

Module 2

Drug Education

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

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

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

TOPIC 1

Introduction to drug education

Activity 1 Getting started

Learning intention

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

Equipment

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

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

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

Be Ready Year 7 student workbook – one per student

Activities

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

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

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

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

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

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

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

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

2. Explain to the class that their drug education program will aim to:
 - make sure they have accurate information about drugs such as alcohol, tobacco and cannabis
 - show the physical effects drug use can have on the body
 - highlight the social, emotional and legal consequences of drug use
 - identify strategies they can use to keep themselves and others safe in drug-related situations
 - present a harm minimisation approach which considers how best to prevent or reduce harms that can occur as a result of the use of alcohol and other drugs.
3. Discuss the classroom rules that will apply during the students' drug education program, such as:
 - No put downs. (Students should feel confident that their question, comment or personal attitude will be respected within the class. Any infringements of this rule should be acted upon quickly).
 - No personal disclosures. (Personal stories about alcohol and other drug use should not be encouraged. This will protect students, and those related to students, personal privacy and prevent them from damaging their reputation. It also prevents students from sharing stories that may increase their status, glamorise risky behaviour, or covertly influence others to engage in risky behaviour. It will also stop the class from being side-tracked).
 - Option to opt out. (Although the aim of the program is to have students consider their own attitudes and beliefs about drug use, students should always be given the option not to share. Teachers should also be aware of any students in their class who have experienced a drug-related situation as discussions may raise emotions and cause distress).
4. Distribute a *Be Ready* workbook to each student.
5. In situations where students have not previously participated in a drug education program, it is suggested that students understand the definition of a drug. The World Health Organisation (WHO) defines a drug to be "any substance, excluding food and water which when taken into the body, alters its function physically and/or psychologically" (WHO, n.d).
6. Send a copy of the letter (refer to page 33) home with each student to inform parents of the focus of their children's drug education program.



What do you know about drugs?

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

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

Types of drugs and what they can do to your body

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

*nicotine caffeine alcohol ecstasy magic mushrooms
amphetamines cannabis cocaine LSD heroin*

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

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

- a) Cannabis b) Alcohol c) LSD d) Cocaine
e) Don't know

3. Alcohol can cause some cancers in the body.

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

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

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

5. Alcohol only affects the brain and liver.

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

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

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

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

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

Drugs and the law

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

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

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

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

10. Which list includes all legal drugs:

- a) Analgesics, cannabis and caffeine
b) Nicotine, cannabis and caffeine
c) Analgesics, nicotine, alcohol and caffeine
d) Don't know

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

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

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

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

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

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



What do you know about drugs?

Helping yourself and your mates

14. If your mate has had too much to drink, should you:

- Leave your mate alone to sleep it off
- Stay with your mate and watch while he/she drinks some water and has something to eat
- Encourage your mate to drive or walk home
- Don't know

15. Your mate has been using drugs and is on the ground unconscious. You want to call an ambulance. If you do:

- You will all be arrested by the police for using drugs
- Your mate will be arrested by the police for using drugs
- You will be able to get help for your mate from the ambulance officers and the police who are only concerned about safety
- Don't know

16. The best thing to do if someone has a bad reaction to alcohol or a drug is to:

- Watch them until it is out of their system
- Call for help from an adult and/or an ambulance
- Leave them alone
- Hope they come right with time
- Don't know

17. In a health and safety situation involving alcohol or drugs, it is important to look after myself and help my mates.

- True
- False
- Don't know

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

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

*cannabis ecstasy alcohol nicotine
amphetamines analgesics tranquillisers*

- _____ (91% used this drug in the last year)
- _____ (44% used this drug in the last year)
- _____ (16% used this drug in the last year)
- _____ (14% used this drug in the last year)
- _____ (13% used this drug in the last year)
- _____ (3.1% used this drug in the last year)
- _____ (2.8% used this drug in the last year)

19. 95% of 12-17 year olds are not current smokers (smoked in the past 7 days).

- True
- False
- Don't know

20. Most 12-17 year old students in Western Australia have used amphetamines some time in their life.

- True
- False
- Don't know



Quiz marking key

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



Dear Parents

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

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

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

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

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

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

Yours sincerely

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

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

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

Activity 2 What are drugs?



Learning intention

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

Equipment

Be Ready student workbook – *Talking drugs* – page 11
Empty tissue box or similar to be used as a 'question box'
Family information sheet – *It's not just the drug* – photocopy one per student

Activities

1. In small groups, have students write their own definition of a drug. Listen to some of the group's ideas then read the World Health Organisation (WHO) definition on page 11 of *Be Ready* which is: "A drug is any substance, except food and water, which when taken into the body, changes the way the body works" (WHO, n.d.). Discuss any similarities between the WHO definition and those created by the class.
2. Explain that drugs which affect a person's CNS (eg physically and psychologically) are called psychoactive drugs. These drugs can be sorted into four categories according to the primary effect that the drug has on the CNS, and include:
 - o **Depressants** – these drugs slow the activity of the brain and decrease its alertness eg alcohol, heroin. (Volatile substances such as aerosol sprays and glues also fall into this category. However it is recommended that information on volatile substances *should not* form part of the general drug education curriculum due to the ease of access and risks of experimentation.
 Refer to www.sdera.wa.edu.au.
 - o **Stimulants** – these drugs have the opposite effect to depressants by increasing the activity of the brain eg caffeine, nicotine (in tobacco).
 - o **Hallucinogens** – these drugs cause the user to see, hear and smell things in a strange way eg cannabis and ecstasy in high doses, and some types of mushrooms.
 - o **Multi-action** – these drugs can have more than one effect on the CNS. For example, cannabis can have both depressant and hallucinogenic effects, and ecstasy can have both stimulant and hallucinogenic effects.

