TITLE: Challenges and Choices: A Resilience Approach to Drug Education
Year 9 Teacher Resource

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

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

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

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

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Foreword

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

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

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

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

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

Timothy Marney
Mental Health Commissioner
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Challenges and Choices program

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

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

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

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

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

Strengths based approach

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

The Challenges and Choices program focuses on this approach and provides content and learning activities that build on students’ knowledge, skills and capacities. Some content, concept or skill introduced in one year level however, may need to be revisited, consolidated and further enhanced in later year levels. For example, making decisions is a skill that can be introduced in early childhood and then continue to be developed through a student’s schooling years. This means educators need to provide ample opportunity for revision, ongoing practice and consolidation of previously introduced knowledge and skills.

Mapping against Health and Physical Education content

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

Mapping against General Capabilities in the Australian Curriculum

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

<table>
<thead>
<tr>
<th>Key</th>
<th>Capability</th>
</tr>
</thead>
<tbody>
<tr>
<td>📚</td>
<td>Literacy</td>
</tr>
<tr>
<td>🧮</td>
<td>Numeracy</td>
</tr>
<tr>
<td>🌐</td>
<td>Information and communication technology (ICT) capability</td>
</tr>
<tr>
<td>🧠</td>
<td>Critical and creative thinking</td>
</tr>
<tr>
<td>🎈</td>
<td>Personal and social capability</td>
</tr>
<tr>
<td>🌐</td>
<td>Ethical understanding</td>
</tr>
<tr>
<td>🌍</td>
<td>Intercultural understanding</td>
</tr>
</tbody>
</table>

Mapping against Personal and Social Capabilities

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

Delivery of the program

The activities have been written to support the delivery of Year 9 Health Education content and skills, however the program is flexible and can be implemented in English, life and relationship skills, careers, workplace readiness, and home groups.

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

Currency of information

Whilst every attempt has been made to include the latest information and live links within this resource, statistics, legislation and brochures/fact sheets/information sheets do change over time.
You are encouraged to use the most up-to-date statistics, legislation and information in your drug education program. Websites provided at the back of this resource can assist you.

**Staff working in schools with a religious philosophy**
When teaching resilience, decision-making and coping skills, links to Religious Education and developing a positive sense of self in relation to the values and philosophy of their religion, can be emphasised and promoted.

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

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

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

**Program components**
The Challenges and Choices program for Year 9 includes two components: the Teacher Resource and the Be Ready student workbook.

**Teacher Resource**
This easy to use resource offers two modules:
- Module 1: Resilience Education
- Module 2: Drug Education.

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

Each Module includes:
- related topics and learning activities appropriate for Year 9 students
- teaching tips to support delivery or extend students’ learning
- activity sheets that require photocopying and/or cutting up
- activities that link to the Be Ready student workbook

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

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

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

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

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

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

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

A positive approach

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

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

Risk and resilience

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

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

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

Factors that contribute to resilience

A combination of factors contribute to resilience. Many studies show that the primary factor in resilience is having caring and supportive relationships within and outside the family. Relationships that create love and trust, and offer encouragement and reassurance can help bolster a person’s resilience. Positive outcomes of resilience education programs include young people who have:
- Confidence – a sense of self-worth (a positive view of yourself) and mastery (confidence in your strengths and abilities); having a sense of self-efficacy (belief in one's capacity to succeed); seeing yourself as resilient (rather than as a victim).
- Character – taking responsibility; a sense of independence and individuality; connection to values; good problem solving and communication skills; helping others.
- Connection – a sense of safety, structure and belonging; close, respectful relationships with family and friends; positive bonds with social institutions.
- Competence – the ability to act effectively in school, in social situations, and at work; the ability to manage strong feelings and impulses; seeking help and resources; the ability to cope with stress in healthy ways and avoiding harmful coping strategies such as alcohol and drug use.
- Contribution – active participation and leadership in a variety of settings; making a difference.
- Caring – a sense of sympathy and empathy for others; commitment to social justice.

Explicit teaching of personal and social capabilities

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

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

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

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

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

Students also explore the range of factors that can contribute to a drug experience such as:
- the person eg age, gender, previous experience with the drug, mood
- the drug eg type, amount, taken with other drugs
- the place eg where the drug is being used, with friends or strangers.

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

When should drug education start?
Children become aware of drugs from an early age. They gain information and form attitudes about drugs and drug use issues from a range of influences including family, friends, peers, school, the community, and the media. It is therefore important that prevention drug education:
- is started in early childhood
- is age appropriate
- is continued through a child's schooling years in order to build students’ knowledge, skills and experiences, and to bring about effective behaviour change.

Prevention education is best introduced when the prevalence of use of the particular drug is still low and before most young people are exposed to the possibility of use. There are three critical phases when the intervention effects of drug education are most likely to be optimised, and include:
- **Phase 1: Inoculation** which is when children are first exposed to certain drugs. Most children in secondary school have had some experiences with analgesics and over-the-counter medications, prescription medications and caffeine. In some communities some children will also be familiar with tobacco and alcohol, as well as cannabis and other illegal drugs.
- **Phase 2: Early relevancy** which is where information and skills may have practical application in real life.
- **Phase 3: Later relevancy** which is when prevalence of alcohol and drug use increases and the context of use changes (eg alcohol and driving).

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

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

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

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

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

<table>
<thead>
<tr>
<th>Students who have never used alcohol or other drugs</th>
<th>Don't start</th>
<th>Delay starting</th>
</tr>
</thead>
<tbody>
<tr>
<td>Students who have experimented with alcohol or other drugs</td>
<td>Don't continue use</td>
<td>Ensure don't progress to higher levels of use</td>
</tr>
<tr>
<td>Students who use alcohol or other drugs more regularly</td>
<td>Cease use</td>
<td>Reduce use</td>
</tr>
</tbody>
</table>
Additional harm reduction messages for students, and depending on level of use, include:

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

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

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

What is not covered in classroom drug education programs?

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

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

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

Including parents in their child’s drug education

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

To provide families with reliable information about alcohol and drugs:

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

Implementing a drug education program in your classroom

Create a class environment

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

Positive interrupting

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

Personal stories about alcohol and other drug use should not be encouraged. This will protect students’ personal privacy and the privacy of those related to students, and will prevent them from damaging their reputation. It also prevents students from sharing stories that they feel may increase their status, glamourise risky behaviour, or covertly influence others to engage in risky behaviour. It will also stop the class from being side-tracked.

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

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

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

Normative education

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

Terms to avoid using

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

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

Interactive teaching and learning strategies

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

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

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

Managing discussion activities

Activities which require students to move around the room or discuss with a partner or small group, are likely to produce higher levels of noise and energy. Teachers should not mistake these behaviours as a sign that students are not on task. The use of ‘noise level’ management strategies such as hand clapping, music starting and stopping, or hand in the air, should be introduced to the class at the start of the program.

Assessment

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

Self-assessment can be used to gain an understanding of students’ knowledge and understanding, attitudes and values, and skill level. The optional quiz provided on page 30 to 31, can be used to identify students’ current drug education knowledge prior to commencing a program using this resource.

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

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

Whole-school approach

A comprehensive, whole-school approach is widely acknowledged as best practice in working holistically to promote and enhance student health, safety and wellbeing. By adopting this approach schools ensure full engagement with the school community and are more likely to secure sustainable health improvements. The whole-school approach is not just what happens in the curriculum, it is about the entire school day, advocating that learning occurs not only through the formal curriculum but also through students’ daily experience of life in the school and beyond. If consistent messages are evident across the school and wider school community, the students’ learning is validated and reinforced.

The Health Promoting Schools (HPS) Framework

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

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

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

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

Supporting a whole-school approach to drug education

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

A whole-school approach can be easily developed using the consultancy support provided by SDERA and the Getting It Together: A Whole-School Approach to Drug Education resource which provides action planning templates, sample School Drug Education Guidelines and practical ideas to support the implementation of the three areas of the HPS Framework.

### Curriculum ideas

- Develop a scope and sequence for resilience and drug education guidelines that include: a rationale for why resilience and drug education needs to be taught in the curriculum, the hours it will be taught over the year, the commitment by the school staff, and the budget allocation. This is an important step to ensure all aspects of effective resilience and drug education are in place within the school.

- Teach the skills relevant to resilience and social and emotional competence across all learning areas. For example, coping skills in relation to exploration and inventions, establishing classroom and school rules, and dealing with conflict, can be taught through the Society and Environment learning area.

- Plan classroom activities that encourage peer and class connectedness to enhance resilience. For example, older students can work with younger students in a buddy system.

- Select and purchase books that focus on resilience skills and inspirational and self-belief stories such as I Can Jump Puddles by Alan Marshall, Survival by Simon Bouda (the story about Stuart Diver), Unstoppable or Life without Limits by Nick Vujicic and Jonathon Livingston Seagull by Richard Bach.

### Ethos and Environment ideas

- Have the school leaders articulate to school staff, parents and students through the school’s various channels of communication (eg newsletter, website, induction package) a clear, shared vision of a whole-school approach to resilience and drug education. This can be achieved through the development of school drug education guidelines that include: a rationale for why resilience and drug education needs to be taught in the curriculum, the hours it will be taught over the year, the commitment by the school staff, and the budget allocation. This is an important step to ensure all aspects of effective resilience and drug education are in place within the school.
• Teachers can build and enhance connections with students in their own classroom and in the broader school community by using strategies such as: greeting students using name and eye contact, trusting students with responsibilities, taking an interest in what students do outside of school hours, and by having fair and consistent behaviour management systems.

• To foster engagement offer students opportunities such as planning and presenting a parent drug information expo.

• Build relationships with outside agencies (eg Community Alcohol and Drug Service) to have access to additional expertise and appropriate intervention support for students involved in drug-related situations or experiencing issues with drug use. Connect, which is an online state-wide directory for drug services, programs and resources is available on the SDERA website.

• Encourage school staff to reach out to students with academic or social issues to create stronger relationships and a positive school environment. Link them to role models, mentors, peers or trusted adults like the School Volunteer Program.

• Identify and acknowledge the ability and personal strengths of staff members and students through awards and presentations. Plan and provide opportunities for the development of the diverse strengths within the school.

• Celebrate success! Do this in a public place within the school or on the school website or newsletter (eg teacher or student profiles each week).

• Budget for professional learning. Organise for staff to attend SDERA workshops and learning seminars to enhance their understanding of resilience and drug education.

Parents and Community ideas

• A simple way to reinforce classroom learning and stress the importance of family support and involvement in their child’s resilience and drug education is to provide information to parents on a regular basis. Family information sheets included in Challenges and Choices can be photocopied and sent home to trigger conversations.

• Snippets in school newsletters or on the school website can be created using the Family information sheets.

• Parents can play an important role in shaping their child’s resilience and wellbeing. Hold sessions to give parents information and tips on building resilience skills in their teenager. Give parents tips on how to develop skills such as problem solving, using optimistic thinking, ways to manage emotions, setting goals, showing appreciation and gratitude, making and maintaining positive relationships, learning from mistakes and taking responsibility for their own actions, during the sessions. SDERA can help schools to develop these parent sessions.

• It’s crucial that schools seek ways to develop positive, respectful and meaningful partnerships with families. Some ideas that schools can use to improve communication between parents and school staff include:

- have students invite their parents to school events both social and formal
- allocate a staff member who is responsible for contacting families who are new to the school
- set up a parent section on the school website and include tips on building resilience and talking about alcohol and drugs with children and young people.

• Gain publicity and support for successes resulting from the school’s resilience and drug education programs and activities by advocating to the P&C or P&F and using local media.

• The classroom teacher, with specific knowledge of students and the learning context, is best placed to provide drug education. However external agencies may be used to complement drug education programs based in the classroom. Teachers should make sure that these presentations clearly support the classroom program and do not replace, or exist in place of, the classroom program.

• Refer to SDERA’s Connect online state-wide directory of agencies who can support schools (http://www.sdera.wa.edu.au/resources/primary-resources/connect-a-directory-of-drug-education-support-services-for-schools/)

• Use the Mental Health Commission website (www.mentalhealth.wa.gov.au/) to obtain up-to-date information on alcohol and drug use by school aged students, current research and drug prevention campaigns.

• Use the Drug and Alcohol Office website (www.dao.health.wa.gov.au) for drug and alcohol information.
### Table 1: Mapping Challenges and Choices to Western Australian Curriculum Health and Physical Education Syllabus  Year 9

**Sub-strands:** The content from the resource draws from the Personal, Social and Community Health Strand and focuses on the three interrelated sub-strands detailed below.

<table>
<thead>
<tr>
<th>Topic</th>
<th>Resilience Education Module 1</th>
<th>Drug Education Module 2</th>
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</thead>
<tbody>
<tr>
<td>1</td>
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</table>

#### Being healthy, safe and active

- Factors that shape identities and adolescent health behaviours, such as the impact of: cultural beliefs and practices, family, societal norms, stereotypes and expectations, the media, body image (ACPPS089)

- Skills to deal with challenging or unsafe situations: refusal skills; initiating contingency plans; expressing thoughts, opinions, beliefs; acting assertively (ACPPS090)

- Actions and strategies to enhance health and wellbeing in a range of environments, such as: the use of complementary health practices to support and promote good health, responding to emergency situations, identifying and managing risky situations, safe blood practices (ACPPS091)

- Impact of external influences on the ability of adolescents to make healthy and safe choices relating to: sexuality, alcohol and other drug use, risk taking (ACPPS092)

#### Communicating and interacting for health and wellbeing

- Characteristics of respectful relationships: respecting the rights and responsibilities of individuals in the relationship, respect for personal differences and opinions, empathy (ACPPS093)

- Strategies for managing emotional responses and resolving conflict in a family, social or online environment (ACPPS094)

- Skills to determine appropriateness and reliability of online health information (ACPPS095)

#### Contributing to healthy and active communities

- The implications of attitudes and behaviours on individuals and the community, such as: prejudice, marginalisation, homophobia, discrimination (ACPPS098)

The mapping documents have been completed using ALL suggested activities in each topic. If activities are modified, this may affect the applicability of the mapping.
<table>
<thead>
<tr>
<th>Module 1</th>
<th>Module 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self-awareness</td>
<td></td>
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<tr>
<td>Recognise emotions</td>
<td>Reflect critically on their emotional responses to challenging situations in a wide range of learning, social and work-related contexts</td>
</tr>
<tr>
<td>Assess their strengths and challenges and devise personally appropriate strategies to achieve future success</td>
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<tr>
<td>Recognise personal qualities and achievements</td>
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<tr>
<td>Understand themselves as learners</td>
<td></td>
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<tr>
<td>Evaluate the effectiveness of commonly used learning strategies and work practices and refine these as required</td>
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<tr>
<td>Develop reflective practice</td>
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<tr>
<td>Reflect on feedback from peers, teachers and other adults, to analyse personal characteristics and skill set that contribute to or limit their personal and social capability</td>
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<tr>
<td>Self-management</td>
<td></td>
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<tr>
<td>Express emotions appropriately</td>
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<tr>
<td>Consider control and justify their emotional responses, in expressing their opinions, beliefs, values, questions and choices</td>
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</tr>
<tr>
<td>Develop self-discipline and set goals</td>
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<tr>
<td>Reflect on feedback from peers, teachers and other adults, to analyse personal characteristics and skill set that contribute to or limit their personal and social capability</td>
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<tr>
<td>Establish personal priorities, manage resources effectively and demonstrate initiative to achieve personal goals and learning outcomes</td>
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<tr>
<td>Work independently and show initiative</td>
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<tr>
<td>Establish personal priorities, manage resources effectively and demonstrate initiative to achieve personal goals and learning outcomes</td>
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<tr>
<td>Become confident, resilient and adaptable</td>
<td></td>
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<tr>
<td>Evaluate, rethink and refine approaches to tasks to take account of unexpected or difficult situations and safety considerations</td>
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</tbody>
</table>

Typically by the end of Year 10, students will:

<table>
<thead>
<tr>
<th>Topic</th>
<th>1</th>
<th>2</th>
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<tbody>
<tr>
<td>Topic</td>
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Table 2: Mapping Challenges and Choices to General Capabilities:

- Personal and Social Capability
- Resilience Education

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### Table 2: Mapping Challenges and Choices to General Capabilities: Personal and Social Capability

