Worksheet 25

Name:

Expressing feelings

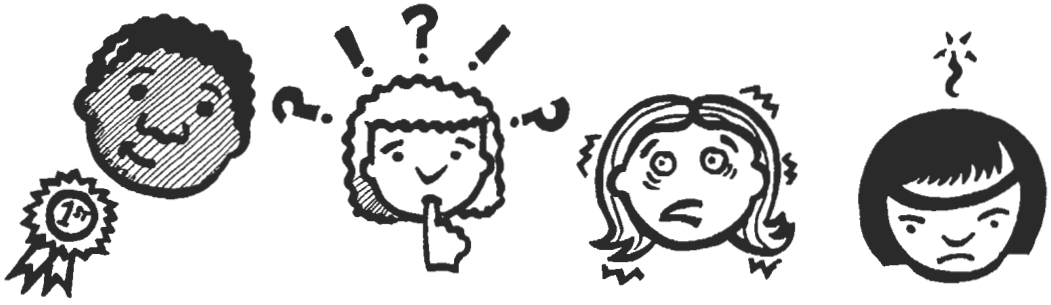
Thinking back to Dalrose Space, discuss the emotions that Amanda, Jed, Millie and Bertie may have felt (e.g. regret, anger, fear, confusion). How did they deal with these emotions in the scenario?

The following is a list of some feelings people experience:

love	regret	confusion	pride
humour	peace	anger	fear

Look at the cartoons and choose from the above which feeling most closely describes the expression. Draw your own cartoons expressing other feelings.

....



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Worksheet 26a

Name:

Coping strategies

Philosophical coping

- I try to see the funny side of things.
- I try to believe positive or good things about myself.

Problem-focused coping

- I just set my mind on what I had to do next.
- I tried to change the mind of the person in control of the situation.

Self blame/culpability

- I realise I caused the problem.
- I kept others from knowing how bad things were.

Denial

- I tried to keep my feelings to myself.
- I went on as if nothing had happened.

Orientation to others

- I talked to someone to find out more about the situation.
- I tried to help others who were in need of help.

Self-care

- I tried to get plenty of sleep.
- I tried to relax.

Acting out/loss of patience

- I was angry with those who caused the situation.
- I tried to make myself feel better by eating, drinking alcohol, smoking, using drugs or medication.

Composure

- I didn't let the situation get to me.
- I made myself not worry or be upset.

Worksheet 26b

Name:

What is a drug?

1. Choose a character from 'Dalrose Space'.
2. List the problems faced by the character.
3. Using the table, identify the coping strategies used by that character.
4. Describe the outcome for the character.
5. Suggest alternative coping strategies that might have produced a better outcome. Remember, people often use more than one coping strategy. Explain how it might have been better.
6. Present your findings to the class.
7. Compare your findings with other groups.
8. Discuss similarities and differences.
9. Repeat the process for other characters if time permits.

Character	Problem	Strategy	Outcome	Alternatives

Worksheet 27

Name:

How do I cope?

Think of a recent problem that has caused you stress.

Write it down

.....

.....

What coping strategies did you use?

.....

.....

.....

Would you use the same strategies again? If not, what alternatives might you consider?

.....

.....

.....

Can you think of other ways of coping that are not mentioned above?

.....