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

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



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

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



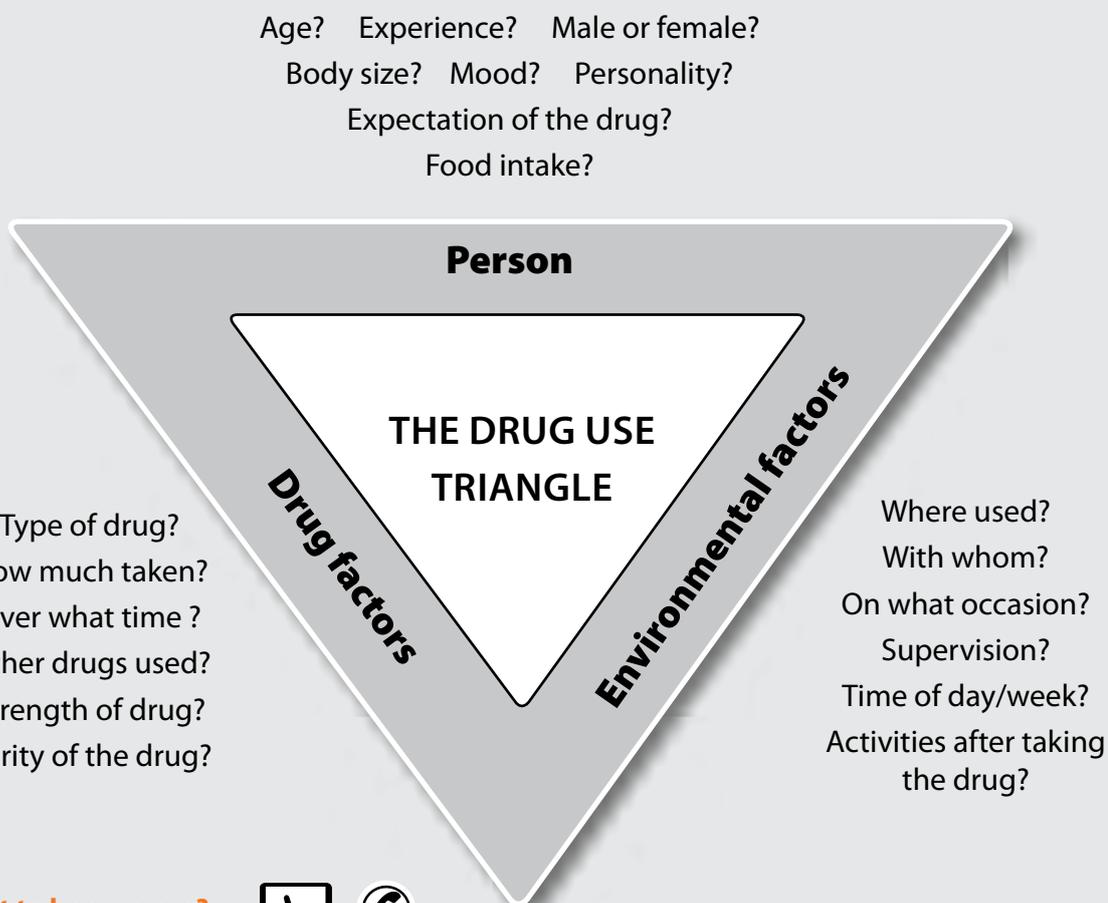
It's not just the drug

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

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

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

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



Want to know more?



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

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

Activity 3 Normative education around drug use



Learning intention

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

Equipment

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

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

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

Activities

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

Drugs that are legal	Ventolin, cough syrup, analgesics, caffeine, tobacco, alcohol, tranquillisers, guarana, caffeine
Drugs that are illegal	Cannabis, ecstasy, synthetic cannabis, LSD
Legal drugs that are illegal to sell to people under 18 years old	Alcohol, tobacco
Drugs that can be used as a medicine	Ventolin, cough syrup, analgesic, tranquillisers, caffeine <i>for example, caffeine is used to stimulate breathing in premature babies. There have been some instances of using cannabis for pain relief in other countries. This is not currently legal in Australia.</i>
Drugs that can cause harm	All of the drugs can cause harm depending on the person, the level of use and the situation they are used in. There is no safe level of use for tobacco. Alcohol use for those under 18 can affect brain development. Pregnant women who drink alcohol may harm the development of their baby.

Drugs that cannot cause harm	Any drug has the potential to cause harm. However, when used as directed the risk of harm from analgesics, cough syrup, caffeine, guarana and tranquillisers is low.
The drug that was used by 1.3% of 12-17 year old WA students in the last week	Ecstasy
The drug that was used by 14% of 12-17 year old WA students in the last week	Alcohol
The drug that was used by 4.8% of 12-17 year old WA students in the last week	Tobacco
(Department of Health, 2016)	
The drug that was used by 5.6% of 12-17 year old WA students in the last week	Cannabis
(MHC, 2016a; MHC, 2016b)	
The two drugs that cause the most drug related deaths in our community	Tobacco causes about 80% of all drug related deaths each year, through cancer, emphysema and heart disease. Alcohol causes about 14% of alcohol related deaths through traffic accidents, liver disease and misadventure. About one in five deaths in Australia are drug related but only about 6% of these deaths are caused by illegal drugs. ABS Mortality data - 2008
Drugs that are psychoactive drugs	Cough syrup, caffeine, analgesics, tobacco, alcohol, cannabis, ecstasy, synthetic cannabis, LSD
Drugs that are depressants	Alcohol, analgesics, cough syrup, cannabis
Drugs that are stimulants	Caffeine, tobacco
Drugs that are hallucinogens	LSD
Drugs that are multi-action	Ecstasy, cannabis



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

Ask

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



Drug use: The real story

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

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



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

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

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

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

The 2014 survey results showed that in Western Australia:

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

(MHC, 2016a; MHC, 2016b)

Dispelling the myths around young people and drug use

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





Over-the-counter drugs

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

Australian School Students Alcohol and Drug (ASSAD) Survey

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

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

- the use of over-the-counter medications such as Panadol was extremely high¹ with 93.4% having used these medications in their lifetime
- seven in ten (70%) had used analgesics in the past month
- females were more likely to have used analgesics in their lifetime. About one in five (20.8%) reported using analgesics to help with menstrual pain
- 16.2% of males, at all ages, used analgesics to help relieve pain from a sports injury.

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

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

Any drug has the potential to cause harm.

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

Activity 4 The drug use triangle



Learning intention

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

Equipment

Be Ready student workbook – *It's not just the drug* – page 13
Strategy sheet – *Agree disagree* – photocopy agree and disagree signs – page 106

Activities

1. Draw a triangle on the board and label as shown on *It's not just the drug* on page 13 of *Be Ready*. Explain to students that the effects and degree of harm caused to a person while using a drug is determined by a number of factors that can be grouped under the three headings: the person using the drug, the environment it's being used within, and the drug itself. Have students add other factors to each heading of the drug use triangle in their workbook.
2. Read the following scenario to the class. Identify the factors relevant to each point of the drug use experience triangle in this cannabis-related situation and discuss how these may contribute to the drug user's experience.

Scenario

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

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

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

Scenario

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

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

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

TOPIC 2

Caffeine

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

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

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

Caffeine prevention education

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

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

Key concepts

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

Whole-school approach

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

Activity 1 Caffeine – the facts



Learning intention

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

Equipment

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

A4 sheet of paper

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

Teaching tips

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

Activities

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

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

Ask

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

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

Ask

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



Clued up on caffeine

What is caffeine?



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

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

What are some common foods and drinks that contain caffeine?



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

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

What are the immediate effects of caffeine on the body?



