

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 3 students. It focuses on:

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

### Key understandings

- A drug is any substance (except food and water) which, when taken into the body changes the way the body works.
- Analgesics are drugs that have both helpful and harmful effects.
- There are safety procedures for the storage and use of analgesics, prescription and over-the-counter medicines.
- Prescription medicines have a risk of serious health problems if used inappropriately so we need to get a script from the doctor for them.
- Over-the-counter medicines can also have problems associated with excessive use.
- Medicines should be used after non-medical alternatives for relief have been tried first.
- When a non-smoker breathes in tobacco smoke it is called passive smoking.
- Passive smoke is more dangerous for young children than adults because their lungs are still developing.
- Passive smoke causes bad chest infections, slower lung growth, more asthma attacks and irritation to eyes, ears and throats in young children who are exposed to it.
- There are many things to say and do to avoid passive smoking.
- Too much caffeine can be harmful.
- Caffeine is found in a range of food and drink such as coffee, tea, cola, energy drinks and over-the-counter medicines.
- There are non-caffeine products that could be substituted for those containing caffeine.

### Key skills to practise

- Share opinions about analgesics, prescription and over-the-counter medicines, passive smoking and caffeine.
- Identify and respond to unsafe situations around analgesics, prescription and over-the-counter medicines; passive smoking; and caffeine.
- Make decisions in passive smoking situations.
- Monitor own caffeine intake.
- Listen when others talk.
- Share equipment and aids with others.
- Work effectively in a team to achieve a goal.

## 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 What is a drug?	65
2 Safe use of analgesics, prescription and over-the-counter medicines	67
3 Considering passive smoking	68
4 Considering caffeine	70
<b>FINDING OUT</b>	
5 Following instructions on medicines keeps us safer	72
6 Thinking about avoiding passive smoke	75
7 Considering caffeine in food and drinks	79
<b>SORTING OUT</b>	
8 Making safer decisions around medicines	82
9 Practising staying safer around passive smoking	85
10 Practising staying safer around caffeine	87
<b>REFLECTING</b>	
11 What does this all mean to me?	89

### Key

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

## TEACHER NOTES

### Analgesics

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

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

### Prevalence of analgesic use

Analgesics are the most commonly used drugs among 12-17 year old WA students with 95% having used them at some time in their lives, with females being more likely to use than males.<sup>1</sup>

Australia has the greatest use of analgesics and renal failure caused by analgesics in the Western world. Teaching young children about non-medicinal alternatives to analgesics challenges our drug taking culture.

### Death and disease

Poisonings continue to be a cause of child hospitalisation in Western Australia. Education on the safe use of medicines is therefore important for students and parents/caregivers alike.

Childhood poisonings are mainly caused by products commonly found around the home including medicines (pain relievers and sleeping tablets), household cleaning agents (caustic cleaners for drains, dishwashing machine detergent), petrochemicals (kerosene, petrol) and pesticides and weedkillers.

The majority of poisonings occur when the substance is not in its usual place and has been recently used but not monitored by an adult.

Aspirin use for children under the age of 12 years is dangerous. It can harm the stomach and intestinal tract and can cause Reye's Syndrome (a rare but potentially fatal condition). This information may not be known by many parents and caregivers.

Aspirin may cause irritation of the gastric mucous membrane and even bleeding from the stomach. Excessive use may result in ringing in the ears, giddiness, nausea and mental aberration. Regular long-term use of aspirin may cause kidney damage and anaemia and asthma attacks.

Paracetamol overdose can produce acute and sometimes fatal liver damage and also kidney damage. A dose of fewer than 10 tablets (25g) may be fatal.

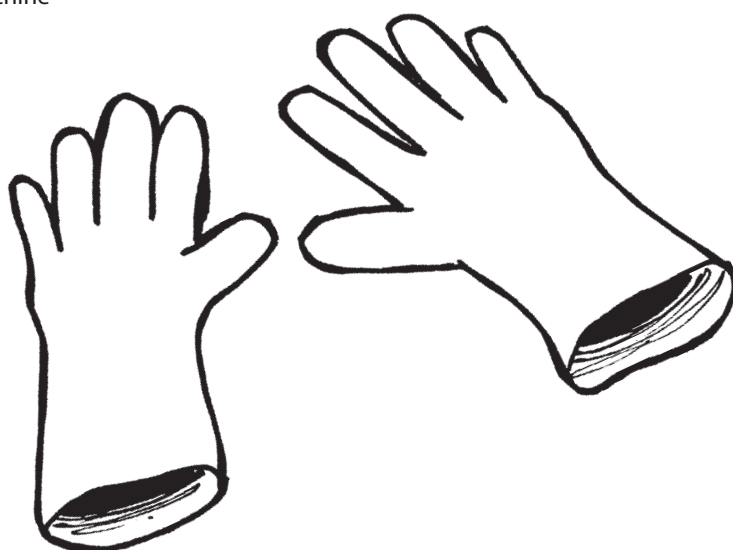
### How analgesic and over-the-counter medicine education is taught is important

Sometimes analgesics will be the best form of short term treatment of pain however students should be encouraged to use analgesics after they have tried alternatives to pain relief.

Stress that a good way to prevent pain is to maintain a balanced diet, be active every day, participate in healthy relationships, and get sufficient rest.

Students see analgesic use as harmless because they are influenced by advertising and their parents' and other adults' example. Find opportunities to challenge these influences.

Stress that a trusted adult is the only person who can administer these drugs.



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

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

## Caffeine

Caffeine is a stimulant drug which in its purest form, consists of bitter-tasting crystals. Caffeine is found in many common substances such as coffee, tea, cocoa, chocolate, cola, energy drinks and bars, some prescription and over the counter medicines (eg No Doz) and other stimulants such as guarana.

### Caffeine effects on the body

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.

The effects of caffeine, like those of any drug, can 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.

Disturbing physical effects of caffeine on some people include anxiety, irritability, increased breathing and heart rates, dizziness, headaches, dehydration and frequent trips to the toilet.

Caffeine is particularly harmful for young children because it can cause sleep problems, anxiety, irritability and bed wetting. There is also a danger that regular use may threaten bone mass among young children since it causes excess secretion of calcium and magnesium.

Doctors recommend that children consume less than 100mg of caffeine per day, which is approximately one cola drink and a 20g chocolate bar.

Caffeine poisoning can be seen with much smaller doses in children, such as up to one gram of caffeine (about 12 energy drinks).

Energy drinks should be avoided by children less than 15 years old due to the high levels of caffeine in these products.

### How caffeine education is taught is important

Students need to understand that being healthy involves maintaining a low caffeine intake. Low or no caffeine intake needs to be discussed as part of behaviours of healthy people.

Students should be able to identify products containing caffeine and also alternative food and drinks that could be consumed instead of those that contain caffeine. Many of the caffeine products that children consume also contain high levels of sugar so it would be appropriate to focus on this as part of a healthy diet.

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

It is important to engage parents in caffeine education as many are not aware of the effects of caffeine on children and young children have little control over what they eat and drink.

## Tobacco

Tobacco may harm a person's health as it contains thousands of chemicals 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.

Other chemicals such as benzene (found in petrol) and naphthalene (found in mothballs) are added when cigarettes are being made.

### Prevalence of tobacco smoking

Almost 95% of young people aged 12 to 17 years are not current smokers<sup>2</sup> and about 81% of adults don't smoke<sup>3</sup>. Many young people significantly overestimate this figure and often perceive smoking to be a normal adult behaviour.

The number of current smokers aged 12 to 17 years has decreased significantly over time falling from 17% in 1999, to 6% in 2011<sup>2</sup>.

<sup>2</sup> Australian School Students Alcohol and Drug Survey: Tobacco Report 2011, WA Results, Drug and Alcohol Office, 2012

<sup>3</sup> National Drug Strategy Household Survey 2010, WA Results, Drug and Alcohol Office, 2011

Young people from lower socio-economic or Aboriginal backgrounds often experience more influences to start smoking, such as overt peer influence and a greater number of family members who smoke.<sup>4</sup>

People who start smoking in their teen years are more likely to become regular smokers, smoke more heavily, have difficulties quitting and are at greater risk of getting smoking-related diseases.