<table>
<thead>
<tr>
<th></th>
<th>Resilience Education Module 1</th>
<th>Drug Education Module 2</th>
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<tbody>
<tr>
<td><strong>Typically by the end of Year 10, students will:</strong></td>
<td>Topic</td>
<td>Topic</td>
</tr>
<tr>
<td><strong>Social awareness</strong></td>
<td></td>
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<tr>
<td>Appreciate diverse perspectives</td>
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<tr>
<td>Articulate their personal value system and analyse the effects of actions that repress social power and limit the expression of diverse views</td>
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<td>● ●</td>
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<tr>
<td>Contribute to civil society</td>
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<tr>
<td>Plan, implement and evaluate ways of contributing to civil society at local, national, regional and global levels</td>
<td>●</td>
<td>● ●</td>
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<tr>
<td>Understand relationships</td>
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<tr>
<td>Explain how relationships differ between peers, parents, teachers and other adults, and identify the skills needed to manage different types of relationships</td>
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<td>● ●</td>
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<tr>
<td><strong>Social management</strong></td>
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<tr>
<td>Communicate effectively</td>
<td></td>
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<tr>
<td>Formulate plans for effective communication (verbal, nonverbal, digital) to complete complex tasks</td>
<td>● ●</td>
<td>● ● ● ● ● ● ● ● ● ● ● ● \ ●</td>
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<tr>
<td>Work collaboratively</td>
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<tr>
<td>Critique their ability to devise and enact strategies for working in diverse teams, drawing on the skills and contributions of team members to complete complex tasks</td>
<td>●</td>
<td>●</td>
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<tr>
<td>Make decisions</td>
<td></td>
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<tr>
<td>Develop and apply criteria to evaluate the outcomes of individual and group decisions and analyse the consequences of their decision making</td>
<td>●</td>
<td>●</td>
</tr>
<tr>
<td>Negotiate and resolve conflict</td>
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<tr>
<td>Generate, apply and evaluate strategies such as active listening, mediation and negotiation to prevent and resolve interpersonal problems and conflicts</td>
<td>●</td>
<td>● ●</td>
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<tr>
<td>Develop leadership skills</td>
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<td></td>
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<tr>
<td>Propose, implement and monitor strategies to address needs prioritised at local, national, regional and global levels, and communicate these widely</td>
<td>●</td>
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</tbody>
</table>

The mapping documents have been completed using ALL suggested activities in each topic. If activities are modified, this may affect the applicability of the mapping.
Module 1

Resilience Education

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

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

The suggested activities in this module of work can be modified or additional resources sourced to support student needs and the local context. 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

Personal strengths

Activity 1 Strength to strength

Learning intention
• Students assess their strengths and skill sets that contribute to their personal and social capability

Equipment
Be Ready student workbook - Not all about being strong – pages 1-4
Slips of paper – five per student
Family information sheet - Strengths – it’s not about being strong – photocopy one per student

Teaching tip
The Authentic Happiness website has information about character strengths and the field of positive psychology at: http://www.authentichappiness.sas.upenn.edu

Method
1. Introduce the 24 strengths on pages 1-2 of Be Ready. Explain that each of us have strengths that underpin our character and influence how we behave, think and feel. Strengths can be those that are morally valued (eg loyalty, kindness, forgiveness, gratitude) and broader strengths that focus on our abilities (eg leadership, curiosity, creativity). Discuss one or two of the more challenging strengths to understand from pages 1-2 of Be Ready as a class.

2. Explain to students that it is healthy to focus on our own personal strengths and qualities especially when we are experiencing a problem in our life, as spending too much time focusing on our perceived weaknesses or shortcomings can hinder us from tackling the issue and trying new things.

3. Ask students to tick the strengths they feel they currently possess using the strengths listed in Be Ready. Remind students that they do not have to have all 24 and can be actively working towards achieving some that they have not yet ticked.

4. Place students in pairs. Without discussion have students choose three strengths that they think their partner possesses. Have partners share and discuss their choices.

Ask
• Was it easy to identify strengths in yourself? Why?
• Was it easier to identify the strengths of your partner? Why?
• How would knowing your strengths help you at school, as a member of a team, at home with your family life, and in your career or work?
• What strategies can you use to remind yourself of the strengths that you possess?

3. Read the stories about well-known people who have coped with a range of challenges using their personal strengths and qualities on pages 2-3 of Be Ready. Explain to students that they are to choose one of the individual stories and answer the questions on page 4 reflecting on this individual. Listen to feedback from the class.

4. Further develop this concept by choosing one of the following activities:
• Read texts or research other people who have used their strengths to face adversity such Anne Frank (a Jewish victim of the Holocaust) whose diary ‘The Diary of a Young Girl’ has been the basis for several plays and films.
• There are many movies that have been created based on true stories of individuals who have used their strengths when facing adversity. Ask students to research movies that look at successfully overcoming the odds and challenges of life eg ‘Shine’ (about David Helfgott, a talented Perth musician who had to cope with a mental illness), or ‘The Rocket’ (about a young boy who lost his home and mother but remained determined to win a rocket competition).
• Have students find quotes that speak about the concepts of success or personal best and graffiti these in an artwork. Encourage students to add their personal strengths to this artwork.

5. Send home a copy of the Family information sheet – Strengths – it’s not about being strong. Encourage students to talk about their strengths with their family and find out if they demonstrated these as a young child or when they became older.
Strengths – it’s not about being strong

Sometimes as parents we can describe our children at their worst. They can be stubborn, selfish, disinterested – the list goes on, and for parents behaviours like these can be challenging. But it isn’t always like this and at times our children show us wonderful strength of character.

Our character strengths are what distinguish us from other people and are based on what we value. They guide our behaviour and make us feel good about ourselves. Your child may have strengths that come so naturally to them that they may not even consider them to be strengths.

Character strengths such as self-regulation, perseverance and love of learning are not only the foundations of positive youth development and thriving, but are related to school wellbeing, success and life satisfaction.

You can play a key role in building your children’s character strengths

Give meaningful and specific praise. Tell your child when you see them using certain character strengths to handle a situation or themselves. Use the name of the strength in your conversation. For example:

*I’m really proud of the way you handled that situation with your friend. You were honest about your feelings but you also showed respect for your friend’s feelings.*

Help your teenager to recognise the character strengths they possess. Sometimes teenagers can become focused more on what they can’t do than what they can do. Celebrating your child’s strengths and not focusing on their weaknesses is the best way to raise a confident, emotionally mature person.

Tell your child the strengths that you know they have (be honest) and how these strengths make them the wonderful person they are. Work with your child to help them to practise the strengths they want to build.

Help your teenager recognise character strengths in others. Try reading books or watching movies where strengths are used by the characters. Have conversations and ask questions to develop your child’s awareness of the strengths shown by fictional and real-life characters. Ask questions such as: What strengths did the characters show in the movie? How did the characters use their strengths to overcome challenges or obstacles? How was this character like you? How was this character not like you? How would you like to be more like this character?

Demonstrate your positive strengths. Share personal stories where you have had to draw on your strengths such as forgiveness, open-mindedness, fairness, courage and self-control, and how these helped you to cope and manage yourself in a challenging situation. Talk about the strengths that you want to build and use in the future.
Activity 2 Valuing others’ strengths and achievements

Learning intention
- Students identify negative labels that can be a barrier to recognising and acknowledging strengths in themselves and others
- Students recognise and acknowledge strengths in themselves and others

Equipment
Be Ready student workbook - Change the way we look at others – page 5-6
A4 paper – one per student

Activities
1. Brainstorm (refer to page 107) what the term ‘tall poppy syndrome’ means. Listen to a few responses. Explain (if required) that tall poppy syndrome is a term used to describe a social phenomenon in which people who have achieved some success are resented or criticised because their talents, achievements or popularity elevate them above or distinguish them from their peers.

2. Talk about some people who have been receivers of the tall poppy syndrome due to their achievements in sport, the arts or in finance. Explain that often negative labels can diminish or fail to acknowledge a strength being shown by a person. For example, someone who is called a ‘chatterbox’, ‘blabbermouth’, ‘show off’ or ‘attention seeker’ by some, may be seen by others as a ‘confident communicator’.

Have students complete the Match-up activity on page 5 of Be Ready by matching the strengths and negative label. The answers are: Communication – 3, Positivity – 5, Achiever – 4, Commander – 1, Harmony – 2.

3. Have students recall a situation where someone dismissed or ridiculed them for competently using their strengths to achieve a goal eg being awarded an academic or sporting achievement, being recognised for being helpful or supportive, or being given a lead role in a school play or musical. Use the following discussion questions.

Ask
- How did you feel when this happened?
- Did it change your behaviour? How?
- Why do some people show disrespect for others’ strengths and achievements? (eg resentment, jealousy, lack of understanding, lack of empathy, negative attitude).
- What strengths do those who are quick to judge or criticise others need to develop? (eg empathy, appreciation, kindness, social and emotional intelligence).
- Should you let another person’s inability to reach their goals affect your ability to reach your goals?

4. Have students complete Change the way we look at others on page 5-6 of Be Ready.

5. Choose one of the following activities:
- Ask each student to write their name and three strengths they possess on a sheet of paper. The sheets are then passed on so the class can confirm or add other strengths that they have recognised in each student.
- Students sit on their chairs and in a circle. The teacher stands in the middle of the circle, chooses a strength (eg leader, team player) and starts the game by saying ‘Someone else who is… a good leader’. Students who believe they possess that strength must stand and quickly move to a seat that has been vacated by another student. The teacher must also find an empty seat. The person left standing then must identify a strength they possess and say, ‘Someone else who is… Continue the game until most students have had a turn at being in the middle.
- Students write a cover letter for a job describing the strengths and qualities that they would bring to the position.

- What advice would you give to a friend if they were at the receiving end of the ‘tall poppy syndrome’? (eg avoid retaliation and anger; realise it’s not about you but rather everything to do with them and their inability to achieve their own successes; hold true to your integrity and values; move on, surround yourself with supportive people; keep your eyes firmly fixed on your goals).
Activity 3 Using your strengths to manage situations

Learning intention

- Students identify ways in which different strengths can be used to manage difficult social situations

Equipment

Be Ready student workbook - Not all about being strong – pages 1-2
Activity sheet - Strength scenarios – photocopy one card per group

Activities

1. Distribute one scenario card to each small group. Explain that students are to discuss the scenario using the following questions. Remind students to refer to the strengths listed on pages 1-2 of Be Ready to help them with their discussion.

   - How might the person be feeling in this situation?
   - What negative thoughts might the person be having?
   - What positive self-talk could the person use in this situation?
   - What choices does the person have?
   - What strengths would help the person manage this situation?

Have groups pass their scenario to the next group and rerun the activity until students have discussed at least three different scenarios. Debrief the activity using the following questions.

Ask

- Which strengths were useful in all situations? Why? (eg. self-control, self-regulation, social intelligence, bravery, prudence, carefulness).
- Did the thoughts and feelings that you identified for each character impact on their choices and decisions? Why? (Discuss how negative self-talk can influence a person to act in a negative way and positive self-talk can have a different outcome for the person. Point out that it is okay to initially have negative thoughts but it is then important to work through what you’re feeling and then switch these to positive thoughts).
- Do you have the right strengths to manage situations similar to these?
- When you are in situations where a friend tries to influence you, what are two outcomes that you want to achieve?

- What can you do to develop a strength that you do not currently possess? (eg. set a goal to practise and build the strength, observe how others use the strength in different situations, ask someone you trust to tell you when they notice you using the strength).
- When friends try to influence you to participate in a potentially unsafe way, what are two outcomes that you should aim for? (eg. to maintain your own health and safety, maintain your friendship, influence your friend to make a safer choice).

2. Have students role-play (refer to page 110) one of the scenarios to demonstrate how the characters might manage any negative influences and potential risks, and maintain their friendship.
# Strength scenarios

Kayla (16) and Sally (15) are at an 18th birthday party. Kayla suggests that they have a shot of vodka to see what it tastes like. Sally doesn’t really want to and she knows her parents would disapprove of her drinking.

Jodie (15) and Taylor (18) have gone to a party at the local beach with some friends. A fire has been lit and a couple of bottles of spirits are being passed around the circle. Jodie doesn’t drink and is worried about what everyone else will say if she refuses the bottle when it’s her turn.

Will (16) and Reece (15) are on a social media site and see a photo of their friend Evan who looks to be drunk and is lying next to a pool of vomit. Reece knows that Evan would be embarrassed by the photo. Some other students have already posted rude comments. Will suggests that they write something too.

Billi (14) and Nina (15) have been at a BBQ and are waiting for a Uber to take them home. Adam pulls up in his car and offers them a lift. Billi can see that there are already three people in the car and she knows that her parents would disapprove of her not wearing a seat belt in an overcrowded car. Nina wants her to get in the car.

Danni (16) and Ross (15) are at a 16th birthday party. Their friend Vivien has drunk too much and looks to be asleep on the front lawn. Danni has a curfew and wants to get home but Ross is worried about leaving Vivien alone in the dark.

Zac (13) and Frank (16) are at home, bored. Frank knows that his older brother has some cannabis in his room and suggests that they roll a joint and try it. Zac feels really uncomfortable about doing this.
## TOPIC 2

### Emotions and responses

#### Activity 1 Identifying and responding to emotions

**Learning intentions**
- Students identify a range of emotions
- Students reflect critically on their emotional responses in a range of challenging or unsafe situations
- Students gather feedback from peers about the appropriateness of their emotional responses in a range of challenging or unsafe situations

**Equipment**
- *Be Ready* student workbook - *Rollercoaster ride* – pages 7-8
- Large sheet of paper – one per group

**Activities**

1. Place students in small groups. Explain students are to complete an **ABC graffiti** (refer to page 107) in two minutes by brainstorming an emotion or feeling for each letter of the alphabet (e.g., anger, bewilderment, curiosity…zest). Suggest that letters such as x and z can be used in the middle of a word such as ‘anxious’ and ‘amazement’). Listen to the emotions identified by the class.

2. Explain that emotions can control our thinking, behaviour and actions. Emotions such as fear, anxiety, negativity, frustration and depression can cause chemical reactions in our body that are very different from the chemicals released when you feel positive emotions such as happiness, contentment, love and acceptance.

   Explain that it is generally recognised that there are six primary emotions which are universally recognised and easily interpreted through specific facial expressions, regardless of language or culture – love, joy, surprise, anger, sadness and fear. Each of the emotions can be experienced at different levels (Shaver, Belsky & Brennan, 2000) as shown in the table below:

<table>
<thead>
<tr>
<th>Primary emotion</th>
<th>Secondary emotion</th>
<th>Tertiary emotions</th>
</tr>
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<tbody>
<tr>
<td>Love</td>
<td>Affection</td>
<td>Adoration, affection, love, fondness, liking, attraction, caring, tenderness, compassion, sentimentality</td>
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<td></td>
<td>Lust</td>
<td>Arousal, desire, lust, passion, infatuation</td>
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<tr>
<td></td>
<td>Longing</td>
<td>Longing</td>
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<td>Joy</td>
<td>Cheerfulness</td>
<td>Amusement, bliss, cheerfulness, gaiety, glee, jolliness, joviality, joy, delight, enjoyment, gladness, happiness, jubilation, elation, satisfaction, ecstasy, euphoria</td>
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<td></td>
<td>Zest</td>
<td>Enthusiasm, zeal, zest, excitement, thrill, exhilaration</td>
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<td></td>
<td>Contentment</td>
<td>Contentment, pleasure</td>
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<tr>
<td></td>
<td>Pride</td>
<td>Pride, triumph</td>
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<tr>
<td></td>
<td>Optimism</td>
<td>Eagerness, hope, optimism</td>
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<td></td>
<td>Enthrallment</td>
<td>Enthrallment, rapture</td>
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<td>Relief</td>
<td>Relief</td>
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<td>Surprise</td>
<td>Surprise</td>
<td>Amazement, astonishment, surprise</td>
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<td>Anger</td>
<td>Irritation</td>
<td>Aggravation, irritation, agitation, annoyance, grouchiness, grumpiness</td>
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<td>Exasperation</td>
<td>Exasperation, frustration</td>
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<td></td>
<td>Rage</td>
<td>Anger, rage, outrage, fury, wrath, hostility, ferocity, bitterness, hate, loathing, scorn, spite, vengefulness, dislike, resentment</td>
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<td></td>
<td>Disgust</td>
<td>Disgust, revulsion, contentment</td>
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<td>Envy</td>
<td>Envy, jealousy</td>
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<td>Torment</td>
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<td>Sadness</td>
<td>Suffering</td>
<td>Agony, suffering, hurt, anguish</td>
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<td></td>
<td>Sadness</td>
<td>Depression, despair, hopelessness, gloom, glumness, sadness, unhappiness, grief, sorrow, woe, misery, melancholy</td>
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<td>Disappointment</td>
<td>Dismay, disappointment, displeasure</td>
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<td></td>
<td>Shame</td>
<td>Guilt, shame, regret, remorse</td>
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<td>Neglect</td>
<td>Alienation, isolation, neglect, loneliness, rejection, homesickness, defeat, dejection, insecurity, embarrassment, humiliation, insult</td>
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<td></td>
<td>Sympathy</td>
<td>Pity, sympathy</td>
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<tr>
<td>Fear</td>
<td>Horror</td>
<td>Alarm, shock, fear, fright, horror, terror, panic, hysteria, mortification</td>
</tr>
<tr>
<td></td>
<td>Nervousness</td>
<td>Anxiety, nervousness, tenseness, uneasiness, apprehension, worry, distress, dread</td>
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</tbody>
</table>
3. Ask students to group the emotions written on their ABC graffiti sheet by drawing:
   • a heart next to the emotions associated with love
   • a cloud next to the emotions associated with joy
   • a star next to the emotions associated with surprise
   • an exclamation mark next to the emotions associated with anger
   • a triangle next to emotions associated with sadness
   • a circle next to the emotions associated with fear.
   Explain that learning to recognise emotions at different levels can help us to identify and respond appropriately to our own emotions and also identify the emotions of others. By identifying our emotions we can also start to see how they are influencing behaviour.

