

Module 2

Drug Education

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

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

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

TOPIC 1

Introduction to drug education

Activity 1 Getting started

Learning intention

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

Equipment

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

Activity sheet – *Quiz marking key* (refer to page 48)

Letter to parents – photocopy one per student

Be Ready Year 8 Student Workbook – one per student

Activities

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

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

This quiz has been designed to identify what students already know about: drugs and the effects of drug use; the prevalence of drug use by 12 to 17 year olds in Western Australia (Mental Health Commission [MHC], 2016a; MHC, 2016b), laws associated with legal and illegal drugs; the perception of possible harms from drug use; skills and strategies to reduce the harms of their drug use or the harms from others drug use including basic first aid and who to seek help from in drug-related situations; and their current attitudes about drugs and drug use. Assessing the students' knowledge and skills and attitudes will be useful in assisting the teacher to plan a program of work that is relevant to their class.

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

Check students' answers using the marking key on page 48. Tally the number of correct and incorrect answers as this will help you to decide where to focus the students' alcohol and drug education program and which activities to conduct from this section of the resource. If during the program students demonstrate a lack of awareness that was not identified from the quiz results, select and deliver one or two activities from the relevant section to fill that gap.

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

2. Explain to the class that their drug education program will aim to:
 - Make sure they have accurate information about drugs such as alcohol, tobacco and cannabis.
 - Show the physical effects drug use can have on the body.
 - Highlight the social, emotional and legal consequences of drug use.
 - Identify strategies they can use to keep themselves and others safe in drug-related situations.
 - Present a harm minimisation approach which considers how best to prevent or reduce harms that can occur as a result of the use of alcohol and other drugs.
3. In situations where students have not previously participated in a drug education program, it is suggested that students understand the definition of a drug. The World Health Organisation (WHO) defines a drug to be any substance, except food and water, which when taken into the body, changes the way the body works (WHO, n.d.). Students will be engaged in defining a drug in Activity 2 page 50.
4. Discuss the classroom rules that will apply during the students' drug education program, such as:
 - *No put downs.* (Students should feel confident that their question, comment or personal attitude will be respected within the class. Any infringements of this rule should be acted upon quickly).
 - *No personal disclosures.* (Personal stories about alcohol and other drug use should not be encouraged. The 'no name' rule will protect the personal privacy of students and those related to students, and prevent them from damaging their reputation. It also prevents students from sharing stories that may increase their status, glamorise risky behaviour, or covertly influence others to engage in risky behaviour. It will also stop the class from being side-tracked).
 - *Option to opt out.* (Although the aim of the program is to have students consider their own attitudes and beliefs about drug use, students should always be given the option not to share. Teachers should also be aware of any students in their class who have experienced a drug-related situation as discussions may raise emotions and cause distress).
5. Distribute a *Be Ready* workbook to each student.
6. Send a copy of the parent letter home with each student to inform parents of the focus of their children's drug education program.



What do you know about drugs?

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

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

Types of drugs and what they can do to your body

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

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

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

2. Dope, gunga and weed are all street or slang names for which drug?
 a) Cannabis b) Alcohol c) LSD d) Cocaine
 e) Don't know
3. Alcohol can cause some cancers in the body.
 a) True b) False c) Don't know
4. Smoking tobacco or cannabis using an implement (eg bong, shisha or hookah) will not reduce the damage to your lungs.
 a) True b) False c) Don't know
5. Alcohol only affects the brain and liver.
 a) True b) False c) Don't know
6. If a young person under 18 years of age drinks alcohol they can affect the healthy development of their brain.
 a) True b) False c) Don't know

7. If a woman drinks alcohol while she is pregnant or breastfeeding it can cause damage to the baby.
 a) True b) False c) Don't know

Drugs and the law

8. It is legal to drink alcohol under the age of 18.
 a) True b) False c) Don't know
9. Growing a couple of cannabis plants is legal in Western Australia.
 a) True b) False c) Don't know
10. Which list includes all legal drugs:
 a) Analgesics, cannabis and caffeine
 b) Nicotine, cannabis and caffeine
 c) Analgesics, nicotine, alcohol and caffeine
 d) Don't know
11. A drug conviction may affect your future employment and travel goals.
 a) True b) False c) Don't know
12. L and P plate drivers and riders must have a Blood Alcohol Concentration of zero.
 a) True b) False c) Don't know
13. It is illegal to drink alcohol in public places (park, beach, oval).
 a) True b) False c) Don't know



What do you know about drugs?

Helping yourself and your mates

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

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

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

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

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

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

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

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

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

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

*cannabis ecstasy alcohol nicotine
amphetamines analgesics tranquillisers*

1. _____
(91% used this drug in the last year)
2. _____
(44% used this drug in the last year)
3. _____
(16% used this drug in the last year)
4. _____
(14% used this drug in the last year)
5. _____
(13% used this drug in the last year)
6. _____
(3.1% used this drug in the last year)
7. _____
(2.8% used this drug in the last year)

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

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

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

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



Quiz marking key

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



Dear Parents

In Health and Physical Education this term, our class will be building on their drug education learning from Year 7 and focusing on alcohol and other drugs such as cannabis using *Challenges and Choices*, an evidence-based education program that is endorsed by the State government and supported by the Department of Education, Catholic Education Western Australia and the Association of Independent Schools of WA.

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

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

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

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

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

Yours sincerely

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

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

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

Activity 2 Drugs – what are they?