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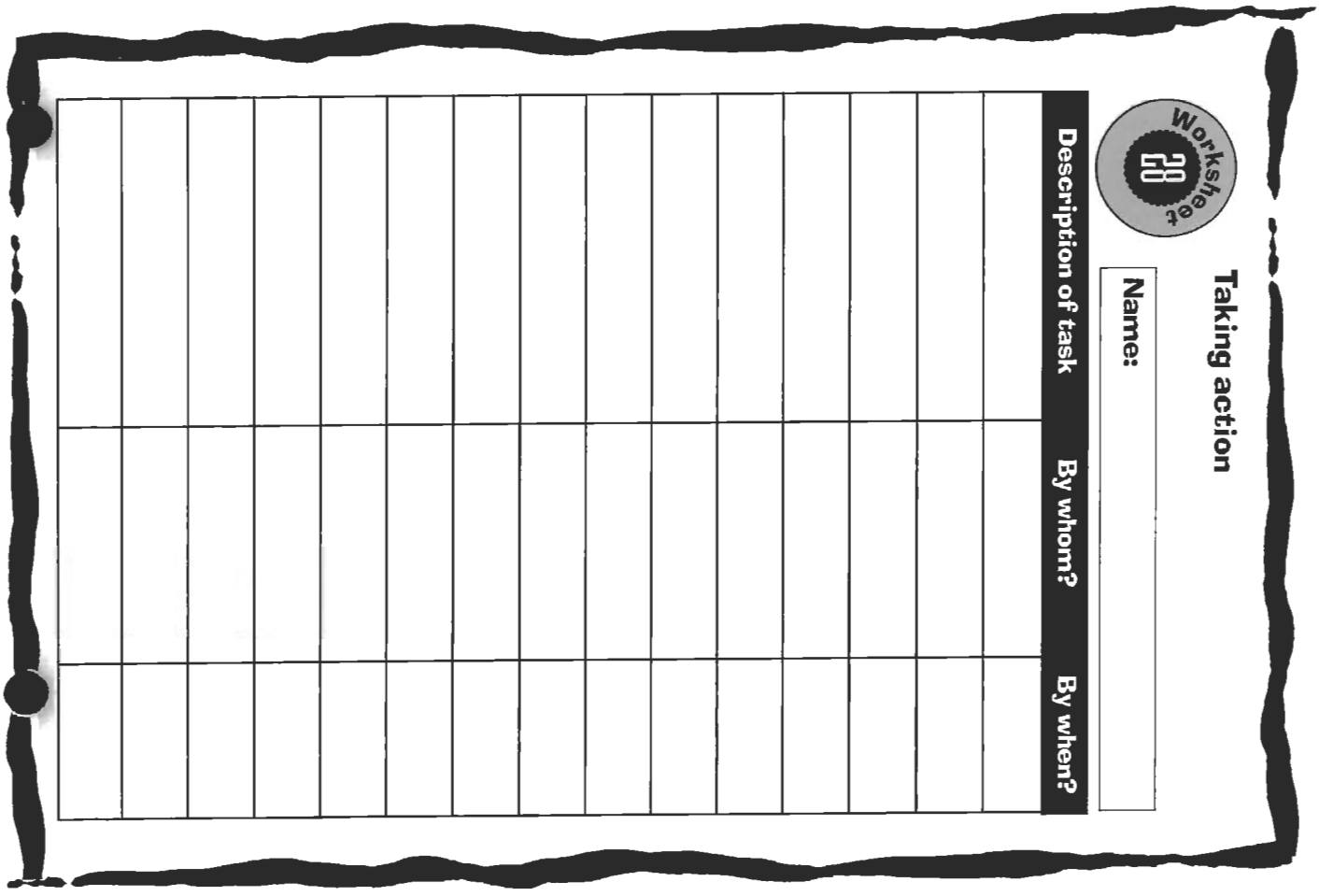

Endnotes

[1] These principles while not a complete list, or reproduced in total, were taken from, *Principles for Drug Education in Schools*, University of Canberra, AGPS, 1994.

[2] A more detailed discussion of cooperative teaching and learning strategies can be found in Christine Forsey's, *Hands Off: The Anti-violence Guide to Developing Positive Relationships*, West Ed Education and Training.

[3] Ministry of Education Schools Division, *School Information Manual: School Operations*, 3rd edn, Melbourne, 1994.

[4] The Australian Sports Drug Agency has resource material on drugs in sport. The agency can be contacted at PO Box 345, Curtain, ACT 2605 (Tel: 06 281 1822).

[5] Madden, C., James, J & Paton, A. A coping skills training program (Skill) for Adolescents, Latrobe University, 1992.

Madden, C., James, J. & Paton, A., Prevention of harmful alcohol and drug use behaviours in adolescents, 10th Commonwealth & International Scientific Congress: Access to Active Living, Victoria, British Columbia, Canada. 10th – 14th August 1994.

Madden, C. James J. & Paton, A., A comparison of the stressors, social supports and coping strategies of adolescents in family and school domains, Invited speaker: Symposium on the Family, Australian Psychological Society, 29th Annual Conference, Wollongong, NSW, 28th September – 1st October 1994.

Get real

Alcohol Education Materials

Contents

COMMUNITY SUPPORT FUND VICTORIA

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Alcohol Education Materials

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TURNING the TIDE

Introduction

This booklet aims to assist young people (Years 9 and 10) to reduce the risks associated with alcohol use by providing them with the knowledge and skills they need to avoid harms related to alcohol use.