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

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

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



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

Source: Food Standards Australia New Zealand (2015)



Clued up on caffeine

<p>Q</p> <p>Why do some people use caffeine?</p> 	<p>A</p> <p>Some people use caffeine because it:</p> <ul style="list-style-type: none"> • helps them to concentrate • wakes them up • they like the taste • it's trendy <p>• they are influenced by their friends and the media.</p>
<p>Q</p> <p>Does caffeine help people sober up?</p> 	<p>A</p> <p>No. Caffeine does not help people sober up. Only time will help a person get over the effects of alcohol. Caffeine does not help the body get rid of alcohol.</p>
<p>Q</p> <p>Can caffeine help people lose weight?</p> 	<p>A</p> <p>Caffeine doesn't help people lose weight. Caffeine dehydrates you because it makes you pass urine more often. Any weight loss is only water and it is just temporary. Exercise and a balanced diet are the best ways to control weight.</p>
<p>Q</p> <p>What is guarana?</p> 	<p>A</p> <p>Guarana comes from a plant in the maple family that grows along the Amazon and is common in Brazil. Its seeds – which look oddly like eyeballs – contain twice as much caffeine as a coffee bean. It's been used for centuries as a tea by grinding the shelled seeds into a paste and then mixing it with hot water and sugar.</p>





Clued up on caffeine

Is caffeine safe for kids?



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

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

How is caffeine in drinks and foods regulated in Australia?



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

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

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

Is it possible to have too much caffeine?



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

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

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

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

Is it hard to give up caffeine?



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

Symptoms can include:

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





Clued up on caffeine

Do Australians drink a lot of caffeine?



Coffee is now the most popular hot drink in Australia with 2.1 billion cups bought from cafes and other vendors a year.

(Source: Roy Morgan Research, 2014)

In the last decade, coffee consumption by Australian adults has declined slowly but steadily from 10.5 cups to 9.2 cups per week.

(Source: Roy Morgan Research, 2014).

Sales of energy drinks in Australia and New Zealand increased from 34.5million litres in 2001 to 155.6 million litres in 2010.

(Food Regulation Standing Committee, 2014)

What are energy drinks?



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

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

Should you mix energy drinks with alcohol?



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

Should pregnant women drink energy drinks?



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

Activity 2 Monitoring caffeine intake

Learning intention

- Students monitor their caffeine intake

Equipment

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

Selection of measuring cups and a jar of instant coffee

Large poster paper and drawing materials – class set

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

Activities

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

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

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

Ask

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

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

3. Working with a partner, have students design a poster that provides information on products that contain caffeine and the effects of caffeine on the body. Suggest students create a slogan that encourages the reader to reduce their intake of caffeine. Display the posters in areas where other students and parents can read the information.
4. Send a copy of the Family information sheet – *Caffeine and energy drinks* home with each student to discuss with their family. Leave extra copies in the school foyer, library and pick up areas.



Caffeine and energy drinks

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

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

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

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

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

Amounts of caffeine in food and drinks

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

Source: National Drug and Alcohol Research Centre, University NSW

So, what's wrong with caffeine?

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

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

Caffeine, energy drinks and sport

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

Energy drinks and alcohol

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



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

TOPIC 3

Tobacco

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

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

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

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

Key concepts

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

Teaching tobacco prevention programs

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

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

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

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

Whole-school approach

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

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



Learning intention

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

Equipment

Packet of cigarettes – one per group

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

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

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

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

Teaching tip

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

Activities

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

Ask

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

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

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

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

3. Use the following questions to process the activity.

Ask

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

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



Helping your child be a non-smoker

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

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

Taking the first step

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

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



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



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



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

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

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

Do you talk to your children about the harmful effects of smoking?



Do you have a smoke free house or rules about smoking in your home?



Do you make your children aware that most people don't smoke?



Do you make sure you tell your children you don't want them to smoke, even if you smoke yourself?



If you smoke, have you explained to your children what you think about smoking or how hard it is to quit?



Do you limit your children's access to tobacco products?





What's in a cigarette and cigarette smoke?

<p>Acetic acid</p> <p>This acid is found in vinegar and hair dye.</p>	<p>Acetone</p> <p>It is a colourless, volatile, flammable liquid.</p> <p>Acetone is found in paint stripper and nail polish remover.</p>	<p>Ammonia</p> <p>This is used in disinfectants and household cleaning products such as window cleaner or oven cleaner.</p> <p>Cigarette manufacturers say it improves flavour and makes tobacco more flexible.</p> <p>Scientists say it helps deliver nicotine to the brain faster.</p>
<p>Arsenic</p> <p>A toxic metal used in wood preservatives, insecticides and rat poison.</p> <p>Arsenic causes death from multi-organ failure in high doses and headaches, diarrhoea and weakness in low doses.</p>	<p>Benzene</p> <p>It is found in crude oil and rubber cement.</p> <p>It can cause leukaemia and cancers.</p>	<p>Benzoapyrene</p> <p>One of the most potent cancer causing chemicals known.</p> <p>You find it in tar, coal, engine exhaust fumes, burnt food and tobacco smoke.</p>
<p>Butane</p> <p>This is used in cigarette lighter fluid.</p>	<p>Cadmium</p> <p>This is used in batteries. It builds up in the body and causes cancer.</p> <p>Cigarette smoking is the main cause of cadmium exposures.</p>	<p>Carbon monoxide</p> <p>This is the gas emitted from motor vehicles through the tail pipe.</p>
<p>DDT</p> <p>This is used in insecticide sprays.</p>	<p>Fibreglass</p> <p>Found in glass.</p>	<p>Formaldehyde</p> <p>It kills most species of bacteria and is used to embalm dead people and animals.</p> <p>It causes cancer and is now banned in many countries.</p>
<p>Hexamine</p> <p>This is found in barbecue lighters.</p>	<p>Hydrogen cyanide</p> <p>It is a colourless and poisonous gas that was used in the gas chambers during World War II.</p> <p>The first symptoms of cyanide poisoning are rapid heartbeat, headache, and drowsiness - followed by coma, convulsions, and death</p>	<p>Lead</p> <p>A toxic metal that can be found in paint.</p> <p>It can damage nerve connections and cause blood, kidney and brain disorders in high doses.</p>



What's in a cigarette and cigarette smoke?

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



Activity 2 What's the harm?



Learning intention

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

Equipment

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

Activities

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



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

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

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

- Ask students to define the terms 'second hand smoke' or 'passive smoking' (eg smoke that burns off the end of a cigarette and sometimes called 'side stream smoke'). Explain that when a cigarette is burned, the heat causes the concentration of some carcinogens to increase and as 'passive smoke' or 'second hand smoke', this can harm non-smokers who are nearby. Now have students tick the health harms on their lists that may also affect a person due to passive smoking (eg lung cancer, breathing difficulties). Discuss the harms identified by students. Stress that there is no risk free level of exposure to cigarette smoke.
- As smoking harms that are negative, short-term and immediate have greater relevance to young people than long-term effects, have students identify some of the benefits of not smoking using the headings:
 - Social** (eg not being dumped by a girlfriend or boyfriend because you smoke, not being isolated, being part of the majority, smelling and looking great).
 - Emotional** (eg no fear of being caught, feeling good about yourself, not worried about low fitness levels).
 - Financial** (eg having pocket money to spend on other things).
 - Legal** (eg not getting into trouble for buying cigarettes, being able to go into places such as shopping centres, sports stadiums, restaurants, beaches where smoking is banned).
- Process the activity using the following questions.

