

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. If activities are modified, the mapping documents on pages 11-13 may not be fully applicable. It is also recommended that videos be pre-viewed to determine suitability for different student cohorts.

Note: Schools with a religious philosophy

When teaching resilience, decision-making and coping skills in the context of alcohol and other drugs education encourage students to use reflection, prayer and meditation in addition to the strategies outlined within this resource.

TOPIC 1

Introduction to drug education

Activity 1 Assessing students' knowledge about drugs

Learning intention

- Students demonstrate current knowledge and understandings about drugs and the possible harms associated with drug use
- Students understand the aim of their drug education program
- Students identify rules that will promote 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 38)

Letter to parents – photocopy one per student

Be Ready student workbook – one per student

Family information sheet – *Drug use – the real story* – photocopy 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.

Check students' answers using the marking key on page 39. 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 including alcohol, tobacco and cannabis.
 - Highlight the range of possible consequences of drug use eg physical, social, emotional, financial and legal.
 - Identify some of the risks and pressures they may find themselves facing in drug-related situations
 - Identify strategies and skills 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.
 - Highlight to students that even though they choose not to use drugs, the harms that may result from another person's drug use also need to be considered.
3. Devise a set of 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 do 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 3	2, 3 1 1
2. <i>Dope, gunga, weed</i> are all street or slang names for which drug?				1 5	2 1
3. <i>Alcohol can cause some cancers in the body.</i>				4	1
a) True					
4. <i>Smoking tobacco and cannabis using an implement (bong, shisha or hookah) will not reduce the damage to your lungs.</i>				3 5	1, 2 2
a) True					
5. <i>Alcohol only affects the brain and liver.</i>				4	1
b) False					
6. <i>If a young person under 18 years of age drinks alcohol they can affect the healthy development of their brain.</i>				4	1, 2
a) True					
7. <i>If a woman drinks alcohol while she is pregnant or breastfeeding it can cause damage to the baby.</i>				4	1, 2
a) True					
Drugs and the law					
8. <i>It is legal to drink alcohol under the age of 18.</i>				1 4	3 4
b) False					
9. <i>Growing a couple of cannabis plants is legal in Western Australia.</i>				5	1, 3
b) False					
10. Which list includes all legal drugs?				1	3
c) Analgesics, nicotine, alcohol and caffeine					
11. <i>A drug conviction may affect your future employment and travel goals.</i>				5	2, 3
a) True					
12. <i>L and P plate drivers and riders must have a Blood Alcohol Concentration of zero.</i>				4	1, 4
a) True					
13. <i>It is illegal to drink alcohol in public places (park, beach, oval).</i>				4	1, 4
a) True					
Helping yourself and your mates (harm minimisation)					
14. <i>If your mate has had too much to drink, should you:</i>				6	1, 2
b) Stay with your mate and watch while he/she drinks some water and has something to eat.					
15. <i>Your mate has been using drugs and is on the ground unconscious. You want to call an ambulance. If you do:</i>				6	1, 2
c) You will be able to get help for your mate from the ambulance officers and the police who are only concerned about safety.					
16. <i>The best thing to do if someone has a bad reaction to alcohol or a drug is to:</i>				6	1, 2
b) Call for help from an adult and/or an ambulance					
17. <i>In a health and safety situation involving alcohol or drugs, I should look after myself and my mates.</i>				6	1, 2
a) True					
What drugs are used by 12-17 year olds school students? (prevalence of drug use)					
18. <i>Analgesics (91%), alcohol (44%), cannabis (16%), nicotine (14%), tranquillisers (13%), ecstasy (3.1%), amphetamines (2.8%), (MHC, 2016a; MHC, 2016b)</i>				1 5	3 1
19. <i>95% of 12-17 year olds are not current smokers (smoked in the past 7 days) (White & Williams, 2015)</i>				1	3
a) True					
20. <i>Most 12-17 year old students in Western Australia have used amphetamines sometime in their life.</i>				1	3
b) False (3%)					



Dear Parents

In Health and Physical Education this term, our class will be building on their drug education learning from Year 8 and focusing on alcohol and other drugs such as cannabis using *Challenges and Choices*, an evidence-based education program that is endorsed by the State government and supported by the Department of Education, Catholic Education Western Australia and the Association of Independent Schools of WA.

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

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

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

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

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

Yours sincerely

¹ National Health and Medical Research Council (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 identify the four groups of psychoactive drugs

Equipment

Be Ready student workbook – *Drugs – what are they?*
– page 17

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

Question box eg empty tissue box or ice-cream container

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>

Activities

1. If the class have not previously participated in a drug education program, use a **think-pair-share** (refer to page 112) and have students write their own definition of a drug. Listen to a few responses then read the World Health Organisation (WHO, n.d.) definition on *Drugs – what are they* page 17 of *Be Ready* which is: *A drug is any substance, except food and water, which when taken into the body, changes the way the body works.* Discuss any similarities between the WHO definition and those created by the class.
2. Explain that drugs can be classified in many ways, for example:
 - source of the substance eg synthetic or plant
 - legal status eg legal or illegal
 - risk status eg safe or dangerous
 - use – medical or other.However, one of the most common and useful ways of classifying a drug is by the effect that it has on a person's central nervous system (CNS). For example:
 - *Depressants* – these drugs slow the activity of the brain and decrease its alertness eg alcohol, heroin. (Volatile substances such as aerosol sprays and glues also fall into this category. However, it is recommended that information on volatile substances should not form part of the general drug education curriculum due to the ease of access and risks of experimentation. Refer to www.sdera.wa.edu.au).
 - *Stimulants* – these drugs have the opposite effect to depressants by increasing the activity of the brain eg caffeine, nicotine (in tobacco).
 - *Hallucinogens* – these drugs cause the user to see, hear and smell things in a strange way eg cannabis and ecstasy in high doses, and some types of mushrooms.
 - *Multi-action* – these drugs can have more than one effect on the CNS. For example, cannabis can have both depressant and hallucinogenic effects, and ecstasy can have both stimulant and hallucinogenic effects.

Have groups **brainstorm** (refer to page 107) the names of psychoactive drugs for each category of drugs and write these in their workbook. Suggest that students

list street names and slang words if they do not know the correct name of the drug. For example: Marijuana – gunga, mull, dope, weed; Alcohol – booze, grog; Ecstasy – eccies, E.

Some street names may be more relevant to certain student cohorts and in different locations. Give students the correct drug name for those drugs only known by the street name. Ask groups to place a tick next to the drugs that are legal to use ie tobacco and alcohol for anyone who is 18 years or older, analgesics etc.

3. Invite students to place any questions they may have about drugs in the 'question box'. Remind the class not to write their name on the question as this may encourage students to ask a wider range of questions. Select a question each day to discuss. Only answer the questions that you feel confident to answer. The Teacher Notes pages 119 to 128 and links to reliable websites such as the Drug Aware website www.drugaware.com.au and Australian Drug Foundation www.adf.org.au will help you find the information to provide credible answers. Emphasise to students that any drug has the potential to cause harm.
4. Draw a triangle on the board and label as shown in *Be Ready* on page 17. Explain to students that the effects and degree of harm caused to a person while using a drug is determined by a number of factors that can be grouped under the three headings – the person using the drug, the environment it's being used within, and the drug itself. Have students add other factors to each heading of the drug use triangle in *Be Ready*.
5. Read the following drug use scenario to the class.

Scenario

- A 17 year old male using cannabis for the first time at a party with friends.

Identify the factors in this scenario relevant to each point of the triangle and discuss how these may contribute to the drug user's experience.

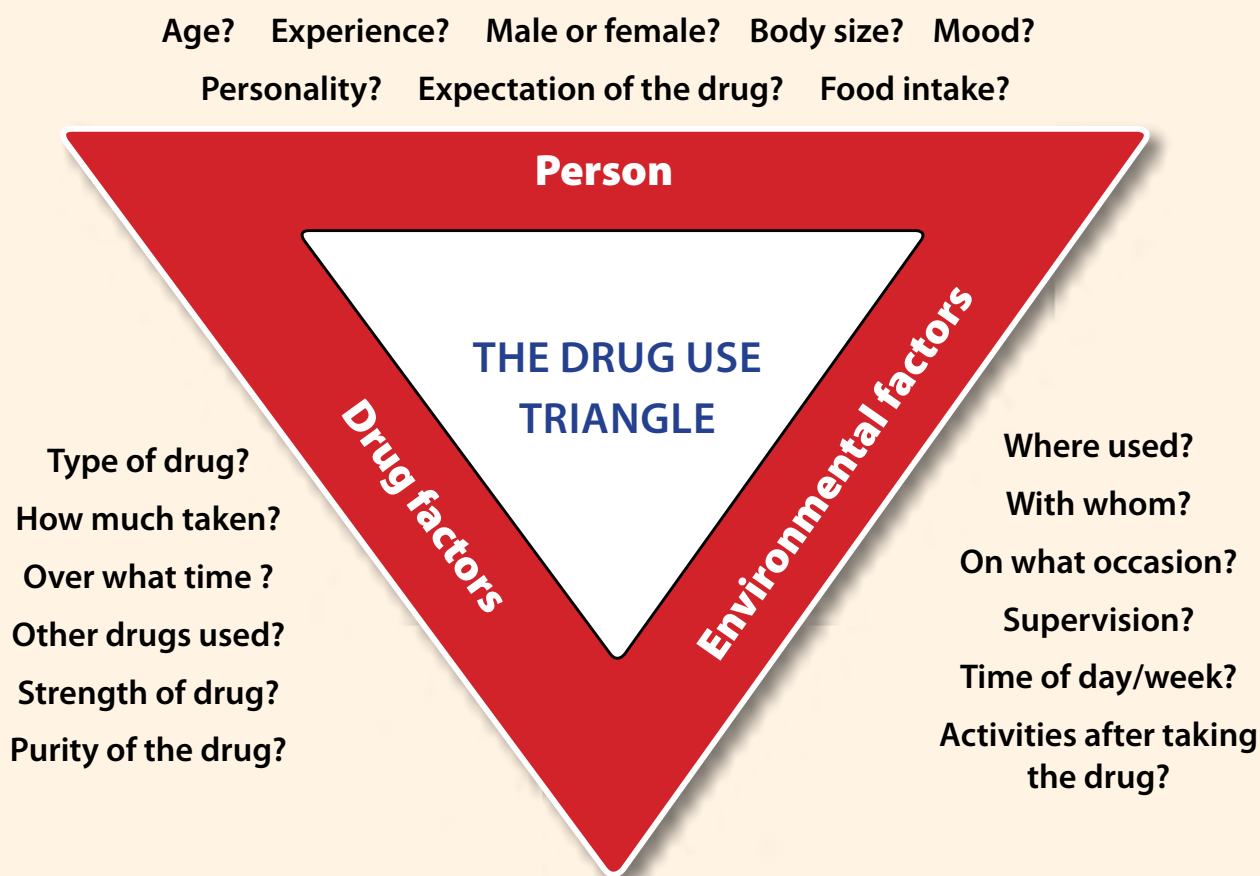
6. Send home a copy of the Family information sheet - *It's not just the drug* provided with this activity. Also advise parents about the reliable drug information websites and help lines that they, and their teenager, can contact for advice about alcohol and drug use problems.



It's not just the drug

The Drug Use Triangle shows how the effects and harms of drug use rely on the combination of three factors –

The Person, The Drug and The Environment.



ANY DRUG HAS THE POTENTIAL TO CAUSE HARM. ILLEGAL DRUGS ESPECIALLY CAN HAVE UNEXPECTED EFFECTS AS THE SUBSTANCES IN THEM ARE OFTEN UNKNOWN AND POTENTIALLY DANGEROUS. UNDERSTANDING THE FACTORS INVOLVED IN THE DRUG USE TRIANGLE CAN HELP TO MINIMISE THE POTENTIAL RISKS.

Activity 3 Illicit drugs



Learning intention

- Students develop an awareness and an understanding of illicit drugs

Equipment

Be Ready student workbook - *Get the facts* – page 18

Be Ready student workbook – *Facts about ICE* – page 19

Activity sheet - *Illicit drug effects* – photocopy one set of cards per group

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

Family information sheet - *New Psychoactive Substances* – photocopy one per student

Internet access

Teaching tip

View or download booklets and fact sheets from the Mental Health Commission www.mentalhealth.wa.gov.au, Drug Aware www.drugaware.com.au or Australian Drug Foundation www.adf.org.au

Activities

- Place students in groups and distribute a range of information materials about illicit drugs such as ecstasy, amphetamines, methamphetamine, LSD, heroin, cannabis, cocaine and tranquillisers. (Although tranquillisers are not illegal, there are trends showing that these drugs are being used without a doctor's prescription or purchased with someone else's prescription, so it is important to include them in this activity). Explain that students are to research the drug they have been allocated using the information materials and the internet, and record their findings on *Get the facts* on page 18 of *Be Ready*.
- Conduct a **jigsaw** (refer to page 109) where each group contains a representative (or expert) on one of the drugs. Allow time for students to discuss each drug using their workbook notes and information materials.

Ask

- Which drugs fall into the category of depressants (eg heroin, tranquillisers), stimulants (eg amphetamines, cocaine, methamphetamine), hallucinogens (eg LSD, magic mushrooms), and multi-action (eg ecstasy, cannabis)?
- What was one interesting fact about the drug you researched?
- Why do you think drugs are often given street or slang names? (The names maybe descriptive of the actual drug or the effects the drug has on the user. Slang is often specific to certain geographic areas. Some users often create their own street names for drugs to disguise their activity and actions, and also to increase their attractiveness and make them more marketable.

Write a list of street or slang names for each of the drugs, for example:

- Cannabis* – dope, weed, grass ganga, marijuana, yarndi, pot, hash, joint, stick, cone, choof; Synthetic cannabis (Kronic, Spice, Northern Lights, Mojo, Lightning Gold, Lightning Red, Godfather, legal herbal highs).
 - Meth/Amphetamine* – speed, fast, up, uppers, goey, whizz.
 - Ecstasy* – E, eckies, XTC, bikkies, MDMA, pills, pingers, flippers, molly.
 - Hallucinogens* – LSD (tabs, trips, acid, dots); magic mushrooms (shrooms, mushies, blue meanies, golden tops, liberty caps).
 - Cocaine* – coke, crack, C, nose candy, snow, white lady, toot, Charlie, blow, white dust, stardust.
 - Heroin* – smack, hammer, horse, H, gear, the dragon, dope, junk, harry, horse, black tar, white dynamite, homebake, china white, Chinese H, poison, Dr Harry.
 - Crystal Methamphetamine* – ice, crystal meth, shabu, crystal, glass, shard.
 - New Psychoactive Substances* – party pills, legal highs, synthetic cocaine, NBOMes, bath salts.
 - Tranquillisers* – rohies, barbs, valium, serapax.
- What physical or mental health effects do you think would most likely discourage a young person from using these drugs?
 - Why are illegal drugs potentially dangerous? (Explain that drugs which are manufactured illegally are potentially dangerous as the user can never really know the contents and the strength or dosage. This means that batches of the same drug can be very different and can result in different outcomes for the user. The line between dose and overdose, between desired effects and dangerous effects, can also be very fine and impossible to predict).
 - All methods of taking drugs have risk, regardless of whether a person has used the drug before or not. What are some possible harms associated with injecting drug use? (Injecting drug use is particularly risky due to the possibility of contracting HIV, a virus that attacks the immune system and causes AIDS; Hepatitis C, a virus that inflames the liver and may result in liver cancer; tetanus and other blood borne viruses).
 - What do the statistics tell us about students and these drugs? (The 2014 Australian School Students Alcohol and Drug (ASSAD) survey statistics show that most 12–17 year olds do not use illicit drugs. However, it is still relevant to consider the harms and consequences of illicit drugs as they impact not only on the user but also their family, friends and others in the community).
 - Give each group an *Illicit drug effects* set of cards. Explain that each student is to take a card. The first student reads out the question on their card and the student who thinks they have the corresponding answer places it next to this person's card. Repeat the process until all question and answer cards have been matched. (Note: The correct answer to each question appears alongside the following question, as printed on the activity sheet).

