

CHALLENGES AND CHOICES

TEACHER RESOURCE

8

A Resilience
Approach to
Drug Education

**TITLE: *Challenges and Choices: A Resilience Approach to Drug Education*
Year 8 Teacher Resource**

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Note: National and State legislation and regulations referred to in this resource were correct at the time of publication. SDERA advises the reader to review relevant websites and documents for legislative and regulatory updates.



School Drug Education and Road Aware

School Drug Education and Road Aware (SDERA) is the WA State Government's primary drug and road safety education strategy for all government and non-government schools, and early childhood services. SDERA is a cross-sectoral initiative of the Association of Independent Schools of WA (AISWA), the Catholic Education WA (CEWA) and Department of Education (DOE) and is funded by the Mental Health Commission and the Road Trauma Trust Account.

SDERA aims to prevent road-related injuries and the harms from drug use in children and young people.

SDERA empowers early childhood and school-based staff, parents and carers, and community groups to implement effective resilience, drug and road safety education approaches within their schools and community, through the provision of professional learning, evidence-based resources, and a state-wide consultancy team.

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Foreword

The transition from childhood through adolescence to adulthood can be challenging for many of our young people. It is during these formative years that our children will be required to make decisions around a range of factors that could have a significant impact on their future physical, social and emotional development.

School based education programs, such as the *Challenges and Choices* secondary school resources, play a significant and vital role in equipping our children with the necessary knowledge and skills to make informed decisions regarding alcohol and other drug use. Participating in an appropriate school alcohol and other drug education program, assists students to make healthy and safer choices, identify high risk situations, and develop a range of strategies to prepare them for challenging situations. Education can also play a counterbalancing role in shaping a normative culture of safety, moderation and informed decision making.

Minimising harm to young people and those around them are the key objectives of *Challenges and Choices*. Focusing on skills development such as building resilience, problem solving and help seeking, are integral to this approach. Students who are able to identify and develop their own attitudes and values associated with adopting a healthy and safer lifestyle are better equipped to make personally and socially responsible decisions during adolescence and beyond.

As educators, you have a key role in encouraging belonging and connectedness within the school community, as this fosters resilience and an overall improvement in the health, safety and wellbeing of our young people.

This resource represents a wonderful opportunity for School Drug Education and Road Aware to partner with schools and families to provide adolescents in Western Australia with meaningful learning experiences that will enhance their resilience and drug risk awareness.



Timothy Marney

Mental Health Commissioner



Government of **Western Australia**
Mental Health Commission



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Challenges and Choices program

The *Challenges and Choices* program has been developed for secondary schools who wish to conduct resilience and drug education programs. The program aims to develop students' awareness of the possible harmful effects of drug use and acquire skills needed to help them make informed decisions and manage drug-related situations.

The program is designed to address two relevant and contemporary health contexts for young people, mental health and wellbeing, and drug education. The content aims to support and expand students' knowledge, understanding, skills and attitudes in relation to their health, safety and wellbeing. This approach is considered to be more effective than programs that only focus on providing information or knowledge to students about what is safe and what is dangerous or risky, and does not address the range of reasons why young people engage in risky behaviours.

Challenges and Choices focuses on developing the protective personal and social resistance skills that can assist in motivating young people against drug use and help identify and resist pro-drug influences. Rather than just describing 'what' these protective skills are, this program provides explicit and intentional learning activities that show teachers 'how' to develop the skills, beliefs and attitudes that can enable young people to effectively resist pressures and influences from others and make responsible decisions in drug-related situations. Practical examples of how teachers and families can promote the learning of skills such as: positive self-talk, optimistic thinking and attitudes; emotional intelligence; social skills; help seeking; problem-predicting, problem-solving and decision-making; and self-knowledge and personal competence, are provided.

When working to assist young people to reduce the harms associated with drug use, there is a need to consult best practice and evidence. SDERA's *Challenges and Choices* program is the State Government's strategy for school drug education and is underpinned by evidence and the Principles for School Drug Education (Department of Education, Science and Training [DEST], 2004).

Schools are encouraged to use the *Challenges and Choices* program in conjunction with other evidence-based resilience and social and emotional learning programs, and drug education programs.

Strengths based approach

Rather than focusing on what students do not know or cannot do, a strengths-based approach recognises the abilities, knowledge and capacities of students. This approach assumes that students are able to learn, develop and succeed, and also recognises the resilience of individuals. It affirms that students have particular strengths and resources that can be nurtured to improve their own and others' health, safety and wellbeing. A strengths-based approach to planning programs for students can transform practice and result in a more satisfying experience for everyone – students, families and educators.

The *Challenges and Choices* program focuses on this approach and provides content and learning activities that build on students' knowledge, skills and capacities. Some content,

concept or skill introduced in one year level however, may need to be revisited, consolidated and further enhanced in later year levels. For example, making decisions is a skill that can be introduced in early childhood and then continue to be developed through a student's schooling years. This means educators need to provide ample opportunity for revision, ongoing practice and consolidation of previously introduced knowledge and skills.








Mapping against Health and Physical Education content

There are links between the learning activities in this resource and the *Western Australian P-10 Curriculum Health and Physical Education Syllabus*. These are described in Table 1 page 11.

Mapping against General Capabilities in the Australian Curriculum

The following icons have been used to indicate where the seven general capabilities have been embedded in the learning activities in this resource.

Key

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

Mapping against Personal and Social Capabilities

Challenges and Choices learning activities that specifically link to the *Personal and Social Capability* have been listed in Table 2 on page 12 to 13 under the four elements – Self-awareness, Social awareness, Self-management and Self-management.

Delivery of the program

The activities have been written to support the delivery of Year 8 Health Education content and skills, however the program is flexible and can be implemented in English, life and relationship skills, careers, workplace readiness, and home groups.

Teachers may choose to modify or use activities that are more relevant or support their students' needs and the context within which the program is to be delivered. The *Challenges and Choices* resources for earlier or later year levels may also be referred to depending on the needs of students.

Currency of information

Whilst every attempt has been made to include the latest information and live links within this resource, statistics, legislation and brochures/fact sheets/information sheets do change over time.

You are encouraged to use the most up-to-date statistics, legislation and information in your drug education program. Websites provided at the back of this resource can assist you.

Staff working in schools with a Christian ethos

When teaching resilience, decision-making and coping skills, links to Religious Education and developing a positive sense of self in relationship with God and others, can be emphasised and promoted.

Support for implementing *Challenges and Choices*

Professional learning workshops offered by SDERA, aim to enhance participants' understanding of resilience and drug education. These workshops support the implementation of classroom programs using the *Challenges and Choices* resources and can be accessed by all schools in Western Australia.

Complementary health and safety frameworks

Challenges and Choices is underpinned by national and state strategies including the *Drug and Alcohol Strategic Plan 2013-2018*. This ensures an evidence-based and scientific approach to the pedagogy within the resource.

Challenges and Choices is also underpinned by other frameworks, including: *Health Promoting Schools Framework* (WHO 1986), *Revised National Safe Schools Framework*; *Melbourne Declaration on Educational Goals for Young Australians*; the *National Framework in Values Education*; and the *National Family-School Partnerships*. These frameworks support the implementation of whole-school health, wellbeing and safety initiatives by schools.

Program components

The *Challenges and Choices* program for Year 8 includes two components: the Teacher Resource and the *Be Ready* student workbook.

Teacher Resource

This easy to use resource offers two modules:

- Module 1: Resilience Education
- Module 2: Drug Education.

The topics in each module are non-sequential and are informed by a strong evidence base that highlights the positive outcomes of building resilience and enhancing personal and social capabilities through the context of drug education. Teachers can select the activities that will meet the learning needs of their students, however it is strongly suggested that Module 1 is delivered before or in conjunction with Module 2.

Each Module includes:

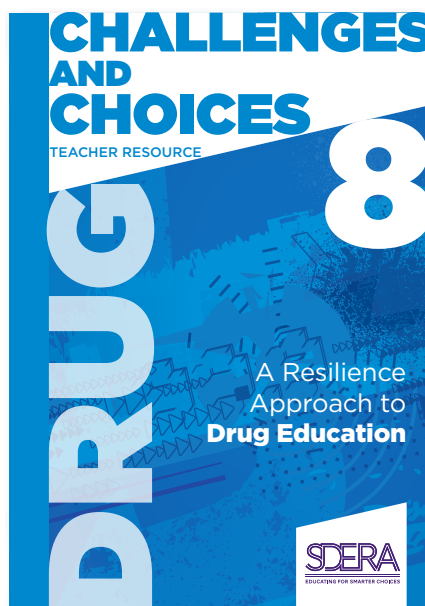
- related topics and learning activities appropriate for Year 8 students
- teaching tips to support delivery or extend students' learning
- activity sheets that require photocopying and/or cutting up
- activities that link to the *Be Ready* student workbook

- *Family information sheets* to use as a conversation trigger between students and their families
- links to useful websites and other resources for background information.

A PDF version of the Teacher Resource can be downloaded from the SDERA website.

Be Ready student workbook

The student workbook is linked to activities in the Teacher Resource and gives students information about resilience and drug education topics. Teachers may choose to use the workbook as a record of students' achievement. A PDF of the workbook is included on the SDERA website and can be printed or photocopied for use by schools and other educational settings.



Resilience education

Student resilience and wellbeing are essential for both academic and social development. Children who are confident, resilient and emotionally intelligent perform better academically. The skills these children possess can contribute to the maintenance of healthy relationships and responsible lifestyles and help them to manage challenging situations.

Schools can provide safe, supportive and respectful learning environments that optimise the development of students' resilience and wellbeing. Delivering classroom programs that help students to learn and build on their personal and social capabilities can promote health and wellbeing and lead to success in life.

Students with reported high levels of resilience and wellbeing:

- are more likely to achieve academic success and higher levels of schooling
- have better physical and mental health
- are less likely to engage in problematic drug use
- are more likely to have a socially responsible lifestyle (Zins, Weissberg, Wang, & Walberg, 2004).

Conversely students with low levels of wellbeing and resilience:

- have higher levels of mental health problems and harmful risk-taking behaviour
- are more likely to leave school at a young age
- have higher risk of unemployment and poverty
- have lower levels of participation in the community.

A positive approach

Programs that focus on young people's strengths and assets are important for building their skills and competencies as well as being an effective strategy for reducing problem outcomes such as alcohol or other drug use, bullying or disengagement with school (Porter, 2011; Benson, Leffert, Scales, & Blyth, 2000; Theokas, Almerigi, Lerner, Dowling, Benson, Scales, & von Eye, 2005). While these issues are extremely important and need to be addressed, we want young people not to participate in bullying, or use alcohol and other drugs, and to remain engaged in their education. We want them to thrive as young people and develop the competencies that will equip them for success both academically and in life.

This shift in focus from preventing (fixing) behaviour deficits, to building and nurturing all the beliefs, behaviours, knowledge, attributes and skills that can result in a healthy and productive adolescence and adulthood, is supported by research (Pittman, 1999).

Risk and resilience

There is a wealth of research that indicates that an adolescent who is resilient is likely to enter adulthood with a good chance of coping well, even if he/she has experienced difficult circumstances in life such as poverty, health problems or strained family relationships (Werner, 1995). Some research also suggests that resilient adolescents may be in a better position to avoid risky behaviours such as violence, alcohol and drug use, and adolescent pregnancy (Substance Abuse and Mental Health Services Administration Center for Mental Health Services, 2007).

There are also indications that social disconnection increasingly underlies drug-related harms and other high risk health behaviours amongst students (Spooner, Hall, & Lynskey, 2001). Apart from families, schools are the most important socialising agents that provide a positive environment and promote resilience and wellbeing.

For those students who are not connected to resilient families, it is particularly important that schools provide a sense of belonging and connectedness, meaningful participation and contribution and support for learning. The whole-school enrichment activities in this book (refer to pages 9 to 10) provide a range of ideas on how to enhance the school environment in order to promote resilience.

Factors that contribute to resilience

A combination of factors contribute to resilience. Many studies show that the primary factor in resilience is having caring and supportive relationships within and outside the family. Relationships that create love and trust, and offer encouragement and reassurance can help bolster a person's resilience. Positive outcomes of resilience education programs include young people who have:

- **Confidence** – a sense of self-worth (a positive view of yourself) and mastery (confidence in your strengths and abilities); having a sense of self-efficacy (belief in one's capacity to succeed); seeing yourself as resilient (rather than as a victim).
- **Character** – taking responsibility; a sense of independence and individuality; connection to values; good problem solving and communication skills; helping others.
- **Connection** – a sense of safety, structure and belonging; close, respectful relationships with family and friends; positive bonds with social institutions.
- **Competence** – the ability to act effectively in school, in social situations, and at work; the ability to manage strong feelings and impulses; seeking help and resources; the ability to cope with stress in healthy ways and avoiding harmful coping strategies such as alcohol and drug use.
- **Contribution** – active participation and leadership in a variety of settings; making a difference.
- **Caring** – a sense of sympathy and empathy for others; commitment to social justice.

Explicit teaching of personal and social capabilities

While the concept of emotional intelligence and self-regulation generally encompasses more than what is typically meant by resilience or positive mental health, it does include managing one's emotions, which can be especially important to adolescent wellbeing.

Schools can incorporate social and emotional learning into their programs by the explicit teaching of skills described in the *Personal and Social Capability*, and through whole-school initiatives that focus on increasing supportive relationships among students and adults. Results of this approach show that being able to manage one's emotions, and having supportive relationships with adults, contributes to students' academic success, as well as to their adopting positive social attitudes and behaviours (Payton, Weissberg, Durlak, Dymnicki, Taylor, Schellinger, & Pachan, 2008; Snyder, Flay, Vucnich, Acock, Washburn, Beets, & Kin-Kit, 2010).

Drug education

What is school drug education?

Effective school drug education focuses on skills development and provides students with the capacity to make healthy and responsible decisions for their own and others' safety and wellbeing. It also nurtures a sense of belonging and connectedness and fosters resilience. This approach differs from traditional approaches to school drug education which often focused simply on providing information about drugs and possible harmful effects, on the assumption that somehow this will guard young people against experimentation and use.

What content is covered in drug education programs?

As drug education programs can develop a range of skills such as decision making, help seeking and problem solving, the content through which students practise these skills should be age appropriate and relevant to the students' needs.

In the secondary years, programs should focus on drugs such as caffeine (contained in energy drinks), tobacco (passive smoking), alcohol, cannabis and other illicit drugs. Students are also introduced to the definition of a drug (eg any substance, excluding food, water and oxygen, which when taken into the body, alters its function physically and/or psychologically) (WHO, n.d).

Students also explore the range of factors that can contribute to a drug experience such as:

- the person eg age, gender, previous experience with the drug, mood
- the drug eg type, amount, taken with other drugs
- the place eg where the drug is being used, with friends or strangers.

Knowing this, students begin to understand that the drug is not the only contributor to the range of harms that can be associated with drug use. It also provides opportunity for students to identify how potential harms can be avoided or reduced.

When should drug education start?

Children become aware of drugs from an early age. They gain information and form attitudes about drugs and drug use issues from a range of influences including family, friends, peers, school, the community, and the media. It is therefore important that prevention drug education:

- is started in early childhood
- is age appropriate
- is continued through a child's schooling years in order to build students' knowledge, skills and experiences, and to bring about effective behaviour change.

Prevention education is best introduced when the prevalence of use of the particular drug is still low and before most young people are exposed to the possibility of use. There are three critical phases when the intervention effects of drug education are most likely to be optimised, and include:

- **Phase 1: Inoculation** which is when children are first exposed to certain drugs. Most children in secondary school have had some experiences with analgesics and

over-the-counter medications, prescription medications and caffeine. In some communities some children will also be familiar with tobacco and alcohol, as well as cannabis and other illegal drugs.

- **Phase 2: Early relevancy** which is where information and skills may have practical application in real life.
- **Phase 3: Later relevancy** which is when prevalence of alcohol and drug use increases and the context of use changes (eg alcohol and driving).

The early adolescence years are, therefore, a crucial inoculation phase where schools need to implement both resilience and drug education programs as young people are often faced with many influences to use both licit and illicit drugs. Engaging students in alcohol and drug education programs assists them to make healthy and safer choices, identify high risk situations, and develop a range of strategies to prepare them for challenging situations. Education can also play a counterbalancing role in shaping a normative culture of safety, moderation and informed decision making.

SDERA can assist schools to develop ongoing, sustainable drug education programs and school drug education guidelines based on a harm minimisation approach. This approach aims to reduce the adverse health, social and economic consequences of drugs by minimising or limiting the harms and hazards of drug use for both the school community and the individual without necessarily eliminating use.

Who should deliver drug education to young people?

The *Principles for School Drug Education* (refer to www.sdera.wa.edu.au) highlight that classroom teachers, with specific knowledge of students and the learning context, are best placed to provide drug education. External agencies and personnel should be used only where relevant and appropriate, and where they enhance existing drug education.

Harm minimisation approach to drug education

A harm minimisation approach does not condone or encourage drug use. It promotes non-use and delayed use of all drugs, and support of young people who are experiencing drug use issues either themselves or by their family or friends. This approach acknowledges that drug use is complex and that students can be affected by their own drug use, or the drug use of others, and aims to reduce the harms associated with use and to promote healthier, alternative behaviours.

Key messages, which are not specifically for discussing with students, include:

Students who have never used alcohol or other drugs	Don't start Delay starting
Students who have experimented with alcohol or other drugs	Don't continue use Ensure don't progress to higher levels of use
Students who use alcohol or other drugs more regularly	Cease use Reduce use Ensure don't progress to higher levels of use Don't become a regular user

Additional harm reduction messages for students, and depending on level of use, include:

- reduce exposure from others' drug use
- avoid people, places and situations where drug use is common
- provide support for others who wish to cut down or quit their drug use
- don't pressure others to use drugs
- avoid using drugs in some situations
- do things to reduce risks when using drugs
- try to avoid mixing alcohol and other drugs.

A consistent message to be given to young people is that there is no safe level of drug use and any drug has the potential to cause harm. Understanding the factors involved in the drug use triangle experience can help to minimise the potential risks in drug-related situations.

An understanding of the ways to reduce harm and of the risk and protective factors impacting on patterns of drug use by young people can assist schools to work effectively at both prevention and intervention levels.

What is not covered in classroom drug education programs?

Volatile substance use (VSU) refers to the practice of deliberately inhaling substances that are volatile (vaporous) for the purpose of intoxication. Education around VSU is not the strategy currently used in Australia, as these products are found in many households and may lead to 'copycat' behaviour. Where it is believed that a student or group of students are involved with volatile substance use, a targeted approach is acknowledged to best practice.

Further information on VSU education can be found on www.sdera.wa.edu.au

New Psychoactive Substances (NPS) or Emerging Psychoactive Substances (EPS) are a range of drugs that have been designed to mimic established illicit drugs such as cannabis, ecstasy, cocaine and LSD. Manufacturers continue to develop these drugs using new chemicals that aim to replace those that are banned. As these substances can be easily accessed via the internet it is recommended that education around NPS or EPS is not discussed in classroom programs and a targeted approach similar to VSU, is used.

Including parents in their child's drug education

Parents and carers can be the most important influence in a child's life. Neglect or exposure to drug use can undermine healthy development and be a predictor of harmful drug use in later life. Parent education, in the form of drug education as well as education on how to promote resilience skills, should be considered as part of a whole-school resilience and drug education program. The *Family information sheets* in this resource cover a range of topics that parents can use as a guide when talking to their children.

To provide families with reliable information about alcohol and drugs:

- send home a copy of the *Family information sheets* provided
- advise parents about websites that can also provide them with information about resilience and drug education
- advise parents about the help lines that they and their children can contact for advice about alcohol and other drug use problems.

Implementing a drug education program in your classroom

Create a class environment

Teaching drug education involves discussing sensitive issues so it is important to establish a safe and supportive environment where students can explore their own values and understandings.

Positive interrupting

Some students may have personal experience where their own or another person's drug or alcohol use has led to situations such as drink driving, mental health problems, family fragmentation, domestic violence, illness, death, or criminal behaviour and incarceration. A young person who has been affected by these or other traumas may become distressed or they may disclose information about their experience.

Personal stories about alcohol and other drug use *should not* be encouraged. This will protect students' personal privacy and the privacy of those related to students, and will prevent them from damaging their reputation. It also prevents students from sharing stories that they feel 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.

Teachers should set ground rules and establish a classroom climate where students agree not to reveal personal information and instead use the third person such as 'I know someone who...' or 'A friend told me...'

If disclosure does occur in the classroom, teachers should tactfully but firmly interrupt the student, acknowledge that they have heard the student and indicate to the student that they may want to discuss this later. Straight after the lesson, arrange a time for a follow-up conversation.

School drug education is enhanced by the implementation of *School Drug Education Guidelines* which include procedures for managing incidents related to drug use and providing support interventions for students. The resource, *Getting it Together: A whole-school approach to drug education* (SDERA, 2010) can assist schools to develop their guidelines.

Normative education

Normative education practices need to be included in school drug education programs to correct inaccurate beliefs about the normality and acceptability of drug use. Normative beliefs are most relevant when the forms of drug use in question really are uncommon and not widely accepted among young people, but might be thought to be more common. The use of current prevalence data in Western Australia (WA) can give an accurate indication as to the extent of drug use in particular age groups. The statistics referred to in this resource are taken from the latest *Australian School Students Alcohol and Drugs Survey* (ASSAD).



The ASSAD survey is conducted every three years and the WA results are published on the Drug and Alcohol Office website www.dao.health.wa.gov.au/ and the Mental Health Commission website www.mentalhealth.wa.gov.au/

Terms to avoid using

It is important that teachers are aware of inappropriate terms and words when teaching drug education. Many terms used to describe drugs and drug use are negative and inappropriate because they can create or perpetuate myths and stereotypes, and may also be insensitive to issues being experienced by some students or their families.

Terms to use	Terms to avoid	Reasons
Drug use Drug taking Harmful drug use Problem drug use High risk use	Drug abuse Drug misuse Substance abuse Substance misuse	All drug use has the potential to cause harm. Terms such as drug use and drug taking are non-judgemental.
Depressant drugs Stimulant drugs Hallucinogens Legal or illegal drugs Licit or illicit drugs	Soft or hard drugs Recreational drugs Party drugs Good or bad drugs	Describing a drug as soft implies that it is safe to use. People may think that a drug described as soft or hard is referring to the legal status or level of harm. The terms recreational or party drug implies that the drug is fun and safe to use.
Drug-related problems Alcohol-related problems Dependence	Addicted Addiction Alcoholic	Dependence describes the physical or psychological state of the person without a stereotype being applied.
Someone who uses drugs	Drug addict Junkie Druggie	Avoid terms that are judgemental and negative.

Interactive teaching and learning strategies

Interactive programs that involve a discussion format to explore content have been found to be between two and four times more effective than non-interactive approaches (Tobler & Stratton, 1997). The activities in this resource use a range of interactive teaching and learning strategies that promote active involvement of all students, require students to work collaboratively in small and large groups, and use skills such as negotiation, decision making, active listening and assertive communication, problem predicting and problem solving, and goal setting.

The strategies referred to in activities are shown in bold text and are explained on pages 91 to 97 of this resource.

Where students have not previously experienced collaborative teaching and learning strategies, teachers may need to spend additional time explicitly teaching the skills and set up a classroom environment where students feel comfortable to share their opinion and attitudes without fear of ridicule or of having their personal experiences shared with others outside of the classroom.

Managing discussion activities

Activities which require students to move around the room or discuss with a partner or small group, are likely to produce

higher levels of noise and energy. Teachers should not mistake these behaviours as a sign that students are not on task. The use of 'noise level' management strategies such as hand clapping, music starting and stopping, or hand in the air, should be introduced to the class at the start of the program.

Assessment

Assessment takes place for different purposes. Teachers are encouraged to select appropriate activities from the resource and use these to make judgements about students' learning and achievement. These samples can also be used to provide feedback to students with the aim of improving their learning through reflective practices.

Self-assessment can be used to gain an understanding of students' knowledge and understanding, attitudes and values, and skill level. The optional quiz provided on page 46 to 47, can be used to identify students' current drug education knowledge prior to commencing a program using this resource.

Students can also complete the self-assessment activities throughout the resource that require identification of the personal and social capabilities that they possess and those that need development through practice and rehearsal.

Best practice in school drug education

There is good evidence as to what works best in school drug education. The *Challenges and Choices* program is underpinned by the *Principles for School Drug Education* (SDERA, 2009) which outline the critical elements of drug education programs that are believed to delay the uptake or reduce the use of drugs. Schools need to consider these critical elements of drug education when planning, implementing and reviewing drug education programs, policies or guidelines, and practices in their school community.

Whole-school approach

A comprehensive, whole-school approach is widely acknowledged as best practice in working holistically to promote and enhance student health, safety and wellbeing. By adopting this approach schools ensure full engagement with the school community and are more likely to secure sustainable health improvements.

The whole-school approach is not just what happens in the curriculum, it is about the entire school day, advocating that learning occurs not only through the formal curriculum but also through students' daily experience of life in the school and beyond. If consistent messages are evident across the school and wider school community, the students' learning is validated and reinforced.

The Health Promoting Schools (HPS) Framework

School communities can take a coordinated whole-school approach to health and safety by addressing each component of the *Health Promoting School (HPS) Framework* (WHO, 1986) when planning health education or responding to a health concern within the school.

The Framework describes an approach for schools to address the health, safety and wellbeing of their staff, students, parents and the wider community through three key components working in unison. The three components are:

- **Curriculum:** teaching and learning, how this is decided, and the way in which teaching is delivered and learning encouraged.
- **Ethos and Environment:** the physical environment, the ethos and values as well as health-enhancing guidelines, processes and structures developed to create an environment for living, learning and working.
- **Parents and Community:** appropriate partnerships with parents, staff, students, community organisations and specialist services, enhance a healthy and supportive school environment.

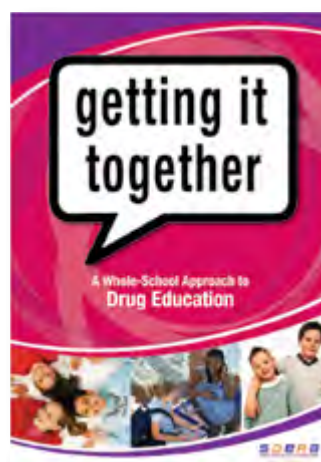
(Note: The term 'parent' in this resource also refers to caregivers, guardians and other significant adults in the child's life).

Supporting a whole-school approach to drug education

School communities can take a coordinated whole-school approach to health and safety by addressing each component of the HPS Framework when planning health education or responding to a health concern within the school.

A whole-school approach can be easily developed using the consultancy support provided by SDERA and the *Getting it*

Together: A Whole-School Approach to Drug Education resource which provides action planning templates, sample *School Drug Education Guidelines* and practical ideas to support the implementation of the three areas of the HPS Framework.





A PDF version of *Getting it Together* is available at www.sdera.wa.edu.au

Curriculum ideas

- Develop a scope and sequence for resilience and drug education that outlines which learning activities described in the *Challenges and Choices* resources will be completed by each year level.
- Teach the skills relevant to resilience and social and emotional competence across all learning areas. For example, coping skills in relation to exploration and inventions, establishing classroom and school rules, and dealing with conflict, can be taught through the Society and Environment learning area.
- Plan classroom activities that encourage peer and class connectedness to enhance resilience. For example, older students can work with younger students in a buddy system.
- Select and purchase books that focus on resilience skills and inspirational and self-belief stories such as *I can jump puddles* by Alan Marshall, *Survival* by Simon Bouda (the story about Stuart Diver), *Unstoppable* or *Life without limits* by Nick Vujicic and *Jonathon Livingston Seagull* by Richard Bach.

Ethos and Environment ideas

- Have the school leaders articulate to school staff, parents and students through the school's various channels of communication (eg newsletter, website, induction package) a clear, shared vision of a whole-school approach to resilience and drug education. This can be achieved through the development of school drug education guidelines that include: a rationale for why resilience and drug education needs to be taught in the curriculum, the hours it will be taught over the year, the commitment by the school staff, and the budget allocation. This is an important step to ensure all aspects of effective resilience and drug education are in place within the school.

- Teachers can build and enhance connections with students in their own classroom and in the broader school community by using strategies such as: greeting students using name and eye contact, trusting students with responsibilities, taking an interest in what students do outside of school hours, and by having fair and consistent behaviour management systems.
- To foster engagement offer students opportunities such as planning and presenting a parent drug information expo.
- Build relationships with outside agencies (eg Community Alcohol and Drug Service) to have access to additional expertise and appropriate intervention support for students involved in drug-related situations or experiencing issues with drug use. *Connect*, which is an online state-wide directory for drug services, programs and resources is available on the SDERA website.
- Encourage school staff to reach out to students with academic or social issues to create stronger relationships and a positive school environment. Link them to role models, mentors, peers or trusted adults like the *School Volunteer Program*.
- Identify and acknowledge the ability and personal strengths of staff members and students through awards and presentations. Plan and provide opportunities for the development of the diverse strengths within the school.
- Celebrate success! Do this in a public place within the school or on the school website or newsletter (eg teacher or student profiles each week).
- Budget for professional learning. Organise for staff to attend SDERA workshops and learning seminars to enhance their understanding of resilience and drug education.
 - set up a parent section on the school website and include tips on building resilience and talking about alcohol and drugs with children and young people.
- Gain publicity and support for successes resulting from the school's resilience and drug education programs and activities by advocating to the P&C or P&F and using local media.
- The classroom teacher, with specific knowledge of students and the learning context, is best placed to provide drug education. However external agencies may be used to complement drug education programs based in the classroom. Teachers should make sure that these presentations clearly support the classroom program and do not replace, or exist in place of, the classroom program.
- Refer to SDERA's *Connect* online state-wide directory of agencies who can support schools.
-  Use the Mental Health Commission website (www.mentalhealth.wa.gov.au/) to obtain up-to-date information on alcohol and drug use by school aged students, current research and drug prevention campaigns.
-  Use the Drug and Alcohol Office website (www.dao.health.wa.gov.au) for drug and alcohol information.

Parents and Community ideas

- A simple way to reinforce classroom learning and stress the importance of family support and involvement in their child's resilience and drug education is to provide information to parents on a regular basis. Family information sheets included in *Challenges and Choices* can be photocopied and sent home to trigger conversations.
- Snippets in school newsletters or on the school website can be created using the *Family information sheets*.
- Parents can play an important role in shaping their child's resilience and wellbeing. Hold sessions to give parents information and tips on building resilience skills in their teenager. Give parents tips on how to develop skills such as problem solving, using optimistic thinking, ways to manage emotions, setting goals, showing appreciation and gratitude, making and maintaining positive relationships, learning from mistakes and taking responsibility for their own actions, during the sessions. SDERA can help schools to develop these parent sessions.
- It's crucial that schools seek ways to develop positive, respectful and meaningful partnerships with families. Some ideas that schools can use to improve communication between parents and school staff include:
 - have students invite their parents to school events both social and formal
 - allocate a staff member who is responsible for contacting families who are new to the school

Table 1: Mapping Challenges and Choices to Western Australian Curriculum Health and Physical Education Syllabus Year 8					Resilience Education Module 1					Drug Education Module 2				
Sub-strands: The content from the resource draws from the Personal, Social and Community Health Strand and focuses on the three interrelated sub-strands detailed below.					Topic					Topic				
					1	2	3	4		1	2	3	4	5
Being healthy, safe and active														
The impact of physical changes on gender, cultural and sexual identities (ACPPS070)														
Ways in which changing feelings and attractions form part of developing sexual identities (ACPPS070)														
Strategies for managing the changing nature of peer and family relationships (ACPPS071)							●	●						
Communication techniques to persuade someone to seek help (ACPPS072)						●								
The reasons why young people choose to use or not use drugs (ACPPS073)						●	●			●	●	●	●	
Skills and strategies to promote physical and mental health, safety and wellbeing in various environments, such as: assertive responses, stress management, refusal skills, contingency plans, online environments, making informed choices (ACPPS073)					●	●	●	●		●	●	●	●	●
Communicating and interacting for health and wellbeing														
The impact bullying and harassment can have on relationships, including online relationships, and the health and wellbeing of themselves and others (ACPPS074)														
Personal, social and cultural factors influencing emotional responses and behaviour, such as: prior experience, norms and expectations, personal beliefs and attitudes (ACPPS075)							●	●		●	●	●	●	●
Sources of health information that can support people who are going through a challenging time (ACPPS076)					●	●				●		●	●	
Contributing to healthy and active communities														
Health promotion activities which target relevant health issues for young people and ways to prevent them (ACPPS077)										●				
Benefits to individuals and communities of valuing diversity and promoting inclusivity, such as: respecting diversity; exploring how the traditions, foods and practices of different cultures enhance the wellbeing of the community; challenging racism, homophobia, sexism and disability discrimination; researching how stereotypes and prejudices have been challenged in various contexts (ACPPS078; ACPPS079)														

Table 2: Mapping Challenges and Choices to Australian Curriculum General Capabilities: Personal and Social Capability					Resilience Education Module 1				Drug Education Module 2									
Typically by the end of Year 8, students:																		
Self-awareness																		
Recognise emotions																		
Examine influences on and consequences of their emotional responses in a learning, social and work-related contexts										1	2	3	4	1	2	3	4	5
Recognise personal qualities and achievements																		
Make a realistic assessment of their abilities and achievements, and prioritise areas for improvement																		
Understand themselves as learners																		
Identify and choose a range of learning strategies appropriate to specific tasks and describe work practices that assist their learning																		
Develop reflective practice																		
Predict the outcomes of personal and academic challenges by drawing on previous problem-solving and decision-making strategies and feedback from peers and teachers																		
Self-management																		
Express emotions appropriately																		
Forecast the consequences of expressing emotions inappropriately and devise measures to regulate behaviour																		
Develop self-discipline and set goals																		
Select, use and analyse strategies that assist in regulating behaviour and achieving personal and learning goals																		
Work independently and show initiative																		
Critique their effectiveness in working independently by identifying enablers and barriers to achieving goals																		
Become confident, resilient and adaptable																		
Assess, adapt and modify personal and safety strategies and plans, and revisit tasks with renewed confidence																		

Table 2: Mapping *Challenges and Choices* to Australian Curriculum General Capabilities: Personal and Social Capability

	Resilience Education Module 1					Drug Education Module 2				
	1	2	3	4		1	2	3	4	5
Typically by the end of Year 8, students:										
Social awareness										
<i>Appreciate diverse perspectives</i> Acknowledge the values, opinions and attitudes of different groups within society and compare to their own points of view						●	●	●	●	
<i>Contribute to civil society</i> Analyse personal and social roles and responsibilities in planning and implementing ways of contributing to their communities										
<i>Understand relationships</i> Identify indicators of possible problems in relationships in a range of social and work related situations										
Social management										
<i>Communicate effectively</i> Analyse enablers of and barriers to effective verbal, nonverbal and digital communication		●	●			●		●		
<i>Work collaboratively</i> Assess the extent to which individual roles and responsibilities enhance group cohesion and the achievement of personal and group objectives			●							
<i>Make decisions</i> Assess individual and group decision-making processes in challenging situations		●	●				●	●	●	●
<i>Negotiate and resolve conflict</i> Assess the appropriateness of various conflict resolution strategies in a range of social and work-related situations										
<i>Develop leadership skills</i> Plan school and community projects, applying effective problem-solving and team-building strategies, and making the most of available resources to achieve goals			●							

Module 1

Resilience Education

Student resilience and wellbeing are essential for both academic and social development. Children who are confident, resilient and emotionally intelligent perform better academically. These skills can contribute to the maintenance of healthy relationships and responsible lifestyles.

