Talking Tactics Together

An interactive family drug education program for parents and their primary school aged children
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Talking Tactics Together was initiated by the Department of Education and Training (DE&T), Eastern Metropolitan Region. The initiative was piloted in schools within the Eastern and Western Metropolitan Regions in 2002.

The Advisory Group made valuable contributions to the development and implementation of the pilot program. Advisory group members:

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Pam Blackman  Senior Program Officer, DE&T
Judi Byrne  Senior Program Officer, DE&T
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Foreword

Much drug education is about encouraging and promoting good communication between parents and their children. When it comes to talking about drugs, extensive research conducted with Australian parents and their children tell us that young people appreciate parental guidance and look to their parents for their views.¹

Open communication with parents is an essential element in helping to reduce young people’s substance use and can protect them from difficult life events. Research has found young people agreed that ‘for parents to have maximum influence on young people, they need to discuss issues in an open way and start during the early school years’.² Research has also shown that parents who are actively involved in their children’s education make a significant contribution to their academic success and overall development.³

Education strategies have evolved around providing parents with information so that they can raise issues and discuss drug use with their children. Talking Tactics Together provides an opportunity for parents and children to learn together through appropriate interactive activities. The program can be modified to respond to local community issues, together with the needs and issues of culturally and linguistically diverse (CLD) communities.

¹ Australian Government, Department of Health and Aging, 2000, National Illicit Drugs Campaign “Tough On Drugs”.
² Department of Education, Employment and Training, Victoria, August 2000, Victorian Youth Round Table on Drugs and Young People.
³ McHardy, G., 2002 Education Times, Issue 20, 5 December, p.15.
Introduction to Talking Tactics Together

This section of the manual briefly explains the Talking Tactics Together program and provides information about the rationale, aims and principles of harm minimisation.
Talking Tactics Together

Talking Tactics Together (TTT) is an interactive family drug education program where parents and their primary school children participate together in a range of drug education activities.

Rationale

The Talking Tactics Together program is a response to the following evidence:

- parents are powerful figures in influencing the behaviour of young people
- a parent education component in school drug education programs can be an important contributor to reducing drug-related harm in young people
- open communication with parents influences the extent of adolescent drug use
- a warm relationship with at least one parent is a protective factor helping to build resilience in young people
- events based purely on information, or facilitated in a didactic way, can actually add to anxiety, while the opportunity to communicate often eases anxiety
- young people view parents as a very important and necessary part of any drug prevention strategy.

Aims

The aims of Talking Tactics Together are to:

- enhance communication between parents/carers and their children
- strengthen positive role modelling by parents
- increase parents/carers’ and their children’s knowledge and understanding regarding drugs and related issues
- build student and family resilience
- enhance communication and links between teachers, students and families.

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Harm Minimisation

Talking Tactics Together is based on harm minimisation, which involves a range of approaches to prevent and/or reduce drug-related harm, including abstinence from drug use, prevention, early intervention, specialist treatment, supply control and safer drug use.

Features distinguishing harm minimisation from other approaches are that it:
• acknowledges that many people in our community use drugs
• takes into account the relationship between people, the drugs they use and the environments in which they use them.

A harm minimisation approach does not condone or encourage drug use. It aims to reduce the risks associated with use and to promote healthy behaviours. It acknowledges that students can be affected by their own drug use and the drug use of others, including parents, relatives, siblings and friends.

About the Project

Talking Tactics Together:
• assists schools to provide opportunities for students to talk openly with their families about issues that are real and relevant to them
• recognises that by working together, issues, expectations, feelings and problems about drugs and drug-related issues can be freely discussed and shared in a supportive environment
• involves young people in the process, including some facilitation of the event. Students from the pilot schools who have taken part in the program claim that they enjoyed learning about drugs through a fun and interactive approach with their families.

As a primary school resource, drug information will predominantly focus on legal drugs – namely alcohol, tobacco and medication. It is important to remember that the overwhelming majority of Australian youth do not use illicit drugs.

None of the activities in the Talking Tactics Together program relates to volatile solvent use. Teaching about volatile solvents should not be included in the mainstream drug education curriculum. Refer to the policy guidelines relating to volatile solvents in Volatile Solvents: A Resource for Schools (DE&T, 2002).

Preventative volatile solvent education should be provided in the context of occupational health and safety. Young people should be taught about the appropriate use of chemicals, alerted to the hazards, and equipped with strategies to prevent or reduce possible harm. Direct reference to volatile solvents as drugs should be avoided.

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Implementation of Talking Tactics Together

This section of the manual contains information about how to implement Talking Tactics Together in the school. It includes information about making the project culturally inclusive and the Expression of Interest Form for those schools wishing to participate in the program.
Implementation

Checklist for Participation in Talking Tactics Together

- Establish the interest and enlist the support of staff, parents and support personnel to implement Talking Tactics Together as part of your school’s drug education program.
- Contact your regional support personnel for program information.
- Decide which grade or class the program best suits in your school. The model is designed for Grade 5 and 6 students.

Plan your parent event:
- set dates for the event
- invite parents and include reply slips
- hold relevant planning meetings to:
  - select activities
  - consider the number of participants and venue set-up
  - draw up an equipment list
  - determine the roles of student facilitators
  - determine the roles of school staff, including the principal
  - consider inviting community and/or education personnel.
  - prepare evaluation forms for all participants
  - book room(s) and equipment (plenty of space is required for conducting activities)
  - organise catering, child-minding, transportation, translators, handouts.

- Conduct your event, remembering to distribute and collect evaluations from all participants.
- Reflect on the event with the students and the Talking Tactics Together team.
- Return the Summary Sheet on page 20 to the regional Senior Program Officer for Drug Education and Student Wellbeing.

Hint: Utilise Get Wise and Get Real resources in the classroom, as these are the basis for the Talking Tactics Together activities.
Talking Culturally Inclusive Tactics Together

An evaluation of Creating Conversations provided the following key findings:

• Parent drug education for people from culturally and linguistically diverse (CLD) and indigenous communities should be specifically designed to reflect special needs.

• Parent drug education should be respectful and sensitive to CLD and indigenous backgrounds.

Conducting the activities in other languages requires considerable effort. It is important to build relationships with CLD parents, being mindful of parenting styles in some cultures and adapting material to accommodate cultural differences.

Principles of Effective Engagement of CLD Communities

The same principles and practices that engage parents in general apply to working effectively with CLD and indigenous parent communities. Collaboration, respectful communication, programs designed to meet local needs, teacher professional development and appropriate resourcing are pertinent factors.

Many schools in CLD communities encounter difficulties in achieving a desirable level of parent participation. In some cases, the concept and appreciation of school-parent partnerships is unfamiliar to parents and therefore needs to be clearly communicated.

Other reasons may include:

• parental expectations – in some cultures parents may not be expected to be involved in their child’s schooling, and entrust the school with full responsibility

• working hours – these may not be conducive to opportunities for the development of collaborative partnerships

• translated materials – difficulties may be experienced in developing and/or circulating translated material.

When facilitating drug education activities cross-culturally, there are a number of things to consider:

• Drug concepts may differ between cultures.

• Use of some drugs may be acceptable in some cultures but unacceptable in others.