The normative education activities in this module clarify misconceptions about tobacco use for students. It is important that students understand that young people who don't smoke are more likely to be one of the crowd rather than the odd person out.

### Death and disease

Tobacco smoking is the largest single preventable cause of death and disease in Australia today. Smoking is estimated to cause 15,500 deaths in Australia each year, which is over nine times the number of road crash fatalities.<sup>5</sup>

Some of the diseases caused by smoking include:

- cancer (in the lung, lip, tongue, mouth, throat, nose, nasal sinus, voice box, oesophagus, pancreas, stomach, kidney, bladder, urethra, cervix, and bone marrow)
- heart disease
- stroke
- emphysema
- asthma
- blindness.

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

### Passive smoking

Passive smoking is more harmful to young children than adults as their respiratory systems are still developing.

Children exposed to passive smoke are more likely to have serious chest infections, poor lung function and growth, triggered asthma attacks and irritated eyes, throat and ears. Stress that some poisons in tobacco smoke are more

concentrated and dangerous in 'side stream' smoke than 'mainstream' smoke because the particles are unfiltered, smaller and reach deeper into the lungs, and stay longer in the body.

About 85% of the smoke in an average room where people have been smoking is passive smoke. This smoke affects both smokers and non-smokers.<sup>7</sup>

More than a third (36%) of 12-17 WA students in 2011 reported living with people who smoke.<sup>8</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.

### 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>9</sup>
- encourage students to be 'smoke free' rather than advocating that students simply 'don't smoke'.

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

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

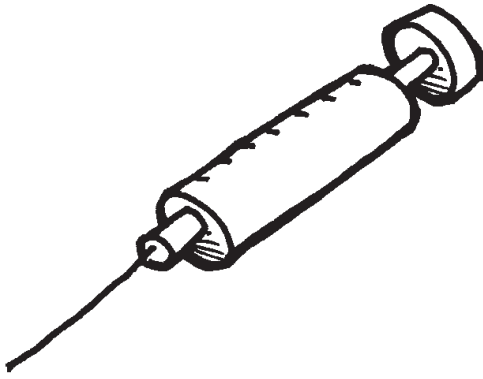
6 *National Tobacco Strategy. 2012-2018 (Draft)*. Ministerial Council on Drug Strategy, 2012.

7 Fielding, J.E., Phenow, K.J., *Health effects of involuntary smoking*. *New Engl J Med* 1988; 319: 1452-1460.

8 *Australian School Student Alcohol and Drug (ASSAD) Survey – Tobacco Report 2011*, WA Results, Drug and Alcohol Office.

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





When conducting tobacco education do not introduce smoking as a 'deviant' behaviour as this may be the very thing that attracts some students to take up smoking. It is more effective to 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.

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>10</sup>

### School drug education guidelines

A school's drug education guidelines should address smoking as a health and safety issue rather than a disciplinary issue. The resource *Getting it Together: A Whole-School Approach to Drug Education*, provides schools with a template that can be used to develop School Drug Education Guidelines. This resource is available at [www.sdera.wa.edu.au](http://www.sdera.wa.edu.au)

### Useful websites

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

<sup>10</sup> *National Tobacco Strategy 2004-2009*, Ministerial Council on Drug Strategy, 2004



## ACTIVITY 1

### What is a drug?

#### Preparation

- ▶ Dot stickers – one per student
- ▶ Red, blue and green marker
- ▶ **Activity sheet** *Is this a drug?* – photocopy one per group
- ▶ A3 paper – two sheets per group

- Write the following definition of a drug on the board:  
*A drug is any substance (except food and water) which, when taken into the body changes the way the body works.* (This is an adaptation of the World Health Organisation definition.)
- Discuss the definition of a drug then **brainstorm** (refer to page 190) a list of substances that would fit the definition. Prompt students to include caffeine, analgesics, prescription and over-the-counter medicines (eg cough suppressants, asthma medications, epi-pens, vaccines and antibiotics), tobacco, alcohol and illegal drugs (eg cannabis).

Categorise the substances listed using the following headings and different coloured markers:

- ◉ Legal (red marker)
- ◉ Illegal (blue marker)
- ◉ It depends eg alcohol and tobacco which cannot be used or purchased by children who are under 18 years of age (green marker).

Process the categories using the following questions.

#### Ask

*Why is it important for some people to regularly take medicines? (Some people require medicines for physical or mental conditions eg diabetics, asthma sufferers, ADHD.)*  
*What are some of the most commonly used drugs in Australia? (eg caffeine, analgesics, alcohol and nicotine)*  
*Why are some drugs legal and some illegal in Australia? (The Government introduces drug laws to reduce the harm a drug may cause to the community eg young people under 18 years cannot legally buy tobacco or alcohol.)*  
*If a drug is legal does that mean it is a safe drug to use? (No. All drugs have side-effects. A drug that is legal does not mean it is harmless. For example alcohol and tobacco which are legal drugs, cause more harm in our community than illegal drugs.)*

- Give each group an A3 sheet of paper and a copy of *Is this a drug?* Have groups draw a **Y chart** (refer to page 199) on the paper and label with the headings – drug; not a drug; not sure. Explain that groups are to cut out and classify the cards from the activity sheet into the three categories.

Check groups' responses. Highlight that although some foods or drinks contain substances that are classified as drugs (eg chocolate contains caffeine), chocolate itself is not a drug.

**Drug** – chocolate (caffeine), cocoa (caffeine), alcohol, caffeine, nicotine/tobacco, energy drink, can of Coke (caffeine), insulin, antibiotics, asthma puffer, pain reliever like Disprin, antiseptic like Dettol or Savlon, cough mixture, adrenalin in Epi-pen, measles vaccine, worm tablets.

**Not a drug** – peanuts, milk, lollipop.

Clarify items in the 'not sure' category as a whole class. Explain that some items may have been more difficult to classify as some foods and drinks contain drugs and some substances cause allergic reactions eg peanuts.

#### Ask

*What are the possible helpful effects of (insert drug name)?*

*What are the possible harmful effects of (insert drug name)?*

*What have you learnt about drugs? (Drugs come in many forms. Some drugs are used to help people lead healthy lives eg insulin. Drugs are everywhere in our community. People understand the word 'drug' to mean many different things.)*

- Write the following unfinished sentences on the board for students to copy and complete.  
 The definition of a drug is \_\_\_\_\_ .  
 I did not know that \_\_\_\_\_ was a drug.

# Is this a drug?



Nicotine/tobacco



Alcohol



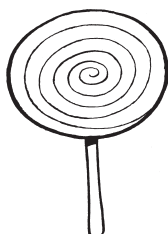
Coffee



Ventolin



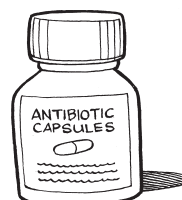
Cough mixture



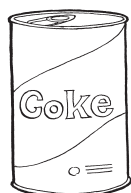
Lollipop



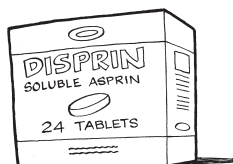
Cocoa



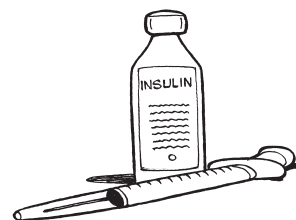
Antibiotics



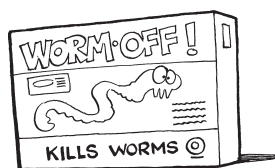
Can of Coke®

Pain reliever  
like Disprin®

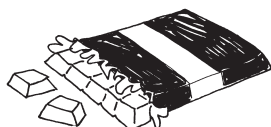
Peanuts



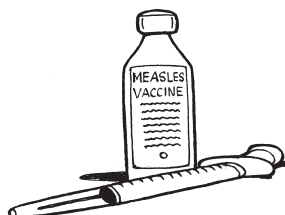
Insulin



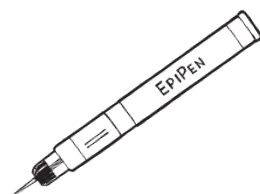
Worm tablets



Chocolate



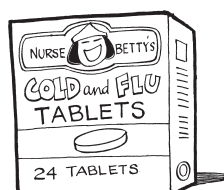
Measles vaccine

Antiseptic like  
Dettol® or Savlon®

Adrenalin (in Epi-pen)



Milk



Cold and flu tablets



Energy drinks



## ACTIVITY 2

### Safe use of analgesics, prescription and OTC medicines

#### Preparation

- ▶ Selection of empty analgesics containers (names removed from prescription analgesics)
- ▶ Cardboard cut the size of a postcard – one per student
- ▶ Drawing materials – class set

- Have students answer the quiz questions using **heads and tails** (refer to page 200). Correct any misinformation offered by students when discussing the answers.

