two standard drinks on any day reduces the lifetime risk of harm from alcohol-related disease or injury.

### FACT OR MYTH?

Children under 15 years of age are at the greatest risk of harm from drinking alcohol.

#### Answer: Fact

Children under 15 years of age are at the greatest risk of harm from drinking alcohol because of the effect on their developing brains. For this age group, not drinking alcohol is especially important.

### FACT OR MYTH?

Males and females are affected the same way by the same amount of alcohol.

#### Answer: Myth

Females usually have a higher blood alcohol level after drinking the same amount of alcohol as men. Because most females have smaller body size and more body fat than males, they have less water to absorb the alcohol.



## ACTIVITY 3

### Short term harms of alcohol

#### Preparation

- ▶ A4 paper – one sheet per pair of students
- ▶ Red pen – one per group
- ▶ Three large sheets of paper
- ▶ Coloured dot stickers – three per student

- Explain that when a person drinks too much alcohol there are immediate or short term effects on the body.

Have students work in pairs to list possible short-term physical effects of alcohol. Some physical effects can include:

- ◉ red face
- ◉ feel relaxed
- ◉ uncoordinated movements and slow reactions
- ◉ slurred speech
- ◉ feeling out of control
- ◉ feel sick or dizzy
- ◉ poor judgement
- ◉ dangerous behaviours such as being aggressive
- ◉ blurred vision
- ◉ loss of consciousness.

Form groups of four (two sets of pairs join together) and explain that each group is to reach a consensus on a list of the possible short-term physical effects of alcohol then highlight the negative effects with a red pen.

Discuss what each of these effects might look like if someone was witnessing them in another person. Stress that the effects of alcohol are unhealthy, sometimes dangerous and often embarrassing. Reinforce that there are no safe levels of alcohol consumption for children and young people.

- Divide students into three groups and allocate one of the following topics.
  1. The short-term **physical** effects of young people drinking alcohol.
  2. The short-term **emotional** harms of young people drinking alcohol
  3. The short-term **financial** harms of young people drinking alcohol

Have groups write their topic on the top of a large sheet of paper. Explain the **graffiti** strategy (refer to page 204) and then have groups write responses for their topic on their sheet.

Display the graffiti sheets around the room and invite groups to rotate through the other two sheets ticking a comment if they agree with it or adding comments that have not already been recorded.

The number of students in the class will determine how many graffiti sheets will be required.

Ensure that the following points have been covered for each topic.

- ◉ **Physical effects:** the short-term effects depend on how much alcohol has been drunk and the effects vary from person to person. After a few drinks someone may feel relaxed and have slower reflexes; after a few more they may have more confidence and slurred speech. Drinking at hazardous levels (for healthy men and women, drinking no more than four standard drinks on a single occasion) may result in someone having blurred vision, poor muscle control and vomiting. The risk of injuries and road trauma should be included here.
- ◉ **Emotional harms:** getting into arguments with parents or friends, getting into trouble at school or with the police, doing something embarrassing or regrettable, worrying about getting caught, feeling dependent on alcohol to help solve problems.
- ◉ **Financial harms:** the cost of damage to property, possible fines for underage drinking, the cost of the alcohol itself.

- Using three coloured dot stickers, ask students to vote for the three effects or harms that they think would most likely stop young people from experimenting with alcohol or using alcohol regularly.

Discuss the voting results as a class. Explain that people who first use alcohol before the age of 15 are five times more likely to abuse alcohol than those who first use alcohol at 21 years or older. This increased use leads to a greater chance of alcohol-related problems later in life, including becoming dependent on alcohol.

- Students write about the physical, social and financial harm that would most likely delay them from experimenting with drinking alcohol (or reduce their current drinking of alcohol, if appropriate).

## ACTIVITY 4

### Effects of alcohol on the body

#### Preparation

- ▶ **Activity sheet** *Effects of alcohol on the body* – A3 photocopy per student
- ▶ Red and blue pen – one per student
- ▶ **Activity sheet** *Body parts* – photocopy and give one card to each group
- ▶ **Family information sheet** *Helping your child stay safer around alcohol* – photocopy one per student

- Explain that the short-term effects of alcohol are more immediate and tend to go away once the alcohol use has stopped, whereas long-term effects of alcohol occur over a greater period of time with continual exposure and are usually permanent.

Give each student a copy of *Effects of alcohol on the body*. Ask students to use a red pen to mark on the picture the parts of the body that are affected by alcohol and what the effects might be.

Explain that alcohol is taken into the stomach and intestines, once it leaves the mouth, and then passes through the walls of these organs into the bloodstream and then into the brain.

- Divide the class into six groups. Explain that each group is a team of medical experts on different parts of the body eg the heart, liver etc. Give each group the relevant 'body card' from the activity sheet *Body parts*.
- Explain that each team of experts is to study the information provided on their card and work out an interesting way to present this information to the other groups. Remind students that they will need to present the information clearly so that the other experts, who know nothing about each other's topics, understand:
  - ⊙ where the body part is
  - ⊙ what the body part does to keep us healthy
  - ⊙ how alcohol affects the way this part of our body works.

Students listen to each group present their information and record these findings in blue pen on their activity sheet.

The Australian Lions Drug Awareness Foundation video *Alcohol and your brain: Tune in Not out* (available on YouTube) is a good visual representation of the long term damage alcohol can do to the brain.