• Different cultures may have varying beliefs about the health effects of drug use.

• There may be generational differences regarding drug use, drug choice and broader issues, and these may increase communication problems between young people and their families.

When working with culturally and linguistically diverse parent communities, the following strategies are suggested:

• Present information in a culturally sensitive way by using appropriate language and demonstrating an understanding of the participants’ cultural context/s.

• Use multicultural education aides or interpreters who understand the topic, issues and sensitivities.

• Use alcohol and other drugs workers from the same cultural communities.

Expression of Interest Form

School name: ________________________________

Address: ___________________________________

_________________________________________

Contact person: ____________________________

Phone: __________________ Fax: ______________

Email: ________________________________

Proposed date of program: __________________

Please return this form to your regional Senior Program Officer for Drug Education and Student Wellbeing
Section 3

Links between Talking Tactics Together and Other Frameworks

This section of the manual briefly outlines how the Talking Tactics Together model fits with the Framework for Student Support Services in Victorian Government Schools and the Middle Years of Schooling Strategy.
Links with Other Frameworks

Framework for Student Support Services in Victorian Government Schools

Students are better prepared for learning when they are healthy, safe and happy. All children and young people need support as they grow towards adulthood to help them develop as healthy, secure and resilient people. The *Framework for Student Support Services*\(^9\) has been developed to assist schools to do this in a comprehensive and integrated way. It has four levels:

- **Primary prevention** strategies are designed to enhance the emotional and social health of all students.
- **Early intervention** is focused on groups that are at a higher risk of harm and aims to improve their resilience through effective and appropriate support programs and treatment.
- **Intervention** provides effective treatment to students in crisis.
- **Restoring wellbeing (postvention)** aims to provide appropriate support to students, their families and other members of the school community affected by emergency situations or potentially traumatic incidents.

Talking Tactics Together is a primary prevention strategy. It is a program which promotes strengths, wellbeing and positive outcomes for young people.

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**Primary Prevention**

- Implement comprehensive curriculum to engage all students
- Enhance school attendance
- Ease transitions
- Encourage supportive relationships
- Build belonging and promote wellbeing
- Involve parents and community
- Practise inclusive teaching and learning
- Build mutual respect and promote safety at school
The impact and experience of school on the social and emotional life of children is significant. No other human institution, outside the family, plays such an important role in shaping a child’s view of the world.

**Resilience/Protective Factors**

Many primary prevention strategies, such as those provided by programs like Talking Tactics Together, seek to build resilience in young people. Resilience refers to the capacity to bounce back or adjust to stress or change. Research suggests that young people who have a number of protective factors in their lives are less likely to engage in long-term risky behaviour. Families and schools can influence and enhance children’s resilience. Three important factors of family life that help children to be resilient are having:

- at least one caring and supportive relationship (critical in childhood)
- high and positive expectations of children in order to encourage a ‘can do’ attitude in them
- opportunities to participate and contribute meaningfully in family life.

**Middle Years of Schooling Strategy**

The Talking Tactics Together model was designed as an initiative for enhancing communication between parents and their children about drug issues and is consistent with the Middle Years of Schooling Strategy. It promotes:

- participation and empowerment
- an active role in a child’s own learning
- working as a team
- opportunities to communicate openly with parents
- positive relationships with parents, peers and teachers
- different and varied approaches to learning
- personal development.

This in turn will assist children to:

- achieve success and recognition
- gain autonomy
- ‘have a go’ with confidence
- make informed decisions/choices.

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Talking Tactics Together
Tools

This section of the manual provides:

• Sample Implementation Plan
• Implementation Plan Proforma
• Sample Parent Invitation
• Summary Sheet
• Evaluation Form.
## Talking Tactics Together – Communicating with Staff & Students

### Sample Implementation Plan

<table>
<thead>
<tr>
<th>What</th>
<th>How</th>
<th>Who</th>
<th>When</th>
</tr>
</thead>
<tbody>
<tr>
<td>Communicating with students</td>
<td>Inform students of your intention to run the parent night and discuss how they will be involved.</td>
<td>Classroom teacher</td>
<td>During the class meeting</td>
</tr>
<tr>
<td>Training for students</td>
<td>Teach the drug education lessons from Get Real/Get Wise/TTT.</td>
<td>Classroom teacher</td>
<td>Weeks 6–7, term 3 (during health lessons)</td>
</tr>
<tr>
<td>Preparing for the night</td>
<td>Select the activities and note the different tasks to be done. Consider the activities that: • students will best manage • are most interactive. Determine who will facilitate each activity/task. Prepare the agenda and running sheet for the night. Practice the activities and write up notes/scripts for the presentation. Prepare and collect necessary materials. Include coffee and tea for supper, name tags, etc.</td>
<td>Students and teacher</td>
<td>End of week 7</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Teacher</td>
<td>End of week 7</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Students</td>
<td>Week 8</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Staff</td>
<td>Weeks 7 &amp; 8</td>
</tr>
</tbody>
</table>
### Talking Tactics Together – Communicating with Staff & Students

**Implementation Plan Proforma**

<table>
<thead>
<tr>
<th>What</th>
<th>How</th>
<th>Who</th>
<th>When</th>
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<tbody>
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</tbody>
</table>
Dear (name of parent/guardian),

As a valued parent of the school community, you are invited to participate in Talking Tactics Together.

Your son/daughter of grade ___ with (teacher’s name) and other class members are taking part in the program and would value your participation.

Talking Tactics Together is an interactive family drug education program that provides an opportunity for families to participate in a range of drug education activities. It encourages communication within families whilst having fun.

The program consists of two sessions and has a family activity that you are encouraged to do together between sessions. For your interest the outline of the program has been attached.

The sessions will be held as follows:
(Insert date/s)
(Insert time)
(Insert venue/classroom – attach map of room location)

Please complete the details below and return to the school by (Insert date).

Yours sincerely

(Insert principal’s name and signature)
(Insert classroom teacher’s name and signature)
School Name: ________________________________

School Contact: ________________________________

<table>
<thead>
<tr>
<th>Session 1:</th>
<th>Session 2:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date:</td>
<td>Date:</td>
</tr>
<tr>
<td>No of participants attending:</td>
<td>No of participants attending:</td>
</tr>
<tr>
<td>_____ Parents/Carers</td>
<td>_____ Parents/Carers</td>
</tr>
<tr>
<td>_____ Students</td>
<td>_____ Students</td>
</tr>
</tbody>
</table>

In relation to the statement, ‘I feel I am now better able to talk to my child/ren about drugs and drug-related issues’, indicate the number of participants who rated the program with each of the following:

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>strongly agree</td>
<td>agree</td>
</tr>
<tr>
<td>unsure</td>
<td>disagree</td>
</tr>
<tr>
<td>strongly disagree</td>
<td></td>
</tr>
</tbody>
</table>

Comments:

______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________

Please return this sheet to your regional Senior Program Officer for Drug Education and Student Wellbeing.
If this is how you feel about the program, please tell us why.
Thank you for participating in this program. Your feedback will help inform future programs.