Ask

- Why do people try smoking even when they know it is bad for them?* (eg they think they will only smoke occasionally and they can stop when they want to; to fit in with the group; curiosity; to rebel; they believe smoking makes them look older, more adult; someone in their family smokes or they think that everyone does it so it must be okay).
 - Which three physical harms make smoking less appealing to you? Why?*
 - Do you have any other reasons that make smoking less appealing to you?*
 - If you were asked to create a health advertisement targeting young females and smoking, which physical harms would you focus on? Why?*
 - Would your advertisement be the same for young males? Why?*
 - Is it easy to stop smoking?* (Smokers become dependent on the drug nicotine which is in tobacco and so it may take them several attempts to quit).
-  Explain that people who call the Quitline 137 848 when trying to stop smoking have a better chance of quitting than if they try on their own.

Activity 3 Assessing harms from smoking



Learning intention

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

Equipment

Strategy sheet – *Risk cards* – page 107 – photocopy one set
Activity sheet – *What's the risk?* – photocopy and cut into cards

Teaching tip

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

Activities

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

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

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

Ask

- *How would you show a friend that you are really listening and concerned about their situation?* (Active listening includes verbal and non-verbal responses such as nodding your head, looking at them, asking clarifying questions, smiling, let them know when you agree with the things they say).
 - *What other skills would you need to use in this type of situation?* (eg empathy, courage, problem solving, assertive communication, help seeking).
4. Invite two students to **role-play** (refer to page 94) the Zane scenario. Write the following questions on the board and suggest that the 'friend' uses these to prompt Zane to think about why he smokes and what he can do to quit smoking.
 - *What are the things you like about smoking?*
 - *What are the things you don't like about smoking?*
 - *How interested are you in quitting or not smoking as many cigarettes each week?*
 - *What have you already done to quit or cut back?*
 - *Could you* (suggest a strategy from the list) *when you feel like having a cigarette?*
 - *How can I help you?*

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

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

Ask

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



What's the risk?

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

Activity 4 Opinions about smoking



Learning intention

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

Equipment

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

Activities

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

Statements

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

Process the continuum activity by using the following questions.

Ask

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

Activity 5 Refusal strategies for smoking-related situations



Learning intention

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

Equipment

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

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

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

Activities

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

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

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

Ask

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

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



Light up



Just have one
puff it won't kill
you.

Everyone will
think you're a
loser.



If you're really
my friend you'll
have a cigarette
with me.

I bought this just
for you.



Everyone's
watching you.
Go on.

Light up.
You'll love it.



TOPIC 4

Alcohol

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

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

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

Teaching alcohol prevention education

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

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

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

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

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

Key concepts

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

Whole-school approach

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

Activity 1 Consequences of alcohol use



Learning intention

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

Equipment

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

Access to the internet

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

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

Activities

- Have the class answer the question – *What is alcohol?* (Alcohol is made through fermenting different types of grains, vegetables and fruit. Pure alcohol has no taste or colour. To make different types of alcoholic drinks, other ingredients are added which give the colour and taste).
- Using a **KWL** sheet (refer to page 93 and 102) have each group write what they know about alcohol in the 'Know' column, using the following headings as a guide to their discussion.
 - Which parts of the body are affected by alcohol?
 - What happens to your body when you drink alcohol?
 - What are the laws about alcohol?
 - What are some of the good things about alcohol?
 - What are some of the bad things about alcohol?
 - Do all young people drink alcohol?
 - Do all cultures drink alcohol?

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

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



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

After viewing the clip, explain that alcohol like any other drug can affect different people at different times in different ways. This is because drinking alcohol depends on the combination of factors such as:

- how much alcohol is consumed (how many standard drinks)
- how the alcohol is consumed (quickly or over a long period of time)
- what experience the person has previously had with alcohol
- the gender, body weight and age of the person
- the general wellbeing of the person and their emotions at the time.

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

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

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

- Ask students to tick three short-term and three long-term effects of alcohol that would stop them from drinking alcohol from the list on page 17 of *Be Ready*.
- Watch the clip *What you need to know about alcohol* on the Alcohol Think Again website <http://alcoholthinkagain.org.au> which discusses some of the possible short and long term effects.
- Send home a copy of the Family information sheet – *Talking with your teenager about alcohol* with each student to share and discuss with their family.



Talking with your teenager about alcohol

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

What parents can do

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



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

- ▶ Use examples of **alcohol use problems** portrayed in the media to start a conversation with your teenager (eg violence, glassing and car crashes).
- ▶ **Some parents think they can control the amount of alcohol their teenager drinks by providing it for them.** There is little evidence to support this belief and in fact in many cases, young people may drink what their parents have given them plus more. Giving alcohol to teenagers can give them the message that you approve of underage drinking and that it's okay to drink alcohol.
- ▶ Talk to the parents of your teenager's friends and **set some rules** about alcohol not being allowed at gatherings.
- ▶ Talk about how **other people's drinking** might affect them. Help your teenager come up with some responses that they can use as a reason to refuse alcohol or other drugs. This will help them to stay safe in a number situations and respond and cope with any pressures to drink, defuse a possibly violent situation, and avoid getting in a vehicle with an intoxicated driver. Being able to tell their friends why they don't want to drink and 'save face' can make your teenager feel more confident eg 'Mum and Dad will ground me if I do that!'
- ▶ **Keep talking** with your teenager so that they feel comfortable to talk to you about the things they are worried about.
- ▶ **'Look after your mate'** is a message to give your teenager, especially if their friend has consumed too much alcohol. Show your teenager how to place someone in the recovery position. Tell them why it is important for them to call for help and explain that even though some young people think that calling an ambulance means the police will arrive too, that this is not the case. The police will only attend if ambulance staff feel threatened or the patient dies at the scene. Book into a St John Ambulance first aid course with your teenager.
- ▶ **If you drink alcohol**, your children will be watching what you do. Drink responsibly and within safe limits.
- ▶ **If you don't drink alcohol**, explain to your children why you have made this decision.
- ▶  Watch the video clip *Teach teens to play it safe with alcohol* on the Alcohol Think Again website in the 'What parents need to know' section <http://alcoholthinkagain.com.au/>



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

SDERA sdera.wa.edu.au

Drug Aware drugaware.com.au

Australian Drug Foundation
www.adf.org.au

Alcohol and Drug Support Line
Phone: (08) 9442 5000

Country callers: 1800 198 024

E-mail: alcoholdrugsupport@mhc.wa.gov.au

Parent and Family Drug Support Line
Phone: (08) 9442 5050

Country callers: 1800 653 203

Email: alcoholdrugsupport@mhc.wa.gov.au

Aboriginal Alcohol and Drug Service

Phone: (08) 9221 1411

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

Activity 2 Australian guidelines to reduce health risks from drinking alcohol



Learning intention

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

Equipment

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

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

Activities

1. Explain that in 2009 the National Health and Medical Research Council of Australia developed the *Australian guidelines to reduce health risks from drinking alcohol*. Read four of the guidelines on *Under 18 – No alcohol is the safest choice* in *Be Ready*, page 18. These guidelines are aimed at helping adults to make more informed decisions about alcohol consumption. The guidelines refer to a standard drink which is 10gms of alcohol regardless of what type of drink it is.
2. Allocate one guideline to each group. Have students discuss the specific types of health harms that their guideline is trying to prevent and why. Use the **toss a die** strategy (refer to page 96) to hear responses from each group. Ensure that discussion around Guideline 3 is robust as this is the guideline that targets young people under the age of 18.