#### Ask

*Which body parts did you already know could be affected by alcohol?*

*Did you learn anything new about these body parts and how alcohol affects them?*

*Were there some body parts affected by alcohol that you didn't consider?*

*Does this activity make you think more carefully about experimenting with alcohol in the future? Why? Why not? What would you say to a friend who wanted to experiment with alcohol, now that you know what it does to your body?*

*Do you have any family rules about the use of alcohol? (Remind students of the 'no name' rule before they share their family rules.)*

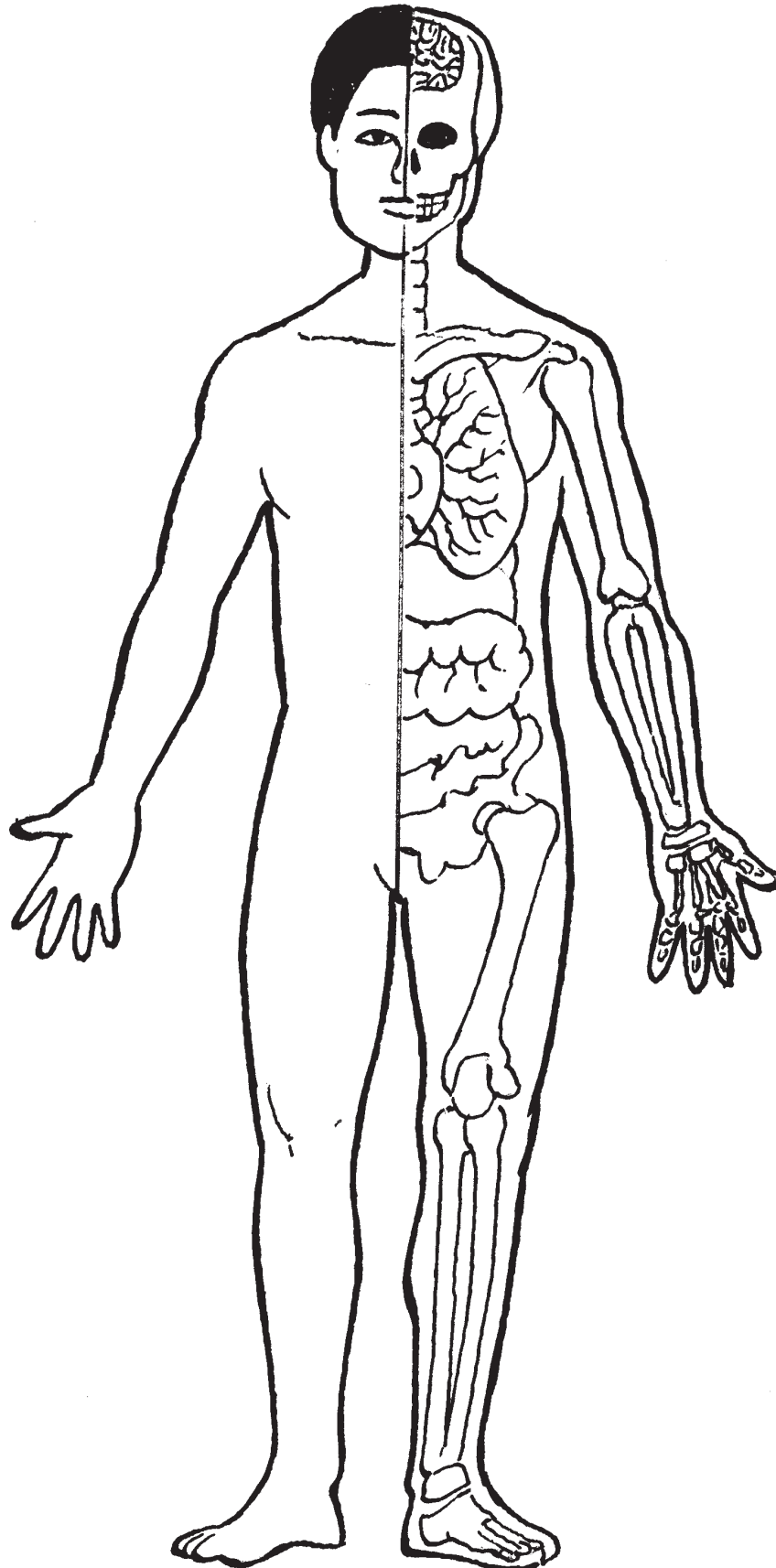
*How might you be affected by other people's drinking of alcohol? (Talk about the emotional, social, financial and legal impacts of alcohol use.)*

Explain that research suggests that over their lifetimes women are more at risk from long-term physical harms from drinking alcohol than men who drink the same amount of alcohol. However, over a lifetime, men experience greater risk of injury from their alcohol consumption.

- As a group, students write the short-term and long-term social, financial and legal effects of underage drinking around the outside of their body on *Effects of alcohol on the body* (eg short-term social effects: may help people socialise and relax; may cause arguments and fights; may cause embarrassing behaviour that ruins friendships. Long-term social effects: may lead to dependence and destroy relationships with family and friends; accidents/deaths caused by someone's alcohol use may have long-term effects on families.
- Students write a letter to a friend persuading that friend not to experiment with alcohol using the information about short term effects of alcohol use.
- Send a copy of *Helping your child stay safer around alcohol* home with each student to share with their family. Leave extra copies of the information sheet in the school foyer, library and pick up areas or place on the school website.

## Effects of alcohol on the body

---



## Body parts

### BRAIN – what the brain does normally

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



### Short-term effects of alcohol on the brain

Alcohol affects the brain within 5 minutes of swallowing it. Alcohol slows down the brain's functions eg reaction times, speech, movement, thinking, seeing. Too much alcohol can lead to unconsciousness.

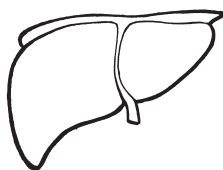
### Long-term effects of alcohol on the brain

Alcohol can cause permanent brain damage including memory loss, learning problems, speech problems, alcohol dependence and depression. Alcohol can also cause impotence in men and loss of fertility in women.



### LIVER – what the liver does normally

Your liver cleans your blood. It produces important digestive liquid called bile which takes toxins back to the intestines and the kidneys so they can be passed out of the body. Your liver stores energy in the form of a sugar called glycogen.



### Short-term effects of alcohol on the liver

Alcohol damages the delicate balance of enzymes in the liver. The liver and also the pancreas can become inflamed after drinking alcohol.

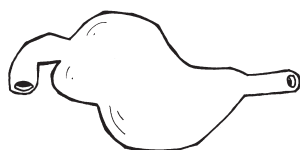
### Long-term effects of alcohol on the liver

Alcohol can cause damage to the liver called cirrhosis and also liver cancer.



### STOMACH – what the stomach does normally

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



### Short-term effects of alcohol on the stomach

When alcohol is swallowed, it begins to be absorbed into the bloodstream rapidly through the stomach wall and small intestine. Alcohol causes diarrhoea and nausea due to the lining of the stomach being damaged.