School name:

Please tick:

❑ Parent/carer
❑ Student facilitator
❑ Student participant
❑ TTT teacher
❑ Other school staff
❑ Parent/carer only:

The aims of Talking Tactics Together are:

• enhance communication and links between teachers, students and other school staff
• build student and family resilience
• understand factors and related issues affecting students, parents and families
• increase parents’ awareness and knowledge of their children
• enhance communication between parents/teachers and their children

I feel I am now better able to talk to my child/ren about drugs and drug-related issues.

Overall this program was:

❑ strongly effective
❑ very effective
❑ effective
❑ not effective
❑ unsatisfactory

What did you find most enjoyable about the evening?

What aspects of the program could be improved?

Which school staff member(s) did you discuss issues

Please note:

School name:

Help inform future programs.

Thank you for participating in this program. Your feedback will

Thank you for participating in this program. Your feedback will

Thank you for participating in this program. Your feedback will
Talking Tactics Together Activities

This section contains Talking Tactics Together activities for use by students, teachers and other members of the planning team. Hints for conducting the activities are included as well as some suggestions for summing up the discussion at the end of the activity. Schools can choose a combination of activities to suit their own circumstances.
Aims
• To recognise that we live in a drug-using society and that not all drug use is harmful.
• To recognise that the most commonly used drugs in society are legal drugs.

Time
• Approximately 5–10 minutes.

Requirements
• Worksheet 1 – List of Substances.

Description of activity
• The facilitator reads out a list of substances and if participants have used this substance in the last two weeks they are required to sit down and remain seated. If they don’t feel comfortable sitting down when they hear a particular substance called, they can remain standing until they feel comfortable to sit down.
• Refer to Worksheet 1 – List of Substances.

Summing up
• By the end of the list most participants are sitting.
• Explain that this activity clearly indicates that:
  – most people use drugs at some stage in their lives
  – some people may not have ever used a drug
  – not all drug use is harmful e.g. Ventolin for people with asthma
  – most people use drugs safely.

Further information
Overhead 1 – What is a Drug?
Overhead 2 – Australian Drug Use.
Overhead 3 – Drug-related deaths.
• The drugs most commonly used in our society are caffeine, analgesics, alcohol and tobacco.
• Most drug-related deaths result from the use of tobacco and alcohol.
• Education of children at primary school needs to focus on these latter two drugs.
List of Substances

(This list can be altered but should only include legal drugs.)

- Asthma puffer e.g. Ventolin
- Cold and flu medication (non-prescribed) e.g. cough medicine
- Cigarettes
- Prescribed medication
- Cola drinks
- Energy drinks e.g. Red Bull, V
- Pain killers (non-prescription) e.g. Panadol, Dispirin
- Tea (not including herbal teas)
- Alcohol
- Coffee
- Chocolate
A drug can be defined as ‘a substance that changes the way the mind or body functions’.

(Department of Education and Training, Victoria, 1997, Get Real: A Harm Minimisation Approach to Drug Education for Primary and Secondary Schools.)
## Australian Drug Use

<table>
<thead>
<tr>
<th>Used most by Victorians</th>
<th>Used most by young people</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Alcohol</td>
<td>1. Analgesics (painkillers)</td>
</tr>
<tr>
<td>2. Tobacco</td>
<td>2. Alcohol</td>
</tr>
<tr>
<td>3. Marijuana</td>
<td>3. Tobacco</td>
</tr>
</tbody>
</table>


Drug-related Deaths

(Estimated number of Victorian drug-related deaths in 2000: 22,000)

Every year, around one-fifth of all deaths are drug-related

Alcohol 14%
- Traffic accidents
- Liver disease
- Misadventure

All illicit drugs 6%
- Barbiturates, Tranquillisers
- Sedatives, Narcotics
- Other

Tobacco 80%
- Heart Disease
- Cancer
- Emphysema

Source: ABS mortality data file, analysis by Turning Point Alcohol and Drug Centre Inc.
From The Victorian Drug Statistics Handbook 2003: Patterns of drug use and related harm in Victoria,
 Victorian Government Publishing Service, Drugs Policy and Services Branch, Rural and Regional Health
 and Aged Care Services Division, Department of Human Services, Victoria.
Activity 2A

(Conduct either Activity 2A or Activity 2B)

Grouping Drugs

(Adapted from Department of Education, Employment and Training, Victoria, 1999, Get Wise: Working on Illicit in School Education – Primary Classroom Activities.)

Aims

• To identify that drugs can be grouped in different ways.
• To raise awareness that drugs affect people in many ways.
• To recognise that all drugs have the potential to cause harm if misused.

Hints

• Requires an adult facilitator to explain the overall activity.
• Statements can be read by student/s.
• It is not necessary to do all statements – two or three are sufficient.
• Summing up needs to be conducted by the adult facilitator.

Time

• Approximately 10–15 minutes.

Requirements

• Worksheet 2 – Statements.
• Worksheet 3 – Drug Cards.

Description of activity

• Hand out one card to each family (if there is a small group, hand out one card to each person). It is preferable to use the same drug card more than once. Move the group into a clear space large enough for all participants to fit comfortably.
• Read out one of the statements on Worksheet 2 and ask participants to think about the drug on their card. Indicate that in some cases there may not be a right or wrong response to the statement. Participants then move into the group to which they believe their drug belongs. If they are unsure they may remain in the middle of the room. Participants may move to a new location if they hear persuasive comments from other participants.
• After each statement, the facilitator asks a few participants to explain why they have placed themselves where they are.

Note: There is potential during this activity for a participant to make an inaccurate statement or claim. Adult facilitators may need to support students in handling such a situation.

Summing up

• This activity demonstrates that there are a range of values and attitudes in our society about drugs.
• Drugs can be grouped in different ways.
• Drugs affect people in ways that are both helpful and harmful.
• All drugs have the potential to cause harm if misused.
Select two to three of the following statements:

• Legal drugs to the left of the room/illegal drugs to the right of the room

• Medicines to the left/drugs used for pleasure to the right

• Drugs that can cause harm to the left/drugs that can’t cause harm to the right

• Drugs that can be bought by children to the left/those that cannot be bought by children to the right

• Drugs that are used in an effort to be ‘cool’ to the left/those that are not used to be ‘cool’ to the right

Note: some substances e.g. alcohol, are legal for adults to purchase and illegal for young people under 18 to purchase. Therefore some participants may decide to remain in the middle of the room. When this occurs discussion needs to take place to explain this to all participants.
### Drug Cards

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<tbody>
<tr>
<td>beer</td>
<td>beer</td>
</tr>
<tr>
<td>wine</td>
<td>wine</td>
</tr>
<tr>
<td>whisky</td>
<td>whisky</td>
</tr>
<tr>
<td>champagne</td>
<td>champagne</td>
</tr>
<tr>
<td>cigarettes</td>
<td>cigarettes</td>
</tr>
<tr>
<td>marijuana</td>
<td>marijuana</td>
</tr>
<tr>
<td>coffee</td>
<td>coffee</td>
</tr>
<tr>
<td>sleeping pills</td>
<td>sleeping pills</td>
</tr>
<tr>
<td>painkillers</td>
<td>painkillers</td>
</tr>
<tr>
<td>------------</td>
<td>------------</td>
</tr>
<tr>
<td>chocolate</td>
<td>chocolate</td>
</tr>
<tr>
<td>cola drinks</td>
<td>cola drinks</td>
</tr>
<tr>
<td>asthma puffer</td>
<td>asthma puffer</td>
</tr>
<tr>
<td>antibiotics</td>
<td>antibiotics</td>
</tr>
<tr>
<td>steroids</td>
<td>steroids</td>
</tr>
<tr>
<td>heroin</td>
<td>heroin</td>
</tr>
<tr>
<td>medicines</td>
<td>medicines</td>
</tr>
<tr>
<td>caffeine</td>
<td>caffeine</td>
</tr>
<tr>
<td>alcohol</td>
<td>alcohol</td>
</tr>
</tbody>
</table>
Where Do They Belong?