#### Quiz questions

- ⊙ Any medicine can be misused. (True)
  - ⊙ You should only take your medicine from trusted adults such as your parents or a teacher. (True)
  - ⊙ Adults must read and follow the directions printed on the side of all medicines before taking them or giving them to someone else. (True)
  - ⊙ All medicines should be stored away from young children. (True)
  - ⊙ A drug is something that you take and it changes the way the body works and the way you think and/or feel. (True)
  - ⊙ Medicines are drugs. (True)
  - ⊙ Prescription medicines are medicines that only adults can buy at a chemist with a doctor's prescription (script). (True)
  - ⊙ Over-the-counter medicines are medicines that adults can buy without a prescription at chemists and supermarkets. (True)
  - ⊙ Another name for a painkiller is analgesic. (True)
  - ⊙ Taking too many analgesics can cause headaches and damage your stomach and kidneys. (True)
- **Brainstorm** (refer to page 190) a list of 'common causes of pain' such as an aching head, stomach, ear or tooth, sunburn, new braces, cuts and broken bones. Distinction between physical and emotional pain may need to be clarified with sensitivity.
 

Discuss words that can be used to describe different forms and intensity of pain eg ache, throb, burn, sting, unbearable, nauseating and excruciating.
- Display a range of empty analgesic bottles and packages to show students that these kinds of medicines are available in different forms eg tablets, capsules and liquids. Explain that the products are all

called analgesics and they are useful for short-term relief of pain, inflammation and fever.

Write the following information about analgesics on the board and emphasise each point.

- ⊙ Analgesics do not cure the cause of the pain.
- ⊙ Analgesics do not cure stomach aches or help you relax.
- ⊙ Taking the correct dose is very important.
- ⊙ Taking too much can cause damage to the kidneys, stomach and liver.
- ⊙ Aspirin should not be taken by children under the age of 12 years because it can harm the stomach and intestines (eg Disprin, Aspro Clear).
- ⊙ Paracetamol is safer to use with children (eg Panadol).
- ⊙ Most analgesics can be bought over-the-counter but some analgesics are prescription medicines (eg those containing morphine).
- ⊙ Analgesics should always be stored away from children.
- ⊙ Analgesics should be taken for no more than three days in a row.
- ⊙ Analgesics should not be used with other medicines.

- Working in small groups, students brainstorm non-medicinal alternatives for some of the 'common causes of pain' that were previously identified. Some examples include:

**Headache:** lie down in a dark room, drink water, place a cool cloth on the forehead or back of the neck, massage the head and neck, listen to relaxing music or sleep.

**Stomach ache:** place a hot water bottle or heat pack on the stomach, gentle massage of sore area, drink warm ginger and water.

**Sunburn:** cool shower or bath, aloe vera cream.

**Sore throat:** gargle with warm salty water, drink pineapple juice, sip a honey and lemon drink, suck a lolly.

- Students can design the front of a postcard to visually inform their family of some safety rules to remember when using analgesics, prescription or over-the-counter medicines. On the back of the postcard have students write two or three things they have learnt from this activity. Suggest students refer to the information previously written on the board.

## ACTIVITY 3



## Considering passive smoking

## Preparation

- ▶ **Activity sheet** *No smoking sign* – A3 photocopy or place on interactive whiteboard
- ▶ **Strategy sheet** *Yes, no, maybe* – photocopy one set
- ▶ Large sheets of paper

- Display the *No smoking sign* in the room or show on an interactive whiteboard. Use the following questions to discuss passive smoking.

## Ask

*Have you seen this sign before? Where?* (eg hospitals, public transport, schools, theatres, food preparation areas, government buildings, taxis, airlines and shopping centres)

*Why is this sign used?* (Health reasons: in restaurants, hospitals, public transport and workplaces. Safety reasons: near flammable products to prevent fires.)

*What is passive smoking?* (This term refers to the inhalation of tobacco smoke by people who do not smoke but spend time with those who do smoke. If students are already aware of passive smoking discuss 'mainstream' smoke eg the smoke drawn through the cigarette into the smoker's mouth and 'side stream' smoke eg the smoke that drifts off the end of a burning cigarette.)

*Why is passive smoking bad for you?* (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.)

*Where have you been around passive smoke?*

*Did you do anything about it? If so, what happened?*

*How did you feel when this happened?*

*Did anyone else do anything about it?*

- Set up a **values continuum** (refer to page 200) labelled with the 'yes', 'no', 'maybe' cards. Conduct the continuum activity using the following statements. Ensure students are given opportunity to hear responses from students standing along all areas of the continuum.

## Statements

- ⊙ It's okay for adults to smoke around me.
- ⊙ I could easily avoid passive smoke.
- ⊙ Passive smoking is only harmful for smokers.
- ⊙ I think it would be easier for me to avoid passive smoke by doing something such as opening a window, than saying something such as – *Would you please smoke outside?*
- ⊙ I think asking an adult I trust for help to keep me safer around passive smoke is a good idea.

After discussing the statements, process the activity using the following questions.

## Ask

*How did you feel sharing your opinion about passive smoking with other students in our class?*

*How would you protect yourself from passive smoke?*

*How does it make you feel knowing that you can do something about avoiding passive smoke?*

- Write one of the following sentence beginnings on each **graffiti** sheet (refer to page 194). The number of graffiti sheets will depend on the size of the class.
  - ⊙ I think passive smoking is....
  - ⊙ Passive smoke is bad for me because...
  - ⊙ If I'm around passive smoke I...

After an initial discussion to clarify that all of the class understand what passive smoking is, circulate the graffiti sheets for groups to complete. Discuss findings and correct any misinformation about passive smoking.

## Ask

*What do most people in our class think about passive smoking?*

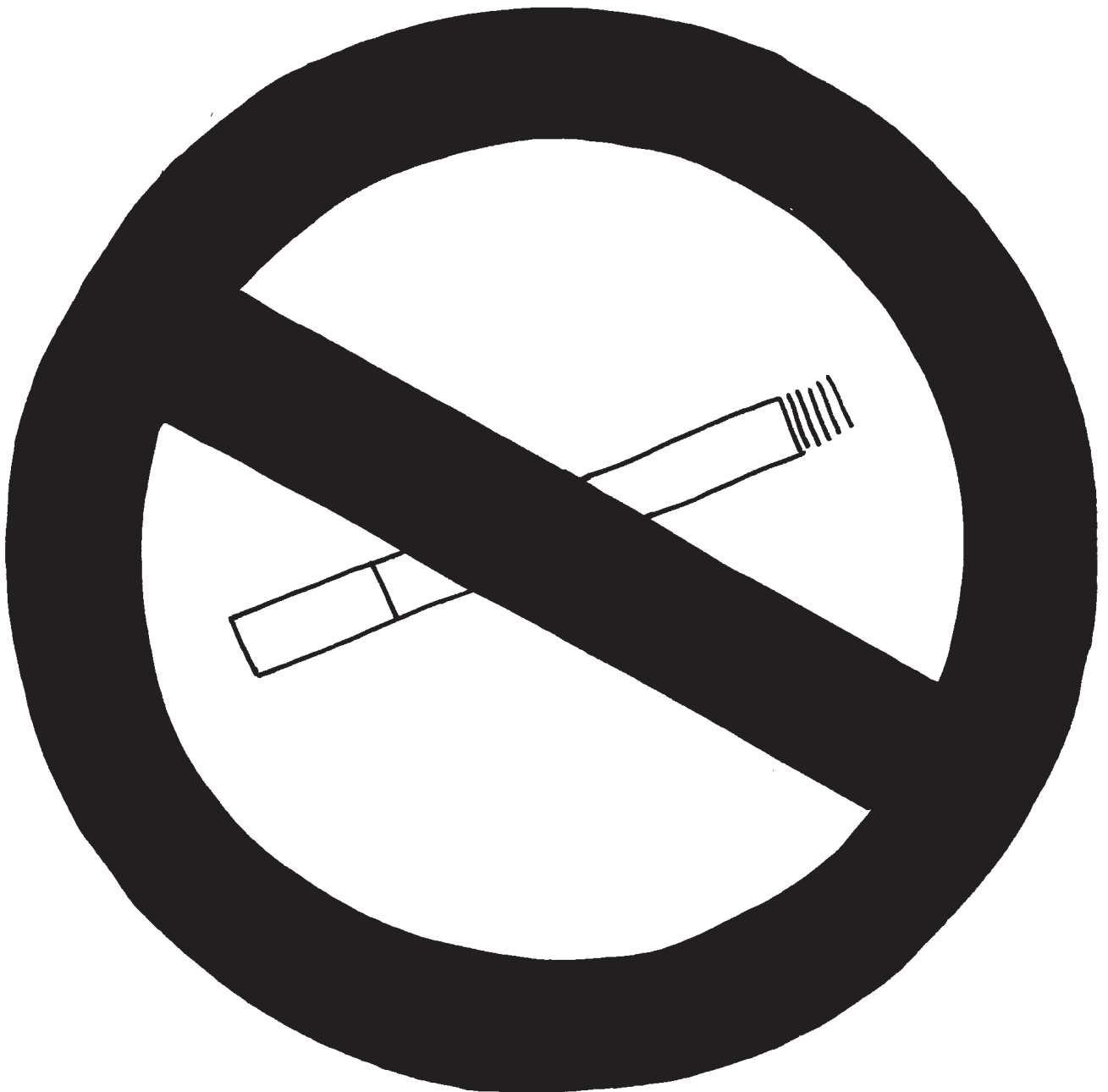
*Did you find some new things to do when you are around passive smoke? What were they?*