### Long-term effects of alcohol on the stomach

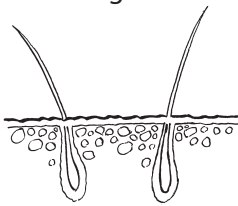
Alcohol causes problems with absorbing food, stomach ulcers and increases the risk of stomach cancer.



## Body parts

### SKIN AND MUSCLES – what the skin and muscles do normally

The skin forms a protective layer around your bones. Your muscles allow you to move bones so you can move, hold and throw things.



### Short-term effects of alcohol on the muscles

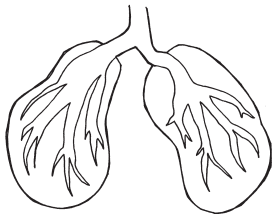
Alcohol causes weakness and lack of coordination in the muscles. Alcohol also increases blood flow to the skin, making the user feel warm and look flushed.

### Long-term effects of alcohol on the muscles

Alcohol results in loss of muscle tissue and a build-up of fat. Alcohol dehydrates your body and your skin and widens blood vessels causing your skin to look red, blotchy and wrinkly. Because alcohol is high in calories, obesity can be caused by long term alcohol use.

### LUNGS – what the lungs do normally

Your lungs allow you breathe in oxygen from the air.



### Short-term effects of alcohol on the lungs

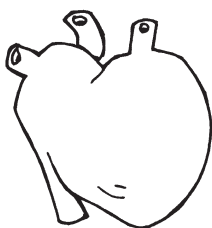
Alcohol initially increases breathing rate and then, because it is a depressant, it slows the heart rate and the breathing rate. The lungs excrete about 5% of the alcohol drunk through the breath. When a person vomits as a result of drinking alcohol they may choke if vomit gets sucked into their lungs.

### Long-term effects of alcohol on the lungs

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

### HEART – what the heart does normally

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



### Short-term effects of alcohol on the heart

Alcohol causes the heart rate to slow and blood pressure to drop, so the user feels dizzy.

### Long-term effects of alcohol on the heart

Irregular heartbeat, high blood pressure, strokes and heart disease are all caused by regular drinking. While it was once thought that two standard drinks a day (especially red wine) was good for your heart, the National Heart Foundation does not think there is enough evidence to confirm that red wine can prevent heart disease.





# Helping your child stay safer around alcohol



## Did you know?

- Alcohol is the most commonly used legal drug by 12-17 year old WA students.
- Of those students who drank in the last week (18%), over 36% drank alcohol at risky levels.
- Parents and friends are the most common source of obtaining alcohol for young people.
- Parents have a 'duty of care' and are considered liable for any outcomes that may result from alcohol and other drug use in their home.
- It's illegal to purchase alcohol for young people under 18 years.
- It's illegal to drink in public places, such as on the street, in a park or at the beach.
- It's illegal for young people under 18 years to possess alcohol (opened or un-opened) in a public place?

Studies show that parents and families are strong influences in what young people think about alcohol and how they use it.<sup>1</sup> Delaying your child's alcohol use and encouraging negative attitudes toward 'binge' drinking can protect your child from the likelihood of alcohol use problems.

## New research on kids' brains and alcohol

It used to be thought that the teenage brain was the same as an adult brain (ie that it had already reached full development). Now the science is telling us that from 12 or 13 years to the early twenties the brain is in a state of intense development and hardwiring.

Through a process called 'frontalisation' the brain is growing and forming all the critical parts it needs for learning, memory, and planning.

Alcohol has the potential to disrupt this crucial window of development leading to learning difficulties, memory impairment and emotional problems like depression and anxiety.

The National Health and Medical Research Council's 2009 guidelines for children and young people state that 'not drinking at all' is the safest option. Parents and carers are advised that children **under 15 years** are at the greatest risk of harm from drinking alcohol and that for this age group, not drinking is especially important.

## Remember

- If you drink alcohol, you're a role model – try to drink within safe limits.
- If you don't drink alcohol, talk about why you don't.
- Talk to your child about the effects of excessive use of alcohol on their young brains.
- Try to limit your child's access to alcohol.
- Give your child a reason not to use alcohol or other drugs and to also save face – let them know it's okay to say 'Mum and Dad will ground me if I do that!'

Do you have some rules about alcohol use in your family? Check with your child to make sure they know these family rules!

For advice, counselling or information about alcohol call **Alcohol and Drug Information Service** (ADIS) on (08) 9442 5000 (24 hours) or 1800 198 024 (country callers), or **Parent Drug Information Service** (PDIS) (08) 9442 5050 (24 hours) or 1800 653 203 (country callers).

<sup>1</sup> Shanahan, P. and Hewitt, N. Developmental research for a National Alcohol Campaign: Summary report, Department of Health and Aged Care, ACT, 1999

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



## ACTIVITY 5

### Drug use and potential risks in different situations

#### Preparation

- ▶ **Activity sheet** *Drug use triangle* – photocopy one per group

Have students share and discuss their answers and reasons for their rankings, as a whole group.

- Explain that all drug use has an effect on the body and can also affect the lifestyle of the user, as well as the lives of others (eg family, friends, team members, work colleagues, school mates).

Explain that the effects and consequences of drug use are determined by a combination of factors:

- the person using the drug
- the place where the drug is being used, and
- the drug itself.

Use the *Drug use triangle* sheet to further explain the three factors. Ensure students understand the interrelationships of the three factors on the effects and consequences of a drug use experience by using the following two examples to show how Example 1 will be less harmful than if the same amount of alcohol was consumed by the 11 year old in Example 2.