Learning intention

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

Equipment

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

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

Teaching tip



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

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

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

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

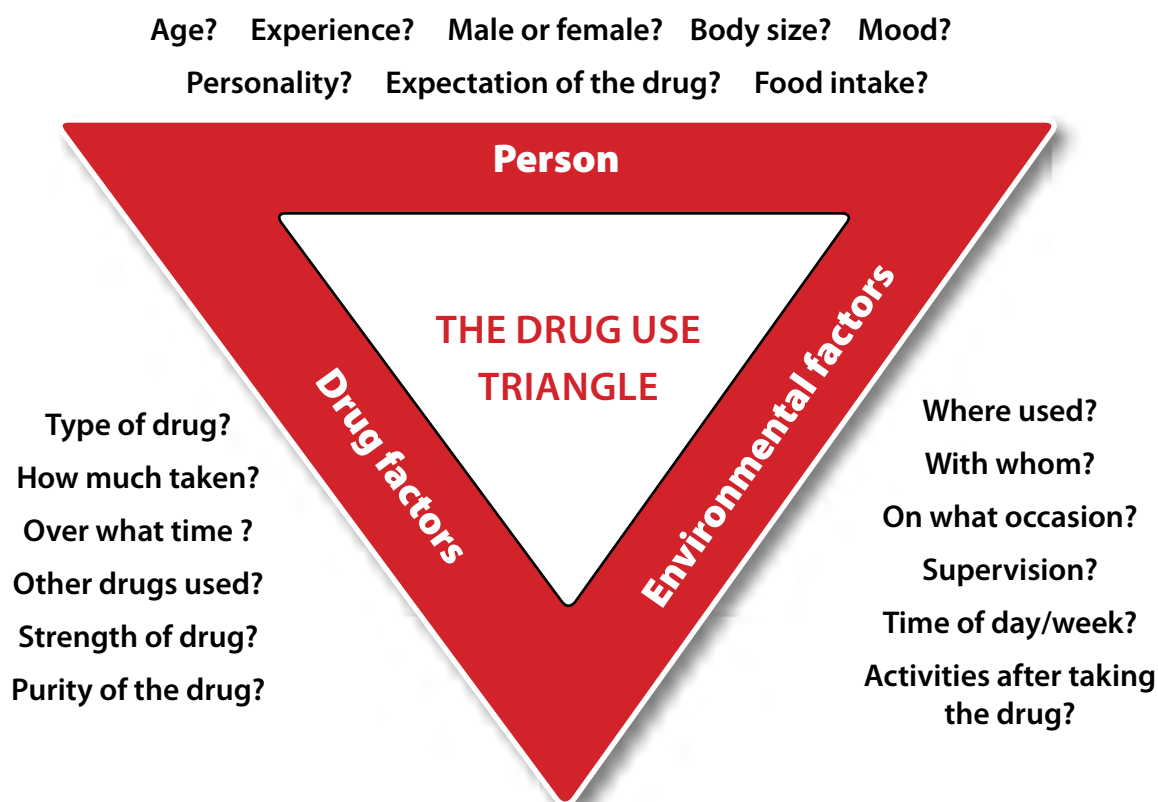


It's not just the drug

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

When setting up open lines of communication to talk with your children about alcohol and other drugs, it is important to be aware of individual differences and the factors involved in drug use. The information provided on this sheet can help you to have these discussions.

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



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

Want to know more?



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

Activity 3 Prevalence and norms



Learning intention

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

Equipment

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

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

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

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

Teaching tip

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

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

Activities

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

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

Ask

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

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

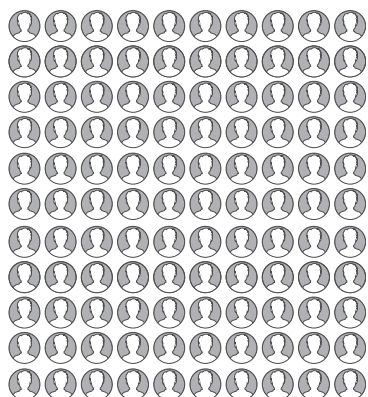


Drug use statistics



ANALGESICS

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

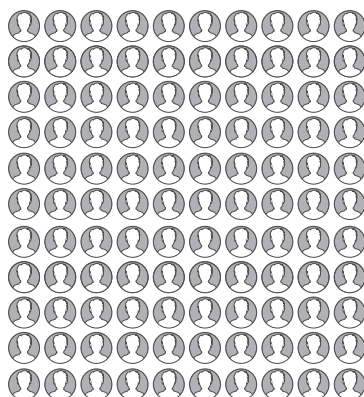


A: About 93 out of 100 (93.1%)

Results 2014 Australian School Students
Alcohol and Drug Survey for WA

ANALGESICS

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

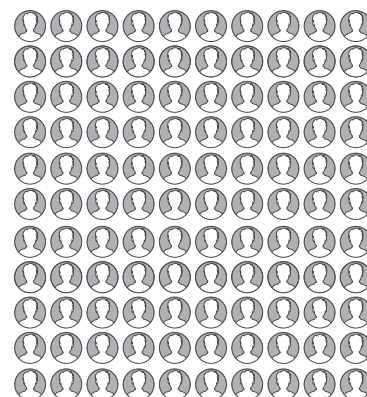


A: 41 out of 100 (41.6%)

Results 2014 Australian School Students
Alcohol and Drug Survey for WA

ANALGESICS

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



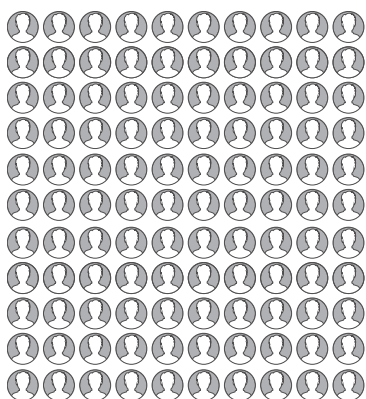
A: 94 out of 100 (94.2%)

Results 2014 Australian School Students
Alcohol and Drug Survey for WA



ANALGESICS

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

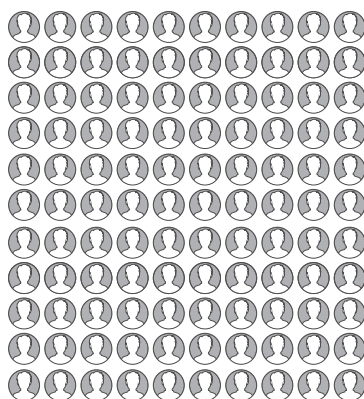


A: 45 out of 100 (45.4%)