4. Ask the students to identify how they would feel if they won a ticket to ride the largest and fastest rollercoaster in the world. Listen to some of the emotions identified by the class then discuss why each student feels differently about the ride. For example, the ride may cause feelings of extreme excitement and happiness for some, whereas for others feelings of anxiety and terror may be experienced. Use the information on page 7 of Be Ready to work through the rollercoaster example.

   Explain that often we can have the presence of more than one emotion and that the level or strength of these emotions can range from low to high. Emotions can be our warning system as to what is really going on around us. They can help keep us on the right track by making sure that we are led by more than the mental or intellectual faculties of thought, perception, reason and memory. Some emotions are described as positive and others negative, however all emotions should be acknowledged. Have students circle the positive emotions listed on their ABC graffiti sheet.

5. Have students complete the continuum activity on page 7 of their workbook by reading each situation and identifying how they would feel if placed in the situation.

   Ask
   • Although there were a range of situations, did you find that some emotions were felt more often than others? Which ones? Why?
   • What situations caused you to feel a high intensity of emotions?
   • Did these situations have anything in common?
   • Would having a highly intense and negative emotional response be a problem? (Explain that it might be difficult for a person to manage their responses and behaviour if they experience negative emotions of high intensity).
   • Is ignoring your emotions good for your physical or mental health? (No. People who ignore, dismiss, or repress their emotions for extended periods of time may experience physical or mental illness).

6. Discuss the scenarios on page 7-8 of Be Ready. Explain that having a negative emotional response is sometimes normal however it is how your response is managed and the self-talk that we use that can make a difference. Ask students to complete the scenarios identifying the emotion(s), self-talk and the behaviour they could exhibit.

7. Place students in pairs and encourage them to gather feedback about the appropriateness of their emotional responses in each situation. After students have completed the discussion ask them to write their responses to the questions on the bottom of page 8 of Be Ready.
Activity 2 Recognising others' emotional states, needs and perspectives

**Learning intentions**
- Students identify empathy as a characteristic that contributes to respectful relationships
- Students recognise actions that do not depict empathy
- Students practise showing empathy

**Equipment**
- Be Ready student workbook - *Walk in someone else's shoes* – pages 9-10
- Activity sheet - *Someone else's shoes* – photocopy and cut into cards
- Large sheet of paper – one per group

**Activities**

1. Explain that an ‘idiom’ is a phrase or combination of words which have a different meaning than the literal meanings of each word. Examples include ‘blow out of proportion’, ‘seal of approval’, ‘bite the dust’ or ‘all thumbs’.
2. Ask students to give their understanding of the idiom ‘walk a mile in my shoes’ or ‘put yourself in my shoes’. Explain that this idiom refers to using the skill of empathy which is the ability to:
   - mutually experience the thoughts, emotions and direct experience of others
   - demonstrate an understanding of other people’s feelings, emotions and experiences in relation to your own.

   Have students respond to each of the statements on page 9 of *Be Ready*. Explain to students that if they answered mostly ‘yes’ to the statements then they are probably doing a good job of showing empathy towards other people. The statements to which they answered ‘no’ are behaviours they could practise to become more empathetic. Discuss how students can develop their empathetic skills.

3. Write the following on the board – *Empathy is the same as sympathy.* Conduct a *Brainstorm* (refer to page 107) of students’ thoughts about this statement. Explain that both words have similar usage but they differ in their emotional meaning. Empathy is being able to imagine what it feels like to be in another’s situation. Sympathy essentially implies a recognition, understanding and compassion for another’s feelings.

4. Have students read the scenarios on page 10 of *Be Ready* and discuss what feelings the character was experiencing and how the friend could show empathy.

   **Ask**
   - *Was it easy to guess the feelings the person in the scenario was experiencing? Why?*
   - *Which feelings were the easiest to identify? Why?*
   - *Which emotions might make the person think and act in a negative way? (e.g. anger, frustration, helplessness).*
   - *What positive self-talk might challenge the person’s negative thoughts?*
   - *Would it be harder to work out how a person is feeling if you couldn’t actually see their face, such as through a text message or phone call? (Discuss the impact of only using text messages and emails to share how you are feeling about situations).*

   Ask students to complete the activity on the bottom of page 9 of *Be Ready* sharing their experience of someone showing empathy to them.

5. Distribute an empathy card to each pair. Ask one student in the pair to read the card then *role-play* (refer to page 110) the scenario to their partner who must be an empathetic listener. Students then switch roles. Use the following questions to process the role-plays.

   **Ask**
   - *What let you know that your partner was listening well and being empathetic?*
   - *Was it hard to be empathetic to the character described on your card? Why?*
### Someone else’s shoes

<table>
<thead>
<tr>
<th>Anna has been really busy rehearsing for a school performance lately so when she gets her English test back she’s not surprised that the mark is low. But when her friend Evelyn picks up Anna’s test and starts showing everyone she feels angry and embarrassed and grabs the test out of her hands and runs out of class.</th>
<th>Carrie is telling her best friend Naoko about how bad she is feeling because someone posted a photo of her smoking a joint. Carrie says she just wanted to try it and had never done it before but now she keeps getting nasty texts and some students are calling her a ‘stoner’.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sean teases Aaron about not making the football team. Aaron argues back and things escalate into a shouting match.</td>
<td>During one of the final games of the football season, Kane was injured badly, so badly that he couldn’t play in the rest of the games, nor could he go to school for three months. His friend Jake is excited that the new season starts soon and he has been asked to try out for the A team. He is sharing his news with Kane.</td>
</tr>
<tr>
<td>Ashika is telling her best friend Jenna about how hurt she has been after her boyfriend dropped her. Jenna seems to be listening but keeps changing the subject and wants to show Ashika something on her phone.</td>
<td>All of the girls are constantly talking about the dresses they’re going to buy and how they’re going to do their hair for the school river cruise. Salima tells her friend Priscilla that she wants to go but the tickets are expensive and her dad just lost his job. Priscilla nods her head and then tells Salima about the new shoes and dress she has bought to wear on the cruise.</td>
</tr>
<tr>
<td>Rick is feeling really excited as he has a date on Saturday. He really wants to look good so he asks his older brother if he can wear one of his shirts but he says ‘no’ because he doesn’t want it to get wrecked. Rick pleads with his brother and explains how important the date is but he won’t change his mind.</td>
<td>Brodie has always loved her friend Sally’s clothes. One day, when they were hanging out at Sally’s house, Brodie asked to borrow Sally’s expensive jeans. Sally said she could but then made fun of Brodie telling everyone at school that she couldn’t afford to buy her own nice clothes.</td>
</tr>
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</table>
Someone else’s shoes

Brad’s sister was killed in a crash on the weekend. Some other students at school post on a social media site that she was drunk and grabbed the steering wheel. Brad has read the post and is telling his best mate Larry that he feels angry and upset about it but Larry keeps trying to distract Brad.

Oliver and his friend Tom were selected to represent their school in a state spelling competition. The score was tied between Oliver and Tom’s team and another school with only one question remaining. The question went to Oliver, who got it wrong, and the other team were the winners. Oliver felt terrible and apologised to Tom but he said “you should have let me answer it then we would have won”.

Oli accidentally bumps into Ted as he is running to catch the school bus. Ted drops his books onto the footpath. Everyone on the bus starts to laugh while Ted madly tries to pick up his books before the bus departs.

During a school netball game, Alesha had a seizure and came out of it to find everyone staring at her. Her friend Marlee was standing with some other students who were looking horrified and whispering behind their hands.

It’s Friday night and you’re feeling excited because your friends are getting together for a movie night but your mum comes into your room and says a family friend has unexpectedly arrived. She wants you to go out to dinner with the family. You start arguing with your mum but she slams the door and says, “No discussion, you’re going!”

Tina’s best friend Mitzy confided in her about a surprise party she had planned to throw for her brother. Tina accidentally let the secret slip and now Mitzy won’t talk to her.
TOPIC 3
Managing situations

Activity 1 Assertive responses and actions

Learning intention
- Students discriminate between assertive, passive/submissive and aggressive actions
- Students understand how to apply the assertion model to a personal situation
- Students practise asserting their stance on a situation by expressing their thoughts, opinions and beliefs that acknowledge the feelings and decisions of others

Equipment
Be Ready student workbook - Say what you mean – pages 11-12

Activities
1. Use page 11 of Be Ready to explain the difference between non-assertive action (aggressive and passive/submissive) and assertive action. Point out that:
   - Being assertive does not mean a person wins every situation. It means that the person has taken responsibility for their feelings and expressed what they see to be their rights.
   - Assertion should not be confused with aggression, which seeks to win at the expense of another’s rights and feelings. However, anger may be present while acting assertively but is more likely to be contained through positive action.
   - By using assertion, a better outcome is more likely, the relationship may not be harmed, and conflict may be resolved without one party feeling guilty, let down or emotionally dishonest.
   - Assertive action is significant in social situations where a decision to act unsafely, such as to use a drug or not, must be weighed against the desire to be accepted by a person or group using the drug.
   - Assertion may not be appropriate in all situations.

2. Have students recall an incident where they were dissatisfied with the outcome and use the table on page 11 of Be Ready to check if how they acted or failed to act, or what they said or failed to say, was aggressive or passive/submissive. In groups, have students briefly discuss what they believe they should or should not have done and note the emotions they felt at the time such as anger, resentment or disappointment. (Remind students of the ‘no name’ rule).

3. Read the following scenario then discuss the five steps on page 12 of Be Ready that Ben could use to behave assertively. Explain that understanding why people act in certain ways is useful in helping us to respond to them in a more productive manner. Highlight that the second step, the expression of feelings, is the most important.

Scenario
- Carmelo is a new student in Ben’s class. Ben invites Carmelo to meet him after school at a local takeaway shop. Carmelo arrives twenty minutes late. Ben has only a few minutes before he starts his after school job and is starving because he hasn’t had anything to eat and doesn’t want to be late for work.

4. Ask students to work through the scenario using the assertive action steps. Discuss as a class.

Now using the personal incident the students previously recalled, get them to write down what they would say for each of the five steps using the second table on page 12 of Be Ready.

5. Brainstorm (refer to page 107) a list of people with whom it is more difficult to act assertively with and situations in which acting assertively can be challenging. In groups, have students identify alternative strategies or particular ways of dealing with difficult people and situations. Some students may feel that it can be difficult to speak assertively to adults. Let students know that most adults do not expect adolescents to be assertive, so when they are assertive rather than aggressive, adults are more likely to listen. In groups, have students discuss each of the scenarios on page 12 of Be Ready and decide if they would act assertively or choose another way to manage the situation. Listen to responses from each group.

6. In groups, have students role-play (refer to page 110) a situation where someone is trying to influence them to smoke cannabis. The role-play should demonstrate the use of assertive responses. Let students know that the role-plays will not be watched by others. Nominate one person in each group to role-play the person causing conflict from the list below:
   - a person of the opposite sex
   - an older stranger
   - a younger stranger
   - a close friend
   - a family friend
   - a tall, strong person.

Bring the class back together and have students reflect on what was easy or difficult about being assertive rather than being aggressive.

Ask
- What assertiveness strategies did you use in the role-play?
- Were the rights of both parties respected?
- Was the outcome satisfactory or the best outcome that could be reached under the circumstances for both parties?

7. Have the groups repeat their role-play with one member of the group acting as a supporter for the person responding to the pressure. Discuss if having this bystander support changed the outcome. Explain that practising and seeing other people practise acting assertively will help to build the students’ repertoire of responses that can be used when needed. However, everyone will ultimately develop a personal style of acting assertively with which they will feel comfortable.
Activity 2 Coping skills

Learning intention
- Students identify negative and positive coping styles
- Students select and apply coping skills in a range of situations

Equipment
Be Ready student workbook - To cope or not to cope – page 13
Activity sheet - Coping scenarios – photocopy and cut into cards

Activities
1. Allocate one emotion to each group (sadness, shame, fear, boredom, worry, anger, disappointment, disgust, envy and embarrassment) and explain that students are to discuss the consequences of feeling this emotion quite often and over a long time. Listen to feedback from each group.

Ask
- Why could feeling one of these emotions for a long period of time be a problem? (Point out that it is normal to experience these feelings however having them for too long or too often can have physical and mental health implications).
- What sort of things might a person experiencing these emotions think to themselves? (eg This always happens to me. No-one understands how I'm feeling. This is the worst situation. Why do these things only happen to me?).
- What might they do because they are feeling this way? (eg be disruptive at home or school, start fights with others, use alcohol or drugs to dull their feelings, engage in risky behaviour).
- Would it be a problem to always feel positive emotions? Why? (If the feelings the person is experiencing are real, than no. However, it can cause more damage to a person if they are pretending that everything is okay and they are coping and putting on a 'brave face' to cover their emotions. It's important that young people understand that it's okay to experience negative feelings and that everyone will face difficult times in their life).
- If you recognised that your friend was struggling (eg sad, lonely, worried), what could you do to show that you empathise with them? (Ask them questions to find out why they are feeling this way. Share a story that is similar to the friend’s and explain how it was handled. Suggest they talk to someone who might be able to give advice or support).
- What would you do or say to help them get through the situation they are facing? (eg keep talking and listening, suggest who the other person could go to for help or advice, talk to someone about the friend).

2. Read the following scenario then ask students to identify the coping strategies Aisa could use. Write the strategies on the board. Have the class decide those that are helpful (write an H next to the strategy) and those that are unhelpful (write a U next to the strategy). For example, talking to the music teacher about how she is feeling would be a helpful and an assertive action whereas ‘wagging’ or ‘ditching’ music class would be an unhelpful way to cope with the situation.

Scenario
- Aisa is a fabulous singer but she didn’t get the lead role in the school musical about a month ago and was quite upset. Aisa has been finding it hard to concentrate on her schoolwork and hasn’t been sleeping or eating very well. Some of her classmates have been saying things to her like ‘just get over it’ and ‘maybe you aren’t as good as you think’. Her parents are angry with her for failing her latest English test and Aisa feels that they don’t understand why she is feeling so distressed. Aisa hates going to school each day especially when she has music class.

3. Discuss the different coping styles on page 13 of the Be Ready. Explain that each of the coping styles may have a number of strategies. For example ‘escape or avoid’ may include staying home from school, or smoking a joint, not answering your friend’s phone calls or texts, or hooning in a car with mates. Have students tick the coping styles they mostly use.

4. Group the list of coping strategies that students identified for Aisa (from Step 2) into the different coping styles. Do this on the board using different coloured markers so students can see how the behaviours fit into the different coping styles.

Ask
- Why do we use different coping styles? (eg depends on the problem or situation and how we feel at the time; our competency in skills such as speaking assertively, problem solving, recognising our own emotions and the emotions of others).
- Do we tend to only use one coping style? (eg most people use a few and at different times in the situation).
- How do we learn our coping styles? (eg by watching others we know cope with problems, ‘trial and error’ and ‘learning from our mistakes’, and resilience programs at school).

5. Ask students to form small groups. Give each group one of the coping scenario cards. Explain that groups are to choose two examples of unhelpful and helpful coping strategies for each character in the scenario. Suggest that students refer to the coping styles described on page 13 of Be Ready as this may prompt their thinking. Bring the groups together and share the strategies.