- Students complete the following unfinished sentences:
  - ⊙ I think smoking is....
  - ⊙ Side stream smoke is....
  - ⊙ I could avoid passive smoking by....
  - ⊙ Passive smoking is harmful because....

Alternatively, students can draw, paint or use a drawing program to design a poster for their home. Suggest titles such as *Smoke free home* or *My room is smoke free* are included in the poster. Send the posters home so students can share and discuss the information with their family.

## No smoking sign

---



## ACTIVITY 4



## Considering caffeine

## Preparation

- ▶ **Activity sheet** *What I know about caffeine* – photocopy one per student
- ▶ Signs labelled *Has caffeine*, *No caffeine* and *Unsure*
- ▶ A lucky dip box or bag
- ▶ Empty packaging of products that contain caffeine eg chocolate, choc milk, cola, energy drinks, tea and coffee
- ▶ Empty packaging of products that do not contain caffeine eg milk, soft drink, lollies

- Distribute the *What I know about caffeine* sheets. Explain that students are to read the statements and write their response in the 'before' column. It may be necessary to clarify terms such as 'stimulant' and 'guarana'.

The answer to all statements is 'true'. Discuss the statements and clarify any misconceptions.

- Display each of the prepared signs (*Has caffeine*, *No caffeine* and *Unsure*). Place students in pairs and invite each pair to choose a product from the lucky dip box.

Ask students to decide if the product does or does not contain caffeine and stand near the appropriate sign. Students who can't decide about the product's caffeine content should stand near the 'unsure' sign.

Allow time for students standing near each sign to show and discuss their product with the rest of the group. After the discussion students may choose to change position if they think their original decision was incorrect.

As a class, discuss the products placed in the 'unsure' group and have students move once a decision is made about the caffeine content.

This 'before and after' quiz will determine student's prior knowledge of caffeine and highlight areas that need addressing with further learning experiences.

## Ask

*Were there any products that were in the 'Has caffeine' group that surprised you? Why?*

*Were there any products that were in the 'Does not have caffeine' group that surprised you? Why?*

*Think about the things you eat or drink that have caffeine in them. Put up seven fingers if you have them every day of the week, one finger for once a week and a fist for never.*

*Do you think it is healthy to eat or drink products with caffeine in them every day? (No. Children under 15 years should not consume products with high caffeine levels such as energy drinks, as caffeine can affect a growing brain).*

*What did you learn about caffeine by doing this activity?*

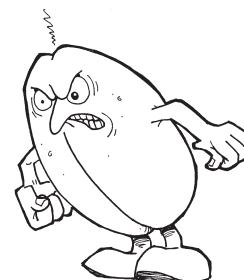
*Why do you think we are learning about caffeine?*

*(It is important to monitor caffeine intake and reduce or continue to remain caffeine free to maintain wellbeing).*

Place the empty packets and containers in the 'lucky dip' box before conducting the activity.

## What I know about caffeine

Read the sentences. Write your answer in the 'before' column.  
Use T = true, F = false and U = unsure.



BEFORE		AFTER
	Caffeine is a stimulant drug.	
	Guarana is like caffeine.	
	Caffeine can keep some people awake.	
	Caffeine is found in coffee, tea, energy drinks, Coke and chocolate.	
	Caffeine can increase some people's heart rate and make them feel excited.	
	Children under 15 years should not drink energy drinks because they contain large amounts of caffeine.	
	Energy drinks and other drinks that contain caffeine often also contain lots of sugar.	
	Caffeine can stay in your blood for about 12 hours.	



## ACTIVITY 5

### Following instructions on medicines keeps us safer

#### Preparation

- ▶ **Activity sheet** *What's on the box?* – photocopy one per group
- ▶ Empty, washed medicine and analgesic containers – three per group
- ▶ **Family information sheet** *Staying safer around analgesics* – photocopy one per student

- Explain that 'prescription medicines' can only be taken by the patient named on the packet or bottle and that the amount and times of day that the medicine should be taken are listed on the products.

Explain that 'over-the-counter medicines' usually specify the symptoms the medicine can relieve and also include the recommended dosage and warnings.

Revise the safe use of analgesics and other medicines from Activity 2. Stress that reading the information on a product is important for all medicines but in particular for analgesics which are useful for short-term relief of pain, inflammation and fever. Remind students that the incorrect use of analgesics can cause damage to the liver, stomach and kidneys.

Place students in small groups. Give each group three empty containers of analgesics or other medicines. Ask groups to look carefully at each product then ask the following questions.

Collect empty and washed medicine and analgesic containers. Pharmacies will often provide empty containers. Delete all names from the prescription medicines.

#### Ask

*What does the use-by-date mean?* (It tells the reader when to dispose of the product as some medicines become toxic after the use-by-date has expired.)

*Doses for liquid analgesics are usually just a few mls, which is a tiny amount. How can adults correctly measure this amount?* (This can be done using a medicine measuring cup or syringe.)

*Why is it important to take the correct dose?* (The dose has been calculated, mainly based on weight, and will reduce the possibility of negative side effects).

*What type of analgesic is the safer option for children under 12 years?* (Paracetamol is the safer medicine for children under 12 years. Aspirin and medicines that are a combination of aspirin and other drugs are not recommended for children even though dosages for children are often listed on these products.)

*Why do analgesics always have 'keep out of reach of children' written on the packaging?* (Incorrect storage may result in accidental overdose of analgesics which can be fatal or can cause serious damage to the liver and kidneys.)

*What are the non-medical things you could try before using an analgesic?*

*Why are some medicines only available by prescription while others can be bought over the counter?* (Often prescription medicines have a risk of serious health problems if used inappropriately, and they may cause dependency if not used correctly. Over-the-counter medicines can also have problems associated with excessive use.)

*Can you think of other ways to relieve some of the symptoms listed on the over-the-counter medicines you have looked at?* (Refer to the ideas suggested in the 'brainstorm' conducted in Activity 2.)

*Do you think being able to easily buy over-the-counter medicines in supermarkets, chemists and service stations encourages Australians to use more pain relievers and analgesics?* (Australia has the world's highest use of analgesics.)