Results 2014 Australian School Students
Alcohol and Drug Survey for WA

ALCOHOL

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

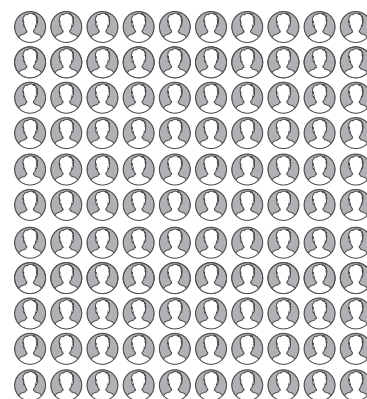


A: 38 out of 100 (38.2%)

Results 2014 Australian School Students
Alcohol and Drug Survey for WA

ALCOHOL

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



A: About 11 out of 100 (11.5%)

Results 2014 Australian School Students
Alcohol and Drug Survey for WA

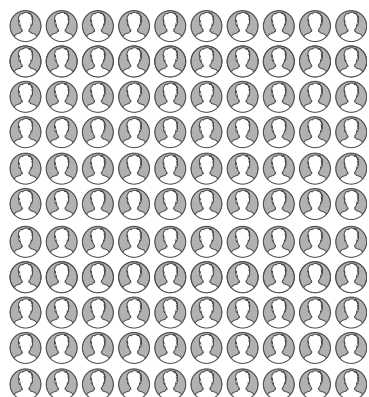




Drug use statistics

ALCOHOL

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

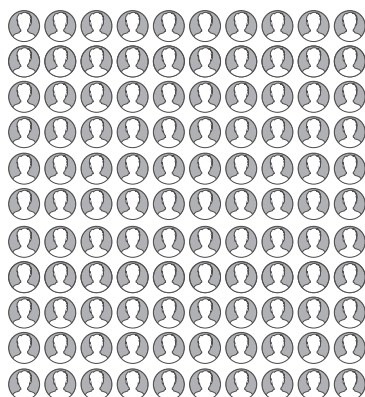


A: 68 out of 100 (68.5%)

Results 2014 Australian School Students
Alcohol and Drug Survey for WA

ALCOHOL

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

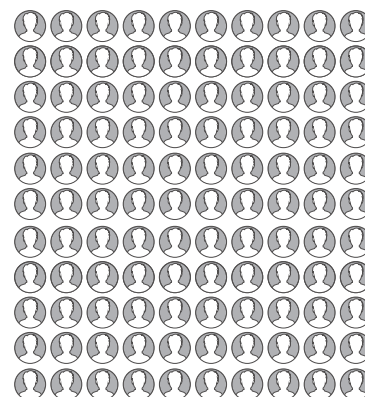


A: About 14 out of 100 (13.9%)

Results 2014 Australian School Students
Alcohol and Drug Survey for WA

ALCOHOL

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

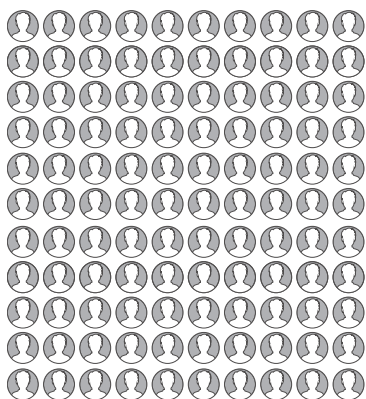


A: About 32 out of 100 (32.8%)

Results 2014 Australian School Students
Alcohol and Drug Survey for WA

ALCOHOL

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

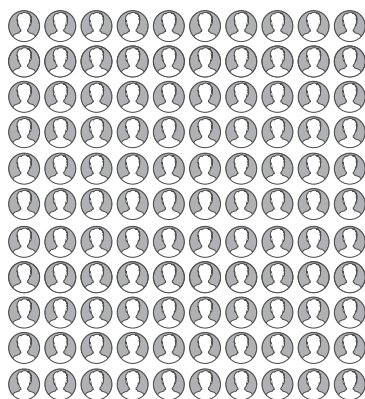


A: About 16 out of 100 (16.3%)

Results 2014 Australian School Students
Alcohol and Drug Survey for WA

ALCOHOL

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

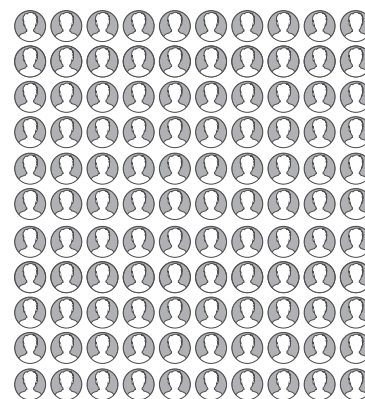


A: About 49 out of 100 (48.8%)

Results 2014 Australian School Students
Alcohol and Drug Survey for WA

ALCOHOL

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



A: About 35 out of 100 (34.8%)

Results 2014 Australian School Students
Alcohol and Drug Survey for WA

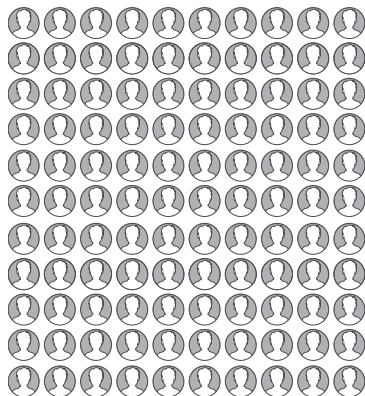


Drug use statistics



TOBACCO

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

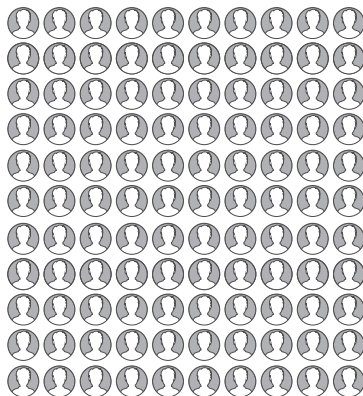


A: 11 out of 100 (10.9%)

Results 2014 Australian School Students
Alcohol and Drug Survey for WA

TOBACCO

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

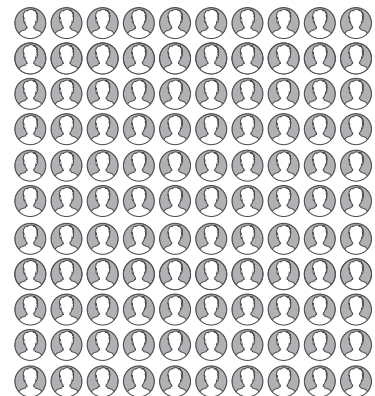


A: 4 out of 100 (3.5%)