6. Have students reflect on a time in their life when they managed a situation using one or two coping styles. Ask students to complete the workbook activity on page 13 of Be Ready using this example as a basis for their responses.
Coping scenarios

**Mia** (14 years) and her best friend **Zoe** (15 years) go to a party at their friend’s house. There are no parents at the party except for their friend’s older brother **Jake** (18 years) and his mate **Rick** (18 years). There’s lots of alcohol at the party and Rick persuades Zoe to drink some vodka. Zoe gets a little drunk and dives into the pool and hits her head on the bottom of the pool. Mia can see she Zoe is unconscious and yells at Jake to get her out of the pool. She is really worried about Zoe and angry with Rick.

- **Two positive ways that Mia might cope with this situation**
- **Two negative ways that Mia might cope with this situation**
- **Two positive ways that Jake might cope with this situation**
- **Two negative ways that Jake might cope with this situation**

**Will** (17 years) has always wanted to be a motor mechanic and has been saving his pocket money to buy his first car. His girlfriend **Alice** (17 years) likes to smoke weed. While they are out driving in his mum’s car, Alice lights up a joint and hands it to Will but he hands it back. Later that day Will’s mum storms into his room really angry and accuses him of smoking weed and bans him from seeing Alice for a month. Will calls Alice and tells her what has happened.

- **Two positive ways that Will might cope with this situation**
- **Two negative ways that Will might cope with this situation**
- **Two positive ways that Alice might cope with this situation**
- **Two negative ways that Alice might cope with this situation**

**Harry** (16 years) has been bullied by a group of students at his school for nearly six months. Some of his friends have stopped hanging around with him and he feels angry and upset. **Luke** (16 years) is his best friend and is the only one who has stuck by him. One day at school some of the bullies approach Harry and start saying rude things and pushing him around. Luke is there too but when this happens he is worried that the bullies will pick on him so he walks away and leaves Harry on his own.

- **Two positive ways that Harry might cope with this situation**
- **Two negative ways that Harry might cope with this situation**
- **Two positive ways that Luke might cope with this situation**
- **Two negative ways that Luke might cope with this situation**
Coping scenarios

**Ivo** (15 years) has had some stuff going on at home that he is embarrassed about and doesn’t want to tell his mate Kane (15 years). He has been missing quite a lot of school and his teachers have started to question him about his school work and giving him detention for not handing in homework. Kane tells Ivo that some of the other students have been spreading rumours saying that he stays home so he can drink and smoke weed. Ivo is obviously upset and tells Kane to go away.

- Two positive ways that Ivo might cope with this situation
- Two negative ways that Ivo might cope with this situation
- Two positive ways that Kane might cope with this situation
- Two negative ways that Kane might cope with this situation

**Mohini** (14 years) doesn’t like the way she looks and feels embarrassed. She will often go to the chemist and buy diet pills to help her lose weight but nothing seems to work. Mohini tries to get out of doing sport because she isn’t good at running and she hates wearing the sports uniform because it is very short and uncomfortable. During a sport lesson Garry (14 years) says she looks like a whale and starts rolling around on the ground. Some of the other kids are laughing and some turn their backs on the situation. Rachel (14 years) is the only one who tries to do something to help Mohini.

- Two positive ways that Mohini might cope with this situation
- Two negative ways that Mohini might cope with this situation
- Two positive ways that Rachel might cope with this situation
- Two negative ways that Rachel might cope with this situation

**Ryder** (17 years) doesn’t like the way he looks and feels embarrassed because he doesn’t have muscles like some of the other boys in his year. He has started using performance and image enhancing drugs which really worries his best mate Justin. When Justin tries to talk to Ryder about using the drugs and suggests that he talks to a doctor to find out more about the side-effects, Ryder tells Justin to mind his own business and that he is only jealous because he is starting to bulk up.

- Two positive ways that Justin might cope with this situation
- Two negative ways that Justin might cope with this situation
- Two positive ways that Ryder might cope with this situation
- Two negative ways that Ryder might cope with this situation
2. Explain that stress can impact on a person in various ways and to different levels. In groups, have students brainstorm (refer to page 107) some of the physiological, mental and emotional, and behavioural signs that a person may be experiencing stress using the ‘person’ on page 14 of Be Ready. For example:

- **Physiological** (what happens in your body) – dry mouth, headache, sweating to cool the body, inability to sleep, increased heart rate and breathing rate, chest pain, skin irritations, stomach problems, slower reflexes, poor coordination, pupils widen, release of adrenalin and cortisol into the bloodstream.
- **Mental and emotional** – loss of enthusiasm, loss of sense of humour, poor memory, inability to relax, loss of self-esteem, appetite changes, withdrawn, becomes resentful.
- **Behavioural** – talking quickly, irrational decisions, nervous habits, high pitched nervous laughter, making mistakes, clumsy, interrupting conversations, taking more time off school, using alcohol and other drugs. Explain that while excessive stress can cause concern and impact on a person’s health and wellbeing, we need to have optimal stress (eg relaxed but energetic and enthusiastic, alert and interactive, self-confident, motivated, looking for new challenges) as this can prompt us into action.

Highlight that there are positive strategies or approaches that a person can use to self-calm and to cope with the effect of longer-lasting stress or challenge, including:
- planning actions to set realistic goals and celebrating successes
- managing time well
- identifying what you can and cannot control
- learning to relax alone and with others
- taking time to gather information and make decisions
- reviewing how you feel about things and why
- talking to someone who can help.

Discuss the strategies identified by the class and discuss if they are positive or useful in most stressful situations (indicate with a tick) and those that are negative or not useful in most situations (indicate with a cross).

**Ask**
- Why do you think some people react negatively to stress and others take a positive approach? (eg don’t have coping strategies in place, easier to be grumpy or angry than look at the situation to see what they can and cannot change).
- When might the way you cope with stress be influenced by others?
- Why might people think that drug use will help them to prevent or reduce stress? (eg influences from family, peers or advertising; incorrect information about drugs; don’t want to deal with the cause of their stress).
• Do you think the media influences people to use alcohol or over-the-counter medications to cope or prevent stress? Why?

• Some young people think that using over-the-counter medications when they are studying will help them. What do you think? (Emphasise that any drug such as over-the-counter medications are only to be used as prescribed by a doctor and as listed on the packet. Overdose from these drugs is still a potential harm).

4. Have students write five positive approaches for coping with stress on page 15 of Be Ready then mark on the continuum their use of each approach ie from never to always.

Ask
• Will each approach for coping with stress always work for you? Why?
• How do you manage stressful situations in the classroom?
• Which strategies do you use to manage stressful situations at home?
• Which three approaches are you going to use more often in the future? (Have students write these on page 15 of Be Ready).

5. In groups, have students identify positive and helpful coping strategies to use in the following situations.

Scenarios
• Two of your closest friends are in a bad mood with each other.
• Your friends have asked you to bring some alcohol to a party but you have made the decision not to drink until you are over 18.
• Feeling bad about yourself because someone has said you look fat.
• Exams are coming up and you have fallen behind in your study.
• Someone you know is using drugs and you are worried they may harm themselves.
• A boy/girl you really like doesn’t accept your invitation to go out.
• Another student has posted something about you that is not true on a social media site.

6. Have students make stress balls by following the directions on page 14 of Be Ready (sand can replace the flour in this activity).

7. Have students view Smiling Mind which is a web and App-based program developed by a team of psychologists with expertise in youth and adolescent therapy. It provides mindfulness programs for young people – http://smilingmind.com.au
TOPIC 4

Goal setting

Activity 1 Personal goals for health and wellbeing

Learning intention
• Students examine goal setting as an action to take responsibility in relation to their health and wellbeing
• Students practise the process for setting SMART goals to achieve personal priorities

Equipment
Be Ready student workbook - Kicking goals – page 16
Family information sheet - How to set effective goals – photocopy one per student

Activities
1. Place students in small groups to take turns sharing their responses to the following questions.
   • How do you want your life to be in one year from now?
   • How do you want your life to be when you are 21?
   • What would you like to change in your life now?
   • How are you going to achieve some of the things you have identified?

   Explain that some people just live in the here and now with the expectation that things will just work out in the future. This lack of direction and planning for the future can have serious implications including an increase in levels of stress. Goal setting for adolescents has been successful for:
   • getting more active
   • dealing with anxiety and depression
   • making new friends
   • stopping or reducing drug use
   • getting better or improving school results
   • doing better or improving sporting or musical performance.

   By setting a goal a person has made a conscious decision to be focused and motivated. This increases their chances of achieving their goal and also helps to manage stress that may be activated when plans are not put in place.

2. Discuss the SMART theory of goal setting. Use the following example to show students the SMART theory in practice.

   SMART goal
   I love football and I want to have an AFL career. My goal is to make the WAFL within 2 years of leaving school and in an AFL team by the time I am 21. I am going to talk to the careers counsellor this term and ask my football coach for constructive feedback after each game. I’m going to write to my favourite AFL player this week and ask him to be my mentor.

   • Specific – goals that are too vague and general are hard to achieve. Goals that work include specifics such as ‘who, where, when, why and what’.
   • Measurable – including a quantity of ‘how much’ or ‘how many’ makes it easy to know when the goal has been reached
   • Achievable – goals should be challenging but not impossible.
   • Relevant – the goal should be relevant to the person and not something they believe others want them to achieve.
   • Time related – deadlines can motivate efforts and prioritise the goal above other distractions.

3. Have students commence the goal setting process by writing a SMART goal and some steps to help them achieve it on page 16 of Be Ready. Remind students long-term personal goals need to be SMART and have manageable steps.

   Discuss the usefulness of this process and have students share some of their written responses.

   During the year, have students revisit their goal to monitor progress and identify actions that may need to be included or changed.

8. Send a copy of the Family information sheet - How to set effective goals home for students to share with their family.
How to set effective goals

Being able to set and accomplish goals gives your child control over the way they change and grow. This allows them to feel confident about taking care of themselves and contributing to their surroundings in a positive way. By knowing that they can take care of the basic tasks that daily life requires they will gain the confidence to face the unexpected challenges.

When you talk about goal setting with your child, there are a few tips to help guide the conversation

- Be a good listener. Your child will be more willing to include you in the goal setting process if you show that you are actively listening to them talk about their dreams.
- Each of these five characteristics of a SMART goal can help you navigate the goal setting process with your child.

| S | SPECIFIC | What would your child like to accomplish? |
| M | MEASURABLE | How will your child know when the goal has been achieved? |
| A | ACHIEVABLE | Has your child considered whether the goal is realistic? |
| R | RELEVANT | Why is the goal significant to your child? |
| T | TIMELY | When will your child achieve this goal? |

- Work with your child to outline the steps to take in order to reach the goal.
- Ask your child questions to help them determine what type of support or resources might be needed along the way.
- Find out if your child has anticipated any potential obstacles and how they can be addressed.
- Discuss making a schedule or timeline to go along with the plan to achieve the goal.

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

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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.*

**THE DRUG USE TRIANGLE**

Person

- Age?
- Experience?
- Male or female?
- Body size?
- Mood?
- Personality?
- Expectation of the drug?
- Food intake?

Drug factors

- Type of drug?
- How much taken?
- Over what time?
- Other drugs used?
- Strength of drug?
- Purity of the drug?

Environmental factors

- Where used?
- With whom?
- On what occasion?
- Supervision?
- Time of day/week?
- Activities after taking the drug?

**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


Activities

1. 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.

2. 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 gange, 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](http://www.drugaware.com.au) (Drug Aware) or [www.adf.org.au](http://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

<table>
<thead>
<tr>
<th>TRUE OR FALSE</th>
<th>Methamphetamine can cause brain damage.</th>
</tr>
</thead>
<tbody>
<tr>
<td>TRUE:</td>
<td>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.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>TRUE OR FALSE</th>
<th>Combining crystal meth (ice) with other stimulants such as ecstasy or cocaine is very risky.</th>
</tr>
</thead>
<tbody>
<tr>
<td>TRUE:</td>
<td>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.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>TRUE OR FALSE</th>
<th>Illicit drugs are often mixed with other drugs when they are sold on the street.</th>
</tr>
</thead>
<tbody>
<tr>
<td>TRUE:</td>
<td>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.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>TRUE OR FALSE</th>
<th>Injecting drug use is no more dangerous than any other way of using drugs.</th>
</tr>
</thead>
<tbody>
<tr>
<td>TRUE:</td>
<td>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.</td>
</tr>
</tbody>
</table>

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.

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.

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.
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.

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 tranquillisers (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.

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 high — 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.

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.

**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.

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

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).

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 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.

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*. 
Year 9 has been identified as a critical inoculation period in students' behavioral development when the intervention effects of alcohol education are most likely to be optimised. It is at this age that most students will have experienced some exposure to alcohol.

The transition from primary to secondary school is a period when young people are at a greater risk of alcohol-related harm. Between ages 12-15 years, 27% of students drank at risky levels unsupervised. By 16-17 years this had increased to 36.6% (MHC, 2016a).

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

**Teaching alcohol prevention education**

Almost four-fifths of 16 to 17 year-old students (73.4%) and just under half of 12 to 15 year old students (48.4%) expect a positive experience after consuming alcohol. Differences in attitudes appear across the age ranges. For example, 57.4% of 16 to 17 year-olds agree that getting drunk is okay sometimes so long as you don’t lose control, compared to 43.3% of 12 to 15 year-olds. Alcohol education in the early secondary years needs to promote negative attitudes towards regular intoxication.

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

- help children to develop less favourable attitudes towards harmful alcohol use or binge drinking
- teach children how to cope better socially and emotionally and resist peer influences to engage in risky use of alcohol
- engage parents and families in school based alcohol education programs since they have a strong influence on young people’s use of alcohol
- have opportunities for students to participate in health promoting activities
- prevent children from failing academically and becoming alienated from school
- are inclusive and seek to assist those young people who already drink to consider cutting down or stopping.

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

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

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

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

When creating scenarios for students to practice decision-making and assertiveness skills, keep in mind that from the 2014 ASSAD survey the most common places for young people to consume alcohol is in their own home (34.5%) and at parties (30%). The source of students’ last alcoholic drink(s) in the last week was most commonly their friends (30.5%), their parents (30.4%) or someone else who had bought it for them (15.8%) (MHC, 2016a).

**Focus on spirits**

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

**Key concepts**

- The Australian Guidelines to Reduce Health Risks from Drinking Alcohol recommend that no alcohol for children and young people under 18 years is the safest option. Children under 15 years of age are at the greatest risk of harm from drinking and that for this age group, not drinking alcohol is especially important. The safest option for children and young people is to delay the initiation of drinking as long as possible.
- It is against the law to provide under 18s with alcohol in private settings without parental consent (eg secondary supply).
- Young people’s decisions about alcohol use can be complicated. There are certain factors that influence their decisions such as: what they know about alcohol, reasons why people choose to drink and not to drink, the short-term and long-term effects of alcohol on the body and the mind, myths surrounding alcohol use, and WA laws aimed at reducing alcohol-related harm.
- There is a link between how a person thinks and feels and their decisions about alcohol and their drinking behaviour.
- There are a range of harm reduction strategies that may reduce the risk in situations where alcohol is being offered or used.

**Whole-school approach**

School Drug Education Guidelines outline your whole-school approach to drug education. These guidelines should include procedures for managing alcohol and other drug-related incidents and provide support interventions for those students involved in these incidents so that responses consider health and safety, and are not only punitive.
Activity 1 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

**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.

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.
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

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

- Teach teens to play it safe with alcohol on the Alcohol Think Again website http://alcoholthinkagain.com.au/

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.

**Guideline 1**
For healthy men and women, drinking no more than two standard drinks on any day reduces the lifetime risk of harm from alcohol-related disease or injury.

**Guideline 2**
For healthy men and women, drinking no more than four standard drinks on a single occasion reduces the risk of alcohol-related injury arising from that occasion.

**Guideline 3A**
Parents and carers should be advised that children under 15 years of age are at the greatest risk of harm from drinking and that for this age group, not drinking alcohol is especially important.

**Guideline 3B**
For young people aged 15-17 years, the safest option is to delay the initiation of drinking for as long as possible.

**Guideline 4A**
For women who are pregnant or planning a pregnancy, not drinking alcohol is the safest option.

**Guideline 4B**
For women who are breastfeeding, not drinking alcohol is the safest option.

These 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.