#### Example 1:

The drug: two standard drinks of alcohol  
The person: a 40 year old male  
The place: at home with friends

#### Example 2:

The drug: two standard drinks of alcohol  
The person: an 11 year old  
The place: at home with friends with no adults present

- Students form small groups and discuss each of the scenarios to determine the possible harms, rank the level of harms, and identify strategies that could be used to prevent or reduce the harm for each person described in the scenarios. For example:

#### Scenario 3

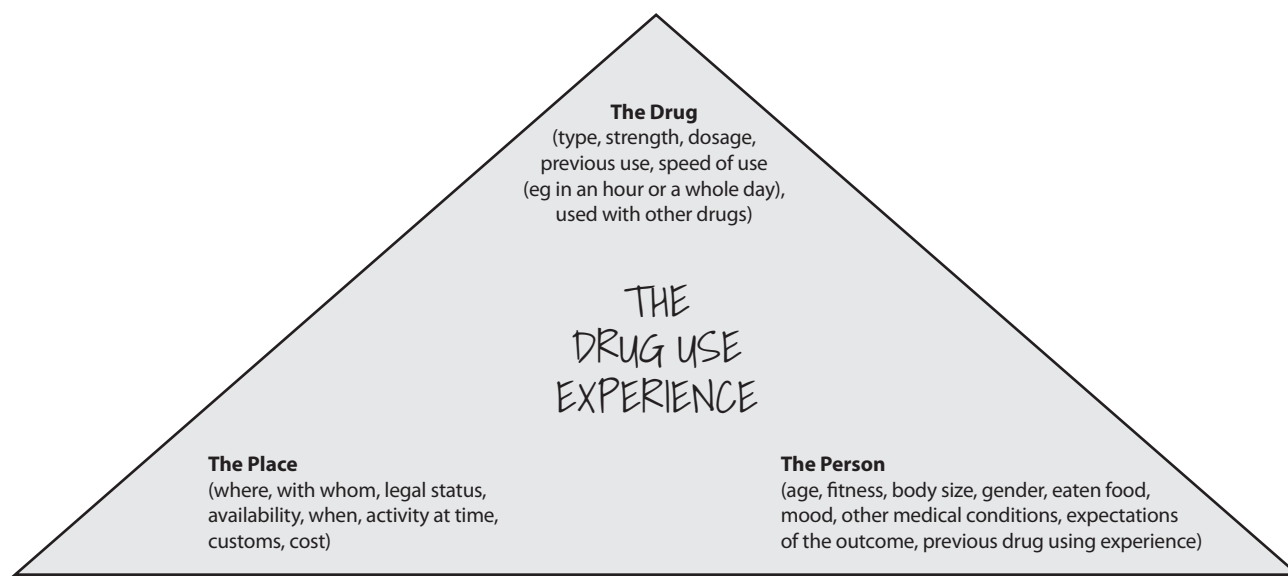
*What are the possible harmful effects of this scenario?*  
(eg 12 year old child drinking at tennis club alone, may engage in some embarrassing behaviour, may get into trouble with parents or tennis club officials or other team members, may have alcohol poisoning)

*What strategies could be used to prevent or reduce the harm for the person in this scenario?* eg adult supervision, safe alcohol storage and service at public events)

# Drug use triangle

The outcome of drug use is affected by a combination of a number of factors, not just the drug itself. Where the drug is being used (the place) and factors relating to the person using the drug (the person) will also affect the drug experience.

Don't forget that even if you are not using drugs, you can still be affected by those around you who are.



- What are the possible harms for each of the scenarios?
- Rank the level of harm for each scenario from 1 to 5. Be prepared to justify your decision.
- What strategies could be used to prevent or reduce the harm for the person in each scenario?

Scenarios	Rank the scenarios 1=least harmful to 5 = most harmful
<b>❶ Person:</b> A 12 year old student with a cold <b>Place:</b> At school <b>Drug situation:</b> Takes what a friend says is a cold and flu tablet to help with the cold	
<b>❷ Person:</b> An 11 year old student with asthma <b>Place:</b> At a friend's birthday party <b>Drug situation:</b> Smokes a cigarette	
<b>❸ Person:</b> A 12 year old student without her parents <b>Place:</b> At a BBQ for a tennis wind up <b>Drug situation:</b> Mixes champagne into 4 glasses of orange juice and drinks them in an hour	
<b>❹ Person:</b> A 26 year old pregnant woman <b>Place:</b> At a party with friends <b>Drug situation:</b> Mixes champagne into 4 glasses of orange juice and drinks them in an hour	
<b>❺ Person:</b> A 6 year old student <b>Place:</b> At the school playground <b>Drug situation:</b> Finds a bottle of pills in the sandpit	

## ACTIVITY 6

### Reliable sources of information about drugs

#### Preparation

- ▶ A4 paper – one sheet per student
- ▶ **Activity sheet** *Reliable sources of information* – photocopy one per student

- Have students fold a piece of paper in half and write numbers 1 to 7 on each section. Read each of the following seven statements about alcohol and drug use. Students are to write their answer without discussion. (Data sourced from 2011 ASSAD Survey – WA results.)

#### Statements

1. In Western Australia in 2011, 40% of 12 to 17 year olds had smoked tobacco in the last week. **False.** 6%
2. In Western Australia in 2011, 70% of 12 to 17 year olds had used alcohol in the last week. **False.** 17%
3. In Western Australian in 2011, 35% of 12 to 17 year olds had used cannabis in the last week. **False.** 5%
4. Regular long-term use of aspirin may cause kidney damage. **True**
5. Drinking black coffee, taking a cold shower or vomiting helps you to sober-up after drinking too much alcohol. **False.** *Time is the only thing that will help a person sober up.*
6. One cigarette won't hurt you. **False.** *There is no safe level of tobacco use. Every cigarette causes harm.*
7. It is illegal Western Australia to sell tobacco to people under the age of 18. **True**

Have students form small groups and repeat the questions. Groups are to discuss and record their answers in the other section of their paper. Provide the correct answers then ask students to record their individual and group scores.

#### Ask

*Where did you get the information to answer these questions correctly?*

*Where did you get the information to answer these questions incorrectly?*

*Did you get more answers correct when you answered as a group than when you answered individually? Why?*

*Are your friends or peers always reliable sources of information about drugs? Why? Why not? (Friends are not always reliable sources of information.)*

*Who or what are some other reliable sources of information about drugs? (eg teachers, doctors, pharmacists, government websites, Parent and Drug Information Service and Alcohol and Drug Information Service listed on the Drug and Alcohol website)*

*Who or what are some not so reliable sources of information about drugs? (eg friends, family and the media are not always reliable sources as they may not be well informed; drug companies; personal websites are also unreliable)*

- Distribute a copy of *Reliable sources of information* to each student. Explain students are to read through the information sources listed on the activity sheet and complete the relevant ranking columns on their own (ie the three most reliable and the three least reliable).

Students move into small groups and complete the group ranking columns on the activity sheet. A consensus must be reached to complete the ranking. Collate the class findings.