Results 2014 Australian School Students
Alcohol and Drug Survey for WA

TOBACCO

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



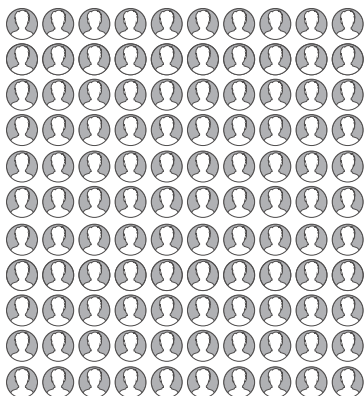
A: 22 out of 100 (21.9%)

Results 2014 Australian School Students
Alcohol and Drug Survey for WA



TOBACCO

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

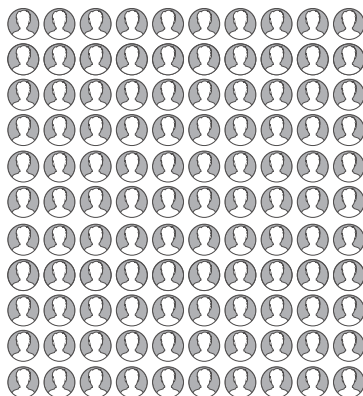


A: 9 out of 100 (8.8%)

Results 2014 Australian School Students
Alcohol and Drug Survey for WA

CANNABIS

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

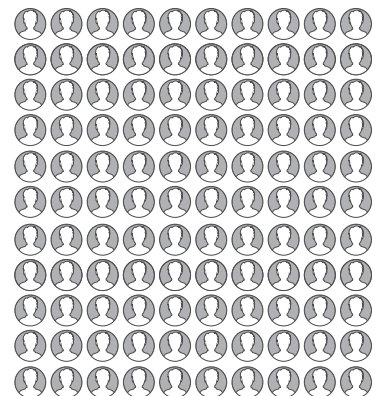


A: 16 out of 100 (15.8%)

Results 2014 Australian School Students
Alcohol and Drug Survey for WA

CANNABIS

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



A: About 5 out of 100 (5.1%)

Results 2014 Australian School Students
Alcohol and Drug Survey for WA

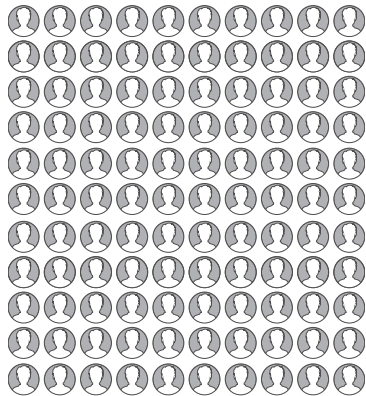




Drug use statistics

CANNABIS

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

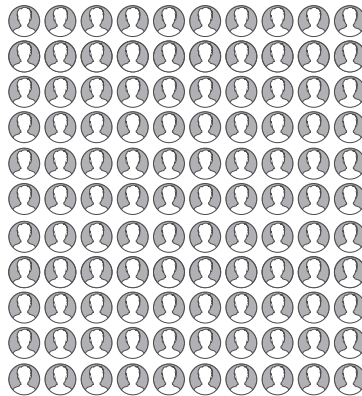


A: About 29 out of 100 (29%)

Results 2014 Australian School Students
Alcohol and Drug Survey for WA

CANNABIS

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

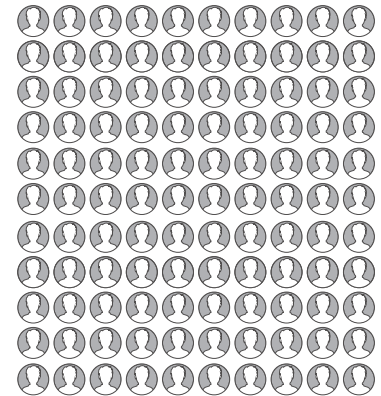


A: About 7 out of 100 (7.2%)

Results 2014 Australian School Students
Alcohol and Drug Survey for WA

TRANQUILISERS

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

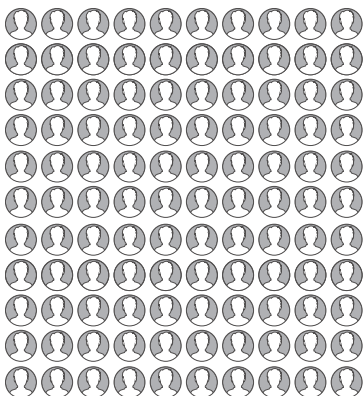


A: About 19 out of 100 (19.7%)

Results 2014 Australian School Students
Alcohol and Drug Survey for WA

TRANQUILISERS

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

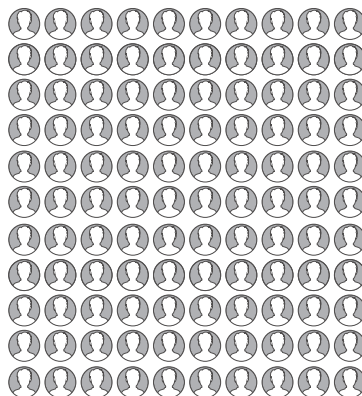


A: About 3 out of 100 (3.1%)

Results 2014 Australian School Students
Alcohol and Drug Survey for WA

TRANQUILISERS

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

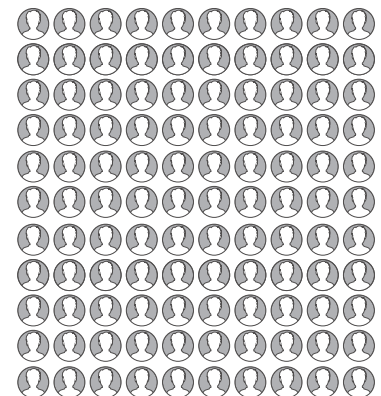


A: About 20 out of 100 (20.2%)