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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 (e.g., mood, age, gender, health, previous experience with alcohol, expectations, consuming alcohol and other drugs together), the drug (e.g., how much, how quickly, what strength) and the place (e.g., 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 (e.g., 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? (e.g., 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 Ls 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.

- Alcohol and Drug Support Service (08) 9442 5000 or 1800 198 024 (country callers)

No thanks. I have to finish this assignment.
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.

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.

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.

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?
### Alcohol scenario cards

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

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

Alcohol is the most commonly used legal drug in Australia and the drug that causes the most harm to young people. For under 18’s, no alcohol is the safest choice.

Talk with your children about the laws about alcohol.

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

Can parents serve alcohol to their children at home?

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

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

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

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

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

For more information on alcohol visit the Alcohol Think Again website at www.alcoholthinkagain.com.au.
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
1. 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 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.

2. 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.

- 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 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).

- 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 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).

- 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 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).
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 not to 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.


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://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/

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
1. 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).

2. 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 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, heart diseases (eg not having smelly hair or clothes).

○ 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. (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).

○ 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. (eg legal proceedings – selling cigarettes is illegal)

○ Livelihood/lifestyle – problems which relate to accommodation, work, career, finances, education, recreation, loss of job and income. (eg they think they will only smoke occasionally 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 smoking 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 physical harms 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?

2. 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?

3. 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/

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.

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 packaging).
   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.’

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?
• 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.

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**

<table>
<thead>
<tr>
<th>Do you want a smoke?</th>
<th>It won’t kill you. Try it.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Go on. Everyone else is and they’re all watching us.</td>
<td>I thought you were my mate.</td>
</tr>
<tr>
<td>Come on, have a smoke, it will impress the guys/girls.</td>
<td>Have a smoke. It will calm you down.</td>
</tr>
<tr>
<td>Hurry up it’ll be gone before you have a puff.</td>
<td>Here your turn, light up!</td>
</tr>
</tbody>
</table>
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.

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.
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.
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 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 Kronic, Voodoo, Kalma, Kaos and Mango Krush.

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

Why cannabis education for your children?
Cannabis is the most widely used illegal drug in Australia. Cannabis is also the drug that many young people in WA use. Some parents may have concerns about providing information about cannabis to their teenager; however research shows that being taught about the harmful effects of using cannabis before they are exposed to it through either their own use or other people’s use can have a positive effect.

What will your children learn about cannabis in their classroom program?
- The possible harmful effects and consequences of using cannabis or synthetic cannabis.
- The WA laws about cannabis and synthetic cannabis.
- How to use refusal strategies in situations where other people may be using cannabis.

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.

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)
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
1. 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).

2. 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.

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

A student gets caught by police while under the influence of cannabis

A student uses ecstasy at a school ball

A student is looking after someone else’s ecstasy tablets in her/his bag at school

A student regularly takes her mother’s Valium (tr tranquillisers)

A student gets caught by police selling methamphetamine at a park

A student regularly uses alcohol and cannabis

A student smokes cannabis to relax while studying for exams

A student tries ecstasy for the first time with strangers
### Goal cards and drug use behaviour cards

#### Goal cards

<table>
<thead>
<tr>
<th>Wants to get a licence to drive a car or ride a motorbike</th>
<th>Wants to get a steady girlfriend/boyfriend</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wants to join the defence forces (army, navy, air force) or police after leaving school</td>
<td>Wants to get a highly paid job after leaving school</td>
</tr>
<tr>
<td>Wants to graduate from school</td>
<td>Wants to travel overseas and particularly to the USA</td>
</tr>
<tr>
<td>Wants to be a singer and perform in musical theatre</td>
<td>Wants to play sport at a state or national level</td>
</tr>
</tbody>
</table>
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
2. Employers
3. Brothers and sisters
4. Paramedics
5. Close friends
6. Emergency department staff
7. Other family members
8. Fire and emergency officers
9. School staff
10. Insurance companies
11. Neighbours
12. Children’s court
13. Bystanders in the community
14. Drug and alcohol counsellors
15. Police
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**

**Activities**

1. **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). |
| Q8 | 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). |
| Q9 | How can you stop external bleeding? (A: By applying direct or indirect pressure on or around the wound). |
| 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). |

2. **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.**

3. **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.

4. **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**
1. 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?

**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?
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
1. 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).

2. 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.

3. 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?

4. 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? (e.g., 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.
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 (e.g. 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.

   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? Why? (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? (e.g. 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**
1. 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.

2. 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/](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**
1. 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.

2. View the campaign advertisements on [http://alcoholthinkagain.com.au/Campaigns](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

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 drunk 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, loss of 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.

<table>
<thead>
<tr>
<th>Activity</th>
<th>Time</th>
<th>Who</th>
</tr>
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<tbody>
<tr>
<td><strong>Activity 1: Startling statistics</strong>&lt;br&gt;Give a short talk supported by a PowerPoint display about prevalence of use of cigarettes and alcohol in the teen years</td>
<td>5 minutes</td>
<td>2 students</td>
</tr>
<tr>
<td><strong>Activity 2: Information jigsaw</strong>&lt;br&gt;Break into 8 groups with two student leaders to run the activity</td>
<td>15 minutes</td>
<td>16 students</td>
</tr>
<tr>
<td><strong>Activity 3: Make a decision</strong>&lt;br&gt;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?</td>
<td>10 minutes</td>
<td>1 student to read&lt;br&gt;3 student actors&lt;br&gt;Teacher</td>
</tr>
<tr>
<td><strong>Evaluation and tidy up</strong>&lt;br&gt;Students hand out slips of paper and invite responses via the collection boxes. Tidy up equipment</td>
<td>5 minutes</td>
<td>Team of student helpers</td>
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# Event report

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

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

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

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

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

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 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 107) 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
   - Health Department of Western Australia
   - Cancer Council WA

Students then brainstorm (refer to page 107) things they have heard about e-cigarettes and write these on the board.

3. Using the information recorded in their venn diagram, have groups answer “true” or “false” to the following questions. The answers are provided.
- a) It is legal to sell tobacco. (True. Tobacco is legal to sell if the retailer has a licence and the product is sold to a person over 18 years of age.)
- b) It is legal to sell e-cigarettes. (False. E-cigarettes are subject to the Poisons Act 1964. 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.)
- c) It is legal to e-cigarettes a place known to implement a prohibited the prohibition.
- d) Smoking tobacco e-cigarettes. (False. Some of the effects include dizziness, headaches, fast heart beat and bad breath. (True). There is research to show that the harms and effects of smoking tobacco are similar to those of smoking e-cigarettes.

4. After the quiz, set up a class discussion. Ask students to complete the values continuum to indicate their opinion. Invite students to explain why they have chosen their position on the continuum.

5. Ask students to debate a smoking-related topic. Have each group draw a venn diagram (refer to page 107) with ideas about e-cigarettes and write these on the board.

Equipment
- Strategy sheet – Agree/disagree – photocopy one set of signs – page 117
- Internet access
- Blank A4 paper – one sheet per group

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5. Ask students to debate a smoking-related topic. Have each group draw a venn diagram (refer to page 107) with ideas about e-cigarettes and write these on the board.
Using teaching and learning strategies

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

Adapting teaching and learning strategies

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

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

Addressing students’ learning styles and needs

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

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

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

Being inclusive of all students

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

Facilitating values education

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

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

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

### Teaching and learning strategies

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### Strategy sheets

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<td>Risk cards</td>
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Strategies

ABC GRAFFITI

1. Distribute a copy of Strategy sheet ABC graffiti (refer to page 115) to each student and pose a topic for the graffiti.

2. Sit students in groups to share their knowledge or opinions about the topic (e.g., caffeine and energy drinks) and write or draw one idea or word for each letter of the alphabet (e.g., A - awake, B - bad for you, C - chocolate has caffeine in it, D - does keep you awake).

3. After a nominated time, have students sit in a circle as a whole-group. Take one idea for each letter from each group. If the shared idea is already written on their ABC sheet, groups should circle or tick this to avoid duplication.

4. Groups then circle five key words or phrases on their sheet and use these to write a definition about the topic. Listen to each group's definition and clarify any misinformation.

5. Keep the ABC sheets and return these to groups at the completion of the focus area. At this time groups can add further ideas in a different colour which will show any change in their knowledge and understandings, and attitudes.

Variation
- Use an A3 sheet of paper for the ABC. Show students how to set up the page so each letter of the alphabet is written in order.
- Place students with a partner or small group to complete the ABC.

BRAINSTORM

1. Select a topic, question, statement or issue and write this on the board.

2. Set up the rules for the brainstorm:
   - share whatever comes to mind
   - the more ideas the better
   - every idea counts – no answer is wrong
   - no ‘put downs’ or criticisms
   - build on others’ ideas
   - write ideas as said – no paraphrasing
   - record each answer unless it is a repeat
   - set a time limit and stop when that time is up.

3. Students consider the topic and respond. Ideas can be written randomly on the board or you may choose to write the responses on post-it notes and have students cluster the responses after the brainstorm.

4. Read and discuss the recorded ideas and clarify any questions where necessary. Group ideas that are similar and eliminate those that do not relate to the topic. Discuss the remaining ideas as a group and decide how the information can be further used.

Guided brainstorming

Conduct the brainstorm using headings to prompt students.

**Drugs can cause harm by...**

**Drugs and teenagers don't mix because...**

Brainstorm questions

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

**Who?** Who makes sure drug laws are followed?

**How?** How are laws about drugs made?

**When?** When do citizens need to follow the law?

**Where?** Where can we find out more about the drug laws in WA?

**What?** What happens when teenagers break drug laws?

**Why?** Why do we have drug laws?

**If?** If parents don't follow secondary supply laws what can happen?

**Word splash**

A ‘word splash’ is conducted using the same steps as described for the brainstorm strategy.
CIRCLE TALK

1. This strategy will help students to share their own ideas and opinions, and listen to and respect others’ opinions. It also holds all students accountable for having something to say.

2. Place students in two concentric circles (one circle within the other). This structure facilitates dialogue between students. Students in the inner circle face outwards, directly facing the student in the outer circle. Sit students facing each other, knees to knees, to encourage active listening between partners. Alternatively, students can stand and face each other.

3. Pose a scenario, question or issue for students to consider. Allow thinking time of approximately 15 to 30 seconds.

4. Now say, “Person on the inside, tell your partner your thoughts. When you are finished sharing, say ‘pass’ and your partner will share their thoughts with you.”

5. When finished, have the outside people stand up and move on one or two places to the left or right. The discussion process is then repeated. To listen to the conversations taking place, stand in the centre of the circle.

6. To debrief, discuss the ideas produced during the circle talk and list questions that were identified to generate further learning or discussion.

Variations

• When first using a circle talk, start with small groups of three or four pairs in each circle. This makes it easier to manage.

• The student sharing their ideas can hold a small beanbag to indicate it is their turn to speak. The beanbag is then passed to their partner who shares their ideas.

• If you have more than one circle set up, swap the outside circles from each group.

• If you have an uneven number of students, place two students together in an outside circle to act as one person. This works well if you have a special needs student as they can be paired with a more capable student.

• To avoid pairing students who may not talk or argue, change the move on instruction so these students do not face each other. This intervention will not single the students out.

FIST OF FIVE

1. This strategy allows students to consider their feelings or opinion about a health related issue. Pose a statement for the students to consider. Ask students to indicate their feeling or opinion by showing a fist (for strongly disagree) through to five fingers (for strongly agree).

2. Invite students to share, with a partner or the class, the reason behind their vote.

HEAD TALK

1. This strategy will help students to develop cooperation through problem-solving a shared task and accept responsibility for their own learning. Place students into groups of six and ‘number off’ the members from one to six. If a group has less than six members, give students more than one number.

2. Pose a question or issue that requires group members to work together. For example, “Put your heads together and decide what you can do to keep yourself safe from drug misuse.” Make sure the class understand that each student must be able to share their group’s comments.

3. Indicate the time groups have to discuss the question or issue. Let groups know when the discussion time is nearly finished by ringing a bell or blowing a whistle. Groups should check that all group members know the decided response.

4. Roll a die. Call out the number rolled. The student from each group with that number must share their group’s response. If more information needs to be given, invite students from the group to elaborate.

Number off

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

DOT VOTING

Identify a question or statement for students to consider then select three or four responses. Write each response on a sheet of paper. Give students two sticky dots each to place on the response or responses that resound more strongly with their attitudes and values. As a class discuss the voting responses.
**HYPOTHETICAL**

1. This strategy will help students to:
   - explore a health-related situation in a non-threatening way
   - trial options and examine consequences and outcomes
   - develop empathy for another person’s attitude towards a health issue.

**How is it implemented?**

1. A hypothetical situation is developed either by the teacher or the students for ‘expert’ panel members to debate and ‘community members’ (rest of class) to make a decision upon. Devise the hypothetical situation well before the debate and ensure that the situation is broad enough to warrant a wide range of panel members (e.g. P & C President, student representative, police officer, parent, doctor, tobacco or alcohol company executive, local business person, environmental scientist, sports coach).

2. Give expert panel members their role cards. Both panel and community members then research the topic.

3. On the day of the hypothetical, allow panellists time to practise their introductions and responses to the situation and give the rest of the class time to prepare possible questions that may challenge the panellist’s opinions.

4. Labels describing each expert should be placed on the panel desk.

5. The teacher or a student facilitator poses the hypothetical situation, introduces the members of the panel and prompts the audience for questions.

6. Once the debate is finished facilitate the final voting process with the audience.

7. It is important to process the hypothetical by asking the audience to identify which pieces of information presented by the panel members helped them to make a decision.

**Variation**

- To give an overview of students’ opinions, stop the panellists at various points during the debate and ask the community members to vote on the hypothetical by a show of hands.

Adapted from REDI forParents: Strengthening family-school partnerships, 2006, Commonwealth of Australia

**JIGSAW**

This strategy will help students to:

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

**How is it implemented?**

1. Students form into ‘home groups’ (four to six per group).

2. Giving each student a coloured dot, badge or sash can identify home groups.

3. Every member of the home group has a different aspect of the topic to discuss or research.

4. Students form ‘expert’ groups, where all members of the group are discussing or researching the same aspect of the topic. Their job is to prepare a report to take back to their home group.

5. Students move back to their original home group. The diagram below shows student movement.

6. Experts then report on their aspect of the topic.

7. Allow time to discuss findings as a whole class.
ONE MINUTE CHALLENGE
1. Students are given exactly one minute to write down all they know or would like to know about a certain health or safety topic.

2. Students share their writing with a group and common areas of interest can guide the choice of learning experiences.

3. This strategy may also be used as a reflective strategy for students to summarise all they have learnt in a lesson, focus area.

Variation
Students reflect on their understandings and attitudes after completing the learning activities from a focus area. For example:
- What was the most important or useful piece of information you learnt from these activities?
- What two questions do you still have?
- What would you like to know more about?

RISK CONTINUUM
This strategy will help students to identify and clarify attitudes about issues; and consider others’ thoughts and attitudes about levels of risk.
1. Prepare a set of risk signs using Strategy sheet Risk cards (refer page 116) and place these at opposite ends of the room. It may help to draw a chalk line or stick a piece of masking tape on the floor between the two signs to indicate the continuum.

2. Explain that there are many places along the continuum that may represent each student’s opinion about a given statement.

3. Select a statement and read to the group.

4. Ask students to move to the point on the continuum that best represent their opinion.

5. Students then discuss their reasons for placing themselves in that point on the continuum with others standing nearby.

6. As a class, discuss why there are variations in students’ opinions.

7. Provide students with the option to pass or reconsider their placement after the discussion and move to another position along the continuum.

8. Examples of questions to ask students during this strategy are:
   - Why would someone place themselves in that position on the continuum?
   - What experiences would have brought them to that conclusion?
   - Would they feel differently if they had more information about this?
   - Was it easy to choose the position on the continuum? Why or why not?

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

To conduct effective role-plays, a supportive classroom environment must exist. Establish rules such as:
- one person speaks at a time
- everyone’s responses and feelings are to be treated with respect
- everyone is entitled to express their opinion or pass
- use character names rather than student names.

2. Ensure that students have a clear understanding of the purpose of the role-play (eg to demonstrate assertive communication and to practise negotiating when there is conflict). If there is an audience, prepare them for the role-play by giving a specific role to encourage their active involvement. Audience members can also be involved by identifying the feelings of the role-play characters, commenting on appropriateness of actions and providing relevant feedback.

3. Design the role-play so that it encourages students to model appropriate behaviour. If a character is required to depict a negative behaviour such as acting aggressively, the teacher should take on this role.