(Adapted from Department of Education, Employment and Training, Victoria, 1999, Get Wise: Working on Illicits in School Education – Primary Classroom Activities.)

Aims
- To identify that drugs can be grouped in different ways.
- To raise awareness that drugs affect people in many ways.
- To recognise that all drugs have the potential to cause harm if misused.

Hints
- This activity works well with culturally and linguistically diverse groups.
- The list of drugs and headings can be modified (e.g. you may like to refer to Worksheet 3 – Drug Cards).
- Instructions can be read by a student or adult facilitator.

Time
- Approximately 10–15 minutes.

Requirements
- Worksheet 4 – Where Do They Belong?

Description of activity
- Provide each group with an A3 size version of Worksheet 4 – Where Do They Belong?
- The worksheet lists four drugs. Ask the participants to write the names of the drugs they think should appear under each of the headings on the worksheet. Some drugs may fit under more than one heading.

Summing up
- There are different types of drugs and they can be grouped in different ways.
- Drugs affect people in ways that are both helpful and harmful.
- All drugs have the potential to cause harm if misused.
Where Do They Belong?

Alcohol  
Cigarettes  
Marijuana  
Pain Relievers e.g. Aspirin/Panadol

Above is a list of four drugs. From the list, write the names of the drugs you think should appear in each row below. Some drugs may fit into more than one row.

<table>
<thead>
<tr>
<th>Legal drugs</th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Illegal drugs</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Drugs that can be used as a medicine</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Drugs that can be for ‘recreational use’</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Drugs that can cause harm</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Drugs that cannot cause harm</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Effects, Risks and Reasons (Body Map)

(Adapted from Department of Education, Employment and Training, Victoria, 1999, Get Wise: Working on Illicits in School Education – Primary Classroom Activities.)

Aims
• To identify the harms caused by drug use.
• To strengthen skills in gathering information.
• To provide an opportunity to discuss the information gathered.

Hints
• A good activity to run early in the Talking Tactics Together event.
• All groups could look at the same drug or each group could look at a different drug. Do not include volatile solvents (see introduction on page 4 of manual).
• Activity is best done on life-size pieces of paper. If these are not available use two to three pieces of butchers paper or Worksheet 5 enlarged to A3 size.
• Provide a range of accurate drug-specific information using material from Get Wise, Australian Drug Foundation and information sheets from the Resilience Education and Drug Information (REDI) resources.

Time
• Approximately 20–30 minutes.

Requirements
• A sheet of paper large enough to outline a body or A3 size copy of Worksheet 5 – Body Map.
• Textas.
• Drug information/brochures.

Description of activity
• Divide participants into groups and allocate a drug to each group.
• Draw a large outline of a body on the paper or use the outline provided in Worksheet 5 – Body Map.
• Write the name of the allocated drug at the top of the paper.
• Using the information provided about a particular drug, draw and/or write down the short and long-term effects the drug has on the body and mind.
• Indicate on the sheet whether the drug is legal or illegal.
• Include some slang names for the drug.

Summing up
• To conclude the activity, ask each group to report back to the audience one or more pieces of new or interesting information.
• Ensure that reporting back is given by both adults and children.
Drug: _______________________

Slang names:

health effects:

signs:

This drug is legal/illegal
Aims
• To recognise that there can be some similarity around adult and young people’s drug usage.
• To recognise that there are both benefits and harms associated with drug use.

Hints
• It is best for children to complete this activity in class prior to the event and bring them to the session to act as a comparison to the adults’ responses.

Time
• Approximately 10 minutes.

Requirements
• Butchers paper.
• Textas.
• Overhead 4 – Why Adults Use Alcohol and Other Drugs.
• Overhead 5 – Why Young People Use Alcohol and Other Drugs.

Description of activity
• For this activity, adults and children work in separate groups. Each group should have no more than eight participants.
• Each adult group is to head their sheet Why adults use alcohol and other drugs.
• If the children have not done this activity in class, then each group of children needs to head their sheet Why young people use alcohol and other drugs.
• Ask all groups to brainstorm responses to their statement.
• Ask the adults to report back some of their responses.
• Ask the children to report back some of their responses.

Summing up
• The feedback should be facilitated by an adult.
• Base discussion on the similarities and differences in the responses from adults and young people.
• Both adults and young people generally take drugs for similar reasons – to make them feel better/good.
• To support this activity Overheads 4 and 5 can be used.
Why Adults Use Alcohol and Other Drugs

• to enjoy themselves with friends
• to feel good
• for pleasure or fun
• because they are readily available
• to help cope with problems/worries
• to fit in with a particular group
• to relax and relieve tension
• as relief from pain
• because they are ill
• because they are dependent on a drug

(Adapted from Department of Education, Employment and Training, Victoria, Parent Drug Education Program – Accredited Facilitator’s Manual, Interim Program March–November 1999.)
Why Young People Use Alcohol and Other Drugs

• to enjoy themselves with friends
• to feel good
• for pleasure or fun
• because they are readily available
• to help cope with problems/worries
• to fit in with a particular group
• to relax and relieve tension
• as relief from pain
• because they are ill
• because they are dependent on a drug
• out of curiosity: to see what it’s like
• to rebel

(Adapted from Department of Education, Employment and Training, Victoria, Parent Drug Education Program – Accredited Facilitator’s Manual, Interim Program March–November 1999.)
Aims
• To identify strategies which prevent or minimise the adverse effects of drug use for
  the individual and the community.
• To encourage conversation regarding drug use and potential risks in different
  situations.
• To raise awareness that the effects of drug use are dependent on the inter-
  relationship of the three factors – the person, the place and the drug situation.

Hints
• Can be facilitated by students.
• Questions on Overhead 9 need to be viewed while doing the activity.
• When taking feedback on the needle and syringe scenario, ensure that correct
  information regarding safe handling of needles and syringes is provided by the adult
  facilitator. Use overheads 10, 11 and 12 to explain correct procedures.

Time
• Approximately 10–15 minutes (if including the needle/syringe information, you will
  need to add another 5 minutes to the time allowed).

Requirements
• Worksheet 6 – Harm Minimisation Activity Cards.
• Overheads 6, 7 – Harm Minimisation.
• Overhead 8 – Public Health Model.
• Overhead 9 – Harm Minimisation Questions.
• Overheads 10, 11, 12 – Dealing with Needles & Syringes.