Results 2014 Australian School Students
Alcohol and Drug Survey for WA

TRANQUILISERS

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



A: About 3 out of 100 (3.4%)

Results 2014 Australian School Students
Alcohol and Drug Survey for WA

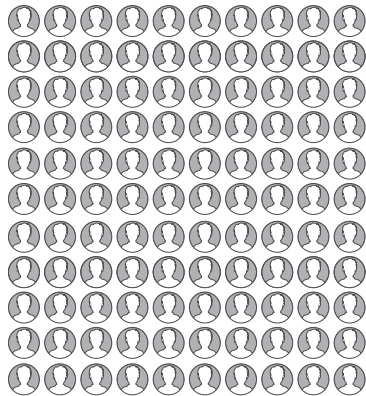


Drug use statistics



AMPHETAMINES

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

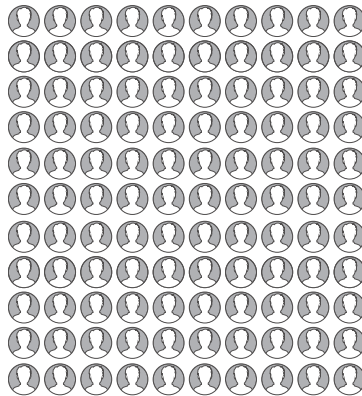


A: About 2 out of 100 (2.5%)

Results 2014 Australian School Students
Alcohol and Drug Survey for WA

AMPHETAMINES

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

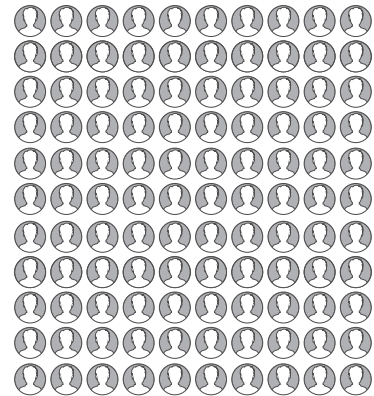


A: Less than 1 out of 100 (0.9%)

Results 2014 Australian School Students
Alcohol and Drug Survey for WA

AMPHETAMINES

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



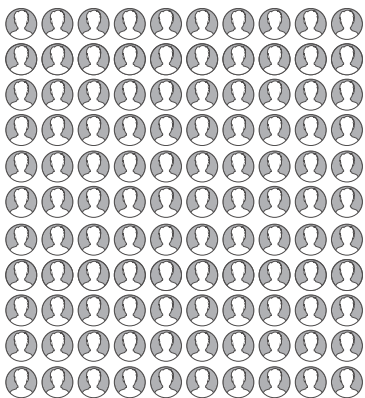
A: About 6 out of 100 (6.2%)

Results 2014 Australian School Students
Alcohol and Drug Survey for WA



AMPHETAMINES

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

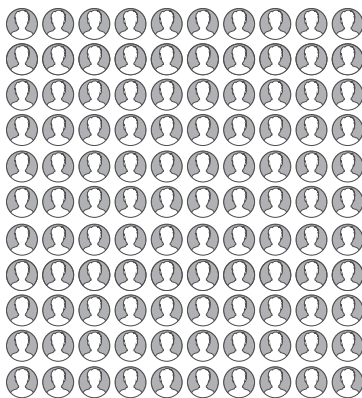


A: About 2 out of 100 (1.9%)

Results 2014 Australian School Students
Alcohol and Drug Survey for WA

ECSTASY

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

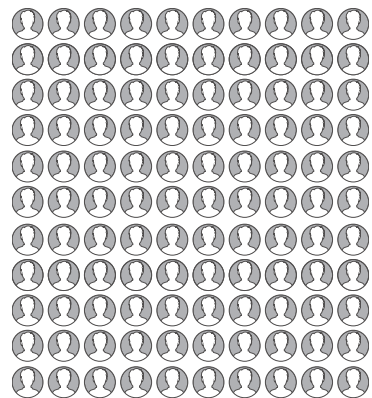


A: About 7 out of 100 (7%)

Results 2014 Australian School Students
Alcohol and Drug Survey for WA

ECSTASY

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



A: About 1 out of 100 (1.5%)

Results 2014 Australian School Students
Alcohol and Drug Survey for WA





Drug use – the real story

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

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



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

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

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

The **Australian School Students Alcohol and Drug Survey** is conducted every three years and involves thousands of students who answer anonymously a range of questions.

The 2014 survey results showed that in Western Australia:

- Apart from analgesics and alcohol, most young people aged 12 to 17 years do not use drugs.
- Although use of alcohol by these age groups has decreased significantly since 2011 (53.3%), 44% reported they had used alcohol in the last year.
- 19% of 12 to 17 year olds said they had used cannabis at some time in their life.
- 16% of 12-17 year olds reported they had used cannabis in the last year.
- Only 3% said they had used amphetamines and 3% had used ecstasy in the last year.
- Volatile substances (eg glue, paint, petrol or thinners) were used by 16% of this age group at some time in their lives.

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



Dispelling the myths around young people and drug use

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



Over-the-counter and prescription drugs

When you think about drug use and young people, drugs like alcohol or cannabis might quickly come to mind. What we know from recent surveys is that the misuse of over-the-counter and prescription drugs is becoming a problem with some young people. These drugs when taken as intended by appropriately following the instructions provided by a doctor, pharmacist or the instructions on the packet, can safely treat specific symptoms.

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

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

Misusing codeine, including taking more codeine than recommended on the packet, increases the risk of side effects such as dizziness, lethargy and blurred vision, and puts a person at risk of an overdose. Care should be taken when using these drugs including those that contain paracetamol, as overuse of this drug can result in death.



National Drug Strategy Household Survey

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

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



Messages to give your children

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

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

Activity 4 Other illicit drugs



Learning intention

- Students research illicit drugs

Equipment

A4 paper – one sheet per student

Facts about drugs booklet – one per student

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

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

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

Teaching tip



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


Activities

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

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

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

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

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

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

Check students understanding by asking the following questions.

Ask

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

FAMILY INFORMATION SHEET



Is my child using alcohol or other drugs?