4. Set the scene by choosing a relevant scenario or have students select their own. Avoid using extreme stereotypes or allowing the issues to become exaggerated.

During the role-play
5. Make sure the role-play doesn’t arouse anxiety as learning will decrease. Give the students enough time to practise the role-play before they perform in front of others. If students feel uncomfortable with the scenario of the role-play, allow them to withdraw. These students can take on an observers’ role.

6. Start the role-play by reminding students to keep the action brief (a few minutes is usually sufficient). If the role-play starts to deteriorate, stop it quickly, discuss what is happening and re-focus the action.

7. If students become angry, switch roles so they argue the opposing view. This may help them to develop understanding and empathy for the views of others. Make a point of taking students out of their role (this can be done by removing props, costumes or name tags).

8. Facilitate the role-play by allowing students to direct the action. Wait until the end of a scenario to make any comments. Do not judge the actions of a student in any given scenario as right or wrong. Instead focus attention on alternatives and/or consequences of actions.

After
9. Use open-ended questions to debrief the role-play that focus on the feelings of the characters, attitudes expressed, consequences of actions, alternatives to
decisions/actions, and what students have learned about the characters portrayed. Remember to include the observers in the debrief time. Allow plenty of time for de-briefing and provide positive feedback for effort and participation.

10. As a result of the role-play, ask students to personalise the content by considering what they would do in a similar real-life situation. Ensure they reflect on their learning and consider its application to future experiences. The role-play can be re-enacted by switching roles to demonstrate other courses of action.

**Telephone role-play**

This strategy will help students to increase understanding and control of conventions and skills associated with using the telephone, and develop collaborative group work skills.

Prepare several pairs of telephone role-play cards where one card of each pair is for the caller and the other is for the receiver. Caller cards should specify the audience, purpose and any background information for making the call. For example: You need to call the police because there has been an accident outside your house. The accident happened when your friend ran out onto the road chasing the footy. Your friend is crying and can’t move their leg. Receiver cards should specify their role such as a police officer, a busy doctor, answering machine or wrong number.

Introduce this activity as a whole class to alert students to the sorts of decisions they will need to make and the options available to them.

Place students in groups of three and nominate the caller, receiver and observer. These roles should be swapped during the role-play. The caller and receiver read their card and do not swap information. Allow one minute thinking time for each to rehearse what they will say, the language they will use, and the tone they will adopt.

Callers ring their receivers, with each playing out the role specified on the card. As the role-play occurs, the observer makes an assessment of the conversation used and provides feedback to the caller and receiver at the end of the role-play.

Students swap roles and continue the role-plays.

Process the activity by asking the class what they learnt and what they still need to practise to become confident to make an emergency call.

**Variations**

- Provide telephones and mobile phones for students to use during the role-play.
- Set up one group to role-play the telephone conversation while others in the class sit around them to observe and offer feedback.

**SEND A PROBLEM**

1. This strategy will help students to:
   - develop problem-predicting and problem-solving skills
   - build empathy and experience a variety of perspectives on ‘real life’ situations
   - plan effective strategies for managing ‘real life’ situations

**How is it implemented?**

1. Place students in small groups.
2. Ask each group to think of a health or safety related situation and write this on a card or piece of paper. The problem is attached to the outside of a folder and swapped with another group.
3. Give groups three to five minutes to consider the problem and brainstorm a range of solutions to the problem. The solutions are listed and enclosed inside the folder.
4. The folder is then passed to the next group and the process repeated. Remind groups not to look in the folders or read the solutions identified by previous groups.
5. Repeat this process until groups have completed several problems.
6. Groups should be given their original problem to review all the suggested ideas and develop a prioritised list of possible solutions. This list is then presented to the class to discuss and decide which solution would be the most effective or one that they would feel confident to use.
SNAP DECISIONS
This strategy will help students to:
• understand how difficult it is to make positive quick decisions
• understand the variety of thoughts common to young people in health and safety related situations.

How is it implemented?
1. A volunteer is seated in the ‘snap decision seat’ and presented with a health or safety dilemma. The student must try to put themselves in the shoes of the character described in the dilemma.

2. Two other students stand either side of the seated student. One represents the ‘positive’ side of the situation and the other represents the ‘negative’. (Try to avoid the terms ‘good’ and ‘bad’ or ‘angel’ and ‘devil’ as this places a value judgement on the volunteer’s decision). Their role is to try and convince the student sitting in the snap decision seat to make a decision based on their comments.

3. The student in the snap decision seat is allowed no thoughts of their own and must make a decision based purely on the arguments presented by the two students.

STREAMLINE
1. Pose a question or statement for students to consider such as: What five foods or drinks have the highest amount of caffeine? Each student writes their list of five things.

2. Students form pairs and discuss their lists then negotiate to merge their lists so they still only have a list of five between them.

3. Pairs join another pair to make a group of four and negotiate to merge their lists so the group of four still only has a list of five things between them.

4. Groups write their final five on the board for the class to compare and discuss.

THINK-PAIR-SHARE
1. This is a quick strategy that requires students to think individually about a topic, issue or question before turning and sharing their ideas with a partner. Some rules that need to be followed are:
   • no discussion or talking during the thinking time
   • find the person nearest to you, not right across the room
   • sit facing each other ie knees to knees
   • each person has a turn to share.

2. Pose a question and ask students to think about their response. After giving sufficient thinking time, have students turn and face a partner to share their ideas. This will allow students to consider others’ ideas and perspectives and also encourage active listening.

3. Bring the class back together and choose a few students to share a summary of their discussion. Ask: What did you and your partner talk about or decide? (To select students, have each student’s name written on a pop stick and placed in a container. Select a pop stick and call out the student’s name. Repeat this process until a number of students have shared with the class).

Variations
• If time allows, one pair of students may share ideas with another pair, making groups of four. Sufficient time for discussion should be allowed.

Think-pair-share-write
Students reflect on their own and their partner’s responses from the think-pair-share and continue their thought process through writing.

Think-ink-pair-share
Ask students to think then ‘ink’ their own ideas, knowledge or attitudes to a statement. In ‘ink’ time students choose to write or draw before turning and sharing with a partner.

Music-think-pair-share
Pose a question to the class. Explain students are to move around the room while listening to a piece of music and thinking about the question. When the music stops students are to turn to the person nearest them and share their ideas.

3-2-1 REFLECT
1. Give each student a 321 reflect strategy sheet or write the following on the board:
   • 3 things I learnt
   • 2 things I found interesting
   • 1 question I still have.

2. Students individually use the prompts to write or draw their responses.

3. Place students with a partner or small group to share their thoughts.

Variation
• Adapt the strategy to focus on skill development eg 3 things I learnt, 2 skills I practised, 1 thing I still need to learn or practise.
VALUES CONTINUUM

1. Prepare a set of signs with opposing responses (eg agree/disagree). Place signs at opposite ends of the room. It may help to draw a chalk line or stick a piece of masking tape on the floor between the two signs to indicate the continuum.

2. Explain there are many places along the continuum that may represent each student’s opinion about an issue or statement. Model this by giving a statement such as ‘Teenagers shouldn’t drink alcohol’ then placing yourself along the continuum. Tell students why you might have placed yourself at that position.

3. Read aloud a statement to the group. Ask students to move to the point on the continuum that best represents their opinion. Students discuss their reasons for placing themselves in that point on the continuum with other students standing nearby. As a class, discuss why there are variations in students’ opinions. Provide students with the option to pass or reconsider their placement after the discussion and move to another position along the continuum.

Examples of questions to ask students during this strategy are:
- Why would someone place themselves in that position on the continuum?
- What experiences would have brought them to that conclusion?
- Would they feel differently if they had more information about this?
- Was it easy to choose the position on the continuum? Why or why not?

Name tag

Construct a values continuum by sticking a length of masking tape along the ground. Ask students to write their name on a post-it note or small card. Pose a question or statement for students to consider then place their name on the masking tape continuum that best represents their opinion. Ask students from various parts of the continuum to justify their placement after the discussion. After the discussion give students the opportunity to reposition their name tags if they have changed their opinion as a result of the discussion.

Sign your name

If using a piece of masking tape for the values continuum, ask students to sign their name on the spot where they are standing. After the discussion, students return to the values continuum and sign their name again where they are standing. This will prompt discussion on why they have or haven’t moved along the continuum.

Ruler continuum

Students attach a smiley face to one end of their ruler and a frowning face to the other end of their ruler. Presuming the smiley face suggests ‘agree’ and the frowning face suggests ‘disagree’, students respond to the statements the same way they would in the values continuum outlined above.

VENN DIAGRAM

1. This strategy will help students to:
   - represent information and thinking in a graphic organiser
   - determine similarities and differences between concepts or ideas.

How is it implemented?

1. A venn diagram is a graphic organiser that can be used to group and separate concepts and ideas.

2. After receiving or collecting information about objects or ideas, ask students how things are the same and how are they different.

3. Students list the similarities in the overlapping parts of the circles and the differences in the areas that do not overlap. An example is provided.

4. This information can then be used by students to help make generalisations about an object or decision about an idea.

Cannabis and Tobacco

<table>
<thead>
<tr>
<th>Cannabis</th>
<th>Tobacco</th>
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<tr>
<td>comes from plant</td>
<td>legal to purchase over 18</td>
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<tr>
<td>illegal</td>
<td>stimulant</td>
</tr>
<tr>
<td>linked to mental illness</td>
<td>comes from plant</td>
</tr>
<tr>
<td>depressant</td>
<td>legal</td>
</tr>
</tbody>
</table>

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**Y CHART**

1. A Y chart is a graphic organiser. It is a way of encouraging students to think about what something 'looks like', 'sounds like' and 'feels like'.

2. Show students how to draw a Y chart and label each section. Pose a question for students to brainstorm and record their responses. For example, how a 'safe pedestrian' would look, feel and sound like.

3. Start with the concrete or the obvious and encourage students to look for ideas that are more abstract. Explain that 'sounds like' doesn't refer to just listing actual sounds related to the event. Ask students to predict what might be actually said or what they could imagine people saying. Ask students to imagine what people might say to themselves. Record these using speech marks. When completing the 'feels like' section ask students to be empathetic in more challenging scenarios eg **How would this person be feeling in this situation?**
### ABC graffiti

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<td>X</td>
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<td>Y</td>
<td>Z</td>
<td></td>
</tr>
</tbody>
</table>
Agree, disagree

Agree

Disagree
INTRODUCTION

The information contained in this section has been compiled for teachers and provides information about drugs that will help to support the delivery of activities in this resource. This information aims to increase teachers’ knowledge and understanding of drug use and the context for drug using behaviour, as well as acknowledge the complexity of the issues that may impact on drug using behaviour.

What is a drug?
A drug is any substance, with the exception of food and water, which changes the way the body or mind functions (WHO, n.d.).

Drugs may be legal (eg alcohol, caffeine and tobacco) or illegal (eg cannabis, ecstasy, cocaine and heroin).

What is a psychoactive drug?
Psychoactive drugs affect the Central Nervous System (CNS) and alter a person’s mood, thinking and behaviour. Psychoactive drugs may be divided into four categories:

- **Depressants**: Drugs that decrease alertness by slowing down the activity of the CNS (eg heroin, alcohol and analgesics).
- **Stimulants**: Drugs that increase the body’s state of arousal by increasing the activity of the brain (eg caffeine, nicotine and amphetamines).
- **Hallucinogens**: Drugs that alter perception and can cause hallucinations, such as seeing or hearing something that is not there (eg LSD and ‘magic mushrooms’).
- **Multi-action**: Some drugs fall into this category as they may have properties of more than one of the above categories (eg cannabis has depressive, hallucinogenic and some stimulant properties).

New Psychoactive Substances (NPS)
The term ‘synthetic drugs’ and ‘emerging psychoactive substances’ is confusing since many traditional drugs such as MDMA, LSD and methamphetamine, are also synthetic. These drugs are made using substances such as 2SB-NBOMe and 25I-NBOMe. These drugs are usually extremely cheap to buy which has encouraged some young people to use them. They are usually taken by smoking, ingesting or injecting. Many younger drug users believe these drugs have a relatively low risk of addiction or overdose and are harmless compared with other drugs such as methamphetamine. Some believe that because they look like pills that they are produced in a sanitary location and under regulations. The concern is the content of these substances is unknown.

Australian School Students Alcohol and Drug Survey
Every 3 years, school students in Western Australia are surveyed to find out about their drug use in the Australian School Students Alcohol and Drug Survey (ASSAD).

Students are asked about how often they consume alcohol, tobacco, and other illicit and licit drugs. Students are also asked about how much they use, how they use and their attitudes to alcohol and other drug use. This survey has been collected since 1984, with additional drug related questions added since 1996. The most recent survey conducted in 2014 included 3,305 young people aged from 12 to 17 years from randomly selected public and private schools across the State.

Statistics do change. To access the most current drug statistics, refer to the ASSAD survey data which is currently located on the Drug and Alcohol Office website www.dao.wa.gov.au

Please note, the ASSAD data may move to the Mental Health Commission’s website www.mentalhealth.wa.gov.au

Normative education
Students will often overestimate the number of young people their age who are using legal and illegal drugs. It is therefore important to present students with statistical evidence to dispel their perception and acknowledge that they are actually part of the majority of young people who do not use alcohol or drugs. The Challenges and Choices program does this through a range of activities and discussions.

Drug terminology
It is not considered appropriate to use the terms ‘drug abuse’ or ‘drug misuse’ as they are too subjective ie what you may consider to be acceptable may well be determined by another person. The World Health Organisation (1982) recommends the following terms:

- **Unsanctioned use** where use is not approved by a community (eg alcohol use in a Muslim community).
- **Hazardous use** where there is a probability that the use will result in harm of some description (eg smoking and the increased likelihood of health problems in the future).
- **Dysfunctional use** where the drug use is causing or contributing towards social or psychological problems (eg relationship problems or interfering with school attendance).
- **Harmful use** where the drug use is known to be causing physical or mental health problems (eg consuming alcohol at a level that is compromising liver function).

Model for understanding drug use
The Interaction Model (Zinberg, 1984) which is derived from Social Learning Theory explains that the way a person (individual) experiences alcohol or other drugs does not depend only on the drug itself or factors to do with the drug. The drug use experience will vary depending on:

1. **The drug factors** eg what it does (effect), how much (dose), how often used.
2. **The individual factors** eg gender, age, body size, food in stomach, personal metabolism, state of general health and wellbeing, attitudes, values, previous drug using experiences, mood, expectations, mental health, personality.
3. The factors in the environment eg when (time of day), where (place used), who with, how much, availability, combination of drugs, culture, family, laws.

School drug education programs should use an approach that aims to reduce the harms from alcohol and other drug use (ie harm minimisation). For example, a female may have drunk alcohol previously but when placed in an environment such as the beach at night and with others she doesn’t know, the level of potential risk for her has increased. The discussion with students here would be – What could the female in this situation have done to reduce the potential harms?

Four Ls Model
This model describes a person’s life and divides it into the four Ls – Liver, Livelihood, Lover and Law. It is a useful model when working with students to identify the level of possible harm arising from their drug use.

- **Liver** – physical, psychological and emotional health problems
- **Livelihood** – work, school, money, recreation, lifestyle problems
- **Lover** – relationships with partners, family, friends, peers
- **Law** – legal problems such as fines, convictions, loss of driver’s licence

**Alcohol**

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

**Prevalence of alcohol use**
Refer to the ASSAD survey data for the latest prevalence statistics.

[Drug and Alcohol Office website](http://www.dao.wa.gov.au)
[mental Health Commission’s website](http://www.mentalhealth.wa.gov.au)

**Death, disease and other costs**
Alcohol use is second only to tobacco as the leading preventable cause of death. Hospitalisation and excessive consumption is associated with significant levels of harm and increased risk for a multitude of physical diseases including forms of cancer, liver cirrhosis, cardiovascular disease and psychiatric problems.

Problems related to alcohol use can be defined as either short term or long term. While long-term effects can be discussed, the possible immediate and short-term problems such as nausea, slurred speech, short term memory loss, poor coordination and unconsciousness are most appropriate for school-aged students.

It used to be thought that the teenage brain was the same as an adult brain; that it had already reached full development. It is now known that from 12 to around 20 years, through a process called frontalisation, that the brain is growing and forming all the critical parts it needs for learning, memory, and planning.

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

Most of the alcohol-related problems in our community are not caused by people dependent on alcohol but by those who occasionally drink excessive amounts of alcohol. The use of alcohol costs the Australian community more than $15 billion a year in terms of healthcare, road accidents, labour in the workforce, crime and resources used in prevention and treatment.