Description of activity
• Introduce this activity by showing Overheads 6 and 7.
• Using Overhead 8 explain that in each scenario you need to consider factors about
  the person, the place and the drug situation when considering the harms of a given
  situation.
• Divide participants into groups of three.
• Provide each group with one of the prepared cards from Worksheet 6.
• Ask participants to discuss the questions on Overhead 9.
  1. What are the possible harmful effects of this scenario?
     e.g. child drinking alone – alcohol poisoning.
  2. What strategies could be used to prevent/reduce the harm in this scenario?
     e.g. adult supervision, safe alcohol storage.

Summing up
• There are a range of strategies that can prevent or minimise the adverse effects of
  drug use.
• The consequences of drug use are determined by the person, the place and the
  drug situation.
Harm Minimisation

Harm minimisation involves a range of approaches to prevent and to reduce drug-related harm, including abstinence from drug use, prevention, early intervention, specialist treatment, supply control and safer drug use.

Features distinguishing harm minimisation from other approaches are that it:

- acknowledges that many people in our community use drugs
- takes into account the relationship between people, the drugs they use and the environments in which they use them
Harm Minimisation

A harm minimisation approach does not condone or encourage drug use. It accepts that drug use by young people is a personal choice that is not within the control of teachers or schools. This approach recognises that drug use provides varying degrees of risk for the user.

It aims to reduce the risks associated with use and to promote healthy behaviours. It acknowledges that students can be affected by their own drug use and the drug use of others, including parents, relatives, siblings and friends.
All drug use has an effect on the body. Drug use can also affect the lifestyle of the user as well as the lives of others. The effects and consequences of drug use are determined by:

The Drug Situation
- Chemical properties of the substance
- Dosage (amount taken)
- Purity
- Manner of administration
- Previous use

The Person
- Physical
  - Age
  - Gender
  - Fitness
  - Food
  - Body size
  - Other medical conditions
- Psychological
  - Beliefs
  - Expectations
  - Mood
  - Motives
  - Experience
  - Knowledge

The Place
- Where
- When
- With whom
- Activity at time
- Legal status
- Customs
- Availability
- Cost

The outcome of drug use is determined by a combination of factors.
Person: A 10-year-old girl  
Place: At home alone  
Drug situation: Drinks a glass of beer

Person: A prep child  
Place: At the park with an older brother  
Drug situation: Finds a needle and syringe

Person: A grade 5 boy feeling sad  
Place: On school camp  
Drug situation: Refuses to take his prescribed medication

Person: A 7-year-old boy  
Place: In the playground at school  
Drug situation: Finds a partly full bottle of beer

Person: A 6-year-old boy  
Place: On the way home from school  
Drug situation: Uses his friend’s asthma puffer
Person: A 12-year-old student with a cold  
Place: At school  
Drug situation: Offered pills by another student to help with the cold

Person: A grade 2 student  
Place: At lunchtime  
Drug situation: Has unlabelled medication in her lunchbox

Person: An 8-year-old with asthma  
Place: At the beach with relatives  
Drug situation: Loses his asthma puffer

Person: A grade 5 student  
Place: At home  
Drug situation: Finds his sister’s cannabis

Person: An 11-year-old student  
Place: At a friend’s birthday party  
Drug situation: Smokes a cigarette

Person: A grade 4 boy  
Place: At a family celebration  
Drug situation: Drinks a glass of champagne
Harm Minimisation

Questions

1. What are the possible harmful effects of this scenario?

2. What strategies could be used to prevent/reduce the harm in this situation?
Aims
• To identify strategies which prevent or minimise the adverse effects of drug use for the individual and the community.
• To encourage conversation regarding drug use and potential risk in different situations.
• To raise awareness that the effects of drug use are dependent on the inter-relationship of three factors – the person, the place and the drug situation.

Hints
• Adult facilitator required.
• Questions on Overhead 9 need to be viewed while doing the activity.
• When taking feedback on the needle and syringe scenario, ensure correct information regarding safe handling of needles and syringes is included by the adult facilitator. Use Overheads 10, 11 and 12 to explain correct procedure.

Time
• Approximately 10–15 minutes.

Requirements
• Overheads 6, 7 – Harm minimisation.
• Worksheet 7 – Proforma sheets (yellow, blue and pink cards – or any three colours).
• Overhead 8 – Public Health Model.
• Overhead 9 – Harm Minimisation Questions.
• Overheads 10, 11, 12 – Dealing with Needles & Syringes.

Description of activity
• Introduce this activity by showing Overheads 6 and 7 which outline the harm minimisation approach.
• Photocopy proformas as follows:
  – the person – yellow card
  – the place – blue card
  – the drug situation – pink card.
• Distribute one coloured card per person.
• Ask participants with the yellow card to stand in a small circle facing outwards.
• Ask participants with a blue card to stand in an outer circle opposite a person with a yellow card.
• Ask participants with a pink card to stand in an outer circle opposite a person with a blue card.
• Tell participants that together, a yellow, a blue and a pink card make up a scenario.
• Ask each group to look at the three coloured cards and then discuss the scenario in order to answer the questions on Overhead 9.
• Ask some/all groups to report their discussion to the audience.
• If time allows, participants re-form their original circles; participants with a blue card move one place anticlockwise, participants with a pink card move one place clockwise.
• Participants now have a new scenario to discuss.
• Once again, ask some/all groups to report their discussion to the audience.

**Summing up**

• Discuss with the whole group how drug-related situations vary according to the person, the place and the drug situation – see Overhead 8 – Public Health Model.
### Proforma Sheets – The Person

**PHOTOCOPY ONTO YELLOW CARD**

- captain of the bat-tennis team
- a prep child
- a 10-year-old girl
- a grade 2 student on antibiotics
- a grade 3 boy feeling sad
- an 8-year-old with asthma
- netball’s ‘best and fairest’ player
<table>
<thead>
<tr>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>grade 6 student new to the school, this is her 3rd school</td>
</tr>
<tr>
<td>a child taking antihistamines for hayfever</td>
</tr>
<tr>
<td>a grade 5 girl</td>
</tr>
<tr>
<td>a grade 4 student new to the school</td>
</tr>
<tr>
<td>a grade 2 student with an older brother at the school</td>
</tr>
<tr>
<td>a 12-year-old boy</td>
</tr>
<tr>
<td>a grade 1 boy</td>
</tr>
<tr>
<td>a 9-year-old celebrating a birthday</td>
</tr>
<tr>
<td>Place Description</td>
</tr>
<tr>
<td>------------------------------------------------------------</td>
</tr>
<tr>
<td>at the school swimming sports</td>
</tr>
<tr>
<td>at the beach with family</td>
</tr>
<tr>
<td>at a friend’s place</td>
</tr>
<tr>
<td>at the beach with friends – no adults</td>
</tr>
<tr>
<td>on school camp</td>
</tr>
<tr>
<td>at home alone</td>
</tr>
<tr>
<td>at the train station</td>
</tr>
</tbody>
</table>