Check and discuss the answers with the class. Remind students that dexamphetamine, or the group of drugs used to treat people diagnosed with Attention Deficit Hyperactivity Disorder (ADHD) are not illegal, but buying, selling or using these drugs without a doctor's prescription is illegal. Highlight that using any prescription medicines that have not been prescribed by a doctor is dangerous and illegal. If students have further questions about illicit drugs refer them to www.drugaware.com.au (Drug Aware) or www.adf.org.au (Australian Drug Foundation).

6. Ask students to read through the information on page 19 of *Be Ready – Facts about Ice*. Discuss the information found in the information sheet that is new to students, surprising or answered questions that they may have had.
7. Have students complete a **3-2-1 reflect** (refer to page 112) to: recall three interesting facts, consider how knowing information about illicit drugs may impact on their choices, and one question they have that still needs to be answered. Responses can be written in their workbook.
8. Send home a copy of the Family information sheets – *Drug use: the real story*, *Over-the-counter and prescription drugs*, and *New Psychoactive Substances* for students to share and discuss with their family.



Illicit drug effects

TRUE OR FALSE

Methamphetamine can cause brain damage.

TRUE: High doses and frequent use of ice (crystal methamphetamine) may also cause 'ice psychosis' which is a condition characterised by paranoid delusions, hallucinations and aggressive or violent behaviour. These symptoms may disappear a few days after the person stops using ice.

TRUE OR FALSE

Combining crystal meth (ice) with other stimulants such as ecstasy or cocaine is very risky.

TRUE: Methamphetamine can cause brain damage. Methamphetamine often contains other substances that are toxic to the brain.

Regular use of methamphetamine can also affect the brain causing problems with concentration, moods and psychosis.

TRUE OR FALSE

Illicit drugs are often mixed with other drugs when they are sold on the street.

TRUE: Combining crystal methamphetamine (ice) with other stimulants can result in severe dehydration, high body temperature, heart seizure and even death.

Combining two drugs of a similar nature, such as two stimulants or two depressants can lead to overdose.

Any drug has the potential to cause harm.

TRUE OR FALSE

Injecting drug use is no more dangerous than any other way of using drugs.

TRUE: Most illicit drugs are mixed or 'cut' with other substances to increase the weight and the dealer's profits. Some cutting agents include milk or talcum powder, brick dust, cleaning agents, fertilisers and rodent poisons.

The purity level of these drugs is difficult to predict and overdoses may result when a drug with an unusually high level of purity is used.

Note: The answer for each question is found next to the following question on the activity sheet.



Illicit drug effects

TRUE OR FALSE

Combining alcohol and ecstasy can result in dangerous dehydration.

FALSE: Injecting drug use is very dangerous. Sharing needles can result in infections such as HIV, Hepatitis B and C, and blood poisoning. Injecting undissolved solids from impure drugs can block blood vessels and cause vein collapse or gangrene. Abscesses at the site of the injection are also common.

Once injected a drug reaches the central nervous system (CNS) within seconds and cannot be removed from the blood. This makes overdosing a real risk.

Drugs that are taken by mouth may be vomited or pumped from the stomach.

TRUE OR FALSE

HIV can be transmitted by sharing needles and other injecting equipment.

TRUE: Alcohol dehydrates the body and so can ecstasy. If the user is exercising (eg dancing) dehydration can reach dangerous levels and cause brain damage.

Mixing drugs of a different nature can lead to unpredictable, often dangerous results.

TRUE OR FALSE

A person who injects a drug for the first time has a very low risk of contracting Hepatitis C.

TRUE: HIV is transmitted when infected blood, semen or vaginal fluids pass through the skin and into the bloodstream of an uninfected person.

Sharing needles and having unprotected sex can transmit the HIV virus.

TRUE OR FALSE

A person who has Hepatitis C is OK to drink alcohol.

FALSE: Hepatitis C is a blood borne virus that can be transmitted by sharing needles, getting a needle stick injury, using unsterilised tattooing or piercing equipment, or having unprotected sex.

If an injecting drug user does not use new or sterilised equipment they are at high risk of contracting Hepatitis C.

Note: The answer for each question is found next to the following question on the activity sheet.





Illicit drug effects



TRUE OR FALSE

In Australia, at least 90% of all new Hep C infections are caused through injecting drug use.

FALSE: Alcohol can make the liver damage that Hep C causes even worse. People who have Hep C are advised not to drink alcohol.



TRUE OR FALSE

Ice or crystal methamphetamine may cause 'ice psychosis'.

TRUE: Drug users in Australia who have been injecting for 4-8 years have an 80% chance and, over 8 years, a 100% chance, of being infected by Hepatitis C.

Rates of infection have fallen since 1985 when safer injecting drug strategies were introduced.



Note: The answer for each question is found next to the following question on the activity sheet.



Drug use: The real story

YOUTH DRINKING LOWEST IN THREE DECADES is the heading on the *Bulletin: Alcohol trends in Western Australia: Australian school students alcohol and drug (ASSAD) survey*, released by the Government of Western Australia Drug and Alcohol Office in September 2016.

The ASSAD survey provides information on the use of tobacco, alcohol, and illegal and legal (for non-medical purposes) drugs in 12 to 17 year olds, and their attitudes toward these substances. The 2014 results tell us that rates of alcohol use have declined over the past three decades.

The proportion of students reporting drinking in the past year has approximately halved (79.7% to 44.3%), in the past month (50.1% to 23.9%) and past week (33.5% to 13.9%). In the same time period, the proportion of students reporting they have never drunk alcohol has more than tripled, increasing from 9.0% to 31.5%. (See Figure 1)

This information is important and relevant as many young people think that everyone is drinking or taking other drugs. 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.

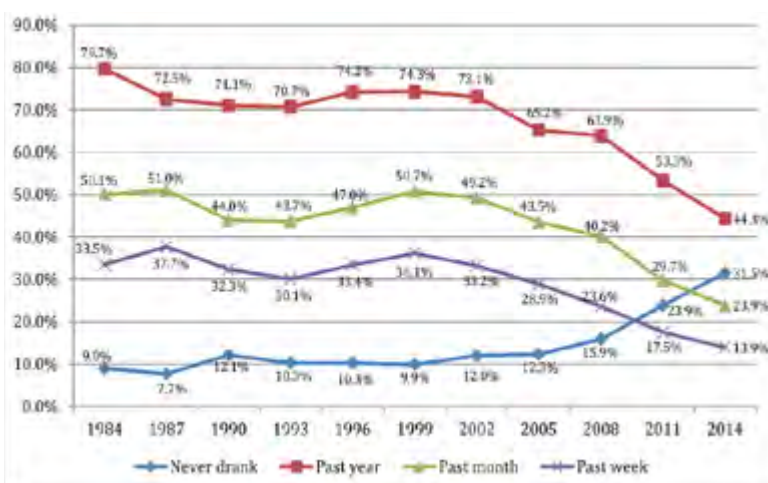


Figure 1: Prevalence and recency of alcohol use for students aged 12 to 17 years, 1984 to 2014 (MHC, 2014a)

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.

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.



KEY MESSAGE

Most young people aged 12 to 17 years do not use drugs.

The picture of illicit drug use

In 2014, fewer than one in five Western Australian school students (19.5%) had ever used at least one illicit drug.

This is a significant decrease, with the proportion more than halving from 41.4% in 1996. Furthermore, the proportion of students reporting use of at least one illicit drug in 2014 was not significantly different to 2011.

Cannabis was the most commonly used illicit drug among all students in the past year (16.4%), followed by tranquilisers (13.4%) and inhalants (10.4%). (MHC, 2016; MHC, 2016b)



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



Over-the-counter and prescription drugs

Any drug has the potential to cause harm.

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

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

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

Australian School Students Alcohol and Drug (ASSAD) Survey

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

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

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

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



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 4 Reasons why young people use drugs



Learning intention

- Students identify reasons why some people use drugs and others don't use drugs
- Students identify alternative ways to achieve similar feelings of relaxation or exhilaration without using drugs
- Students practise a breathing and relaxation technique to reduce stress or anxiety

Equipment

Be Ready student workbook – *Not everyone uses drugs* – page 20

Teaching tip

Module 1 Activity 3 Topic 3 on page 29 explores coping strategies such as relaxation and meditation. The app *Smiling Minds* is suggested as a suitable tool.

Ask students working in the 'adults' group to read out the reasons to start or continue drug use. Student working in the 'young people' group should tick any similar answers. Repeat this process for reasons to stop or not to start drug use.

Ask

- *Were there any similarities between the reasons for adults and young people to start or continue drug use? Why?*
- *Do you think adults often think that drug use is what most young people do? Why?*
- *Were the reasons to stop or not to start drug use the same for adults and young people? Why?*
- *Of the reasons you identified to 'not to start drug use' which do you think would influence most young people? Why?*
- *Like smoking, stopping any drug use can be difficult. Who might a person go to for help if they wanted to stop or reduce their drug use? (eg doctor, alcohol and other drug counsellor, family and friends, treatment services).*

Activities

1. Nominate one half of the class to complete page 20 in *Be Ready - Not everyone uses illicit drugs* by identifying some of the reasons why 'adults' start or continue to use drugs, and the reasons why some adults never use drugs, and others stop their drug use. The other half of the class are to do the same but with 'young people' as the focus. Some examples have been given

Reasons to start or continue drug use	Reasons to stop or not to start drug use
To forget or cope with their problems	Don't like hangovers
All of their friends use drugs	Don't like not being able to remember what you've done
Curious and want to experiment	Don't like feeling out of control
Thrill of taking a risk	Getting caught by the police
To have a good time	A bad personal drug experience
Pressure from their friends	Risk to education and career
Think that everyone else does	Knows that travel visas can be refused
To join in with a group	Mental health risks
Think they can manage the risks	Fear of becoming reliant on drugs
Think that trying it once won't hurt them	Financial cost
Like the way it makes them feel	Disapproval by friends
	Family finding out
	A girlfriend/boyfriend who disapproves
	Death of a friend

2. Explain that some people choose to use drugs to help them deal with their emotions (such as distress or anger) and relax their body. Some choose to use drugs to achieve a feeling of excitement or happiness in their life. Have students identify some healthy ways to relax their bodies such as meditation or yoga, going for a walk or run, or listening to music. Have students share what makes them feel happy and how they get a 'natural high' such as dancing to loud music with friends, surfing or skateboarding for the first time, or helping someone. Have students write some of these ideas in *Be Ready* on page 20 and also research meditation or relaxation apps that are free to download such as *Smiling Mind* at www.smilingmind.com.au.
3. Teach students how to relax by focusing on their breathing. Have students sit on their chair in a space on their own, with their legs slightly apart and feet flat on the floor, shoulders dropped, hands resting palm up in their lap and eyes closed. Explain to students they are to breathe in for the count of four, hold their breath for four counts, exhale for four counts, and hold their breath for four counts. Have students continue this until they feel their body relaxing and they are only concentrating on their breathing, nothing else.
4. To further the discussion on why some young people choose to use drugs, have the class read either:
 - *Anna's story* by Bronwyn Donaghy. This is a true story about an Australian schoolgirl, Anna Wood, who died of acute water intoxication, secondary to MDMA ingestion.
 - *In Ecstasy* by Kate McCaffrey is a brutally frank and utterly convincing portrait of the challenges facing contemporary teens

Ask students to write a summary of the story. The summary should include some of the reasons why the character became involved in drug use.
5. Ask students to complete all outstanding activities on page 20 of *Be Ready*.

TOPIC 2

Alcohol

Year 9 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 [DART], 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 Use of alcohol by school students



Learning intention

- Students explore recent alcohol use statistics by school students aged 12 to 17
- Students inform others of alcohol statistics using an infographic

Equipment

Be Ready student workbook – All about alcohol – page 21-22

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

Internet access

2. Explain to students that an infographic is a visual representation of data that can be used to educate and inform others. An example is provided on page 22 of *Be Ready*. Have students search the internet for examples of infographics then using the latest alcohol results from the ASSAD survey, create an infographic to illustrate the statistics. Free programs such as *Canva* can assist students to develop their infographic.
3. Send home a copy of the Family information sheet – *A teenager's brain and alcohol* with each student to share with their family.

Activities

1. Read and discuss the *Australian Guidelines to Reduce Health Risks from Drinking Alcohol* on page 21 of *Be Ready*. Have students define the terms 'binge drinking' or 'risky drinking'. (Binge drinking or risky drinking is defined as 'drinking at risky levels for single occasion alcohol-related harm'. The term 'heavy drinking' is also used to describe drinking at harmful levels). Briefly discuss the term 'standard drinks' and Blood Alcohol Concentration (BAC).

Acknowledge that most adults and young people over 18 years of age use alcohol in a responsible way, however there are some young people, under and over the age of 18, who binge drink and do this on a regular basis. However, the good news is that recent statistics also show that there has been a downward trend in the number of young people who are abstaining or delaying their first experience with alcohol. Rates of use have declined over the past three decades – the proportion of students reporting drinking in the past year has approximately halved (79.7% to 44.3%), in the past month (50.1% to 23.9%) and past week (33.5% to 13.9%) (MHC, 2016a).

Remind students that as Guideline 3 indicates, there are no known levels of safe use of alcohol for those under 18 years. Explain that although risky drinking may only be occasional, it can result in a range of short-term harms such as becoming sexually vulnerable, violence, loss of reputation, black-outs, injury and road trauma, for the drinker and those around them. Early experimentation with alcohol can also result in later problematic use of alcohol, so it's a healthy behaviour to delay the age when alcohol is first used.



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.



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/>



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.

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

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 2 Potential impact of alcohol use



Learning intention

- Students understand that the potential harms associated with alcohol use can vary depending on a range and combination of factors
- Students use the Four Ls Model to discuss the impact of alcohol use

Equipment

Be Ready student workbook – *All about alcohol* – page 22

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

Teaching tip

Revise the drug use experience (refer to Module 2 Topic 1 Activity 2) if students are unfamiliar with the concept. Remind students that alcohol-related harm is dependent on multiple factors associated with the person (eg mood, age, gender, health, previous experience with alcohol, expectations, consuming alcohol and other drugs together); the drug (eg how much, how quickly, what strength) and the place (eg with friends, with strangers, near water, while driving).