Module 1 includes a variety of activities to enhance students' personal and social capabilities and build their resilience through the context of drug education. The supporting student workbook is linked to the activities in this Teacher Resource and will offer opportunities for students to test their drug education knowledge and skills, solve problems using a drug education context, and reflect on their own attitudes and beliefs.

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 physical and mental health, safety and wellbeing

Activity 1 Am I the only one?



Learning intention

- Students define mental health
- Students discuss statistics related to young people's health, wellbeing and safety
- Students identify who young people can go to for advice and support

Equipment

Activity sheet – *Am I the only one?* – photocopy one set of cards per group

Die

Be Ready student workbook – *Healthy mind and body* – page 1-2

Internet access

Activities

1. Ask students to share what they understand by the term 'good mental health'. For example, good mental health can be described as a sense of wellbeing, confidence and self-esteem which enables us to fully enjoy and appreciate other people, day-to-day life and our environment.
2. Ask students to share what they understand about 'mental illnesses' and 'mental health problems'. For example, mental illness can be described as a health problem that significantly affects how a person thinks, behaves and interacts with other people. Mental illnesses are of different types and degrees of severity, and are diagnosed according to standardised criteria. A mental health problem also affects how a person thinks, feels and behaves, but to a lesser extent than a mental illness. One in five Australians will suffer from a mental illness in any given year.
3. Distribute a set of *Am I the only one?* cards to each group. Explain that each card has a statistic from a range of surveys and research studies related to young Australians' mental and physical health. Have students take turns reading the statement on a card to the rest of their group. Members are to discuss and guess the answer before the reader provides the correct answer. Groups should then share their opinions about the statistic or research finding.
4. To have groups report back on their discussion conduct a **head talk** (refer to page 110). Have the nominated students share some of the points discussed in their group. Use the following questions to process the activity.


Ask

- Were any of the statistics surprising? Why?
 - What other issues do you think are facing some young people in Australia?
 - Why would knowing statistics about alcohol and other drug use be useful for a young person? (Normative education is important when talking to young people about alcohol and drug use issues. Knowing that they are part of the majority who do not drink alcohol or use other drugs can empower a young person and give them the confidence to stand by their decision to abstain).
 - Why would knowing statistics about mental health be useful for some young people? (Talking about mental health may encourage a young person to seek help and support them in recognising that they aren't the only person dealing with mental health issues).
 - What can you do to promote your mental health? (eg abstain or minimise alcohol and other drug use, ask for help when needed, look after your physical health, acknowledge everyone is different and experiences things differently).
5. Conduct a survey of the class using the following statements and choice of answering – agree, disagree, unsure. Remind students of the no-name rule and that their responses will not be shared. Record the results and then compare to the statistics and research findings previously discussed.
 - Some students at this school are often worried about their study and homework.
 - Some students at this school have mental health problems.
 - Some students at this school are using alcohol or other drugs as a coping strategy.
 - Some students at this school are experiencing depression.
 - Some students at this school are over-concerned about their body.
 - Some students at this school are worried about being bullied or are being bullied.
 - Students at this school are likely to tell their teacher or another student if they are being bullied.
 - Students at this school feel comfortable talking to staff about their problems.
 - Students do not know how to get help for mental health issues like depression, anxiety or alcohol and other drug use.
 - Students at this school feel anxious about things.

Use the following questions to process the activity.

Ask

- *Do you think the staff at this school would benefit from knowing the results of this survey? Why?*
- *Do you think students at this school know what to do if another student tells them they are not coping or having suicidal thoughts?* (Tell the class the names of staff that are responsible for student health and welfare and how students can access these people. It is important that the class understand that they should tell an adult when a friend or peer expresses suicidal thoughts or intentions. They should not try to help the student on their own, even when the person has asked them to not tell anyone. The Youth Beyond Blue website has information on how a young person can get help for their own problem and how to give help to a friend).
- *What could our school do more to encourage students to share their problems?* (eg buddy systems, health programs, links to websites that offer advice and help. The school should also consider introducing students to the school psychologist or student services team throughout the year and where the offices of these staff members are located).

3.  Have students look at the Youth Beyond Blue website <http://www.youthbeyondblue.com/> which has ideas on how young people can face some of the issues discussed in this activity and seek help for themselves or others.
4. Explain that emotional health is just as important as physical health and that having a healthy mind and positive outlook can help students to get through some of life's ups and downs. Have the class share some of the ways they maintain their physical and mental health then answer the questions on *Healthy mind and body* on page 2 of their workbook.



Am I the only one?

More than 80% of children and adolescents in Australia have mental health problems? *True or False*

False. 14%

Discuss: How does it help schools to know this?

Source: (Glover, 1998)

Analgesics are the most commonly used drug (licit or illicit) among 12 to 17 year olds in Australia. *True or False*

True. 93.1% of 12-15 year olds have used analgesics in their lifetime. By 17 years, 94.2% have used analgesics.

Discuss: Why do you think young people use analgesics such as Panadol®? What other options do they have?

Source: (MHC, 2016)

One in four young Australians have experienced a mental health condition. *True or False*

True. 26.4% of Australians aged 16-24 have experienced a mental health disorder in the last 12 months. This includes young people with a substance use disorder. This is equivalent to 750,000 young people today.

Discuss: Should schools run mental health programs for secondary students?

Source: (Fildes et al., 2014)

Young people are most concerned about coping with stress, school or study problems, and body image. *True or False*

True. The top issues of concern to young people are coping with stress, school or study problems, body image, depression and family conflict (in that order).

Discuss: Do you think these issues are still of concern to young people?

Source: (Fildes et al., 2014)

A quarter of young Australians say they are unhappy with their lives. *True or False*

True. Almost one in four young people (24.3%) said they were sad, very sad or not happy when asked to report how happy they were with their life as a whole.

Discuss: Who do you think a young person could talk to if they were feeling sad and unhappy with their life?

Source: (Perrens et al., 2013)

Suicide is the biggest killer of young Australians and accounts for the deaths of more young people than car crashes. *True or False*

True. 324 young Australians aged 15-24 died by suicide in comparison to 198 who died in car crashes (second highest killer).

Discuss: Who could a young person, who was feeling suicidal, go to for help?

Source: (ABS, 2014)





Am I the only one?



Around four in five school students aged 12 to 17 years have never used cannabis in their lifetime. True or False

True. The 2014 ASSAD results state that 77.6% of students agree that smoking cannabis regularly is 'a little' or 'very dangerous'.

Discuss: If you were concerned about a friend who was using cannabis, who would you talk to?

Source: (MHC, 2016b)

The growing mental health issues among young people are not of concern to most young people. True or False

False. 15.2% identified mental health as a major issue facing Australia in 2013, up from 12.7% in 2012 and 10.7% in 2011.

Discuss: What can help if you're feeling anxious, depressed or alone?

Source: (Perrens et al., 2013)



Young people see mental health as a more important issue than things such as the environment, bullying, education and employment. True or False

True.

Discuss: Are your group's priorities the same as the young people surveyed?

Source: (Perrens et al., 2013)

One in six young Australians is currently experiencing an anxiety condition. True or False

True. 15.4% of Australians aged 16 to 24 have experienced an anxiety disorder in the last 12 months. This is equivalent to 440,000 young people today.

Discuss: What might enable a young person to seek help if they were feeling anxious?

Source: (ABS, 2008)



One in 16 young Australians is currently experiencing depression. True or False

True.

Discuss: If you thought your friend was depressed, what would you do to help them?

Source: (ABS, 2008)

Alcohol contributes to the three major causes of teen death: injury, homicide and suicide. True or False

True.

Discuss: Who could a young person talk to if they had problems with alcohol?

Source: (National Health and Medical Research Council, 2009)





Am I the only one?

Young males prefer to talk to their parents than teachers, counsellor and friends. *True or False*

True. *Young males often prefer to talk to their parents. Other sources of help include friends, parents, relative, family friend, internet, teacher, school counsellor, online counselling websites, magazines, community agency, and helplines.*

Discuss: *Where can young people get help in our community?*

Source: (Fildes et al., 2014)

Young people aged 15 to 19 years are more concerned about being bullied than coping with stress or body image? *True or False*

False. *Young people are concerned about bullying and emotional abuse but are just as concerned about coping with stress, school or study problems, body image, depression, family conflict, personal safety, suicide, discrimination and drugs.*

Discuss: *Which adults in this school might a student with one of these concerns ask for help?*

Source: (Fildes et al., 2014)

In a survey, almost 25% of young people felt that alcohol and other drugs were an issue facing Australia. *True or False*

True

Discuss: *Who might a young person talk to if they had an alcohol or other drug issue?*

Source: (Fildes et al., 2014)

What are the five main reasons why young males (aged 10 to 14 years) call the Kids helpline?

1. *Family relationships*
2. *Bullying*
3. *Emotional wellbeing*
4. *Child abuse*
5. *Friends/peer relationships*

Discuss: *If a student had any of these concerns, which adults in this school might they ask for help?*

Source: (Boys Town, 2013)

In a survey, 80% of Year 8 students believed they had no one to talk to in bad times. *True or False*

False. *25% believed they had no-one to talk to about their problems.*

Discuss: *What might this mean when someone needs help with a problem?*

Source: (Glover, 1998)

What are the five main reasons why young females (aged 10 to 14 years) call the Kids helpline?

1. *Mental health concerns*
2. *Family relationships*
3. *Emotional wellbeing*
4. *Suicide-related concerns*
5. *Dating and partner relationships*

Discuss: *If a student had any of these concerns, which adults in this school might they ask for help?*

Source: (Boys Town, 2013)

Activity 2 Building resilience



Learning intention

- Students define resilience
- Students identify personal and social skills that build resilience

Equipment

Be Ready student workbook – *Build your resilience* – page 3

Internet access

Family information sheet – *Raising resilient kids* – photocopy one per student

Activities

1. Explain that there are many situations in life where a person will need to be resilient and have the personal and social competence to cope with tough times while still maintaining their wellbeing and relationships with others. Give the class a **one minute challenge** (refer to page 111) to write a definition for the term 'resilient' in *Be Ready*. Listen to some of the students' responses.
2. Explain that resilient people:
 - know when and how to use skills such as optimistic and positive thinking, speaking assertively, solving problems, responsible decision-making, and planning ahead
 - know how to recognise their emotions and talk about their emotions
 - know how to manage their emotional responses to situations
 - can move forward with a plan of action rather than dwelling on one emotion such as fear or sadness as this can prevent them from coping with a situation
 - know their strengths and use these to deal positively with stressful and difficult situations, and to set short and long term goals.
3. Explain that being resilient does not mean 'problem free'. Resilient people have a range of skills that enable them to have an outlook on life that helps them to work through their issues and maintain relationships with others. Read *Build your resilience* on page 3 of *Be Ready* and discuss each of the points raised. Have students consider the tips and decide which of these they are already using (tick these) and those that they need to work on.

Ask

- *Why is it important for young people to build their skills of resilience?* (Having resiliency skills can minimise the effect of negative and stressful situations. It helps a young person to face challenges, learn from them and apply these skills towards living a healthy life).
 - *Think about your own resilience and some of the skills that you already use when you face a challenge or setback. How did you learn those skills?* (eg watching others such as parents, friends, teachers and role models. Tell students that everyone is capable of developing their resiliency skills however it takes effort and practice).
 - *Is it useful to 'pat yourself on the back' when you do something positive for your own health and wellbeing? Why?*
4. Ask students to complete the table filling it in with some ideas on how they can build their resilience.
 5. Send a copy of the Family information sheet – *Raising resilient kids* home with each student to share with their family.



Raising resilient kids

Student resilience and wellbeing are essential for both academic and social development. Children who are confident, resilient and emotionally intelligent perform better academically. The skills these children also possess can contribute to the maintenance of healthy relationships and responsible lifestyles.

Research has shown that children who are resilient are also less likely to be involved in problematic alcohol or other drug use, or misbehave in anti-social ways. Resilience and drug education is so important because it can help young people to learn the skills that will help them to manage their emotional responses and cope better with challenging situations that may come their way.

Resilience education gives young people the opportunity to develop a range of social and emotional skills that can influence the way they make choices and decisions in drug-related situations.

SDERA, 2011

Resilient kids know how to cope and bend or flex so they can manage life's ups and downs when they happen without letting them get them down, and without giving up.

Resilience is the fine art of being able to bungy jump through life. The pitfalls are still there but it is as if you have an elasticised rope around your middle that helps you to bounce back from hard times.

Andrew Fuller, 2011

Our class is building on the social and emotional skills that were covered in Year 7 and learning some new skills which include:

- **Seeking help for themselves and for others**

Help seeking is a fundamental skill for the health and wellbeing of young people. Knowing who to talk to when they have a problem can be difficult for some children, particularly when they are feeling stressed or confused. There can also be barriers that young people face when seeking help such as feeling afraid or embarrassed, thinking that others will judge them or won't understand, and that no-one will want to help them. Talk with your children and let them know that you will always be there to listen to their problems and can give advice on how to work through a situation if asked.

- **Recognising their own strengths and limitations**

Some children only see what they can't do not what they can do. Knowing their ability strengths (eg good at running or art) or character strengths (eg fair and honest) can help your children to take steps to overcome problems and set goals to increase their resilience. Tell your children the strengths that you see in them and why these are important. Give examples of how your children have used their strengths in the past.

- **Speaking assertively**

Being able to tell others how we are feeling and why, and what we would like to see happen can be helpful in establishing and maintaining relationships and in working through problems. Use any conflict situations at home as an opportunity for your children to practise this skill. Remember the result should be a 'win-win' for everyone.

- **Managing our emotions**

We know it can be hard to manage our emotions but the difference between adults and children is that we've learned how to work with these feelings appropriately. So ask yourself these questions. Have you practised good emotional management techniques yourself so your children can see what it looks like and how it works? Do you say things out loud such as *"I can manage this if I work on the parts of the problem that are my fault and stop worrying about the parts that aren't my fault and I can't change"*? Do you share how you feel with your children and explain why you're experiencing those feelings? Help your children get better at reading other people's emotions as this will help them to get along better with students and staff at school.

Try to model these resilience skills so your children can see from your example how they can help to maintain their health and wellbeing, and relationships with others.

TOPIC 2

Sources of help and health information

Activity 1 Seeking help



Learning intention

- Students consider help seeking options for themselves and others
- Students identify warning signs that they or someone close to them needs help

Equipment

A4 paper – several sheets per group
Folder (or envelope) – one per group
Paper clips – one per folder

Teaching tip

Duty of care and confidentiality will be discussed in this activity. Explain that when students share information that indicates they or others may be at risk (eg through use of alcohol or other drugs, self-harm, harm to others, domestic violence) teachers cannot ignore it and are obligated by their 'duty of care' to speak with the Principal and follow school procedures. Other health professionals such as doctors and counsellors are bound by confidentiality which means they cannot share a patient's conversations unless permission is given by the patient or they believe that the patient may harm themselves or others, or there is a court order.

Activities

1. Have the class **brainstorm** (refer to page 109) problems that adolescents may face such as conflict with friends and families, relationships with girlfriends or boyfriends, use of alcohol and other drugs, falling behind with school work or failing exams. Write each of the problems on a sheet of paper. Process this step using the following questions.

Ask

- Which of these problems do you think most young people face at some time?
- Which of these problems are only faced by some young people? Why?
- Which of these problems might require a young person to seek help and from whom? (For example, if a young person is using alcohol to cope with depression or anxiety, they might seek help first from a school staff member and then be referred to their doctor or a counsellor who works in the alcohol and other drugs field. A student having difficulty coping with their school work might talk to their year level coordinator or school counsellor. Remind students that in most situations their parent will be the best person to talk to first).
- What are some of the warning signs that would highlight that a friend is in need of help? (eg not sleeping or eating well, often quiet and not socialising with friends and family, angry, lack of care about dress and appearance, a sudden change in weight, increased 'accident prone' incidents, self-harming behaviours, giving away prized possessions, substance misuse, sudden and striking personality changes).

- If a friend was displaying some of these signs, do you think you have the right skills to help your friend? Why? (Remind the class of the no-name rule).

2. Explain that help seeking is a fundamental skill for the health and wellbeing of young people. However knowing who to go to and asking for help can be difficult for a young person, particularly when they are feeling distressed or confused. It is therefore important for students to identify those who can provide help and support when it is needed and also to develop the skills that will enable them to seek help from these sources.

Conduct a **send a problem** (refer to page 113) by attaching one problem to each folder. Give each group several sheets of paper and a folder. Explain that students are to write a list of the people or places a friend could use if they were faced with the problem and place their answers inside the folder. Groups then pass their folders onto the next group. Repeat the process until groups have their initial folder returned. Ask groups to read the ideas inside the folder and compile into one list.

Listen to the sources of help identified by groups and write these on the board. Use the following questions to process the activity.

Ask

- What did you notice about the people identified as those who a young person could go to for help? (Some sources will be useful for many problems such as a parent or friend whereas others may only be relevant or useful at certain times).
 - Why might it be easier to point a friend in the right direction when they need help than it is to decide who you should talk to when you have a problem? (eg sometimes being involved in the problem makes it difficult to see past that and make good decisions).
 - Why is it sometimes difficult for young people to get help? (Point out that often there are a number of barriers that young people face when seeking help such as feeling afraid or embarrassed, thinking that others will judge them or won't understand, or worried that no-one will want to listen and help them, no community services available where they live, haven't the skills to be able to find the right person).
 - Who can young people go to for help if they are having difficulty coping with stress at school? Problems at home? Bullying issue?
 - Who can young people go to for help if they are worried about their own or someone else's alcohol or other drug use? (eg call Kids Helpline, school counsellor, family doctor. Alert students to agencies in the local community).
 - When would you be doing the right thing telling an adult about a friend's problem? Why? (Ensure the class understand that adults may have more experience to help guide their friend to the right source of help. They should always speak to an adult if they think that their friend may harm themselves or others).
3. Suggest that students invite agencies in their local area to come to the school and explain to the student cohort the services that they offer, how they can be contacted and if there are any costs involved.

Activity 2 Talk to me



Learning intention

- Students consider sources of support
- Students practise making decisions

Equipment

Activity sheet *Talk to me* – photocopy and cut into cards
Be Ready student workbook – *A helping hand* – page 4-5

Teaching tip

Making the link is a curriculum-based program for schools to promote help seeking for cannabis use and mental health problems.



A free download is available at www.ncpic.org.au and DVDs can be also be viewed and used to discuss help seeking situations.

Activities

1. Explain to the class that it is best to have a range of sources to seek help and advice from, as some sources may not be useful for all problems. For example, students might want to talk to their teacher or school counsellor about being bullied whereas they may decide that a friend is better to talk to about a relationship problem with a girlfriend or boyfriend rather than their family.
2. Hand a *Talk to me* activity card to eight student volunteers. Read the following scenario about Craig to the class.

Scenario

- *Craig is 16 years and lives at home with his family. He has been drinking alcohol since Year 8. Craig loves drama but lately he has been missing rehearsals and has been turning up feeling tired and hung over which is making his drama teacher angry. His mates at school are worried about him. Craig wants to get help but doesn't know who to talk to about his drinking. Who would you suggest Craig talks to and why?*

Have each volunteer read the information on their card. Ask the students to choose who Craig should go to for help and stand behind this person. Invite students to explain the reasons for their choice and discuss as a group. Identify the card holders who do not have anyone standing with them. Ask the class to explain why these sources of help were not chosen.

3. Talk about the 'duty of care' that school staff are required to meet for students. Explain that students who share information with school staff that raises concern about the student's welfare or welfare of others must be passed onto the administration team in order to get the right help for each student.

4. Repeat the same process with the following scenario about Ellie.

Scenario

- *Ellie is in Year 8 and is a quiet, nervous girl who only has a few friends at school. She struggles with her schoolwork and often thinks that other students are saying mean things about her. Ellie has started smoking cannabis to help her relax and feel more confident to go to parties but she gets stoned and often does and says inappropriate things. You are worried about her as she has also started drinking. What would you do and who would you talk to?*

5. Explain that when we face a problem and want to make a decision there are certain things to consider such as how we are feeling, what choices we have and what might happen if we decide to use one of those choices. These are the steps we take to make a decision. Refer students to the decision-making model on page 4 of *Be Ready*.

Working in groups, have students complete the decision-making model using the scenario about Ellie. When completed, discuss if the model made it easier to identify what they would do as Ellie's friend. Ask students to identify at what step, seeking advice or help would be useful (ie Step 2 and 3).

6. Have students answer the questions in their workbook by investigating sources of health information such as websites, help lines, online resources, or agencies in the local community that can support young people who are going through a challenging time. Using the information, have students set up a display in an area of the school where other students can access the information.
7. Have students identify five sources of help they would feel confident to use for a range of problems and write these in their workbook on page 5.

Note: The author acknowledges this activity has been adapted from *Making the link* viewed 8 October 2015, www.ncpic.org.au.



Talk to me

<p>Doctor</p> <p>I am a trained professional who talks to patients about their physical and mental health issues. I will listen and suggest some ways you can work through your problem. I can also refer you to other sources of help such as a mental health counsellor. I am bound by confidentiality.</p>	<p>School counsellor</p> <p>Students will often come and talk with me as I'm a very good listener and have been trained to help young people work through their problems. I can also suggest a plan that you can use. I am bound by confidentiality.</p>
<p>Teacher</p> <p>I am a good listener and students will often come and talk to me and ask for advice. I can point you in the right direction so you can get help with your problem. I have a duty of care if you say something that I think will affect your health and safety, or the health and safety of others. I may need to pass on information to other staff who can help.</p>	<p>Mental health counsellor</p> <p>I am trained to listen and talk with young people about a range of things including their mental health, relationships and alcohol and other drug issues. I will talk with you to help you decide ways you can manage your issue. I am bound by confidentiality.</p>
<p>Sibling</p> <p>We've grown up together and we might not get along all the time but you're my brother/sister. I know talking to our parents isn't always easy to do so talk to me. If I don't know the answer I can suggest some ideas and go along with you when you do talk to our parents or someone else you trust.</p>	<p>School nurse</p> <p>Students often come to me for advice on medical problems but you can also come and talk to me when you have other things going on in your life that you might not know how to deal with alcohol and other drugs. I really want to help you. I have a duty of care so I may need to involve other people if I'm concerned that you might be harming yourself or someone else.</p>
<p>Friend</p> <p>I know you and am always there for you. I might not know all the answers but I am a good listener and might have some suggestions to help you sort out your problem. If you tell me you are going to hurt yourself or someone else or I think you might do this, I will need to let an adult know even if you have asked me not to because I care about you.</p>	<p>Parent</p> <p>I know you probably think I won't understand and you find it hard to tell me things, but I love you and will always be there to help and support you. I might not know all the answers but I can find other people who can help us work through your problems. You just need to trust me.</p>

Activity 3 Communication techniques



Learning intention

- Students identify communication techniques to persuade someone to seek help
- Students identify a range of options and their related consequences before making a decision

Equipment

Activity sheet – *Suggest a strategy* – photocopy one card per group

Be Ready student workbook – *A helping hand* – page 4

Be Ready student workbook – *Look after your mates* – page 10

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

Teaching tip

Decide if you would like everyone in the class to perform a **role-play** (refer to page 112) just have a group of student volunteers in front of the class. Sometimes students may create parodies in their role-plays. Let the joke be enjoyed by the class then refocus the students by asking them to perform the situation again showing a more realistic version focusing on the difficulties that may be faced.

Activities

1. Explain that having a conversation with someone you are worried about can be difficult but there are some effective communication techniques that can help you to do this. For example, start the conversation with a simple question 'Are you okay? I'm worried about you.' This immediately tells the other person of your concern about their health or safety and invites a response.

Have students **brainstorm** (refer to page 109) what they should do when they talk to a friend who they are concerned about. If students do not identify the following ideas, include them in the discussion.

- Listen well and use body language that tells your friend you are listening and you are concerned about them.
- Show them you understand them.
- Don't dismiss their feelings and say things like 'You'll be okay' or 'It's not that bad.'
- Tell them that you care – 'I'm concerned about you and I don't like seeing you so unhappy.'
- Tell your friend that you are there for them – make sure you are prepared to follow through on this.
- Talk with your friend about finding an adult that can help.
- Tell your friend that they can call you at any time of the day if they need to.
- Tell your friend that you are worried about them – 'Some of the things you've done lately aren't like you and they have made feel really scared.'
- Ask what your friend wants you to do – how you can help.
- Keep the conversation confidential (unless there is a fear that the friend will hurt themselves or others).

Remind the class that if they feel their friend's problem is beyond their level of support and they are concerned about their friend's welfare, it is important for them to seek help and advice as their own welfare may be jeopardised.

2. Place students in groups of two or three, depending on the size of the class. Distribute a card from *Suggest a strategy* to each group. Have each group use the decision-making steps on *A helping hand* page 4 of the workbook to identify the options and decide what the friend should do. Students are then to create a **role-play** (refer to page 112) using some of the brainstorm ideas and dialogue to show how help could be given to the friend.
3. Watch each role-play and discuss if the performers:
 - used verbal and non-verbal communication effectively
 - suggested sources of help that were relevant to the situation.
4. Read and discuss *Look after your mates* on page 10 of the workbook. Have students complete the questions and create a cartoon to illustrate a friend helping a friend.



Suggest a strategy



A friend has been saying and doing some weird things lately. You are worried that they might hurt themselves.

What can you do to help your friend?

A friend always wants to get drunk at parties and has recently started smoking cannabis. Your friend tells you that it helps them to forget about the things going wrong in their life.

What can you do to help your friend?



Your friend has started being rude to other people and gets angry very quickly. You like your friend but you don't like the way he is behaving. You are worried that there is something going on in your friend's life that is making him act this way.

What can you do to help your friend?

A friend sends you a text message telling you about some bad stuff they have done and they don't know what to do. Your friend asks you not to tell anyone but you are worried.

What can you do to help your friend?



Your friend has been sneaking drinks of alcohol at home for quite a while but lately he has been bringing some to school in his drink container. Sometimes he wags class and goes to the park to drink.

What can you do to help your friend?

A friend has been buying prescription drugs from another student at school. Your friend says the drugs help her to calm down and you are concerned there is something going on that is causing your friend to feel anxious.

What can you do to help your friend?



Your friend has started doing some crazy things like playing chicken with oncoming cars, drinking a lot of alcohol, going off with boys she doesn't know, and hooning around in a friend's car.

What can you do to help your friend?

A friend had unprotected sex while she was drunk. She is worried about being pregnant or catching an STD but asks you not to tell anyone.

What can you do to help your friend?





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 that they may give to a professional.

So what can you do as a parent? Keep talking to your children and let them know that no matter what the problem is you will listen, without judgement or criticism, and help them to work out ways to cope or solve the problem.



- **Listen.**
- **Make sure you know your children's friends and their parents.**
- **Listen non-judgementally.**
- **Tell them you are concerned about them.**
- **Ask if they have thought about getting help. If your child has resisted getting help, ask them why.**
- **Check to see if your teenager is okay with you letting the school know there is a problem.**
- **Offer to make an appointment for your child to talk to a professional and attend with them if this is what they want.**



Where else can you go for advice?

- **Alcohol and Drug Support Line**

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

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

For anyone concerned about their own or another person's alcohol or drug use..



www.reachout.com.au

Reachout is about helping young people to help themselves

www.ybblue.com.au/

Beyondblue is a national depression initiative for young people

www.kidshelp.com.au

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

www.headspace.org.au

Headspace and Yarn Space

TOPIC 3

Managing relationships

Activity 1 It's what you say and how you say it



Learning intention

- Students analyse enablers of and barriers to effective verbal and non-verbal communication
- Students recognise that people's emotions can be interpreted through their non-verbal messages
- Students analyse and practise assertive communication in a range of situations

Equipment

Activity sheet – *Non-verbal messages* – photocopy one sheet per pair of students, cut in half

A3 paper – one sheet per group

Be Ready student workbook – *It's what you say and how you say it* – pages 6-7

Family information sheet – *Speaking assertively* – photocopy one per student

Activities

1. Place students in pairs. Give a student in each pair either the A or B section of the activity sheet *Non-verbal messages*. Explain that students are to take turns giving their partner each of the messages without using any spoken or written words within a 60 second timeframe. Have students keep track of the messages that their partner interpreted correctly. Use the following questions to process the activity.

Ask

- Was it difficult or easy to convey your 'silent' message? Why?
- What did you do to help convey your message? (eg used hand or body gestures, mimed out the situation, nodded or smiled when the message was being understood).
- What cues helped you the most to understand the message your partner was giving? (eg body posture, hand movements, facial expressions, nodding your head).
- Are non-verbal cues an important part of how we communicate with others? (Yes. They can help you to interpret another person's emotions).
- What non-verbal cues tell you that a person is interested in what you have to say? Show your partner (eg looking at you, nodding your head, raising eyebrows).
- What non-verbal cues tell you that a person is worried, angry, confused, or needing help? Show your partner some of these (eg frowning, facial expression, shoulders hunched).
- Do we rely on verbal or non-verbal cues the most?

- In some cultures, non-verbal communication is frequently used such as in dances or ceremonies. Does your family or culture use non-verbal communication in some way and if so, how? (These are some examples. Rubbing noses is a way to greet others in Maori culture. In the Middle East, nodding the head down indicates agreement, while nodding it up is a sign of disagreement. In Japan, an up-and-down nod is a signal that someone is listening. The thumbs-up signal is vulgar in Iran. The okay signal made by forming a circle with the thumb and forefinger refers to money in some countries, while in others it's an extremely offensive reference to a private body part. Pointing with anything less than your entire hand is offensive in Indonesia. Some cultures value eye contact as a sign of respect, while averting your eyes may be the sign of respect in others. Some countries consider a handshake rude, and it's always rude to hand an object to another person with your left hand in the Middle East. Burping after a meal is considered the height of uncouthness in many cultures however a hearty belch is a sign of appreciation for the cook in India. In some places, people value a certain degree of personal space in conversation, while those from the Middle East might stand very close to each other when they want to converse. In Asia there is a belief that patting a child on the head will damage the child's soul).

- Can you tell how someone is feeling if they send you a text message? (It can be difficult unless they verbalise the emotion in the message eg 'I'm really angry with her'. Have the class identify the social media sites they use eg Facebook, Twitter, MySpace, Instagram, Snapchat, Vine, What's App, Line. Briefly discuss why messages and posts on these sites can be misinterpreted by readers).

2. Explain to students that non-verbal communication can complement verbal communication styles as it is not just what we say but how we say it. For example, if someone was to communicate their viewpoint aggressively it may look like a frowning face, high volume voice, hands on hips, finger pointing, using statements such as "You are an idiot! No way are we going to do that! I can't believe you're so stupid!" Whereas a person standing with head bowed, slumped shoulders, turned slightly away and saying, "I'll just do what you want to do. What I think doesn't really matter" is using a passive communication style. A person communicating assertively will stand facing the person and look confident while saying, "I understand what you want but it is not what I want. Let's try and work this out."

In groups, have students write the following headings on their paper: definition, looks like, sounds like, feels like, non-verbal cues, verbal cues, outcome, and then **graffiti** (refer to page 110) responses for each heading to describe assertive communication. Listen to some of the groups' responses.

3. Read the information about speaking assertively on *It's what you say and how you say it* page 6 of the workbook. Crosscheck the information with the ideas generated on the graffiti sheets. Use the following questions to process the activity.

Ask

- *Would you be able to speak assertively to try and stop your friends from pressuring you to do something that could potentially be unsafe?*
 - *Is it easier to say something, do something or just walk away in situations where others are trying to influence or pressure you? Why?*
 - *Why might alcohol or other drugs make it harder for you to handle a situation? (eg the person who has used the alcohol or drugs may be affected in some way that they are unable to make reasonable choices and decisions, or they become aggressive).*
 - *How comfortable do you feel to speak assertively to someone who is older than you? A family member? A relative? (Explain that skills that can be used in tricky or difficult situations aren't ones that we use that often, so it's important that students practise speaking assertively to become more confident and competent).*
4. Have students read the information about negotiation and managing conflict in their workbook. Explain that these are other skills that can be used along with speaking assertively to manage a range of situations.
 5. Have groups work through either the Simon, Nat or Taj scenario on page 7 of *Be Ready* and decide how the character could deal with the situation assertively and achieve the preferred outcome of a 'win-win' for both parties. Students should write their ideas in their workbook. Listen to responses for each of the scenarios.
 6. Explain that groups are to create a **role-play** (refer to page 112) for the scenario they discussed and that everyone in the group is to play the role of the main character. When groups have practised, select one group to perform their role-play. Have the class decide if the main character managed the situation using assertive communication and if a win-win outcome was achieved.
 7. On page 7 of their workbook, have each student write their own statement defining assertive communication and several statements they would use when placed in a difficult situation. Suggest students use 'I' statements, describe their feelings and give valid reasons for wanting the situation to change. For example: *"I know you want to have fun but I'm worried. I don't want you to end up paralysed and have to come and watch us play basketball from the stands."*
 8. Send a copy of the Family information sheet – *Speaking assertively* home with each student to share with their family.



Non-verbal messages

Place students in pairs. Give each student one half of the activity sheet. Students take turns to 'tell' their partner each statement without using words.


A

1. You are very worried that you might be a ghost.

2. You think your partner is looking really great in their new jeans.

3. You were knocked on the head and can't remember your way home.

4. Your house is on fire.

5. You are a big fan of a movie star who has just driven by in their limousine.

6. You are late getting to the last game of the season.

7. You have missed the last bus home.

8. The other person is standing right in the path of a semi-trailer.

How many did your partner guess correctly?

B

1. You spotted a venomous snake hiding in the classroom.

2. You need some money to buy a present for your mum's birthday.

3. You love to eat Japanese food with chopsticks.

4. You're in a hurry to get to an important school exam.

5. You don't like the weeds that are growing in your garden.

6. You want your friend to come in fancy dress to your birthday party.

7. You can't find your phone.

8. You hate eating spaghetti.

How many did your partner guess correctly?





Speaking assertively

The way we communicate can make a difference. When your children are faced with a difficult situation involving others, what do they do? Start demanding their own way, raise their voice, look scared, drop their head or storm off and refuse to talk? Being able to communicate effectively is a skill that your children need to learn.

If your child doesn't express their thoughts or feelings or ask for what they want, always put their needs last, and say things like – *It's okay I'm happy to go along with what you want* – they are communicating passively. So they will often experience an outcome where they lose and the other person wins.

On the other hand if your child always puts their needs first, makes demands, thinks it's someone else's fault and blames them, looks angry and stands with their hands on their hips and does a lot of pointing, talks loudly at the other person and says things like – *You idiot. That's not going to happen* – they are using an aggressive communication style. Your child is aiming for an outcome of 'I win, you lose' which will often cause problems with others and compromise a relationship.

In class we are learning about speaking assertively. This is when a person tries to look at the problem from both sides. They state very clearly what they think, how they feel and what they want but they don't demand. Speaking assertively is when we say things like – I understand what you're saying but that's not how I feel. Let's try and work this out. The person is trying to achieve a win for everyone involved.

It's not only what we say but also how we say it that is important.

You can help your children to practise speaking assertively so that they become more competent and confident to handle difficult situations in a way that still allows them to meet their needs and maintain their relationships with others.