Central to this approach is the need to understand young people's current attitudes, beliefs, usage and experience of alcohol. Teachers and parents need up-to-date information on how young people use alcohol, their reasons for drinking, their expectations of drinking, the context in which they drink, and the perceived benefits and risks of drinking. (For 'parents' read 'parents/guardians'.)

Alcohol Use by Young People

What do we know about adolescent drinking patterns?

There are many Australian studies of how young people use alcohol. The results are similar. A 1992 Victorian Department of Health and Community Services survey of post-primary students found that:[1]

- 40 per cent of students have tried alcohol by the end of Year 7
- 60 per cent of students have tried alcohol by the end of Year 8
- 90 per cent of students have tried alcohol by the end of Year 12

This survey shows that :

- A sizeable proportion of young people commence regular drinking while still at school.
- The prevalence and frequency of drinking alcohol increases steadily with age.
- A large proportion of students binge-drink by the middle post-primary years.
- By senior years students have assumed adult drinking patterns.

The Youth Alcohol and Community Project (YACP) conducted a survey of 5000 post-primary students to explore the issue of alcohol use in detail.[2]

A selection of findings and comments include:

- From Year 9 onwards alcohol is available on most social occasions.
- Friends are a major source of information about alcohol.
- Students, including drinkers, lack knowledge of the properties and effects of alcohol and how it is metabolised.
- Many students who are presently non-drinkers expect to drink in the future.
- Almost half of the students believe they will drink more in the future than they do now.
- Non-drinkers are subject to alcohol-related harms through the actions of drinkers.

These findings are significant. Alcohol is part of Australian culture. Education programs have to come to terms with young people's desire to drink, rather than pretend their drinking is someone else's fault. If educators insist that adolescent drinking is due to peer pressure they are unlikely to communicate with students who insist that they make their own decisions.

Which alcohol-related harms are relevant?

Students who drink are more concerned by the short-term immediate consequences of drinking than long-term health effects.

The major perceived problems were:

- conflict with adults
- personal injury or accident
- aggression and violence

Female students said the consequences of drinking were often different for girls and reported sexual vulnerability and unplanned sexual activity as a problem. Unplanned sexual activity was more likely after excessive drinking and sexual vulnerability applied either when they were drinking or when their companions were.

Students are aware of the risk of unsafe sexual practices after drinking, realising that they get careless about contraception and forget about safe sex when they are drunk.

Drink driving is not a concern for the unlicensed. The attitude they take is they can drink as much as they like because they do not drive. Students realise that having a licence can impose limits on their drinking.

Non-drinking students reported how other people's use of alcohol affected them: they had to nurse drunken friends, travel with drunken drivers and cope with drinking parents.

Identified problems of students in Years 9 and 10 caused by the drinking behaviour of other people:

- 57 per cent had taken care of someone who was drunk
- 46 per cent had travelled in a car with a drinking driver
- 38 per cent had been harassed by a drunken person
- 25 per cent had been harassed sexually by a drunken person

Binge drinking

Several schools collectively surveyed 1300 Year 9 and 10 students on personal experiences after drinking:[3]

- 37 per cent had blacked out
- 29 per cent had been physically sick
- 16 per cent had conflict with parents
- 13 per cent had suffered a personal injury

Many middle school students often have little idea of how to set limits when drinking. Students typically said they stopped drinking only when they ran out of money, vomited or when the alcohol ran out.

Is 'peer pressure' to blame?

Adults typically blame drinking on 'peer pressure'. Students who drink disagree adamantly, and insist that they make their own decisions: 'There's no point in forcing other people to drink because it is too expensive to give away'.

Many said they preferred to have a sober friend to look after them. This was confirmed by non-drinkers who explained how they nursed drunken friends at parties.

The notion of 'peer pressure' as the culprit also removes responsibility from students. One Year 10 student said that 'Mum caught me smoking and drinking, but nothing happened because I told my Mum that everybody was doing it and she blamed peer pressure'.

Students should be made responsible for their actions and be educated on how to avoid risks and harms associated with the use of alcohol.

'Drunks have more fun'

It is sometimes perceived that drunks have more fun. Some Year 7 students who were interviewed about alcohol knew of some girls in Year 10 who had a reputation for binge drinking.

When asked what she would do in Year 10, one girl said, 'I'll be drinking too when I'm in Year 10'.