#### Ask

*What three sources do our class consider to be the most reliable sources of information about drugs? Why?*

*What three sources do our class consider to be the least reliable sources of information about drugs? Why?*

*How easy or hard is it to get accurate information about drugs?*

*What are the best sources of information that are available to people your age?*

*How easy or hard is it for people your age to actually call the ADIS (Alcohol and Drug Information Service) numbers? (The website link for ADIS is <http://www.dao.health.wa.gov.au/Gettinghelp/Wheretogethelp/AlcoholandDrugInformationService.aspx>.)*

*Why would some people your age find it difficult to actually call the ADIS numbers? (Consider issues such as embarrassment, fear of dobbing, privacy.)*

- In pairs, students prepare a list of three scenarios where people might need to seek help or information about drugs. For example:
  - ⊙ A mother worried that her daughter may be using cannabis.
  - ⊙ A daughter worried about her father's drinking and the problems it causes in her family.
  - ⊙ A mother worried about the correct dosage of paracetamol for her 6 month old baby.

Students hand their scenarios to another pair. Explain that students are to decide where the most reliable sources of drug information may be for the person in each scenario. Report back findings and correct any misinformation. (Alternatively, ask students to brainstorm scenarios where people may need drug information and compile the responses as a whole class.)

# Reliable sources of information



To make safer decisions in drug-related situations, young people need to have reliable information about drugs. It's important to remember that some sources are more reliable than others.

**Which of these sources would provide a young person with reliable information about drugs?**

Sources of information about drugs	Rank on your own, the three <b>most reliable</b> sources.	Rank with your group, the three <b>most reliable</b> sources.	Rank on your own, the three <b>least reliable</b> sources.	Rank with your group, the three <b>least reliable</b> sources.
Friends				
Brothers and sisters				
Parents				
Grandparents				
Doctors				
Pharmacists				
Police				
Teachers				
School nurses				
Characters in popular TV shows or movies				
Popular radio DJs				
Song lyrics				
Articles in teenage magazines				
Health Promotion campaigns on TV eg Quit ads				
Websites such as OxyGen or the Drug and Alcohol Office				
Websites run by drug companies or private individuals				
Drug company advertisers				
Government phone services such as: <b>Alcohol and Drug Information Service</b> – ADIS on 08 9442 5000 (24 hours) 1800 198 024 (country callers), OR <b>Parent Drug Information Service</b> – PDIS on 08 9442 5050 (24 hours) 1800 653 203 (country callers)				
<b>Others?</b>				

## ACTIVITY 7

### Factors that may influence young people to drink alcohol

#### Preparation

- **Strategy sheet** *Four corners* – photocopy one set of number cards

- Explain that in any tricky situation there is usually more than one way to deal with the situation and that different people may choose different options.

Place a number card in each corner of the room and conduct a **choose a corner** (refer to page 202) using the following situations that may cause alcohol-related harm. Ask students to move to the corner that depicts what they would most likely choose to do in each situation. Ensure that students share reasons for choosing their corner and are given the opportunity to move once reasons have been shared. If the scenarios are not appropriate for your students, ask students to make up their own scenarios and options.

#### Alcohol-related situations

If I was at a sleepover and my friend dared me to drink a full glass of his Dad's vodka, I could:

1. Tell my friend I didn't want to do it.
2. Just take a small sip and say I didn't like it.
3. Drink it all so I didn't offend my friend.
4. Say I'd tried it before and hated the taste.

If my friends told me I had to bring a small bottle of alcohol on school camp or I wouldn't get to sleep in their dorm, I could:

1. Tell Mum or Dad about it and ask them what to do.
2. Tell a teacher about it and ask them what to do.
3. Tell my friends that I would get 'busted' if my parents found out.
4. Tell them I didn't want to sleep in their dorm anyway.

If my babysitter and her friend started drinking my Dad's beer, and I felt like I needed to join in with their drinking so they didn't think I was a wimp, even though I didn't want to, I could:

1. Just ignore them and hope that everything would be okay.
2. Phone my Mum or Dad and let them know what was happening.
3. Remind myself that kids under 15 years should not drink alcohol.
4. Remind myself that Mum and Dad would be disappointed in me.

If I was at a Year 7 graduation party and some kids started passing a bottle of alcohol around the circle and my best friend said, 'Let's not be part of this. I don't feel comfortable drinking', I could:

1. Just ignore my friend and join in when it was my turn.
2. Join in and then tell my best friend it's fun.
3. Agree with my best friend and both go to another part of the party.
4. Pretend to drink and then go to another part of the party with my friend.

- Discuss the possible alcohol-related harm in each of the four situations.

#### Ask

*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 negative influences? (eg use helpful or positive thinking; have an optimistic outlook; choose different friends; gain some knowledge or skills; be assertive)*

- Explain that influence or pressure can be both a positive thing and a negative thing. For example, your friends can influence you to drink alcohol and also not to drink alcohol.

Explain that pressure can be 'external' (when friends, family or people in the media do or say things to persuade us to do something they want) or 'internal' (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 students to re-examine the four scenarios and decide with a partner whether the influence in each situation is external (things other people say or do) or internal (thoughts that put pressure on ourselves), and positive or negative. Remind students that different attitudes to alcohol use may result in conflicting answers.

Display the four number cards permanently in the room and use whenever running decision-making activities.

- With their partner, students make a list of the positive and negative influences on alcohol use under the following categories:
  - ◉ Things their friends may say or do that might influence them not to drink alcohol.
  - ◉ Things their friends may say or do that might influence them to drink alcohol.
  - ◉ Things their parents may say or do that might influence them not to drink alcohol.
  - ◉ Things their parents may say or do that might influence them to drink alcohol.

Students decide which of these influences would most likely persuade young people not to drink alcohol.

- In pairs, students make a list of 'helpful thoughts' they might say to themselves if they were around people drinking alcohol and that may stop them from deciding to experiment with alcohol.

Students then make a list of 'unhelpful thoughts' they might say to themselves if they were around people drinking alcohol and that may encourage them to experiment with drinking.