- Tell the other person what you are thinking, how you are feeling and what you really want.
- Stay strong and stand by what you think is right.
- Feel confident to say 'no' – don't feel guilty or worried.
- Understand that the other person also has a right to say 'no'.
- Use a calm voice and deliver your message in a non-threatening way.
- Stand up straight and look at the other person – don't stare. Try not to frown, point, or fold your arms in front of your chest.
- Tell them what you have noticed. *When I was at the party last week you kept trying to make me drink alcohol.*
- Tell them what you thought or how you interpreted what happened. *I thought it was rude and others kept looking at me.*
- Tell them how you are feeling about the situation. *I felt embarrassed and a bit angry.*
- Tell them what you would like to happen. *Next time we're at a party, let me decide what I want to do and don't try to pressure me.*

Activity 2 Strategies for managing emotional responses



Learning intention

- Students identify a range of emotions
- Students practise using positive self-talk
- Students understand that experiencing an emotion over a long period of time has health and relationship consequences

Equipment

A3 paper – one sheet per group

Be Ready student workbook – *Managing your emotions* – pages 8-9

Post-it notes or small squares of paper – three per student

Internet access

Family information sheet – *Healthy ways to manage your emotions* – photocopy one per student

Teaching tip



Smiling Mind is a modern meditation program for young people. It is a web and app-based program that can be viewed at <https://smilingmind.com.au> or downloaded through the App Store or Google Play.

Students can use the trial session to find out about deep breathing and how mindfulness can calm their mind and body and is a useful way to manage negative emotions and stressful situations.

Activities

1. Working in groups and with an A3 sheet of paper, have students create a list of emotions using a **graffiti strategy** (refer to page 110) in a five minute timeframe. Remind students that everyone should contribute to the brainstorm and that all responses should be accepted.

Ask one group to read out the emotions listed on their ABC sheet. Other groups can contribute other answers not already put forward. Explain that being able to recognise the emotions you and other people might experience is a key skill for getting along with others and maintaining positive relationships. Explain that all emotions and feelings are valid and should be acknowledged, however there are some emotions that can be considered negative or unhelpful, especially if they are felt regularly and over a long period of time. Have groups circle the emotions that are listed on their graffiti sheet and in this category.

2. To consider how feeling emotions such as anger, fear, shame and envy, for long periods of time, can affect a person's body and mind and relationships, have each group discuss one of the helpful emotions circled on their graffiti. The following questions can be written on the board to guide the groups' discussion or asked one at a time.

Ask

- *What might some of the consequences be if you felt this way for a long time?* (eg disengagement from family and friends, depression, feeling of hopelessness).

- *How might it change things in your life?* (eg affect relationships, struggle with school work, affect sleeping and eating habits).
- *Why is it important to moderate and regulate these emotions?* (Point out that these emotions are perfectly normal and everyone has them at some time in their life. However, if negative emotions control a person and become a person's 'default' way of feeling (eg always aggressive, moaning or complaining), it can make them unpleasant to be around and over time can also be damaging to their body and mind. When people get stuck in a negative head space with difficult feelings, they may lean on drugs or alcohol and have a negative impact on relationships with people who care about them).
- *Would having positive emotions all the time also be damaging?* (Yes, if the positive outlook was a pretence that was being used to mask a problem and that problem was not being dealt with).
- *Who might a young person go to for help if they were struggling with unhelpful emotions?* (eg school counsellor, chaplain, teacher, parent, friend, helpline).

3. Ask students to define the term 'self-talk'. Listen to a few answers. Explain that self-talk is what we say to ourselves in our head, although sometimes it may be said out loud. Self-talk is often divided into positive, negative and technical (ie when we tell ourselves how to do things while we are doing them).

Use the example of Joe on page 8 of *Be Ready* to explain how a person's behaviour can be influenced by the emotions they feel and the type of self-talk they use when faced with a situation or event.

Situation		
Joe walks in on his friends playing his favourite computer game when he wasn't invited.		
Emotion	Self-talk	Behaviour
Joe feels angry	<p>"No-one likes me."</p> <p>"I thought they were my mates."</p> <p>"They know I always beat them so they didn't invite me."</p>	<p>Joe says, "I don't want to play your stupid game and you can all forget about coming to my place on the weekend!"</p> <p>Joe storms out of the room and his friends keep on playing.</p>
Joe feels a bit disappointed	<p>"That's okay. I wonder if I missed their text?"</p>	<p>Joe says, "I love this game. Why didn't you invite me? His friend says, "I sent you a text – check your phone."</p> <p>Joe smiles and gets ready to play.</p>

Highlight that even when a person is experiencing an emotion such as anger, if they use 'up thinking' or positive self-talk, their behaviour will reflect this way of thinking. For example if Joe felt angry or disappointed but used positive self-talk such as *'That's okay. I wonder if I missed their text?'* he will most likely join in the game with his friends.

Have students complete the Tom and Miranda examples on page 8 of *Be Ready* and then discuss their answers with a partner.

4. Explain that managing emotions is different to trying not to have any emotional responses, and that all emotions have a purpose. For example, an emotion such as anger can prompt a person to stand up for themselves and say or do what they think is right, and deal with any of the wrong things that might have happened. Give each student three post-it notes and have them write one useful strategy for managing uncomfortable emotions on each. Use a **card cluster** (refer to page 109) to sort and discuss the students' ideas using these headings:
 - Calm down what's happening in your body
 - Use helpful and positive thinking (eg this is a challenge not a problem)
 - Tell others how you are feeling and why
 - Seek to solve the problem
 - Other.

Ask

- *Is each strategy useful in all situations where you experience a negative emotion? Why?* (There are some coping strategies that will always be useful in stressful situations such as breathing deeply, looking at the situation using positive or helpful thoughts, trying to understand the situation or clarifying it, and trying to work out which parts of the situation are your responsibility and under your control and which aren't. Choose one or two negative emotions and test them against the strategies).
5. Have students reflect on the way they manage their emotions and use self-talk by completing the questions on page 9 of *Be Ready* and keeping a 'feelings diary' for a week.
 6. Send home a copy of the Family information sheet – *Healthy ways to manage your emotions* with students.



Healthy ways to manage your emotions

Managing our emotions in a healthy way is not always easy. Teenagers are learning to do this as they navigate through life. Having positive role models who show them how to manage their emotions in a positive way is very important for their development.

So, ask yourself these questions. Have you practised good emotional management techniques yourself so your children can see what it looks like and how it works? When talking with your children, do you use 'I' statements, such as:

- I can manage this if I work on the parts that are my fault.
- It's okay that I feel this way and I know that I can work through this situation.

In relevant situations, do you share how you feel with your children and explain why you're experiencing these emotions?

It's important for parents to model and teach their children successful ways to manage their emotions so they will feel better and be more likely to make responsible decisions within their relationships with others.

To help them gain self-awareness, say things like – *I've noticed that you get angry whenever you think something isn't fair. Are you aware of that? Or, I often see you get angry when someone disagrees with you and you feel like you aren't being respected. Do you agree with that?* Choose a time when your child is calm to have these critical conversations.

Believe that your children can take care of their emotions on their own. Give them time to process their emotions on their own. Acknowledge their feelings and give them a chance to talk things through but don't try to 'fix' things. Saying things that over-empathise a situation, such as – *Oh no, that's shocking, you must be devastated, you poor thing* – can give your child a message that it's a bigger problem than they thought.

Let your children know that their emotions are valid even if you think they are overreacting.

Adolescents don't always see the real picture and they might draw conclusions that to you seem ridiculous. For example a 15 year old girl who has just been dropped for the first time may say – *"No-one else will ever want to go out with me."* Or *"I'm the only girl at school who doesn't have a boyfriend."* Tempting as it may be to say – *"You're being absolutely silly!"* it's important to avoid saying things that minimise children's feelings.



Tips for your children

1. Breathe and relax.
2. Use positive, realistic thoughts (self-talk).
3. Talk to someone and tell them how you are feeling and why.
4. Exercise or do something else that you love doing to take your mind off the situation for a while, but then you need to go back and tackle it.
5. Look at the problem as a challenge that you can work at and learn from.
6. Decide which bit of the problem you were responsible for and which parts were out of your control.
7. Ask for help if you need it.

Activity 3 Making responsible decisions



Learning intention

- Students practise making decisions

Equipment

Activity sheet – *Snap decision cards* – photocopy one card per student

Activities

1. Explain that sometimes we may need to make a quick decision in a situation where our health and safety, or the health and safety of others, is at risk. These decisions may also need us to decide how to stand up for what we believe while trying not to damage a relationship with someone who is important to us. For example, when your best friend shouts at you – *Come on there's our bus, race you across the road!*
2. Explain that the class are going to practise making snap decisions. Divide the class into groups of five. Distribute one snap decision card to each group. Explain that groups are to **brainstorm** (refer to page 109) some comments that might encourage the person described in their scenario to make an unsafe or safe decision.

To play out the scenarios, assign one of the roles below to each member of a group.

- **Person 1:** Sits in a chair and listens to the comments then makes the final decision based only on what Person 2 and 3 have said.
- **Person 2:** Is responsible for giving comments to encourage Person 1 to take the risky option and stands to the right of Person 1.
- **Person 3:** Is responsible for giving comments to encourage Person 1 to not take the risky option and stands to the left of Person 1.
- **Person 4:** Is responsible for reading the scenario to the rest of the class and reminding Person 1 which skills they could use in this scenario before they make their final decision.
- **Person 5:** Pauses the activity and asks questions of the audience, such as: *Which comments do you think are the most convincing at this point? What do you think Person 1's decision would be if these were his/her thoughts?*

When all groups have played out their scenarios ask the following questions.

Ask

- Did Person 1 always choose Person 2? Why?
 - How did you feel when Person 2 and 3 were throwing comments at you and forcing you to make a snap decision?
 - Would the decision made affect one of these friendships?
 - Were there any scenarios where friendship was more important than health or safety? Why?
 - Were there any scenarios where being given reliable information about alcohol or other drugs, would have helped you to make your decision?
 - What could the person in your scenario have done to reduce or avoid the possible harms?
3. In the same groups of five, assign three students to role-play the scenario from their card and demonstrate a way to reduce the potential harms. The remaining two students are to be the main character's 'brains' in a **hidden thoughts role-play** (refer to page 111). The 'brains' stand behind their character and when asked by the teacher, are to reveal the hidden thoughts and feelings that may not have been expressed by the character. Allow only a very brief rehearsal time as it is the process rather than the performance that is important in this activity.

Have students perform their role-play. Stop the role-play several times at pertinent spots to interview 'the brains' using these questions to elicit deeper thinking.

Ask

- What is this character afraid of?
- What is this character hoping will happen?
- What is stopping your character from doing what he knows is right or necessary?
- What would help your character get on and do this?
- What would it take for your character to get help for/stand up to the other person in this scenario?

Students who have observed the role-play or played other characters can make additional suggestions to a particular character about alternative harm reduction strategies following the hidden thoughts role-play.



Snap decision cards

A friend who you had arranged to walk home with has accepted a lift from someone who you know has been drinking. Your friend wants you to get in the car?

What will you do?

You're with a group of friends at the bus stop. The bus is late and everyone is getting bored. One of your friends suggests you all smoke a joint for fun. You don't want to be the only one who says no.

What will you do?

You're at a football windup for the under 17 team. There are lots of adults who are drinking and some of the older boys are also drinking. You're only 15 and know that your parents will ground you if you even have a sip of alcohol but you don't want the other guys to make fun of you.

What will you do?

A friend has invited you over to their place for dinner but you've heard his parents often smoke cannabis. You're worried about what your parents might do if they find out but you don't want to offend your friend.

What will you do?

You have been invited to a 14th birthday party and know that no adults will be there. You think that your parents won't let you go if they know it's not a supervised party but you really want to go.

What will you do?

You're at a school camp. One of the camp rules is that if anyone is found using alcohol or drugs their parents will be informed and you will be sent home. One night your friend takes out what he says are tranquillisers. He says, "They're from a doctor so they must be okay to try."

What will you do?

You are worried about your friend's smoking. She seems to smoke every day and spends lots of money on cigarettes. You think you should talk to her about this problem but you're worried about offending her.

What will you do?

A 16 year old boy has been drinking heavily at a party and has fallen down the stairs, knocked his head and is bleeding quite badly. His mates want to put him to bed and let him 'sleep it off' but you think he needs medical help.

What will you do?

Your friends ask you to put \$10 towards buying a bottle of Vodka for the party tomorrow night. They say they won't have enough money if you don't put in. You don't want to drink or spend your money in this way but you don't want to offend your friends.

What will you do?

TOPIC 4

Strengths

Activity 1 Identifying strengths and qualities in yourself and others



Learning intention

- Students identify a range of strengths and qualities
- Students work collaboratively to achieve a group goal

Equipment

Activity sheet – *Who am I?* – photocopy one card per student

Pins or safety pins or sticky tape – one per student

Teaching tip

Students can make their own famous people cards.

Activities

1. Pin one *Who am I?* card on the back of each student, without disclosing the name of the person shown on the card.
2. Explain that the aim of the game is for each student to find out the name of the famous person shown on their card. To do this they must ask another student in the class a question. If the answer is 'yes' they can ask another question. If the answer is 'no' they must move on and find another student and repeat the process. Encourage students to ask questions such as '*How am I like* (other student's name in the class)?' or '*How is this person like me?*' The student must think of a strength or quality that the famous person and the student have in common. The game continues until all students have guessed the famous person's name. Process the activity using the following questions.

Ask

- *Was it easy to name the strengths or qualities of other students in the class? Why?* (Explain that we all have strengths and qualities that make up our character and personality. These can be grouped into ability strengths (eg being a good runner or artist) or character strengths (eg being honest and fair).
- *How did you feel when someone in the class told you about a strength or quality that you possess?*
- *Is it important we know the strengths and qualities that we possess? Why?*
- *Is it important to recognise the strengths and qualities of other people? Why?* (eg you may want to draw on those people to help you in areas that you do not have as strengths, relationships are stronger when you show gratitude or give positive comments, identifying the skills of a group can help to get a task done or achieve a goal together).

3. Place students in groups of three or four. Explain that students are to create a 'pitch' for an advertising company who are looking to hire a group of students to help them develop a new television show for teenagers. The pitch can be in any form such as a brochure, jingle, logo or advertisement. Remind the group it is not the actual product but the information about the group's strengths, qualities and uniqueness that the advertising company will consider. Allow enough time for groups to put an outline together and have each group present their 'pitch'.

Ask

- *Was it easy to identify the strengths of your group members? Why?*
 - *How did you do this?*
 - *How well did you work as a team while you were preparing your 'pitch'?*
 - *What did you learn about working with a team to achieve a goal in a short period of time?*
 - *What skills are important when you have to work quickly as a team to achieve a goal or the 'pitch'?* (Have students verbalise the skills eg negotiation, planning, listening, leadership, goal setting).
 - *How are these skills useful in other life situations?*
4. Ask students to think of a job they would like to apply for and using the knowledge of their own personal strengths and qualities, write an application. Encourage students to think of weird and wonderful jobs that may require a range of strengths such as lion tamer, nuclear scientist, social media developer or magician. For example, 'My strength in capturing information and showing it in a visual format was recognised when I won an art competition last year.'



Who am I?

✂	Adam Goodes	Barack Obama	Kylie Minogue
✂	Michael Clarke	Leyton Hewitt	Jessica Mauboy
✂	Nicole Kidman	Cinderella	Serena Williams
✂	The Queen	Sir Donald Bradman	Prince William
✂	Elvis Presley	Bill Gates	Oprah Winfrey
✂	Arnold Schwarzenegger	Batman	Brad Pitt
✂	Wonder Woman	Pink	Harry Potter
✂			



Who am I?

Pablo Picasso	Superman	David Beckham	
Roger Federer	Adam Hills	Captain James Cook	
Dame Edna	Hugh Jackman	Ned Kelly	
James Bond	Tiger Woods	Neil Armstrong	
Lisa Simpson	Jamie Oliver	Sir Richard Attenborough	
The Wiggles	Katy Perry	Dr Fiona Wood	
			

Activity 2 Identifying strengths and qualities in yourself and others



Learning intention

- Students identify a range of strengths and qualities

Equipment

Activity sheet – *Using strengths and qualities* – photocopy one card per student

Family information sheet – *Building your teen's character strengths* – photocopy one per student

Activities

1. Place students in pairs. Give each pair a scenario card from the activity sheets *Using strengths and qualities*. Explain that students are to read the scenario and answer the questions. Students then form groups of four. Pairs take turns to share their scenario and discuss what they thought the character would be thinking and what strengths or qualities the character could use and why.
2. As a class, discuss if certain strengths or qualities were used a lot in most scenarios such as courage, good communicator or decision maker.
3. Give each student an envelope and five slips of paper. Ask students to write five strengths or qualities that they possess. Suggest that each student takes their envelope home and asks a parent to write the strengths and qualities they believe their child possesses on the front of the envelope. Students can then compare these to those they have placed inside the envelope.
4. Send home a copy of the Family information sheet – *Building your teen's character strengths* with each student to share with their family.



Using your strengths

SCENARIO 1

Josh and his family are at a relative's wedding. Some of the other teenagers have moved out into the garden and are drinking bottles of wine. Josh has never had a drink of alcohol. The teenagers offer a bottle to Josh and say it's okay if he tries some and if he gets drunk the adults will be there to help him. Josh doesn't want to drink the wine.

What might Josh be saying to himself right now?

What could he do?

What strength could Josh use?

How would he use this strength?

SCENARIO 2

Tess has met up with some of her friends at the local shops. One of her friends suggests that Tess buys a packet of cigarettes for the group because she looks the oldest. Tess doesn't smoke and knows she will get grounded if her parents find out.

What might Tess be saying to herself right now?

What could she do?

What strength could Tess use?

How would she use this strength?

SCENARIO 3

Max and his mates have caught the train to a footy match. His parents have agreed to him getting home by 9pm. After the game his mates suggest they go into town and hang out around the mall. Time goes by quickly and suddenly Max realises it's nearly 9pm. A brother of his mate offers to drive him home but Max thinks he has been drinking alcohol.

What might Max be saying to himself right now?

What could he do?

What strength could Max use?

How would he use this strength?



Using your strengths



SCENARIO 4

Lisa is at home with Rachel, her best friend. Everyone else has gone out. Rachel has found a bottle of champagne in the fridge and has started drinking it. She is sounding drunk and is talking really loud and wants to swim in the pool. Lisa knows her parents will be upset about her friend drinking.

What might Lisa be saying to himself right now?

What could she do?

What strength could Lisa use?

How would she use this strength?



SCENARIO 5

Mick has been invited to an 18th birthday party. When he gets there he notices that a group of his mates are smoking a bong. They pass the bong to Mick and dare him to have a go. Mick's never smoked tobacco or cannabis.

What might Mick be saying to himself right now?

What could he do?

What strength could Mick use?

How would he use this strength?



SCENARIO 6

Amy and Nina are at a beach party. Most of the other kids are drinking so Nina decides to join in. After a while Amy notices that Nina is staggering a bit and she is walking down the beach with a boy that neither of them know. Nina's mum will be picking them up soon.

What might Amy be saying to herself right now?

What could she do?

What strength could Amy use?

How would she use this strength?





Building your teen's character strengths

In the classroom, your child has been learning about how to build skills such as decision making, goal setting and problems predicting. These are all skills that contribute to building their resilience and wellbeing.

We have also been learning that character strengths such as self-regulation, perseverance and love of learning are not only the foundations of positive youth development and thriving, but are related to school success, life satisfaction and wellbeing. Some ideas that can help you to play a key role in building your children's character strengths include:

Give meaningful and specific praise

When your child does something noteworthy, let them know by using comments that target the particular character strength shown.

You showed great leadership today when you encouraged your team to do their best even when they were down by 20 points.

I'm really proud of the way you supported your friend when they were being bullied by those other kids.

Telling me about your friends smoking cannabis took a lot of courage. I appreciate you being honest with me.

Help your teenager to recognise the character strengths they possess

Sometimes teenagers can become focused more on what they can't do than what they can do. Tell your child the strengths that you know they have (be honest) and how these strengths make them the wonderful person they are. Ask your child if there is a strength that they would like to build on and work out a plan together to help them start practising this strength more often.

Encourage your teenager to say positive things about themselves

What we think in our minds can contribute strongly to what we believe about ourselves. This is why it is so important that we start saying positive things about ourselves many times each and every day. Have your children write a list of at least 10 positive statements to say to themselves each day.

Write these on a list stuck to the fridge

I am important.

I matter.

I am worthwhile.

I am unique.

I will be what I want to be.

I know what I can do.

I can handle things.

I am strong.

I accept myself.

I can change my life.

Help your teenager recognise character strengths in others

It is not only important that your child becomes aware of their own character strengths but they also need to recognise and acknowledge strengths in others. Try reading books or watching movies where strengths are used by the characters. Have conversations and ask questions to develop your child's awareness of the strengths shown by fictional and real-life characters. For example:

What strengths did the characters show?

How did the characters use their strengths to overcome challenges and obstacles?

How was this character like you?

How was this character not like you?

Would you like to be more like this character? Why?

thankful optimistic leadership fair creative
 modesty perseverance good friend forgiveness self-disciplined
 courageous kindness
 honesty open-mind
 humour

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 48)

Letter to parents – photocopy one per student

Be Ready Year 8 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 (Mental Health Commission [MHC], 2016a; MHC, 2016b), 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 quiz. 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 48. 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 to conduct from this section of the resource. 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, as well as 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. 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, except food and water, which when taken into the body, changes the way the body works (WHO, n.d.). Students will be engaged in defining a drug in Activity 2 page 50.
4. 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. The 'no name' rule will protect the personal privacy of students and those related to students, 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).
5. Distribute a *Be Ready* workbook to each student.
6. Send a copy of the parent letter 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:

- a) Leave your mate alone to sleep it off
- b) Stay with your mate and watch while he/she drinks some water and has something to eat
- c) Encourage your mate to drive or walk home
- d) 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:

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

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

- a) Watch them until it is out of their system
- b) Call for help from an adult and/or an ambulance
- c) Leave them alone
- d) Hope they come right with time
- e) 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.

- a) True
- b) False
- c) 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*

1. _____
(91% used this drug in the last year)
2. _____
(44% used this drug in the last year)
3. _____
(16% used this drug in the last year)
4. _____
(14% used this drug in the last year)
5. _____
(13% used this drug in the last year)
6. _____
(3.1% used this drug in the last year)
7. _____
(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).

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

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

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



Quiz marking key

Question	Correct	Incorrect	Don't know	Topic	Activity
Types of drugs and what they can to your body					
1. <i>Stimulants</i> – nicotine, amphetamine, caffeine, cocaine <i>Depressants</i> – alcohol, heroin <i>Hallucinogens</i> – magic mushrooms, LSD <i>Multi-action</i> – ecstasy, cannabis				1 2	2 1
2. <i>Dope, gunga, weed</i> are all street or slang names for which drug? a) Cannabis				1	2
3. Alcohol can cause some cancers in the body. a) True				3	4, 5
4. Smoking tobacco and cannabis using an implement (bong, shisha or hookah) will not reduce the damage to your lungs. a) True				4	1
5. Alcohol only affects the brain and liver. b) False				3	3, 4
6. If a young person under 18 years of age drinks alcohol they can affect the healthy development of their brain. a) True				3 4	1, 2, 3, 4 1, 2
7. If a woman drinks alcohol while she is pregnant or breastfeeding it can cause damage to the baby. a) True				3	3, 4
Drugs and the law					
8. It is legal to drink alcohol under the age of 18. b) False				3	2
9. Growing a couple of cannabis plants is legal in Western Australia. b) False				4	1
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				4	1
12. L and P plate drivers and riders must have a Blood Alcohol Concentration of zero. a) True				3	3
13. It is illegal to drink alcohol in public places (park, beach, oval). a) True				1 3	3 2
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.				5	1
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.				5	1
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				5	1
17. In a health and safety situation involving alcohol or drugs, it is important to look after myself and help my mates. a) True				5	1
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%)				1	3
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 7 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 (ASSAD)*^{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 (NHMRC). (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 Drugs – what are they?

Learning intention

- Students define a drug
- Students classify drugs according to the primary effect of the drug on the central nervous system (CNS)

Equipment

Be Ready student workbook – *Drugs – what are they?* – page 11

Family information sheet – *It's not just the drug* – photocopy one per student

Teaching tip



Booklets on a range of drugs can be downloaded or ordered through the Mental Health Commission website at <http://www.mentalhealth.wa.gov.au/Homepage.aspx>.

1. If the class have not previously participated in a drug education program, use a **Think-pair-share** (refer to page 113) to have students write their own definition of the term 'drug'. Listen to a few responses then discuss the World Health Organisation (WHO) definition: A drug is any substance, except food and water, which when taken into the body, changes the way the body works (WHO, n.d.).
2. Explain that drugs which also affect a person's central nervous system (CNS) are called psychoactive drugs. There are four categories of psychoactive drugs. Write the name of each category of psychoactive drugs – depressants, stimulants, hallucinogens, multi-action – on the board. Explain the primary effect of each category on the CNS using the notes provided then have students **brainstorm** (refer to page 109) a list of drugs that would fit in each category. Some street names may be more relevant to certain student cohorts and in different locations. Give students the drug name for those drugs that are identified only by the street name.
 - **Depressants:** these drugs slow the activity of the brain and decrease alertness and include alcohol (booze, grog), heroin (horse), sedatives, benzodiazepines, some painkillers, tranquilisers and methadone. (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)
 - **Stimulants:** these drugs have the opposite effect to depressants by increasing the activity of the brain, such as caffeine, nicotine in tobacco, methamphetamine.
 - **Hallucinogens:** these drugs cause the user to see, hear and smell things in a strange way (ie perceptual distortions and sometimes hallucinations) and include magic mushrooms, LSD.
 - **Multi-action:** these drugs can have more than one effect on the CNS. For example, cannabis (weed, dope, mull, gunga) can have both depressant and hallucinogenic effects, and ecstasy (E, eccies) can have both stimulant and hallucinogenic effects.

Have students write the names of at least two drugs for each category on page 11 of *Be Ready*.

3. 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 three headings – the person using the drug, the environment it's being used within, and the drug itself. This is often referred to as the drug use experience or drug use triangle. Read the information about the drug use triangle on page 11 of *Be Ready*. Have students **brainstorm** (refer to page 109) other factors for each heading of the drug use triangle.
4. Send a copy of the Family information sheet – *It's not just the drug* home with each student to share with their family which explains the drug use triangle and also gives parents the names of credible drug information websites, support services and help lines that they, and their teenager, can contact for advice about alcohol and drug use including where to get help for drug use problems.

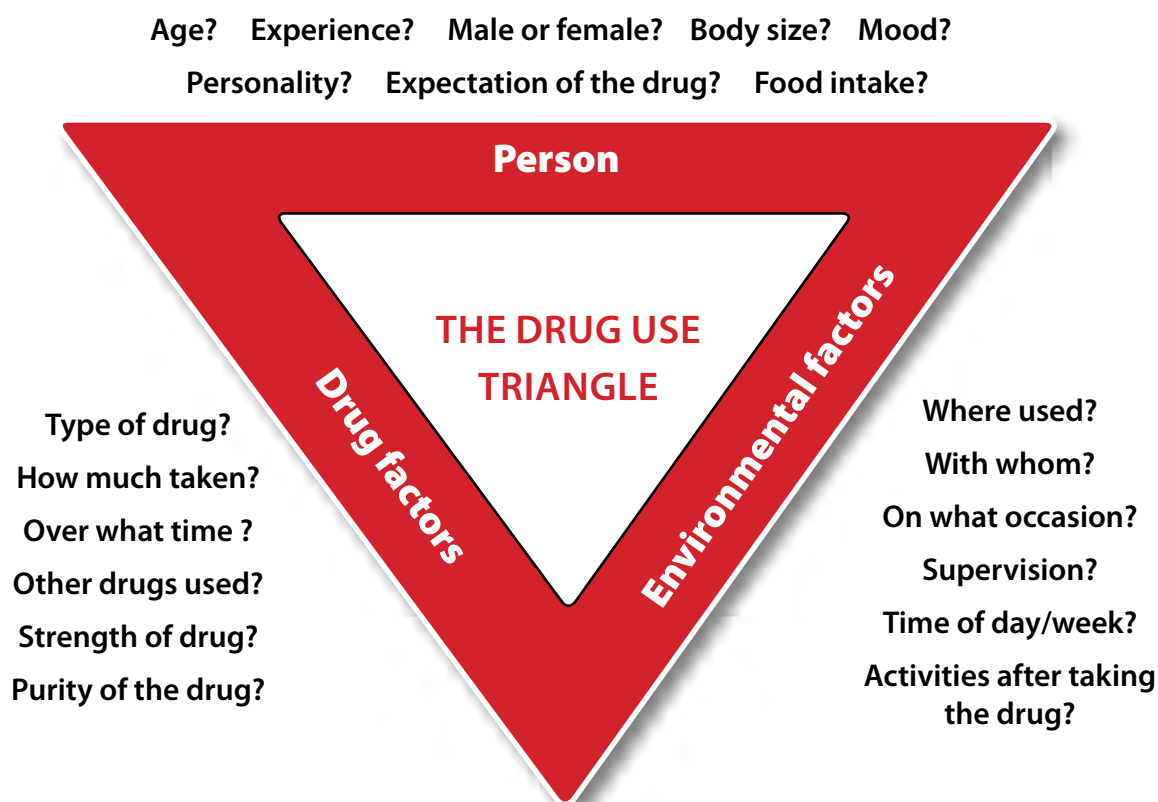


It's not just the drug

When a person uses a drug, is their experience only because of the drug they have used? Simple answer – No. Drugs affect everyone differently and each person's experience may be different and influenced by multiple factors.

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 these discussions.

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



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 for those who decide to use alcohol and/or other drugs.

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
- National Cannabis Prevention and Information Service www.ncpic.org.au
- Alcohol and Drug Support Line 9442 5000 or 1800 198 024 (Country callers) for a 24 hour counselling, information and a referral service for anyone concerned about their own or another person's alcohol or other drug use
- Alcohol Think Again www.alcoholthinkagain.com.au

Activity 3 Prevalence and norms



Learning intention

- Students examine the prevalence of drug use among 12 to 17 year olds in Western Australia
- Students understand that the use of illicit drugs is not the norm among students
- Students understand that the experimental use of illicit drugs may be more prevalent during adolescence
- Students evaluate the impact that over estimating levels of drug use among their peers can have on personal decisions regarding alcohol and other drugs

Equipment

Activity sheet – *Swap stats* – photocopy and cut up the cards

Be Ready student workbook – *Are kids like me really using drugs?* – page 12

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

Family information sheet – *Over-the-counter and prescription drugs* – photocopy one per student

Teaching tip

An alternative to the swap stats activity is to give each student a card. Students then form pairs and take turns asking their partner the question shown on their card. Students have a guess before their partner gives the correct answer. Students then swap cards and find a new partner and repeat the process.

Explain to students that analgesics refer to over-the-counter and prescribed medications for pain relief. There are two broad categories of analgesics: non-opioid such as aspirin, ibuprofen and paracetamol mainly used for mild to moderate pain; and opioids such as morphine and oxycodone mainly used for severe pain.

Activities

1. Explain to the class that this activity will look at current information about levels of drug use amongst students between the ages of 12 and 17 years in Western Australia. The statistics are gathered through anonymous responses to the Australian Secondary Students Alcohol and Drugs Survey, which is conducted every three years. Before distributing the *Swap stats* cards, explain the terminology used, for example:
 - 'Ever' refers to those students who have used the drug and in any amount, and at any time in their life.
 - 'Last year' refers to those students who have used the drug, in any amount, and in the last 12 months.
 - 'Last month' refers to those students who have used the drug, in any amount, and in the last four weeks
 - 'Last week' refers to those students who have used the drug, in any amount, and in the last 7 days.
 - 'Binge drinking' refers to a pattern of drinking a large amount of alcohol in a single drinking session.

Divide the class into six groups and distribute the cards for one drug type to each group (ie analgesics, tobacco, alcohol, cannabis, tranquilisers, ecstasy and amphetamines). Explain that students are to take turns reading the questions on the cards to their group. Students are to write their guess on each statistic card on page 12 of *Be Ready*. Point out the answer will be a number between 0 and 100. When everyone in the group has had a guess, the reader should give the correct answer and students then record this on the table on page 12. Ask students to keep a mental note of how their guesses and other students' guesses match with the correct answers (ie do students tend to guess higher or lower than the correct answer). Rotate the cards amongst the groups as this will expose students to a new set of drug use statistics. When groups have discussed all of the cards, use the following questions to process the activity.

Ask

- *Were you surprised about any of the statistics? Why?*
- *Did you usually guess a number higher than the actual statistics show?*
- *Why might we think that more young people use alcohol and other drugs than the statistics show?* (Explain that students will often overestimate as they have the impression that 'everyone is doing it'. Even within the class, students may believe that most of their peers drink alcohol or smoke tobacco or cannabis. Students' perceptions of drug use are often influenced by their age and gender, the media, their family and peers, and the community. For example, students from families with smokers, or those who have already engaged in experimental use of tobacco or alcohol, may overestimate the actual number of students who do use these drugs. It is important that students know that most young people their age do not use drugs as this can reduce the pressure to experiment with drugs to be part of a 'cool' subculture).
- *Why might people say or pretend they have used drugs when they haven't?* (eg not wanting to lose face, appear cool, feel part of the group, they assume others have used it).
- *Why do you think that, except for analgesics, alcohol is the most commonly used drug by 12-17 year old students?* (Even though alcohol is illegal for young people of this age to purchase, obtain or consume in public places, it is often easily available to young people. Alcohol is often socially acceptable and considered by many to be a harmless drug or not a 'real' drug however it is the drug that causes the most harm to young people in Australia).
- *Why do you think most young people do not use cannabis?* (eg risks to mental and physical health, cost, risks to friendships and family relationships, legal consequences due to its illegality).
- *How might it affect a young person's decisions about cannabis if they knew fewer people had used it?* (eg may make their decision to not use easier, may make little difference, may be less open about their own involvement).

- *Why do most young people not use other illicit drugs such as amphetamines, ecstasy, hallucinogens, opiates, cocaine and steroids?* (eg similar reasons as above).
 - *Why do you think the statistics show that drug use usually increases with age?* (eg less parental supervision; more access to drugs like alcohol, tobacco and cannabis; older students perceive drug use to be less risky than younger students. Point out that delaying the age of experimentation of drug use can be a factor in decreasing the likelihood of problematic drug use in the future).
 - *Why do you think the number of young people who have experimented (ever used) is higher than the number of young people who have recently used (regular or frequent use)?* (Drug use among young people is often only experimental and short-lived, and does not usually result in regular or problematic use. However, as the drug use triangle shows, every drug use experience can have the potential to cause harm to the user and those nearby the user – even just one-off use).
2. Have students write two statistics that challenged their belief about the use of drugs by young people their age, and give a reason for their own thinking on page 12 of *Be Ready*. (Be mindful that in some communities and within certain cohorts of students, prevalence of use of a particular drug may differ from the state's results. If this is the case, focus the drug education program on these drugs. However it is important to remember that some illicit drugs, such as ice and ecstasy, should not be included unless age-appropriate).
 3. Get students to complete the outstanding questions on page 12 of *Be Ready*. Discuss responses as a class.
 4. Send home a copy of the Family information sheet – *Drug use-the real story* and *Over-the-counter and prescription drugs* with each student to share with their family.

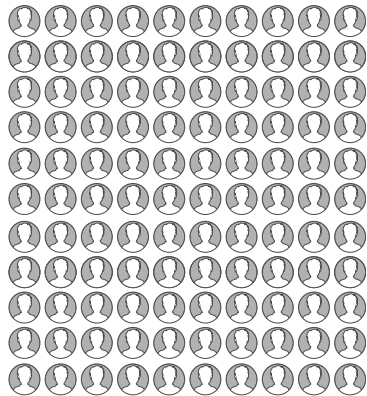


Drug use statistics



ANALGESICS

How many 12-15 year old students have ever used analgesics?