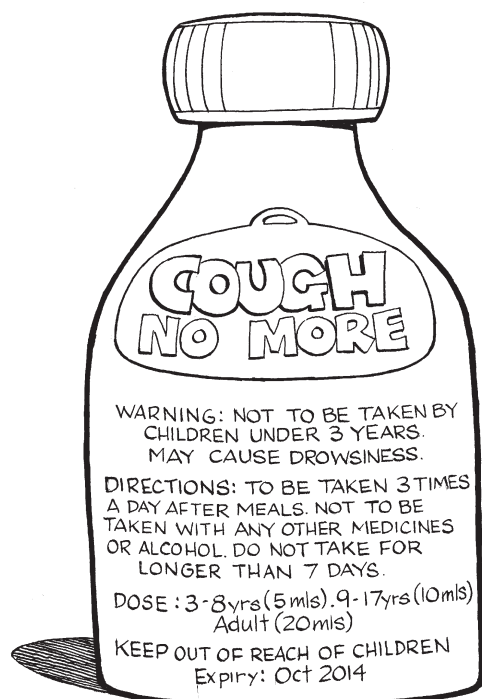
- Give each group a copy of *What's on the box?* Explain students are to complete the sheet using the empty packets and containers.
- Send home a copy of *Staying safer around analgesics* with each student to share and discuss with their family.

## What's on the box?

Write the information for three medicines.

Brand name			
Name of drug eg paracetamol, aspirin			
Correct dose for a child your age?			
What warnings or storage instructions are on the product?			
What is the use-by-date?			
What non-medical thing could you try before taking this drug?			

Read the instructions on the cough mixture bottle then answer the questions.



1. Tom is 9 years old and has a bad cough. How much cough mixture should Tom's mum give him each day?
2. Jenni is 12 years old and has a bad cough. How much cough mixture should Jenni's dad give her each day?
3. Tom's 2 year old sister has a cough. Should she take the medicine?
4. Jenni's dad starts to get a cough. He has a long drive to get to work. Why should Jenni's dad not take the medicine?
5. After taking the medicine for 2 days, Tom gets an asthma attack. Do you think he should stop taking the medicine?



# Staying safer around analgesics

**People sometimes take pain relievers to stop pain, reduce a fever or reduce inflammation. This information sheet explains some of the things you need to know about analgesics and their use.**

Another name for pain relievers is analgesics. There are three different types of analgesics:

- **paracetamol** eg Panadol, Dymadon
- **aspirin** eg Disprin, Aspro Clear
- **combination products** which may contain aspirin or paracetamol and a drug called codeine eg Disprin Forte, Painstop syrup, Panadeine.

Some analgesics can be purchased over-the-counter. Other stronger analgesics can only be bought at a chemist and with a doctor's prescription.

## Analgesics won't:

- cure what is causing the pain
- prevent a headache
- give you more energy
- calm you down if you are upset
- help you to sleep.

## Using analgesics

- Use only as directed – taking more than this dose can cause harmful effects on the kidneys and liver.
- Children should only take analgesics when given to them by a trusted adult.
- Children under 12 should never use aspirin because it can damage their stomach and intestines.
- Check for 'doubling up' on analgesics by reading the ingredient list of other medicines such as cold and cough remedies.
- Don't use paracetamol past its expiry date as it becomes poisonous.
- Don't use for more than 3 days in a row.

Over-use of analgesics may cause vomiting, stomach ulcers, bad headaches, tummy pains, dizziness, rashes or ringing in the ears.

## Giving children a minor analgesic

- Do you tell your child why they are being given the analgesic?
- Do you show your child the packet?
- Do you know the expiry date of the medication?
- Do you give your child the correct dose?
- Do you try alternatives such as sleep, water or rest before giving your child medicine (if appropriate)?
- Do you consult with a doctor if prolonged and regular use is required?

**We have been learning about analgesics and why these drugs must be used with care. Talk with your child and find out what they know and what they might still want to know about these drugs.**



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

## ACTIVITY 6

### Thinking about avoiding passive smoke

#### Preparation

- ▶ **Activity sheet** *What would you do?* – photocopy one per group
- ▶ **Family information sheet** *Passive smoking* – one per student

- **Brainstorm** (refer to page 190) a list of things that the class do not like about passive smoking (eg smelly hair and don't like the smell of the smoke). Rank the items from most disliked to least disliked.
- Talk about ways students can avoid some of the harms from passive smoking (eg open a window, move away and ask the person to stop smoking).

Reflect with students that while many choices in life are individual choices (eg the way we style our hair or the type of clothes we like to wear) some choices, such as smoking, can affect others.

- Place students in small groups and distribute copies of *What would you do?* Explain that groups are to determine two ways that the character in each story could deal with a passive smoking situation and identify the positive (good) and negative (not so good) outcomes for each option. After considering the outcomes of each option, students are to decide which option the character should choose.

All answers are to be written on the sheet. Consensus for decisions does not have to be reached in each group as it is the sharing of different options that is the most useful part of this experience.

Conduct a **head talk** (refer to page 194) to hear the findings of each group.

Discuss how the students' responses involved doing something or taking actions (eg winding down a window) or saying something (eg ask Mum to ask someone if they'd mind smoking after the meal, not during). This is a good introductory experience to assertive communication.

Use the following questions to further process this part of the activity.

#### Ask

*How do you think you'd feel if you just ignored the problem?*  
*Would it be scary to ask someone not to smoke near you in real life? Why?*  
*What positive thinking would you need to make you feel better?*  
*Would it be easier to move away from the passive smoking than say something?*  
*Would it be easier or harder to make this decision if you had your friends around? Why?*  
*Would it be easier or harder to make this decision if you had a parent or trusted adult around? Why?*  
*How does practising making these decisions about passive smoking help you in real life?*

- Explain that it is sometimes easier for students to deal with real life passive smoking situations if strategies have been practised.

Working with a partner, students can practise each of the following situations.

#### Passive smoking situations

- ⊙ Tell their parent who smokes that they are concerned about their health.
- ⊙ Say something supportive to a parent who has chosen to quit smoking.
- ⊙ Ask an aunty to smoke outside on the verandah.
- ⊙ Ask a friend's parent not to smoke in the car.

Process the activity by asking how students felt being brave and dealing with the passive smoking situations. Explain that having the courage to speak up for your health is often a hard thing to do and takes lots of practise.

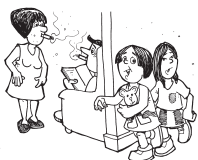
- Send a copy of *Passive smoking* home with each student to share with their family. Leave extra copies of the information sheet in the school foyer, library and pick up areas for other parents to read and take home.

# What would you do?



Luke and Chen are friends. Chen often gets a lift home with Luke's mum but she always smokes in the car and it makes Chen feel like he can't breathe.

What could Chen do?	What are the good things that might happen?	What are the not so good things that might happen?
I think Chen should		



Annie loves playing with her friend Sylvie. Annie doesn't like playing inside Sylvie's house because her mum and dad both smoke and the house smells of old smoke.

What could Annie do?	What are the good things that might happen?	What are the not so good things that might happen?
I think Annie should		



Zac is at home with his older sister. While their Mum is out, a neighbour comes by for a chat. She lights up a cigarette when she comes inside the house and there is 'no smoking' allowed in Zac's house.

What could Zac do?	What are the good things that might happen?	What are the not so good things that might happen?
I think Zac should		

# What would you do?



Kia is in Year 3 and has been invited for a sleepover to Mae's place. Kia knows that Mae's parents both smoke and is worried that her parents won't let her go because her parents don't smoke.

What could Kia do?	What are the good things that might happen?	What are the not so good things that might happen?
I think Kia should		



Su-Lin's family are at an outdoor restaurant eating lunch and someone is smoking at the next table. The smoke makes Su-Lin's eyes sting and she doesn't feel like eating her meal.

What could Su-Lin do?	What are the good things that might happen?	What are the not so good things that might happen?
I think Su-Lin should		



# Passive smoking

**When a non-smoker breathes in tobacco smoke it's called passive smoking.**

**About 85% of the smoke in an average room where people have been smoking is passive smoke. This smoke affects both smokers and non-smokers.<sup>1</sup>**

Passive smoke:

- Is more dangerous for young children than adults because their lungs are still developing.
- Causes bad chest infections, slower lung growth and more asthma attacks in young children.
- Irritates young children's eyes, ears and throats.