Activities

1. Write the Four L's Model on the board – Liver, Lover, Law and Livelihood. Explain that the Four L's model (adapted by Roizen) is useful when considering the impact of alcohol or other drug use on four major spheres of a person's life. Working in groups, have students **brainstorm** (refer to page 107) some of the impacts for each sphere and write these on page 22 of *Be Ready*. Some examples have been provided.
 - Liver – anything to do with a person's health such as possible cancer related illnesses, cirrhosis of the liver, weight gain, memory gaps.
 - Lover – problems associated with a person's relationships (eg family, friends, children, lovers) such as breakdown in relationships, become aggressive when intoxicated.
 - Law/legal – any problems associated with the law, either criminal or civil proceedings – underage drinking, driving while intoxicated, loss of driver's licence.
 - Livelihood/lifestyle – problems which relate to accommodation, work, career, finances, education, recreation, loss of job and income.

Listen to responses from each group then use the following questions to process the activity.

Ask

- Do young people think about any of these impacts alcohol can have on their lives? Why?
 - How can young people find out about the health impacts of alcohol? (Advertising campaigns, drug education at school, credible websites, teachers, doctor).
 - Would a person who is experiencing difficulties in all four spheres of life be considered to be at increased risk of harm? (Yes). How?
 - Which impacts could affect a person in the long-term? (eg loss of licence due to drink driving and injuring or killing another person, health diseases such as cancer).
 - If you were asked to develop an alcohol campaign targeting young people, which of the four L's would you focus on and why?
 - Would your campaign be different if it was targeting adults? Why?
2. Have students write three key messages about the impact of alcohol on page 22 of *Be Ready* to support a discussion on the topic 'Alcohol doesn't just give you a hangover'. Divide the class into two groups and nominate one group to argue in support of drinking and the other to argue against the use of alcohol. Remind students that all responses are to be made through the 'chair' (the teacher).
 3. Send home a copy of the Family information sheet – *Talking with your teenager about alcohol* with each student to share with their family.



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. I have to finish this assignment.



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

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/>

Activity 3 Predicting risks in alcohol-related situations



Learning intention

- Students understand that the potential harms associated with alcohol use can vary depending on a range and combination of factors
- Students review the potential risks for young people in alcohol-related situations such as sexual harm, loss of reputation and violence while drunk or in the company of those who are drunk
- Students predict situations and patterns of alcohol use which are likely to be of lower or higher risk in social settings

Equipment

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

Strategy sheet – *Risk continuum* – photocopy the 'lower risk' and 'higher risk' cards – page 116

Teaching tip

Draw the drug triangle on the board (refer to Module 2 Topic 1 Activity 2) to remind students that a person's experience with a drug is not just due to the drug itself.

Activities

1. Seat the class in a circle and distribute a scenario card to each student. Set up a **risk continuum** (refer to page 110) using the 'low risk' and 'high risk' signs inside the circle. Explain that students have to consider the possible risks and consequences for the alcohol situation shown on their card.

Have students take turns to read out their scenario, put it on the continuum and explain what helped them decide where to place their card on the continuum. For example, the scenario card is – *Drinking at a football club wind-up*. The student may state: *My person is a 25 year old male who has drunk 3 full strength beers all night, so the risk is probably low*. Alternatively the student may state: *My person is a 14 year old female who has drunk 8 full strength beers over 2 hours, so the risk is high*.

2. Offer students the opportunity to challenge any of the card placements by providing a reason why the alcohol situation has either a higher or lower risk.
3. Have students suggest how the risk for each situation could be reduced ie by changing some of the factors such as the individual or the environment or the amount and type of alcohol that has been consumed. Remind the class the *Australian Guidelines to Reduce Health Risks from Drinking Alcohol* state that not drinking alcohol is the safest choice for anyone under 18 years of age, and that it is also illegal to buy, have or drink alcohol in a public place if under 18.

Use the following questions to process the activity.

Ask

- *What do you predict may happen in some of the high risk situations?* (eg injury or death, violence, sexual harm).
 - *Why would this situation happen in the first place?*
 - *What pressures or influences would young people be under in these high risk situations?* (eg friends trying to encourage their alcohol use, person feeling that they need to drink to fit in with a group).
 - *What skills might be useful in some of these situations?* (eg speaking assertively, using refusal strategies, decision making, negotiating, seeking help, planning ahead and having a contingency plan).
 - *What could stop a young person looking after their own safety, or someone else's safety, in these high risk situations?* (eg also being under the influence of alcohol, fear of violence or sexual harm, lack of skills to handle the situation).
 - *Is there anything about the place or the circumstances where alcohol is consumed that can make it more risky?* (eg alone, in a vehicle or at the beach, no adult supervision, unknown surroundings with strangers).
 - *What could be done to reduce the risk in a situation like this* (pick a card from the continuum to discuss)?
 - *In our neighbourhood (or town), where are young people at most risk from the use of alcohol? Why?* (Remind students of the 'no name' rule).
 - *In our neighbourhood (or town), where are young people at least risk from the use of alcohol? Why?*
4. Choosing from the continuum scenarios or by making up their own, and referring to the drug triangle (see page 17 of *Be Ready*), have students write one example of a high, moderate and low risk situation involving alcohol, and a strategy or way to reduce the risk from harm for each example.



Alcohol scenario cards

Drinking a cask of wine at home	Tasting drinks at a family BBQ	Drinking spirits and a mixer poured by a friend
Drinking on public transport	Drinking punch at a party	Drinking alcohol before going for a swim
Drinking at a football club wind-up	Drinking in a park late at night	Drinking while using strong pain relievers
Being asked to 'scull' alcohol	Drinking alone	Drinking every day
Binge drinking spirits on your own	Going to an unsupervised party where alcohol is on offer	Leaving your friend passed out in a room on their own
Letting someone else pour your drinks at a party where you don't know anyone else	Vomiting after drinking a lot of alcohol	Drinking when it is against your religious beliefs
Looking after a friend who has collapsed after drinking at a party	Accepting a lift with a person who has been drinking	Buying alcohol for someone who is under 18 years
Drinking and smoking cannabis with someone you know	Being around others who are binge drinking but not drinking yourself	Going to a party without pre-arranging a lift home



Alcohol scenario cards

Drinking wine with some people you don't know	Getting into an argument with someone who has been drinking	Leaving your drink unattended at a family event
Drinking alcohol when you are pregnant	Young male drinking on his own in the bush	A P plater driving with a 0.06 BAC level
Playing drinking games around a campfire	Driving home (without a licence) because your parent is too drunk to drive	Letting your baby brother or sister sip alcohol
Arriving home drunk	Letting a person you don't know get you drunk	Taking your parent's car for a spin when you're drunk
Drinking vodka and energy drinks	Having a big party when your parents are away	Having unprotected sex when you're drunk
Serving unlimited drinks at your 18th birthday party	Drinking alcohol after playing a hard game of sport	Drinking in the bush with family and friends then piling into one car to go home late at night
Gate-crashing an 18th birthday party	Drinking alcohol when you are also taking prescription pain relief medication	Driving when you are drunk

Activity 4 Managing potential harms from alcohol use



Lesson intention

- Students identify potential harms from alcohol use
- Students plan a party that manages and minimises alcohol-related risks
- Students identify options for behaviour in drug-related situations and predict consequences of these options

Equipment

Be Ready student workbook – *Time to party* – page 23-24
Coloured sticky dots (two colours) – two of each colour per student
Large sheet of paper (optional)

Activities

1. Explain that while students may have already decided they are not interested in drinking alcohol or drinking at risky levels, it is important to look at some of the potential harms associated with drinking alcohol and how to avoid these, especially as many may result from others' alcohol use.
2. **Brainstorm** (refer to page 107) and write on the board, or on a large sheet of paper, some of the issues that can arise when teenagers go to a party where alcohol is available. For example:
 - difficulties getting home from a party
 - fights and violence
 - embarrassing and regrettable behaviour
 - looking after friends who are drunk
 - unplanned or unsafe sexual behaviour
 - being encouraged to drink
 - embarrassing photos posted on social media
 - being asked to get in a car with a drunk driver.

Give each student four sticky dots (eg two red and two blue). Conduct a **dot voting** (refer to page 108) by explaining to students that they are to decide which two issues are the most difficult for teenagers to manage and place a (red) dot on each of these, and then place a (blue) dot on the two issues that would be the easiest for teenagers to manage. (Alternatively, have students use a red and blue pen to indicate their vote). Tally the votes to determine the issues that would be the most difficult or the easiest for teenagers to manage. Ask students to share the reasons for their ranking.

3. Suggest that it is always useful to have a range of options and strategies to minimise alcohol-related risks at parties. Have students read the information on page 23 and then complete *Time to party* on page 24 of *Be Ready* with a partner. Give a few examples (shown here) for each question to help students understand the task.

What could you do to make sure that you or your friends do not drink alcohol or drink at a low risk level?

- Drink water or soft drink
- Pour your own drinks and know what is in your drink
- Set a low drinking limit before you start drinking
- Drink slowly
- Avoid 'topping up' drinks or sharing drinks
- Avoid drinking games
- Eat before drinking and avoid salty foods
- Don't leave drinks unattended
- Drink low alcohol content products
- Be assertive when someone offers you more to drink than you want
- Keep busy with other activities like dancing, talking, eating
- Remind yourself that you can make unwise decisions when you have had too much to drink
- Remind yourself of promises you have made to your family about drinking
- Remind yourself of how you will feel tomorrow or what you want to be able to do tomorrow

What could you do to make sure you and your friends get home safely?

- Have a Plan A and Plan B to get home safely before you go out
- Take money for a taxi, bus, train
- Share a lift with someone who has not been drinking
- Call a family member or parent
- Don't get into a car with someone who has been drinking
- Sleep over and go home in the morning
- Have an agreement with your parents that says what will happen to help you get home safely
- Stay together
- Do not go with someone you don't know
- Have emergency numbers in your phone's contact list

What could you do to protect yourself from violence or harm in situations where you or others have been drinking?

- Stay away from violent situations or people
- Stay away from parties that don't have adult supervision
- Hang out with friends you trust
- Agree with your friends that you will look after each other
- Agree with your friends that it is okay to say when their drinking is getting out of control
- Don't leave a drunk person alone
- Know basic first aid
- Know how to place a Triple Zero call in an emergency
- Have a trusted adult you can call if things get out of hand
- Be prepared to persuade a drinker not to drive

What could you do to protect you or others from loss of reputation or embarrassment in situations where you or others have been drinking?

- Remind yourself or others that you can make unwise decisions when you are drunk
- Don't be alone with someone who makes you feel uncomfortable or scared
- Say 'no' if you want to
- Hang out with friends you trust
- Agree with your friends before drinking that you will look after each other
- Agree with your friends before drinking that you can tell each other if you are getting out of control
- Have a trusted adult you can call if things get out of hand
- Do not go with someone you don't know
- Don't take photos of someone if they are drunk

- How far should people go to protect or support their friends in alcohol-related situations?
 - How does someone maintain their personal values and standards when intoxicated?
 - How does someone maintain their personal values and standards when around people with different beliefs or standards?
 - What can friends do after the event to assist those at risk or those who have been affected by the short term harms of alcohol?
 - What services and people are available in the school and our community for teenagers who are having problems with the harms of alcohol?
5. Send home a copy of the Family information sheets – *Alcohol and the law* and *Talk and plan around alcohol* with each student to share with their family.

4. Place students in groups of four and conduct a **streamline** (refer to page 112). Explain groups are to identify their five most effective strategies in response to each question. Listen to feedback from each group. Discuss the strategies identified by the class as those that would be easy to use, the strategies students would be most confident to use, and those that have been effective to use in students' previous experiences. Remind the class of not disclosing the names of people when retelling experiences. Have students add new ideas to their workbook page then process the activity using the following questions.

Ask

- *Are girls or boys more at risk in alcohol-related situations?* (Young females see loss of control, unwanted or unsafe sex, travelling with a drunk driver, and conflict with parents as the major harms of alcohol use. Young males see becoming addicted, suffering injury, being involved in fights, and conflict with parents as the major harms of alcohol use (NSW Department of Health, 2002).
- *Are girls more sexually vulnerable than boys in situations where alcohol is being consumed? Why?*
- *Are boys more likely to be involved in violent situations where alcohol is being consumed than girls? Why?* (Young people consistently identify violence as a potential harm in drinking situations, particularly amongst young men. Violence involving young people is more likely to occur at crowded venues, parties and in the home).

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.



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.

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



FAMILY INFORMATION SHEET



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://theothertalk.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/>

Activity 5 Practising strategies to manage harms from alcohol use



Learning intention

- Students rehearse useful coping strategies for alcohol-related situations using skills such as assertive responses, refusals, active listening, empathy and planning ahead

Equipment

Be Ready Student workbook – *Advice to a friend* – page 25-26
Family information sheet – *Alcohol and your teenager* – photocopy one per student

Teaching tip

If the class is unfamiliar with assertive communication conduct Module 1 Topic 3 Activity 1, or draw a **Y chart** (refer to page 114) and describe in each section what assertive communication 'looks like', 'sounds like' and 'feels like'. Students may be able to assist with suggestions to put in each section such as: looks like – you are in control of your emotions and you are standing still talking face to face with the other person; sounds like – you are using statements such as *I understand that you want to drink but you need to respect my decision to not drink alcohol*.

Activities

- Explain to students that often the real challenge is not in thinking up strategies to reduce the risk in alcohol-related situations but in carrying them out. Suggest that rehearsing useful strategies and practising skills can help students to feel more confident to manage real-life situations where they feel their health and safety may be compromised. Skills such as being able to tell someone how they are feeling and why, being able to sort out disagreements with family and friends, and speaking assertively are important as they often work well in difficult situations.

Move students into two concentric circles for a **circle talk** (refer to page 108).

Call the inside circle students 'A' and the outside circle students 'B'. Explain that students will be given an alcohol-related scenario to role-play with their partner that will require them to use a range of skills to manage the situation. Explain that if the A's are practising using a harm reduction strategy the B's must respond just the way they think the person in the situation would, however with one rule – no violence. Rotate the circle talk formation after each role-play so students work with a new partner. A whistle may be useful to stop the action.

Scenarios

- A, you are 15 and like to go to parties but you don't like to drink. B you are a friend and you want A to put in \$10 to buy alcohol with your friends for a party tonight. A, use assertive communication to get out of this situation.*
- B, you are 14 and at a party and someone has hit their head on the side of the pool. They are bleeding badly but A does not want you to call the police or ambulance because the party is at their place and they know their parents won't approve of having a party while they are away. B, convince A to agree to you getting help.*

- A, you are 14 and don't enjoy drinking or smoking. Whenever you go out with B they put you down or tease you about either not smoking or drinking, and you've had enough. A, tell B how you feel without offending them.*
- B, you are 15 and want to go to a party where you know there will be alcohol. You don't plan on drinking. You just want to go out with your friends. A, you are B's mother and you want to know the details of the party. B, explain your situation to your mother and negotiate some ground rules for going to the party.*
- A, you are 14 and love your netball/football. Your team looks like it could be in the grand final this year. B you have missed the last three games because you had a hangover each time. A convince B not to drink this Friday night and raise the issue that you are worried about his/her drinking.*
- B, you are with your mate A at the beach and A has had quite a bit to drink and starts acting really aggressively towards you in the water, grabbing you in a head lock and holding you under. B, persuade A to get out of the water or make this situation safer.*
- A, you are a 15 year old girl and B you are her female friend. B, you have met an older guy who suggests you go outside where it is quieter. You feel a little bit tipsy. B, you go to tell A where you are going because you agreed to look after each other before you went out tonight. A, you are concerned about B because you both don't know this guy and feel he may take advantage of B being tipsy. A, try to be assertive to prevent any harm coming to B.*

Process the activity using the following questions.