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

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

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

Statement

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

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

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

5. After the discussion, ask the class to consider all sides of the argument and then indicate their decision using **thumbs up, thumbs down** (refer to page 96) to show if they agree (thumbs up) or disagree (thumbs down) to the statement.
6. Send a copy of the Family information sheet – *A teenager's brain and alcohol* home with each student to share with their family. Leave extra copies in the school foyer, library and pick up areas for other parents to access.



A teenager's brain and alcohol

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

It used to be thought that the teenage brain was the same as an adult brain, and that it had already reached full development. Now we know that from the age of 12 or 13 years through to the late 20's, the brain is still in a state of intense development and hardwiring, growing and forming all the critical parts it needs for learning, memory and planning. Alcohol has the potential to disrupt this crucial window of development and can lead to learning difficulties, memory impairment and emotional problems like depression and anxiety¹.

The Australian Guidelines to Reduce Health Risks from Drinking Alcohol² give clear advice on how to minimise the harmful health consequences of alcohol consumption for adults and young people.

GUIDELINE 1

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

GUIDELINE 2

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

GUIDELINE 3A

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

GUIDELINE 3B

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

GUIDELINE 4A

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

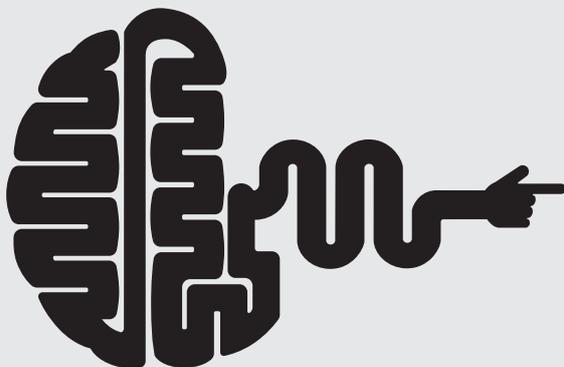
GUIDELINE 4B

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

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



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



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

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

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

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

Activity 3 Responding to influences to use alcohol



Learning intention

- Students identify refusal strategies for alcohol-related situations

Equipment

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

Die – one per group

Cards or strips of paper – one per group

Empty tissue box or similar

Teaching tip



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

Activities

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

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

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

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

- I don't need to do this to be cool.
 - If they don't like me because I don't do this, then they're not real friends.
 - I want to stay healthy to play sport.
 - I don't want to upset Mum or Dad.
 - I might do something embarrassing.
 - I could do something that will hurt me or others.
 - What they are suggesting is illegal.
 - I could get into trouble.
 - I don't want to waste my money.
- In groups of six, students use a **toss a die** strategy (refer to page 96) to respond to the scenarios on the *Tricky situations* activity sheet. Ask students to tell their group what they would do, say and think to help them respond to the tricky situation that corresponds to the number they rolled. Encourage students to use the listed strategies and positive self-talk. Hear feedback from the groups.





Tricky situations

Tricky situation 1

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

Tricky situation 2

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

Tricky situation 3

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

Tricky situation 4

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

Tricky situation 5

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

Tricky situation 6

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



Activity 4 Managing alcohol-related situations



Learning intention

- Students identify ways to respond to alcohol-related situations

Equipment

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

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

Activities

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

After the role-plays, use the following questions.

Ask

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

Rotate students through performing and observing roles.

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



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



Alcohol and the law

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

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

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

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



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

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



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



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



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



Talk and plan around alcohol

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



Here are some tips for parents:

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



Need help?

Alcohol and Drug Support Line

Phone: (08) 9442 5000 or
1800 198 024 (country callers only)

E-mail: alcoholdrugsupport@mhc.wa.gov.au

Live Chat: www.dao.health.wa.gov.au

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

Parent and Family Drug Support Line

Phone: (08) 9442 5050 or
1800 653 203 (country callers only)

E-mail: alcoholdrugsupport@mhc.wa.gov.au

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

Aboriginal Alcohol and Drug Service

Phone: (08) 9221 1411

Provides a range of culturally secure services, including treatment, education programs and yarning.

TOPIC 5

Cannabis

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

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

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

Cannabis prevention education

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

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

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

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

Key concepts

- Cannabis, like all drugs, has the potential to cause harm.
- Synthetic cannabis use, because of its unknown plant products and research chemicals, is dangerous and can have serious physical harms such as heart attack and death.

- Smoking cannabis using a bong or shisha will not reduce the likelihood of diseases such as lung cancer.

Whole-school approach

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

Activity 1 Clued up on cannabis

Learning intention

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

Equipment

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

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

A4 paper – one sheet per group

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

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

Teaching tip

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

Activities

1. Have students work in groups to **brainstorm** (refer to page 91) responses for the *Clued up on cannabis* questions on page 19 of *Be Ready*.
 - **What is cannabis?** Cannabis Sativa is a flowering plant. Common forms of cannabis are marijuana (dried plant leaves and flowers which are the most potent forms of the plant), hashish (small blocks of dried cannabis resin from flower of female plants) and hashish oil (oil extracted from cannabis resin and is more potent than the other forms of cannabis). It is a depressant.
 - **How is cannabis used?** There are several forms of cannabis including:
 - Marijuana* which is usually smoked in a water pipe (bong), pipe or hand-rolled cigarette (joint)
 - Hashish* which can be added to tobacco and smoked or baked and eaten in hash cookies
 - Hash oil* which is usually spread on the tip or paper of cigarettes and then smoked.
 - **What are some other names for cannabis?** Marijuana, pot, dope, gunga, yarnie, mull, joint, weed, Mary Jane.

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

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

Ask

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

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

Using the **question partners** strategy (refer to page 94), groups place the question cards in a pile and deal out the answer cards. Students take turns to read a question card. As a group, students first guess what they think is the correct answer and record this on their sheet of

paper. Students then check their cards to see if they have the answer to the question. The person with the answer card reads aloud the information for the rest of the group to hear and then takes the next question card from the pile. The process is repeated until all questions have been answered. Check that groups identified the correct answers.