Why was she looking forward to drinking? She replied, 'Because drunks have more fun'.

Why did she think that, being a non-drinker?

'I've seen them at Mum and Dad's parties'.

Alcohol is not often discussed at home

Although parental attitudes vary considerably, many students do not talk with parents about alcohol use for fear that their parents would lose their favorable opinion of them.

Risk Reduction — A New Approach to Alcohol Education

Risk reduction focuses attention on how people may use alcohol more safely and avoid harm. It asks students to think, question, consider, discuss and reflect the issues. It does not:

- seek to impose moral values
- condemn people who drink alcohol
- expect teachers to assume the role of moral guardians
- encourage young people to drink

The CSF provides guidelines for a series of learning outcomes which are achieved when a student is able to evaluate behaviours that influence their personal safety and that of others, and examine and evaluate community campaigns that promote safety in terms of alcohol. For further clarification of the means of determining student learning outcomes teachers should refer to the Health and Physical Education Learning Area of the Curriculum and Standards Framework in the Safety strand (Level 5 and 6).

While these lesson materials are best placed within the Safety strand they also meet curriculum foci in the Human Development and Health of Individuals and Populations strands. Teachers should feel free to modify or develop the materials to meet learning outcomes in these strands or in response to the specific needs of their health curriculum.

Alcohol education has to meet the needs of students. It should provide a learning environment in which they reflect on their own experiences and the experiences of others. They should be encouraged to discuss their views, perceptions and values openly and honestly and listen to the views of others.

Level 5

Strand	Learning outcome	Lesson 1	2	3	4	5	6	7
Human Development	Identify heredity and environmental factors involved in growth and development.							
	Use the concepts of gender and sexuality to analyse personal and community practices in work, recreation, relationships and family life.							
Human Relations	Demonstrate ways of dealing with changes in relationships.							
	Discuss personal, social and cultural influences on the formation of beliefs about what is right or wrong, good or bad, acceptable or unacceptable behaviour.	✓	✓				✓	
	Examine how personal identity and status are influenced by recognition of achievement and changing responsibilities.							
Safety	Evaluate behaviour that influences personal safety and that of others.	✓	✓	✓	✓	✓	✓	✓
Health of Individuals & Populations	Identify the health concerns of young people and strategies that are designed to improve their health.					✓	✓	
	Identify the rights and responsibilities of consumers of health related services and products.							
	Identify what environmental protection organisations and agencies do to promote a healthy environment.							

Level 6 Strand	Learning outcome	Lesson 1	2	3	4	5	6	7
Human Development	Identify the influences that shape particular understandings of sex, sexuality and gender.	✓						
	Evaluate initiatives designed to enhance growth and development.							
Human Relations	Analyse the ways individuals and groups may seek to influence the behaviour of others.	✓						
	Analyse how different contexts and situations influence personal values, attitudes, beliefs and behaviour.	✓	✓					
	Explain how social and cultural factors influence what people feel and do about their own identity.							
Safety	Examine community programs to promote safety.				✓	✓		✓
Health of Individuals & Populations	Develop a plan for a particular situation related to the health of individuals or groups.							
	Consider the health needs of particular population groups and propose strategies to meet these needs.							
	Describe the impact of laws designed to promote healthy environments.							

Your role — instructor or facilitator?

Teachers should not be surprised when students hold different views, and should not feel compelled to 'correct' the student or impose their own opinions. This is likely to cut off communication. It is more valuable to offer students a place where they can think about the issues in a calm and supportive environment, where they can form their own judgements supported by accurate information. If a teacher can provide that experience they have achieved a great deal — many students do not usually discuss such issues with a caring adult.

It is important for teachers to take the role of facilitator rather than moralist or instructor. This approach gives the students time to reflect on their attitudes to alcohol use, what they know and believe about its properties, and why and how people use it. Students will consider the potential personal and social consequences of drinking, and the circumstances and context in which alcohol use can be made safer.

Some do's and don'ts

Do

- find out about your students' attitudes and knowledge about alcohol
- provide information which is accurate and relevant
- show that you value an honest exchange of views
- negotiate an agreement with and between students that all comments will be respected
- clarify the position on conditional confidentiality
- accept that your views may differ from students' views
- encourage all students to contribute
- demonstrate that you are interested in their welfare
- help students consider the benefits and risks of alcohol use
- treat students as responsible individuals

- What is the basis of their views?
- Who promotes alcohol use in Australia?
- What do they see as the benefits of alcohol use? What evidence do they have?
- In what circumstances do people use alcohol?
- What problems are identified?
- Are they short or long-term problems?
- What types of alcoholic drinks are there?