## Avoiding passive smoking

Your child is learning some ways to avoid passive smoking including asking adults not to smoke around them. This is something that your child may find hard to do.

If you are a smoker, please try not to smoke around young children.

If you don't smoke, you can keep young children safer around passive smoke by letting friends and relatives know you don't want anyone smoking in the house.

You might like to talk with your child about ways that the amount of passive smoke in your house can be reduced or eliminated.

	Yes	Not yet
Our house is a smoke-free zone.		
We have some rooms in our house that are 'smoke free'.		
We have 'no smoking' stickers in some rooms of our house.		



<sup>1</sup> Fielding, J.E., Phenow, K.J., Health effects of involuntary smoking. *New Engl JMed* 1988; 319: 1452-1460.

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



## ACTIVITY 7

### Considering caffeine in food and drinks

#### Preparation

- ▶ **Activity sheet** *What is caffeine?* – photocopy one per student
- ▶ 'Caffeine', 'No caffeine' and 'Don't know' signs (Activity 4)
- ▶ Masking tape
- ▶ Food and drink items (some that contain caffeine and some that do not)
- ▶ Stars or stickers
- ▶ **Family information sheet** *Caffeine and energy drinks* – photocopy one per student

- Survey students to find out their most popular drinks and foods. Tally and rank the survey results as a whole class activity. Identify the food and drinks included in the list that contain caffeine or guarana.

If student caffeine intake appears to be minimal, congratulate them on their low levels of caffeine consumption. Where student caffeine intake is moderately high (ie more than two food items containing caffeine per day) focus on the effects to their health and wellbeing such as disruption to sleep, mood swings, frequent headaches and erratic energy levels.

- Use masking tape to mark a **Y chart** (refer to page 199) on the floor. Label the Y chart using the signs 'caffeine', 'no caffeine' and 'don't know'. Have students sort empty food and drink containers (some containing caffeine and some without) in the Y chart.

Check that the items placed in the caffeine or no caffeine sections are correct. Discuss the items placed in the 'don't know' section. Talk about caffeine free alternatives to foods and drinks that contain caffeine.

- Display a range of food and drink items that only contain caffeine. Place a star or sticker on each of these items to represent the amount of caffeine they contain, using the list below.

Cup of tea	★
Cup of coffee	★★★
Cup of decaffeinated coffee	½ ★
Can of cola	★★
Can of diet cola	★★
Small carton of chocolate milk	½ ★
Can of energy drink eg Red Bull	★★★★
Dark chocolate bar	½ ★
Small milk chocolate bar	★

Explain that ½ a star means it contains a small amount of caffeine (eg a carton of chocolate milk) and four stars mean it contains a large amount of caffeine (eg an energy drink). For actual caffeine content see the *Caffeine and energy drinks* sheet. Ask students to sort the items on an ascending continuum from lowest caffeine content to highest.

#### Ask

*Were there any foods/drinks that surprised you with their caffeine content?*

*What are the most popular foods/drinks from this list in our class?*

*Why do you like these foods/drinks?*

*Do you know what having too much of these foods or drinks will do to you?*

- Distribute the *What is caffeine?* activity sheet. Explain that students are to write the words provided at the bottom of the activity sheet in the appropriate spaces. Alternatively show the sheet on the interactive whiteboard and have the class complete the activity together. Use the following questions to process the activity.

#### Ask

*What have you learnt about caffeine?*

*What foods or drinks do you consume that contain caffeine?*

*Can you think of other foods or drinks that don't contain caffeine that you could use instead?*

- Teach students the caffeine song.

#### Caffeine, caffeine

(Sung to the tune of *Twinkle, twinkle little star*)

Caffeine's in some things we eat.

Caffeine's in some things we drink.

Too much caffeine makes me sick.

Too much caffeine makes me talk too quick.

I know what to have instead of putting this drug in my head.

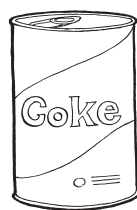
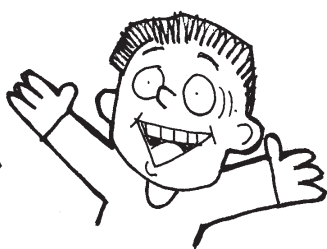
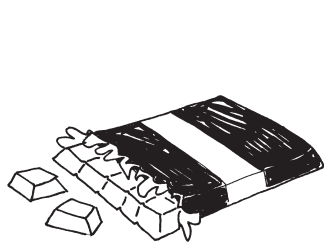
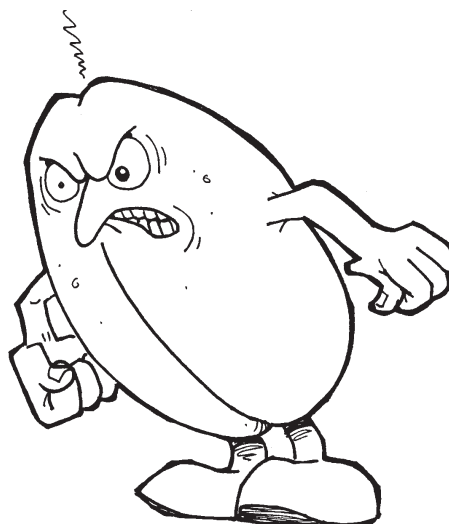
- Send a copy of *Caffeine and energy drinks* home with each student to share and discuss with their family. Leave extra copies in the school foyer, library and pick up areas.

Collect the empty packaging of food and drinks that contain caffeine. Use the ideas listed on the *Caffeine and energy drinks* sheet as examples of the types of items required.

# What is caffeine?

My name is Cranky Caffeine.

I am a drug found in:



tea	coffee	cola drinks, like Coke®
chocolate	hot chocolate	energy drinks like Red Bull®
feel grumpy	feel very excited	feel dizzy
go to the toilet a lot	not sleep well	have a headache

I'm not good for kids because I can make them:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_



# Caffeine and energy drinks

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

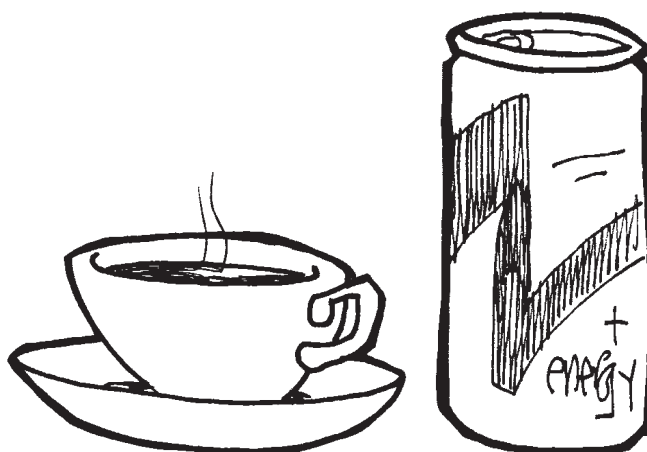
## How much caffeine is your family having?

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

- More than 350 mg of caffeine a day for an adult (about 4 energy drinks or 4 cups of coffee) is enough to cause dependence on this drug.
- A person who is dependent on caffeine is likely to suffer withdrawal symptoms (headaches, fatigue, sweating, muscle pain) within 24 hours of their last dose.

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

- Caffeine can affect a growing brain so food or drink containing high levels of caffeine, such as energy drinks are not recommended for children under 15 years.
- Children who consume high levels of caffeine (eg through energy drinks) may suffer from increased heart rate, excitability, sleep problems, bed-wetting and anxiety.
- Caffeine is a diuretic (makes us produce more urine) and can quickly cause dehydration, which can lead to overheating and dizziness.
- Energy drinks should not be given to young children after heavy exercise.
- Energy and cola drinks also contain high amounts of sugar (about 5 teaspoons per can) and while some energy drinks claim to include natural vitamins and minerals, these are easily obtained from fresh fruit and vegetables.
- You might like to talk to your child about alternatives to foods that contain caffeine (eg muesli bars, carob bars, flavoured milks, juices, water).