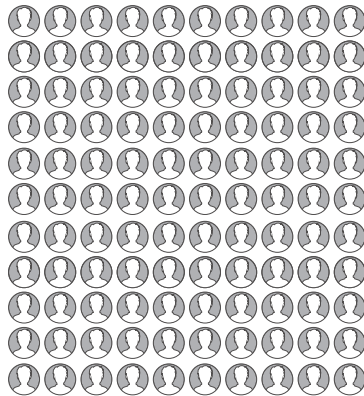


A: About 93 out of 100 (93.1%)

Results 2014 Australian School Students
Alcohol and Drug Survey for WA

ANALGESICS

How many 12-15 year old students have used analgesics in the last week?

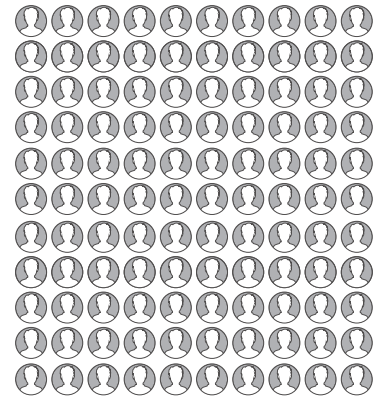


A: 41 out of 100 (41.6%)

Results 2014 Australian School Students
Alcohol and Drug Survey for WA

ANALGESICS

How many 16-17 year old students have ever used analgesics?



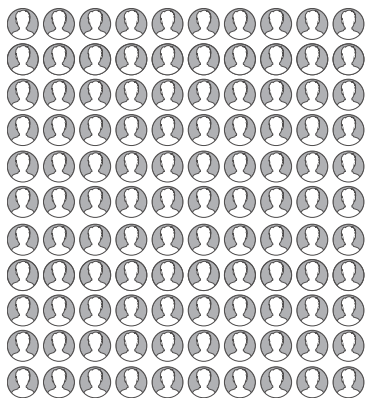
A: 94 out of 100 (94.2%)

Results 2014 Australian School Students
Alcohol and Drug Survey for WA



ANALGESICS

How many 16-17 year old students have used analgesics in the last week?

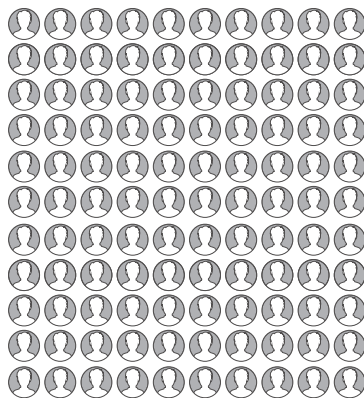


A: 45 out of 100 (45.4%)

Results 2014 Australian School Students
Alcohol and Drug Survey for WA

ALCOHOL

How many 12-15 year old students drank alcohol in the last year?

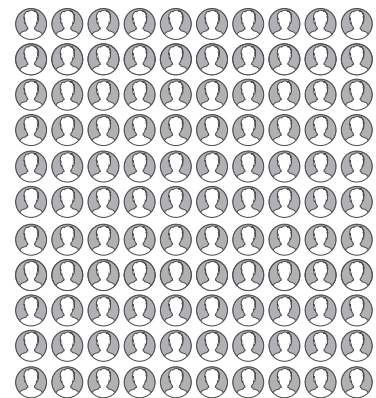


A: 38 out of 100 (38.2%)

Results 2014 Australian School Students
Alcohol and Drug Survey for WA

ALCOHOL

How many 12-15 year old students drank alcohol in the last week?



A: About 11 out of 100 (11.5%)

Results 2014 Australian School Students
Alcohol and Drug Survey for WA

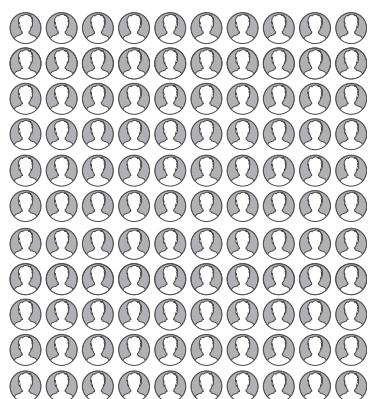




Drug use statistics

ALCOHOL

How many 12-17 year old students have ever tried alcohol?

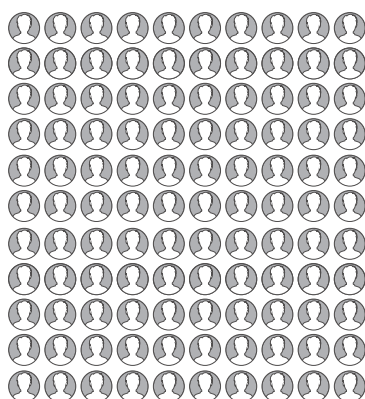


A: 68 out of 100 (68.5%)

Results 2014 Australian School Students
Alcohol and Drug Survey for WA

ALCOHOL

How many 12-17 year old students drank alcohol in the last week?

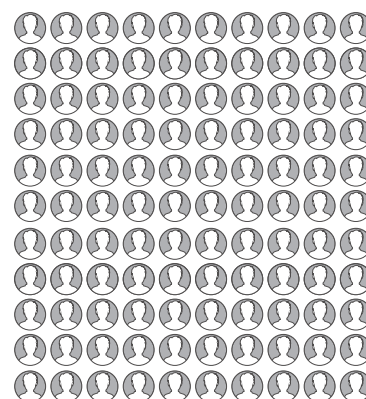


A: About 14 out of 100 (13.9%)

Results 2014 Australian School Students
Alcohol and Drug Survey for WA

ALCOHOL

Of those who drank in the last week, how many 12-15 year old male students drank alcohol unsupervised and at risky levels?

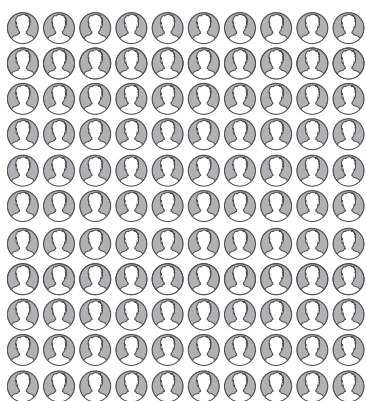


A: About 32 out of 100 (32.8%)

Results 2014 Australian School Students
Alcohol and Drug Survey for WA

ALCOHOL

Of those who drank in the last week, how many 12-15 year old female students drank alcohol unsupervised and at risky levels?

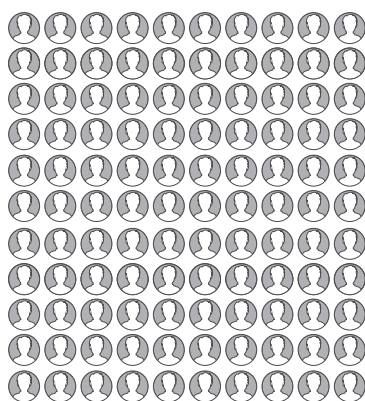


A: About 16 out of 100 (16.3%)

Results 2014 Australian School Students
Alcohol and Drug Survey for WA

ALCOHOL

Of those who drank in the last week, how many 16-17 year old male students drank alcohol unsupervised and at risky levels?

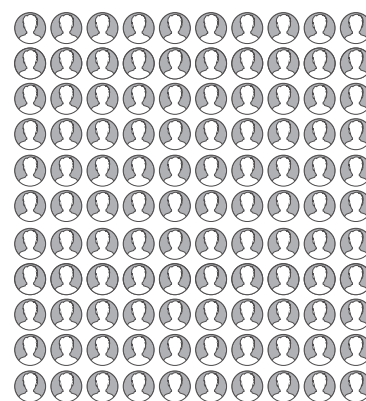


A: About 49 out of 100 (48.8%)

Results 2014 Australian School Students
Alcohol and Drug Survey for WA

ALCOHOL

Of those who drank in the last week, how many 16-17 year old female students drank alcohol unsupervised and at risky levels?



A: About 35 out of 100 (34.8%)

Results 2014 Australian School Students
Alcohol and Drug Survey for WA

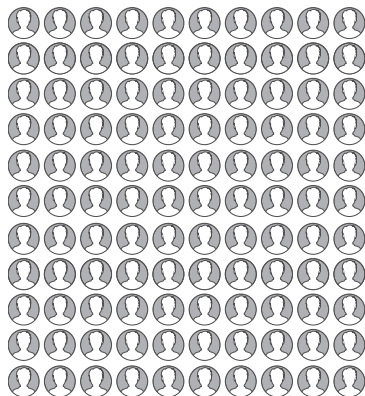


Drug use statistics



TOBACCO

How many 12-15 year old students have used tobacco in the last year?

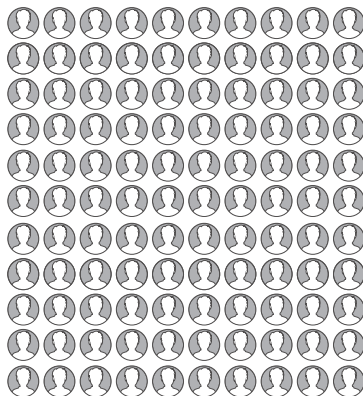


A: 11 out of 100 (10.9%)

Results 2014 Australian School Students Alcohol and Drug Survey for WA

TOBACCO

How many 12-15 year old students have used tobacco in the last week?

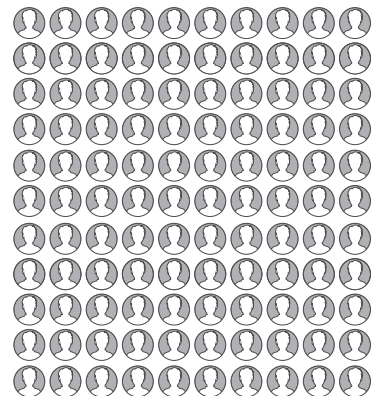


A: 4 out of 100 (3.5%)

Results 2014 Australian School Students Alcohol and Drug Survey for WA

TOBACCO

How many 16-17 year old students have used tobacco in the last year?



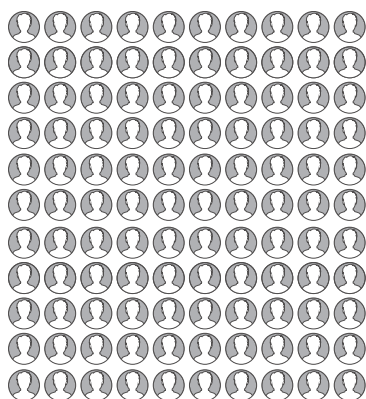
A: 22 out of 100 (21.9%)

Results 2014 Australian School Students Alcohol and Drug Survey for WA



TOBACCO

How many 16-17 year old students have used tobacco in the last week?



A: 9 out of 100 (8.8%)

Results 2014 Australian School Students Alcohol and Drug Survey for WA

CANNABIS

How many 12-15 year old students have ever used cannabis?

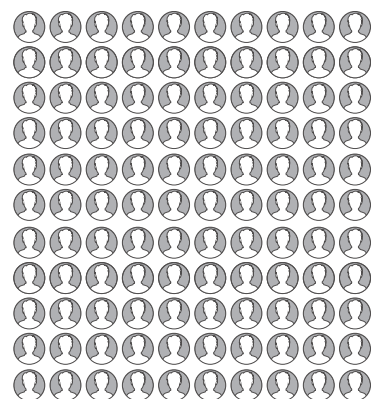


A: 16 out of 100 (15.8%)

Results 2014 Australian School Students Alcohol and Drug Survey for WA

CANNABIS

How many 12-15 year old students have used cannabis in the last week?



A: About 5 out of 100 (5.1%)

Results 2014 Australian School Students Alcohol and Drug Survey for WA

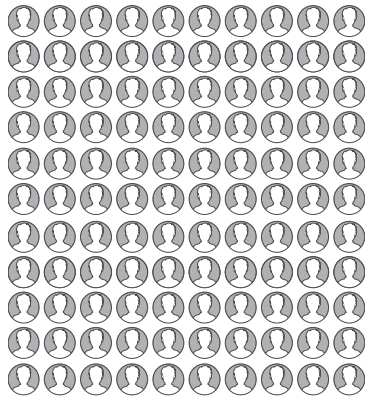




Drug use statistics

CANNABIS

How many 16-17 year old students have ever used cannabis?

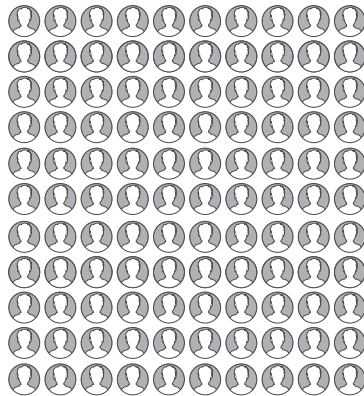


A: About 29 out of 100 (29%)

Results 2014 Australian School Students
Alcohol and Drug Survey for WA

CANNABIS

How many 16-17 year old students have used cannabis in the last week?

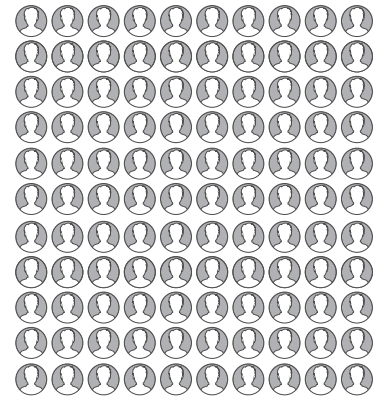


A: About 7 out of 100 (7.2%)

Results 2014 Australian School Students
Alcohol and Drug Survey for WA

TRANQUILISERS

How many 12-15 year old students have ever used tranquilisers other than for medical purposes?

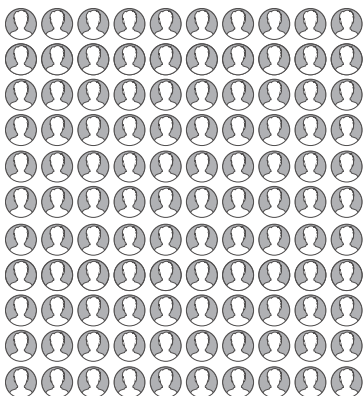


A: About 19 out of 100 (19.7%)

Results 2014 Australian School Students
Alcohol and Drug Survey for WA

TRANQUILISERS

How many 12-15 year old students have used tranquilisers other than for medical purposes in the last week?

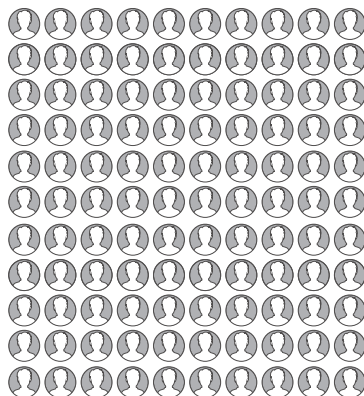


A: About 3 out of 100 (3.1%)

Results 2014 Australian School Students
Alcohol and Drug Survey for WA

TRANQUILISERS

How many 16-17 year old students have ever used tranquilisers other than for medical purposes?

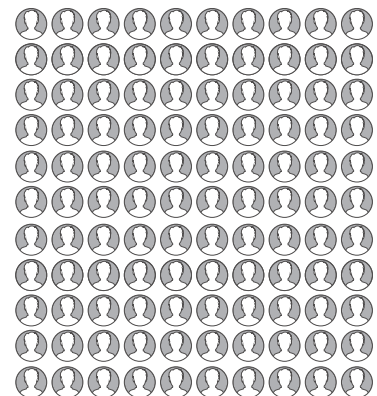


A: About 20 out of 100 (20.2%)

Results 2014 Australian School Students
Alcohol and Drug Survey for WA

TRANQUILISERS

How many 16-17 year old students have used tranquilisers other than for medical purposes in the last week?



A: About 3 out of 100 (3.4%)

Results 2014 Australian School Students
Alcohol and Drug Survey for WA

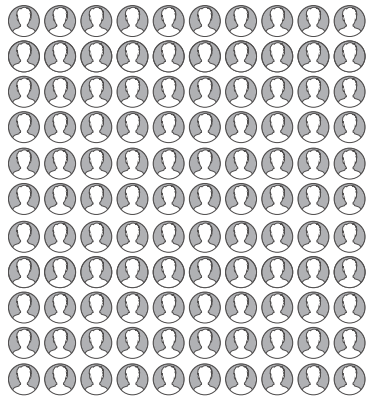


Drug use statistics



AMPHETAMINES

How many 12-15 year old students have ever used amphetamines other than for medical purposes?

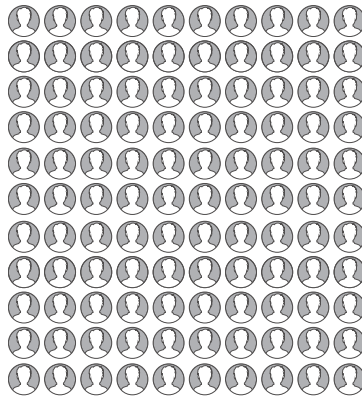


A: About 2 out of 100 (2.5%)

Results 2014 Australian School Students
Alcohol and Drug Survey for WA

AMPHETAMINES

How many 12-15 year old students have used amphetamines in the last week other than for medical purposes?

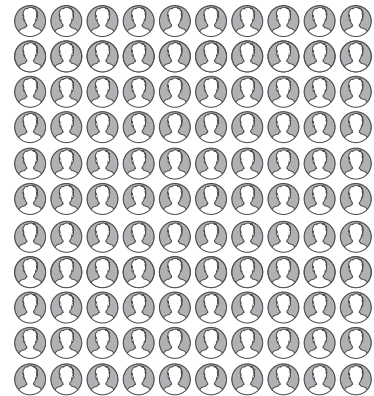


A: Less than 1 out of 100 (0.9%)

Results 2014 Australian School Students
Alcohol and Drug Survey for WA

AMPHETAMINES

How many 16-17 year old students have ever used amphetamines other than for medical purposes?



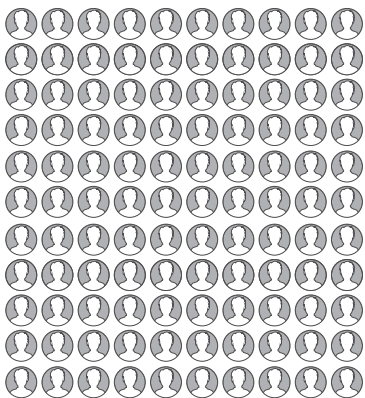
A: About 6 out of 100 (6.2%)

Results 2014 Australian School Students
Alcohol and Drug Survey for WA



AMPHETAMINES

How many 16-17 year old students have used amphetamines in the last week other than for medical purposes?

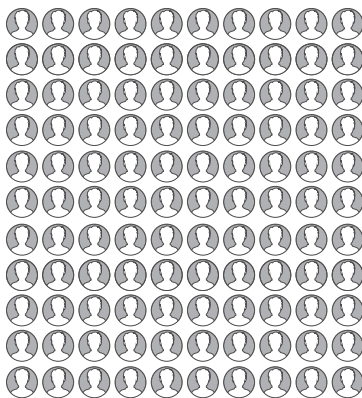


A: About 2 out of 100 (1.9%)

Results 2014 Australian School Students
Alcohol and Drug Survey for WA

ECSTASY

How many 16-17 year old students have ever used ecstasy?

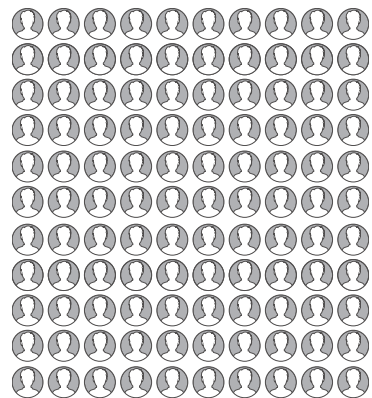


A: About 7 out of 100 (7%)

Results 2014 Australian School Students
Alcohol and Drug Survey for WA

ECSTASY

How many 16-17 year old students have used ecstasy in the last week?



A: About 1 out of 100 (1.5%)

Results 2014 Australian School Students
Alcohol and Drug Survey for WA





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 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 significantly since 2011 (53.3%), 44% reported they had used alcohol in the last year.
- 19% of 12 to 17 year olds 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% said they had used amphetamines and 3% had used ecstasy in the last year.
- Volatile substances (eg glue, paint, petrol or thinners) were used by 16% of this age group at some time in their lives.

Note: Amphetamine use may include dexamphetamines for non-medical purposes. Analgesic use could be as directed and may not be illicit use.



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 all 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 and prescription drugs

When you think about drug use and young people, drugs like alcohol or cannabis might quickly come to mind. What we know from recent surveys is that the misuse of over-the-counter and prescription 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 symptoms.

It is when over-the-counter or prescribed drugs are misused by taking them when symptoms aren't present or by taking increased doses that these drugs, just as with alcohol and illicit drugs, have the potential to cause harm and may affect a person in ways very similar to illicit drugs.

As stated above, the harms associated with pharmaceuticals are not just related to the misuse of prescription drugs but also the misuse of over-the-counter drugs. For example, the reports of misuse of analgesics (eg that contain codeine) are increasing and this is emerging as an issue of concern.

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, as overuse of this drug can result in death.



National Drug Strategy Household Survey

National Drug Strategy Household Survey¹ results showed that of those 14 -19 year olds surveyed;

- ▶ 64% had used over-the-counter pain killers/analgesics in the last 12 months
- ▶ 60.5% had used prescription pain killers/analgesics in the last 12 months
- ▶ 32.3% had used pharmaceuticals for non-medical purposes daily or weekly in the last 12 months
- ▶ 37.2% had used pharmaceuticals for non-medical purposes once or twice a year in the last 12 months
- ▶ 3.7% of females and 4.4% of males used pharmaceuticals for non-medical purposes.



Messages to give your children

- ▶ **All drugs have the potential to cause harm** including over-the-counter and prescription medications. 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, or can be purchased from a pharmacy or supermarket.
- ▶ **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 or 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).

¹ Australian Institute of Health and Welfare (AIHW) (2014). National Drug Strategy Household Survey detailed report 2013. Drug statistics series no. 28. Cat. no. PHE 183. Canberra: AIHW. Retrieved from <http://www.aihw.gov.au/WorkArea/DownloadAsset.aspx?id=60129549848>

Activity 4 Other illicit drugs



Learning intention

- Students research illicit drugs

Equipment

A4 paper – one sheet per student

Facts about drugs booklet – one per student

Be Ready student workbook – *Harms and consequences of illicit drug use* – page 13

Family information sheet – *Is my child using alcohol or other drugs?* – photocopy one per student

Family information sheet – *New psychoactive substances* – photocopy one per student

Teaching tip



Download or order copies of *Facts about drugs* booklet from the Mental Health Commission <http://www.mentalhealth.wa.gov.au/Homepage.aspx>


Activities

1. Explain that among 12 to 17 year old students use of illicit drugs in their lifetime, other than cannabis, is very low. For example the 2014 ASSAD survey showed that 96% of students had never used ecstasy and 96% had never used amphetamines (may include dexamphetamine for non-medical purposes). However it is still relevant to consider the possible harms from these drugs, as they impact not only on the user but also their family, friends and others in the community.

Write the following illicit drug names and street names on the board. Distribute a sheet of paper to each student. Conduct a **one minute challenge** (refer to page 111) for each drug, with each student writing all they know or would like to know about each drug in one minute. There should be no discussion about the drugs at this stage.

- Meth/amphetamine (*speed, fast, up, uppers, goey, whizz*)
- Crystal methamphetamine (*crystal meth, shabu, crystal, glass, shard*)
- Ecstasy (*eccies, XTC, bickies, MDMA, pills, pingers, flippers, molly*)
- Cocaine (*coke, crack, C, nose candy, snow, toot, Charlie, blow, white dust, stardust*)
- Heroin (*smack, hammer, horse, H, gear, the dragon, home bake*)
- LSD (*tabs, acid, dots, microdots, Lucy, trips*).

In groups, students share and discuss what they know about the drugs and what they want to know. Ask students to place a tick next to information they believe is correct and circle the things they are still unsure about. As a whole group, discuss the information that students have circled to see if others in the class have the correct answer. If not, write these questions on the board for students to research further.

2. Talk about the different ways some people take these drugs (eg swallowing, snorting, injecting, smoking, suppositories). Explain that all drugs have the potential to cause harm and methods of taking drugs also have potential harms, regardless of whether a person has used the drug before or not. For example, injecting drug use is particularly risky due to the possibility of contracting Tetanus, HIV/AIDS, Hepatitis C, Hepatitis B or other blood borne viruses when needles (or syringes) are shared.
3.  Divide students into six groups and allocate each group one of the drugs to research using the brochure *Facts about drugs* on the www.drugaware.com.au (Drug Aware) or www.adf.org.au (Australian Drug Foundation) websites.
4. Students then use the information they have gathered to complete *Harms and consequences of illicit drug use* on page 13 of *Be Ready*.
5. After discussing each harm category as a group, have students record a summary of this discussion on their own sheets. Students also write down three pieces of information about their drug that they can share with others who have not researched their drug.

Conduct a **jigsaw** (refer to page 111) so that each group contains a representative (or expert) on each of the drugs that have been explored. Students take their workbook, brochure and three interesting facts with them to the new group and share information about their drug.

Check students understanding by asking the following questions.

Ask

- Which of the drugs are depressants (eg heroin), stimulants (eg amphetamines, methamphetamine and cocaine) and hallucinogens (eg LSD, ecstasy)?
 - What drugs can have multi-effects on the user? (eg ecstasy).
 - Which drugs have the potential to cause harm? (All).
 - Will drinking lots of water flush amphetamines out of the user's system? (No, drinking water does not get rid of the drug any faster from the body).
 - Do some of these drugs have the potential to cause greater physical harm than others? (All drugs have the potential to cause harm and this is dependent on a range of factors as described with the drug triangle).
6. To consider and review the information gained in this activity, have students write down a **3-2-1 reflect** (refer to page 114) then share their responses with the class.
 7. Send home a copy of the Family information sheets – *Is my child using alcohol or other drugs?* and *New psychoactive substances* with each student.

FAMILY INFORMATION SHEET



Is my child using alcohol or other drugs?

It can sometimes be difficult to know if your child is using alcohol or other drugs. Parents may worry that their child is involved with alcohol or other drugs if he or she becomes withdrawn or negative, but these behaviours are common for young people going through challenging times. So it's important not to accuse your child unfairly and try to find out why your child's behaviour has changed. You also need to tell your child that you are concerned about them.

It's important to remember that drugs can include more than illegal drugs. Young people can also have problems with medicines a doctor prescribes or medicines they can buy over-the-counter at the chemist.

Look for a pattern or a number of changes in appearance, behaviour and attitude, not just one or two of the changes listed here.

Change in appearance

- Less attention paid to dressing and grooming
- Loss of appetite or unexplained weight loss
- Red and glassy eyes and frequent use of eye drops and breath mints

Change in behaviour

- Decreased attendance and performance at school
- Loss of interest in school, sports, or other activities
- Newly developed secrecy, or deceptive or sneaky behaviour
- Withdrawal from family and friends
- New friends, and reluctance to introduce them
- Lying or stealing

Change in attitude

- Disrespectful behaviour
- A mood or attitude that is getting worse
- Lack of concern about the future



What should you do if you find out that your child is using alcohol or other drugs?

If you think that your child is using alcohol or drugs, one of the most important things you can do is to talk honestly and openly with him or her, the same as you would any other health issue.

This may be a hard conversation so try to not use harsh, judging words and be supportive. Let your child know that you were his or her age once and that you understand how hard it can be to say 'no' when someone offers alcohol or other drugs.

When talking with your child about alcohol or drug use:

- **Ask about use.** Find out what substances your child has tried, what effects the substances had, and how he or she feels about substance use. Listen carefully to what your child liked about using the substance and why.
- **Share concerns.** Talk about your concerns, not only about your child's alcohol or drug use but also about other problems that may be going on, such as problems at school or with friends.
- **Review expectations.** Talk with your child about family rules concerning substance use and what might happen when rules are broken.

If you think your child may have a substance use problem, talk with your doctor or your local Community Alcohol and Drug Service to find out what resources are available in your area that can help your child manage his or her alcohol or drug problem.

Alcohol and Drug Support Line

Phone: (08) 9442 5000 or

Country callers: 1800 198 024

Email: alcoholdrugsupport@mhc.wa.gov.au





New Psychoactive Substances (synthetics)

The attention given to New Psychoactive Substances or NPS by the media has raised the curiosity of some people in the community. These drugs can be purchased online and through some shops and it is this easy availability that is of concern.

However the National Drug Strategy Household Survey conducted by the Australian Institute of Health and Welfare in 2013, found that only 0.4% of Australians aged 14 years and over reported ever having used NPS at some stage in their lives.

So what are they? It's a difficult question to answer due to the composition of these drugs. Generally NPS are drugs that are designed to mimic and produce similar effects to some illicit drugs such as cannabis, cocaine, LSD and ecstasy.

Other names for NPS

Synthetic drugs, legal highs, NBOMe, herbal highs, party pills, synthetic cocaine, synthetic cannabis, herbal ecstasy, bath salts, room deodorisers, aphrodisiac tea, social tonics, plant fertiliser, herbal incense, new and emerging drugs (NED), N-BOMs and research chemicals.

Are they legal?

No. In WA they are all illegal under the *Misuse of Drugs Amendment (Psychoactive Substances) Bill 2015*. The makers of these drugs manufacture new chemicals to replace those that are already banned and continue changing the chemical structure of the drugs to stay ahead of the law. The laws about NPS differ between states and between state and federal law. Many drugs that were previously sold as legal are now banned under various state and federal laws including some synthetic cannabinoids such as Kronic.



Are they safe?

There is little known about the harm potential of NPS. Often young people believe that because NPS are advertised as legal or synthetic that they are safer to use. These drugs are unregulated and untested. Each batch may be a very different product given that the chemicals in these drugs are constantly changing to stay ahead of the law. The packaging of these drugs is often misleading and doesn't list all the ingredients or the correct amounts.

It can be difficult for medical practitioners to treat someone who has overdosed or has health problems as a result of using NPS as they do not know what is in the product.



For more information about New Psychoactive Substances (synthetics) head to:

Australian Drug Foundation www.adf.org.au

The author acknowledges that this fact sheet was adapted from New Psychoactive Substances (Synthetics) produced by Australian Drug Foundation

Activity 5

Why young people choose to use drugs



Learning intention

- Students identify factors that influence young people to use drugs

Equipment

Be Ready student workbook – *Reasons why young people choose to use or not use drugs* – page 14

Activities

- Working in a small group, have students **brainstorm** (refer to page 107) reasons why some young people choose to use or not use tobacco, alcohol or cannabis. Listen to feedback from the class. Explain that choices to use or not use drugs are complex and can vary according to:
 - the person's attitude to a drug
 - their accurate knowledge of the drug
 - their beliefs about what is safe or right or wrong
 - their family's and peers' attitudes and behaviour towards drugs
 - their religion
 - their age
 - the time, place and occasion.

Explain that some young people may experiment with drugs and some may use drugs as part of their recreation, where others may use drugs to cope with difficult times in their lives. Point out that drug use is not an effective solution for dealing with problems and that every drug has the potential to cause harm.
- Have students consider the reasons which may influence a person to first try or not to try the drugs listed on page 14 of *Be Ready*. Working together, groups are to discuss each reason and decide whether it would be a reason to use, not use or both, and write the letter 'T' (for tobacco) in the appropriate column. Model this process before students commence the activity on their own.

Now ask groups to identify:

- Two reasons that could potentially lead to the most harmful outcomes from using tobacco.
- Two reasons that could potentially lead to the least harmful outcomes from using tobacco.

It is important to debrief this activity with the following questions. If students have more reasons 'to use' than 'not to use', ensure the discussion focuses on the potential harms.

Ask

- Which reasons are most likely to be behind a young person's choice to smoke?
 - Which reasons are most likely to be behind a young person's choice not to smoke?
 - Are all of these valid reasons? Why?
 - Which reasons are likely to result in most harm to young people? Why?
 - Which reasons are likely to result in least harm to young people? Why?
 - What reasons fall into both columns? Why?
- Now ask groups to consider alcohol and using the same page in their workbook, students are to write the letter 'A' in the appropriate column for reasons to use, not use or both. Have groups identify the two reasons they consider would potentially lead to the most harmful and least harmful outcomes, as before. Debrief using the previous questions but using alcohol as the drug and then ask the following question.

Ask

- What reasons appear to be common for use/non-use for both tobacco and alcohol? Why?
- Now ask groups to consider cannabis with their groups. Using the same workbook page, have students now write the letter 'C' on the appropriate side of the list of reasons to use, not to use, or both, then identify the two reasons they consider would potentially lead to the most harmful and least harmful outcomes, as before. Debrief using the previous questions but using cannabis and then ask the following question.

Ask

- What reasons appear to be common for use or non-use for tobacco, alcohol and cannabis? Why?
 - If you had been asked to choose the reasons that influence older people to use or not use drugs, do you think their answers would have been the same? Why?
- Explain that the reasons they have been considering can form part of a decision to use or not use a particular drug but also part of a decision about how much, where and with whom to use or not use this drug. Work through several examples for each drug before asking students to choose two reasons 'to use' for each drug and explain how this reason could also affect a decision about how much, where and with whom a drug may be used. This activity should illustrate that decisions relating to drugs are complex and that reasons for use and non-use do not remain clear cut from person to person or from situation to situation. Get students to complete all outstanding tasks on page 14 of *Be Ready*.
 - Have each student complete a **3-2-1 reflect** (refer to page 112). Listen to some of the students interesting 'recalls', 'so what's' and 'questions' as a class.

Activity 6 Busting myths about drug use



Learning intention

- Students investigate aspects of drugs and drug use
- Students analyse credible drug information sources

Equipment

Activity sheet – *Myth buster* – photocopy one set of cards per group

Activities

1. Ask students to define a myth (eg an idea or story that is believed by many people but that is not true). Explain that there are many myths surrounding drugs and use of drugs, and that these myths may impact on a person's decisions to use or not use drugs. Have students share some of the things they have heard about alcohol or other drugs. Write these on the board.

Place students in groups of four. Distribute a set of myth buster cards for one type of drug to each group. Explain that students are to take turns choosing a card and reading aloud the myth and explanation. After each card is read out, students should discuss what effect believing this myth may have on someone's decisions about the drug. For example, if someone believed that drinking a lot of coffee would sober them up after drinking alcohol, they might decide to drive a vehicle, putting themselves and other road users in danger.

Rotate the cards between the groups to ensure students can consider all of the myths and information that dispels the myths.

Ask each group to choose the three myths that they think could have the most harmful consequences for someone who believed the information was correct. Listen to each group's responses then use the following questions to process the activity.

Ask

- Which of the myths written on the board are we now able to bust?
- What else have you heard about drugs that you are not sure is a fact or a myth? (Talk about these myths and dispel those that are incorrect).
- Why do you think there are so many myths about drugs?
- Why is it important for you to know the correct information about drugs and drug use? (Decisions that will help reduce harm in drug-related situations can only be made using information that is reliable and accurate).
- How do you usually get information about drugs? (In 2015, the National Cannabis Prevention and Information Centre conducted a survey and found that most young people get information about drugs from their friends – 67%, and the internet – 55%. Although there is reliable information on some sites, young people need to have the skills to sort through the large amount of material and decide which sites are reliable and accurate and what information is fact or fiction).