## Ask

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

*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?*

*Why might someone give into these influences and agree to experiment with alcohol?*

*Why might someone not give into these influences and say 'no' to experimenting with alcohol?*

*Why might someone try to get another person to experiment with alcohol in the first place?*

- **Brainstorm** (refer to page 200) reasons why young people may experiment with alcohol. For example:
  - ◉ curiosity
  - ◉ to appear cool
  - ◉ to appear rebellious
  - ◉ to appear sociable
  - ◉ to calm nerves or cope with stress
  - ◉ to challenge their parents
  - ◉ think that their friends might be thinking they should
  - ◉ they are often in situations where people are drinking
  - ◉ their friends ask them to try
  - ◉ their parents or family members drink often
  - ◉ they think their parents won't mind
  - ◉ they think there is no risk in trying
  - ◉ they think that addiction won't happen to them
  - ◉ alcohol is often just lying around their house.

Be aware that some students may already have experimented with alcohol, and some young people, because of their circumstances, have more influences upon them to drink alcohol than others.

## Ask

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

*What do you think would be the three most influential factors that would encourage someone your age to experiment with drinking alcohol?*

*What could you do to avoid these influences?*



## ACTIVITY 8

### Helping an adult quit smoking

#### Preparation

- ▶ **Activity sheet** *Helping an adult to quit* – photocopy one per group
- ▶ Large sheets of paper – one per group
- ▶ Coloured markers – a different colour per group
- ▶ **Family information sheet** *Helping your child be a non-smoker* – photocopy one per student

- Discuss why many smokers wish they had never started to smoke and why it can be so hard for them to quit smoking.
- **Brainstorm** (refer to page 200) reasons why many smokers would like to give up smoking (the majority of adult smokers indicate they would like to stop and approximately 77% have attempted to quit smoking). Record these reasons on the board.

As a class, decide and record if each reason is a health (H), money (M) or a social (S) reason. For example, health includes lung cancer, shortness of breath; money includes money spent; social covers problems with friends/family and smell.

- Ask students for the approximate cost of a packet of cigarettes then calculate how much someone who smoked one packet a week would save in a month and a year if they quit.
- Students brainstorm the types of strategies people use when trying to quit smoking. Write these strategies on the board.

Divide the class into groups of five. Give each group a large sheet of paper and a coloured marker. Have each group nominate their envoy (messenger) for this activity.

Nominate one of the following situations to each group. Explain that groups are to brainstorm strategies that could be used to help the person in their situation.

#### Situation 1 – not ready to quit smoker

Jill doesn't really want to quit smoking. What strategies could you use to help Jill consider quitting or cutting down on her smoking?

#### Situation 2 – ready to quit smoker

Jamie really wants to quit smoking and has tried before and failed. What strategies could you use to help Jamie be more successful?

After a set period of time, the envoys move to another group who has the same situation and reports their group's findings. The envoys then listen to the ideas of the second group and reports these ideas back to their original group.

With this additional information from their envoy, groups write a final list of strategies on the board under the respective headings (Jill – not ready to quit smoker, and Jamie – ready to quit smoker).

- Distribute copies of *Helping an adult to quit* and allocate a scenario to each group. Groups are to write things they could say to encourage the person in their scenario to become smoke-free and things they could do to support the person. Suggest to students that saying or doing one thing might not be enough to encourage people to remain smoke-free and that sometimes support needs to be ongoing.

Have groups rehearse the strategies they have listed to say to the person in their scenario. Each group then shares their strategies and with the other groups. Rank the approaches the groups think might work best.

Discuss with the whole class how different strategies might work with different people or on different occasions.

#### Ask

*Why do so many people who smoke, want to quit smoking? (eg for health, social and financial reasons) Do you think the reasons for wanting to quit smoking would be the same or different for adults and teenagers? Do many people find it easy to quit smoking? (No) Why? (Tobacco is a very addictive drug. It is more addictive than heroine or alcohol and one in two recreational smokers will become addicted.) What type of support would be most useful to a smoker who is ready to quit? What type of support would be most useful to a smoker who is not ready to quit? How would you feel helping someone to quit?*

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

Two graffiti sheets titled 'ready to quit' and 'not ready to quit' could be used instead of the envoy strategy.



# Helping an adult to quit

---

## Scenario 1

Your aunt has come to visit you from interstate because she wants to use the break to help her quit smoking. She says that she usually wants to have a cigarette after a meal. You notice that your aunt still tends to quietly slip outside when people are finishing their evening meal and she smells of smoke when she comes back inside.

What could you say or do to help your aunt with her quit attempt?

Things I could say:

---

---

Things I could do:

---

---

## Scenario 2

Your father has agreed to try to quit smoking again. At home he has cut down his smoking a lot but he says it is very hard at work because many of his friends smoke. During morning and afternoon tea breaks and lunch time he can't resist the smell of others smoking outside the building and he usually has a cigarette.

How could you encourage your father to resist smoking at these difficult times?

Things I could say:

---

---

Things I could do:

---

---

## Scenario 3

Your 18 year old brother has taken up smoking because he says it makes him feel part of the group. You think your brother doesn't want to keep on smoking because he told you he doesn't really like the smell and that he'd rather spend his money on more interesting things.

How could you encourage your brother to not smoke?

Things I could say:

---

---

Things I could do:

---

---



# Helping your child be a non-smoker

**About 81% of Western Australian adults DO NOT smoke cigarettes.**

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>



## 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).

The good news is that 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.



<sup>1</sup> Source: ASSAD: Tobacco Survey 2011 (WA results), Drug and Alcohol Office, WA.

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

## ACTIVITY 9

### Responding to influences to use alcohol

#### Preparation

- ▶ Small cards or pieces of paper – one per group
- ▶ **Family information sheet** *Rules about alcohol* – photocopy one per student

- **Brainstorm** (refer to page 200) difficult situations where students may have felt pressured into doing something they didn't want to do. (It may be appropriate to be prepared to protectively interrupt during this part of the activity and remind students of the 'no name' rule.)

Discuss some clever ways they have responded to or avoided these situations and also saved face, and write these on the board under the heading 'Tricky situations toolkit'.

For example:

- ⊙ 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 just right now – delay things
  - ⊙ plan ahead
  - ⊙ say you feel sick
  - ⊙ hang out with other friends.
- Brainstorm some helpful thoughts students could use to help them deal with the internal pressure they may feel. Call these ideas 'helpful thoughts' and tell students they should keep these in their tricky situations toolkit.