Ask

- Which scenario do you think would be the easiest to manage in real life? Why?*
 - Which scenario do you think would be the hardest to manage in real life? Why?*
 - Which skills did you use in the role-plays? (eg active listening, speaking assertively, negotiating, empathy).*
 - What might stop you from being able to respond assertively in an alcohol or drug-related situation? (eg pressure from friends, under influence of alcohol or other drugs, not competent with this skill).*
 - Was it hard to respond assertively? Why? (eg takes determination, emotions can influence the way a person responds, want to fit in with friends).*
 - How can you become more competent in acting assertively? (eg identify one or two assertive responses and practise saying these out loud, reflect on previous experiences to identify what worked well and what didn't and why).*
- Have students complete *Advice to a friend* on page 25-26 of *Be Ready* then share their responses with a partner. Discuss what skills were required in these situations.

Activity 6 Sharing attitudes about alcohol



Learning intention

- Students share their opinion about alcohol
- Students appreciate that others may have a different viewpoint about alcohol

Activities

1. Read one of the following statements about alcohol to the class. Ask students to think about the statement and decide if they agree or disagree, and jot down one or two points to support their opinion.
2. Use a **fist of five** (refer to page 108) to have students' indicate their opinion where a fist indicates 'strongly disagree' and five fingers indicates 'strongly agree'. Invite students to share their opinions. If a student expresses an opinion about alcohol use that is of concern, talk to that student at a later time. Where a student may require help, suggest some options available through the school or in the local community.

Statements

- *Teenagers my age only drink alcohol to be popular and fit in with a group.*
- *Alcohol is an unsociable activity.*
- *Having a hangover isn't the only harm that can occur from risky drinking.*
- *Alcohol is not a problem just for young people; it's a whole community problem.*
- *Adults have double standards about young people's alcohol use.*
- *Peer pressure and advertising are the main reasons why young people drink.*

Process the discussion using the following questions.

Ask

- *Why do you think we have different attitudes about alcohol?* (Our attitudes are based on influences from family, friends, other people who drink alcohol, previous experiences with alcohol, media etc).
 - *Is it ever right to try and change another person's attitude about alcohol?* (No. Everyone is entitled to their own opinion unless that opinion puts others at risk of harm such as driving a vehicle under the influence of alcohol).
 - *Are these influences on our attitudes always negative? Why?* (No. For example, having friends who think that it is not safe to drink alcohol before you are 18 may influence us to also have this opinion and therefore we choose not to drink).
 - *When might someone's attitude about alcohol impact on others?* (eg when someone thinks it is okay to get drunk all the time, they may have relationship problems with their family, friends, peers; a person may choose to not provide alcohol at a social gathering in respect of their friends' religious beliefs).
4. Send home a copy of the Family information sheet – *Alcohol and your teenager* with each student to share with their family.



Alcohol and your teenager

There are many good reasons why you should encourage your children not to drink alcohol while they are under 18 years. Early drinking is related to increased alcohol consumption in adolescence and young adulthood. These drinking patterns are also related to the possibility of damage to the developing brain and development of alcohol-related harms.

New guidelines about alcohol consumption and young people

The guidelines are based on the most current and best available scientific research and evidence.

- For children and young people under the age of 18 years, not drinking alcohol at all is the safest option.
- Children under 15 years of age are at the greatest risk of harm from drinking. Not drinking in this age group is especially important.
- For young people aged 15 to 17 years, the safest option is to delay drinking for as long as possible.



Secondary supply of alcohol

Secondary supply generally refers to the provision of alcohol to young people under the age of 18 years by a third party. This includes parents providing alcohol to their children, or their children's friends, as well as older siblings providing alcohol to younger siblings and friends.

The 2014 Australian Secondary Students Alcohol and Drugs (ASSAD) survey explains that 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).

The WA Government's decision to introduce secondary supply laws to help prevent alcohol supply to under 18s will empower parents and send an important message to young people and the community.



For more information about Secondary Supply to those under 18 years of age, go to the Mental Health Commission website www.mentalhealth.wa.gov.au and the Department of Racing, Gaming and Liquor <http://www.rgl.wa.gov.au/liquor/liquor-legislation-amendment-act/faq-s>.

Parents can influence their teenager's drinking habits positively – even if they've already started drinking.

- Talk with your teenager about how they can handle pressure from their friends to drink alcohol.
- Talk with your teenager about alcohol laws and the potential consequences of breaking the laws.
- Talk with your teenager about how the physical effects of alcohol might impact on their goals for the future.
- Children watch and copy you from an early age. Set a good example in your own use of alcohol.



TOPIC 3

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 more information on smoking and e-cigarettes:

Australian Drug Foundation
<http://www.druginfo.adf.org.au>

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

Smarter than Smoking
<http://www.smarterthansmoking.org.au/>

Cancer Council WA
<https://www.cancerwa.asn.au/prevention/tobacco/>

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 Harms of smoking



Learning intention

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

Equipment

Be Ready student workbook – *Up in smoke* – page 27

Teaching tip

Refer students to the *Smarter than Smoking* website <http://www.smarterthansmoking.org.au/> for more fact sheets, games and resources.

Information about tobacco can be viewed at <http://www.tobaccoinaustralia.org.au/>.

Activities

- Explain that despite the known health consequences of smoking cigarettes, it still remains a health issue in Australia. Also highlight that the number of young people who smoke has steadily been decreasing 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).
- Write the Four L's Model on the board – Liver, Lover, Law and Livelihood. Explain that the Four L's model (adapted by Roizen) is useful when considering the short and long-term harms that tobacco use may have on four major spheres of a person's life. Working in groups, have students **brainstorm** (refer to page 107) some of the impacts for each sphere and write these on page 27 of *Be Ready*. Some examples have been provided.
 - Liver** – anything to do with a person's health such as possible cancer related illnesses, emphysema (walls of lung tubes collapse), stained fingers and teeth, less oxygen to the brain, bad breath, more coughs and colds, shortness of breath, pregnancy complications, stroke, blindness, stomach ulcers, skin becomes dry, discoloured and wrinkled, reduce fertility in women, erectile dysfunction, osteoporosis.
 - Lover** – problems associated with a person's relationship's (family, friends, children) such as breakdown in relationships due to disagreements over smoking in the house, spending money on cigarettes when struggling with other financial issues.
 - Law/legal** – any problems associated with the law, either criminal or civil proceedings – selling cigarettes to those under 18 years of age, smoking in designated non-smoking areas or in a vehicle with young children.
 - Livelihood/lifestyle** – problems which relate to accommodation, work, career, finances, education, recreation, loss of job and income.

Listen to responses from each group then use the following questions to process the activity. Explain that the toxins in tobacco smoke can go to every part of the body through the blood stream, causing harm to nearly every organ and system of the body. Point out that there are some immediate health effects such as shortness of breath and that some of the long term effects can take decades to occur, and it is this time lag that often gives smokers a false sense of security. Have students add effects not already included.

Ask

- Do young people think about any of the impacts that tobacco can have on their lives? Why?

- How can young people find out about the health impacts of alcohol? (eg advertising campaigns, drug education at school, credible websites, teachers, doctor).
- Would a person who is experiencing issues in all four spheres of life be considered to be at increased risk of harm? (Yes). How?
- Which impacts could affect a person in the long-term? (eg health diseases such as cancer and emphysema).
- Are the physical harms from smoking tobacco different from smoking cannabis? (Smoking tobacco and cannabis can both cause physical harms, some of which are the same both to the user and those around them eg breathing in second hand smoke).
- If you were asked to develop a tobacco campaign targeting young people, which of the four L's would you focus on and why?
- Would your campaign be different if it was targeting adults? Why?

- As smoking harms that are negative, short-term and immediate have greater relevance to young people than long-term effects, have students identify some of the benefits of not smoking using the 4 L's model:
 - Liver** (eg not having smelly hair or clothes).
 - Lover** (eg not being dumped by a girlfriend or boyfriend because you smoke, not being isolated, being part of the majority, not having smelly clothes or hair, and looking great).
 - Livelihood/lifestyle** (eg having pocket money to spend on other things, feeling good about yourself, not worried about low fitness levels).
 - Law/legal** (eg not getting into trouble for buying cigarettes while underage, being able to go into places such as shopping centres, sports stadiums, restaurants, beaches where smoking is banned).

Process the activity using the following questions.

Ask

- Why do people try smoking even when they know it is bad for them? (eg they think they will only smoke occasionally and they can stop when they want to; to fit in with a certain group; curiosity; to rebel; they believe smoking makes them look older, more adult; someone in their family smokes or they think that everyone does it so it must be okay).
 - Which three physical harms make smoking less appealing to you? Why?
 - Is it easy to stop smoking? (Smokers become dependent on the drug nicotine which is in tobacco and so it may take them several attempts to stop. Explain that people who call the Quitline 137 848 when trying to stop smoking have a better chance of achieving this than if they try on their own. The best way not to have problems with smoking is not to start).
 - What other things make smoking less appealing to you?
 - If you were asked to create a health advertisement targeting young females and smoking, which physical harms would you focus on? Why?
 - Would your advertisement be the same for young males? Why?
- Complete all activities on page 27 of *Be Ready*.

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

Strategy sheet – *Agree/disagree* – photocopy one set of signs – page 117

Internet access

Blank A4 paper – one sheet per group

Activities

1. Explain that e-cigarettes have recently become fashionable and are 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. Ask students to **brainstorm** (refer to page 107) things they have heard about e-cigarettes and write these on the board.
2. Explain to students that it is important to know the similarities and differences between smoking tobacco and e-cigarettes. Have each group draw a **venn diagram** (refer to page 113) and record information about the harms and laws associated with smoking tobacco and e-cigarettes. The following websites will provide some useful information:

- Australian Drug Foundation <http://www.druginfo.adf.org.au>
- WA Health Department http://www2.health.wa.gov.au/Articles/A_E/Electronic-cigarettes-in-Western-Australia
- Smarter than Smoking <http://www.smarterthansmoking.org.au/>
- Cancer Council WA <https://www.cancerwa.asn.au/prevention/tobacco/>

Explain to students that they will write the things that are common to both in the overlap area of the diagram. Tell students that the other areas of each circle are for facts about tobacco and e-cigarettes that are not common with the other.

Tobacco

E-cigarette

3. Using the information recorded in their venn diagram, have groups answer 'true' or 'false' to the following questions. The answers are provided.
 - a) E-cigarettes are battery operated devices that look like a cigarette. (True. Electronic cigarettes are battery-powered devices which heat a cartridge containing nicotine, flavouring and other chemicals into a mist which is inhaled through a mouthpiece, and then exhaled by the user as a visible vapour).

- b) It is legal to sell e-cigarettes as they don't contain tobacco. (False. It is illegal to sell e-cigarettes unless the retailer has a licence and the product is sold to a person who has a valid permit).
- c) It is legal to use e-cigarettes in public places. (True. E-cigarettes are permitted to be used in public places however owners/managers may choose to implement a policy applying to their premises which prohibits the use of e-cigarettes wherever smoking is prohibited).
- d) Smoking tobacco has more harms than smoking e-cigarettes. (False. Any drug has the potential to cause harm. There is research to show that the harms associated with smoking tobacco and e-cigarettes are similar).
- e) Nicotine is a stimulant drug that speeds up the messages travelling between the brain and body. (True).
- f) Some of the effects from smoking cigarettes include dizziness, headaches, fast heart beat and bad breath. (True. As with any drug the effects may differ for each person however these are some effects that are usually experienced).
- g) It is illegal to sell, use or possess e-cigarettes that contain nicotine. (True. Regardless of whether they contain nicotine or not, e-cigarettes cannot be sold in WA and it is an offence under the *Tobacco Products Control Act 2006* to sell these products. E-cigarettes may only be sold by a retailer with a licence, and may only be purchased by persons with a valid permit).
- h) It is illegal to sell a product that resembles a tobacco product in Western Australia. (True. 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).
- i) The liquid form of nicotine used in e-cigarettes is classified as a Schedule 7 poison under the *Poisons Act 1964*. (True. Schedule 7 poisons must meet labelling and packaging standards. They may only be sold by a retailer with a licence, and may only be purchased by persons with a valid permit).

4. After the quiz, set up a **values continuum** (refer to page 113) labelled 'agree' and 'disagree'. Ask students to consider the following statement: *It would be safer for a 15 year old to smoke e-cigarettes* and stand on a point along the continuum to indicate their opinion. 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. Ensure that tobacco prevention education messages are included in the discussion such as smoking is anti-social. Also remind students that most young people do not smoke.

Use the following questions to process the activity and further the discussion.

Ask:

- *We have all read the same information about smoking and e-cigarettes. Why might we then still have differing views? (eg our attitudes can also be influenced by other factors such as the media, friends, family).*
- *What skills did we practise in the continuum discussion? (eg valuing and respecting others' opinions, considering our own opinions, active listening).*
- *Statistics about young people and smoking have been steadily decreasing over the last 20 years, which is great news. What information about smoking will influence your decision not to smoke?*
- *What would you say to someone who offered an e-cigarette and said, 'Come on, they aren't like cigarettes.'*

- *What strengths do you possess that can help you to refuse your friends in a respectful way? (eg courage, forgiveness, honesty, kindness, perseverance).*

2. Conduct a **snap decisions** (refer to page 112) using the following scenarios. Have two volunteers be either the 'positive' or 'negative' thoughts person and stand either side of another volunteer who is to listen to the comments provided by these two students and then make a 'snap decision' based only on the comments they have heard. Have the class watch and also make a decision based on the comments given. Ask the student in the middle what their decision would be and why. Check with the class to see if they made a similar decision and discuss why this may be. For example, often the fun element of a potentially risky situation may take over our sense of what we know to be best for us and therefore it takes a strong commitment to stand by our decisions and refuse offers from friends.

Activity 3 Refusal strategies for smoking-related situations



Learning intention

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

Equipment

Be Ready student workbook – Refusing offers – page 28

Activity sheet – Offer cards – photocopy and cut into cards

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

Activities

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

Repeat the game with a new group of students and 'offer card' until all students have participated. Have students write some of the refusal comments they heard used that they think would be useful for them during the game in *Be Ready* on page 28. Listen to the students' answers then ask the following questions.

Ask

- *How do you usually feel when your friends behave in a certain way and you think you should try to be like them?*
- *How difficult is it to resist someone when they won't take 'no' for an answer or they make fun of you, or reject you?*
- *Does being confident in your opinion and standing by your decision help you to refuse these pressures from your friends?*

Scenarios

- *You notice a group of your friends standing outside the shopping centre. Some of them are smoking. When you say hello, you are offered a cigarette.*
 - *You are at the beach with your best friend. She has started smoking recently and asks you to go and have a cigarette with her further down the beach outside of the flagged area.*
 - *You have been practising to get into the school musical and auditions are being held today. One of your friends suggests that you both go to the back of the school and have a cigarette to calm your nerves.*
 - *You are going to an interview for a part-time job at the local swimming pool. One of your friends is standing outside when you arrive. You tell your friend you are really nervous about the interview. Your friend offers you a cigarette and says it will help you to relax.*
3. Send a copy of the Family information sheet – *Being smoke free* home with each student to share with their family.