- Who will young people usually listen to when they want information about drugs? (Young people in the NCPIC survey, trust universities and scientific organisations, medical professionals and hospitals, youth organisations, and websites that have 'edu' in their URL, to give them accurate information. Parents were identified by one-in-five as a main source of drug information. It is therefore important that students are directed to the reliable and credible sources of drug information that are referred to in this resource).
 - How can you tell if the information on internet sites is true? (This can be difficult as many sites are used by pro-drug advocates, manufacturers of illicit drugs, and campaigners with good intentions but only seek to scare and confuse young people. Suggest that students use the Australian sites referred to in their workbook).
2. Have students reflect on this activity and using a **think-pair-share** (refer to page 113), tell their partner a myth that they believed was true and explain why, and two things they learnt from this activity that now dispels that myth.
 3. It is important for students to know where to access credible information about drugs and the short and long-term effects that can be experienced if using the drug. Have students view the following recommended websites:



- Drug Aware drugaware.com.au
- Australian Drug Foundation www.adf.org.au
- National Cannabis Prevention and Information Centre www.npic.org.au
- Alcohol Think Again www.alcoholthinkagain.com.au
- Smarter Than Smoking www.smarterthansmoking.org.au



Myth busters



ANALGESICS

All analgesics or pain relievers are the same.

There are three main types of analgesics and they have different uses:

- Aspirin is used to relieve minor pain and will reduce fever and inflammation.
- Ibuprofen is used to reduce inflammation of joint pain and will not reduce fever.
- Paracetamol is used to relieve minor pain, fever and nerve pain but will not reduce inflammation.

There is also a range of drugs that combine one or more of these drugs with codeine. These drugs should not be given to children under 2 years.



ANALGESICS

Analgesics or pain relievers can cure whatever is causing the pain.

Analgesics may only relieve the symptoms of pain. They do not cure what is causing the pain or relieve stress.



ANALGESICS

Analgesics or pain relievers are harmless drugs because everyone takes them.

While it is true that analgesics are the most commonly used drug in Australia, like any drug they can be harmful. For instance Aspirin should not be taken by children under 12 years of age or by pregnant women.

Over use or prolonged regular use of analgesics can cause liver and kidney damage.



ANALGESICS

Taking analgesics or pain relievers regularly is OK.

Analgesics are widely available and sometimes are the best form of short term treatment of pain. However, taking them for longer than three days should be avoided.

Regular long term use can produce kidney and liver damage and can also trigger asthma attacks.





Myth busters

ANALGESICS

It's okay to take an analgesic with other drugs or alcohol.

Analgesics can be dangerous if used in combination with other medications or drugs. Using two or more drugs at the same time is commonly known as poly-drug use.



Combining analgesics with alcohol may cause drowsiness, loss of coordination and slower reflexes. These side effects make it dangerous to operate machinery or drive. If you are prescribed analgesics, it is important to tell your doctor if you are taking other medications or drugs. This will prevent the analgesic and other drugs from interacting in your body, which may produce unpleasant side effects.

ALCOHOL

Indigenous people drink more than non-Indigenous people.

A national health survey showed that overall, Indigenous Australians were more likely to abstain from drinking alcohol than non-Indigenous Australians (28% compared with 22%).



However, among those who did drink alcohol, a higher proportion of Indigenous Australians drink at risky levels.

(AIHW, 2014)

ALCOHOL

Drinking more alcohol can cure a hangover.

Drinking alcohol when you're suffering from a hangover may make you feel better simply because alcohol dulls your senses.



You might achieve temporary relief from your hangover, if it works at all. However, your body has to process all the alcohol you drank, so drinking more will just prolong your hangover.

ALCOHOL

Alcohol affects everyone in the same way.

How alcohol affects a person depends on factors such as weight, fitness, body fat, and hormone levels.



Females usually have higher Blood Alcohol Concentration (BAC) levels after drinking the same amount of alcohol as males. This is because most females are smaller and have more body fat than males. Alcohol is water soluble and as females have more fat but less water to absorb the alcohol, the same amount of alcohol results in a higher BAC.



Myth busters

ALCOHOL

Sticking to one type of drink keeps you from getting drunk.

It's the amount of alcohol in a drink that gets you drunk, not the type of drink.



ALCOHOL

If you drink black coffee you will sober up quicker.

Your liver breaks down alcohol at a rate of about one standard drink per hour. You can't change that rate by drinking coffee, taking showers, eating food, doing exercise or vomiting.

The only thing that sobers up a drinker is time.



ALCOHOL

It's okay to have a drink every now and then when you are pregnant.

It's not known how much alcohol is safe to drink when you're pregnant. However, it is known that the risk of damage to your baby increases the more you drink and that binge drinking is especially harmful.

Fetal Alcohol Spectrum Disorder (FASD) describes a range of disabilities and effects that can happen to a foetus if it is exposed to alcohol. Other effects of drinking while you are pregnant include spontaneous abortion, low birth weight, and attention and learning difficulties.

The safest option for women is to not drink if they are pregnant, planning a pregnancy or breastfeeding.



ALCOHOL

If you've been drinking and wait for an hour before driving, you'll be okay.

It takes at least one hour for the liver to process one standard drink. The number of standard drinks a person has consumed increases the time your body will take to eliminate the alcohol in your system.

Your ability to drive will also be affected by a range of other factors such as your body size, gender, drugs that you have consumed, and your emotional state.

Driving or riding any vehicle after drinking alcohol is never a safe decision.





Myth busters

TOBACCO

Most people who become regular smokers do so by their own choice.

Most people become regular smokers against their intentions. They often become dependent on nicotine before they realise it.



Young people who experiment with smoking often believe that their smoking will be short term and that there is little risk of addiction and that smoking is an easy habit to break.

TOBACCO

Smokers are dependent on nicotine not on cigarettes.

Nicotine is a powerful drug which, when smoked, enters the bloodstream quickly and is distributed throughout the body.



While nicotine can cause a powerful physical dependence in a short time it is not just nicotine that a smoker is addicted to. A smoker is also addicted to the act of smoking in a variety of situations with a variety of different people. This is called psychological dependence.

Quitting smoking is therefore a very complex task.

TOBACCO

Tobacco only harms smokers.

Second hand (or passive) smoke is the inhalation of tobacco smoke from the burning ends of cigarettes (side-stream smoke) and from exhaled smoke from smokers (exhaled mainstream smoke).



Side-stream smoke has a far greater concentration of cancer causing agents and toxic substances than mainstream smoke taken in by a smoker.

Second hand smoke can trigger asthma attacks, middle ear problems and respiratory diseases in children.

TOBACCO

Quitting smoking is an easy thing to do.

A number of attempts at quitting are usually required before it is successful. The more attempts made, the greater the likelihood of success in quitting smoking.



It is much easier to quit while young than after many years of smoking.





Myth busters

TOBACCO

E-cigarettes are safe to use.

E-cigarettes work by delivering nicotine and/or other chemicals to the user via an aerosol vapour.



E-cigarettes do seem to contain fewer high risk chemicals and carcinogens than cigarettes, but that does not mean they are safe to use.

The liquid 'vaped' in an e-cigarette contains nicotine, water and a solvent (usually glycerine). The liquid nicotine is extremely toxic when swallowed. A teaspoon of standard liquid nicotine would be enough to kill a person who weighs 90 kilograms.

A range of names are used to describe the products, including electronic nicotine delivery systems (or 'ENDS'), e-shisha, e-cigars, e-pipes, e-hookahs, hookah-pens, vape-pipes and e-cigs.

In Western Australia it is illegal to sell products that resemble a cigarette. It is also illegal to buy e-cigarettes that contain nicotine without a prescription.

TOBACCO

I've smoked for so long, the damage is already done.

The longer a person smokes, the greater are his/her risk for life-threatening diseases. But quitting smoking at any age brings health benefits.



Within a month you will feel like you have more air, because you will. Within a year, your risk of having a heart attack will be cut by 50%.

The sooner you quit smoking the quicker your body will start to repair some of the damage done through cigarettes, cigars and other smoking implements.

CANNABIS

Cannabis is harmless because it is 'natural'.

Many drugs, including cannabis, tobacco and alcohol come from plant or vegetable matter. Cannabis can cause damage to the respiratory system, affect the memory and trigger mental health issues. In the short term it can reduce concentration and slow down reflexes.



CANNABIS

Smoking cannabis is not as harmful as smoking tobacco.

Many chemicals found in cannabis are also found in tobacco. Cannabis smoke contains more tar and cancer causing agents than tobacco smoke which may lead to cancers in the respiratory system, mouth and tongue.





Myth busters

CANNABIS

It is legal to use cannabis.

It is illegal to grow, possess, use, sell or supply cannabis in Australia. It is also illegal to possess smoking implements that contain traces of cannabis.



CANNABIS

A person has to have used cannabis for years before they may experience mental health problems.

There is evidence to suggest that frequent or even occasional use of cannabis can cause anxiety, depression, paranoia and psychosis in some people.



CANNABIS

Paramedics always notify the police if they are called to drug-related situation.

Many young people are afraid of calling an ambulance in a drug-related situation for fear of being involved with the police. Paramedics will not call the police unless they feel threatened themselves or someone dies.

It is important to act fast in a drug related emergency and know what drug/s the person has taken as this information could save their life.



CANNABIS

Synthetic cannabis is legal and safe.

Synthetic cannabis is illegal in Australia, in every state and territory. The chemicals sprayed onto synthetic weed are often classified as 'research chemicals' and haven't been approved for human consumption.

The exact side effects of all of these chemicals are unknown and unpredictable and almost nothing is known about any long-term damage they may cause. Like any drug, synthetic cannabis has the potential to cause harm.



Activity 7 Accessing credible alcohol and other drugs sources



Learning intention

- Students analyse the credibility of drug information sources and determine those suitable for young people

Equipment

Internet access

Be Ready student workbook – *The truth, the whole truth and nothing but the truth* – page 15

Activities

- In a survey conducted by National Cannabis Prevention and Information Centre (NCPIC), young people said that they trusted universities and scientific organisations, medical professionals and hospitals, youth organisations, and websites that have 'edu' in their URL, to give them accurate information about drugs. Parents were only identified by one-in-five as a main source of drug information and young people thought that having a conversation with a parent was too difficult or may lead their parent to believe that they may be using drugs. It is therefore important that students are directed to the reliable and credible sources of drug information that are referred to in this resource.

Have students write five ways they get information about drugs (eg friends, family, television programmes, internet, radio) and order them from the most used (1) to the least used (5) on page 15 of *Be Ready*. Now ask students to rate these sources from those that they believe are most credible (1) to least credible (5).

Ask

- Which of your information sources do you use the most? Why? (eg easy to talk to friends, getting on the internet is quick and private).
 - Did your most used source of information also rank as your most credible source?
 - Which of your information sources do you believe are the least credible? Why?
 - Would you use your parents to get information about drugs? Why?
- Working with a partner, have students analyse the recommended websites listed in *Be Ready*. Discuss as a whole group the students' assessments of each website and identify which ones they would recommend to their friends and parents.
 - Have students analyse two other drug information websites that are for young people and write their responses in their workbook. For example:
 - Reach Out www.reachout.com.au
 - Australian National Council on Drugs <http://www.ancd.org.au/alcohol-drug-info>
 - Kids Helpline www.kidshelpline.com.au or 1800 55 1800
 - Ask students to complete the reflection questions on the bottom of page 15.



Activity 8 Reflecting on learning

Learning intention

- Students recall information related to alcohol and other drugs
- Students collaborate in a team game

Equipment

Nine chairs

- Set up nine chairs to play a game of *Noughts and Crosses*. Place students into two teams and nominate noughts to one team (hands in circle) and crosses (arms crossed over their chest) to the other. Explain a student from each team will be asked a question from the quiz. If the correct answer is given their team can choose a chair to sit in. If the answer is incorrect, the other team can attempt to answer the question. The game continues until one team has three chairs in a row either horizontally, vertically or diagonally. Discuss any questions that both teams do not answer correctly.

Questions

- Give the acronym for the psychoactive chemical found in the cannabis plant. **(THC)**
- Cannabis is a stimulant. True or **false**.
- It is legal to have 2 cannabis plants in your own home. True or **false**.
- Alcohol is the legal drug most commonly used by young people aged 12-17 years. **True** or false
- Nicotine may cause lung cancer as well as, a) pregnancy complications b) blindness c) stroke **d) all of these**.
- If you've drunk too much alcohol, what is the best thing to help you sober up? a) drink strong coffee b) drink lots of water and eat something **c) time**.
- It is illegal for anyone under the age of 18 to drink alcohol in public places. **True** or false.
- It is only the type of drug used that will affect someone's drug use experience. True or **false**.
- The most commonly used illicit drug by 16-17 year olds in WA is a) alcohol **b) cannabis** c) ecstasy.
- Synthetic cannabis is a safe form of cannabis. True or **false**.
- Dope or weed is another name for cannabis. **True** or false.
- E-cigarettes are safe to use. True or **false**.
- The *Drug Beware* website is a credible source of information about drugs. True or **false**. (It is *Drug Aware*).
- Synthetic cannabis is legal in Australia. True or **false**.
- E-cigarettes are legal in Australia. True or **false**.
- It is illegal for anyone to supply alcohol to a young person under 18 years of age without their parent's consent. **True** or false.
- As an alternative to playing noughts and crosses, have students answer the quiz questions on their own or complete a **3-2-1 reflect** (refer to page 114) by writing three new facts they have learnt about alcohol or other drugs, two facts they already knew and that were confirmed, and one question still requiring an answer.

TOPIC 2

Smoking

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
- are inclusive and seek to assist those young people who already smoke to consider cutting down or stopping.

Key concepts

- The number of young people who smoke has steadily been decreasing in Australia. In the 2014 ASSAD survey 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 may become a regular adult smoker.
- Smoking tobacco or cannabis can cause lung cancer and many other diseases.
- Smoking using implements such as bongs or shishas does not reduce the potential harms.
- Encourage students to be 'smoke free' rather than advocating that students simply 'don't smoke'.
- Encourage students who have not experimented with smoking to not start or are currently 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 and may alienate those who have already started 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

- it is easier to quit when you are younger rather than after years of smoking.

How tobacco prevention education is taught is as important as what is taught. Ensure that students have both time and opportunity to: explore their own beliefs about smoking, 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.

Smoking prevention education

Teachers should consider raising the issue of shisha smoking and its potential health harms when delivering tobacco prevention messages in their classroom programs. Shisha smoking is not a safe alternative to cigarette smoking and poses potential harm not only to the user but to others around them. Shisha smoking is presented as a social pastime and therefore challenges one of our key tobacco prevention messages 'smoking is antisocial'. It is far more visible today and appears to be growing in its popularity therefore all the more necessary that we educate on this topic.

E-cigarettes

Teachers also need to consider including education around the harms associated with electronic cigarettes (e-cigarettes) in their tobacco or smoking prevention programs as these are often promoted as a safe alternative to smoking.

E-cigarettes are battery operated devices that resemble tobacco cigarettes and allow users to inhale a number of non-nicotine flavours like fruit, confectionary, coffee or alcohol, and other chemicals in a vapour form rather than smoke.

Currently, it is illegal to sell, use or possess e-cigarettes that contain nicotine. It is also illegal to sell a product that resembles a tobacco product in Western Australia (many e-cigarette brands fall into this category). E-cigarettes and other personal vaporisers for delivery of nicotine or other substances are not permitted to be used in any area where smoking is restricted.

E-cigarette marketing challenges two key tobacco prevention messages that 'smoking is not glamorous' and 'smoking is anti-social'. Students should be made aware that there is evidence to indicate that e-cigarettes may pose potential health harm not only to the user but to others around them even if they don't contain tobacco.



For information on e-cigarettes, head to the Australian Drug Foundation website at <http://www.druginfo.adf.org.au>

Whole-school approach

School Drug Education Guidelines outline your whole-school approach to drug education. These guidelines should include procedures for managing smoking and other drug-related incidents and provide support interventions for those students involved in these incidents so that responses consider health and safety, and are not only punitive.

Activity 1 Identifying harms from smoking



Learning intention

- Students observe the chemicals and substances found in cigarette smoke
- Students use the Four L's Model to identify the possible harms of smoking
- Students identify the level of risk for young people in smoking-related situations
- Students share their opinions about smoking

Equipment

Plastic bottle with a screw top

Sealing substance such as poster putty

Plastic tubing with a diameter about the same as a cigarette

Cotton wool

Cigarettes

Matches



What's in a cigarette and how does it affect me – fact sheet – print one per student from *Smarter than Smoking* website <http://www.smarterthansmoking.org.au/tobacco-resources/> or have access to the internet for students to view online



Tobacco and the law – fact sheet – print one per student from *Smarter than Smoking* website <http://www.smarterthansmoking.org.au/tobacco-resources/> or have access to the internet for students to view online



Tobacco and the law – fact sheet – print one per student from *Smarter than Smoking* website <http://www.smarterthansmoking.org.au/tobacco-resources/> or have access to the internet for students to view online

Be Ready student workbook – *Smoking - what's the harm?* – page 16

Family information sheet – *Being smoke-free* – photocopy one per student

Teaching tip

In classroom discussions, consider including smoking of cannabis and also fruit flavoured tobaccos that are smoked in shishas. Many of the potential harms are similar.

Activities

1. Rinse the plastic bottles well and make an opening in the cap. Fit the tube into the cap and seal with poster putty. Pack cottonwool into the neck of the bottle around the tubing. Insert a cigarette into the opening of the tube. Press firmly on the bottle to force out any air and light the cigarette. Allow air to swell into the bottle again and continue a slow and regular pumping (to simulate breathing) action until the cigarette is smoked to the butt. Open the lid and take out the cotton wool to see how much tar there is from one cigarette and draw students' attention to the smoke still lingering in the bottle. Explain that smoking not only affects the lungs but also other parts of the body.
2. Have students read *Facts about smoking* fact sheet which can be viewed on the *Smarter than Smoking* website. Use the following questions to process this part of the activity.

Ask

- *What are the three most active ingredients in cigarettes and cigarette smoke?* (Nicotine is the main drug in tobacco that stimulates the brain and increases heart rate and causes the user to become dependent. Tar causes lung cancer and smoker's cough, stains to teeth and hands. Carbon monoxide reduces supply of oxygen to the body which then increases workload on the heart and lungs and reduces efficiency of the cardiovascular system).
 - *What other substances can be found in cigarette smoke?* (Around 4000 chemicals of which many are known to be carcinogenic).
3. Draw a square divided into quarters (ie four boxes) on the board and write one of the following headings in each quadrant – **Liver**, **Lover**, **Livelihood** and **Law** (ie Four L's model). Ask students how these four headings might relate to drug education. Listen to some responses. If students do not guess, explain that the model is used to group the possible harms from any drug use including tobacco into four categories:
 - **Liver** - Physical or mental health harms
 - **Lover** - Relationship harms
 - **Livelihood** – Financial and employment harms
 - **Law** - Legal harms
 4. In groups of four, have students read the tobacco fact sheets and workbook pages *Smoking - what's the harm?* on page 16 for information about the possible harms of tobacco use. Encourage students to consider harms not only to the user but also those around the user and write these in the Four L's model on page 16. For example:
 - **Liver** – get asthma, smelly breath, hair and clothes, shortness of breath, reduced sense of taste and smell, chance of becoming dependent after just a short time, glue ear and bronchial problems in babies.
 - **Lover** – offend someone with second hand (passive) smoke, get into trouble with parents or teachers by breaking family or school rules, have to lie or keep secrets, lose friends.
 - **Livelihood** – less money to buy other things, not able to work out or compete in sport due to illness, losing work or study time due to having to go for a cigarette.
 - **Law** – if underage, get into trouble with police, fines for retailer or persons selling or supplying cigarettes to minors or smoking implements for cannabis or e-cigarettes.

Have groups report their findings back to the class then discuss the following questions.

Ask

- *What aspects of the tobacco laws do you think have been introduced to reduce the harm to young people from tobacco?* (Any of the *Tobacco Products Control Act* provisions help reduce harm to young people).
 - *Are the possible harms from smoking cannabis more than smoking tobacco? Why?*
 - *Which harm might influence a young person's decision to not smoke? Why?*
 - *What things could you do to reduce the possible harms from passive smoking?* (eg move away from others who are smoking, open windows, ask the smoker to move outside, have 'no smoking' rules in your home).
5. Send a copy of the Family information sheet – *Being smoke-free* home with each student to share with their family.



Being smoke-free

Great news! Smoking rates in young people have been declining steadily for the last 20 years due to a range of strategies such as tobacco education in schools; laws targeting tobacco sales, packaging and advertising; and health campaigns targeting young people. However, it is still an important part of your child's health education program to learn about:

- the effects of smoking on the body
- ways to avoid passive smoking
- the range of reasons why young people choose to smoke
- friends, family, the media and laws that can both positively and negatively influence young peoples' attitudes about smoking.

It is also a conversation that you should have with your children, just as you would for any other health-related topic.

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.

Here are some useful tips on what you can do and say to encourage your children to remain smoke-free:

- Let your children know that most young people their age do not smoke.
- Encourage your children to make their own decisions.
- Try asking your children questions such as, *What would you say if a friend offered you a cigarette and you didn't want one?*
- Help your children practise refusal skills so they can stand by their decision not to smoke but still keep their friendships going like – *I think I'm coming down with a cold, my throat's sore – no thanks! Or, My mum can smell cigarette smoke at 5 paces – she'll ground me for a week if she finds out or I just don't want to smoke thanks.*
- Ask your children why they think some young people choose to smoke (eg being part of a group, think it is a sign of independence or makes you look cool) and talk with them about ways to achieve these things without smoking.
- Make your home smoke free, or at least, only allow smoking outside.
- Be a healthy example, don't smoke. If you do smoke, quitting will have a huge influence on your children's attitude to smoking.
- If you smoke, have you explained to your children what you think about smoking and how hard it can be to quit.
- Don't ask your children to buy cigarettes for you, as this is illegal.
- 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 – saving money, no smelly hair or clothes, and a greater fitness level.

While there is no sure way to prevent young people from experimenting with cigarettes, if you think your child may have done this, make it clear that you don't approve of smoking.

Clearing the air: Talking with children and teenagers about smoking is available at <http://www.quit.org.au/downloads/resource/communities/youth/clearing-the-air-talking-children-teens-about-smoking-brochure.pdf>



For information about tobacco visit the Australian Drug Foundation website <http://www.druginfo.adf.org.au/>

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

Activity 2 E-cigarettes



Learning intention

- Students explore the similarities and differences between conventional cigarettes and e-cigarettes and the safety of each
- Students debate a smoking-related topic
- Students write a persuasive text

Equipment

Internet access

Blank A4 paper – one sheet per group

Teaching tip



Have students read the fact sheets available on the *Smarter than Smoking* website <http://www.smarterthansmoking.org.au/tobacco-resources/> and <http://www.smarterthansmoking.org.au/for-parents/e-cigarettes/>



http://ww2.health.wa.gov.au/Articles/A_E/Electronic-cigarettes-in-Western-Australia

Activities

1. Explain that e-cigarettes have recently become fashionable and considered by some people to be a safer way to use nicotine and THC as there is believed to be no ingestion of smoke or tar. Have students access the *Smarter than Smoking* website and read the fact sheets on smoking and e-cigarettes.

Discuss the following points:

- In accordance with the Tobacco Products Control Act 2006, a person must not sell any food, toy or other product that is not a tobacco product but is designed to resemble a tobacco product or package.
- Products that resemble tobacco products, regardless of whether they contain nicotine or not, cannot be sold in WA and it is an offence under the Tobacco Products Control Act to sell these products.
- E-cigarettes have not been assessed or approved by the Australian Therapeutic Goods Administration (TGA) as a safe and effective aid to quitting smoking.
- E-cigarettes and other personal vaporisers for delivery of nicotine or other substances are not permitted to be used in any area where smoking is restricted.

2. Using a **T chart** (refer to page 113) label 'cigarettes' and 'e-cigarettes'. Have groups brainstorm what they know about each product and compare and contrast the two styles of smoking. Tell students to put a question mark next to responses on their T chart that they think may not be correct.

3. Divide the class into two groups and assign 'affirmative' to one group and 'negative' to the other. Explain that students will be debating the topic 'E-cigarettes are a safe way to smoke' and that each group should prepare their position statements and brainstorm open-ended questions to pose to the opposition.

Set a time limit for each group to present their point of view then open the floor for each side to ask the opposition questions to further the debate.

4. After the debate, draw two large squares on the board – label one 'agree' and one 'disagree'. Have students mark a dot in the square that represents their opinion on the topic. If most of the class is supporting e-cigarettes and vaping, review the potentially negative effects of using these devices and have students respond to why they support this technology.
5. Have each student write a persuasive text encouraging people not to use e-cigarettes or tobacco. Facts about potential health harms and laws about e-cigarettes should be included.

Activity 3 Actions to reduce smoking harms



Learning intention

- Students identify strategies to reduce smoking harms

Equipment

Activity sheet – *Actions to reduce smoking* – photocopy one per group

Be Ready student workbook – *Smoking – what's the harm?* page 17

Strategy sheet – *Risk cards* – photocopy one set of cards – page 118

Activities

- Explain that the 2014 ASSAD survey of 12 to 17 year old students showed that 80.5% had never smoked (which was an increase from the previous survey conducted in 2011) and only 4.8% of young people smoked in the last week (Department of Health, 2016). Write 'event changers' on the board. Have students identify situations that may influence or change a young person's decision not to smoke and write these on the board. For example:
 - younger than those who are smoking
 - feel that others want them to smoke
 - want to fit in with a peer group
 - most of their friends are smokers
 - believe that most young people smoke
 - think that smoking makes them look cool
 - girlfriend or boyfriend smokes
 - older siblings suggest they try smoking
 - don't really know the other people they're with and are too afraid to say no
 - live with family members who are smokers.

Ask the class which of the situations listed on the board could be managed by a young person their age if they knew about the potential harms of tobacco, the statistics (that show most young people do not smoke), and were able to say 'no' when feeling pressured by others.

- Distribute a copy of the Activity sheet – *Actions to reduce smoking* to each group (or write on the board, the different smoking situations shown on the activity sheet). Ask students to identify two or three actions that could be used by the person described in each scenario to help them to reduce smoking-related harms. Some actions could include:

Someone who doesn't smoke and doesn't want to smoke

- Remain smoke-free and don't be tempted to try.
- Have excuses at the ready or feel confident to say 'No thanks, I don't want to smoke'.
- Minimise passive smoking.
- Support others to reduce or stop smoking.
- Avoid smoking situations where cigarettes, joints or bongs might be offered or experimentation might be encouraged.

Someone who smokes at least 2 cigarettes every day

- Avoid smoking situations.
- Smoke fewer cigarettes, don't smoke every day, stop smoking.
- Seek help or find support to reduce or stop smoking.
- Try not to buy cigarettes.
- Minimise passive smoking.

Someone who only smokes at parties to 'fit in'

- Have excuses at the ready.
- Avoid situations where friends are smoking.
- Smoke fewer or less often or consider stopping smoking.

Someone whose friends all smoke

- Have several excuses at the ready.
- Confidently say 'No thank you, I don't want to smoke'.
- Support others to reduce or stop smoking.
- Avoid passive smoking and smoking situations.
- Be confident and stand by your decision not to smoke.

Listen to some of the actions identified by students. Suggest that sometimes things happen that can make it difficult to do what you originally planned. Ask students to decide what a young person, who doesn't smoke and doesn't want to smoke, would do to manage the situation and maintain their decision when faced with each 'event changer' previously listed on the board.

- In groups, have students discuss the scenarios on page 17 of *Be Ready*, identifying the possible harms and suggesting ways to reduce and manage the harms.
- Set up a **risk continuum** (refer to page 112) labelled 'low risk' and 'high risk'.

Ask students to decide the level of risk for Shani and stand on a point along the risk continuum that reflects the level of risk. Remind students there is no right or wrong answer. Invite students at various positions along the continuum to explain their decision to stand where they did. After listening to the opinions of other students, ask the class if anyone wants to change their position on the continuum and if so to explain why. Repeat this process with the other three scenarios.

- Have each student complete the personal reflection section of *Smoking – what's the harm?* on page 17 and also their responses to the case studies. Discuss student responses.



Actions to reduce smoking



A non-smoker who doesn't want to smoke but is experiencing pressure to smoke



Someone who smokes at least 2 cigarettes a day



Someone who only smokes at parties



Someone whose friends all smoke



TOPIC 3

Alcohol

Year 8 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. Between ages 12-15 years, 27% of students drank at risky levels unsupervised. By 16-17 years this had increased 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. 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 four-fifths 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 the age ranges. For example, 57.4% of 16 to 17 year-olds agree that getting drunk is okay sometimes so long as you don't lose control, compared to 43.3% of 12 to 15 year-olds. 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 less favourable attitudes towards harmful alcohol use or binge drinking
- teach children how to cope better socially and emotionally and resist peer influences to engage in risky use of alcohol
- engage parents and families in school based alcohol education programs since 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
- are inclusive and seek to assist those young people who already drink to consider cutting down or stopping.

Effective programs should not discuss alcohol as a 'risky' behaviour as this may be the very thing that attracts some students to take up drinking and may alienate those who have already started drinking. Rather, focus on positive messages such as:

- most young people don't drink
- young people who do drink generally respect those who decide not to.

How alcohol prevention education is taught is as important as what is taught. Ensure that students have both time and opportunity to explore their own beliefs about alcohol and also practise assertive communication and decision making in alcohol-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 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 from the 2014 ASSAD survey the most common places for young people to consume alcohol is in their own home (34.5%) and at parties (30%). The source of students' last alcoholic drink(s) in the last week was most commonly their friends (30.5%), their parents (30.4%) or someone else who had bought it for them (15.8%) (MHC, 2016a).

Focus on spirits

The type of alcohol young people are choosing to consume has shifted from wine-based drinks and beer to spirits such as vodka or premixed spirits. The popularity of spirits brings associated risks that young people may not understand. For example spirits have far higher alcohol content than beer and wine, and so it takes comparatively small amounts of spirits to cause alcohol poisoning. Additionally, premixed drinks are sweetened to disguise the taste which can lead the drinker to be unaware of how much alcohol they have drunk (Drug and Alcohol Research and Training [DARTA], 2015). Teachers should ensure alcohol prevention programs include a focus on spirits to ensure that students are aware of the risks associated with these products prior to coming into contact with them.

Key concepts

- The *Australian Guidelines to Reduce Health Risks from Drinking Alcohol* recommend that no alcohol for children and young people under 18 years is the safest option. 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. The safest option for children and young people is to delay the initiation of drinking as long as possible.
- It is against the law to provide under 18s with alcohol in private settings without parental consent (eg secondary supply).
- 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

School Drug Education Guidelines outline your whole-school approach to drug education. These guidelines should include procedures for managing alcohol and other drug-related incidents and provide support interventions for those students involved in these incidents so that responses consider health and safety, and are not only punitive.

Activity 1 Why people drink



Learning intention

- Students explore the reasons why people choose to drink or not drink alcohol

Equipment

A4 paper – one sheet per group

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

Teaching tip

Students should complete *Topic 1 Activity 3 Prevalence and norms* (refer to page 52) to have an understanding of alcohol consumption statistics before participating in this activity.

Activities

- Explain that alcohol has become part of Australian society and is often used at times of celebration such as birthdays, Christmas and weddings, and other events such as sport, music concerts and family gatherings. In a national survey of Australians aged 14 or older, results show that four in five had consumed alcohol in the past year. However some people choose not to drink alcohol or drink in moderation (AIHWA, 2014). A survey of 12 to 17 year old students showed that almost a third (31.5%) have never consumed alcohol and that trends in alcohol use have been declining over the last two decades (never drank 9.0% in 1984 to 31.5% in 2014) (MHC, 2016a).

In groups, have students draw a **T chart** (refer to page 113) and label 'Why people choose to drink' and 'Why people choose not to drink'. Explain that students are to brainstorm at least ten factors that may influence a person's decision to drink alcohol (eg stress, fun, celebrate, look cool, depressed, because everyone else is) or not drink alcohol (eg religious reasons, dieting, health and fitness, don't want to do anything embarrassing or have a hangover). Listen to each group's responses then use the following questions to process the activity.

Ask

- What are some of the cultural reasons people have for deciding to drink or not to drink alcohol?
- What are some of the religious reasons people have for deciding to drink or not to drink alcohol?
- Do most people think of alcohol as a drug? Why?
- What might have the biggest influence on a young person's decision to drink?
- What might have the biggest influence on a young person's decision not to drink?
- Would knowing that alcohol can affect brain development influence a student your age not to drink alcohol? Why?
- Are there different pressures and expectations for males than for females? Why?
- If you had decided not to drink alcohol but your friend was pressuring you to drink, what would you do? (Remind the class of the 'no name' rule. Suggest that students need to have made their decision long before this situation arises and having some refusal comments ready to use will make it easier).

Remind students that the *Australian Guidelines to Reduce Health Risks from Drinking Alcohol* recommend that no alcohol for children and young people under 18 years is the safest option. 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. The safest option for children and young people is to delay the initiation of drinking as long as possible.

- Send home a copy of the Family information sheet – *Talking with your teenager about alcohol* with each student.



Talking with your teenager about alcohol

As with any health-related issue, the best time to talk with your children about alcohol or other drug use is before it actually happens and not when a situation arises.

It's a good idea to make it clear what your expectations are about alcohol and have a plan for your children so they know what to do if they or a friend gets into difficulty after drinking alcohol.



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



- Australian Drug Foundation www.adf.org.au
- Drug Aware drugaware.com.au
- Alcohol and Drug Support Service (08) 9442 5000 or 1800 198 024 (country callers)



No thanks. My coach won't let me play if he finds out.

What parents can do

- **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.
- **Talk to your children 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 alcohol can interfere with or make it harder for your children to achieve some of their goals 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=g2gVzVIBc_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 children drink 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 children can give them the message that you approve of underage drinking and that it's okay to drink alcohol.
- **Secondary supply laws make it illegal for anyone to supply alcohol to your child** under the age of 18 years in a private setting without your approval. Talk to the parents of your children's friends and let them know your stance on alcohol.
- **Talk about how other people's drinking might affect them.** Help your children come up with some responses that they can use as a reason to refuse alcohol or other drugs. This will help them to stay safer in alcohol-related situations and respond and cope better 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 children feel more confident eg 'Mum and Dad will ground me if I do that!'
- **Keep talking with your children** 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 children**, 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 children.
-  **Watch the video clip *Teach teens to play it safe with alcohol*** on the Alcohol Think Again website on the 'What parents need to know' section <http://alcoholthinkagain.com.au/>

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

Activity 2 What's in the bottle?

Learning intention

- Students identify the alcohol content of different alcohol products
- Students understand that the alcohol content of spirits is higher than other alcohol products
- Students become familiar with the terms 'one standard drink' and Blood Alcohol Concentration (BAC)
- Students understand a person's BAC can be affected by a range of factors

Equipment

Be Ready student workbook – *What's in the bottle?* – page 18

Collection of empty bottles and cans that represent a wide range of alcoholic drinks

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

Teaching tip

As the consumption of spirits such as vodka and premixed spirits has become more common, ensure that the collection has a variety of these alcoholic drinks.



Download a standard drinks poster from <http://www.dao.health.wa.gov.au/Informationandresources/Publicationsandresources/Alcoholrelatedresources.aspx>

Show students the 'try pouring a standard drink' video at <http://www.druginfo.adf.org.au/fact-sheets/what-is-a-standard-drink-web-fact-sheet>

Activities

1. Explain that alcohol products are usually grouped into three general types – beer, wine and spirits. Products are usually made in different ways and from a range of sources such as grains, vegetables and fruit. Ask students to guess the source of beer, wine, cider, vodka and rum, and then guess which types of alcohol have the highest alcohol content (ie spirits). The answers are shown on *What's in the bottle?* in *Be Ready* page 18.