Wrapping it up

Acknowledge the value of all the ideas and opinions and thank the students for their honesty. Ask them to write down three risks that concern them about alcohol use. Collect these to help you create the Risk Thermometer in Lesson 2.

Option 2

'The party' — a whole class activity

Preparation

Obtain a copy of the videotape *What Now!?* (If your school does not hold a copy, contact the Australian Drug Foundation for details.)

What Now!? is useful for this lesson because the alcohol use by the young people is not excessive and it does not lead to disaster. It can raise the issue of alcohol use without seeming to bias the discussion. The only major character in the film who appears drunk is an adult, Mary's father.

Getting started

Play the first two episodes of *What Now!?* which last for 12 minutes. These episodes portray an unplanned party which 'happens' when Mary's parents are absent during an evening. Luke plies Cathy with alcohol and persuades her to join him in a bedroom. The party leads to trouble for Mary when her parents arrive home. Her mother is disappointed with her 'sneaky' behaviour. Mary's father, clearly drunk, offers to drive Susan home. The scene ends with Susan wondering what to do.

Core activity

Use the video as a trigger for students to discuss their knowledge and expectations of alcohol. Ask the students to comment on the action by asking the questions provided.

Encourage students to elaborate on their responses rather than accepting one or two-word answers. For example, if a student says the video is about 'peer pressure', ask for an example of peer pressure which they have observed or experienced. If the party is 'unrealistic', what made it so? Was it realistic in any way?

The teacher does not have to intervene in this discussion to set the students right. Later lessons allow teachers to ensure that students have accurate information and consider the possible consequences of drinking alcohol. This first lesson is designed to encourage the students to talk about their values and perceptions of alcohol use.

Questions to prompt discussion on the What Now!? video

- Is the video realistic? In what way?
- What has happened so far? What will happen next?
- Which character(s) did you like/dislike?
- What is the video about?
- Luke made sure there was alcohol at the party. Do parties always involve alcohol?
- Why do people drink alcohol?
- What happens when people drink?
- How much alcohol do people take to a party?
- Was it a good party?
- What makes a good party?
- How do people behave when they drink?
- How do people know when to stop drinking?
- Vince did not drink at the party. How realistic is that? What happens to people who do not drink at parties?

Other issues

Given that students recognise that sexual experimentation often occurs under the influence of alcohol, issues of sexual behaviour are commonly raised in discussion:

- What do you think happened in the bedroom?
- Was it 'safe' sex? If not, why not? What is 'safe' sex?
- Whose responsibility was it to make sure it was 'safe' sex?
- If it was 'safe' sex, who do you think had the condom?
- Who do you think would have suggested it should be used?
- Why is sex less likely to be 'safe' when people have been drinking?
- What can people do to decrease the possibility of unsafe, or unwanted sex?

Wrapping it up

As for Option 1.

Lesson 4 – Standard Drinks

Purpose

To teach students to monitor consumption through the concept of a standard drink.

Preparation

Fill a number of wine bottles, spirits bottles, beer and cider bottles, stubbies and cans with coloured water.

Collect:

- a range of wine glasses of different sizes, preferably one glass for each student
- measuring beakers with millilitres clearly inscribed
- large jugs

Standard drinks and future health

The National Health and Medical Research Council advises that to avoid health problems, adult males should drink no more than four standard drinks per day and adult females no more than two per day. If they also have two alcohol-free days, they will be drinking within 'low risk' limits from a long-term health perspective. Of course, four standard drinks in a short time may put them over the legal limits for driving.