Offer cards

Do you want a
smoke?

It won't kill you.
Try it.

Go on. Everyone
else is and
they're all
watching us.

I thought you
were my mate.

Come on, have
a smoke, it will
impress the
guys/girls.

Have a smoke.
It will calm you
down.

Hurry up it'll be
gone before you
have a puff.

Here your turn,
light up!

FAMILY INFORMATION SHEET



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 4 Analysing tobacco campaigns



Learning intention

- Students consider the different effects of smoking, including passive smoking and dependence
- Students critique anti-smoking television advertisements
- Students write a persuasive text that promotes the benefits of not smoking

Equipment

Be Ready student workbook – *Refusing offers* – page 28
Internet access

Activities

1. Explain to the class that the Critics' Choice is an initiative of the *Australian Network on Young People and Tobacco* as part of a strategy to reduce the prevalence of tobacco smoking amongst young people. Explain that students will be asked to critique several anti-smoking advertisements, sourced from around the world, and to identify different issues surrounding tobacco use.
2. View each of the advertisements at <http://www.quit.org.au/criticschoice/default.asp> then ask the following questions.

Ask

- What were some of the key messages in each advertisement?
- Which advertisement did you like the most?
- Which was your least favourite and why?
- What methods were used to persuade viewers to change attitudes or behaviour?
- How does the advertisement make the viewer feel about the topic of smoking?
- How does the advertisement appeal to your emotions?
- What words are emphasised to influence the viewer?
- Which advertisements had no effect on your attitude to smoking? Why?
- If statistics show that smoking rates have been steadily decreasing over the last 20 years, why are anti-smoking advertisements and campaigns still being implemented?
- Who or what would be a reliable source of information on the health effects of smoking?

3. Have students decide which of the advertisements were most effective in discouraging young people to smoke then indicate their preferences by completing the voting page on the Critics' Choice website.
4. Explain that writing a persuasive text requires the author to consider both sides of a topic or issue before forming an opinion. The author then needs to clearly state and support their opinion with reasons and examples before writing a conclusion or summary of the main points trying to convince a reader to agree and take a course of action. Suggest that students complete the persuasive planner on page 28 of *Be Ready* before writing a letter to the editor of the local newspaper promoting the benefits of not smoking.

TOPIC 4

Cannabis

Year 9 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 Cannabis information



Learning intention

- Students search the internet for sources of reliable and accurate cannabis information
- Students identify sites relevant to different aspects of cannabis use

Equipment

Be Ready student workbook – *Reach out* – page 29

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

Internet access

Activities

1. Have students stand up and play a game of 'Heads and Tails' to find out what they already know about cannabis use. Explain that students are to place their hands on their head if they think a statement is 'true' or on their bottom if it is 'false'. Students who answer incorrectly should sit down. The winner (or winners) are those students still standing after the last question has been answered.

Questions

- Cannabis is a stimulant drug. (False. Cannabis can act as a depressant on the central nervous system (CNS) and also can have hallucinogenic effects so it is placed in the multi-action psychoactive drug category).
- Cannabis is harmless because it is natural. (False. Many drugs including cannabis, tobacco and alcohol are derived from plants or vegetables. They each can have harmful effects on the user's body).
- Cannabis is legal in some states of Australia. (False. Cannabis is illegal to use, grow, possess and sell in Australia. Cannabis laws in Australia vary between each state and territory with each state having their own ways of dealing with people found using, in possession of, or growing cannabis).
- You cannot be charged for driving after using cannabis. (False. It is illegal to drive under the influence of cannabis or any other drugs and alcohol).
- A person can become dependent on cannabis. (True. People who use cannabis from a young age are the users most likely to develop cannabis dependence).
- Synthetic cannabis is safe and legal in Australia. (False. Synthetic cannabis is illegal to sell in Australia. The 'research chemicals' sprayed onto plant material have not been approved for human consumption so the effects on the user are unknown, unpredictable and potentially very dangerous).
- The term 'greened out' is used to describe one of the effects of cannabis use. (True. People who smoke or eat too much cannabis too quickly can become very pale, feel nauseous, dizzy, sweaty and possibly vomit).
- Smoking cannabis while pregnant can affect the supply of oxygen and nutrients to the baby. (True. THC, the part of cannabis that causes the high, is passed through the placenta to the baby and can cause problems with its growth while it's in the womb).
- Smoking cannabis using a bong or vaporiser is safer

than smoking tobacco. (False. Regardless of what instrument is used, smoking cannabis can increase the risk of respiratory illnesses such as asthma and emphysema and can also cause cancer).

2. Suggest to the class that what they know about cannabis has been learnt from a variety of sources. Have the class **brainstorm** (refer to page 107) these sources and write a list on the board (eg friends, family, television, movies, music lyrics, websites, doctor, teacher, police, news articles). Explain that to be able to make informed choices about cannabis and other drugs it is essential that students have access to information that is credible and accurate. Have the class decide which of the sources listed on the board can be trusted to give accurate information. Tick the credible sources.

Ask

- *What makes a source reliable? Unreliable?*
 - *Does the reliability depend on the source of information? Why?*
 - *Why might a friend give you information about cannabis that is incorrect?* (eg may have a hidden agenda such as wanting you to join them using cannabis, believes myths about cannabis to be true).
 - *How do you decide if a website is reliable?* (Young people believe that sites with 'edu' in their URL can be trusted. Suggest to students that websites that are funded by the Australian Government such as the *National Cannabis Prevention and Information Centre*, the *Australian Drug Foundation* and State websites such as the *Mental Health Commission* give reliable information. Websites that are funded by companies with an interest in a drug, such as alcohol or tobacco companies, may not always be a reliable source of information. Comparing information on several websites can be a way of 'testing' the accuracy of information).
3. Working in groups, have students find websites that would be relevant to two of the situations described on *Reach out* on page 29 of *Be Ready*. When completed, have groups share the websites they have found and believe to be reliable sources for information about cannabis and suitable for school students. Discuss those that also offered help and advice to young people. Suggest that students share the websites discussed in the activity with their parents.
 4. Send a copy of the Family information sheet – *Cannabis and synthetic cannabis* home 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.

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



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/>



Activity 2 Reducing potential harms from cannabis use



Learning intention

- Students identify ways to reduce the potential harms from cannabis use
- Students reflect on their learning

Equipment

Activity sheet – Reducing harms of cannabis use – photocopy and cut into cards

Six folders or clip files

A4 paper – six sheets per group

Teaching tip

A student may seek a reaction from the teacher and other students by expressing pro-cannabis use attitudes. Avoid overtly or covertly passing a negative judgment on the student. If you feel a student's comments reflect any underlying issue or give cause for concern, find a time after the lesson to talk to the student or raise your concern about the student with the school nurse or other appropriate staff member.

Activities

1. Conduct a **send a problem** (refer to page 111) by attaching each scenario card from the activity sheet *Reducing harms from cannabis use* to the outside of a folder. Give each group a folder and six sheets of paper.

Explain that groups are to discuss the scenario on their folder and:

- predict any possible harms
- identify three or more options/choices that would help to manage the situation and reduce the possible harms.
- determine the consequences of each of these options/choices.
- decide what they would do.

Groups are to record their responses then place the sheet of paper inside the folder before passing it to the next group. Stress that groups should not read the previous group's responses. Repeat this process so that groups have the opportunity to respond to all of the scenarios. When groups have received their original folder back, ask them to take out the sheets of paper inside and read all of the ideas before choosing their 'top three'. Have each group report back to the class then process the activity using the following questions.

Ask

- Which scenario do you think would be the easiest to deal with in real life and why?
- Which scenario do you think would be the most difficult to deal with in real life and why?
- What things might stop you from taking action if you were involved in this scenario in real life? (eg relationship to person/s affected; level of own risk; level of risk to others; support available; level of skills of resilience, particularly resourcefulness and relationship skills; fear of reaction from friends, family or legal consequences).

- Do you think talking about possible cannabis-related situations and knowing some ways to manage these is useful? Why? (Remind students that many young people their age do not use cannabis however situations may arise where others' cannabis use can place them in danger or impact their health and wellbeing).
 - Which skills would be useful to have in most of the scenarios? (eg problem predicting, problem solving, decision making, help seeking, understanding others feelings, speaking assertively).
2. Place the folders at the front of the class. Inform groups that they are to consider then rank the scenarios from 1 (having the highest risk) to 6 (having the lowest risk). Have one group place the folders in the order they ranked the scenarios and justify their decision. If other groups disagree with the order, invite them to explain why.
 3. For personal reflection on this activity, have students complete the following unfinished sentences without disclosing their responses to other students.
 - My current risk of harm from cannabis use is (very high, high, moderate, low, very low) because ...
 - I can reduce my risk of harm or continue to maintain a low risk of harm from cannabis by ...
 - Some things that I need to remember when or if I am around others using cannabis are ...
 - When working in a group my strengths in (.....) are useful.



Reducing harms from cannabis use

Cannabis scenario 1

You are hosting a party and have promised your parents that there will be no alcohol or other drugs there. Your parents have stayed home to supervise the party. You find a couple of your friends in the backyard passing a bong around. You know if your parents find out it will be the last party you ever have.

- What are the possible harms in this situation?
- Think of three or more options/choices that would help you to manage the situation and reduce the possible harms.
- What consequences are involved in each of these options/choices?
- Decide what you would do.

Cannabis scenario 2

One of your friends tells you that they overheard a conversation between a student in your year group and some of your brother's friends, and they think this student is selling cannabis to Year 8 students. You are worried about your brother and aren't sure what to do.

- What are the possible harms in this situation?
- Think of three or more options/choices that would help you to manage the situation and reduce the possible harms.
- What consequences are involved in each of these options/choices?
- Decide what you would do.

Cannabis scenario 3

Your friend invited you to his sister's 18th birthday party. Some of the guests are in a bedroom smoking a joint. They offer it to you and you have a few puffs. Your friend's father comes into the bedroom and finds you there. He calls your parents to explain what has happened and asks them to pick you up.

- What are the possible harms in this situation?
- Think of three or more options/choices that would help you to manage the situation and reduce the possible harms.
- What consequences are involved in each of these options/choices?
- Decide what you would do.



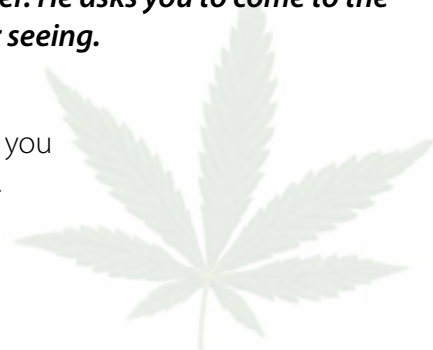
Reducing harms from cannabis use



Cannabis scenario 4

You catch the same school bus as your brother's friend who is in Year 12. The friend asks you to take some cannabis home with you for your brother. He asks you to come to the back of the bus so he can give it to you without the driver seeing.

- What are the possible harms in this situation?
- Think of three or more options/choices that would help you to manage the situation and reduce the possible harms.
- What consequences are involved in each of these options/choices?
- Decide what you would do..



Cannabis scenario 5

You are walking home from netball training with your older sister. One of her friends drives up and offers you both a lift home. You smell cannabis in the car and think that the friend looks stoned. You know she should not be driving and are worried about getting into the car.

- What are the possible harms in this situation?
- Think of three or more options/choices that would help you to manage the situation and reduce the possible harms.
- What consequences are involved in each of these options/choices?
- Decide what you would do.



Cannabis scenario 6

You and your friends are worried about a friend who seems to smoke cannabis each weekend. You all know that your friend has been wagging school, borrowing money and has dropped out of lots of activities that he/she used to do with you.

- What are the possible harms in this situation?
- Think of three or more options/choices that would help you to manage the situation and reduce the possible harms.
- What consequences are involved in each of these options/choices?
- Decide what you would do.



Activity 3 Practise strategies for managing cannabis-related situations



Learning intention

- Students identify and rehearse strategies to manage cannabis-related situations

Equipment

Be Ready student workbook – *Stop, think, act* – page 30-31

Activity sheet – *Ready to refuse* – photocopy one set of cards

Activities

- Give students one post-it note each and ask them to write down one thing they say to themselves (self-talk) when faced with a difficult decision. Students then place the post-it note on the board.

Discuss the types of thoughts that students have identified on the post-it notes and highlight any general themes. Explain that the use of these 'for' and 'against' thoughts (pros and cons) are involved in most decision-making in life and that the things we say to ourselves and the emotions we feel can influence our decision-making and behaviour.

Use the example below of Paul to demonstrate that the way we feel about a situation and what we say to ourselves can influence our behaviour. When we have more positive self-talk we argue back and challenge the extreme nature of these conclusions. Discuss this model then invite students to share experiences where their skill in being able to use positive self-talk helped them to make a good decision. (Remind students of the no-name rule).

- Ask for three student volunteers and set up a **snap decisions** (refer to page 112). Read aloud one of the following scenarios. Explain that the student in the snap decision seat must only decide what to do and say based on the negative and positive self-talk comments provided by the other two students. After each decision has been made, discuss the scenario as a class to see if students agree with the decision made by the student in the snap decision seat.

Scenarios

- You are at a party with friends and a person you are keen on asks if you'd like a lift home. The person is 17 and has had their licence for a short time. They have been smoking a joint but seem to be okay.*
- You're the host of a party celebrating the end of school and your parents are away for the weekend. A group of your friends have arrived with a bong.*
- Your friend has become very secretive and has stopped talking to you. She is also getting into trouble at school. You wonder if she is using drugs. You have tried talking to your friend about your concerns but she just gets angry and shuts down. While visiting her house you notice her diary is open.*
- Many of the people you have recently met smoke cannabis on a regular basis. You and your friend have been offered a bong to smoke.*
- You are at a party where someone has made a batch of mull cookies and the plate is handed to you.*

Situation	Emotion	Self-talk	Behaviour
Paul's at a party and someone passes him a joint	Paul feels anxious and worried	<p><i>They might not want me to be in their group if I don't try it.</i></p> <p><i>I don't want to look like a loser and they're all doing it.</i></p> <p><i>I don't know what to say or do.</i></p>	<p>Paul says, "Okay".</p> <p>Paul smokes the joint.</p>
	Paul feels confident and calm	<p><i>I know I don't want to smoke and I'm going to stand by my decision.</i></p> <p><i>Only some kids my age smoke so I'm the norm and they aren't.</i></p>	<p>Paul says, "No thanks. I don't need to smoke to have a good time".</p> <p>Paul moves to another area of the party.</p>

3. Use the following questions, or others that may have been raised by students, to process the activity.

Ask

- *How realistic were these cannabis situations?*
 - *Who might try to influence or pressure you to use cannabis?* (Due to reasons such as cost, others rarely pressure someone to use cannabis. More often the pressure is internal and usually the person wants to fit in or be accepted).
 - *Which actions would be most successful for a student your age to refuse an offer of cannabis?* (Moving away from the situation is generally the quickest and easiest, but having a few refusal comments ready can also be helpful).
 - *Why is it useful to have several strategies?* (eg to not lose face in front of peers, the situation may require one or two strategies).
 - *Why might young people say or pretend they have used cannabis when they haven't?* (eg may make it easier to avoid using, not wanting to lose face, appear cool, feel part of the group, they assume others have used it or do use it).
4. Explain that practising refusal skills will enable students to handle situations where cannabis or other drugs are offered. Place the students in groups of four and give each group a *Ready to refuse* card. Have one student stand in the centre of their group and read the 'offer' shown on the card to each member of their group. The other students must respond with a refusal line and decline the 'offer' but are not allowed to use the word 'no'. If the word 'no' is used they must start again. Groups then swap their cards and the student standing in the middle changes positions with another member of their group. The process is repeated.