Explain that different types of alcohol products have different alcohol content and that by law, the number of standard drinks and alcohol content by volume must be written on the bottle or can. Explain that a standard drink contains 10 grams of alcohol and that it is used to help calculate the amount of alcohol in the bloodstream or the Blood Alcohol Concentration (BAC). For example, a BAC of 0.05 means that a person has 0.05 grams of alcohol in his/her body for every 100ml of blood. To test BAC and get a true measurement, a breathalyser or blood sample is required. So it is important to know that the more alcohol a person drinks, the higher their BAC. Point out that there is no safe drinking level for young people (ie guidelines on the number of standard drinks are only for adults).

Have students find the number of standard drinks and the percentage of alcoholic content marked on their container then to form a line from the lowest number of standard drinks to the highest. Ask students to read out the following information from their bottle or can:

- name of drink
- type of drink (eg beer, wine-based, spirit)
- number of standard drinks
- percentage of alcoholic content.

Ask

- *Were you surprised by the amount of alcohol in some drinks?*
- *Which drinks would it be easiest to consume a lot of without realising the number of standard drinks?* (eg alcoholic sodas and premixed spirits have sweet fruity flavours that sometimes appeal to palates not yet accustomed to stronger alcohol tastes; spirits).
- *Knowing that there are variations in alcohol content between different types of drinks, what would you recommend that a person who intends to drink should do before drinking?* (eg read the labelling, keep a count of the standard drinks consumed).
- *What do alcohol companies do to encourage young people to drink alcohol?* (eg fruity tastes, bright and colourful packaging, competitive pricing, appealing advertising campaigns and marketing strategies).
- *Most adults drink within the low risk drinking limits for long-term harm* (up to two standard drinks per day for females and four standard drinks per day for males, and two alcohol free days per week). How do you think you could keep to below these low risk drinking limits if you could keep to below these low risk drinking limits if you choose to drink now or in the future? (Remind students that 'no alcohol under 18' is the safest choice they can make).

2. Explain that as with any drug, two people drinking the same amount and type of alcohol may have different experiences (ie the drug use triangle) especially as there are many factors that can affect BAC. For example, whether the person is male or female. A woman's body has less water and more fatty tissue than a man's so the alcohol in the water in their system is more concentrated.

BAC is likely to be higher just before a woman menstruates than any other time. Men also make more of the protective enzyme that breaks down alcohol before it enters the blood. Have the class identify other factors that can affect BAC and write these at the bottom of page 18 of *Be Ready*. Include the following in the discussion with the class:

- **Metabolic rate** – which is affected by diet, digestion, fitness, emotional state, hormonal cycle
- **Type of build** – small framed people may have a higher BAC than large framed people who have drunk the same amount

- **Amount of body fat** – body fat does not absorb alcohol so amount of body fat is not indicative of the amount of alcohol a person can drink
 - **Drinking on an empty stomach** – having food in the stomach slows down the rate at which alcohol passes into the bloodstream
 - **Drinking quickly** – you are more likely to get intoxicated as the body can only metabolise one standard drink per hour
 - **The percentage of alcohol in a drink** – the higher the percentage the higher the BAC
 - **The type of alcohol** – fizzy drinks are absorbed more quickly.
- The container size – it is the number of standard drinks not the number of glasses that determines BAC. One glass may contain several standard drinks.
 - The time since last drink – the body can only break down one standard drink per hour so the BAC may still be rising several hours after drinking has stopped because the alcohol takes time to be absorbed.
 - The use of other drugs – this won't affect BAC but may 'mask' the effect of alcohol. Stimulants such as speed and ecstasy may make a person feel more sober than they really are and cause severe dehydration. Cannabis or other depressants such as some analgesics combined with alcohol decrease alertness and motor skills more than just consuming alcohol alone. Alcohol combined with some antibiotics may cause headaches, nausea and flushing and reduce the effectiveness of the antibiotics.
3. Send home a copy of the Family information sheet – *Alcohol and the law* with each student to share with their family.

FAMILY INFORMATION SHEET



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. For under 18's, no alcohol is the safest choice.

Talk with your children about the laws about alcohol.

- It is illegal for young people under 18 years of age to buy alcohol.
- It is illegal for anyone, including young people under 18 years of age, to drink alcohol in a public place such as on the street, park or beach, or on licensed premises.
- 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.



Can parents serve alcohol to their children at home?

It is not an offence to serve alcohol to your children in your own home. However, research shows that no alcohol is the safest choice for children and young people under 18 years of age.

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

It is against the law to supply or serve alcohol to anyone under 18 without the permission of their parents.

Does a parent or party host have a duty of care for their guests?

Yes. You can be liable for what happens during and after the party including the guests getting home safely. To avoid possible civil legal action being taken against you, make sure that you predict things that might go wrong and take reasonable care to prevent them from occurring.



For more information on alcohol visit the Alcohol. Think Again website at www.alcoholthinkagain.com.au



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>

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.



Activity 3 Identifying harms from alcohol use



Learning intention

- Students use Thorley's Model to identify the possible harms of alcohol and tobacco use
- Students identify the level of risk for young people in alcohol-related and tobacco-related situations
- Students share their opinions about alcohol and tobacco use

Equipment



Alcohol Fact Sheets titled *Alcohol and the law fact sheet* and *Here's to your health - a guide to reducing alcohol-related risks and harms* – download one copy per student from www.mentalhealth.wa.gov.au

Activity sheet – *My opinion* – photocopy and cut up one set of cards per group

Be Ready student workbook – *Harms that can be caused by drinking alcohol* – page 21

Be Ready student workbook – *Alcohol - what's the harm?* – pages 19-20

Strategy sheets – *Agree, disagree* – page 117 and *Risk cards* – page 118 – photocopy one set of cards

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

Activities

1. Distribute a set of *My opinion* activity cards to each group. Students are to take turns choosing and placing a statement card under either the 'agree,' 'disagree' or 'unsure' card. Students must also give the reason behind their decision. Once all cards have been placed, the group must come to a consensus about where each statement card should be placed. Remind students that everyone has a right to their own opinion but in this activity the majority rule must apply. Encourage the students to discuss the statements well, as it is their discussion not the final decision that is important.

Hear feedback on some of the statement cards. Discuss the skills students used during the activity such as accepting that others may have a different opinion to their own and being able to stand by their own opinion even if it is in the minority.

2. Explain to students that Thorley's model shown on *Harms that can be caused by drinking alcohol* page 21 of *Be Ready* focuses on the problems related to different patterns of drug use and identifies the possible problems associated with dependence, regular use and intoxication, and the overlap between these factors. It also shows that while there may be some overlap between the type of use and associated harms, there are also many separate issues related to the different types of use. For example, the harms associated with the different types of use, can include:

- **Problems of intoxication** (a single occasion of risky level drinking) – vomit; accidents such as falls, trips or drowning; pass out; have hangover; become sexually vulnerable, have unsafe or unwanted sex; feel embarrassed or do something regrettable; damage to the developing brain by drinking at risky levels; get into trouble with parents; have to lie or keep secrets; be aggressive or violent; blackouts; legal problems; drink driving.
- **Problems of regular use** (continued use over a longer period of time) – may lose job or not be able to take chosen career path, damage to the developing brain, have hangover, do something regrettable, feel embarrassed.
- **Problems of dependence** – phobias, isolation, withdrawal, anxiety, social problems, homelessness, loss of control, discomfort when restraining from use, accidents, medical and health problems.

Explain that even though some young people their age are choosing to drink alcohol, the majority of these young people will not experience problems related to dependent use. Most of their difficulties will arise from intoxication (using at risky levels) or regular use (eg a couple of drinks of alcohol most nights).

Dependence

Problems associated with dependence

Discomfort when refraining from use
Inability to rest
Phobias
Isolation
Withdrawal
Anxiety
Social problems
Homelessness
Loss of control

Medical and health problems
Child neglect
Withdrawal
Family problems
Relationship problems
Financial problems

Regular use

Problems from continued use over a longer period of time

Intoxication

Problems that can arise from single occasion use

Accidents
Aggression/violence
Marital disputes
Suicides
Drink driving
Drowning
Legal problems

- Have students read the alcohol fact sheets (from Mental Health Commission) and workbook pages *Alcohol - what's the harm?* on pages 19-20 and then list problems that may arise for each level of drinking to not only the user but also those around the user.

Have groups report their findings back to the class then discuss the following questions.

Ask

- *What happens to the physical ability of someone the more they drink?* (Small amounts of alcohol may cause relaxation and lack of concentration. The more alcohol consumed the more likely the person will feel confused, nauseated and possibly aggressive and pass out).
 - *What organ breaks down most of the alcohol in the body and at what rate?* (The liver breaks down about 91% at a rate of 7–10 grams of alcohol, or about a standard drink, per hour, depending on the person).
 - *What three aspects of the alcohol laws do you think have been introduced to reduce the harms for young people?* (The 0.0% BAC level for P and L plate drivers and their supervisors; people under 18 years are prohibited from consuming, buying, obtaining, or attempting to obtain alcohol in a public place of a licensed premise).
 - *Were any of the problems identified in one circle of the model, also identified in the other two circles? Why?*
 - *What problems could occur at all levels of drinking alcohol?* (eg damage to the developing brain, hangover, affects relationships)
 - *Are the possible harms from alcohol use more than for tobacco use? Why?* (Both of these drugs have a range of potential harms that can affect a person in many ways. However alcohol can affect a person's decision making and risk assessment ability, tobacco does not).
- In groups, students discuss the scenarios on page 20 of *Be Ready*, identifying the possible harms and suggesting ways to reduce and manage the harms.

- Use a **values continuum** (refer to page 114) to have students share their opinion about the possible level of risk for the characters described in each scenario. Remind students that after listening to the opinions' of other students they can change their position on the continuum. Ensure that in the discussion students are made aware that the *Australian Alcohol Guidelines* message is 'no alcohol under 18 years'.

Use the following questions to summarise the activity.

Ask

- *What type of alcohol-related harm would be most common for teenagers your age?*
 - *What things could you do to reduce the possible harm from alcohol to you and your friends?*
- Students individually complete the personal reflection section of *Alcohol – what's the harm?* on page 20 of *Be Ready*.
 - Send home a copy of the Family information sheet – *A teenager's brain and alcohol* with each student to share with their family.



My opinion

It's more risky for a boy to get drunk than a girl.	Education won't affect a young person's decision to drink alcohol.
The media and friends have more influence over young people's attitudes to alcohol than schools and families.	Parents have a lot of influence over young people's attitudes to alcohol.
Teenagers who have not tried alcohol are more likely not to try smoking or cannabis.	If your parents drink you are more likely to drink.
Alcohol is more harmful than drugs like ecstasy and crystal ice.	Males and females are affected by alcohol in the same way.
Teenagers today have more pressures to drink alcohol than their parents did.	People who drink alcohol all have the same experience.
Alcohol causes the most harm in our community.	





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 anxiety (Hayes et al., 2004).¹

The Australian Guidelines to Reduce Health Risks from Drinking Alcohol (NHMRA, 2009)² give clear advice on how to minimise the harmful health consequences of alcohol consumption for adults and young people.



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



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 alcohol is the safest option.

Guideline 4B

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



These two video clips give further information on alcohol and young people

- *Under Construction* on the Turning Point website <http://www.turningpoint.org.au/Education/Schools-and-Young-People/Under-Construction.aspx>
- *Teach teens to play it safe with alcohol* on the Alcohol Think Again website <http://alcoholthinkagain.com.au/>

These guidelines are based on the best evidence available 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.

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 4 Assessing potential harms from alcohol use



Learning intention

- Students assess alcohol-related situations and identify strategies for reducing associated harms

Equipment

Activity sheet – *Alcohol scenarios* – photocopy one set per group

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

Activities

1. Draw a triangle on the board and label – person, place and drug. Explain that the possible harms of any drug experience vary from person to person and depend on a range of factors. **Brainstorm** (refer to page 109) some of the factors for each heading on the triangle, such as:
 - **Person** – mood, physical size, physical and mental health, gender, previous experience with the drug, expectation of the drug and personality
 - **Drug** – what type, how much, how often, and how it is used
 - **Place** – when, where, with whom the drug is used; laws; culture.
2. To illustrate the drug experience further, give each group a person, place and drug card from Activity sheet – *Alcohol risk cards*. (Do not hand out the wild cards just yet). Students are to consider the scenario created by the three cards and list:
 - possible harms that may result (eg liver, lover, livelihood and law)
 - strategies that will reduce or avoid the potential harms.Hear feedback from groups then distribute the wild cards. Students are to discuss if:
 - the potential harms have increased or decreased and why
 - the strategies previously suggested will still reduce or avoid the potential harms or whether new strategies will need to be used.
3. Write five of the groups' scenarios on the board. Ask each group to rank the scenarios from least (1) to most

(5) harmful, then share the reasons for their ranking. Discuss why each person may have a different view about potential harms eg influences from peers, previous experiences, lack of information about alcohol. (An alternative to this step is to use the **fortune teller** strategy on page 110).

4. Send home a copy of the Family information sheet – *Talk and plan around alcohol* with each student to share with their family.



Alcohol scenario cards


PERSON

18 year old fit male
keen to improve his
basketball performance


PERSON

14 year old male who is
keen to fit in with some
new friends


PERSON

14 year old female who
has never drunk before


PERSON

15 year old female
who has drunk alcohol
several times before


PERSON

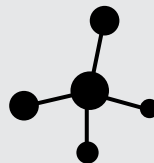
Pregnant 20 year old


PERSON

18 year old female who
is on asthma medication


PERSON

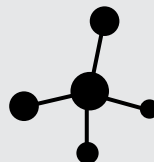
15 year old male who
does not like the taste of
alcohol


DRUG

Sip of champagne


PERSON

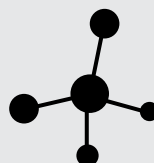
16 year old female who
is dieting


DRUG

7 full strength beers in
three hours


PERSON

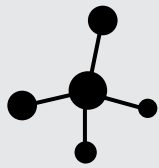
15 year old male who
is taking cold and flu
tablets


DRUG

4 pre-mixed drinks in
three hours



Alcohol scenario cards



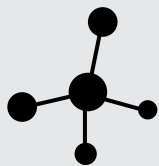
DRUG

10 or more standard drinks in 3 hours



PLACE

At a party with no adults around



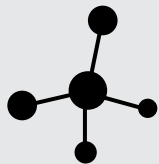
DRUG

1 beer, 2 spirits and 3 pre-mixed drinks in 3 hours



PLACE

With good friends



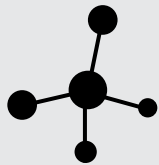
DRUG

1 standard drink in 2 minutes



PLACE

At a family dinner



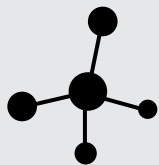
DRUG

2 light beers in 1 hour



PLACE

With people he/she does not know



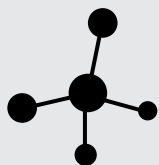
DRUG

3 full strength beers with lemonade in between in 3 hours



PLACE

At the beach



DRUG

Half a bottle of spirits in 3 hours



PLACE

At a local skate park





Alcohol scenario cards



PLACE

At home alone

WILD CARD

Does not know how he/she is getting home



PLACE

After a soccer grand final

WILD CARD

Leaves drinks unattended



PLACE

At a shopping centre

WILD CARD

Is taking antibiotics

WILD CARD

Travels home with someone who has been drinking alcohol

WILD CARD

Has smoked 2 joints of cannabis

WILD CARD

Takes an ecstasy tablet

WILD CARD

Has played a hard game of sport

WILD CARD

Walks home alone

WILD CARD

Decides to go for a swim



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. Setting up and enforcing limits on teenagers is not easy but adolescents are less likely to drink if their parents have established clear boundaries.
- **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 get to know 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 music concert tomorrow and the conductor won't let me play if she 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.
-  **Use *The Other Talk* website** for more advice on talking with your children about alcohol and other drugs <http://theotherstalk.org.au/>



For more information about alcohol and support services in Western Australia contact:



- 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)
- Connect: Directory of Drug Education Support Services for Schools can be viewed at <http://www.det.wa.edu.au/sdera/detcms/navigation/for-schools/resources/connect/>

TOPIC 4

Cannabis

Year 8 has been identified as a crucial time to implement effective cannabis education as the number of students who have used this drug is low and most young people have not been exposed to the possibility of using cannabis (Midford, Lenton, & Hancock, 2001).

In the 2014 ASSAD survey, 15.8% of 12-15 year olds had 'ever' used cannabis. By 16-17 years old 29% had 'ever' used cannabis. This increase in usage is another strong rationale to start cannabis education in the early secondary years of schooling.

Although the percentage of early secondary school students who use cannabis is relatively 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 otherwise lead to later cannabis use.

As with delaying use of alcohol, delaying initiation of cannabis use can be a protective factor. Cannabis education is therefore important for all students and especially those who begin early use of alcohol, tobacco or other drugs, as they may be more 'at risk' than those students who do not.

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 at risk of harm 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, or because they perceive everyone is doing it.

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 more able to protect themselves around others who may use cannabis and are better placed to make informed decisions in terms of their own intention to use or not use cannabis. 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 is not a safe alternative to cigarette smoking and can cause significant health harms.

Whole-school approach

School Drug Education Guidelines outline your whole-school approach to drug education. These guidelines should include procedure for managing cannabis and other drug-related incidents and provide support interventions for those students involved in these incidents so that responses consider health and safety, and are not only punitive.

Activity 1 Clued up on cannabis



Learning intention

- Students research cannabis information and the possible harms of cannabis use

Equipment

Cannabis: The facts booklet – one per student

Be Ready student workbook – *Clued up on cannabis* – page 22

Be Ready student workbook – *Cannabis quiz* – page 23

Internet access

Nine chairs

Family information sheets – *Cannabis and synthetic cannabis* – photocopy one per student

Teaching tip



Access the Drug Aware website www.drugaware.com.au or National Cannabis Prevention and Information Centre <http://ncpic.org.au/> for additional cannabis information.



Download or order *Cannabis: The facts* from the Mental Health Commission WA <http://www.mentalhealth.wa.gov.au/Homepage.aspx>

1. Explain that while statistics show alcohol to be the legal drug most commonly used by young people and the drug that causes the most harm, cannabis is the most commonly used illegal drug. The 2014 ASSAD survey showed 19.2% of students by the age of 17 had used cannabis (MHC, 2016b).

Explain that students are to work together to complete the quiz on page 23 of their workbook. Direct students to *Clued up on cannabis* and the websites listed on page 23 of their workbook, and distribute a copy of the booklet *Cannabis: The facts* (from Mental Health Commission). Use the following answers to check and clarify any questions when students have completed the quiz.

Cannabis quiz answers

1. What are the three most common forms of cannabis? (Cannabis made from dried leaves and flowers, hashish made from dried cannabis resin, hashish oil made from an oily extract of the cannabis plant).
2. How is cannabis used? (It is usually smoked but can be eaten).
3. What is the name of the psychoactive chemical found in cannabis? (It is Delta-9-Tetrahydrocannabinol. It is usually shortened to THC).
4. How can the THC enter the bloodstream? (When smoked the THC enters the bloodstream through the lungs. When it is eaten, absorption is slower and it enters the bloodstream through the stomach lining).
5. What are some possible short-term physical and mental health effects of cannabis use (low and high dose)? (Explain that as cannabis is illegal, those who buy cannabis are not given any information about its content, strength, effects or the risks associated with its use. Low dose – loss of concentration, dizzy, loss of inhibition, increased heart rate, feeling of wellbeing, reddened eyes. High dose – confusion,

restlessness, hallucinations, anxiety and panic attack, respiratory problems, mental health problems such as depression, paranoia and psychosis to those who are predisposed).

6. What are some physical and mental health harms related to cannabis use? (Bronchitis, lung cancer, decreased memory and learning ability, interference with sexual drive and hormone production, mental health problems).
 7. What are some relationship harms that may result from cannabis use? (Conflict with family, friends, teachers and employers. Loss of inhibitions may result in doing or saying something that is embarrassing or regrettable. Loss of motivation can cause problems with school work or work).
 8. What are some livelihood harms that may result from cannabis use? (The cost of cannabis varies depending on availability and may lead to financial problems for those using it on a regular basis eg owing friends/family money, stealing, not having money to do other things, criminal record, not getting a visa to travel, missing out on sporting, music or other opportunities).
 9. What are some legal harms that may result from cannabis use? (eg criminal record, imprisonment, denial of visas into some countries such as America and Japan, denial of some insurances and credit cards, loss of driver's licence if found guilty of driving under the influence of cannabis).
 10. What are the laws about cannabis in Australia? (It is against the law to grow, possess, use, sell or supply cannabis. It is also against the law to possess smoking implements with traces of cannabis).
2. Have students tick the three harms identified in the 4 L's model that they think would stop a young person from using cannabis.

Ask

- What harms would most likely discourage young people from using cannabis?
 - What harms would most likely encourage young people to think about trying or using cannabis?
 - What other ways might a young person achieve the same feelings that cannabis use gives?
3. To reflect on this activity, have students complete a **3-2-1 reflect** (refer to page 114). Have the class write their questions on a piece of paper and collect these at the end of the activity. Read through each of the questions and ask the class to provide the answers. Any questions that remain unanswered can be researched by the class using the websites listed in their workbook.
 4. Send home a copy of the Family information sheets – *Cannabis and Synthetic Cannabis* with each student to share with their family.



Cannabis and synthetic 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 dried leaves and flowers. It has many street names such as weed, grass, mull, dope and 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.



What is synthetic cannabis?

Synthetic cannabis is made when plants are sprayed with unknown chemicals in unknown quantities. This makes synthetic cannabis 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 Kronik, Voodoo, Kalma, Kaos and Mango Krush.

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.





Cannabis and synthetic cannabis

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 or synthetic cannabis.
- The WA laws about cannabis and synthetic cannabis.
- How to use refusal strategies in situations where other people may be using cannabis.



For information about cannabis

- **National Cannabis Prevention and Information Centre**
If you're looking for an introduction to synthetic cannabis, this video presented by two young people, will tell you the basics <https://ncpic.org.au/cannabis-you/your-stories-forum/>.
To find out more about synthetic cannabis and questions parents frequently ask, go to <https://ncpic.org.au/parents/>
- **Drug Aware** drugaware.com.au
- **Australian Drug Foundation** www.adf.org.au



For advice and support

- **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 (08) 9442 5000 or 1800 198 024 (Country callers)

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 so you can understand what they think and know about cannabis. Let your children know what you think about cannabis and the rules you have about cannabis use in your family. This can help develop less favourable attitudes towards cannabis which can be a protective factor for your child.



The Other Talk is a website that has information about drugs and advice for parents
<http://theothertalk.org.au/>

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

Activity 2 Assessing potential consequences from cannabis use



Learning intention

- Students assess cannabis-related situations and identify strategies for reducing associated harms
- Students evaluate their own attitudes about cannabis
- Students appreciate that everyone has a viewpoint and that this may differ from their own

Equipment

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

Strategy sheet – *Most harmful, least harmful* – photocopy one set of signs – page 119

Teaching tip



If you're looking for an introduction about cannabis, this video presented by two young people, will give you the basics <https://ncpic.org.au/cannabis-you-your-stories-forum/>

1. Review the drug triangle that was introduced in Topic 1 Activity 2 on page 50 to remind students that all drugs have the potential to cause harm but the experience that the person may have can be dependent on more than one factor as shown with the drug triangle (eg the drug, the individual and the environment).
2. Set up a **values continuum** (refer to page 114) by placing the signs 'most harmful' and 'least harmful' at either side of the room. Distribute a *Cannabis risks* card to each student. Explain that students are to consider the possible level of harms for the scenario described on their card and then stand at a point along the continuum. Stress that students need to consider harms not only to the user but also to other people.

Invite several students to read aloud their cannabis scenario and explain why they chose their position on the continuum. Discuss the placement of several scenarios using the following questions.

Ask

- What might happen in this scenario?
- Could this scenario be prevented? How?
- What could be done to reduce the level of harm in this scenario?
- Would changing the place in this scenario change the level of harm? Why?
- Would changing the drug in this scenario change the level of harm? Why?
- If you or one of your friends was in this scenario, what would you do to try and reduce the possible harms?
- Would you need to ask others for help in this scenario? Who would you ask?

If students express a positive attitude towards cannabis use, point out to the class that:

- young people need to make informed decisions about cannabis use

- cannabis is not a 'safe' drug and any drug has the potential to cause harm
- most young people their age do not use cannabis
- in all states of Australia it is illegal to have (possess), grow, use, sell or supply cannabis.

3. Now have the students imagine they are a group of parents. Ask the class to reconsider the level of harm for the scenario described on their card from their parents' perspective and stand on the continuum. This is useful if some students perceive certain harms to be less than their potential. Use the following questions to process the activity.

Ask

- Did you change your position on the continuum and if yes, why?
 - Do parents always have a better assessment of risk than their children? Why?
 - Do teenagers always have the same assessment of risk? Why? (Risk analysis can differ for a number of reasons including a person's previous experience with a drug, their knowledge about drugs, their peer group, culture or religion).
 - Has hearing others' opinions and thoughts about cannabis changed your opinion of cannabis use? Why?
 - Where can a person who wants to stop their cannabis use, or a person who knows someone who uses cannabis, get advice and support? (eg friends and family, school counsellor or nurse: Alcohol and Drug Support Line 08 9442 5000 or country callers 1800 198 024; the National Cannabis Information and Helpline 1800 30 40 50).
4. Have students complete the following sentences on their own.
 - 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 use are ...
 - If I had a friend whose cannabis use was worrying me I would ...



Cannabis risks

Driving a car after smoking a bong on a busy road	Smoking cannabis using a bong or shisha or hookah
Using cannabis for the first time while on a fishing trip	A teenager trying cannabis for the first time at a friend's house
Using cannabis and alcohol at the same time at a party	A young person who is asthmatic using cannabis while camping in the bush
Selling cannabis to younger friends at school	Using cannabis to cope with a problem or when feeling sad
Someone who has a history of mental illness in their family is using cannabis	Smoking cannabis to try and calm down before going to school
Getting a lift with a P-plater who has smoked a joint	A teenager with depression trying cannabis with friends





Cannabis risks

A driver who has used cannabis regularly for 5 years

Trying a joint at a party where you don't know anyone

Smoking cannabis alone in the garage

Using ecstasy and cannabis together at a dance party

17 year olds smoking cannabis at a beach party at night

Student smoking weed before an important test at school

Being at a party while cannabis is being used by others

Growing five plants of cannabis in the backyard

Sharing cannabis with a younger brother or sister

Regularly using tobacco in cannabis joints

18 year old female smoking a joint at a school social or ball

Taking a small amount of cannabis to a music concert



Cannabis risks

Accepting a joint from
someone you have just
met

Giving a hash biscuit to
someone without telling
them what's in it

Walking home alone at
night after smoking pot
with friends

Buying synthetic cannabis
online from a website

Buying cannabis from a
stranger

15 year old around others
at a school camp who are
smoking cannabis

Swimming at the beach
after smoking synthetic
cannabis

Eating a cannabis cookie
with mates around a camp
fire

A 14 year old looking after
someone else's cannabis
plants

Smoking cannabis while
pregnant

Hanging out with a
friend who often smokes
cannabis in his back shed

A worker on a mine site
smoking half a joint



TOPIC 5

Managing alcohol and drug use situations

Activity 1 Basic first aid



Learning intention

- Students apply basic first aid knowledge to a drug-related emergency

Equipment

Be Ready student workbook – *Calling DRS ABCD* – page 24

Teaching tip



Contact the St John Ambulance to find out about first aid courses that are offered to schools. An online course called *Click to save* can be completed by students for no cost.



Download *DRSABCD fact sheet* at <http://stjohn.org.au/assets/uploads/fact%20sheets/english/DRSABCD%20A4%20poster.pdf>

Activities

- Discuss emergency situations that may arise and have students identify who they would call when their parents (or caregivers) are not an option. For situations that require first aid as an immediate action refer students to page 24 of *Be Ready*.

Emergency situations

- A family member is unconscious.
- Something bad happens when you are out with friends.
- You get stranded and need a lift home.
- A friend has taken too many prescription drugs and is unconscious.
- A group 'gate crash' your party and are starting to smash up your house and fight with your friends.

- Ask the class to define the term 'overdose'. Listen to a few responses. Remind students that an overdose does not always refer to illicit drugs such as heroin, but use of alcohol and prescription drugs and over-the-counter medications such as paracetamol can also lead to an overdose. Read the following scenario to the class.

Scenario

- Sophie and Kelly are at a party for someone they don't really know. Sophie doesn't drink but knows Kelly has been drinking alcohol and was also hanging around with some girls who were smoking a joint. When Sophie finds Kelly she is passed out on the grass. Sophie doesn't know if Kelly has fallen asleep because of the amount of alcohol she has drunk or if she has taken something else.*

Have the class discuss the situation and list what should be done to help someone who appears to be unconscious. Fill in any gaps or correct information using the DRS ABCD action plan on page 24 of the workbook.

Danger.	Ensure the area is safe for yourself, others and the patient.
Response.	Ask name. Gently squeeze shoulders. No response – send for help. Response – make comfortable, check for injuries, monitor response.
Send for help.	Call 000 and ask for an ambulance or ask another person to call.
Airway.	Open mouth – if foreign material is present, place in the recovery position and remove material with fingers. Open airway by tilting head with chin lift.
Breathing.	Check for breathing – look, listen and feel. If they are breathing, place in recovery position, monitor breathing, manage injuries, treat for shock. If not breathing, start CPR.
CPR	30 chest compressions: 2 breaths. Continue CPR until help arrives or patient recovers.
Defibrillation	Apply defibrillator if available and follow voice prompts.

- Ask for two student volunteers – one to play Kelly and the other, Sophie. Read through the following steps and have the student role-playing Sophie mime the actions.
 - Check that the area is safe for yourself, the people watching and Kelly. Check that there are no needles in sight to avoid the risk of a needle stick injury.
 - Try to get a response from Kelly. Say – Can you hear me? What is your name? Open your eyes. Squeeze my hand.
 - Ask a bystander to call 000 and ask for an ambulance. Call an adult to come and help if they are nearby.
 - Gently roll Kelly onto her back.
 - Look. Listen. Feel. Is she breathing?
 - Check to make sure that Kelly's airway isn't blocked. If there is something there, roll her onto her side and pull out the material with your fingers.
 - Now put her in the recovery position and keep watching her until the ambulance arrives.
- Discuss what happens when a call is made from a landline to the 000 number or 112 from a mobile phone. Remind students that this is a free call from any phone including a disconnected mobile. Use the following script and have a volunteer student role-play being the caller.
 - Which emergency service do you require – ambulance, police or fire?*
 - What is the address of the emergency?* (Make sure students know they need to give the road, suburb, state and nearest cross road).
 - What phone number are you calling from?* (Having this information is important in case a call is disconnected or drops out or the operations centre needs to call you back to get more information. Inform students that they are not required to give their name if they choose not to do so).
 - What is the emergency? Tell me what happened.* (Information about the injured person, their name, their age, if they are breathing etc will be asked).

Thank the student volunteer and answer any questions that students may have. Explain that calling an ambulance for a drug-related emergency does not mean that the police will also attend. This will only happen if the person injured or unconscious dies, or when the emergency officers feel they are in danger.

- Place students in groups of three. Nominate the role of Kelly, Sophie and bystander to the students in each group. Explain that groups are to take turns practising being Sophie and the bystander who calls for the ambulance. This rehearsal is important so that students can remember what to do if they should ever be faced with an emergency situation.
- Have students write in their own words the steps to follow for the DRS ABCD action plan.

Activity 2 Give an excuse



Learning intention

- Students propose and practise refusal strategies for managing their safety and the safety of others in drug-related situations
- Students practise using assertive responses

Equipment

Activity sheet – *Invitations to use alcohol or other drugs* – photocopy

Be Ready student workbook – *Excuses at the ready* – page 25

Teaching tip

Conduct Activity 1 on page 28 to help students understand the term 'assertive communication'.

Activities

- Ask the class: *Do you think you are more likely to be invited to smoke cigarettes or cannabis or drink alcohol as you get older? Why?* (The statistics show that most young people in WA do not smoke. The alcohol and cannabis statistics indicate that these are the drugs that many young people are choosing to use and so it is most likely that students will be faced with an invitation to drink alcohol or smoke cannabis).
- Explain to students that a useful strategy when faced with any situation that makes them feel uncomfortable or involves risky behaviour can be handled quickly if they have an excuse at the ready that is known to work. The excuse also needs to be communicated assertively to be effective. Highlight that the person inviting them to try alcohol or another drug will often be a friend or someone they know, so this can make it even more difficult to stand up for themselves and decline the offer.

Ask a student volunteer to stand at the front of the class. Have ten students line up in front of the volunteer. Explain that the volunteer will invite each student in the line to use alcohol, cigarettes or cannabis (provided in the next column). The students must respond assertively with an excuse before moving back to their seat. An excuse previously given cannot be used again. The reasons must be realistic but can also be funny and creative.

Invitations

- What do you want to drink?
- Do you want a smoke?
- Do you want a joint?
- Come on everyone's having fun. Have a drink.
- No-one will find out. Just have one puff.
- I thought you were my mate. Have a beer.
- We're all feeling stressed. This will help you feel better.
- We're celebrating. Drink up!

Play the game several more times with another group of students then use the following questions to process the activity.

Ask

- Which excuses would you use? Why?* (Remind students that they should choose excuses or other strategies that they know will work).
 - Would the excuses work for all invitations?* (No. For example, an excuse used for a same age friend may not be suitable for an older relative).
 - Would the excuses work if there were more than one person inviting you? Why?*
 - How confident do you feel to use these excuses in real life?*
 - What other strategies can you use if someone puts pressure on you to use alcohol or other drugs?* (eg ignore the situation, distract them, suggest an alternative, change the topic, reason with them, joke about it or use a comeback).
- Students complete *Excuses at the ready* on page 25 of *Be Ready* then repeat the game. If students pause longer than five seconds they must go to the end of the line and have another turn until they deliver their excuse confidently.
 - Set up a **circle talk** (refer to page 109). Have the students standing in the inside circle ask their partner one of the invitations previously listed. Swap roles between the inside and outside circle so all students have a turn.
 - Ask students to write one situation where they or a friend were asked to use alcohol or another drug. Remind students of the 'no personal disclosure' rule. Collect the students' responses. Place students in groups of three or four to role-play one of the situations. Explain that they are role-playing being a group of friends where one student is trying to persuade the others to use the drug. Those being asked to use the drug must give an excuse or decline in a way that will not affect their friendship.
 - Suggest that students ask their parents what they did to handle influences and pressures from friends when they were younger.

Adapted from *Get Ready* Year 7 Teacher Manual, Victoria.



Invitations to use alcohol or other drugs

What do you want to drink?

Do you want a smoke?

Do you want a joint?

Come on everyone's having fun. Have a drink. It will make you feel good.

No-one will find out. Just have one puff.

I thought you were my mate. Have a beer.

We're all feeling stressed. This will help you feel better.

We're celebrating. Drink up!

Are you chicken?

We've all tried it. C'mon give it a go!

This page has been left blank intentionally.

The background is a solid blue color with various abstract geometric patterns. There are large, faint, light-blue shapes that look like stylized letters or symbols. In the lower half, there are several concentric, curved lines and a series of small, dark-blue triangles arranged in a row. The overall design is modern and technical.