Ask

- *What is one new thing that you now know about cannabis?*
 - *Did you correctly answer the questions about how many students actually use cannabis?*
 - *Why might young people think that 'everyone is smoking dope'? (Students often over estimate other students' cannabis use. These perceptions are influenced by the media, their attitudes, family and peer attitudes, and by the fact that teenage drug use is often seen in public places).*
 - *How might thinking that more young people use cannabis than actually do, influence a young person to try cannabis? (Those young people who perceive cannabis norms to be higher are more likely to experiment or become regular cannabis users).*
 - *Why do you think most young people don't use cannabis? (eg because most of their friends don't use cannabis, the legal consequences and impact on future employment and travel goals, risks to mental and physical health, effects on friendships and family relationships, financial costs).*
 - *Why do you think people still use cannabis even when they know it can be harmful? (Those who use cannabis often don't consider the possible long-term effects such as lung cancer. Some of the short-term effects such as feeling relaxed or being part of a group may be more important to the person. They may also be dependent on cannabis and find it difficult to not use).*
2. Students complete the **3-2-1 reflect** (refer to page 96) in their workbook by writing three facts they can recall about cannabis, two things about cannabis that are relevant to them, and one question they still have about cannabis. Place students in pairs to share their reflections. Record the generated questions and discuss these.
 3. Send a copy of the Family information sheets – *Cannabis* and *Synthetic cannabis* home with each student to share with their family.



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



Clued up on cannabis

Fact or myth?

About 25% of WA students aged between 12-17 years have used cannabis ***in the last week.***



Answer: Myth

Most young people don't ever use cannabis. Only 5.6% of WA students (12-17 years) used cannabis in the last week.

Source: (MHC, 2016b)

Fact or myth?

Eleven in twelve 12 year olds and seven in eight 13 year olds have ***never used cannabis.***



Answer: Fact

About one in twelve 12 year old students and about one in eight 13 year old students have used cannabis in their lifetime. That means that eleven in twelve 12 year olds and seven in eight 13 years have **never** used cannabis.

Fact or myth?

About 30% of WA students aged between 16-17 years have used cannabis ***in the last month.***



Answer: Myth

Most 16-17 year old WA students do not use cannabis. Only 14.8% of these students had used cannabis in the last month. That's means 85% of these students had not used cannabis!

Fact or myth?

It is okay for someone to carry small amounts of cannabis for personal use.



Answer: Myth

This is not okay. Anyone carrying small amounts of cannabis for personal use is committing an offence.

Fact or myth?

It is legal to grow cannabis in a suburban backyard for personal use.



Answer: Myth

It's not legal to grow cannabis for personal use, possess it or sell it in WA. No exceptions.





Clued up on cannabis

<p>Fact or myth?</p> <p>In public, police always need a warrant to search for drugs like cannabis or ecstasy.</p> 	<p>Answer: Myth</p> <p>Police don't need a warrant. If there is reasonable grounds for suspecting that a person has an illegal drug, police can search them and their vehicle without a warrant.</p>
<p>Fact or myth?</p> <p>Cannabis comes from a plant.</p> 	<p>Answer: Fact</p> <p>Cannabis comes from the hemp plant Cannabis Sativa. Marijuana comes from the leaves and flowers of this plant, hashish comes from the resin in the flowering tops of female plants, and hash oil comes from the resin.</p>
<p>Fact or myth?</p> <p>Cannabis is a depressant drug and slows down parts of the brain used for memory, coordination and concentration.</p> 	<p>Answer: Fact</p> <p>THC (the chemical in the cannabis plant that causes the 'high' or 'stoned' feeling) acts as a depressant and slows down parts of the brain used for memory, coordination and concentration.</p> <p>If a large amount is used, it can make a person see and hear things that are not there (hallucinations).</p>
<p>Fact or myth?</p> <p>Cannabis is more harmful than tobacco.</p> 	<p>Answer: Fact</p> <p>Cannabis is more harmful than tobacco as it contains more tar and cancer – causing agents. It can cause cancer of the mouth, tongue and lungs. People who use cannabis, even small amounts, may develop mental health problems or have problems remembering things. This risk increases the earlier you start using cannabis and the more you use.</p>
<p>Fact or myth?</p> <p>It's illegal to drive a car after using cannabis.</p> 	<p>Answer: Fact</p> <p>Driving under the influence of cannabis or any other drug is illegal. Drug testing has shown that cannabis is involved in about 10% of traffic accident-related deaths.</p>



Clued up on cannabis

<p>Fact or myth?</p> <p>Young people who use cannabis are more likely to experience depression than those who don't.</p> 	<p>Answer: Fact</p> <p>13 to 17 year olds who use cannabis are three times more likely to experience depression compared to those who don't. This risk increases the earlier you start and the more you use.</p> <p>Source: Lawrence et al., 2015</p>
<p>Fact or myth?</p> <p>Synthetic cannabis isn't harmful.</p> 	<p>Answer: Myth</p> <p>Synthetic cannabis can have harmful effects just like naturally produced cannabis. However because the chemicals and the plant products are both unknown there may be different harms and risks for the user. There have been heart attacks and several deaths linked to synthetic cannabis use.</p>
<p>Fact or myth?</p> <p>Synthetic cannabis is legal.</p> 	<p>Answer: Myth</p> <p>Synthetic cannabis is not legal in Australia. Anyone caught with these drugs can be charged for possession, selling, supplying or intent to sell or supply.</p>
<p>Fact or myth?</p> <p>Cannabis doesn't affect your driving as much as alcohol.</p> 	<p>Answer: Myth</p> <p>Cannabis and other drugs all affect your ability to react quickly, assess hazards and concentrate and make responsible decisions. It is illegal to drive a vehicle while under the influence of cannabis.</p>



Cannabis

What is cannabis?

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

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

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

Why cannabis education for your children?

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

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

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

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

What you can do?

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



For more information about cannabis

Drug Aware drugaware.com.au

National Cannabis Prevention and Information Centre
ncpic.org.au

Australian Drug Foundation www.adf.org.au

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

Phone: (08) 9442 5000

Country callers: 1800 198 024

E-mail: alcoholdrugsupport@mhc.wa.gov.au

Parent and Family Drug Support Line is a free alcohol and other drug information and support line for parents and family members. Talk to a professionally trained counsellor about alcohol and other drugs. Talk confidentially to another parent for strategies and support.

Phone: (08) 9442 5050

Country callers: 1800 653 203

Email: alcoholdrugsupport@mhc.wa.gov.au

Aboriginal Alcohol and Drug Service provides a range of culturally secure services, including treatment, education programs and yarning.

Phone: (08) 9221 1411

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



Synthetic cannabis

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

Is synthetic cannabis safe? No.

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

What is synthetic cannabis called on the street?

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

Is synthetic cannabis legal in WA?

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



Activity 2 Consequences of cannabis use



Learning intention

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

Equipment

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

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

Coloured marker pens or highlighters – one set per group

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

Teaching tips



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

Activities

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

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

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

Ask

- *Do you think a person's cannabis use only harms or has consequences for the user, or do these harms and consequences affect other people too?* (Explain that while we know from the Australian School Students Alcohol and Drug survey that most students their age do not

use cannabis, often young people are affected by their friends and family).

- *Does cannabis affect everyone the same way?* (No. Remind students of the drug use experience triangle).
 - *What effects do you think might cause young people not to use cannabis? Why?*
 - *What effects do you think might encourage a young person to experiment with cannabis?*
 - *What other ways can you achieve feelings of relaxation?* (eg feeling relaxed – listen to music, go for a run, meet up with friends, walk along the beach).
4. Point out that the harms listed in the right hand column of *Cannabis messes with your body and your mind* in *Be Ready* page 19 do not just refer to physical and mental health harms but also to harms that might affect the user's relationship with their family and friends (social harms); harms that may affect whether the user can stay at school or work or travel overseas (livelihood harms); and harms that may result in the user being involved with the police and the legal system (legal harms).