Ask

- *What do you think might make it more difficult to say 'no' in a situation where you are offered cannabis or another drug?* (eg the person who offers, the place or context in which it is offered).
 - *What do you think might make it easier to say 'no' in a situation where you are offered cannabis or another drug?* (eg being prepared with some refusal tactics and skills. Acknowledge that carrying out the refusal tactic can be much harder in real-life and it will require the students to practise and use their strengths such as courage and assertion).
5. Explain that being exposed to cannabis is a possibility for some young people so it is important that before this happens, time is spent reflecting and evaluating information about cannabis to avoid risky and impulsive decision-making. Have students complete the reflection activity *Stop, think, act* on page 30 of *Be Ready*.



Ready to refuse

A friend offers you a joint while you are on a school camp. You promised your family that you would not use cannabis.

When you arrive home from school you find your older brother and his mates smoking in the garage. You know your mum is inside. One of the other boys offers you a joint.

A group of friends drop by and talk you into going down to the river for a swim. Some of them are drinking and one of them passes you a joint.

Your team has won the grand final and there's a celebration party. Some of the team are going outside to smoke a joint and ask you to come too.

You're at a party sitting with friends. A stranger passes you a joint. Your friends are watching you.

You're in the bush riding your motocross bike with some friends. One of your friends lights a joint and passes it to you.

You're at a party with an older cousin and her friends. She asks you if you want to smoke a joint and says it's synthetic so it's safe.

You have an older boyfriend who smokes cannabis. One day when you are both at home alone he suggests that you share a bong with him.

TOPIC 5

Managing drug-related situations

Activity 1 Drug use affects more than the user



Learning intention

- Students identify the impact that using drugs may have on personal goals and aspirations
- Students identify the impact of a person's drug use on those around them
- Students identify a goal and the steps they will take to reach the goal

Equipment

Activity sheet – *Goal cards and drug use behaviour cards* – photocopy one set per group

Activity sheet – *Drug use affects more than the user* – photocopy one per student

Pencils – two per group

Activities

1. Explain that like all drugs, the decisions people make about using illicit drugs when they are young can have long-term implications. Review the Four L's model (refer to page 120) and **brainstorm** (refer to page 107) some of the physical (liver), relationship (lover), legal (law) and financial (livelihood) harms. For example:
 - effects on their physical and mental health
 - lack of job prospects and unemployment
 - lack of money
 - relationship breakdown with family and friends
 - refusal of visa entry to some countries
 - criminal record.

Explain that a young person's choice to use drugs can affect their goals and aspirations, and can also impact on their family, friends and others in the community. Give each group a set of goal and drug use behaviour cards. Explain that students are to place each set of cards face up and in a circle (ie two circles). Students then use a pencil as a spinner in each circle to create a scenario (ie a young person's behaviour and their goal). Students are to discuss the scenario and identify the possible harms and how the behaviour may impact on the young person's goal, now and in the future.

2. Explain that groups are to choose one of the drug use behaviour cards and write the behaviour in the centre of the circle on the *Drug use affects more than the user* activity sheet. Students are then to consider the people and support services listed on the activity sheet and as a group place those who would be most affected closest to the centre of the circle and those who would be least affected progressively further out from the centre of the circle. Listen to the groups' decisions then use the following questions to process the activity.

Ask

- Which drug use behaviour had the most wide-reaching effect? Why?
 - How might a family be affected by their child's drug use? (eg violence, family arguments, stealing money, cost of paying hospital or lawyer bills, death of a son/daughter).
 - How are friends affected by their friend's drug use?
 - How would setting goals such as playing in the AFL, travelling around the world or becoming a police officer help you decide not to use drugs?
3. Use the following unfinished sentences for students to reflect on this activity.

Ask students to write their responses before sharing with a partner or small group.

- A personal goal that I would like to achieve is....
- Three key steps that will help me to achieve this goal are....
- Two people I could use to support me to achieve this goal are....
- Using illicit drugs could get in the way of me achieving this goal because....



Goal cards and drug use behaviour cards

Drug use behaviour cards

<p>A student gets caught by police while under the influence of cannabis</p>	<p>A student uses ecstasy at a school ball</p>
<p>A student is looking after someone else's ecstasy tablets in her/his bag at school</p>	<p>A student regularly takes her mother's Valium (tranquillisers)</p>
<p>A student gets caught by police selling methamphetamine at a park</p>	<p>A student regularly uses alcohol and cannabis</p>
<p>A student smokes cannabis to relax while studying for exams</p>	<p>A student tries ecstasy for the first time with strangers</p>



Goal cards and drug use behaviour cards

Goal cards

 <p>Wants to get a licence to drive a car or ride a motorbike</p>	<p>Wants to get a steady girlfriend/boyfriend</p>
 <p>Wants to join the defence forces (army, navy, air force) or police after leaving school</p>	<p>Wants to get a highly paid job after leaving school</p>
 <p>Wants to graduate from school</p>	<p>Wants to travel overseas and particularly to the USA</p>
 <p>Wants to be a singer and perform in musical theatre</p>	<p>Wants to play sport at a state or national level</p>

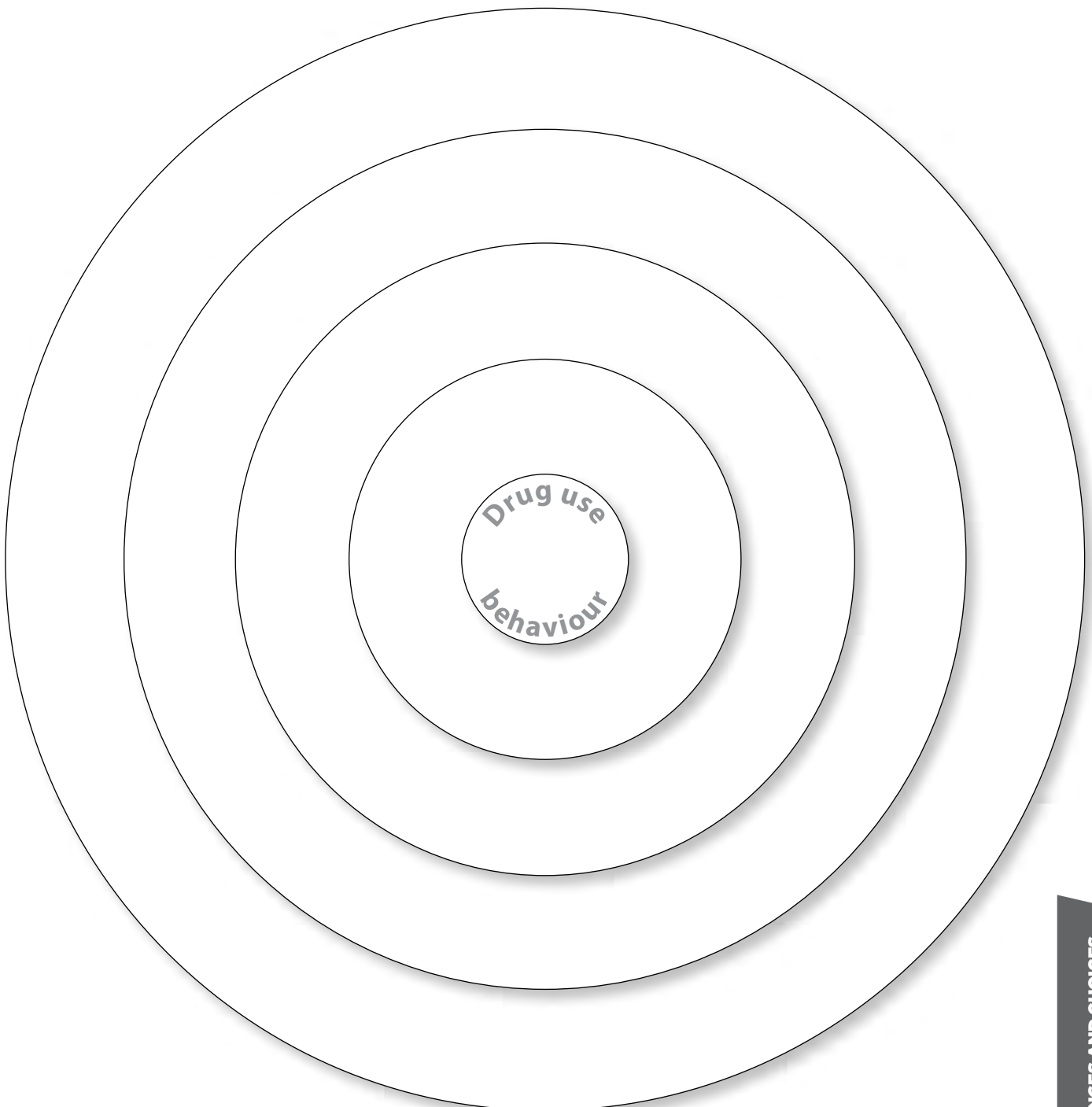




Drug use affects more than the user

Write those people and support services you think would be most affected by the drug use behaviour closest to the centre of the circle and those least affected further out from the user circle. Make sure you can justify your answers.

- | | |
|--------------------------------|----------------------------------|
| 1. Parents | 9. School staff |
| 2. Employers | 10. Insurance companies |
| 3. Brothers and sisters | 11. Neighbours |
| 4. Paramedics | 12. Children's court |
| 5. Close friends | 13. Bystanders in the community |
| 6. Emergency department staff | 14. Drug and alcohol counsellors |
| 7. Other family members | 15. Police |
| 8. Fire and emergency officers | 16. Others |



Activity 2 Administering basic first aid in a drug-related situation



Learning intention

- Students discuss and rehearse basic first aid procedures for potential overdose situations related to alcohol or other drugs

Equipment

Be Ready student workbook – Basic life support – pages 32–33
Internet access (optional)

Teaching tip

Students can complete a free interactive online first aid course which teaches DRS ABCD at <http://clicktosave.com.au/> (St John Ambulance).

Activities

- Set up nine chairs in a three by three array. Divide the class into two teams – Noughts and Crosses. Play a game of noughts and crosses to find out what students already know about first aid. Ask a student from 'noughts' to give the answer to Question 1. Other members of the 'noughts' team can help the student if they are unsure of the answer. If the answer given is correct the student chooses one of the seats to occupy ('noughts' put hands on their head and 'crosses' place arms across their chest). Continue the game until one team has three chairs in a row (horizontally, vertically or diagonally).

- Q1 What is first aid? (A: *Initial care of the ill or injured*).
- Q2 What is the first thing you do to manage a first aid situation? a) *Move the casualty out of the car* b) *Ask the casualty if they are pain* c) *Sit the casualty up* d) *Check for any danger – for yourself and then the patient* (A: *d*).
- Q3 What is the telephone number to call in an emergency? (A: *000 for a landline and 112 for a mobile. All calls to these numbers are free-of-charge*).
- Q4 What should you manage first in an unconscious person? a) *Spinal injuries* b) *Airways* c) *Fractures* d) *Bleeding* (A: *b*).
- Q5 How do you check for breathing? a) *Check the colour of their skin* b) *Look, listen and feel for breaths* c) *Check their pulse* d) *Count the number of breaths* (A: *b*).
- Q6 What should you do if a person is not breathing? (A: *CPR*).
- Q7 How many compressions and breaths should you use on an adult? (A: *30 compressions and 2 breaths at the rate of 5 repeats in 2 minutes*).
- Q7 What is the name of the machine that will increase the survival of the person in sudden cardiac arrest? a) *X-ray* b) *MRI* c) *CT scan* d) *Defibrillator* (A: *d*).
- Q8 How can you stop external bleeding? (A: *By applying direct or indirect pressure on or around the wound*).
- Q8 What condition should you always expect an ill or injured person to develop sooner or later? (A: *Shock*).
- Q9 If you call an ambulance for someone who has overdosed on drugs, will the police come too? (A: *No. Only if the patient dies or the paramedics feel under threat or another crime is being committed*).

Q10 What is the acronym that gives you the steps for basic life support? (A: *DRS ABCD – danger response, send for help, airways, breathing, CPR, defibrillation*).

Q11 When a person is unconscious but breathing what should you do? (A: *Put them in the recovery position and call 000*).

Q12 Why should vomit or other materials be removed out of an unconscious person's mouth? (A: *Risk of choking*).

- Introduce DRS ABCD and explain that for all first aid situations following these steps is important (especially when a person is unconscious). Use page 32 of *Be Ready* to assist the discussion.
- Explain that because alcohol and other drug use can have harmful effects, it is quite possible that one day students might encounter an overdose situation.

Explain that there is a greater chance of harm in 'poly drug use' situations (using more than one drug at a time) and especially when the drugs are illegal drugs as the content and purity of these are unknown. These risks also apply when mixing over-the-counter drugs, prescription drugs and alcohol. Explain that 'poly drug use' may lead to overdoses and emergency situations. For example, taking two depressant drugs, such alcohol and cannabis or alcohol and tranquillisers, increases the depressant action of these drugs (ie lowered breathing and heart rate) sometimes to dangerous levels. Alternatively, using a depressant drug such as alcohol with a stimulant such as ecstasy will often mask the depressant effect of alcohol. However thinking processes and coordination are still impaired and may result in very risky behaviour.

Highlight to students that using alcohol or other drugs on their own or leaving someone who has used these drugs on their own can be very risky and is a situation that should be avoided.

Stress that for all emergency situations, if the students are unsure about what to do or feel scared, they should call 000 for an ambulance. Explain that 112 is another emergency number that can be made from a mobile phone even if the phone is out of credit as calls to all emergency numbers are free-of-charge. It does not require a Sim card or pin number, however phone coverage must be available (any carrier) for the call to proceed.

Also highlight that the police will not be involved unless there is a death or the paramedics feel threatened and need assistance to deal with the situation. Explain that if parents can't be contacted in an emergency or if students feel uncomfortable about contacting their parents, this will, in most cases, be done by the attending medical doctor for patients under the age of 16 years and not the paramedics.

- Work through pages 32–33 in *Be Ready* discussing the DRS ABCD process.

Activity 3 Practising first aid in drug-related situations



Learning intention

- Students identify ways to manage an emergency drug-related situation

Equipment

Be Ready student workbook – *Quick decision* – page 34
Internet access (optional)

Activities

- Place students in groups and appoint a 'reporter' in each group. Read one of the emergency situations on page 34 of *Be Ready*. Ask groups to decide what should be done to help the other person. Ask the reporter from one group to feedback the suggestions that were generated to deal with the emergency situation. Allow time for the reporters from other groups to add additional strategies if they have not already been shared. Use the table below to check the accuracy of students' responses and correct misinformation accordingly. Continue this process for the remaining emergency situations. Process each scenario with the following questions.

Ask

- How likely is it that this situation would occur in 'real life'?
- How could this emergency situation have been prevented?
- What might stop a young person from helping in this emergency?
- What might make it easier for this person to respond and act quickly? (Knowledge of first aid, an understanding with your friends that you'll look after each other when you go out, an understanding with parents/another adult that you can contact them if things get out of hand).