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

## ACTIVITY 8



## Making safer decisions around medicines

### Preparation

- ▶ **Activity sheet** *Risky situations* – photocopy one per group
- ▶ A3 paper – one sheet per group
- ▶ Scissors and glue – class set
- ▶ Access to computers

- Place students in small groups. Distribute a copy of *Risky situations* and a sheet of A3 paper to each group. Show the class how to draw a **T chart** (refer to page 199) and label one column 'safe' and the other 'unsafe'.

Explain that groups are to discuss each situation then cut and paste the picture under the appropriate heading on their T chart.

View the finished T charts and discuss the reasons why each situation is either safe or unsafe. The table below provides the answers.

Safe	Unsafe
1 – telling adults not to take analgesics for longer than 3 days	3 – using analgesics to prevent stress or give energy
2 – adult warning of health effects of aspirin on children	4 – using analgesics and alcohol then driving
7 – telling an adult if medicine has had a side effect	5 – using medicine that is past its use-by-date
9 – using non-medical ways to treat pain first	6 – using medicine that has been prescribed for someone else
10 – taking medications as directed	8 – taking aspirin and paracetamol together

Process the activity using the following questions.

### Ask

*If you saw someone doing each of the unsafe things what could you do or say? (Discuss each situation separately.)*

*How might you feel if you ignored the unsafe situations?*

*Is it easy or hard to make safe decisions when you have your friends around? Why?*

*Is it easy or hard to make safe decisions when you have your parents or another trusted adult around? Why?*

*Does practising making decisions to stay safe around medicines help you in real life?*

- **Brainstorm** (refer to page 190) a list of new words about over-the-counter and prescription medicines the class have learnt during this focus area. Possible words may include: analgesic, prescription, dosage, pharmacist, adult supervision, side effects and expiry date.

Have students use the words to write a story or pamphlet that provides accurate information about analgesics, over-the-counter and prescription medicines and promotes the safe use of these medicines.

## Risky situations



1.



2.



3.



4.

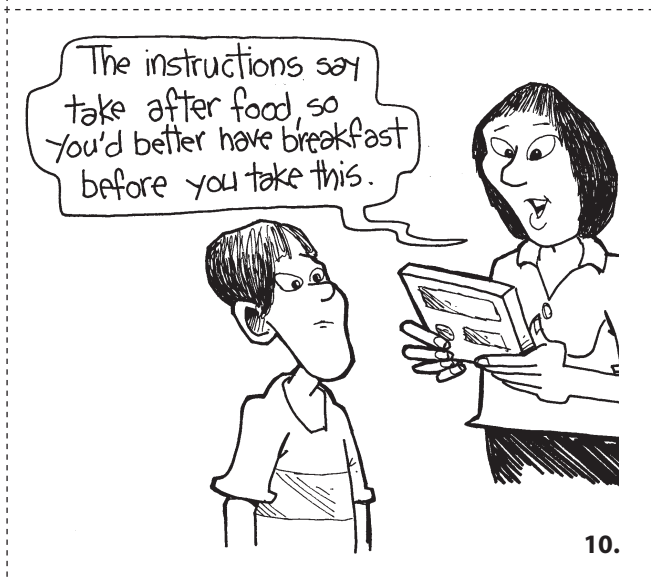


5.



6.

## Risky situations (continued)





## ACTIVITY 9

### Practising staying safer around passive smoking

#### Preparation

- ▶ **Activity sheet** *Practising staying safer around passive smoking* – one scenario card per group
- ▶ **Strategy sheet** *Decision-making model* – A3 photocopy per group
- ▶ Puppets

- Explain that passive smoking is more dangerous for children than adults as:
  - ⊙ a child's lungs are still developing
  - ⊙ it causes chest infections, slower lung growth, more asthma attacks
  - ⊙ it can irritate the eyes, ears and throats of children who are exposed to cigarette smoke.
- Show how the **decision-making model** (refer to page 193) can be used to identify choices and make a decision for one of the scenarios from *Practising staying safer around passive smoking*. Explain the following steps that are used when making a decision.

**Issue:** *What is the problem?*

Students often have trouble with this step. Don't move on until they have articulated the problem correctly.

**Choices:** *What are the choices for the person?*

Choose no more than three options.

**Consequences:** *What are the good and bad things that could happen with each choice?*

**Feelings:** *How would the person feel about these choices?*

**Decision:** *What do you think the person should do?*

Either in pairs or as a whole class, have students work through the decision-making model using one of the scenarios on the activity sheet. Alternatively students can generate passive smoking situations including those they have experienced or are currently experiencing. Remind students of the 'no name' rule when sharing their experiences.

Hear the decisions made by each group.

- Invite groups to perform a **puppet role-play** (refer to page 196) that illustrates one of the passive smoking situations and strategies that can be used to deal with the problem. The teacher should be 'controlling' the puppet who is smoking.

Emphasise the preference for students to control their own actions with regard to smoking (eg leave the room, open a window, ask a parent for help) rather than trying to control a smoker's actions. Be mindful of students putting themselves in potentially volatile situations (eg an adult smoker responding negatively to a child's request for no smoking).

- Place students with a partner. Use the **think-pair-share-write** strategy (refer to page 200) to have students think then write about the positives and negatives of the following statements.

#### Statements

- ⊙ Smoking in public places should be banned.
- ⊙ People who smoke should be fined.
- ⊙ Smoking should be banned in parks and at the beach.

Form groups of four and have students share their findings and discuss their opinion about each issue.

#### Ask

*Did practising staying safer around passive smoking in the classroom make you feel more confident to try and deal with it in real life? Why? Why not?*

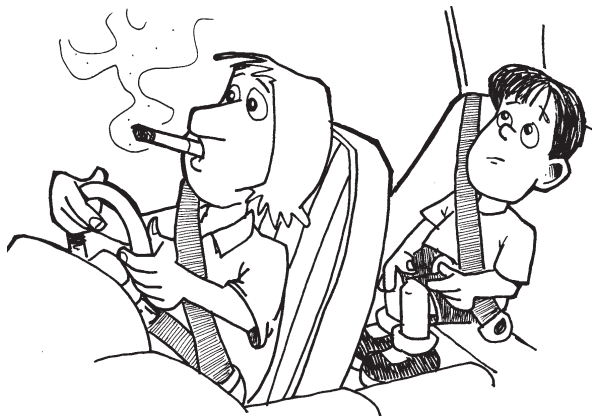
*What helpful thoughts would you use to be able to tackle a passive smoking situation in real life?*

*How would someone with self-respect behave in a passive smoking situation?*

*Did sharing your thoughts about passive smoking with your partner change the way you think about that person? How?*



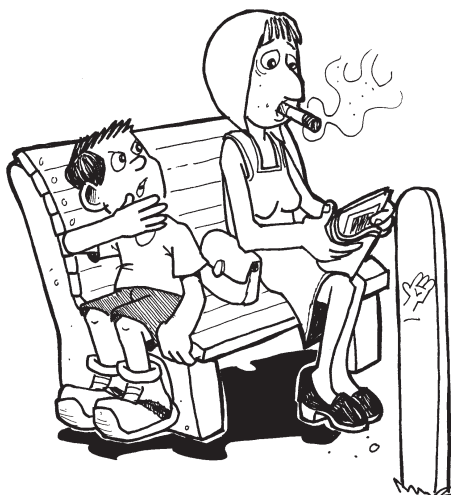
## Practising staying safer around passive smoking



Your mum smokes when she drives you to school each day.



You are playing at a park and are bothered by smoke from someone near you.



You wait for the bus every morning with a lady who smokes close to you.

## ACTIVITY 10

### Practising staying safer around caffeine

#### Preparation

- ▶ **Activity sheet** *Practising staying safer around caffeine*
- ▶ **Strategy sheet** *Agree, disagree* – photocopy the cards

- Set up a **values continuum** (refer to page 200) using the 'agree' and 'disagree' cards. Select and read aloud one of the statements. Ask students to move to the position on the continuum that best represents their opinion.

#### Statements

- ⊙ It is okay for adults to drink caffeine.
- ⊙ It is okay for children to have small amounts of caffeine.
- ⊙ Some people just drink energy drinks because the advertisements make them think they will look really cool.
- ⊙ I would find it easy to say no to a friend who was offering me an energy drink.
- ⊙ I think it would be easy not to drink cola drinks or just drink them for special treats.
- ⊙ Caffeine isn't that bad for you.