PHOTOCOPY ONTO BLUE CARD
<table>
<thead>
<tr>
<th>Event Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>at home with young siblings</td>
</tr>
<tr>
<td>at Saturday tennis</td>
</tr>
<tr>
<td>at home with parents</td>
</tr>
<tr>
<td>in the playground at school</td>
</tr>
<tr>
<td>at a family celebration</td>
</tr>
<tr>
<td>at a friend’s birthday party</td>
</tr>
<tr>
<td>at the local shopping centre</td>
</tr>
<tr>
<td>in the park</td>
</tr>
<tr>
<td>Activity</td>
</tr>
<tr>
<td>----------------------------------------------</td>
</tr>
<tr>
<td>finds a syringe</td>
</tr>
<tr>
<td>regularly brings unlabelled medication to school</td>
</tr>
<tr>
<td>drinks one bottle of sub-zero in one hour</td>
</tr>
<tr>
<td>uses ventolin</td>
</tr>
<tr>
<td>smokes some of their brother’s marijuana</td>
</tr>
<tr>
<td>takes some alcohol from home</td>
</tr>
<tr>
<td>smokes regularly</td>
</tr>
</tbody>
</table>
refuses to take their prescribed medication

takes an unknown tablet from a friend

takes a sleeping pill every night

drinks from a coke bottle containing vodka

offers pills to a friend

takes 3 vitamin tablets daily

drinks a glass of beer

drinks prescribed medicine directly from the bottle
Needles & Syringes

To safely handle a needle and syringe found in a school, the following equipment should be readily accessible:

- sharps container or, if not available, a sturdy see-through plastic bottle with a secure lid
- tongs (if available)
- disposable gloves
- a bucket/container to put the above equipment into

Procedures for Collection and Disposal

Should a needle and syringe be found, collection and disposal should be carried out by an adult

- Take the equipment to where the needle and syringe are located and place the disposal container alongside the find
- Don’t panic and do not attempt to touch the needle or syringe with your fingers or hands. (Never try to recap a needle and syringe)
- Remove the lid from the disposal container
- Apply gloves and use the tongs to pick up the needle and syringe by the blunt end (away from the needle point)
- Without holding onto the disposal container, and still using the tongs, place the needle and syringe into it
- Tightly secure the container lid; return it to a safe place; arrange disposal/collection from the local council. Never dispose of needles and syringes in the normal rubbish or down toilets and drains

If an Injury Occurs:

- encourage the wound to bleed by gently squeezing it. Remember to follow the guidelines regarding blood spills as blood should always be treated as if it were infected
- wash the affected area with warm soapy water
- apply an antiseptic and a sterile strip (e.g. band-aid, elastoplast)
- see your doctor or local community health centre for confidential advice and counselling


If the injury occurs at school, report the injury to the principal. The student or staff member should see a doctor as soon as possible. Parents should be informed of the injury. Ongoing counselling and support for all involved should be provided as required.
Aims

• To help children develop useful strategies and communication skills when facing challenging situations.
• To increase understanding of self and others.

Hints

• Try alternating the roles of parents and students. When this occurs, you will need to have the parents sitting and the children standing. This exercise allows parents to experience what it is like trying to come up with excuses.
• There are many scenarios in Get Real and Get Wise. Students may like to devise their own scenarios.
• To introduce this activity, an adult facilitator may like to give an example of a scenario. For example:
  As a parent you are approaching a McDonalds restaurant and the children in the back seat are begging you to stop and get some food. What tactics can you use to prevent them from convincing you?
• The adult facilitator writes down the tactics/strategies brainstormed by the audience.

Time

• Approximately 10–20 minutes, depending on the size of the group and how the activity is facilitated.
• Previous student rehearsal will affect the timing of this activity.

Requirements

• Worksheets 8 and 9 – Talking Tactics Scenarios.
• Overhead 13 – Refusal Tactics (or use strategies from the list brainstormed).
• Set up room with enough chairs in a circle facing out for those participating in the activity.

Description of activity

• Explain to participants that they will be acting out scenarios. Within each scenario one person will be trying to get the other person to do something they do not think is right for them. The facilitator must state ‘you are now 11 years old’.
• Divide the group into pairs consisting of an adult and a student. The adults are to sit on a chair in a circle facing outwards. The students stand facing a parent.
• Read the scenario from either Worksheet 8 or 9 and follow the instructions.
• It is important that the refuser tries different refusal tactics to deal with the situation. The refusal tactics are listed on Worksheets 8 and 9 and on Overhead 13.
• If time permits, reverse the roles (see ‘Hints’). The same scenario (or a new one) can be used.
Summing up

- Children need lots of opportunities to rehearse a range of refusal strategies.
- Rehearsing the tactics will help students to remember them and feel more confident to use them. Rehearsing will also help them decide on the tactics that will work for them.
- There is an important role for parents in helping their children save face. That is, utilising the parents as a strategy – parents can be the reason not to use a drug. Children need to have many opportunities to rehearse responses for such situations, e.g. ‘Mum and Dad will kill me/ground me if I do that’.
- It’s also important to make parents aware that not only is it sometimes hard for adults to say no, it is also hard for young people.
Talking Tactics
Scenario

It’s Monday morning at the bus stop. Maria wants Jen to join her in smoking a cigarette she has pinched from her dad. Jen doesn’t want to smoke, but she does want to hang out with Maria.

Maria will try to get her own way by:
• teasing
• whingeing.

Swap the roles of Maria and Jen and try another method of persuasion, such as:
• begging
• ordering.

Ask if anyone gave in or if there were any good responses made.

Brainstorm the tactics that were used.

Add any from the list below that were not mentioned.

Try one more round, with Jen trying some other tactics.

Refusal tactics include:
• making an excuse
• changing the topic
• saying you are not allowed
• making a joke of it
• saying you will let them know later
• asserting your own opinion
• getting others on your side
• walking away.
It’s Friday night. Tim and Leo are around at Tim’s house. Tim’s parents have gone out to dinner. Leo suggests they taste test some of the different bottles of alcohol in the cupboard. Tim knows his mum or dad will notice and doesn’t want to do this.

Leo will try to get his own way by:
- teasing
- whingeing.

Swap the roles of Leo and Tim and try another method of persuasion, such as:
- begging
- ordering.

Ask if anyone gave in or if there were any good responses made.

Brainstorm the tactics that were used.

Add any from the list below that were not mentioned.

Try one more round, with Tim trying some of the tactics on offer.

Refusal tactics include:
- making an excuse
- changing the topic
- saying you are not allowed
- making a joke of it
- saying you will let them know later
- asserting your own opinion
- getting others on your side
- walking away.
Refusal Tactics

When someone tries to get you to do something you do not feel like doing:

- make an excuse
- change the topic
- say you are not allowed
- make a joke of it
- say you will let them know later
- assert your own opinion
- get others on your side
- walk away
Staying Safe Around Drugs

(Adapted from Department of Education, Employment and Training, Victoria, 1999, Get Wise: Working on Illicits in School Education – Primary Classroom Activities.)

**Aims**
- To understand that the provision of accurate information can reduce risks.
- To understand that illicit drugs do not carry health warnings about safe use and the consequences of this.
- To increase awareness of the potential for harm when people misuse prescription drugs.
- To increase awareness of the potentially harmful effects of mixing drugs.

**Hints**
- Participants may work together or on their own to complete the task.
- Students could display labels they have made in class, as examples of good labels that provide safety information.
- This activity can reinforce the school’s medication policy.