Getting started

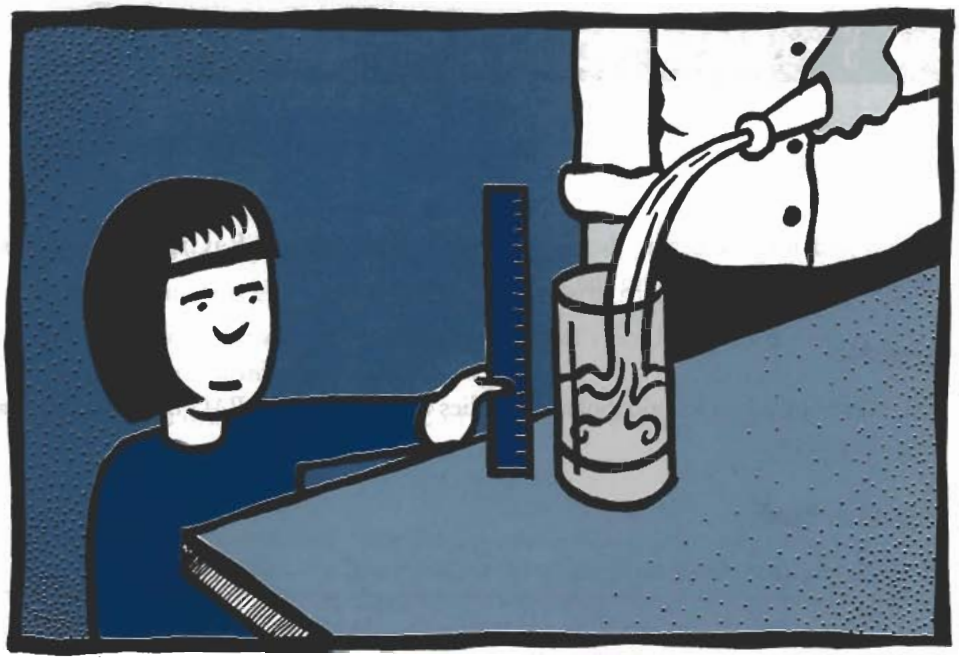
Create an area that provides enough room for the students to pour drinks easily. Arrange all the bottles and glasses on a central table.

Explain that to use alcohol safely, drinkers have to be able to monitor their consumption of alcohol to control the effects.

Core activity

1. Ask participants to pour 'a drink' of wine or spirits into a glass.
2. Ask the pourers to measure accurately how much they poured using the beakers.
3. Have all the people who poured 'wine' sit together, likewise all the people who poured 'spirits' and 'beer'.
4. Ask them, in turn, to state how many millilitres of 'wine' or 'spirits' they poured. The amounts poured will probably vary quite widely.
5. Explain that standard drinks contain about 10 g of alcohol regardless of the type of drink. Because some drinks are stronger than others, the amount of liquid which contains 10 g of alcohol is different.

   Therefore, a standard drink of regular beer (4.9 per cent alcohol) is 285 mL but a standard drink of table wine is 100 mL because it is roughly three times as strong (11 to 14 per cent). A standard drink of spirit is 30 mL of liquid because it is around 40 per cent alcohol. Refer to the 'Fact File on Alcohol' for further information on standard drinks.



6. Now ask the students again how much they have poured and how that compares to a standard drink. In some cases it is likely that these will be at least two or three times a standard drink.
7. Ask students the likely consequences of these results.
8. As people don't always drink from glasses they need to know how many standard drinks are in a container.

Alternative activity

Ask the students to calculate approximately how many standard drinks there are in a 750 mL bottle of beer, wine and spirits.

Standard drink labelling

It is likely that all alcohol containers will soon have to be labelled by law with the number of standard drinks which they contain. These will be calculated for each type of alcoholic beverage and so may differ slightly from the approximations given here.

Wrapping it up

Ask students to discuss with a partner why and when people might find it difficult to pour a standard drink. Responses may include different glass sizes, wanting to appear a 'good' host and so on.

A future task

Next time you are with an adult who is drinking alcohol, ask them to pour a standard drink. Measure the result if possible. The student may want to report on this in the next lesson.

Lesson 6 — Problem solving

Purpose

To have students consider options available in problematic situations.

Preparation

Prepare a set of scenario cards. These can be based on the ones provided, the suggestions by students from Lesson 1, or ones you have made up. It is a good idea to laminate the scenario cards to keep them fresh for future use.

Provide butcher's paper and felt pens.

Getting started

Form students into groups of four to six. In a coeducational class ensure an even spread of females and males in each group.

Explain to the students that they are being asked to develop options on how to act in difficult situations. These hypothetical situations were in part identified by the students in earlier lessons.