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

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

Process the circle talk using the following questions.

Ask

- *What possible harms for the cannabis user were the same in each situation?*
 - *Which situation posed more harms for the cannabis user?*
 - *Was death a possible consequence in any of the situations discussed?*
 - *Did any situations pose possible harms for people other than the cannabis user?*
 - *Has discussing how others can also be affected changed your opinion about cannabis use? Why?*
 - *What messages do you think health campaigns about cannabis use should include? Why?*
5. Have students write a letter to a friend explaining what they have learnt about cannabis, the effects of cannabis on the user and other people, and reasons why they would choose not to use cannabis.



Cannabis consequences

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



Activity 3 Cannabis and the law



Learning intention

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

Equipment

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

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

Teaching tips

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

Cannabis laws and juveniles

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



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

Activities

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

Ask

- *Are there laws about cannabis? What are they?* (Correct any misinformation suggested by students).
- *Why do we have laws about cannabis?*
- *Who are these laws meant to protect?*
- *Where did you learn about the laws associated with cannabis prior to this lesson?* (Remind students of the 'no name' rule).

- *How do these laws influence people's beliefs about what is right and wrong?*
 - *Why might the laws about cannabis change from time to time?* (eg existing laws may have little impact on drug use, may be difficult to police, may not be in line with new medical evidence about cannabis, may be legalised for medicinal purposes).
 - *Which aspect of the cannabis laws do you think would most likely influence a young person's decision to not use cannabis? Why?*
 - *How do the laws aim to reduce cannabis-related harm for everyone?*
 - *What short-term goals would not be possible to achieve if a young person was convicted of a drug offence and received a criminal record?* (eg not finish their education, lose their job, or lose their relationship with family, friends, team mates).
 - *What long-term goals would not be possible to achieve if a young person was convicted of a drug offence and received a criminal record?* (eg anything that involves getting a job, credit or visas for travel to some overseas countries).
2. Have students write two goals they would not achieve if convicted of using cannabis on page 21 of *Be Ready*.
 3. Have groups choose one of the following statements and list the positive, negative and interesting implications of that statement on a **PNI** sheet (refer to page 93).

PNI statements

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

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

Activity 4 Assessing cannabis-related situations



Learning intention

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

Equipment

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

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

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

Teaching tip

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

Activities

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

Ask

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

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

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

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

3. Repeat the values continuum activity by having students consider their card in terms of:

- possible harms to physical and mental health
- possible harms to relationships with family, friends
- possible problems with school, part-time job, money
- possible problems with the law.

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

Ask

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



Cannabis scenarios

<p>Person: 13 year old girl</p> <p>Place: At home</p> <p>Drug situation: <i>She does not smoke cannabis and her parents smoke cannabis in the house</i></p>	<p>Person: 13 year old boy with asthma</p> <p>Place: On a school camp with 2 friends</p> <p>Drug situation: <i>Has never smoked previously and shares a joint with friends</i></p>	<p>Person: 16 year old boy feeling really sad after breaking up with girlfriend</p> <p>Place: At school</p> <p>Drug situation: <i>Buys some 'synthetic' cannabis so he can feel better</i></p>
<p>Person: 13 year old boy</p> <p>Place: On a school camp</p> <p>Drug situation: <i>Not smoking a joint but standing near some boys who are smoking</i></p>	<p>Person: 14 year old girl</p> <p>Place: At a really loud party with older boyfriend</p> <p>Drug situation: <i>Not using cannabis but around lots of people who are</i></p>	<p>Person: 32 year old man with two small children</p> <p>Place: At home</p> <p>Drug situation: <i>Growing five cannabis plants for his own use</i></p>
<p>Person: 10 year old boy</p> <p>Place: At football training</p> <p>Drug situation: <i>Picked up by his Dad who has been smoking cannabis</i></p>	<p>Person: 17 year old girl who regularly uses cannabis</p> <p>Place: At home before an important exam</p> <p>Drug situation: <i>Has one joint to calm her nerves</i></p>	<p>Person: 12 year old girl</p> <p>Place: On the school bus</p> <p>Drug situation: <i>Agrees to put her brother's joint in her school bag until the end of the day</i></p>
<p>Person: 16 year old girl who has a history of mental illness in her family</p> <p>Place: At the beach with friends</p> <p>Drug situation: <i>Tries a joint for the first time</i></p>	<p>Person: 12 year old boy</p> <p>Place: At school</p> <p>Drug situation: <i>Tries to sell his older brother's cannabis to a friend</i></p>	<p>Person: 11 year old girl</p> <p>Place: At home alone</p> <p>Drug situation: <i>Eats a hash cookie left over from a party at her parents' house</i></p>
<p>Person: 21 year old man who regularly uses cannabis</p> <p>Place: Just started a new job on a mine site</p> <p>Drug situation: <i>Uses a small amount of cannabis the night before his compulsory drug test</i></p>	<p>Person: 15 year old boy who wants to go on a school basketball trip to America</p> <p>Place: At the local park</p> <p>Drug situation: <i>Smokes a joint with his older brother and his mates</i></p>	<p>Person: 13 year old girl with her older brother</p> <p>Place: At a music festival</p> <p>Drug situation: <i>Surrounded by people who look like they have been using cannabis</i></p>

Activity 5 Practising harm reduction and refusal strategies



Learning intention

- Students practice refusal strategies in drug-related situations

Activities

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

Ask

- *Which refusal strategies would you use if someone offered you a joint?* Have students share their answers with a partner.
 - *Do you think the refusal strategies might have been different if it was a stranger who offered you a joint? Why?* (eg sometimes it is easier to tell a stranger 'no' than a friend who you want to maintain a relationship with).
 - *Which excuses could you use if a friend offered you some alcohol or another drug?* (Point out to the class that excuses that take the decision away from them such as 'my parents will ground me for a month' can be used across many situations).
 - *Do you think it would be easier to say 'no' to an offer of cannabis than alcohol? Why?* (Yes, because cannabis is an illegal drug that has laws that can affect a person's future employment and travel goals. Alcohol is legal for anyone over 18 years of age and more readily available and the associated laws are not as stringent).
2. To personally reflect on this activity, students can complete the following unfinished sentences.
 - *My current risk of harm from cannabis use is (very high/high/moderate/low/very low) because....*
 - *Ways that I could reduce my risk of harm or continue to maintain a low risk of harm from cannabis are*
 - *If I had a friend who was trying to make me experiment with cannabis I would ...*
 - *If I felt pressured by a friend to use cannabis some helpful or positive thoughts I could use to not feel pressured would be...*

TOPIC 6

Help seeking for drug-related situations

Activity 1 Calling for help



Learning intention

- Students practice responding to an emergency situation

Equipment

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

Two phones (optional)