**Time**
- Approximately 20 minutes.

**Requirements**
- Worksheet 10 – Product Information.
- Overhead 14 – Staying Safe Around Drugs.
- Drug kits (plastic bags) might contain any combination of the following empty packets or containers:
  - prescribed drug (ensure no personal identification remains)
  - non-prescribed drug
  - alcohol container
  - tobacco
  - coffee
  - mock illicit drugs such as a herb that looks like cannabis, or a small lolly that looks like a tablet (optional).
- Teacher Information Sheet.
**Description of activity**

- Hand out a drug kit to each group.
- Hand out one copy of Worksheet 10 for each drug in the kit.
- Ask participants to fill in a worksheet for each product. They must only record information found on the label.
- The group then discusses the following questions from Overhead 14:
  - Do all drugs come with instructions?
  - Which types of drugs give the most information?
  - Which ones don’t have labels? Why?
  - What is the difference between:
    - over-the-counter medication
    - pharmacy medication
    - pharmacist-only medication
    - prescription medication?

**Summing up**

- There is more information about some drugs than others.
- It is important to read the labels on drug packets and containers.
- Not all drugs come with instructions, in particular illicit drugs.
- It is always important to ask the pharmacist clarifying questions.
Read the label on the packet or container to answer the following questions. Only include the information if it is on the label.

<table>
<thead>
<tr>
<th>Name of product:</th>
</tr>
</thead>
<tbody>
<tr>
<td>What is the purpose of the drug?</td>
</tr>
<tr>
<td>What is the recommended dose?</td>
</tr>
<tr>
<td>What are the ingredients?</td>
</tr>
<tr>
<td>How do you use the product?</td>
</tr>
<tr>
<td>What are the side effects?</td>
</tr>
<tr>
<td>Are there any warnings? What are they?</td>
</tr>
<tr>
<td>What should you do if something goes wrong?</td>
</tr>
<tr>
<td>What is the use-by date?</td>
</tr>
<tr>
<td>How should the drug be stored?</td>
</tr>
<tr>
<td>What is the manufacturer’s name and address?</td>
</tr>
</tbody>
</table>

**In your opinion:**

what extra information is needed to make this product safer to use?
Complementary Medicines

- may interact with other medicines.
- may not be suitable for women who are pregnant or breast feeding.
- may not be suitable for people with certain health problems.

Check with your pharmacist before taking these medicines. Complementary Medicines are also known as ‘traditional’ or ‘alternative’ medicines. Examples include vitamins, minerals, nutritional supplements and homeopathic products.

Open Sale

These are unscheduled medicines. They can be sold in a variety of outlets including supermarkets, convenience stores and pharmacies.

Pharmacy Medicines (S2) $S = \text{Schedule}$

These are special medicines and should be selected with care. Talk to your pharmacist to ensure that you obtain the best product for your particular problem and/or condition.¹

Pharmacist-only Medicines (S3)

For your health and safety, your pharmacist is required by law to be involved in the supply of pharmacist-only medicines.

Your pharmacist needs to:
- be sure that the medicine you have requested is an appropriate treatment for your symptoms and for you
- tell you about any precautions you should observe
- make sure you understand how to use or take the medicine safely and effectively.¹

Prescription-only Medicines (S4)

Medicines that should, in the public interest, be restricted to medical, dental or veterinary prescription or supply. All items that require a prescription for supply.

Controlled Drugs (S8)

Medicines to which restrictions recommended for drugs of dependence by the 1980 Royal Commission of Inquiry into Drugs should apply. This includes all narcotics such as morphine, pethidine, barbiturates and dexamphetamine. These groups of drugs are very strictly controlled and all movements in supply must be kept in a drug register.

For further consumer medicine information:

¹ Pharmaceutical Society of Australia, 2000, Pharmacy Self-Care Health Information.
Staying Safe Around Drugs

Do all drugs come with instructions?
Which types of drugs give the most information?
Which ones don’t have labels? Why?
What is the difference between:
• over-the-counter medication (open sale and complementary)
• pharmacy medication
• pharmacist-only medication
• prescription medication?
Smoking – Is Anybody Doing It?

(Adapted from Department of Education and Training, 2004, Smoke-free Schools Prevention and Management Guidelines for Victorian Schools – Years 5 to 6 Lesson Materials.)

Aims
• To explore the smoking rates of the adult population in Australia.
• To explore why people do or do not smoke.

Hints
• The number of cards can be reduced to suit the group size, or the group could brainstorm reasons for not smoking and write on blank cards.
• Instructions can be read by a student or an adult facilitator.

Time
• Approximately 15 minutes.

Requirements
• Worksheet 11 – Reasons for ‘Not Smoking’ Cards.

Description of activity
• Ask the group to estimate the percentage of adults in Australia who smoke. The correct answer is 22 per cent. Most Australians choose not to smoke.
• Distribute one set of cards from Worksheet 11 to each group of about eight. Give each person two or three cards. Each card provides a reason for not smoking.
• Ask group members to arrange the cards from the ‘Most Important’ to the ‘Least Important’ reasons to the question: Why do people choose not to smoke cigarettes? As each person places their card on the continuum they should explain why they have placed their card in that position.
• Compare the most important influences between groups.
• Discuss why smoking rates have been steadily decreasing over the past 100 years.
• Optional: using the top five reasons why people choose not to smoke, make up an anti-smoking song.

Summing up
• The majority of Australians do not smoke.
• Reasons for not smoking are many and varied.

Further information
• Smoking rates in Australia have been steadily decreasing over the past 100 years.
  – In 1945, 72 per cent of males and 26 per cent of females smoked.
  – In 1980, 41 per cent of males and 31 per cent of females smoked.
  – In 1992, 28 per cent of males and 24 per cent of females smoked.
  – In 2001, 22 per cent of males and 22 per cent of females smoked.
• The younger a person starts smoking, the more likely they are to become a lifelong, regular smoker.
• Fifty per cent of regular smokers die from tobacco-related illnesses.
Most Important

- affects performance (e.g. drama, dance, studying, sport, music)

Least Important

- against school rules
- bad breath
- bad reputation
- causes dependence
don’t want to get caught

expensive

friends are non-smokers

gross cough

hardly anyone else smokes

health effects

kills people

non-smoking TV ads

not interested
parents disapprove

stains teeth

stinks

uncool
To the Rescue

(Adapted from Department of Education, Employment and Training, Victoria, 1999, Get Wise: Working on Illicit in School Education – Primary Classroom Activities.)

Aims
• To understand when an ambulance needs to be called.
• To understand the information required by an ambulance.

Hints
• This activity will be easier if the students have practised it in class.
• You may have duplicate scenarios in order to cover the number of participants in the group.
• Make sure that when the patients exchange scenarios, the group has one they haven’t had before.
• If participants suggest other emergency contact numbers during the session, remind them that 000 is the official Australian emergency number.

Time
• Approximately 10–15 minutes.

Requirements
• Find the props that will enhance the scenario you choose to role play, such as:
  – old phones
  – toy mobile phones
  – lollies to use as medicine
  – empty bottles of alcohol
  – empty packets of tablets
  – fake vomit.
• Worksheet 12 – A Guide to Calling an Emergency Ambulance.
• Worksheet 13 – ‘To the Rescue’ Scenario Cards.