Ben

First aid:

- DRS ABCD
- Stop bleeding.
- Will need urgent medical aid because bleeding from the head could indicate a fractured skull, internal bleeding or concussion.

Meg

This is not an emergency scenario but illustrates the importance of the precautions of DRS ABCD and always looking after friends when they have been drinking.

First aid:

- Check whether she will respond when roused.
- Place into recovery position so she does not choke on vomit.
- Contact parents/another responsible adult and stay with her until an adult arrives.

Carly

First aid:

- Contact her parents/other adult.
- Stay with sister.
- Notify police as soon as possible.
- Get medical help if she continues to feel unwell.
- Get a urine test within 12 hours at a GP or through the police.

Callum

First aid:

- DRS ABCD
- Contact parents/another adult.
- Seek medical attention if adults can't be contacted, if the friend has difficulty breathing, becomes drowsy or unconscious.

Tom

First aid:

- DRS ABCD
- Contact parents/another adult.
- Seek medical attention if adults can't be contacted, if headache gets worse, if he vomits, becomes drowsy or becomes unconscious again.
- Someone stay with him at all times as a headache could be a sign of other head injuries.

Lauren

This is a serious medical emergency.

First aid:

- DRS ABCD
- Stay with Mum and check breathing until ambulance arrives.

Kieran

Boys may feel unsure about approaching patient in first place due to possible aggressive reaction from patient's friends. In which case, they could notify railway staff or other adults nearby. If a person intoxicated with particular solvents participates in vigorous exercise, there is the risk of heart failure (known as 'sudden sniffing death syndrome').

First aid:

- DRS ABCD
- Place in recovery position if breathing.
- If not breathing, commence CPR until medical help arrives.

Tessa

First aid:

- Take sister to first aid tent at venue.
- Encourage her to drink water and rest.
- Tell first aid staff about ecstasy tablet.

2. Have students create personal 'wallet cards' that record vital information for an emergency situation. The card should include their name, address, phone number, ICE (in case of emergency contact number), taxi number, and the DRS ABCD steps. Also suggest that students, who own a mobile phone, create an ICE number in their contacts list.

Save the app that could save your life

The Emergency+ app uses a mobile phone's GPS functionality so callers can provide emergency call-takers with their location information as determined by their smart phone.



Activity 4 Who can help?



Learning intention

- Students determine appropriateness and credibility of online health information
- Students critique services that provide advice and support on health-related issues
- Students investigate ways to share contact information of these services with other young people
- Students critique and select the most suitable and reliable sources of health information according to the decision that needs to be made

Equipment

Be Ready student workbook – *Helpful people, agencies and resources* – pages 35-36

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

A4 paper – one sheet per student

Internet access

Activities

1. Explain that while there are a range of skills that can help us bounce through the pitfalls and problems that are a part of everyday life, relationship skills such as help-seeking and assertive communication are very important in preventing problematic drug use. The minority of young people who have problematic drug use problems may use drugs to escape emotional pain or solve their problems believing they cannot lead happy lives without the use of drugs. Dealing with problems on your own is not a long term healthy option. The following activities will help students to develop and practise their help seeking skills.
2. Using a **one minute challenge** (refer to page 110), have students write the names of people, agencies and other sources of information and help that can be accessed when drug use is an issue. Listen to the ideas generated by the class then refer students to *Helpful people, agencies and resources* on page 35 of *Be Ready*. Have students check

to see if they identified the same sources of information and help (ie parents, friends, family, counsellor, police, helpline, friend's parent, or teacher).

3. In pairs, students consider the advantages and disadvantages of using each source of help or information using page 36 of *Be Ready*. Hear feedback from the class. (Possible enablers or barriers would be confidentiality, expertise, accessibility, cost, trust, comfort level involved, chances of positive or negative outcomes, effect on relationships).
4. Write on the board – *How could this site help you or a friend to find information about a drug or seek help with a drug-related problem?* In pairs, students access the websites listed in *Be Ready*, spending no more than five minutes on each site, to answer the question.
5. Explain that different drug use problems often require different sources of help. For instance, it may be okay to use the *Australian Drug Foundation* www.adf.org.au to clarify the effects of cannabis however someone whose cannabis use is affecting their school work may need more help than can be provided by a website. In this instance online, telephone or face-to-face support services (eg Alcohol and Drug Support Line 9442 5000 or 1800 198 024 for country callers) may be more suitable.

Ask

- *Why might a friend reject your suggestions to get help?* (Some people who use drugs do not see their use as a problem, they might fear getting into trouble or losing their friends, feel they might not cope without using the drug).
 - *How easy do you think it would be to discuss a friend's drug use issue with them?* (Often this can be very difficult. The role-plays in the next activity may illustrate this).
 - *How easily do you think a student could approach a teacher or counsellor at our school? Why?* (Discuss strategies that would make it easier if students suggest that it would be difficult).
 - *What are some barriers that might prevent you or your friends from asking for help with problems or drug use issues?* (eg fear of lack of confidentiality, fear of getting into trouble, fear of losing friends, not feeling confident, feeling ashamed of drug use or issues that are contributing to it).
6. Model how students can use a **90 degree thinking** (refer to page 109) to write down the information gained from this activity and the implications of this information on their own lives. For example: *I know there are a range of free counselling advice services available. So if I ever have a problem that I can't talk to Mum or a friend about, I could use this service.*
 7. Send home a copy of the Family information sheet – *Is my child using alcohol or other drugs?*

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

**Any drug has
the potential to
cause harm.**

Activity 5 Practising offering help to others in drug-related situations



Learning intention

- Students practise actions and strategies to enhance the health and wellbeing of others

Equipment

Be Ready student workbook – *Help a friend* – page 37

Be Ready student workbook – *A problem shared is a problem halved* – pages 38-39

Activity sheet – *A friend in need* – photocopy one Supporter card and one Friend card per pair of students

Hats/scarves for props (optional)

Teaching tip

Wearing a hat or scarf can make it easier for students to step out of their role.

Activities

- Explain that sometimes the harms that result in situations involving alcohol and other drugs may not always be those that need physical help (such as getting an adult to help with an out of control party or calling for medical assistance). Some situations may require emotional help and support and as a friend, it can sometimes be difficult to offer this help. Ask students to suggest some situations that would cause them to feel concerned about a friend (such as appearing depressed for long periods, dieting for a very long time, always getting into fights after drinking alcohol, using smoking as a means of weight loss, or their drug use is affecting their school work or relationships).
- Brainstorm** (refer to page 107) the qualities of a person (not actions) that would make a good supporter for someone who:
 - wished to stop or reduce smoking
 - was binge drinking on a regular basis but didn't see this as a problem
 - was smoking cannabis on a regular basis but didn't see this as a problem

Responses could include: non-judgmental, good listener, offers more support than advice, and can be trusted and relied on.

- Suggest to students that sometimes people do not see their own drug use as a problem and this may make offering support a bit tricky. For example, it may be easier to support a friend who is trying to stop smoking than a friend who binge drinks regularly and does not see this as a problem. Explain that sometimes just asking the right questions and doing some simple things can help a friend realise they may have a problem with their drug use. It is not always possible to affect change but your friend will know you're there for them if they do decide to cut down or stop or if they have other problems.

Explain to students that this activity aims to help them practise offering help to others in a drug-related situation. It will let students discover what this might feel like, and

how they might overcome some of the barriers that could hinder them from offering support in the first place. Have students use *Help a friend* on page 37 of *Be Ready* or alternatively write the following questions on the board. Discuss the suggested tips and questions listed in the workbook.

- What are the things you like about smoking/drinking/using cannabis?
- What are the not-so-good things about smoking/drinking/using cannabis?
- How do the good and not-so-good things about smoking/drinking/using cannabis weigh up?
- Are you interested in stopping or reducing smoking/drinking/cannabis use?
- What could you do to stop or reduce smoking/drinking/cannabis use?
- How could I help you to stop or reduce smoking/drinking/cannabis use?

- Explain to students that they are going to **role-play** (refer to page 110) a scenario which involves a friend who is experiencing a drug use problem (friend) and the other friend who wants to help (supporter). Read out a supporter role card from the activity sheet *A friend in need* to the class and give a student volunteer the corresponding friend role card to read aloud. Demonstrate using the tips and questions from the activity sheet in a role-play with the volunteer. Ask the rest of the class to observe the role-play and assess if the offer of support went well and also offer prompts and other suggestions to the role-play.

When students understand what is required of the role-play divide students into groups of three. Distribute a supporter and friend role card to each group. Explain that the third student is an observer who may assist the supporter with prompts and questions. Give the class time to practise their role-plays before performing them to another group (the observer may still prompt). Groups watching a role-play should be encouraged to give feedback to the performers. Students may need to revise possible sources of help from Activity 4 *Who can help?* before conducting role-plays.

Rotate the role card pairs several times giving students a chance to alternate roles as friend, supporter and observer in a range of drug-related situations. Process the role-plays using the following questions.

Ask

- Supporters, was the conversation you had with the friend natural or was it a bit forced? Why?*
- Friends, if you were in this situation in real life, how do you think you would feel if a friend spoke to you like this?*
- Observers, what might the characters in your role-play been most afraid of?*
- What could be some reasons why a friend may reject your suggestions that they may need help with their drug use? (eg many people who use drugs do not see their use as a problem, fear of getting into trouble, fear of losing friends).*

- *How easy do you think it would be to discuss a friend's drug use issue with them?* (Acknowledge that this is often a very difficult thing to do and can require courage. Suggest that talking to a parent or another trusted adult about the situation and seeking their advice can be helpful).
 - *What might be some barriers that might prevent you or your friends from asking for help with problems or drug use issues?* (eg fear of lack of confidentiality, fear of getting into trouble, fear of losing friends, not feeling confident, ashamed of their drug use or underlying issues).
 - *What would help you or your friends to ask for help with a problem or a drug use issue?*
 - *Are the skills you practised using in the role-play helpful, even if you don't know anyone who has a drug use issue? Why?* (The relationship skills practised in this activity can be applied in a range of situations where a person needs to show empathy, use active listening, problem solve and make decisions).
 - *Where else could you use these skills?*
5. Have students complete *A problem shared is a problem halved* on pages 38-39 of *Be Ready* and talk about their answers with a partner.



A friend in need



Supporter 1

You have noticed that your friend has been really quiet and sad for the last few weeks and generally looks very depressed. He/she hasn't been talking to other kids at school and has been avoiding you.

You are worried about your friend.

Friend 1

You are 15 and you have not been getting on with your Mum lately. Some days you feel so sad you don't even want to get out of bed.

You haven't spoken to anyone about how you are feeling.



Supporter 2

You don't smoke. Your friend has told you he/she would like to quit smoking. You don't think it will be easy because he/she seems to be smoking just about every day now.

Talk to your friend about how he/she is planning on quitting and how you can help.

Friend 2

You are 15 and only used to smoke with your friends at parties and on weekends but now you smoke most days. You used to be able to decide whether to smoke or not but now you don't like the feeling of losing control and would like to quit.

Not many of your friends smoke but smoking always makes you feel more confident and relaxed when you are out with them.



Supporter 3

You love playing hockey. You have noticed that your friend who could usually out run you in a game is now often short of breath early in the game. You are convinced this change in fitness is due to the fact that he/she started smoking cannabis last year.

You think your friend should quit smoking cannabis before their game is too badly affected.

Friend 3

You are a very good hockey player. You used to be the fastest player in the team but since you started smoking cannabis last year you have been missing training and now you can't keep up with the others.





A friend in need

Supporter 4

You are worried about your friend who binge drinks every time you go out together. You are sick of having to clean her up before going home and lying about her alcohol use to her parents.

Talk to your friend about their binge drinking and what you could do to look out for each other at parties.

Friend 4

You are 15 and binge drink most weekends. You think the amount you drink is not dangerous and that everyone binge drinks.

Your friends often tell you about the embarrassing things you have done when you are drunk. This makes you feel quite bad.

Supporter 5

You like to go to parties but you don't really like binge drinking or taking other drugs. You know your friend feels pretty much the same way about drinking and drugs.

Talk to your friend about what kind of things you could do to look out for each other at parties to make sure you don't get into trouble.

Friend 5

You like to go to parties and don't really like binge drinking or taking other drugs.

Talk to your friend about what kind of things you could do to look out for each other at parties to make sure you don't get into trouble.

Supporter 6

You are worried about your friend's cannabis use. He/she is not handing in homework, always borrows money from friends and is not interested in doing anything on the weekend unless it involves smoking cannabis.

Friend 6

You are 15 and use cannabis regularly on the weekends. You don't really see this as a problem, though you do worry about your parents finding out and getting into trouble with the police.

TOPIC 6

Drugs and the media

Activity 1 Reflecting on how marketing can influence young people to drink



Learning intention

- Students critique alcohol and other drug images and messages in the media and evaluate how these can be interpreted
- Students evaluate the influence of personal, social, environmental and cultural factors on decisions and actions young people take in relation to their health, safety and wellbeing

Equipment

Be Ready student workbook – Media messages – pages 40-41

Access to internet

Drink driving campaign advertisements

<http://rsc.wa.gov.au/Campaigns-Programs/Drink-Driving/>

Activities

1. Explain that research shows that exposure to high levels of advertising and marketing of drugs has an influence on teenage drinking and other drug use. Young people are regularly exposed to advertising and marketing from companies producing alcohol, caffeine, analgesic and other over-the-counter medications.

Ask students if they can think of a legal drug for which advertising has been banned since 1992 (eg tobacco). Explain that alcohol advertising however has been deregulated since 1996, which has contributed to young people perceiving alcohol to be a 'social' drug that helps people to meet others, enhance their sexuality, helps them forget problems and stress.

To illustrate how exposed students are to these messages on a daily basis, conduct a **one minute challenge** (refer to page 110) to list as many alcohol advertising and marketing strategies they can recall.

2. As a class, view several alcohol advertisements and marketing strategies. (Note: access to alcohol company websites is only granted if the user types in a birth date older than 18 years). Search YouTube for advertisements. Preview all sites before showing to students.

- www.camy.org/gallery Centre on Alcohol Marketing and Youth (CAMY). This link provides a range of print and television advertisements for alcohol by brand name.
- www.bundaberg.com.au Bundaberg Rum.

After viewing the advertisements have students complete the questions on page 40 of *Be Ready* for one advertisement. Discuss responses.

Ask

- *Where is alcohol being consumed in these advertisements?* (Usually in a social setting in bars, at parties, at home).