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

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

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

Change in appearance

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

Change in behaviour

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

Change in attitude

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



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

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

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

When talking with your child about alcohol or drug use:

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

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

Alcohol and Drug Support Line

Phone: (08) 9442 5000 or

Country callers: 1800 198 024

Email: alcoholdrugsupport@mhc.wa.gov.au





New Psychoactive Substances (synthetics)

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

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

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

Other names for NPS

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

Are they legal?

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



Are they safe?

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

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



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

Australian Drug Foundation www.adf.org.au

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

Activity 5

Why young people choose to use drugs



Learning intention

- Students identify factors that influence young people to use drugs

Equipment

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

Activities

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

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

Now ask groups to identify:

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

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

Ask

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

Ask

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

Ask

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

Activity 6 Busting myths about drug use



Learning intention

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

Equipment

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

Activities

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

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

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

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

Ask

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

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



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



Myth busters

ANALGESICS

All analgesics or pain relievers are the same.

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

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

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



ANALGESICS

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

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



ANALGESICS

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

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

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



ANALGESICS

Taking analgesics or pain relievers regularly is OK.

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

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





Myth busters

ANALGESICS

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

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



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

ALCOHOL

Indigenous people drink more than non-Indigenous people.

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



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

(AIHW, 2014)

ALCOHOL

Drinking more alcohol can cure a hangover.

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



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

ALCOHOL

Alcohol affects everyone in the same way.

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



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



Myth busters

ALCOHOL

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

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



ALCOHOL

If you drink black coffee you will sober up quicker.

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

The only thing that sobers up a drinker is time.



ALCOHOL

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

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

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

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



ALCOHOL

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

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

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

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





Myth busters

TOBACCO

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

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



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

TOBACCO

Smokers are dependent on nicotine not on cigarettes.

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



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

Quitting smoking is therefore a very complex task.

TOBACCO

Tobacco only harms smokers.

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



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

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

TOBACCO

Quitting smoking is an easy thing to do.

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



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





Myth busters

TOBACCO

E-cigarettes are safe to use.

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



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

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

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

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

TOBACCO

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

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



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

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

CANNABIS

Cannabis is harmless because it is 'natural'.

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



CANNABIS

Smoking cannabis is not as harmful as smoking tobacco.

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





Myth busters

CANNABIS

It is legal to use cannabis.

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



CANNABIS

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

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



CANNABIS

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

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

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



CANNABIS

Synthetic cannabis is legal and safe.

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

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



Activity 7 Accessing credible alcohol and other drugs sources



Learning intention

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

Equipment

Internet access

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

Activities

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

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

Ask

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



Activity 8 Reflecting on learning

Learning intention

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

Equipment

Nine chairs

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

Questions

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

TOPIC 2

Smoking

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

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

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

- help children to develop negative attitudes to smoking
- teach children how to cope socially while resisting peer influences to smoke
- encourage parents to quit while their children are young
- have opportunities for students to participate in health promoting activities
- are inclusive and seek to assist those young people who already smoke to consider cutting down or stopping.

Key concepts

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

Teaching tobacco prevention programs

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

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

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

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

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

Smoking prevention education

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

E-cigarettes

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

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

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

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



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

Whole-school approach

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

Activity 1 Identifying harms from smoking



Learning intention

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

Equipment

Plastic bottle with a screw top

Sealing substance such as poster putty

Plastic tubing with a diameter about the same as a cigarette

Cotton wool

Cigarettes

Matches



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



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



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

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

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

Teaching tip

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

Activities

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

Ask

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

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

Ask

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



Being smoke-free

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

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

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

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

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

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

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

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



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

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

Activity 2 E-cigarettes



Learning intention

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

Equipment

Internet access

Blank A4 paper – one sheet per group

Teaching tip



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



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

Activities

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

Discuss the following points:

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

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

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

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

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

Activity 3 Actions to reduce smoking harms



Learning intention

- Students identify strategies to reduce smoking harms

Equipment

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

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

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

Activities

1. Explain that the 2014 ASSAD survey of 12 to 17 year old students showed that 80.5% had never smoked (which was an increase from the previous survey conducted in 2011) and only 4.8% of young people smoked in the last week (Department of Health, 2016). Write 'event changers' on the board. Have students identify situations that may influence or change a young person's decision not to smoke and write these on the board. For example:

- younger than those who are smoking
- feel that others want them to smoke
- want to fit in with a peer group
- most of their friends are smokers
- believe that most young people smoke
- think that smoking makes them look cool
- girlfriend or boyfriend smokes
- older siblings suggest they try smoking
- don't really know the other people they're with and are too afraid to say no
- live with family members who are smokers.

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

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

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

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

Someone who smokes at least 2 cigarettes every day

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

Someone who only smokes at parties to 'fit in'

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

Someone whose friends all smoke

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

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

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

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

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



Actions to reduce smoking



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



Someone who smokes at least 2 cigarettes a day



Someone who only smokes at parties



Someone whose friends all smoke



TOPIC 3

Alcohol

Year 8 has been identified as a critical inoculation period in students' behavioural development when the intervention effects of alcohol education are most likely to be optimised. It is at this age that most students will have experienced some exposure to alcohol.

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

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

Teaching alcohol prevention education

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

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

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

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

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

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

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

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

Focus on spirits

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

Key concepts

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

Whole-school approach

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

Activity 1 Why people drink



Learning intention

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

Equipment

A4 paper – one sheet per group

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

Teaching tip

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

Activities

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

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

Ask

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

Remind students that the *Australian Guidelines to Reduce Health Risks from Drinking Alcohol* recommend that no alcohol for children and young people under 18 years is the safest option. Children under 15 years of age are at the greatest risk of harm from drinking and that for this age group, not drinking alcohol is especially important. The safest option for children and young people is to delay the initiation of drinking as long as possible.