**Foetal Alcohol Syndrome**
During pregnancy, the alcohol that a woman drinks passes through the placenta into the baby’s blood stream. This can cause problems such as miscarriage, stillbirth and long term developmental problems or Foetal Alcohol Disorder (FAD).

Foetal Alcohol Spectrum Disorder (FASD) describes the range of effects that can occur in a baby who has been exposed to alcohol in their mother’s womb. These can include: low birth weight; small head circumference; failure to thrive; developmental delay; organ dysfunction; facial abnormalities,
including smaller eye openings, flattened cheekbones, and indistinct philtrum (an underdeveloped groove between the nose and the upper lip); epilepsy; poor coordination/ fine motor skills; poor socialisation skills, such as difficulty building and maintaining friendships and relating to groups; lack of imagination or curiosity; learning difficulties, including poor memory, inability to understand concepts such as time and money, poor language comprehension, poor problem-solving skills; behavioural problems, including hyperactivity, inability to concentrate, social withdrawal, stubbornness, impulsiveness, and anxiety.

FASD is often referred to as the ‘invisible disability’ as it often goes undetected or is not diagnosed due to other factors such as genetic abnormalities. FASD can only be diagnosed by a specialist medical practitioner.

More information about FASD is available at www.nofasd.org.au

The new Australian Guidelines to Reduce Health Risks from Drinking Alcohol

In 2009 the National Health and Medical Research Council (NHMRC) developed the Australian Guidelines to Reduce Health Risks from Drinking Alcohol so that adults could make more informed decisions about alcohol consumption.

• **Guideline 1** For healthy men and women, drinking no more than two standard drinks on average on any day reduces the lifetime risk of harm from alcohol-related disease or injury (sometimes called long term harms).

• **Guideline 2** For healthy men and women, drinking no more than four standard drinks on a single occasion reduces the risk of alcohol-related injury arising from that occasion (sometimes called short term harms).

• **Guideline 3** For children and young people under 18 years of age, not drinking alcohol is the safest option. Parents and carers should be advised that children under 15 years of age are at the greatest risk of harm from drinking and that for this age group, not drinking is especially important.

• **Guideline 4** For women who are pregnant or planning a pregnancy, not drinking is the safest option. For women who are breastfeeding, not drinking is the safest option.

How alcohol education is taught is important

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

It is important to stress to students that 31.5% of 12-17 year olds have never used alcohol (MHC, 2016a), and that most adults use alcohol sensibly and safely.

Help students to develop negative attitudes towards harmful alcohol use or binge drinking and promote Guidelines 3 of the Australian Guideline’s (see above) that recommends that no alcohol is the safest option for those under 18 years of age.

Teach students how to cope socially and emotionally and develop strategies to resist peer influences and internal pressure to engage in hazardous use of alcohol.

Engage parents and families in school-based alcohol education programs as they can have a strong influence on young people’s use of alcohol, both positively and negatively.

Amphetamines

What are amphetamines?

Amphetamines are a group of drugs commonly referred to as ‘speed’ as they speed up or stimulate the activity of certain chemicals in the brain. Common street names include: MDA, goey, oxblood, uppers, dex, desies, crystal meth, base, and ice. Dexamphetamine and methamphetamine are the most common forms of amphetamine available in Australia.

Amphetamines bought on the street are usually supplied as white or yellow powder, tablets or as liquid in capsules. They can be swallowed, injected, smoked or inhaled (snorted).

Prevalence of amphetamine use

Refer to the ASSAD survey data for the latest prevalence statistics.

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

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

Death, disease and other costs

The immediate effects of amphetamine can last from two to five hours. The effects can include: increased alertness, confidence and energy; hyperactivity and talkativeness; reduced appetite; inability to sleep; enlarged pupils; anxiety; irritability; suspiciousness; panic attacks, or a threatening manner. Sometimes users can experience a residual ‘hangover’ which can last from two to 26 hours.

The continued use of amphetamines is likely to cause health problems including: malnutrition, violence, hallucinations, panic attacks, periods of psychosis, reduced resistance to infection, or high blood pressure which can lead to stroke.

Analgesics, prescription and over-the-counter (OTC) medications

What are analgesics?

Analgesics, or pain killers, are medicines which relieve pain. Analgesics are known by their chemical name and also by a brand name, and include: aspirin (eg Disprin®, Aspro Clear®), paracetamol (eg Panadol®, Panamax®, Dymadon®, Tylenol®), ibuprofen (eg Nurofen®), and products that contain a combination such as aspirin and codeine (eg Codral Cold and Flu®); paracetamol and codeine (eg Panadeine Forte®), ibuprofen and codeine (eg Nurofen Plus®); and paracetamol, codeine and doxylamine (eg Mersyndol®). Analgesics are available in many forms including tablets, capsules, liquids, suppositories and soluble powders.
Prevalence of analgesic use
Refer to the ASSAD survey data for the latest prevalence statistics.

Death and disease

- Most analgesics are safe to use when taken as prescribed or instructed by a doctor or pharmacist, in conjunction with the manufacturer’s instructions on the packaging. Some extra precautions may apply to patients with pre-existing medical conditions such as kidney failure or gastric ulcers.
- Studies have linked aspirin or aspirin containing medications during viral illnesses as a factor in the development of Reye’s Syndrome. This syndrome can affect the brain and liver and has the potential to be fatal. Cases have dropped dramatically since this link was discovered and doctors have started advising against giving aspirin to children and teens.
- Aspirin may cause irritation of the gastric mucous membrane and even bleeding from the stomach. Excessive use may result in ringing in the ears, giddiness, nausea and mental aberration. Regular long-term use of aspirin may cause kidney damage and anaemia and asthma attacks.
- Paracetamol overdose can produce acute and sometimes fatal liver damage and also kidney damage. A dose of fewer than 10 tablets (25g) may be fatal.

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

Sometimes analgesics will be the best form of short term treatment of pain, but students should be encouraged to use them after they have tried alternatives to pain relief. Stress that a trusted adult is the only person who should administer these drugs.

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

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

Caffeine and energy drinks

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

What are energy drinks?
Energy drinks are beverages that contain varying amounts of caffeine and other substances. Energy drinks are promoted for their positive effects on stamina, physical performance, endurance and concentration.

These drinks typically contain a mixture of:
- **Caffeine** which is usually the main active ingredient in energy drinks. Some of the popular brands have up to 160mg of caffeine in a 500ml can.
- **Guarana** is an extract from a plant that contains about twice the amount of caffeine as coffee beans.
- **Theobromine** which comes from the cacao plant and has a similar effect to caffeine. It is also found in chocolate and many other foods.
- **Theophylline** which is a drug used for the treatment of respiratory diseases and asthma, marketed under a variety of brand names. It is structurally similar to caffeine and is also naturally found in tea at very small levels.
- **Taurine** which occurs naturally in food, especially in seafood and meat, and is necessary for normal skeletal muscle functioning.
- **Ginseng** which is a substance that comes from a variety of plants and is believed to have medicinal properties, but has been found to interact with a number of prescription and herbal drugs.

Death, disease and other costs
The effects of caffeine, like those of any drug, differ from person to person depending on their age, body size and general health. Regular caffeine users may have different experiences from people who only consume caffeine products occasionally.

Caffeine is a stimulant drug so even a small amount (1-2 cups of average strength coffee) can stimulate the brain and the CNS, making a person have increased alertness, temperature, blood pressure, gastric acid secretion, and urination. These effects continue as long as caffeine remains in the blood, usually around 12 hours after consumption. Disturbing physical effects of caffeine on some people include anxiety, irritability, increased breathing and heart rates, dizziness, headaches, dehydration and frequent trips to the toilet.

Doctors recommend that children stay well under 100mg a day of caffeine, which is approximately one cola drink and a 20 g chocolate bar. Energy drinks should be avoided by children less than 15 years old due to the high levels of caffeine in these products. Caffeine is particularly harmful for young children because it can cause sleep problems, anxiety, irritability and bed wetting. There is also a danger that regular use may threaten bone mass among young children since it causes excess secretion of calcium and magnesium.

The consumption of energy drinks by pregnant and breastfeeding women as well as people with ‘caffeine sensitivity’ should be avoided.

Combining energy drinks with alcohol
Mixing energy drinks with alcohol or drinking alcoholic energy drinks, can mask some of the effects of the alcohol, meaning the person doesn’t feel as intoxicated as they actually are, and so there is more risk of alcohol-related harm.
How caffeine education is taught is important

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

Many of the caffeine products that children consume also contain high levels of sugar, so it would be appropriate to focus on this as part of a healthy diet.

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

Students should be able to identify products containing caffeine and also alternative food and drinks that could be consumed instead of those that contain caffeine.

It is important to engage parents in caffeine education as many adults are not aware of the effects of caffeine and the amount of caffeine found in energy drinks.

Cannabis

What is cannabis?

‘Cannabis’ refers to the products from the Indian hemp plant called Cannabis sativa. Delta-9 tetrahydrocannabinol (THC) is the psychoactive ingredient of the plant. THC has both depressant and mild hallucinogenic effects on the CNS. A small dose can depress the CNS and produce mild euphoria, relaxation, impaired balance and coordination. Larger doses may produce hallucinogenic effects such as changes in perceptions in time, colour, distance or touch similar to mild hallucinations, and may also trigger a serious psychotic episode.

Marijuana is the most commonly used and least powerful form and is made from the dried leaves, stems and flowers of the plant. It is usually smoked in hand-rolled cigarettes often called ‘joints’ or in smoking implements such as pipes, bongs, hookahs and shishas.

Hashish (hash) is made from the plant’s resin, which is extracted from the flowering tops and leaves of the female plant, then dried and compressed. The concentration of THC is higher than in marijuana, producing stronger effects. It is usually smoked or taken orally, in tea, cakes or cookies.

Hashish oil is a very thick, concentrated liquid which is extracted from the plant and is the most powerful form of cannabis. It can be consumed by smoking (one way this is done is by rubbing a small amount of oil onto the outside of a cigarette) or taken orally in food or drinks.

When cannabis is smoked, the effects can last for between two and four hours. When eaten, the effects may last for between four and seven hours. THC and its metabolites are highly fat-soluble. They may be stored and accumulated in the fatty tissues of the body (including the brain) from which they are gradually released over time and then cleared from the body. This means these compounds may be detectable in very small amounts in fatty tissues for more than 28 days.

Synthetic cannabinoids

Synthetic cannabinoids (or synthetic cannabis) interact in the same way with the brain and other organs as cannabinoids. These products usually contain some plant based ingredients that have been sprayed with a solution of cannabinoids.

Once considered a legal substitute for cannabis, these products, commonly known as ‘legal herbal’ mixtures are often labelled hot for human consumption’ and marketed as ‘safe’ and ‘legal’ drugs.

Synthetic cannabinoids keep appearing on the market and to try and stay ahead of the law, the names also change with each production. Some of the well-known products include Kronic, Voodoo, Kalma, Kaos and Mango Kush.

Are synthetic cannabinoids safe?

Synthetic cannabinoids are often classified as ‘research chemicals’ which means they are experimental chemicals that are not for human consumption. The plant-like mixtures that these chemicals are sprayed on are also unknown, and are usually produced in Asia eg China.

Are synthetic cannabinoids legal in WA?

Because little is known about the actual ingredients of synthetic cannabinoids and the possible health consequences, these substances are now banned in Australia. Anyone caught with these substances could be charged for possession, selling, supplying or intent to sell or supply.

Prevalence of cannabis use

Refer to the ASSAD survey data for the latest prevalence statistics.

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

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

Death, disease and other costs

The acute toxicity of cannabis is very low. There are no confirmed cases of deaths from cannabis overdose in world literature. However, research shows evidence of some long-term effects in some regular cannabis users, such as:

- Respiratory illness: Marijuana cigarettes have more tar than tobacco, placing cannabis users at an increased risk of respiratory illness such as lung cancer and chronic bronchitis. This risk is increased because marijuana smokers often inhale deeply, and hold the smoke in the lungs longer, to increase the effects of the drug.
- Brain function: Concentration, memory and the ability to learn can all be reduced by regular cannabis use. These effects can last for several months after ceasing cannabis use.
- Hormones: Cannabis can affect hormone production. Research shows that some cannabis users have a lower sex drive and women have irregular menstrual cycles.
- Reduced motivation: Many regular users, especially young people, have reported that they have less energy and motivation, so that performance at work or school suffers. Usually these effects disappear gradually when cannabis use stops.
Ensure students consider other health risks of young people using cannabis such as injuries in a variety of situations; social risks such as upsetting family, friends and teachers; livelihood risks such as not being able to travel overseas or get or keep some jobs; and legal risks such as arrest, a criminal record if found possessing small amounts of cannabis on more than two occasions, and expensive fines.

**How cannabis education is taught is important**

Late primary and early secondary years have been identified as a crucial time to implement effective cannabis education as the number of students who have used is low and most young people have not been exposed to the possibility of using cannabis (McBride, 2002).

The available evidence-base suggests that effective drug education programs for students of this age should:

- increase student’s knowledge, social skills, and refusal skills towards tobacco, alcohol and cannabis
- include scenarios relevant to students’ experiences and interests
- contain highly interactive activities that engage students in problem solving and critical thinking
- provide significant coverage of content around these drugs complemented by follow up booster sessions
- position drug education within a broader health and wellbeing curriculum that focuses, amongst other things, on staying healthy, stress and coping
- respond to cultural and social needs of the school community
- engage parents where possible (McBride, 2002).

School based cannabis education provides a supportive environment in which to challenge any positive attitudes and opinions students may have about cannabis that may lead to later cannabis use. A positive attitude towards drug use is a known risk factor for future drug use.

Young people who use tobacco and alcohol have a greater chance of being offered cannabis and other illegal drugs. Cannabis education is therefore important for those students who begin early use of alcohol or tobacco as they are more ‘at risk’ than those students who do not. Delaying the onset of cannabis use has also been identified as a protective factor for later heavy or regular use. It is important to note, however, that cannabis is not necessarily a ‘gateway’ drug to other illegal drug.

Set clear ground rules about discussing teacher or student drug use experiences before commencing cannabis-related activities. Encourage students to respect a person’s privacy by not using names when talking about experiences and be prepared to protectively interrupt those students who may disclose sensitive information.

Harms that may affect students as a result of other people’s cannabis use are the key focus of these introductory learning experiences about cannabis; however, decision-making activities also focus on refusal and coping strategies in cannabis-related situations.

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

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

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

**Cocaine**

**What is cocaine?**

Cocaine is commonly known on the street as coke, snow, flake, dust, crystal, nose candy and white lady.

The most common ways of using cocaine is by snorting and intravenous injection. The base form of cocaine which is achieved by the chemical activation of the hydrochloride form vaporises at low temperature and can be smoked. This form of cocaine is commonly known as crack (from the cracking sound it makes when it is heated).

**Prevalence of cocaine use**

Refer to the ASSAD survey data for the latest prevalence statistics.

![Drug and Alcohol Office website](www.dao.wa.gov.au)

Mental Health Commission’s website

[www.mentalhealth.wa.gov.au](http://www.mentalhealth.wa.gov.au)

**Death, disease and other costs**

The effects of smaller doses may include an increase in heart rate, blood pressure, body temperature or confidence and diminished fatigue. The effects of larger doses may include: anxiety, insomnia, paranoia and persecutory fears. The long term effects may include: sexual dysfunction, interpersonal conflicts, severe depressive conditions, dysphoria, and bizarre and violent psychotic disorders which may persist for weeks after use.
Ecstasy (MDMA)

What is ecstasy?
MDMA (methyleneoxyamphetamine) is known as ecstasy. MDMA is a derivative of amphetamine and shares the stimulant properties of amphetamines and hallucinogens in its side effects as well as residual effects.

Ecstasy doesn’t always contain just MDMA, it is often mixed with (or substituted by) related drugs including amphetamine, MDA, PMA, ephedrine and LSD. Some tablets sold as ecstasy contain no ecstasy at all.

Ecstasy is usually sold as small tablets or capsules. Yellow or white tablets are the most common but many other colours and designs have also been available. Some tablets are sold with embossed shapes on them such as hearts, doves, rabbits and champagne bottles.

Prevalence of ecstasy use
Refer to the ASSAD survey data for the latest prevalence statistics.