Helpful thoughts can include:

- ⊙ 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.

- Give each group a card and ask them to write down a scenario where someone their age may be influenced to drink alcohol. Students must ensure that the scenario includes a character plus the following information. It may help to model how to create a scenario before groups attempt this on their own.
  - ⊙ **Who** – Which people are influencing your character (older siblings, friends, adults, person your age) or is the influence coming from your character's own thoughts?
  - ⊙ **What** – What kinds of things are said, done or thought to influence your character to use alcohol?
  - ⊙ **Where** – Where is this situation happening (eg at a friend's place, at the shops)?
  - ⊙ **How** – How is your character feeling in this situation?

Collect the scenario cards and read aloud to the class. Have the class rank the scenarios from the one that would cause the most alcohol-related harm to the one that would cause the least alcohol-related harm. Ensure students provide reasons for their rankings. (If a scenario has a minimal alcohol-related harm such as having a few sips of wine at a family dinner, have students invent another scenario.)

- Explain that rehearsing the things to do, say or think in tricky situations will help students to remember them and feel more confident to use them. Rehearsing will also help students decide on the tactics that will work for them.

Give each group a scenario card, ensuring they have not received the one they 'invented'. Each group is to **role-play** (refer to page 207) their scenario showing how they would deal with the situation by drawing on the strategies listed under the 'tricky situations toolkit'.

Frequently pause during each role-play and ask students in the audience to suggest possible helpful thoughts that a performer could have to help them deal with this situation, or unhelpful thoughts that might make things even trickier.

Alternatively, have a student play each character's 'inner thoughts'. Stop at appropriate points during the role-play to have the inner thoughts student reveal possible helpful thoughts that the character could

have to help them deal with the situation, or unhelpful thoughts that may make things even trickier. The inner thoughts student could also reveal thoughts that the character may be thinking but is too scared to say.

Rotate students through performing and observing roles.

Use the following questions to process the activity.

**Ask**

*Was your tricky situation caused by internal or external pressure to drink alcohol?*

*Which type of pressure do you think you would find easier to handle? Why?*

*What do you think were the most effective ways of reducing the alcohol-related harm in these situations?*

*Have you ever been in a similar situation? (Remind students of the 'no name' rule.)*

*How did you feel?*

*How do you think you would feel if you were in this situation?*

*Tell your partner which situation would be the trickiest for you to deal with and how you might deal with the situation?*

- Send a copy of *Rules about alcohol* home with each student to share with their family.

Add to the 'tricky situation toolkit' when someone finds another successful way to deal with a tricky situation.

The situation cards developed in this activity could also be related to medicines, tobacco or caffeine.



# Rules about alcohol

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

**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 teenage 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.
- Try to limit your children's access to alcohol. The longer teenagers 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 your child's questions about alcohol.
- Hold non-alcohol family and social occasions.
- Don't glorify alcohol and intoxication.
- Talk to your child about the laws of alcohol. For example, 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 (open 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 in public, such as on the street, in a park or at the beach?

## 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:

- manage their anger
- 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 10

### Assessing risks and consequences of alcohol use

#### Preparation

- ▶ **Activity sheet** *Assessing risks and consequences of alcohol use* – photocopy one per student
- ▶ Die – one for each group
- ▶ A4 paper – one sheet per group

- Explain that students are going to use their knowledge about alcohol to play a game that looks at the risks and consequences of alcohol use. Ask students to imagine the following situation.

#### Situation

You are a young police officer who has been posted to work in our community. Your first few weeks on the job have been dealing with vandalism, rowdy parties and several small car crashes. In each situation alcohol has been involved.

You are convinced that your community would be a better place if young people, under 18 years of age, did not drink at all. You know this may be hard to police so you are trying to encourage young people not to binge drink (ie drink to get drunk or drink to excess).

You have decided that the next time you come across a young person drinking alcohol under age, you are going to consider the possible consequences of this person's alcohol use, assess whether they are low, medium or high risk and then give them some advice about how they could reduce their risk of harm or how they could avoid drinking problems in the future.

Students form groups of six and using the die, build up a profile of their under-age drinker using the *Assessing risks and consequences of alcohol use* sheet.

Have each student complete the risk profile, assess the consequences, and do a risk rating for their young person.

Students listen to the findings of the other members of their group and rank their under-age drinkers from low risk to high risk, then decide the advice they could give this person to reduce their risk of harm or how they could avoid drinking problems in the future.

Listen to the each group's scenario and their risk assessment and strategies.

#### Ask

*After listening to each scenario, which young person would have been at the highest level of risk from the harms of alcohol? Why?*

*Which young person would have been at the lowest level of risk from the harms of alcohol? Why?*

*Do you think any of these situations could happen in real life? Which situation?*

*What do you think is the most important when considering your own risks of harm around alcohol: the place it is being drunk, the amount of alcohol being consumed, or your own mood or physical factors?*

*What do you think were some of the most effective bits of advice to reduce the harms from alcohol? Why?*

Teachers may need to revise the drug use triangle from Activity 5 before asking students to complete this activity.

# Assessing risks and consequences of alcohol use

You are a young police officer. You are worried about the level of binge drinking among young people in your community. You are currently with an under-age drinker and need to give them some advice about how they could reduce their risk of harm from alcohol or how they could avoid drinking problems in the future.

Roll the dice three times to find out who your young person is, how much alcohol they have drunk, and where they are drinking. Write this information down.



Number rolled	The person
1	A girl, small framed – never used alcohol before
2	A boy, small framed – has not eaten
3	A girl, medium framed – taking cold and flu medication
4	A boy, medium framed – just broken up with girlfriend
5	A girl, large framed – celebrating something
6	A boy, large framed – feeling sad because his parents are getting divorced

Number rolled	Alcohol (the drug)
1	2 cans of vodka and orange in 2 hours
2	4 cans of rum and coke in 2 hours
3	½ a can of low strength beer in 2 hours
4	6 cans of full strength beer in 2 hours
5	½ bottle of vodka in 2 hours
6	a couple of sips of wine from a wine box in 2 hours

Number rolled	The place
1	At a sleepover with friends
2	At home but parents are out for the night
3	At the beach at night with strangers
4	Riding a bike with best friend
5	At their sporting team's windup
6	Home alone

- Write the factors that are **positive** for your young person.
- Write the factors that you think are a **risk** for your young person.
- Write any factors that could be either a positive factor or a risk factor, depending on the situation, in the **unsure** column.