Access to the internet

Activities

1. Explain that being able to help someone who is unwell or unconscious because of their alcohol or drug use (or any other medical emergency) is important and that sometimes it may mean the difference between that person living or dying. Have students share their experiences of dealing with an emergency and performing basic first aid. Remind the class not to use people's names when sharing their stories.
2.  Listen to the radio advertisements at http://www.triplezero.gov.au/Documents/radio_ads.mp3 that promote the correct procedure for calling and using the Triple Zero service.
Stress that it is important to stay calm in an emergency and always first seek help from an adult (if available) before calling 000 or administering first aid. (The Triple Zero radio advertisements are also available in nine languages – Arabic, Cantonese, Greek, Italian, Korean, Mandarin, Serbian, Spanish and Vietnamese at http://www.triplezero.gov.au/Documents/cald_radio_ads.mp3)
3. Read *What is your emergency?* on page 22 of *Be Ready*. Remind students that calling 000 (or 112 as an alternative mobile number) is only for emergencies and doing this for fun means that an operator is spending time with their hoax call when they could be helping to save someone's life. With a student volunteer, model how to complete the 000 call. Explain why it is important to give the emergency operator the state in Australia they are calling from (many of the suburb names in Australia are repeated so clarifying which state they are calling from will avoid confusion).
4. Place students with a partner. Nominate one student in each pair to be the emergency operator and **role-play** (refer to page 94) calling the emergency number for a friend in the following situation:

Scenario

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

5.  Have students view the Triple Zero website www.triplezero.gov.au then complete the **3-2-1 reflect** (refer to page 96) on page 22 of *Be Ready*. Listen to the students' responses and clarify the questions raised. Ensure that the class are aware that calling for an ambulance in an alcohol or drug related situation does not always mean that the police will attend. This usually only occurs when the ambulance officers feel their own safety is in jeopardy or the patient is deceased. Also point out to students that if they are concerned about sharing their identity with the operator, they can choose to not give their name.
6. If students in the class have mobile phones, talk about having an ICE number (In Case of Emergency) entered in their phone contact list. Discuss how this strategy can help a person in the case of an emergency.

Activity 2 Practising the DRS ABCD procedure



Learning intention

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

Equipment

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

Access to internet

Empty tissue box and small cards (optional)

Teaching tip

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

Activities

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

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

- Have students watch one of the many Australian CPR videos on YouTube. Stress that students must always assess the situation for possible dangers and maintain their own safety when helping others (eg being hit by passing vehicles if the emergency is on a road, avoiding contact with blood) and that doing something, rather than nothing, can be the difference between a person living or dying. Reassure students that performing first aid, in most cases, will not result in the person being further injured as sometimes fears of spinal cord injury prohibit bystanders from helping.
- Place students in groups of three. Allocate one of the following emergency scenarios to each group. Explain that students are to create a **role-play** (refer to page 94) for their scenario that includes the DRS ABCD procedure.

Emergency scenarios

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

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

- Have students write an article for the school newsletter promoting first aid or create a PowerPoint about DRS ABCD first aid procedures and present to another class.
-  Have students complete the St John Ambulance online first aid course – *Click to Save* at <http://clicktosave.com.au/> or enrol the class in a free First Aid Focus presentation at <http://www.stjohnambulance.com.au/firstaidfocus/home>
- Arrange a visit from the school nurse to talk to students about helping out a friend who has consumed alcohol or another drug and is unconscious. Prior to the visit, have students write their questions and place these in a box. During the presentation have students take turns asking the questions generated by the class.

Activity 3 Identifying and practising help seeking strategies



Learning intention

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

Equipment

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

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

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

Teaching tip

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

Activities

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

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

Suggest that asking for help can sometimes be difficult, particularly when a person is feeling stressed or confused. Ask the students to identify some reasons why a person may not seek help and write these on page 23 of their workbook. Some examples may include:

- think the problem will go away on its own
- feel afraid, ashamed or embarrassed to ask for help
- think that no-one will want to help
- think that others will judge them

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

Ask

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

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

Ask

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

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

Ask

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

2. Have students investigate the helplines and websites that offer information and counselling on issues such as alcohol and drug use, mental health and depression, and relationships. Some of the reliable sources suitable for adolescents are listed on page 23 of *Be Ready*.
3. Have students create a contact list of sources of help on page 23 of their workbook and then share this with a partner. Ask students the following questions.

Ask

- *Was it easy to write five useful sources of help? Why?*
 - *Do you think some of your 'help contacts' may be more than useful than others? Why?*
 - *Which of your contacts do you think other students should know about? Why?* (eg Kids helpline, school counsellor, chaplain).
 - *Why is it important to have a range of sources when you need help?*
 - *Is it important to seek help for more challenging problems from more than one source? Why?*
4. Send a copy of the Family information sheet – *Helping your teenager ask for help* home with each student to share with their family.



Suggest a strategy

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



Helping your teenager ask for help

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

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

- Make sure you know your teenager's friends and their parents. Not so you can delve and discover, but so they know you are approachable and if they feel that the problem needs your involvement, they can talk to you openly and honestly.
- Listen non-judgementally. Now is not the time to give your judgement on a situation that your teenager has decided to share with you. Try to get as much information as you can to help you talk about the issue – but don't try too hard or you might push them away.
- Tell them you are concerned about them. Knowing that you care and are willing to listen will keep the lines of communication open and encourage your teenager to talk to you when next they have a problem.
- Ask if they have thought about getting help. If your child has resisted getting help, ask them why.
- Brainstorm the different people they could go to for help. Have a list of support services available in your area in case your teenager suggests seeing a professional.
- Check to see if your teenager is okay with you letting the school know there is a problem. This can help to explain changes in behaviour that school staff may have noticed.
- Offer to make an appointment for your child to talk to a professional. Make time to go to the appointment with your teenager, but check that they want this to happen first.



Where else can you go for advice?

SDERA sdera.wa.edu.au

Drug Aware drugaware.com.au

National Cannabis Prevention and Information Centre ncpic.org.au

Australian Drug Foundation www.adf.org.au

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

Phone: (08) 9442 5000

Country callers: 1800 198 024

E-mail: alcoholdrugsupport@mhc.wa.gov.au

Parent and Family Drug Support Line is a free alcohol and other drug information and support line for parents and family members. Talk to a professionally trained counsellor about alcohol and other drugs. Talk confidentially to another parent for strategies and support.

Phone: (08) 9442 5050

Country callers: 1800 653 203

Email: alcoholdrugsupport@mhc.wa.gov.au

Aboriginal Alcohol and Drug Service

provides a range of culturally secure services, including treatment, education programs and yarning.

Phone: (08) 9221 1411

Reachout is about helping young people to help themselves

www.reachout.com.au

Beyondblue is a national depression initiative for young people

www.ybblue.com.au/

Kids Helpline is a 24 hour help line that can be called on 1800 55 1800

www.kidshelp.com.au

Headspace and Yarn Space

www.headspace.org.au