Death, disease and other costs
The effects of ecstasy usually start with 30 to 90 minutes and can last for six to eight hours, however sometimes the effects may last up to 24 hours. Some of the immediate effects may include: feeling of wellbeing, increased confidence, anxiety, nausea, sweating, hot and cold flushes, jaw clenching and teeth grinding, increased pulse rate and blood pressure, dry mouth, paranoid feelings and high body temperature.

Higher doses can produce: irrational behaviour, convulsions, dehydration, urinary retention, rhabdomyolysis (muscle meltdown), vomiting, hallucinations, and excessive thirst.

Ecstasy may also have a ‘hangover’ effect which usually occurs the day after it is taken. Symptoms may include: depression, drowsiness, muscle aches, loss of appetite, insomnia and loss of concentration.

Ecstasy affects the production of serotonin, a mechanism that regulates the body’s temperature. It appears to cause a loss of control of normal body temperature. When the effects of ecstasy are combined with physical activity such as dancing, the user may overheat and dehydrate.

Ecstasy may also disturb the brain’s mechanism for satiation (knowing when you have had enough water), causing users to continue drinking. When the brain is affected, swelling of the brain stem and spinal cord affects respiration, heart rate and blood pressure and can lead to death.

Hallucinogens

What are hallucinogens?
Hallucinogens are naturally or synthetically produced drugs that act to alter a person’s perception of the world. Natural hallucinogens include plants such as mushrooms (psilocybin) and the peyote cactus (mescaline). Other hallucinogens include LSD, bromo-DMA, MDA, STP and PCP (angel dust) are manufactured. Certain drugs such as cannabis and MDMA (ecstasy) can produce hallucinogenic effects at high doses or in particular circumstances.

Prevalence of hallucinogens
Refer to the ASSAD survey data for the latest prevalence statistics.

Drug and Alcohol Office website
www.dao.wa.gov.au
Mental Health Commission’s website
www.mentalhealth.wa.gov.au

LSD
Lysergic acid diethylamide (LSD) is commonly known as acid, trips or tabs. It is synthetically produced and is considered to be the most powerful hallucinogen produced. LSD is effective in extremely small doses with usual doses ranging from 25 to 300 micrograms. Because the amounts of the drug are so small it is usually mixed with sugar and sold on a small piece of absorbent paper decorated with popular designs. It can also be sold on sugar cubes, small squares of gelatine or in capsule, tablet or liquid form.

LSD is usually swallowed, placed under the tongue and dissolved, or the paper tile can be chewed to release the hallucinogen into the mouth.

Death, disease and other costs
The short-term physiological effects can include: slight increase in body temperature, dilution of the pupils, slightly increased heart rate and blood pressure, increased levels of glucose in the body, drowsiness, and nausea. The psychological effects can include: alterations in mood and emotion, euphoria and dysphoria, visual hallucinations, perceptual disorder, emotional instability, inability to cope, and paranoia.

LSD may also precipitate psychotic episodes that would normally be suppressed. Some users may experience ‘flashbacks’ where there is a spontaneous recurrence of the original experience at a later date. The flashbacks can occur weeks or even months after the last use of the drug. The mechanism that underlies the flashbacks is unknown.

Magic mushrooms (psilocybin)
Psilocybin is the natural hallucinogenic chemical found in some mushrooms. It may be sold as white crystals, crude mushroom preparations or whole dried brown mushrooms. Some species of magic mushroom grow wild in Australia. It is always dangerous to pick and eat wild mushrooms as it is difficult to distinguish magic mushrooms from other mushrooms that look the same but are poisonous.

Death, disease and other costs
The effects of magic mushrooms are usually similar to those of LSD but usually last for a shorter time (four to six hours) and can include: vivid perceptual distortions, a distorted sense of time and space, poor coordination, increased body temperature and sweating and/or chills, a lack of control over thinking processes and concentration. Users often experience a feeling of nausea before the psychoactive effects of the drug set in.
Heroin

What is heroin?
Heroin (diacetylmorphine) is a depressant that belongs to a group of drugs called opioids (sometimes referred to as narcotic analgesics eg Mersyndol®). Opioids are derived from a milky white substance produced by the opium poppy, which, when dried is known as opium. Heroin is manufactured from morphine or codeine, major alkaloids of opium, by chemical process.

In its pure form, heroin is usually a white crystalline powder. It is usually sold in the form of powder or ‘rocks’ and can range in colour from white to brown, depending on the substances it is mixed or ‘cut’ with.

Some of the street names for heroin include hammer, H, smack, horse, white and beige.

Prevalence of heroin use
Refer to the ASSAD survey data for the latest prevalence statistics.

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

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

Death, disease and other costs
Heroin crosses the blood brain barrier quickly, resulting in a euphoric feeling or intense rush which is then followed by a calming effect, slowing the reactions through the thought process.

Immediate effects may include: feelings of wellbeing; relief of pain; shallow breathing; nausea and vomiting; constipation; sleepiness; or loss of balance, coordination and concentration.

Large doses of heroin can cause: very depressed breathing, pupils narrow to pin point, cold skin, or overdose (the CNS is depressed to a point where the person goes into a coma and dies).

Because street heroin is usually mixed with other substances, it is almost impossible to assess its strength or composition without laboratory testing. Unpredictable and high levels of purity can be a cause of overdose. When heroin is combined with other depressant drugs such as alcohol and tranquillisers the CNS becomes very depressed and breathing may cease.

Poly drug use
Poly drug use occurs when two or more drugs are used at, or near, the same time. This can occur intentionally (e when a person chooses to combine drugs) and unintentionally (e when a manufacturer combines different drugs to achieve a specific effect or to save money by mixing in cheaper chemicals).

The risk of harm is increased if more than one drug is used at a time, especially when drugs of unknown content and purity are combined. This includes mixing over-the-counter drugs, prescription drugs and illegal drugs.

Poly drug use increases the risk of the following symptoms and effects including:

- an increase in heart rate, blood pressure and body temperature
- overdose
- severe emotional and mental disturbances such as panic attacks and paranoia.

Steroids

What are anabolic-androgenic steroids?
Anabolic-androgenic steroids (or anabolic steroids) are a group of drugs that include the male sex hormone testosterone and several synthetically produced structural derivatives of testosterone. They are not classed as psychoactive drugs. The anabolic effects assist in the growth and repair of tissue, mainly muscle. The androgenic effects are involved in the development and maintenance of male sex characteristics. All anabolic steroids have both anabolic and androgenic effects to varying degrees.

Anabolic steroids are available as tablets or liquid for injecting.

Prevalence of steroid use
Refer to the ASSAD survey data for the latest prevalence statistics.

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

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

Death, disease and other costs
There are a range of adverse side effects which users may experience following the non-medical use of anabolic steroids. Some side effects are irreversible and others have been associated with death.

Physical effects may include: acne, high blood pressure, liver and heart problems, increased cholesterol levels, gynaecomastia (breast-like growth in the male), hair loss, hypertension, sleeplessness, headaches, tendon injuries, permanent short stature in adolescents, tendon and ligament damage, and water retention.

Psychological side effects may include: increased aggression and irritability; mood swings, schizophrenic type activity; depression; dependence. Females may experience: clitoral enlargement, smaller breasts, voice changes, cessation of menstruation, excessive growth of hair on back and bottom. Males may experience shrinking of testicles and prostate problems.

Tobacco and passive smoking

What’s in tobacco?
Tobacco contains thousands of chemicals that may harm a person’s health:

- Tar, a black, sticky substance that contains many poisonous chemical such as: ammonia (found in floor and window cleaner), toluene (found in industrial solvents) and acetone (found in paint stripper and nail polish remover).
- Nicotine, the addictive stimulant drug in tobacco found in the tobacco plant.
• Carbon monoxide, a poisonous gas that reduces the amount of oxygen taken up by a person's red blood cells.
• Hydrogen cyanide, the poison used in gas chambers during World War II.
• Metals, including lead, nickel, arsenic (white ant poison) and cadmium (used in car batteries).
• Pesticides such as DDT, methoprene (found in flea powder) are used in growing tobacco. Other chemicals such as benzene (found in petrol) and naphthalene (found in mothballs) are added when cigarettes are being made.

Nicotine occurs naturally in the tobacco plant. When tobacco smoke is inhaled, the vapour is absorbed very quickly into the bloodstream through the lining of the mouth and lungs. In large amounts nicotine is poisonous, however when smoked only a small dose is inhaled.

The first symptoms of nicotine dependence can appear within days to weeks of the onset of occasional use, often before the onset of daily smoking. There does not appear to be a minimum nicotine dose or duration of use as a prerequisite for symptoms to appear. Interestingly, girls tend to develop symptoms of nicotine addiction faster than boys.

Prevalence of tobacco smoking
Refer to the ASSAD survey data for the latest prevalence statistics.

Death, disease and other costs
Tobacco smoking is the largest single preventable cause of death and disease in Australia today. Smoking is estimated to cause 19,000 deaths in Australia each year, over nine times the number of road crash fatalities.

Some of the diseases caused by smoking include: cancer (in the lung, lip, tongue, mouth, throat, nose, nasal sinus, voice box, oesophagus, pancreas, stomach, kidney, bladder, ureter, cervix, and bone marrow); heart disease and stroke; emphysema and asthma; and blindness.

Passive smoking
Passive smoking means breathing in other people's tobacco smoke. Second-hand smoke is a danger to everyone, but young children, pregnant women and the partner of people who smoke are most vulnerable. Passive smoking increases the risk of sudden infant death syndrome (SIDS or cot death).

How tobacco prevention is taught is important
Research on the predictors of smoking, suggest that the most promising school-based approaches:
• help students to develop negative attitudes to smoking
• teach young people how to cope socially while resisting peer influences to smoke
• get parents to quit while their children are young
• have opportunities for students to participate in health-promoting activities.

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

Discussions that suggest smoking is a 'deviant' behaviour may be the very thing that attracts some students to take up smoking. It is therefore suggested that programs should focus on positive messages such as:
• Most young people don't smoke.
• Young people who do smoke, generally respect those who decide not to.
• Young people can become addicted to smoking even if they don't smoke many cigarettes, however, the fewer cigarettes a young person smokes; the easier it is to stop.

Schools should consider developing School Drug Education Guidelines that include the procedures and intervention support that will be put in place for students who smoke. The Guidelines should treat smoking as a health and safety issue rather than a disciplinary issue.

Tranquillisers (Benzodiazepines)
Benzodiazepines are depressant or sedative drugs prescribed by doctors to relieve stress and anxiety, relax muscles or promote sleep and are sometimes used to treat epilepsy. They are commonly known as tranquillisers and sleeping pills that have calming, anxiolytic (anxiety relieving) and hypnotic (sleep inducing) properties and are usually prescribed in tablet or capsule form and include diazepam (eg Valium®), oxazepam (eg Serepax®), nitrazepam (eg Mogadon®), temazepam, flunitrazepam and bromazepam. Benzodiazepines are available on prescription only in Australia.

Street names include Benzos, tramx, sleepers, downers, pills, xannies, serras (Serepax®), moggies (Mogadon®) and normies (Normison®).

Prevalence of tranquilliser use
Refer to the ASSAD survey data for the latest prevalence statistics.

Death, disease and other costs
Benzodiazepines affect everyone differently but some effects may include: depression, confusion, feelings of isolation or euphoria, impaired thinking and memory loss, headache, drowsiness and fatigue, dry mouth, slurred speech or stuttering, blurred vision, nausea and loss of appetite, diarrhoea or constipation.

If a large amount is taken the following may be experienced:
• Over-sedation or sleep; slow, shallow breathing; mood swings and aggression; jitteriness and excitability; unconsciousness or coma; death (more likely when taken with another drug such as alcohol).
The effects of taking benzodiazepines with other drugs can be unpredictable and dangerous and could cause breathing difficulties, an increased risk of overdose and death (eg benzodiazepines combined with alcohol or opiates such as heroin).

**Volatile substances (inhalants)**

Volatile substance use (VSU) refers to the practice of deliberately inhaling substances that are volatile (vaporous) for the purpose of intoxication. Volatile substances are also known as inhalants and are depressant drugs which can be categorised into:

- **Solvents** are liquids or semi-solids such as petrol and glue. They are usually common household and industrial products such as paint thinner, dry cleaning fluid, correction fluid and degreaser.
- **Gases** include medical anaesthetics and gases used in household or commercial products such as fire extinguishers and lighter fuels.
- **Aerosols** are sprays that contain propellants and solvents. They include paint, deodorant, hair, insect and vegetable oil sprays.
- **Nitrites** such as amyl, butyl and isobutyl nitrite (together known as nitrites or poppers) are clear, yellow liquids and include soda

**Prevalence of volatile substance use**

Refer to the ASSAD survey data for the latest prevalence statistics.

Drug and Alcohol Office website

Mental Health Commission’s website
[www.mentalhealth.wa.gov.au](http://www.mentalhealth.wa.gov.au)

**Death, disease and other costs**

The possible physical effects of VSU, like any drug, are dependent on a range of factors. The effects of inhalants may start to be felt immediately and can last for 45 minutes.

*Low to moderate dose* effects can include: feeling of wellbeing, blurred vision, runny nose or sneezing, diarrhoea, drowsiness, unpleasant breath, giggling and laughing, slurred speech, irregular heart beat, headache, bloodshot or glazed eyes, impaired coordination and muscle control.

*Higher dose* effects can include: decreased coordination, bloodshot eyes, hallucinations and delusions, decreased coordination and muscle control, nausea, vomiting, diarrhoea, blackout, convulsions, coma, grand mal epilepsy, acquired brain syndrome.

**Sudden sniffing death**

Sudden sniffing death can follow the use of aerosol sprays, cleaning and correction fluids, and model building cement. It is believed that the chemicals in these products can cause heart failure, particularly if the user is stressed or does heavy exercise after inhaling.

**How VSU is managed and taught is important**

As products containing volatile substances are cheap and easily accessible from retail outlets, it is recommended and reflected in state and national policies and strategies, that schools do not include these inhalants in their classroom-based programs.

It is however recommended that school drug education about VSU should occur when groups of students are at-risk by virtue of a local outbreak or fad; or by widespread knowledge and discussion of the issue by young people. Where this is not required, generic drug-related education that emphasises these products as poisons and hazardous chemicals is recommended.

Any education delivered to students around this issue should be offered alongside appropriate school-based intervention support. Examples of intervention support procedures and how to develop these in schools to support students at risk, can be found in SDERA’s *Getting it together: A whole-school approach to drug education* resource which was distributed to all WA schools in 2010 and is available on the website [www.sdera.org.au](http://www.sdera.org.au).

Where a school has clear evidence that an individual or small group of students are using volatile substances, it is recommended that the school seeks the counselling services from a Community Drug Service team (refer to the Drug and Alcohol Office WA website [www.dao.health.wa.gov.au](http://www.dao.health.wa.gov.au)).

Useful websites and other resources

**Aboriginal Alcohol and Drug Service** provides a range of culturally secure services, including treatment, education programs and yarning.
*Phone: (08) 9221 1411*

**Alcohol and Drug Support Line** is a free 24-hour, state-wide, confidential telephone service where you can talk to a professionally trained counsellor about your own or another’s alcohol or drug use.
*Phone: (08) 9442 5000*
*Country callers: 1800 198 024*
*E-mail: alcoholdrugsupport@mhc.wa.gov.au*

**Australian Drug Foundation** [www.adf.org.au](http://www.adf.org.au)


**Beyondblue** is a national depression initiative for young people


**headspace and Yarn Space** [www.headspace.org.au](http://www.headspace.org.au)

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

**Lifeline WA** provides all Western Australians experiencing a personal crisis or thinking about suicide with access to 24 hour crisis support and suicide prevention services.
*Phone: 13 11 14*

**National Cannabis Prevention and Information Centre** [www.ncpic.org.au](http://www.ncpic.org.au)

**National Health and Medical Research Council**

**Parent and Family Drug Support Line** is a free alcohol and other drug information and support for parents and family members. Talk to a professionally trained counsellor about alcohol and other drugs. Talk confidentially to another parent for strategies and support.
*Phone: (08) 9442 5050*
*Country callers: 1800 653 203*
*Email: alcoholdrugsupport@mhc.wa.gov.au*

**Reachout** is about helping young people to help themselves

**School Drug Education and Road Aware** [www.sdera.wa.edu.au](http://www.sdera.wa.edu.au)

**The other talk** [http://theothertalk.org.au](http://theothertalk.org.au)

**Youth Focus** works with young people aged 12-25 to help them overcome issues associated with depression, anxiety, self-harm and suicidal thoughts.
*Phone: (08) 6266 4333 9am to 5pm Monday to Friday*
REFERENCE LIST