Positive factors	Risk factors	Unsure





## Assessing risks and consequences of alcohol use

List the possible consequences (or harms) that your young person may face in this situation. For example:

- **Physical consequences** – vomiting or hurting themselves.
- **Social consequences** – upsetting other people, causing fights, doing something embarrassing.
- **Legal consequences** – being found using alcohol by the police. Remember, people of any age are not allowed to drink alcohol in public places such as on the street, in a park or at the beach. Young people, under 18 years of age, are not allowed to be in possession of alcohol (open or un-opened) in a public place. Police can seize and dispose of the alcohol under these circumstances. (Maximum penalty \$2000.)

Physical consequences	Social consequences	Legal consequences

What is the risk of harm for your young person? ☐ low ☐ medium ☐ high

Explain the reasons for your risk assessment.

--

What advice would you give your young person to reduce their risk of harm or avoid drinking problems in the future? For example, choose not to drink; drink with friends; drink much less alcohol in one sitting.

--

## ACTIVITY 11

### Beating the tobacco and alcohol companies at their own game

#### Preparation

- ▶ Activity sheet *Beating the drug companies* – photocopy one per student
- ▶ Access to computers
- ▶ Access to [www.OxyGen.com.au](http://www.OxyGen.com.au) and [www.alcoholthinkagain.com.au](http://www.alcoholthinkagain.com.au)

- Ask students to respond to the following unfinished sentences either in a **circle talk** (refer to page 202) or in written form.
  - ⊙ The three most important things I learnt about the short-term effects of alcohol on the body were...
  - ⊙ The three positive influences or reasons why I would choose to not experiment with alcohol are....
  - ⊙ The three negative influences or reasons why I may be tempted to experiment with alcohol are...
  - ⊙ The helpful thoughts I could use when I find myself up against these negative influences would be...
  - ⊙ The clever tricks I could do or say if someone was pressuring me to experiment with alcohol would be...
  - ⊙ The drug triangle helps explain...
  - ⊙ If I wanted some reliable information about smoking to help a family member quit, I would go to...
  - ⊙ If I wanted some reliable information about alcohol to decide whether I wanted to experiment with drinking or cut down on my drinking, I would go to...
- Distribute copies of *Beating the drug companies*. Ask students to read the claims of each company and their arguments that explain why alcohol and tobacco are not harmful.

- Students form groups of four. Direct students to the smoking fact sheets on the [www.OxyGen.com.au](http://www.OxyGen.com.au) website or the *Here's to your health – a guide to reducing alcohol related risks and harms* alcohol fact sheet on the Drug and Alcohol Office website ([www.dao.health.wa.gov.au](http://www.dao.health.wa.gov.au)). Using these sources of information and the knowledge and attitudes they have developed during this focus area, groups are to develop a persuasive text to refute each of the drug companies' arguments. Suggest that a member in each group takes responsibility for developing an argument for one of the company's claims and supporting evidence.

Students present their arguments using PowerPoint or another computer program. Include tables and graphs that may support their persuasive text.

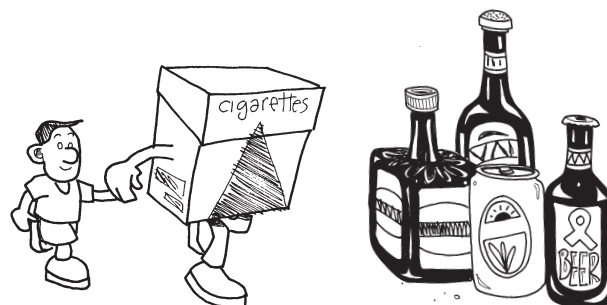
- Show the finished presentations to other students in the school library or foyer area.
- Conduct a class debate on the topic: Tobacco/alcohol companies do not sell harmful products, it's the way people use these products that makes them harmful.

If computer access is not available, call *Smarter than Smoking* (08) 9388 3343 or email [SMART@heartfoundation.org.au](mailto:SMART@heartfoundation.org.au) to order smoking fact sheets. Contact the Drug and Alcohol Office (DAO) on (08) 9370 0333 or [dao@health.wa.gov.au](mailto:dao@health.wa.gov.au) and order *Here's to your health – a guide to reducing alcohol related risks and harms*. These can also be downloaded from the Smarter than Smoking or DAO websites respectively.

# Beating the drug companies

Consider the arguments put forward by the Huff and Puff tobacco company and the Cool Fizz alcohol company.

Choose either tobacco or alcohol and, using reliable sources of information, research an argument for each claim which refutes the drug company's main points.



## Tobacco

Huff and Puff Tobacco Company's claim	Huff and Puff Tobacco Company's supporting evidence (main points)	Your counter argument (main points)
Smoking improves your quality of life.	Smoking calms your nerves; makes you feel good; helps you relax.	
Smoking is not addictive.	If people want to, they can control their smoking habits.	
Smoking is not necessarily harmful.	People who don't smoke get lung cancer and those who do, often live to be very old.	
Tobacco companies don't force people to smoke. People who smoke do so of their own choice.	Many people choose not to smoke despite being surrounded by our products every day in supermarkets and shops. Those who do smoke can choose to quit if they don't like it.	

## Alcohol

Cool Fizz Alcohol Company's claim	Cool Fizz Alcohol Company's supporting evidence (main points)	Your counter argument (main points)
Alcohol improves your quality of life.	Alcohol makes you feel good; helps you relax and makes celebrations more special.	
Alcohol is not necessarily harmful.	Tobacco causes about 80% of all drug related deaths each year and alcohol only causes about 14%. There is research that says red wine is good for your heart.	
Alcohol use is everyone's choice. You don't have to drink alcohol.	Many people choose not to drink alcohol despite being surrounded by our products every day in supermarkets and bottle shops. Those who do drink can choose to stop drinking whenever they like.	
Binge drinking is not a problem for the alcohol industry to solve.	We always promote drinking on moderation in our advertisements. It's not our problem that some people choose to binge drink.	