Encourage students to discuss the reasons behind their placements on the continuum with others standing nearby. Invite students from various places on the continuum to share their opinion with the class.

Repeat the process for some of the other statements.

- Students form small groups and choose two of the situations on *Practising staying safer around caffeine* to **role-play** (refer to page 196). Before planning their role-play have the groups write down responses to the following questions for their chosen scenarios. Remind groups that the role-play must show how to safely deal with the situation.

#### Questions

- ⊙ What is the problem?
- ⊙ What are some choices?
- ⊙ What would be the safest choice for the person using caffeine?

Only allow several minutes for students to plan their role-plays.

Have each group perform their role-play then process using the following questions. If some of the group members are not involved in the role-play have these students read out the responses to the questions.

#### Ask

*Was this a safe choice to make? Why?*  
*Would this situation happen in real life? Why? Why not?*  
*How did you feel when you were performing the role-play?*  
*What positive thoughts would be helpful to have in your head if you were dealing with this situation in real life?*  
*Did practising staying safer around caffeine make you feel more confident to do these things in real life? Why? Why not?*  
*Did sharing your opinion about these issues with someone else change the way you think about them? How?*

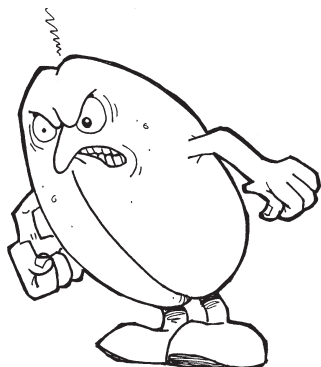
Plan taste-testing sessions with similar tasting alternatives to high caffeine products (eg milk shakes, flavoured milk, real fruit juices, smoothies, water, muffins, carob bars). Confirm any allergies students may have before conducting this activity.

## Practising staying safer around caffeine

Your mum gives you some money to buy a treat with your friend. There is a 2 litre bottle of cola that your friend says you should buy because you have enough money.

You had a chocolate bar at lunch time and know that too much caffeine is not good for you.

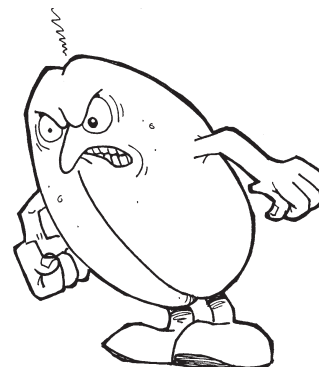
**What could you do or say?**



You are with your friend's dad. He stops at a deli and offers to buy you an energy drink.

You have learnt at school that kids under 10 years should not drink energy drinks because they contain too much caffeine.

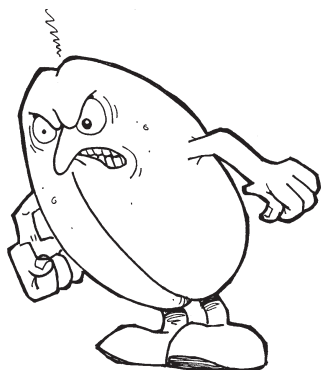
**What could you do or say?**



Your mum buys you a can of cola and a chocolate bar after school each day.

You are trying to reduce your caffeine intake for the week as part of a class activity. You love this sweet treat but you also want to try to achieve your goal.

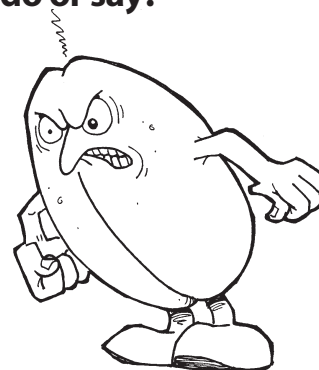
**What could you do or say?**



Your mum is keen to lose weight but because she works night shift she finds it hard to exercise. Your mum drinks lots of cola and black coffee and eats energy bars because she thinks that they will stop hunger pains and keep her awake.

You are worried that this is not healthy for your mum.

**What could you do or say?**



## ACTIVITY 11



### What does this all mean to me?

#### Preparation

- ▶ **Activity sheet** *Stop and think* – photocopy one per student

- Using the **around the table** strategy (refer to page 190), have students either discuss or write about the following statements.

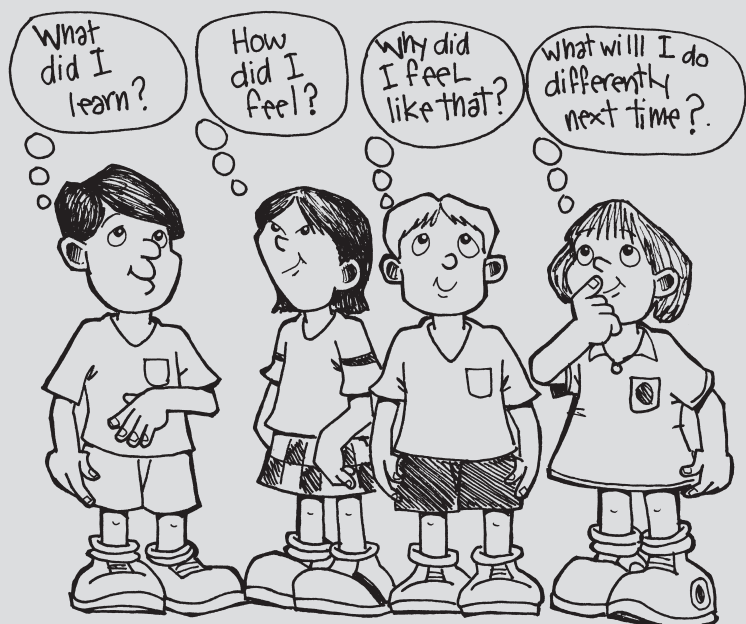
#### Statements

- ◉ Advertisements for analgesics should be banned because it encourages parents to give these drugs to their kids. What do you think? Why?
- ◉ The most important thing my parents need to know about analgesic use is ...
- ◉ The most important thing I learnt about analgesics was ...
- ◉ Passive smoking is ...
- ◉ I think one of the best ways to avoid passive smoking is ... because ...
- ◉ I think passive smoking is ... because ...
- ◉ I know that caffeine is found in foods such as ... and ...
- ◉ I know that caffeine is found in drinks such as ... and ...
- ◉ Too much caffeine can make people ...
- ◉ I can reduce the caffeine I have in my diet by not drinking ...
- ◉ Energy drinks are not good for kids under 15 years because ...

- Distribute copies of *Stop and think*. Explain students are to reflect on what they have learnt about safe use of analgesics, passive smoking and caffeine during this focus area then use the words and phrases on the activity sheet to draw a **mind map** (refer to page 195).

Alternatively students can use **thought shapes** (refer to page 200) to reflect on their learning.

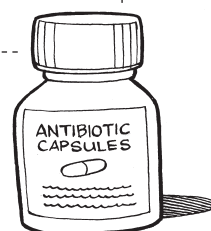
- △ The most important thing I learnt about analgesics and medicines was ...
- △ The most important thing I learnt about passive smoking was ...
- △ The most important thing I learnt about caffeine was ...
- What I enjoyed most about learning about drugs was ...
- ♡ How I feel about knowing what to do when I am around passive smoke is ...
- The thoughts still going around in my head about medicines, smoking and caffeine are ...



## Stop and think

1. Use the phrases and words in the box to draw a mind map to show all the things you have learnt about **staying safer around medicines**. Add your own headings and any extra words you need.

analgesics are drugs	follow instructions
over-the-counter medicines	dose
prescription medicines	tell an adult if you feel worse
trusted adult	non-medical ways
use-by-date	drug



2. Use the phrases and words in the box to draw a mind map to show all the things you have learnt about **passive smoking**. Add your own headings and any extra words you need.

passive smoking	chest infections
more dangerous for children	sore eyes, ears and throat
side-stream smoke	ask politely
main-stream smoke	do something



3. Use the phrases and words in the box to draw a mind map to show all the things you have learnt about **caffeine**. Add your own headings and any extra words you need.

caffeine is found in ...	no sleep
guarana	feel dizzy
energy drinks	have a headache
stimulant	get too excited
12 hours	go to the toilet a lot