Description of activity
• Discuss what questions might be asked by the dispatch officer, for example:
  – the service required
  – your location
  – information regarding the patient.
• Hand out A Guide to Calling an Emergency Ambulance. This sheet outlines the questions that will be asked when you call an ambulance. Ask participants to read these to themselves and invite them to ask questions if there is anything they don’t understand.
• Divide into groups of three. Within the group, designate the following roles:
  – patient
  – dispatch officer
  – helper (person making the call).
• Hand out a scenario from Worksheet 13 to each of the patients.
• Patient reads the scenario to their group.
• The helper takes 30 seconds to think about this information and the questions they may be asked.
• Allow about two minutes for the group to role play this scenario.
• The patients now exchange their scenario with another group.
• The small group now reorganises. The patient becomes the dispatch officer, the dispatch officer becomes the helper and the helper becomes the patient.
• Exchange scenarios and swap roles.
• Each participant should have an opportunity to role play each part.
• Ask two of the groups to role play their scenario with the props:
  – a child lying unconscious next to an empty bottle of tablets
  – an aunt who has been drinking a lot, vomits and falls over.

**Summing up**

• Were any of the questions difficult to answer?
• Do you know what the nearest intersection is to your home address?
• Think about where you are likely to be when you’re not at home.
  Do you know your:
  – phone number?
  – address?
  – nearest intersection?
• Everyone is capable of calling an ambulance. With practice, students are better prepared and more likely to follow that course of action in an emergency. Providing appropriate responses to questions may also assist with the expedient dispatch of an ambulance.
Dial 000.

Ask for an ambulance.

Give the City and State you are calling from.

You will be transferred to an ambulance call-taker. Be prepared to answer the following questions:

• Where is the exact location of the emergency?
• Where is the nearest intersection?
• What is the number of the phone you are calling from?
• What is the problem?/What exactly happened?
• How many people are hurt?
• What is the age of the patient?
• Is the patient conscious?
• Is the patient breathing?

Don’t hang up. Further questions will be asked to determine the necessary ambulance response. First Aid advice will be given over the phone by the call-taker.
You find a small child lying unconscious. Next to the child is an empty bottle of tablets.

Your big brother is having an asthma attack. He has left his asthma medication at school.
Your aunt is looking after you. She has been drinking a lot of alcohol. She is very sick. She is vomiting. She falls over and seems to be choking.

Mum slips and hits her head on the table. She is bleeding and can’t get up.
Your brother or sister falls into a very hot bath.

A friend comes to play with you. Your mother goes next door to borrow some sugar. While she is away your friend pulls a saucepan of boiling liquid off the stove and is badly burnt.
Talking Tactics Together
Homework Tasks
Worksheet 14 – How’s Your Drug Knowledge?
Answer Sheet – How’s Your Drug Knowledge?
Worksheet 15 – Taking Turns to Listen – An Activity for Parents and Students.

**Aims**
- To increase parent/child communication regarding drug-related issues.
- To provide an opportunity for parents and their children to explore each other’s attitude towards drug-related issues.
- To increase drug knowledge.

**Hints**
- If running two sessions you may like to set one or more homework tasks for families. See Worksheets 14 and 15.
- If the quiz is set as a homework task, the answers will need to be provided at the next session. See Answer Sheet – How’s Your Drug Knowledge?
- If desired, prizes/lollies may be awarded for correct answers.
- If you are not running two sessions, the quiz could be used in the school newsletter to raise awareness. The answers will then need to be provided in the following newsletter.
How’s Your Drug Knowledge?

<p>| | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Alcohol is a drug.</td>
<td>False</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Prescription medicines are not drugs.</td>
<td>False</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>It is safe to drink alcohol with most prescription drugs.</td>
<td>False</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Nicotine is not addictive.</td>
<td>True</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Smoking is harmful to both the smoker and those nearby.</td>
<td>False</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Black coffee will sober a person up after several drinks.</td>
<td>True</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>The addictive substance in cigarettes is tar.</td>
<td>False</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Cannabis, like alcohol, affects driving.</td>
<td>True</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Cannabis contains less tar than cigarettes.</td>
<td>True</td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>In Australia there are more smokers than non-smokers.</td>
<td>True</td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>Cannabis is illegal in Australia.</td>
<td>False</td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>It is legal for anyone to buy cigarettes in Victoria.</td>
<td>True</td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>If males and females drink the same amount of alcohol over the same time they will have the same alcohol in their blood.</td>
<td>False</td>
<td></td>
</tr>
<tr>
<td>14</td>
<td>Cannabis is addictive.</td>
<td>True</td>
<td></td>
</tr>
</tbody>
</table>
15 THC is the main ingredient in cannabis. What does THC stand for?
- Ten Hippos Cuddling
- That Horrible Chemical
- Terrahypocanna
- Tetrahydrocannabinol

16 How many chemicals are there in a cigarette?
- 20
- 400
- 2000
- 4000

17 Booze, plonk, grog, are slang words for
- Cigarettes
- Alcohol
- Pills

18 Grass, dope, pot, weed, skunk, mull, marijuana, Mary Jane, wacky terbacky, hooch, are slang words for
- Cannabis
- Alcohol
- Analgesics

19 A bong is used to smoke
- Alcohol
- Cannabis
- Tobacco

20 Approximately what percentage of drug-related deaths in Australia each year are as a result of tobacco use?
- 20%
- 60%
- 80%

Total correct out of 20 ___
How’s Your Drug Knowledge? Answers

1. True
2. False
3. False
4. False
5. True
6. False
7. False
8. True
9. False
10. False
11. True
12. False
13. False
14. True
15. Tetrahydrocannabinol
16. 4000
17. Alcohol
18. Cannabis
19. Cannabis
20. 80
Parents, caregivers and other adults are important role models for children when it comes to drug education. Children watch and copy what these important adults say and do. Many parents think their children will ask about drugs when they need to know something but children may not always take the first step. It’s up to you to raise the topic. Keeping the lines of communication open between you and your child will make it easier for you both to have a clear understanding of each other’s attitude to drugs.

Try this listening activity. The rules are simple:
• Find a quiet place for just the two of you.
• Start with one of the questions below.
• Listen to your child’s answer without interrupting.
• Repeat your child’s answer back to be sure you heard it properly, and ask if you got it right.
• Continue with some or all of these questions.

1. Instead of taking medicines next time you have a headache, what are some of the alternatives you could try to relieve the pain?
2. How do you feel when you see a 12-year-old smoking?
3. How do you feel when you see an adult smoking?
4. Why do you think most adults don’t smoke?
5. Why do you think most young people don’t smoke?
6. Why do you think some adults smoke?
7. Why do you think some young people smoke?
8. What do you think about adults getting drunk? How do you feel when you see someone drunk?
9. Why do you think some adults don’t drink alcohol?
10. Why do you think some young people don’t drink alcohol?
11. How do you feel about people who use cannabis?
12. How do you feel when you see people drinking alcohol on TV?
Now it’s your turn. Using the same rules as before, you answer the questions. When you have finished:
• Talk about any of the things that your child said that surprised you.
• Ask your child if any of your answers surprised him/her and why.
• Talk about the things you agree on.
• Talk about the things you disagree on.