Teaching and Learning Strategies

INTRODUCTION

The interactive teaching and learning strategies described in this section are used to engage students in the resilience and wellbeing, and drug content included in each module of this resource. Strategies are indicated in **coloured bold text** in the learning activities. Teachers should refer to this section of the resource for an explanation of the purpose and how to implement the strategy with their students.

The strategies aim to promote critical and reflective thinking and research and evaluation skills that will help students to take positive action to protect, enhance and advocate for their own and other's health, wellbeing and safety.

Students use personal and social capabilities to work collaboratively with others in learning activities, to appreciate their own strengths and abilities and those of their peers, and develop a range of interpersonal skills such as communication, negotiation, team work, leadership and an appreciation of diverse perspectives.

If you're looking for an introduction to this video presented by two young people, you the basics <https://ncpic.org.au/cannabis-your-stories-forum/>

Activity 2 Assessing potential consequences from cannabis use

Learning intention

- Students assess cannabis-related situations and identify strategies for reducing associated harms
- Students evaluate their own attitudes about cannabis
- Students appreciate that everyone has a viewpoint and that this may differ from their own

Equipment

Activity sheet – *Cannabis risks* – photocopy one card per student
Strategy sheet – *Most harmful, least harmful* – photocopy one set of signs – page 119

Teaching tip

If you're looking for an introduction about cannabis, this video presented by two young people, will give you the basics <https://ncpic.org.au/cannabis-your-stories-forum/>

1. Review the drug triangle that was introduced in Topic 1 Activity 2 on page 50 to remind students that all drugs have the potential to cause harm but the experience that the person may have can be dependent on more than one factor as shown with the drug triangle (eg the drug, the individual and the environment).

2. Set up a **values continuum** (refer to page 114) by placing the signs 'most harmful' and 'least harmful' at either side of the room. Distribute a *Cannabis risks* card to each student. Explain that students are to consider the possible level of harms for the scenario described on their card and then stand at a point along the continuum. Stress that students need to consider harms not only to the user but also to other people.

Invite several students to read aloud their cannabis scenario and explain why they chose their position on the continuum. Discuss the placement of several scenarios using the following questions.

Ask

- What might happen in this scenario?
- Could this scenario be prevented? How?
- What could be done to reduce the level of harm in this scenario?
- Would changing the place in this scenario change the level of harm? Why?
- Would changing the drug in this scenario change the level of harm? Why?
- If you or one of your friends was in this scenario, what would you do to try and reduce the possible harms?
- Would you need to ask others for help in this scenario? Who would you ask?

If students express a positive attitude towards cannabis use, point out to the class that:

- young people need to make informed decisions about cannabis use

- cannabis is not a 'safe' potential to cause harm
- most young people
- in all states of Australia grow, use, sell or supply

3. Now have the students parents. Ask the class the scenario describe perspective and stance, if some students perceive their potential. Use the activity.

Ask

- Did you change your position? Why?
- Do parents always have a better perspective than their children? Why?
- Do teenagers always have the same perspective? Why? (Risk analysis can differ for a number of reasons, including a person's previous experience, their knowledge about drugs, their peer group or religion).
- Has hearing others' opinions and thoughts about cannabis changed your opinion of cannabis use? Why?
- Where can a person who wants to stop their cannabis use, or a person who knows someone who uses cannabis, get advice and support? (eg friends and family, school counsellor or nurse; Alcohol and Drug Support Line 08 9442 5000 or country callers 1800 198 024; the National Cannabis Information and Helpline 1800 30 40 50).
- 4. Have students complete the following sentences on their own.
 - 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 use are ...
 - If I had a friend whose cannabis use was worrying me I would ...

1. Review the drug triangle that was introduced in Topic 1 Activity 2 on page 48 to remind students that all drugs have the potential to cause harm but the experience that the person may have can be dependent on more than one factor as shown with the drug triangle (eg the drug, the individual and the environment).

2. Set up a **values continuum** (refer to page 112) by placing the signs 'most harmful' and 'least harmful' at either side of the room. Distribute a *Cannabis risks* card to each student. Explain that students are to consider the possible level of harms for the scenario described on their card and then stand at a point along the continuum.

Using teaching and learning strategies

Teachers are encouraged to use their professional judgement to review the suggested strategies and decide on the most appropriate for meeting the needs of their students and delivering the essential content in a resilience and wellbeing or drug context.

Adapting teaching and learning strategies

The strategies linked to learning activities are a suggestion only. As teachers know their students learning styles and needs they can select alternative strategies or adapt those suggested to deliver the content. For example:

- a **think-pair-share** can easily be adapted for students to use when sorting out information or reflection on their learning at the end of an activity
- a **placemat** can be used to tune students into a new concept or to consider information when making decisions
- a **thumbs up, thumbs down** can be used by students to indicate their attitudes at the start of an activity or as a reflection strategy to evaluate changes in their knowledge and understandings.

Addressing students' learning styles and needs

When teachers are asked to cater for individual differences it does not mean that every student must be given an individual work program or that instruction be on a one-to-one basis. When teaching and learning is individualised it is reflected in classroom organisation, curriculum and instruction. Teaching and learning strategies can include a range of whole class, group and individual activities to accommodate different abilities, skills, learning rates and styles that allow every student to participate and to achieve success.

After considering the range of their students' current levels of learning, strengths, goals and interests, it is important teachers select strategies that:

- focus on the development of knowledge, understandings and skills
- will assist students to engage in the content
- will support and extend students' learning
- will enable students to make progress and achieve education standards.

Being inclusive of all students

Many students with a disability are able to achieve education standards commensurate with their peers provided necessary adjustments are made to the way in which they are taught and to the means through which they demonstrate their learning. Teachers can adapt the delivery of activities and strategies in this resource to ensure students with a disability can access, participate and achieve on the same basis as their peers.

Facilitating values education

Health and physical education issues require students to consider their own beliefs, values, attitudes and behaviours. Teachers conducting values learning activities should act as a facilitator and remain non-judgemental of students who display beliefs that may not agree with their particular stance on an issue. Teachers should also make students aware that:

- sometimes people form opinions without being well-informed
- personal experiences often contribute to opinions
- there will usually be a cross-section of opinions within any group and that these opinions need to be respected
- peers, family, society, media and culture will influence values.

Debrief immediately after a values strategy to allow students to share feelings generated from the activity, summarise the important points learned and personalise the issues to real-life situations.

Teaching and learning strategies

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Strategies

BRAINSTORM

1. Select a topic, question, statement or issue and write this on the board.
2. Set up the rules for the brainstorm:
 - share whatever comes to mind
 - the more ideas the better
 - every idea counts – no answer is wrong
 - no 'put downs' or criticisms
 - build on others' ideas
 - write ideas as said – no paraphrasing
 - record each answer unless it is a repeat
 - set a time limit and stop when that time is up.
3. Students consider the topic and respond. Ideas can be written randomly on the board or you may choose to write the responses on post-it notes and have students cluster the responses after the brainstorm.
4. Read and discuss the recorded ideas and clarify any questions where necessary. Group ideas that are similar and eliminate those that do not relate to the topic. Discuss the remaining ideas as a group and decide how the information can be further used.

Guided brainstorming

Conduct the brainstorm using headings to prompt students.

Drugs can cause harm by...

Drugs and teenagers don't mix because...

Brainstorm questions

Write the following questions on the board. Students brainstorm responses related to the content. An example has been provided for the drug context.

- Who?** Who makes sure drug laws are followed?
How? How are laws about drugs made?
When? When do citizens need to follow the law?
Where? Where can we find out more about the drug laws in WA?
What? What happens when teenagers break drug laws?
Why? Why do we have drug laws?
If? If parents don't follow secondary supply laws what can happen?

Word splash

A 'word splash' is conducted using the same steps as described for the brainstorm strategy.

CARD CLUSTER

1. Place students in small groups and provide each student with two or three cards or post-it notes.
2. Pose a problem or question related to a health issue. For example: What rules do families have to help them stay healthy and safe? Students individually write only one idea on each card.
3. Students place their cards in the middle of the group and then through discussion, sort the card into similar piles. A heading or title may be given to each pile of cards.
4. All groups come together to discuss their ideas.

Variation

- Groups brainstorm ideas and write these on cards. The cards are all displayed on a board and then clustered under headings.

CIRCLE TALK

1. This strategy will help students to share their own ideas and opinions, and listen to and respect others' opinions. It also holds all students accountable for having something to say.
2. Place students in two concentric circles (one circle within the other). This structure facilitates dialogue between students. Students in the inner circle face outwards, directly facing the student in the outer circle. Sit students facing each other, knees to knees, to encourage active listening between partners. Alternatively, students can stand and face each other.
3. Pose a scenario, question or issue for students to consider. Allow thinking time of approximately 15 to 30 seconds.
4. Now say, "Person on the inside, tell your partner your thoughts. When you are finished sharing, say 'pass' and your partner will share their thoughts with you."
5. When finished, have the outside people stand up and move on one or two places to the left or right. The discussion process is then repeated. To listen to the conversations taking place, stand in the centre of the circle.
6. To debrief, discuss the ideas produced during the circle talk and list questions that were identified to generate further learning or discussion.

Variations

- When first using a circle talk, start with small groups of three or four pairs in each circle. This makes it easier to manage.
- The student sharing their ideas can hold a small beanbag to indicate it is their turn to speak. The beanbag is then passed to their partner who shares their ideas.
- If you have more than one circle set up, swap the outside circles from each group.
- If you have an uneven number of students, place two students together in an outside circle to act as one person. This works well if you have a special needs student as they can be paired with a more capable student.
- To avoid pairing students who may not talk or argue, change the move on instruction so these students do not face each other. This intervention will not single the students out.

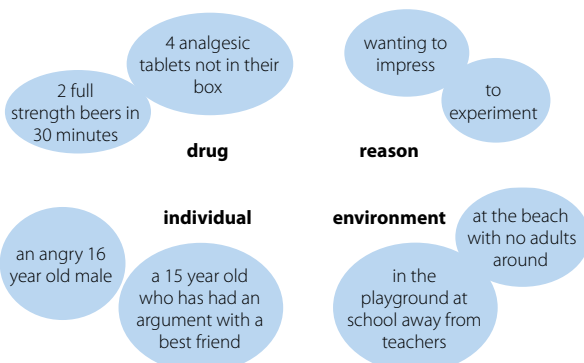
FORTUNE TELLER

This strategy will help students to:

- predict potential problems and risks
- select strategies to avoid or reduce the risk in a health-related situation.

How is it implemented?

1. Place students in groups of five. Allocate two students in the group to have the role of 'predictors', another two the role of 'advisors' and one as 'decider'. The 'predictors' role is to suggest what is likely to happen to the individual in a given situation. The 'advisors' role is to suggest some strategies that may reduce the risk of the situation. The 'evaluator' is to decide on what strategy would be most effective in the situation.
2. Give students the categories - 'drug', 'individual', 'environment' and 'reason'. Have students brainstorm each category and write each idea on a card. For example:
 - **Environment cards:** describe the where, what time and who is supervising or involved.
 - **Individual cards:** describe the person's age, gender, mood, body weight etc.
 - **Drug cards:** describe the type of drug, how much and over what time.
 - **Reason cards:** could include examples such as wanting to impress, to cope, to have fun or to experiment.



3. Groups then use the cards to create scenarios. For example a drug-related scenario could be: a 15 year old who has had an argument with a best friend, is at the beach with no adults around and has had two full strength beers in 30 minutes to impress his/her mates.
4. Each scenario should be discussed to identify the risks and strategies that may alter the outcomes.

GRAFFITI

1. Divide the class into small groups. Give each group a large sheet of paper and different coloured felt pens or pencils. (A different colour for each group member allows for individual contributions to be tracked).
2. Provide each group with a different question, statement or issue related to the topic which can be written on the paper. For example: community rules, school rules, family rules, classroom rules, road rules.
3. Within a designated time, groups 'graffiti' their paper with words, phrases or drawings related to their question, statement or issue. This is a creative way to collect thoughts from all or most of the students in the class. Advise students they 'own' the words/comments/drawings recorded on their sheet and should be ready to explain or clarify information where necessary.
4. The graffiti sheets are then passed to another group. Instruct students to tick or write comments next to the ideas they agree with and add their own new ideas. The process is repeated until each group receives back their original sheet.
5. Groups read, discuss and summarise their graffiti sheet. Comments may be categorised in order to draw conclusions or present a brief summary presentation to the class. Use the responses to identify further learning required by the students.

Graffiti walk

The graffiti sheets can be displayed around the room or, after Step 3, groups leave their graffiti sheet behind and walk around the room adding their comments to other graffiti sheets. Remind groups they cannot return to their original sheet unless responses have been written on all other sheets. Groups read, discuss, summarise and present their graffiti sheets to the class (as per Step 5 above).

HEAD TALK

1. This strategy will help students to develop cooperation through problem-solving a shared task and accept responsibility for their own learning. Place students into groups of six and 'number off' the members from one to six. If a group has less than six members, give students more than one number.
2. Pose a question or issue that requires group members to work together. For example: "Put your heads together and decide what you can do to keep yourself safe as a pedestrian". Make sure the class understand that each student must be able to share their group's comments.

3. Indicate the time groups have to discuss the question or issue. Let groups know when the discussion time is nearly finished by ringing a bell or blowing a whistle. Groups should check that all group members know the decided response.
4. Roll a die. Call out the number rolled. The student from each group with that number must share their group's response. If more information needs to be given, invite students from the group to elaborate.

Number off

Place students in even groups of four (depending on the number of students in the class). Have students number off from one to four. Ask a question for groups to discuss and decide on their negotiated answer. Ensure that everyone is clear of their group's answer. Call out a number (eg one to four) and only the student in each group with that number gives their group's answer.

HIDDEN THOUGHTS ROLE-PLAY

This strategy will help students to examine factors and influences affecting behaviour and share and compare experiences; develop interpersonal skills including assertive communication, problem solving and decision making with a range of context; and plan effective strategies for managing 'real life' situations. This strategy is an extension of a role-play (refer to page 112-113).

1. Several students play out a role-play to the whole class or a small group.
2. Assign a student to represent the 'brain' of each character in the role-play. The brain should stand behind their character and when asked by the teacher, reveal the hidden thoughts or feelings that may not be expressed by their character. Questions that will elicit deeper thinking from the brain include:
 - What is this character afraid of?
 - What is this character hoping will happen?
 - What is stopping your character from doing what is right or necessary?
 - What would help your character get on and do this?
 - What would it take for your character to get to stand up to the other person in this scene?
3. At the conclusion, ask the class to offer advice to the characters and consider which advice would be the easiest, most realistic and most effective.

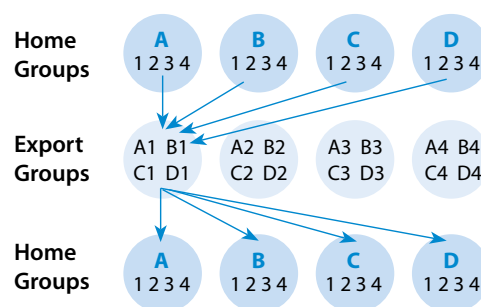
JIGSAW

This strategy will help students to:

- critically analyse, evaluate and apply ideas from a large amount of information
- participate and cooperate in small groups
- accept responsibility for their own learning.

How is it implemented?

1. Students form into 'home groups' (four to six per group).
2. Giving each student a coloured dot, badge or sash can identify home groups.
3. Every member of the home group has a different aspect of the topic to discuss or research.
4. Students form 'expert' groups, where all members of the group are discussing or researching the same aspect of the topic. Their job is to prepare a report to take back to their home group.
5. Students move back to their original home group. The diagram below shows student movement.
6. Experts then report on their aspect of the topic.
7. Allow time to discuss findings as a whole class.



ONE MINUTE CHALLENGE

1. Students are given exactly one minute to write down all they know or would like to know about a certain health or safety topic.
2. Students share their writing with a group and common areas of interest can guide the choice of learning experiences.
3. This strategy may also be used as a reflective strategy for students to summarise all they have learnt in a lesson, focus area.

Variation

Students reflect on their understandings and attitudes after completing the learning activities from a focus area. For example:

- What was the most important or useful piece of information you learnt from these activities?
- What two questions do you still have?
- What would you like to know more about?

RISK CONTINUUM

This strategy will help students to identify and clarify attitudes about issues; and consider others' thoughts and attitudes about levels of risk.

1. Prepare a set of risk signs using **Strategy sheet Risk cards** (refer page 118) and place these at opposite ends of the room. It may help to draw a chalk line or stick a piece of masking tape on the floor between the two signs to indicate the continuum.
2. Explain that there are many places along the continuum that may represent each student's opinion about a given statement.
3. Select a statement and read to the group.
4. Ask students to move to the point on the continuum that best represent their opinion.
5. Students then discuss their reasons for placing themselves in that point on the continuum with others standing nearby.
6. As a class, discuss why there are variations in students' opinions.
7. Provide students with the option to pass or reconsider their placement after the discussion and move to another position along the continuum.
8. Examples of questions to ask students during this strategy are:
 - Why would someone place themselves in that position on the continuum?
 - What experiences would have brought them to that conclusion?
 - Would they feel differently if they had more information about this?
 - Was it easy to choose the position on the continuum? Why or why not?

ROLE-PLAY

1. This strategy will help students to develop interpersonal skills including: assertive communication and negotiation within a range of contexts, building empathy and experiencing a variety of perspectives by adopting different roles, and planning effective strategies for managing 'real life' situations.

To conduct effective role-plays, a supportive classroom environment must exist. Establish rules such as:

- one person speaks at a time
 - everyone's responses and feelings are to be treated with respect
 - everyone is entitled to express their opinion or pass
 - use character names rather than student names.
2. Ensure that students have a clear understanding of the purpose of the role-play (eg to demonstrate assertive communication and to practise negotiating when there is conflict). If there is an audience, prepare them for the role-play by giving a specific role to encourage their active involvement. Audience members can also be involved by identifying the feelings of the role-play characters, commenting on appropriateness of actions and providing relevant feedback.

3. Design the role-play so that it encourages students to model appropriate behaviour. If a character is required to depict a negative behaviour such as acting aggressively, the teacher should take on this role.
4. Set the scene by choosing a relevant scenario or have students select their own. Avoid using extreme stereotypes or allowing the issues to become exaggerated.

During the role-play

5. Make sure the role-play doesn't arouse anxiety as learning will decrease. Give the students enough time to practise the role-play before they perform in front of others. If students feel uncomfortable with the scenario of the role-play, allow them to withdraw. These students can take on an observers' role.
6. Start the role-play by reminding students to keep the action brief (a few minutes is usually sufficient). If the role-play starts to deteriorate, stop it quickly, discuss what is happening and re-focus the action.
7. If students become angry, switch roles so they argue the opposing view. This may help them to develop understanding and empathy for the views of others. Make a point of taking students out of their role (this can be done by removing props, costumes or name tags).
8. Facilitate the role-play by allowing students to direct the action. Wait until the end of a scenario to make any comments. Do not judge the actions of a student in any given scenario as right or wrong. Instead focus attention on alternatives and/or consequences of actions.

After

9. Use open-ended questions to debrief the role-play that focus on the feelings of the characters, attitudes expressed, consequences of actions, alternatives to decisions/actions, and what students have learned about the characters portrayed. Remember to include the observers in the debrief time. Allow plenty of time for de-briefing and provide positive feedback for effort and participation.
10. As a result of the role-play, ask students to personalise the content by considering what they would do in a similar real-life situation. Ensure they reflect on their learning and consider its application to future experiences. The role-play can be re-enacted by switching roles to demonstrate other courses of action.

Fish bowl role-play

Make a class set of prompt cards by photocopying **Strategy sheet Prompt cards** on page 115. A small group of students conducts a role-play on a selected topic at the front or centre of the classroom. Other students sit in front of, or around the small group to observe their discussions and actions. The observers are allocated one of the following responsibilities:

- Focus on one performer, their ideas and responses (give them a picture of a question mark to remind them of their task).
- Focus on one performer and how this person may be feeling (give them a picture of a heart to remind them of their task).

- Focus on alternative outcomes relevant to the role-play (give them a picture of an arrow) eg when she said "Do you want to ride around the carpark?" he said "No, my tyre's getting flat". But if he'd said "No, my Mum will kill me!" she might have called him a wimp and kept putting pressure on him.

To conclude a fishbowl, observers report on their findings depending on the responsibility assigned to them.

Telephone role-play

This strategy will help students to increase understanding and control of conventions and skills associated with using the telephone, and develop collaborative group work skills.

Prepare several pairs of telephone role-play cards where one card of each pair is for the caller and the other is for the receiver. Caller cards should specify the audience, purpose and any background information for making the call. For example: You need to call the police because there has been an accident outside your house. The accident happened when your friend ran out onto the road chasing the footy. Your friend is crying and can't move their leg. Receiver cards should specify their role such as a police officer, a busy doctor, answering machine or wrong number.

Introduce this activity as a whole class to alert students to the sorts of decisions they will need to make and the options available to them.

Place students in groups of three and nominate the caller, receiver and observer. These roles should be swapped during the role-play. The caller and receiver read their card and do not swap information. Allow one minute thinking time for each to rehearse what they will say, the language they will use, and the tone they will adopt.

Callers ring their receivers, with each playing out the role specified on the card. As the role-play occurs, the observer makes an assessment of the conversation used and provides feedback to the caller and receiver at the end of the role-play.

Students swap roles and continue the role-plays.

Process the activity by asking the class what they learnt and what they still need to practise to become confident to make an emergency call.

Variations

- Provide telephones and mobile phones for students to use during the role-play.
- Set up one group to role-play the telephone conversation while others in the class sit around them to observe and offer feedback.

SEND A PROBLEM

This strategy will help students to develop problem-predicting and problem-solving skills; build empathy and experience a variety of perspectives on 'real life' situations; and plan effective strategies for managing 'real life' situations.

1. Place students in small groups. Ask each group to think of a health or safety related situation and write this on a card or piece of paper. The problem is attached to the outside of a folder and swapped with another group.

2. Give groups three to five minutes to consider the problem and brainstorm a range of solutions to the problem. The solutions are listed and enclosed inside the folder.
3. The folder is then passed to the next group and the process repeated. Remind groups not to look in the folders or read the solutions identified by previous groups.
4. Repeat this process until groups have completed several problems.
5. Groups should be given their original problem to review all the suggested ideas and develop a prioritised list of possible solutions. This list is then presented to the class to discuss and decide which solution would be the most effective or one that they would feel confident to use.

T CHART

1. A T chart is a graphic organiser. Students can use it to record what they already know, understand and value, and compare and contrast their ideas and information. An example has been provided below.
2. Show students how to draw a T chart and label each section accordingly. Pose a topic for students to brainstorm and record their responses. This can be done individually or as a small or whole group, and responses can be written or drawn. Remind students that all responses should be accepted and recorded at this stage.
3. Listen to the ideas generated by students. New ideas can be added after the discussion has been completed.

T chart

Drinking alcohol	Not drinking alcohol

THINK-PAIR-SHARE

1. This is quick strategy that requires students to think individually about a topic, issue or question before turning and sharing their ideas with a partner. Some rules that need to be followed are:
 - no discussion or talking during the thinking time
 - find the person nearest to you, not right across the room
 - sit facing each other ie knees to knees
 - each person has a turn to share.
2. Pose a question and ask students to think about their response. After giving sufficient thinking time, have students turn and face a partner to share their ideas. This will allow students to consider others' ideas and perspectives and also encourage active listening.

3. Bring the class back together and choose a few students to share a summary of their discussion. Ask: What did you and your partner talk about or decide? (To select students, have each student's name written on a pop stick and placed in a container. Select a pop stick and call out the student's name. Repeat this process until a number of students have shared with the class).

Variations

- If time allows, one pair of students may share ideas with another pair, making groups of four. Sufficient time for discussion should be allowed.

Think-pair-share-write

Students reflect on their own and their partner's responses from the think-pair-share and continue their thought process through writing.

Think-ink-pair-share

Ask students to think then 'ink' their own ideas, knowledge or attitudes to a statement. In 'ink' time students choose to write or draw before turning and sharing with a partner.

Music-think-pair-share

Pose a question to the class. Explain students are to move around the room while listening to a piece of music and thinking about the question. When the music stops students are to turn to the person nearest them and share their ideas.

3-2-1 REFLECT

1. Give each student a 321 reflect strategy sheet or write the following on the board:
 - 3 things I learnt
 - 2 things I found interesting
 - 1 question I still have.
2. Students individually use the prompts to write or draw their responses.
3. Place students with a partner or small group to share their thoughts.

Variation

- Adapt the strategy to focus on skill development eg 3 things I learnt, 2 skills I practised, 1 thing I still need to learn or practise.

VALUES CONTINUUM

1. Prepare a set of signs with opposing responses (eg agree/disagree). Place signs at opposite ends of the room. It may help to draw a chalk line or stick a piece of masking tape on the floor between the two signs to indicate the continuum.
2. Explain there are many places along the continuum that may represent each student's opinion about an issue or statement. Model this by giving a statement such as 'Everyone should wear a hat when they go outside' then placing yourself along the continuum. Tell students why you might have placed yourself at that position.
3. Read aloud a statement to the group. Ask students to move to the point on the continuum that best represents their opinion. Students discuss their reasons for placing

themselves in that point on the continuum with other students standing nearby. As a class, discuss why there are variations in students' opinions. Provide students with the option to pass or reconsider their placement after the discussion and move to another position along the continuum.

Examples of questions to ask students during this strategy are:

Why would someone place themselves in that position on the continuum?

What experiences would have brought them to that conclusion?

Would they feel differently if they had more information about this?

Was it easy to choose the position on the continuum? Why or why not?

Name tag

Construct a values continuum by sticking a length of masking tape along the ground. Ask students to write their name on a post-it note or small card. Pose a question or statement for students to consider then place their name on the masking tape continuum that best represents their opinion. Ask students from various parts of the continuum to justify their placement. After the discussion give students the opportunity to reposition their name tags if they have changed their opinion as a result of the discussion.

Sign your name

If using a piece of masking tape for the values continuum, ask students to sign their name on the spot where they are standing. After the discussion, students return to the values continuum and sign their name again where they are standing. This will prompt discussion on why they have or haven't moved along the continuum.

Ruler continuum

Students attach a smiley face to one end of their ruler and a frowning face to the other end of their ruler. Presuming the smiley face suggests 'agree' and the frowning face suggests 'disagree', students respond to the statements the same way they would in the values continuum outlined above.

Yes, no, maybe

Photocopy the **Strategy sheet** Yes, no, maybe (refer to page 116) and give one set of cards to the each student. Pose a statement and have students indicate their opinion by showing one card to a partner and saying why they chose that card. Alternatively place the cards in a continuum.



Prompt cards

	Ideas and responses	Feelings	Different outcomes
<p>LISTEN TO ONE CHARACTER'S IDEAS AND RESPONSES CAREFULLY.</p>			
<p>THINK ABOUT HOW ONE CHARACTER MIGHT BE FEELING IN THIS SITUATION.</p>			
<p>THINK ABOUT DIFFERENT OUTCOMES THAT MAY HAVE RESULTED IF SOMEONE HAD SAID OR DONE SOMETHING DIFFERENTLY.</p>			



Yes, no, maybe

YES

NO

MAYBE





Agree, disagree



AGREE



DISAGREE



UNSURE





Risk cards



High risk



Low risk





Most harmful, least harmful

**Most
harmful**

**Least
harmful**



Teacher Notes

INTRODUCTION

The information contained in this section has been compiled for teachers and provides information about drugs that will help to support the delivery of activities in this resource. This information aims to increase teachers' knowledge and understanding of drug use and the context for drug using behaviour, as well as acknowledge the complexity of the issues that may impact on drug using behaviour.

What is a drug?

A drug is any substance, with the exception of food and water, which changes the way the body or mind functions (WHO, n.d.).

Drugs may be legal (eg alcohol, caffeine and tobacco) or illegal (eg cannabis, ecstasy, cocaine and heroin).

What is a psychoactive drug?

Psychoactive drugs affect the Central Nervous System (CNS) and alter a person's mood, thinking and behaviour. Psychoactive drugs may be divided into four categories:

- **Depressants:** Drugs that decrease alertness by slowing down the activity of the CNS (eg heroin, alcohol and analgesics).
- **Stimulants:** Drugs that increase the body's state of arousal by increasing the activity of the brain (eg caffeine, nicotine and amphetamines).
- **Hallucinogens:** Drugs that alter perception and can cause hallucinations, such as seeing or hearing something that is not there (eg LSD and 'magic mushrooms').
- **Multi-action:** Some drugs fall into this category as they may have properties of more than one of the above categories (eg cannabis has depressive, hallucinogenic and some stimulant properties).

New Psychoactive Substances (NPS)

The term 'synthetic drugs' and 'emerging psychoactive substances' is confusing since many traditional drugs such as MDMA, LSD and methamphetamine, are also synthetic. These drugs are made using substances such as 25B-NBOMe and 25I-NBOMe. These drugs are usually extremely cheap to buy which has encouraged some young people to use them. They are usually taken by smoking, ingesting or injecting. Many younger drug users believe these drugs have a relatively low risk of addiction or overdose and are harmless compared with other drugs such as methamphetamine. Some believe that because they look like pills that they are produced in a sanitary location and under regulations. The concern is the content of these substances is unknown.

Australian School Students Alcohol and Drug Survey

Every 3 years, school students in Western Australia are surveyed to find out about their drug use in the Australian School Students Alcohol and Drug Survey (ASSAD).

Students are asked about how often they consume alcohol, tobacco, and other illicit and licit drugs. Students are also asked about how much they use, how they use and their attitudes to alcohol and other drug use. This survey has been collected since 1984, with additional drug related questions added since 1996. The most recent survey conducted in 2014

included 3,305 young people aged from 12 to 17 years from randomly selected public and private schools across the State.



Statistics do change. To access the most current drug statistics, refer to the ASSAD survey data which is currently located on the Drug and Alcohol Office website www.dao.wa.gov.au



Please note, the ASSAD data may move to the Mental Health Commission's website www.mentalhealth.wa.gov.au

Normative education

Students will often overestimate the number of young people their age who are using legal and illegal drugs. It is therefore important to present students with statistical evidence to dispel their perception and acknowledge that they are actually part of the majority of young people who do not use alcohol or drugs. The *Challenges and Choices* program does this through a range of activities and discussions.

Drug terminology

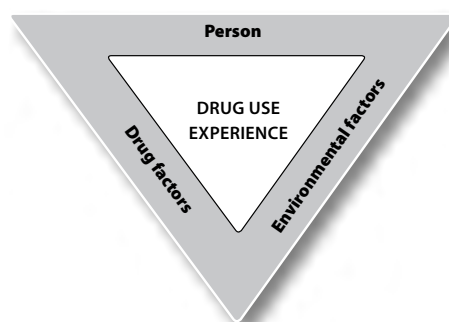
It is not considered appropriate to use the terms 'drug abuse' or 'drug misuse' as they are too subjective ie what you may consider to be acceptable may well be determined abuse by another person. The World Health Organisation (1982) recommends the following terms:

- **Unsanctioned use** where use is not approved by a community (eg alcohol use in a Muslim community).
- **Hazardous use** where there is a probability that the use will result in harm of some description (eg smoking and the increased likelihood of health problems in the future).
- **Dysfunctional use** where the drug use is causing or contributing towards social or psychological problems (eg relationship problems or interfering with school attendance).
- **Harmful use** where the drug use is known to be causing physical or mental health problems (eg consuming alcohol at a level that is compromising liver function).

Model for understanding drug use

The Interaction Model (Zinberg, 1984) which is derived from Social Learning Theory explains that the way a person (individual) experiences alcohol or other drugs does not depend only on the drug itself or factors to do with the drug. The drug use experience will vary depending on:

1. The **drug factors** eg what it does (effect), how much (dose), how often used.
2. The **individual factors** eg gender, age, body size, food in stomach, personal metabolism, state of general health and wellbeing, attitudes, values, previous drug using experiences, mood, expectations, mental health, personality.



3. The **factors in the environment** eg when (time of day), where (place used), who with, how much, availability, combination of drugs, culture, family, laws.

School drug education programs should use an approach that aims to reduce the harms from alcohol and other drug use (ie harm minimisation). For example, a female may have drunk alcohol previously but when placed in an environment such as the beach at night and with others she doesn't know, the level of potential risk for her has increased. The discussion with students here would be – What could the female in this situation have done to reduce the potential harms?

Four Ls Model

This model describes a person's life and divides it into the four Ls – Liver, Livelihood, Lover and Law. It is a useful model when working with students to identify the level of possible harm arising from their drug use.



Liver – physical, psychological and emotional health problems



Livelihood – work, school, money, recreation, lifestyle problems



Lover – relationships with partners, family, friends, peers



Law – legal problems such as fines, convictions, loss of driver's licence

Alcohol

What is alcohol?

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

Prevalence of alcohol use

Refer to the ASSAD survey data for the latest prevalence statistics.



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

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

Death, disease and other costs

Alcohol use is second only to tobacco as the leading preventable cause of death. Hospitalisation and excessive consumption is associated with significant levels of harm and increased risk for a multitude of physical diseases including forms of cancer, liver cirrhosis, cardiovascular disease and psychiatric problems.

Problems related to alcohol use can be defined as either short term or long term. While long-term effects can be discussed, the possible immediate and short-term problems such as nausea, slurred speech, short term memory loss, poor coordination and unconsciousness are most appropriate for school-aged students.

It used to be thought that the teenage brain was the same as an adult brain; that it had already reached full development. It is now known that from 12 to around 20 years, through a process called frontalisation, that the brain is growing and forming all the critical parts it needs for learning, memory, and planning.

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

Most of the alcohol-related problems in our community are not caused by people dependent on alcohol but by those who occasionally drink excessive amounts of alcohol. The use of alcohol costs the Australian community more than \$15 billion a year in terms of healthcare, road accidents, labour in the workforce, crime and resources used in prevention and treatment.

Foetal Alcohol Syndrome

During pregnancy, the alcohol that a woman drinks passes through the placenta into the baby's blood stream. This can cause problems such as miscarriage, stillbirth and long term developmental problems or Foetal Alcohol Disorder (FAD).

Foetal Alcohol Spectrum Disorder (FASD) describes the range of effects that can occur in a baby who has been exposed to alcohol in their mother's womb. These can include: low birth weight; small head circumference; failure to thrive; developmental delay; organ dysfunction; facial abnormalities,

including smaller eye openings, flattened cheekbones, and indistinct philtrum (an underdeveloped groove between the nose and the upper lip); epilepsy; poor coordination/ fine motor skills; poor socialisation skills, such as difficulty building and maintaining friendships and relating to groups; lack of imagination or curiosity; learning difficulties, including poor memory, inability to understand concepts such as time and money, poor language comprehension, poor problem-solving skills; behavioural problems, including hyperactivity, inability to concentrate, social withdrawal, stubbornness, impulsiveness, and anxiety.

FASD is often referred to as the 'invisible disability' as it often goes undetected or is not diagnosed due to other factors such as genetic abnormalities. FASD can only be diagnosed by a specialist medical practitioner.



More information about FASD is available at www.nofasd.org.au

The new Australian Guidelines to Reduce Health Risks from Drinking Alcohol

In 2009 the National Health and Medical Research Council (NHMRC) developed the *Australian Guidelines to Reduce Health Risks from Drinking Alcohol* so that adults could make more informed decisions about alcohol consumption.