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



Talking with your teenager about alcohol

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

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



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



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



What parents can do

- **If you drink alcohol**, your children will be watching what you do. Drink responsibly and within safe limits.
- **If you don't drink alcohol**, explain to your children why you have made this decision.
- **Talk to your children about the effects of alcohol** on their developing brain – even if they don't drink alcohol. Explain the risks and harms associated with drinking at a young age. Be clear, confident and consistent. Point out that alcohol can interfere with or make it harder for your children to achieve some of their goals if they choose to drink alcohol from an early age.
-  **Watch *Under Construction: Alcohol and the Teenage Brain*** https://www.youtube.com/watch?t=163&v=g2gVzVIBc_g
- **Use examples of alcohol use problems** portrayed in the media to start a conversation with your teenager (eg violence, glassing and car crashes).
- **Some parents think they can control the amount of alcohol their children drink by providing it for them.** There is little evidence to support this belief and in fact in many cases, young people may drink what their parents have given them plus more. Giving alcohol to children can give them the message that you approve of underage drinking and that it's okay to drink alcohol.
- **Secondary supply laws make it illegal for anyone to supply alcohol to your child** under the age of 18 years in a private setting without your approval. Talk to the parents of your children's friends and let them know your stance on alcohol.
- **Talk about how other people's drinking might affect them.** Help your children come up with some responses that they can use as a reason to refuse alcohol or other drugs. This will help them to stay safer in alcohol-related situations and respond and cope better with any pressures to drink, defuse a possibly violent situation, and avoid getting in a vehicle with an intoxicated driver. Being able to tell their friends why they don't want to drink and 'save face' can make your children feel more confident eg 'Mum and Dad will ground me if I do that!'
- **Keep talking with your children** so that they feel comfortable to talk to you about the things they are worried about.
- **'Look after your mate' is a message to give your children**, especially if their friend has consumed too much alcohol. Show your teenager how to place someone in the recovery position. Tell them why it is important for them to call for help and explain that even though some young people think that calling an ambulance means the police will arrive too, that this is not the case. The police will only attend if ambulance staff feel threatened or the patient dies at the scene. Book into a St John Ambulance first aid course with your children.
-  **Watch the video clip *Teach teens to play it safe with alcohol*** on the Alcohol Think Again website on the 'What parents need to know' section <http://alcoholthinkagain.com.au/>

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

Activity 2 What's in the bottle?

Learning intention

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

Equipment

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

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

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

Teaching tip

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



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

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

Activities

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

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

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

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

Ask

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

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

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

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

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

FAMILY INFORMATION SHEET



Alcohol and the law

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

Talk with your children about the laws about alcohol.

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



Can parents serve alcohol to their children at home?

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

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

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

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

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



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



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

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



Activity 3 Identifying harms from alcohol use



Learning intention

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

Equipment



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

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

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

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

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

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

Activities

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

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

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

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

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

Dependence

Problems associated with dependence

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

Medical and health problems

Child neglect
Withdrawal
Family problems
Relationship problems
Financial problems

Regular use

Problems from continued use over a longer period of time

Intoxication

Problems that can arise from single occasion use

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

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

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

Ask

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

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

Use the following questions to summarise the activity.

Ask

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



My opinion

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



A teenager's brain and alcohol

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

It used to be thought that the teenage brain was the same as an adult brain, and that it had already reached full development. Now we know that from the age of 12 or 13 years through to the late 20's, the brain is still in a state of intense development and hardwiring, growing and forming all the critical parts it needs for learning, memory and planning. Alcohol has the potential to disrupt this crucial window of development and can lead to learning difficulties, memory impairment and emotional problems like depression and anxiety (Hayes et al., 2004).¹

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



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



Guideline 1

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



Guideline 2

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



Guideline 3A

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

Guideline 3B

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



Guideline 4A

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

Guideline 4B

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

These 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.



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

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

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

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

Activity 4 Assessing potential harms from alcohol use



Learning intention

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

Equipment

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

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

Activities

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

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

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



Alcohol scenario cards


PERSON

18 year old fit male
keen to improve his
basketball performance


PERSON

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


PERSON

14 year old female who
has never drunk before


PERSON

15 year old female
who has drunk alcohol
several times before


PERSON

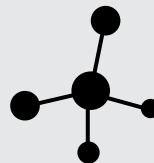
Pregnant 20 year old


PERSON

18 year old female who
is on asthma medication


PERSON

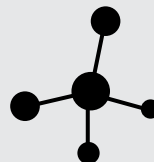
15 year old male who
does not like the taste of
alcohol


DRUG

Sip of champagne


PERSON

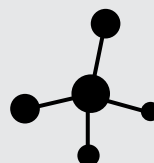
16 year old female who
is dieting


DRUG

7 full strength beers in
three hours


PERSON

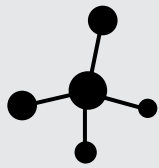
15 year old male who
is taking cold and flu
tablets