- *What are the advertisements saying about males and females who drink alcohol?* (Currently alcohol advertising portrays men who drink alcohol as either 'macho' or 'sensitive new age'. For women, the message is that alcohol improves their sense of mateship among men or their glamour and seductiveness. Women are often portrayed as needing alcohol as a stress relief).
- *Are messages about negative effects of alcohol made obvious to the viewer?* (No. Main messages are that alcohol helps people to meet each other, enhances their sexuality or helps them forget problems and stress).
- *Do you think this advertisement would be expensive to produce? Why?* (Yes. The alcohol industry spends an estimated \$70 million a year in Australia on advertising and promotion of their products because companies consider it to be an effective way to promote their products).
- *Viewers have to be 18 to access these alcohol websites but you can watch any of these advertisements on television during M or MA classification periods or during live sporting events. What age group and sex do you think are the target for these advertisements? Why?* (Many companies target young people by including glamorous models, clever graphics, current music, humour, sexual overtones, and using particular body types for gender appeal).
- *Look at some of the other marketing strategies used on the alcohol websites* (SMS messages, screen saver downloads, desktop icons, mobile phone ring tones, competitions). *What age group do you think these strategies are appealing to?* (Young people. Establishing a drinking culture and brand loyalty at an early age will ensure that their product is consumed for many years to come).
- 3. As a class, view several alcohol education public health campaign advertisements such as the Drink driving advertisements www.rsc.wa.gov.au (Road Safety Commission) or the alcohol advertisements and campaigns on <http://alcoholthinkagain.com.au/> Campaigns (Mental Health Commission).

Ask

- *What are the main messages about alcohol that are presented in these advertisements?* (eg that the acceptance of binge drinking in our society needs to change, alcohol affects the brain, drink driving is an irresponsible and illegal behaviour).
- *Do you think the messages are appealing to young people? Why?*
- *Which advertisements do you find more appealing – the alcohol company ads or the public health campaign ads? Why?*
- *Do you think the Road Safety Commission and the Mental Health Commission would have had similar budgets to make these advertisements as alcohol companies?* (No, although advertisements are usually part of a well-planned, health campaign involving a range of strategies).

Activity 2 Taking action



Learning intention

- Students write a persuasive text to influence alcohol advertising

Equipment

Be Ready student workbook – *Media messages* – pages 40–41

Activities

- Explain that like many other countries, Australia has a self-regulatory approach to alcohol advertising. The *Alcohol Beverages Advertising Code and Complaints Management System (ABAC)* was developed and is supported by all key Australian alcohol manufacturers, marketing and advertising associations, as well as media and consumer bodies such as the *Australian Consumers' Association (CHOICE)* and the *Australian Competition and Consumer Commission (ACCC)*. The aim of the ABAC is to ensure that alcohol advertising does not glamorise alcohol consumption or target vulnerable groups in the community such as young people. All complaints against advertisements that contravene the code are sent to the *Advertising Standards Bureau (ASB)* who then refer the complaint to the *Alcohol Beverages Advertising Code Complaints Adjudication Panel*.
- Explain that students are to write a letter of complaint to the ASB about an advertisement for an alcohol product. Discuss the sample letter on page 41 of *Be Ready* and the elements of persuasive letter writing. (Alternatively the complaint can be completed online at <http://www.adstandards.com.au/>).

Activity 3 Analysing campaigns to reduce drug use



Learning intention

- Students critically analyse health campaigns

Equipment

Internet access

Die

Activities

- Explain that *Alcohol think again* is a WA health campaign that aims to reduce the problems and harm in the community that result from drunkenness by changing the drinking culture in WA to support safer drinking environments and practices.

Conduct a **head talk** (refer to page 108) allocating a number from one to six to each group member. Pose the following questions for groups to discuss.
 - What do you see as some of the main problems risky drinking could cause in our community?
 - What else could governments, communities and individuals do to create a less harmful drinking culture in WA?Give an example for each question to ensure students understand the task. Roll the die after five minutes to

decide which students will present the findings from their group. If not identified by students, introduce the following points.

Depending on your community, some of the main problems caused by binge drinking are:

- injuries and loss of life
- strain on services such as police, paramedics, hospitals, fire and emergency
- damage to property and associated costs to clean up and repair for local councils and individuals
- fear and physical and verbal abuse caused to family, friends and other members of the community
- increases in taxes, rates and insurance premiums as a result of harms and damages.

Things that could create a less harmful drinking culture include:

- changing the attitudes to binge drinking at a family, local community and state government level (eg 'It's not OK to get really drunk')
- changing drinking environments eg more supervision at underage parties, less aggressive crowd controllers, tighter policing of responsible service of alcohol in licensed venues, restricting licensed venues from serving alcohol to patrons who are not eating
- changing the availability of alcohol eg restricting extended trading hours, parents or other adults not buying alcohol for teenagers, more alcohol free events for young people
- changing the legislation eg zero blood alcohol levels for young drivers
- role modelling of safer drinking practices by adults at family gatherings and other venues where children may be present
- regulating alcohol advertising codes so that advertisements and marketing strategies that promote excessive or under-age drinking are not permitted
- regulating the portrayal of the use of alcohol in the media.

- View the campaign advertisements on <http://alcoholthinkagain.com.au/Campaigns> (Mental Health Commission). Ask the students to tick off any of the points raised during the head talk or that they hear or see as they are watching.

Ask

- Do you think these campaign advertisements are appropriate to show young people about risky drinking? Why?*
- Where else do you think the Mental Health Commission planned for these advertisements to be shown?*
- Why do you think the Mental Health Commission is trying to ensure that communities have a strong understanding of the issues and harms associated with risky drinking? (It takes community involvement and support to bring about social/cultural change towards binge drinking).*
- What do you think would be the most effective way to make risky drinking unacceptable to young people?*

TOPIC 7

Contributing to healthy communities

Activity 1 Reflecting on community attitudes to alcohol



Learning intention

- Students consider differing viewpoints on risky drinking

Equipment

Be Ready student workbook – *Alcohol and the community* – page 42

Activities

1. Conduct a **hypothetical** (refer to page 109) so students may reflect on how risky drinking can affect individuals and the community and how advertising and marketing can influence the use of alcohol. Place students in eight groups and then read out the hypothetical included in *Alcohol and the community* page 42 of *Be Ready*. Assign a panellist character to each group. Have groups prepare a range of responses for their character and then choose one student to sit on the panel.

Conduct the hypothetical, acting as a Master of Ceremonies to keep the discussion flowing. Encourage the audience to challenge panel members with questions either at the end or during the hypothetical.

Conduct a vote to determine the outcome of the hypothetical. Process the activity with the following questions.

Ask

- *What useful information did each panellist provide that helped you make your final decision?*
- *Has this hypothetical changed your views about risky drinking or alcohol advertising and marketing?*
- *Do you think this situation would happen in real life? Why?*

Activity 2 Attitudes about alcohol and other drugs and the impact on the community



Learning intention

- Students express their thoughts, opinions and beliefs about alcohol and binge drinking

Equipment

Be Ready student workbook – *Your attitude, your behaviour* – pages 43-44

Die

Teaching tip

Watch the ABC report on *The Gathering* a DVD developed by the Melville City Council in WA at <http://www.abc.net.au/7.30/content/2011/s3191899.htm> and discuss the points highlighted in the report.

Activities

1. Explain that the beliefs and attitudes we hold about certain types of drug use are shaped by a range of factors. These attitudes, in turn, impact our drug use behaviour. For example, if we have a negative attitude towards smoking or risky drinking, we are less likely to experiment with smoking or engage in risky drinking.

Brainstorm (refer to page 107) some of the factors that are likely to influence our attitudes about the drugs – alcohol, cannabis and tobacco. For example: knowledge about the drug and its possible effects, peer attitudes and drug use behaviours, family beliefs and role modelling, previous experience, legal status, concerns about safety, advertising and marketing campaigns, use of drugs in the media, public health campaigns.

2. Have students complete the first step of *Your attitude, your behaviour* on pages 43-44 of *Be Ready* by ranking the characters on a scale of 1 to 5 (with 1 being *very unacceptable* and 5 being *very acceptable*). Explain to the class that this activity will help them to consider their own and others' attitudes towards use of these drugs.

Place students in groups to discuss each character and then decide on a group ranking, providing reasoning for their rankings. Hear differences in group rankings and reasoning for each character, stressing that the ranking that they decide upon is largely determined by their attitudes to this drug use behaviour.

Ask

- Which characters were the hardest to agree on for a group ranking? Why?
- How would this situation affect the character or the community?
- What costs might occur as a result of the character's actions? (eg financial costs from property damage, physical or emotional harm, putting members of the community at risk, putting strain on emergency police and hospital services. Remind students that

alcohol-related problems are estimated to cost WA communities more than \$760 million per year, not including the costs of time spent by police and emergency services dealing with alcohol related problems. Explain that while most adults use alcohol in a safe and responsible way, most alcohol-related problems are caused not by people who are dependent on alcohol but on those who occasionally drink excessively or binge drink (Collin and Lapsley, 2002).

- Was your group's attitude towards alcohol and risky drinking mostly 'acceptable' or 'not acceptable'? Repeat this question for tobacco and cannabis.
 - How do you think this attitude may affect your current or future drinking behaviour? Repeat this question for tobacco and cannabis.
 - What could you tell someone who thinks risky drinking is acceptable? (That it can have many impacts including: regrettable behaviours and associated embarrassment, unprotected and unwanted sex that could lead to unwanted pregnancy or sexually transmitted infections, risk of being involved in violent situations, risks of drink driving, losing friends or loved ones as a result of their behaviour, loss of money after reckless spending on alcohol, hangovers, damages brain and liver, causes male impotency).
 - What could you tell someone who thinks smoking is acceptable? (For example: it can lower fitness and trigger asthma attacks; is anti-social; reduces sense of smell and taste: causes bad breath and stains skin, hair and clothes; damages lungs and heart; is easy to become dependent on; most adults who smoke wish they didn't).
 - What could you tell someone who thinks using cannabis is acceptable? (For example: it's illegal, may result in criminal record, risk of regrettable behaviours and associated embarrassment, unprotected and unwanted sex that could lead to unwanted pregnancy or sexually transmitted infections, losing friends or loved ones as a result of their behaviour, loss of money after reckless spending on cannabis or related fines, risk of mental illness, risk of accidents, damages lungs and interferes with sexual drive and hormone production).
3. Ask students what the guidelines recommend for reducing alcohol harms for those under 18 years of age (refer to page 21 *Be Ready*). If students do not know, explain the guidelines recommend no alcohol for those under 18 years of age is the safest choice.

Have students discuss why some young people are still choosing to drink at risky levels, especially when advertising campaigns have been specifically targeting this age group. Discuss how the contributing factors identified by the class could be addressed by the government with targeted strategies.

Have each student write a letter to the Minister for Health outlining strategies that could be considered in the future to target risky drinking by those under 18 years of age.

Activity 3 Planning a school drug education event



Learning intention

- Students design and evaluate a drug education event to promote health and wellbeing in their school community
- Students engage in dialogue about what they can and will do to make the event work well
- Students develop self-esteem, leadership, collaboration and communication skills, and a sense of connectedness and pride in their school community

Equipment

Activity sheet – *Can I do this?* – photocopy one per student

Activity sheet – *Event report* – photocopy one per student

Activities

1. Explain that the class will be designing and evaluating a drug education event to promote health and wellbeing in their school community. **Brainstorm** (refer to page 107) ideas for the type of event such as a PPT and presentation at a parent and student night or stalls and displays that include visual and interactive drug education activities.
2. Discuss the sample event agenda on the activity sheet. Use the following questions to help students plan their event.
 - **Why:** The purpose and goal of the event.
 - **Who:** Who your audience will be.
 - **What:** What you will do to ensure that the event is participatory, promotes positive relationships, sends sound health promotion messages and where possible includes both knowledge and skills based activities.
 - **Where:** The space.
 - **When:** The timing including when it will be held, how long will be needed to prepare and how much time for the event itself.
3. As a result of participating in the drug education activities in this resource, students should have acquired a good working knowledge about the drugs that will be the focus of their education event. However to clarify what student facilitators know about drugs before taking a leadership role in educating peers or community members, have students complete the self-evaluation checklist *Can I do this?* The checklist will assist in making clear what is needed and will guide review of any areas in which they may need additional support or preparation.
4. Have students identify the strengths of others in the class to determine which role each student will play in the event. For example, someone who is a strong communicator may be the promoter and another who may be an achiever can be the event manager. Ensure each student has a role.
5. Ask the class to decide how they will get feedback on their event (eg feedback form, conduct interviews after the event). Have the class brainstorm a list of questions that will provide them with feedback to be used when planning another event. For example:
 - What did you think of this event?
 - What did you learn?
 - What did you find useful?
 - How could this event be improved?
 - What do you think about the facilitation and organising work done by students?
 - Do you think an event like this should be run again in the future?
 - What else do you think would be useful?
6. Ask the class to identify behaviours that will ensure their event generates and maintains a positive and friendly environment so that other students feel inclined to join and express their views. For example:
 - No use of put downs, sexism, racism, ageism, homophobic or body image remarks.
 - Apologise if you cause offence.
 - Avoid assessing or making judgements on students' answers.
 - Encourage people to join in.
 - Make the activities fun and interesting to tempt students to participate.
 - Give students short achievable tasks so they gain confidence in their own abilities.
 - Thank people for having a go and considering their health and wellbeing.
7. Brief the class on how to handle conversations where a student may start to tell a story about their own or other people's use of drugs. Suggest students use statements such as: *I think you might be starting to tell me a personal story. Can you find a way to tell me this without breaking privacy? For example, you could say something like... I know of a young guy who smokes cannabis all the time.*
8. After conducting the event and analysing feedback from the participants, have the students reflect on the achievements, learnings and their own input in the event by completing the *Event report*. Place students in groups to share their reflections.



Can I do this?

Before taking a leadership role in a drug education event, consider the following and tick those that you know you can do.



- ☐ Give accurate information and challenge people who believe myths such as 'drinking black coffee will sober you up' or 'cannabis is natural and so it can't be harmful'.
- ☐ Identify alcohol and other drug-related situations where adult, emergency or medical help may be needed.
- ☐ Know some sources of help for a person with a drug problem.
- ☐ Feel equipped to take an active role as a facilitator.
- ☐ Describe a number of strategies to prevent, minimise or address harm in situations involving cigarettes, alcohol or cannabis.
- ☐ Understand that a number of factors can contribute to the risks associated with using a drug, including: amount taken, frequency of use, context in which the drug is used, who is using it, and reasons for use (eg the drug use triangle).
- ☐ Name a number of health and social risks associated with drinking alcohol, smoking cigarettes and using cannabis.
- ☐ Get messages across clearly and listen well to others' contributions.
- ☐ Get people thinking and use appropriate questions to guide the discussion.
- ☐ Answer questions accurately and refer questions if the answer is not known.
- ☐ Ask for clarification if not sure what someone else is saying.
- ☐ Appreciate that everyone has their own attitude about alcohol and other drug use.

Activity	Time	Who
Activity 1: Startling statistics Give a short talk supported by a PowerPoint display about prevalence of use of cigarettes and alcohol in the teen years	5 minutes	2 students
Activity 2 : Information jigsaw Break into 8 groups with two student leaders to run the activity	15 minutes	16 students
Activity 3: Make a decision Read out scenario and act the prepared scene. Teacher interviews student in decider role and manages paired sharing in audience – What would you advise the young person to do?	10 minutes	1 student to read 3 student actors Teacher
Evaluation and tidy up Students hand out slips of paper and invite responses via the collection boxes. Tidy up equipment	5 minutes	Team of student helpers



Event report

Write a short report to record what was accomplished and what was learnt.

Event name and date	
Organised by	
Description of the event (outline the agenda and give a short description)	
Your role (leadership, promotion, catering, facilitator, performer, organiser etc)	
Attendance (who and how many)	
Feedback from participants	
Your feedback on the event	
Reflect and assess your contribution to the event	
What you will do differently next time. Why?	
Your recommendations for future events	