- **Guideline 1** For healthy men and women, drinking no more than two standard drinks on average on any day reduces the lifetime risk of harm from alcohol-related disease or injury (sometimes called long term harms).
- **Guideline 2** For healthy men and women, drinking no more than four standard drinks on a single occasion reduces the risk of alcohol-related injury arising from that occasion (sometimes called short term harms).
- **Guideline 3** For children and young people under 18 years of age, not drinking alcohol is the safest option. Parents and carers should be advised that children under 15 years of age are at the greatest risk of harm from drinking and that for this age group, not drinking is especially important.
- **Guideline 4** For women who are pregnant or planning a pregnancy, not drinking is the safest option. For women who are breastfeeding, not drinking is the safest option.

How alcohol education is taught is important

Early adolescence 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.

It is important to stress to students that 31.5% of 12-17 year olds have never used alcohol (MHC, 2016a), and that most adults use alcohol sensibly and safely.

Help students to develop negative attitudes towards harmful alcohol use or binge drinking and promote Guideline 3 of the Australian Guidelines (see above) that recommends that no alcohol is the safest option for those under 18 years of age.

Teach students how to cope socially and emotionally and develop strategies to resist peer influences and internal pressure to engage in hazardous use of alcohol.

Engage parents and families in school-based alcohol education programs as they can have a strong influence on young people's use of alcohol, both positively and negatively.

Amphetamines

What are amphetamines?

Amphetamines are a group of drugs commonly referred to as 'speed' as they speed up or stimulate the activity of certain chemicals in the brain. Common street names include: MDA, goey, oxblood, uppers, dex, dexies, crystal meth, base, and ice. Dexamphetamine and methamphetamine are the most common forms of amphetamine available in Australia.

Amphetamines bought on the street are usually supplied as white or yellow powder, tablets or as liquid in capsules. They can be swallowed, injected, smoked or inhaled (snorted).

Prevalence of amphetamine use

Refer to the ASSAD survey data for the latest prevalence statistics.



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

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

Death, disease and other costs

The immediate effects of amphetamine can last from two to five hours. The effects can include: increased alertness, confidence and energy; hyperactivity and talkativeness; reduced appetite; inability to sleep; enlarged pupils; anxiety; irritability; suspiciousness; panic attacks; or a threatening manner. Sometimes users can experience a residual 'hangover' which can last from two to 26 hours.

The continued use of amphetamines is likely to cause health problems including: malnutrition, violence, hallucinations, panic attacks, periods of psychosis, reduced resistance to infection, or high blood pressure which can lead to stroke.

Analgesics, prescription and over-the-counter (OTC) medications

What are analgesics?

Analgesics, or pain killers, are medicines which relieve pain. Analgesics are known by their chemical name and also by a brand name, and include: aspirin (eg Disprin®, Aspro Clear®); paracetamol (eg Panadol®, Panamax®, Dymadon®, Tylenol®); ibuprofen (eg Nurofen®); and products that contain a combination such as aspirin and codeine (eg Codral Cold and Flu®); paracetamol and codeine (eg Panadeine Forte®); ibuprofen and codeine (eg Nurofen Plus®); and paracetamol, codeine and doxylamine (eg Mersyndol®). Analgesics are available in many forms including tablets, capsules, liquids, suppositories and soluble powders.

Prevalence of analgesic use

Refer to the ASSAD survey data for the latest prevalence statistics.



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

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

Death and disease

- Most analgesics are safe to use when taken as prescribed or instructed by a doctor or pharmacist, in conjunction with the manufacturer's instructions on the packaging. Some extra precautions may apply to patients with pre-existing medical conditions such as kidney failure or gastric ulcers.
- Studies have linked aspirin or aspirin containing medications during viral illnesses as a factor in the development of Reye's Syndrome. This syndrome can affect the brain and liver and has the potential to be fatal. Cases have dropped dramatically since this link was discovered and doctors have started advising against giving aspirin to children and teens.
- Aspirin may cause irritation of the gastric mucous membrane and even bleeding from the stomach. Excessive use may result in ringing in the ears, giddiness, nausea and mental aberration. Regular long-term use of aspirin may cause kidney damage and anaemia and asthma attacks.
- Paracetamol overdose can produce acute and sometimes fatal liver damage and also kidney damage. A dose of fewer than 10 tablets (25g) may be fatal.

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

Sometimes analgesics will be the best form of short term treatment of pain, but students should be encouraged to use them after they have tried alternatives to pain relief. Stress that a trusted adult is the only person who should administer these drugs.

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

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

Caffeine and energy drinks

What is caffeine?

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

What are energy drinks?

Energy drinks are beverages that contain varying amounts of caffeine and other substances. Energy drinks are promoted

for their positive effects on stamina, physical performance, endurance and concentration.

These drinks typically contain a mixture of:

- **Caffeine** which is usually the main active ingredient in energy drinks. Some of the popular brands have up to 160mg of caffeine in a 500ml can.
- **Guarana** is an extract from a plant that contains about twice the amount of caffeine as coffee beans.
- **Theobromine** which comes from the cacao plant and has a similar effect to caffeine. It is also found in chocolate and many other foods.
- **Theophylline** which is a drug used for the treatment of respiratory diseases and asthma, marketed under a variety of brand names. It is structurally similar to caffeine and is also naturally found in tea at very small levels.
- **Taurine** which occurs naturally in food, especially in seafood and meat, and is necessary for normal skeletal muscle functioning.
- **Ginseng** which is a substance that comes from a variety of plants and is believed to have medicinal properties, but has been found to interact with a number of prescription and herbal drugs.

Death, disease and other costs

The effects of caffeine, like those of any drug, differ from person to person depending on their age, body size and general health. Regular caffeine users may have different experiences from people who only consume caffeine products occasionally.

Caffeine is a stimulant drug so even a small amount (1-2 cups of average strength coffee) can stimulate the brain and the CNS, making a person have increased alertness, temperature, blood pressure, gastric acid secretion, and urination. These effects continue as long as caffeine remains in the blood, usually around 12 hours after consumption. Disturbing physical effects of caffeine on some people include anxiety, irritability, increased breathing and heart rates, dizziness, headaches, dehydration and frequent trips to the toilet.

Doctors recommend that children stay well under 100mg a day of caffeine, which is approximately one cola drink and a 20 g chocolate bar. Energy drinks should be avoided by children less than 15 years old due to the high levels of caffeine in these products. Caffeine is particularly harmful for young children because it can cause sleep problems, anxiety, irritability and bed wetting. There is also a danger that regular use may threaten bone mass among young children since it causes excess secretion of calcium and magnesium.

The consumption of energy drinks by pregnant and breastfeeding women as well as people with 'caffeine sensitivity' should be avoided.

Combining energy drinks with alcohol

Mixing energy drinks with alcohol or drinking alcoholic energy drinks, can mask some of the effects of the alcohol, meaning the person doesn't feel as intoxicated as they actually are, and so there is more risk of alcohol-related harm.

How caffeine education is taught is important

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

Many of the caffeine products that children consume also contain high levels of sugar, so it would be appropriate to focus on this as part of a healthy diet.

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

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 in caffeine education as many adults are not aware of the effects of caffeine and the amount of caffeine found in energy drinks.

Cannabis

What is cannabis?

'Cannabis' refers to the products from the Indian hemp plant called *Cannabis sativa*. Delta-9 tetrahydrocannabinol (THC) is the psychoactive ingredient of the plant. THC has both depressant and mild hallucinogenic effects on the CNS. A small dose can depress the CNS and produce mild euphoria, relaxation, impaired balance and coordination. Larger doses may produce hallucinogenic effects such as changes in perceptions in time, colour, distance or touch similar to mild hallucinations, and may also trigger a serious psychotic episode.

Marijuana is the most commonly used and least powerful form and is made from the dried leaves, stems and flowers of the plant. It is usually smoked in hand-rolled cigarettes often called 'joints' or in smoking implements such as pipes, bongs, hookahs and shishas.

Hashish (hash) is made from the plant's resin, which is extracted from the flowering tops and leaves of the female plant, then dried and compressed. The concentration of THC is higher than in marijuana, producing stronger effects. It is usually smoked or taken orally, in tea, cakes or cookies.

Hashish oil is a very thick, concentrated liquid which is extracted from the plant and is the most powerful form of cannabis. It can be consumed by smoking (one way this is done is by rubbing a small amount of oil onto the outside of a cigarette) or taken orally in food or drinks.

When cannabis is smoked, the effects can last for between two and four hours. When eaten, the effects may last for between four and seven hours. THC and its metabolites are highly fat-soluble. They may be stored and accumulated in the fatty tissues of the body (including the brain) from which they are gradually released over time and then cleared from the body. This means these compounds may be detectable in very small amounts in fatty tissues for more than 28 days.

Synthetic cannabinoids

Synthetic cannabinoids (or synthetic cannabis) interact in the same way with the brain and other organs as cannabinoids. These products usually contain some plant based ingredients that have been sprayed with a solution of cannabinoids.

Once considered a legal substitute for cannabis, these products, commonly known as 'legal herbal' mixtures are often labelled 'not for human consumption' and marketed as 'safe' and 'legal' drugs.

Synthetic cannabinoids keep appearing on the market and to try and stay ahead of the law, the names also change with each production. Some of the well-known products include Kronik, Voodoo, Kalma, Kaos and Mango Kush.

Are synthetic cannabinoids safe?

Synthetic cannabinoids are often classified as 'research chemicals' which means they are experimental chemicals that are not for human consumption. The plant-like mixtures that these chemicals are sprayed on are also unknown, and are usually produced in Asia eg China.

Are synthetic cannabinoids legal in WA?

Because little is known about the actual ingredients of synthetic cannabinoids and the possible health consequences, these substances are now banned in Australia. Anyone caught with these substances could be charged for possession, selling, supplying or intent to sell or supply.

Prevalence of cannabis use

Refer to the ASSAD survey data for the latest prevalence statistics.



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

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

Death, disease and other costs

The acute toxicity of cannabis is very low. There are no confirmed cases of deaths from cannabis overdose in world literature. However, research shows evidence of some long-term effects in some regular cannabis users, such as:

- **Respiratory illness:** Marijuana cigarettes have more tar than tobacco, placing cannabis users at an increased risk of respiratory illness such as lung cancer and chronic bronchitis. This risk is increased because marijuana smokers often inhale deeply, and hold the smoke in the lungs longer, to increase the effects of the drug.
- **Brain function:** Concentration, memory and the ability to learn can all be reduced by regular cannabis use. These effects can last for several months after ceasing cannabis use.
- **Hormones:** Cannabis can affect hormone production. Research shows that some cannabis users have a lower sex drive and women have irregular menstrual cycles.
- **Reduced motivation:** Many regular users, especially young people, have reported that they have less energy and motivation, so that performance at work or school suffers. Usually these effects disappear gradually when cannabis use stops.

Ensure students consider other health risks of young people using cannabis such as injuries in a variety of situations; social risks such as upsetting family, friends and teachers; livelihood risks such as not being able to travel overseas or get or keep some jobs; and legal risks such as arrest, a criminal record if found possessing small amounts of cannabis on more than two occasions, and expensive fines.

How cannabis education is taught is important

Late primary and early secondary years have 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 (McBride, 2002).

The available evidence-base suggests that effective drug education programs for students of this age should:

- increase student's knowledge, social skills, and refusal skills towards tobacco, alcohol and cannabis
- include scenarios relevant to students' experiences and interests
- contain highly interactive activities that engage students in problem solving and critical thinking
- provide significant coverage of content around these drugs complemented by follow up booster sessions
- position drug education within a broader health and wellbeing curriculum that focuses, amongst other things, on staying healthy, stress and coping
- respond to cultural and social needs of the school community
- engage parents where possible (McBride, 2002).

School based cannabis education provides a supportive environment in which to challenge any positive attitudes and opinions students may have about cannabis that may lead to later cannabis use. A positive attitude towards drug use is a known risk factor for future drug use.

Young people who use tobacco and alcohol have a greater chance of being offered cannabis and other illegal drugs. Cannabis education is therefore important for those students who begin early use of alcohol or tobacco as they are more 'at risk' than those students who do not. Delaying the onset of cannabis use has also been identified as a protective factor for later heavy or regular use. It is important to note, however, that cannabis is not necessarily a 'gateway' drug to other illegal drug.

Set clear ground rules about discussing teacher or student drug use experiences before commencing cannabis-related activities. 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.

Harms that may affect students as a result of other people's cannabis use are the key focus of these introductory learning experiences about cannabis; however, decision-making activities also focus on refusal and coping strategies in cannabis-related situations.

Give students many opportunities to consider when, where, how and by whom they may feel pressured to use cannabis 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.

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.

Inform parents that the purpose of the chosen activities 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. The *Family information sheets* outline this rationale. A parent information session may also promote greater parent-child discussion about cannabis.

Cocaine

What is cocaine?

Cocaine is commonly known on the street as coke, snow, flake, dust, crystal, nose candy and white lady.

The most common ways of using cocaine is by snorting and intravenous injection. The base form of cocaine which is achieved by the chemical activation of the hydrochloride form vaporises at low temperature and can be smoked. This form of cocaine is commonly known as crack (from the cracking sound it makes when it is heated).

Prevalence of cocaine use

Refer to the ASSAD survey data for the latest prevalence statistics.



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

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

Death, disease and other costs

The effects of smaller doses may include an increase in heart rate, blood pressure, body temperature or confidence and diminished fatigue. The effects of larger doses may include: anxiety, insomnia, paranoia and persecutory fears. The long term effects may include: sexual dysfunction, interpersonal conflicts, severe depressive conditions, dysphoria, and bizarre and violent psychotic disorders which may persist for weeks after use.

Ecstasy (MDMA)

What is ecstasy?

MDMA (methylenedioxymethamphetamine) is known as ecstasy. MDMA is a derivative of amphetamine and shares the stimulant properties of amphetamines and hallucinogens in its side effects as well as residual effects.

Ecstasy doesn't always contain just MDMA, it is often mixed with (or substituted by) related drugs including amphetamine, MDA, PMA, ephedrine and LSD. Some tablets sold as ecstasy contain no ecstasy at all.

Ecstasy is usually sold as small tablets or capsules. Yellow or white tablets are the most common but many other colours and designs have also been available. Some tablets are sold with embossed shapes on them such as hearts, doves, rabbits and champagne bottles.

Prevalence of ecstasy use

Refer to the ASSAD survey data for the latest prevalence statistics.



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

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

Death, disease and other costs

The effects of ecstasy usually start with 30 to 90 minutes and can last for six to eight hours, however sometimes the effects may last up to 24 hours. Some of the immediate effects may include: feeling of wellbeing, increased confidence, anxiety, nausea, sweating, hot and cold flushes, jaw clenching and teeth grinding, increased pulse rate and blood pressure, dry mouth, paranoid feelings and high body temperature.

Higher doses can produce: irrational behaviour, convulsions, dehydration, urinary retention, rhabdomyolysis (muscle meltdown), vomiting, hallucinations, and excessive thirst.

Ecstasy may also have a 'hangover' effect which usually occurs the day after it is taken. Symptoms may include: depression, drowsiness, muscle aches, loss of appetite, insomnia and loss of concentration.

Ecstasy affects the production of serotonin, a mechanism that regulates the body's temperature. It appears to cause a loss of control of normal body temperature. When the effects of ecstasy are combined with physical activity such as dancing, the user may overheat and dehydrate.

Ecstasy may also disturb the brain's mechanism for satiation (knowing when you have had enough water), causing users to continue drinking. When the brain is affected, swelling of the brain stem and spinal cord affects respiration, heart rate and blood pressure and can lead to death.

Hallucinogens

What are hallucinogens?

Hallucinogens are naturally or synthetically produced drugs that act to alter a person's perception of the world. Natural hallucinogens include plants such as mushrooms (psilocybin) and the peyote cactus (mescaline). Other hallucinogens include LSD, bromo-DMA, MDA, STP and PCP (angel dust) are

manufactured. Certain drugs such as cannabis and MDMA (ecstasy) can produce hallucinogenic effects at high doses or in particular circumstances.

Prevalence of hallucinogens

Refer to the ASSAD survey data for the latest prevalence statistics.



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

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

LSD

Lysergic acid diethylamide (LSD) is commonly known as acid, trips or tabs. It is synthetically produced and is considered to be the most powerful hallucinogen produced. LSD is effective in extremely small doses with usual doses ranging from 25 to 300 micrograms. Because the amounts of the drug are so small it is usually mixed with sugar and sold on a small piece of absorbent paper decorated with popular designs. It can also be sold on sugar cubes, small squares of gelatine or in capsule, tablet or liquid form.

LSD is usually swallowed, placed under the tongue and dissolved, or the paper tile can be chewed to release the hallucinogen into the mouth.

Death, disease and other costs

The short-term physiological effects can include: slight increase in body temperature, dilation of the pupils, slightly increased heart rate and blood pressure, increased levels of glucose in the body, drowsiness, and nausea. The psychological effects can include: alterations in mood and emotion, euphoria and dysphoria, visual hallucinations, perceptual disorder, emotional instability, inability to cope, and paranoia.

LSD may also precipitate psychotic episodes that would normally be suppressed. Some users may experience 'flashbacks' where there is a spontaneous recurrence of the original experience at a later date. The flashbacks can occur weeks or even months after the last use of the drug. The mechanism that underlies the flashbacks is unknown.

Magic mushrooms (psilocybin)

Psilocybin is the natural hallucinogenic chemical found in some mushrooms. It may be sold as white crystals, crude mushroom preparations or whole dried brown mushrooms. Some species of magic mushroom grow wild in Australia. It is always dangerous to pick and eat wild mushrooms as it is difficult to distinguish magic mushrooms from other mushrooms that look the same but are poisonous.

Death, disease and other costs

The effects of magic mushrooms are usually similar to those of LSD but usually last for a shorter time (four to six hours) and can include: vivid perceptual distortions, a distorted sense of time and space, poor coordination, increased body temperature and sweating and/or chills, a lack of control over thinking processes and concentration. Users often experience a feeling of nausea before the psychoactive effects of the drug set in.

Heroin

What is heroin?

Heroin (diacetylmorphine) is a depressant that belongs to a group of drugs called opioids (sometimes referred to as narcotic analgesics eg Mersyndol®). Opioids are derived from a milky white substance produced by the opium poppy, which, when dried is known as opium. Heroin is manufactured from morphine or codeine, major alkaloids of opium, by chemical process.

In its pure form, heroin is usually a white crystalline powder. It is usually sold in the form of powder or 'rocks' and can range in colour from white to brown, depending on the substances it is mixed or 'cut' with.

Some of the street names for heroin include hammer, H, smack, horse, white and beige.

Prevalence of heroin use

Refer to the ASSAD survey data for the latest prevalence statistics.



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

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

Death, disease and other costs

Heroin crosses the blood brain barrier quickly, resulting in a euphoric feeling or intense rush which is then followed by a calming effect, slowing the reactions through the thought process.

Immediate effects may include: feelings of wellbeing; relief of pain; shallow breathing; nausea and vomiting; constipation; sleepiness; or loss of balance, coordination and concentration.

Large doses of heroin can cause: very depressed breathing, pupils narrow to pin point, cold skin, or overdose (the CNS is depressed to a point where the person goes into a coma and dies).

Because street heroin is usually mixed with other substances, it is almost impossible to assess its strength or composition without laboratory testing. Unpredictable and high levels of purity can be a cause of overdose. When heroin is combined with other depressant drugs such as alcohol and tranquillisers the CNS becomes very depressed and breathing may cease.

Poly drug use

Poly drug use occurs when two or more drugs are used at, or near, the same time. This can occur intentionally (ie when a person chooses to combine drugs) and unintentionally (ie when a manufacturer combines different drugs to achieve a specific effect or to save money by mixing in cheaper chemicals).

The risk of harm is increased if more than one drug is used at a time, especially when drugs of unknown content and purity are combined. This includes mixing over-the-counter drugs, prescription drugs and illegal drugs.

Poly drug use increases the risk of the following symptoms and effects including:

- an increase in heart rate, blood pressure and body temperature
- overdose
- severe emotional and mental disturbances such as panic attacks and paranoia.

Steroids

What are anabolic-androgenic steroids?

Anabolic-androgenic steroids (or anabolic steroids) are a group of drugs that include the male sex hormone testosterone and several synthetically produced structural derivatives of testosterone. They are not classed as psychoactive drugs. The anabolic effects assist in the growth and repair of tissue, mainly muscle. The androgenic effects are involved in the development and maintenance of male sex characteristics. All anabolic steroids have both anabolic and androgenic effects to varying degrees.

Anabolic steroids are available as tablets or liquid for injecting.

Prevalence of steroid use

Refer to the ASSAD survey data for the latest prevalence statistics.



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

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

Death, disease and other costs

There are a range of adverse side effects which users may experience following the non-medical use of anabolic steroids. Some side effects are irreversible and others have been associated with death.

Physical effects may include: acne, high blood pressure, liver and heart problems, increased cholesterol levels, gynaecomastia (breast-like growth in the male), hair loss, hypertension, sleeplessness, headaches, tendon injuries, permanent short stature in adolescents, tendon and ligament damage, and water retention.

Psychological side effects may include: increased aggression and irritability; mood swings, schizophrenic type activity; depression; dependence. Females may experience: clitoral enlargement, smaller breasts, voice changes, cessation of menstruation, excessive growth of hair on back and bottom. Males may experience shrinking of testicles and prostate problems.

Tobacco and passive smoking

What's in tobacco?

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

- Tar, a black, sticky substance that contains many poisonous chemical such as: ammonia (found in floor and window cleaner), toluene (found in industrial solvents) and acetone (found in paint stripper and nail polish remover).
- Nicotine, the addictive stimulant drug in tobacco found in the tobacco plant.

- Carbon monoxide, a poisonous gas that reduces the amount of oxygen taken up by a person's red blood cells.
- Hydrogen cyanide, the poison used in gas chambers during World War II.
- Metals, including lead, nickel, arsenic (white ant poison) and cadmium (used in car batteries).
- Pesticides such as DDT, methoprene (found in flea powder) are used in growing tobacco. Other chemicals such as benzene (found in petrol) and naphthalene (found in mothballs) are added when cigarettes are being made.

Nicotine occurs naturally in the tobacco plant. When tobacco smoke is inhaled, the vapour is absorbed very quickly into the bloodstream through the lining of the mouth and lungs. In large amounts nicotine is poisonous, however when smoked only a small dose is inhaled.

The first symptoms of nicotine dependence can appear within days to weeks of the onset of occasional use, often before the onset of daily smoking. There does not appear to be a minimum nicotine dose or duration of use as a prerequisite for symptoms to appear. Interestingly, girls tend to develop symptoms of nicotine addiction faster than boys.

Prevalence of tobacco smoking

Refer to the ASSAD survey data for the latest prevalence statistics.



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

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

Death, disease and other costs

Tobacco smoking is the largest single preventable cause of death and disease in Australia today. Smoking is estimated to cause 19,000 deaths in Australia each year, over nine times the number of road crash fatalities.

Some of the diseases caused by smoking include: cancer (in the lung, lip, tongue, mouth, throat, nose, nasal sinus, voice box, oesophagus, pancreas, stomach, kidney, bladder, ureter, cervix, and bone marrow); heart disease and stroke; emphysema and asthma; and blindness.

Passive smoking

Passive smoking means breathing in other people's tobacco smoke. Second-hand smoke is a danger to everyone, but young children, pregnant women and the partner of people who smoke are most vulnerable. Passive smoking increases the risk of sudden infant death syndrome (SIDS or cot death).

How tobacco prevention is taught is important

Research on the predictors of smoking, suggest that the most promising school-based approaches:

- help students to develop negative attitudes to smoking
- teach young people how to cope socially while resisting peer influences to smoke
- get parents to quit while their children are young
- have opportunities for students to participate in health-promoting activities.

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

Discussions that suggest smoking is a 'deviant' behaviour may be the very thing that attracts some students to take up smoking. It is therefore suggested that programs should 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.

Schools should consider developing *School Drug Education Guidelines* that include the procedures and intervention support that will be put in place for students who smoke. The Guidelines should treat smoking as a health and safety issue rather than a disciplinary issue.

Tranquillisers (Benzodiazepines)

Benzodiazepines are depressant or sedative drugs prescribed by doctors to relieve stress and anxiety, relax muscles or promote sleep and are sometimes used to treat epilepsy. They are commonly known as tranquillisers and sleeping pills that have calming, anxiolytic (anxiety relieving) and hypnotic (sleep inducing) properties and are usually prescribed in tablet or capsule form and include diazepam (eg Valium®), oxazepam (eg Serepax®), nitrazepam (eg Mogadon®), temazepam, flunitrazepam and bromazepam. Benzodiazepines are available on prescription only in Australia.

Street names include Benzos, tranx, sleepers, downers, pills, xannies, serras (Serepax®), moggies (Mogadon®) and normies (Normison®).

Prevalence of tranquilliser use

Refer to the ASSAD survey data for the latest prevalence statistics.



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

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

Death, disease and other costs

Benzodiazepines affect everyone differently but some effects may include: depression, confusion, feelings of isolation or euphoria, impaired thinking and memory loss, headache, drowsiness and fatigue, dry mouth, slurred speech or stuttering, blurred vision, nausea and loss of appetite, diarrhoea or constipation.

If a large amount is taken the following may be experienced: over-sedation or sleep; slow, shallow breathing; mood swings and aggression; jitteriness and excitability; unconsciousness or coma; death (more likely when taken with another drug such as alcohol).

The effects of taking benzodiazepines with other drugs can be unpredictable and dangerous and could cause breathing difficulties, an increased risk of overdose and death (eg benzodiazepines combined with alcohol or opiates such as heroin).

Volatile substances (inhalants)

Volatile substance use (VSU) refers to the practice of deliberately inhaling substances that are volatile (vaporous) for the purpose of intoxication. Volatile substances are also known as inhalants and are depressant drugs which can be categorised into:

- **Solvents** are liquids or semi-solids such as petrol and glue. They are usually common household and industrial products such as paint thinner, dry cleaning fluid, correction fluid and degreaser.
- **Gases** include medical anaesthetics and gases used in household or commercial products such as fire extinguishers and lighter fuels.
- **Aerosols** are sprays that contain propellants and solvents. They include paint, deodorant, hair, insect and vegetable oil sprays.
- **Nitrites** such as amyl, butyl and isobutyl nitrite (together known as nitrites or poppers) are clear, yellow liquids and include soda

Prevalence of volatile substance use

Refer to the ASSAD survey data for the latest prevalence statistics.



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

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

Death, disease and other costs

The possible physical effects of VSU, like any drug, are dependent on a range of factors. The effects of inhalants may start to be felt immediately and can last for 45 minutes.

Low to moderate dose effects can include: feeling of wellbeing, blurred vision, runny nose or sneezing, diarrhoea, drowsiness, unpleasant breath, giggling and laughing, slurred speech, irregular heart beat, headache, bloodshot or glazed eyes, impaired coordination and muscle control.

Higher dose effects can include: decreased coordination, bloodshot eyes, hallucinations and delusions, decreased coordination and muscle control, nausea, vomiting, diarrhoea, blackout, convulsions, coma, grand mal epilepsy, acquired brain syndrome.

Sudden sniffing death

Sudden sniffing death can follow the use of aerosol sprays, cleaning and correction fluids, and model building cement. It is believed that the chemicals in these products can cause

heart failure, particularly if the user is stressed or does heavy exercise after inhaling.

How VSU is managed and taught is important

As products containing volatile substances are cheap and easily accessible from retail outlets, it is recommended and reflected in state and national policies and strategies, that schools do not include these inhalants in their classroom-based programs.

It is however recommended that school drug education about VSU should occur when groups of students are at-risk by virtue of a local outbreak or 'fad', or by widespread knowledge and discussion of the issue by young people. Where this is not required, generic drug-related education that emphasises these products as poisons and hazardous chemicals is recommended.

Any education delivered to students around this issue should be offered alongside appropriate school-based intervention support. Examples of intervention support procedures and how to develop these in schools to support students at risk, can be found in SDERA's *Getting it together: A whole-school*



approach to drug education resource which was distributed to all WA schools in 2010 and is available on the website www.sdera.org.au

Where a school has clear evidence that an individual or small group of students are using volatile substances, it is recommended that the school seeks the counselling services from a Community Drug Service team (refer to the Drug and Alcohol Office WA website www.dao.health.wa.gov.au).



Further information about VSU is available on the Drug and Alcohol Office website at <http://www.dao.health.wa.gov.au/vsu/pages/home.htm>





Useful websites and other resources

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

Phone: (08) 9221 1411

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

Australian Drug Foundation www.adf.org.au

Australian Institute of Health and Welfare (2010 National Drug Strategy Household Survey report)
<http://www.aihw.gov.au/WorkArea/DownloadAsset.aspx?id=10737421314&libID=10737421314>

Beyondblue is a national depression initiative for young people
www.ybblue.com.au/

Drug Aware www.drugaware.com.au

Drug and Alcohol Office (ASSAD survey 2011)
www.dao.health.wa.gov.au

Headspace and Yarn Space www.headspace.org.au

Kids Helpline is a 24 hour help line that can be called on 1800 55 1800
www.kidshelp.com.au

National Cannabis Prevention and Information Centre www.ncpic.org.au

National Health and Medical Research Council
www.nhmrc.gov.au/guidelines

Parent and Family Drug Support Line is a free alcohol and other drug information and support 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

Reachout is about helping young people to help themselves
www.reachout.com.au

School Drug Education and Road Aware
www.sdera.wa.edu.au

The other talk <http://theothertalk.org.au/>

REFERENCE LIST

- Australian Institute of Health and Welfare (AIHW) (2014). *National Drug Strategy Household Survey detailed report 2013*. Drug statistics series no. 28. Cat. no. PHE 183. Canberra: AIHW. Retrieved from <http://www.aihw.gov.au/WorkArea/DownloadAsset.aspx?id=60129549848>
- Australian Bureau of Statistics (ABS). (2008). *National Survey of Mental Health and Wellbeing: Summary of Results 2007*. Australian Government.
- Australian Bureau of Statistics (ABS). (2014). 3303.0 - *Causes of Death, Australia, 2012*. Underlying causes of death (Australia) Table 1.3. Australian Government.
- Boystown (2013). *Kids Helpline Overview 2013: The Key Issues Affecting Kids and Young People in Australia in 2013*. Boys Town, Queensland.
- Department of Education, Science and Training (DEST). (2004). *Principles for School Drug Education*. Australian Government, Canberra.
- Department of Health (2016). *Australian Secondary Students' Alcohol and Drug Survey 2014 – Western Australian Results: Tobacco*. Perth: Chronic Disease Prevention Directorate, Public Health Division, Western Australia.
- Benson, P. L., Leffert, N., Scales, P. C., & Blyth, D. A. (2012). Beyond the "Village" Rhetoric: Creating Healthy Communities for Children and Adolescents, *Applied Developmental Science*, 16(1), 3-23.
- Cahill, H., Shaw, G., Wyn, J., & Smith, G. (2004). *Translating Caring Into Action: an Evaluation of the Victorian Catholic Education Student Welfare Professional Development Initiative*. Australian Youth Research Centre, The University of Melbourne.
- Copeland, J., Finney Lamb, C. E., Bleeker, A., & Dillon, P. G. (2006). *Identifying Barriers Around Providing School-based Prevention Programmes for Ecstasy and Related Drugs*, National Drug and Alcohol Research Centre, University of New South Wales, Sydney.
- Drug and Alcohol Research and Training (DARTA). (2015). *Alcohol and young people: the importance of spirits education*. Retrieved from <http://darta.net.au/wordpress-content/uploads/2015/01/TEACHERS-SPIRIT-EDUCATION.pdf>
- Fildes, J., Robbins, A., Cave, L., Perrens, B., & Wearing, A. (2014). *Mission Australia's 2014 Youth Survey Report*, Mission Australia.
- Glover, S. (1998). Social environments and the wellbeing of young people, *Family Matters*, 49, Autumn, pp. 11-16.
- Hayes, L., Smart, D., Toumbourou, J. W., & Sanson, A. (2004). *Parenting influence on adolescent alcohol use*. Australian Institute of Family Studies for the Australian Government Department of Health and Aging, Canberra. Retrieved from <https://aifs.gov.au/publications/parenting-influences-adolescent-alcohol-use>
- Mental Health Commission (2016). *Australian Secondary Students' Alcohol and Drug Survey 2014: Western Australian Results*. Unpublished analysis.
- 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>
- 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>
- Midford, R., Lenton, S., & Hancock, L. (2001). *A critical review and analysis: cannabis education in schools*, NSW Department of Education and Training, Sydney.
- Ministerial Council on Education, Employment, Training and Youth Affairs [MCEETYA]. (2008). *Melbourne Declaration on Educational Goals for Young Australians*, Victoria. Retrieved from http://www.curriculum.edu.au/verve/_resources/National_Declaration_on_the_Educational_Goals_for_Young_Australians.pdf
- 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>
- Perrens, B., Robbins, A., Fildes, J., Ivancic, L., Wearing, A., & Cave, L. (2013). *Mission Australia's 2013 Youth Survey Report*, Mission Australia.
- Payton, J., Weissberg, R. P., Durlak, J. A., Dymnicki, A. B., Taylor, R. D., Schellinger, K. B., Pachan, M. (2008). The positive impact of social and emotional learning for kindergarten to eighth - grade students: Findings from three scientific reviews. Retrieved December 18 2012 from <http://www.indiana.edu/~pbisin/pdf/PosImpact-SELK-8.pdf>
- Pittman, K. (1999). *Youth Today: The Power of Engagement*. Forum for Youth Investment. Retrieved from <http://forumfyi.org/content/youth-today-power-eng>
- Porter, J. R. & Smith-Adcock, S. (2011). Children who help victims of bullying: Implications for practice. *International Journal for the Advancement of Counselling*, 33(3), 196–205. doi: <http://dx.doi.org/10.1007/s10447-011-9121-9>
- Snyder, F. J., Flay, B. R., Vucinic, S., Acock, A., Washburn, I. J., Beets, M. W., & Kin-Kit, L. (2010). Impact of a social-emotional and character development program on school-level indicators of academic achievement, absenteeism, and disciplinary outcomes: A matched-pair, cluster randomized, controlled trial. *Journal of Research on Educational Effectiveness*, 3(1), 26-55.
- Spooner, M., Hall, W., & Lynskey, C. (2001). *Structural determinants of youth drug use*, Australian National Council on Drugs, Australian Government, Canberra.
- Substance Abuse and Mental Health Services Administration Center for Mental Health Services. (2007). *Promotion and prevention in mental health: Strengthening parenting and enhancing child resilience*. Retrieved December 18, 2012, from <http://store.samhsa.gov/shin/content/SVP07-0186/SVP07-0186.pdf>
- Szabo, E., Hayman, J., & White, V. (2004). *Alcohol consumption among 12- to 17-year-old Western Australian school students in 2002*. Centre for Behavioural Research in Cancer, Cancer Council Victoria.
- Theokas, C., Almerigi, J., Lerner, R.M., Dowling, E., Benson, P., Scales, P. C., & von Eye, A. (2005). Conceptualizing and modeling individual and ecological asset components of thriving in early adolescence. *Journal of Early Adolescence*, 25(1), 113-143.
- Tobler, N., & Stratton, H. (1997). Effectiveness of school-based drug prevention programs: A meta-analysis of the research, *Journal of Primary Prevention*, 18(1), 71-128.
- Werner, E. E. (1995). Resilience in development. *Current Directions in Psychological Science*, 4(3), 81-85.
- Zins, J. E., Weissberg, R. P., Wang, M. C., & Walberg, H. J. (Eds.). (2004). *Building academic success on social and emotional learning: What does the research say?* New York: Teachers College Press.

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