DRUG

4 pre-mixed drinks in
three hours



Alcohol scenario cards



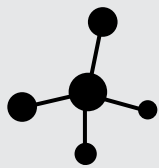
DRUG

10 or more standard drinks in 3 hours



PLACE

At a party with no adults around



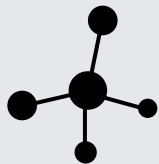
DRUG

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



PLACE

With good friends



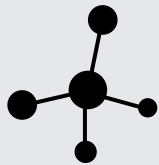
DRUG

1 standard drink in 2 minutes



PLACE

At a family dinner



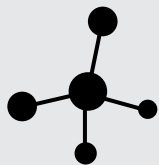
DRUG

2 light beers in 1 hour



PLACE

With people he/she does not know



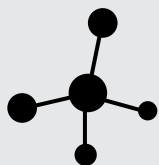
DRUG

3 full strength beers with lemonade in between in 3 hours



PLACE

At the beach



DRUG

Half a bottle of spirits in 3 hours



PLACE

At a local skate park





Alcohol scenario cards



PLACE

At home alone

WILD CARD

Does not know how he/she is getting home



PLACE

After a soccer grand final

WILD CARD

Leaves drinks unattended



PLACE

At a shopping centre

WILD CARD

Is taking antibiotics

WILD CARD

Travels home with someone who has been drinking alcohol

WILD CARD

Has smoked 2 joints of cannabis

WILD CARD

Takes an ecstasy tablet

WILD CARD

Has played a hard game of sport

WILD CARD

Walks home alone

WILD CARD

Decides to go for a swim



Talk and plan around alcohol

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

Here are some tips for parents

- **Talk to your children** and share your expectations about their use of alcohol and other drugs. Stress that drinking alcohol under 18 years of age can affect their brain development. Setting up and enforcing limits on teenagers is not easy but adolescents are less likely to drink if their parents have established clear boundaries.
- **Set a 'getting home plan' in place** before your children go out to parties and other places where alcohol may be used.
- **Talk about calling you or another responsible adult** whenever your child feels unsafe or when things get out of control.
- **Know where your children are** and get to know their friends. Have a list of your teenager's friends and their, or their parents', contact details.
- **Talk about some of the consequences** of binge drinking such as violence, verbal fights, sexual vulnerability/unsafe sex, drink driving and embarrassment.
- **Talk about how your children can avoid some of the harms from alcohol** such as:
 - Having excuses at the ready when others offer alcohol to them – *I have a music concert tomorrow and the conductor won't let me play if she knows I've been drinking.*
 - Drinking non-alcoholic or low alcohol drinks.
 - Drinking slowly.
 - Not leaving drinks unattended.
 - Being assertive and standing by their decision to not drink alcohol.
 - Avoiding topping up drinks and drinking games.
 - Avoiding driving home with people who have been drinking.
 - Avoiding walking or riding home if they have been drinking.
- **Limit their access to alcohol.** Talk about the maximum number of drinks (ie safer limits of alcohol use) you would be okay with if you think not drinking isn't a realistic option.
- **Talk about basic first aid** and what to do in an emergency. Explain that anyone who has been drinking and is unconscious should not be left alone and needs to be watched until medical assistance arrives.
- **Let your children know** that you would be more disappointed in them not seeking help than calling to tell you that they or their friends have been drinking.
-  **Use *The Other Talk* website** for more advice on talking with your children about alcohol and other drugs
<http://theotherstalk.org.au/>



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



- Alcohol and Drug Support Line (08) 9442 5000 or 1800 198 024 (Country callers)
- Parent and Family Drug Support Line (08) 9442 5050 or 1800 653 203 (Country callers)
- Connect: Directory of Drug Education Support Services for Schools can be viewed at <http://www.det.wa.edu.au/sdera/detcms/navigation/for-schools/resources/connect/>

TOPIC 4

Cannabis

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

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

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

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

Cannabis prevention education

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

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

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

Inform parents that the purpose of the chosen learning experiences is to provide students with facts about the harmful effects and consequences of using cannabis so they are more able to protect themselves around others who may use cannabis and are better placed to make informed decisions in terms of their own intention to use or not use cannabis. A parent information session may also promote greater parent-child discussion about cannabis.

Key concepts

- Cannabis, like all drugs, has the potential to cause harm.
- Synthetic cannabis use, because of its unknown plant products and research chemicals, is dangerous and can have serious physical harms such as heart attack and death.
- Smoking cannabis using a bong or shisha is not a safe alternative to cigarette smoking and can cause significant health harms.

Whole-school approach

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

Activity 1 Clued up on cannabis



Learning intention

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

Equipment

Cannabis: The facts booklet – one per student

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

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

Internet access

Nine chairs

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

Teaching tip



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



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

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

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

Cannabis quiz answers

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

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

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

Ask

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



Cannabis and synthetic cannabis

What is cannabis?

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

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

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



What is synthetic cannabis?

Synthetic cannabis is made when plants are sprayed with unknown chemicals in unknown quantities. This makes synthetic cannabis dangerous and unpredictable.

Is synthetic cannabis safe?

No. Products sold as 'synthetic cannabis' contain a plant like mixture that has been sprayed with unknown chemicals which are often classified as 'research chemicals'. This means they are experimental chemicals that are not for human consumption. Because of the unknown plant materials and chemicals, the risk of harm is high for the user.

What is synthetic cannabis called on the street?

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

Is synthetic cannabis legal in WA?

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





Cannabis and synthetic cannabis

Why cannabis education for your children?

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

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

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

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



For information about cannabis

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



For advice and support

- **Alcohol and Drug Support Line** is a free 24-hour, state-wide, confidential telephone service where you can talk to a professionally trained counsellor about your own or another's alcohol or drug use (08) 9442 5000 or 1800 198 024 (Country callers)

What you can do?

Having negative attitudes towards cannabis can also help to protect your teenager from using this drug and protect them from the harms of other people's cannabis use. Talk to your teenager so you can understand what they think and know about cannabis. Let your children know what you think about cannabis and the rules you have about cannabis use in your family. This can help develop less favourable attitudes towards cannabis which can be a protective factor for your child.



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

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

Activity 2 Assessing potential consequences from cannabis use



Learning intention

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

Equipment

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

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

Teaching tip



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

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

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

Ask

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

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

- young people need to make informed decisions about cannabis use

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

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

Ask

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



Cannabis risks

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





Cannabis risks

A driver who has used cannabis regularly for 5 years

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

Smoking cannabis alone in the garage

Using ecstasy and cannabis together at a dance party

17 year olds smoking cannabis at a beach party at night

Student smoking weed before an important test at school

Being at a party while cannabis is being used by others

Growing five plants of cannabis in the backyard

Sharing cannabis with a younger brother or sister

Regularly using tobacco in cannabis joints

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

Taking a small amount of cannabis to a music concert



Cannabis risks

Accepting a joint from
someone you have just
met

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

Walking home alone at
night after smoking pot
with friends

Buying synthetic cannabis
online from a website

Buying cannabis from a
stranger

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

Swimming at the beach
after smoking synthetic
cannabis

Eating a cannabis cookie
with mates around a camp
fire

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

Smoking cannabis while
pregnant

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

A worker on a mine site
smoking half a joint



TOPIC 5

Managing alcohol and drug use situations

Activity 1 Basic first aid



Learning intention

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

Equipment

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

Teaching tip



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



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

Activities

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

Emergency situations

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

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

Scenario

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

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

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

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

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

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

Activity 2 Give an excuse



Learning intention

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

Equipment

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

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

Teaching tip

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

Activities

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

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

Invitations

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

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

Ask

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

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



Invitations to use alcohol or other drugs

What do you want to drink?

Do you want a smoke?

Do you want a joint?

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

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

I thought you were my mate. Have a beer.

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

We're celebrating. Drink up!

Are you chicken?

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