Core activity

1. Give each group a scenario card.
2. Have groups brainstorm possible responses to the situation. One person lists these on paper. Explain that brainstorm ideas are not judged but listed for discussion later.
3. Ask the groups to consider each option listed in turn. What are the costs and benefits of each course of action? Have a scribe note these points.
4. Ask the groups to decide on their favoured option. A new scribe notes the points in favour.
5. Each group reports to the whole class. They read the scenario and their original list of options. Then they explain the option they have chosen.

Wrapping it up

Your role is to point out that there is a wide range of possible responses in different situations. You may choose to conclude the series of lessons at this point. Alternatively the students may wish to complete Lesson 7 — Optional Role Plays based on their chosen options in Lesson 6.

Scenario 1

Susie visits her friend Fiona to watch videos. Fiona's older sister Angela is going to a party and takes them with her. When Susie and Fiona think it's time to go home, they find Angela is very drunk.

What options do Susie and Fiona have?

What are the benefits and disadvantages of each option?

Scenario 2

Lee is very happy because Maria, the girl of his dreams, has agreed to go to a party with him. Lee wants to impress Maria and not embarrass himself. He wants to have a couple of drinks but does not want to get drunk.

What can Lee do to make sure he doesn't get drunk? Give him as much good advice as you can.

Scenario 3

Joel and his friends have a party in the park. Sara has a lot to drink and later Joel discovers that she has passed out.

What are the potential problems in this situation?

What could Joel do? List the benefits and disadvantages of each option.

Scenario 4

Adam and Rick are at a party. Rick has had quite a lot to drink and starts picking on other people. Adam is sure Rick is going to get into a fight unless he stops annoying people.

What can Adam do?

What are the benefits and disadvantages of each choice?

Scenario 5

Anna is having a great time at the party: good music, good food and she has met some terrific people. Her friend Voula has had a lot to drink. Voula feels sick, vomits and collapses.

What choices does Anna have?

What are the benefits and disadvantages of each of them?

Scenario 6

Christina and Julie are having a party while their parents are away. They ask their friends to help organise the party so that they reduce the chance of having trouble.

What sort of advice would you give them? List as many things as possible.

Scenario 7

Carrie and Jo go to a party. Jo has several drinks and gets very friendly with Tony.

Tony suggests to Jo that they go for a drive in his car. Jo thinks it's a good idea. Carrie wonders what she should do.

What would you suggest? List as many alternatives as possible.

Scenario 8

Han's parents let him go to Clare's party as long as he promises not to drink. Han agrees. When he gets there his friends offer him drinks. Han has to explain to them why he is not drinking.

What could Han say?

Lesson 7 - Optional Role Play

Purpose

To allow students to practise social skills in a safe environment.

Preparation

Use the scenario cards from Lesson 6.

Getting started

Students re-form into groups from previous lessons. Distribute their brainstorm sheets from the previous lesson which contain their options. Explain the rules for role play.

Core activity

1. Give them sufficient time (10 to 15 minutes) to develop and practise their role play before they perform it for the class.
2. Each group performs a role play in turn.
3. After each role play ask each group of students whether it went according to plan. Were some aspects more difficult than they expected? Did the role play end the way they thought it would? Would they do it differently next time?

If students perform more than one option, the role players and the whole class can discuss which one they think works the best.

Rules for role play

Students should understand that the role players are playing a role worked out by their group. They are not 'being themselves'.

Role players must be treated fairly, not interrupted or distracted. No-one can be harassed or criticised for the role they play. Role players must be debriefed.

Wrapping it up

At the conclusion the teacher should thank the students for their cooperation and confirm that the role play is finished.

Make sure students step out of the role at the end. Each person can comment on how they felt about it and what they may do differently if they had another turn.

The teacher should acknowledge the complexity of the issues which arise in the role plays (for example, conflict resolution between friends and family), and identify emergent themes such as the importance of communication, taking appropriate responsibility, acting on your own beliefs, and personal safety of self and others.

Role play at parent forums

The role plays developed in this class can be performed at a parent forum. They are an ideal way of focusing the attention on concrete issues of concern to parents and students alike.

Extension activity

Research in the community

There are many people in the local community whose work brings them into contact with, or the results of, alcohol use. They are a valuable resource for students in developing a picture of how alcohol affects their society. Depending on their age and maturity, students can interview a number of those people. They gain access to people not usually available to them and to their opinions and attitudes based on a close familiarity with alcohol issues.

Examples of people suitable for interview and the issues they could discuss are:

- licensee, publican or licensed grocer about serving practices, the major alcohol-related problems, how to reduce alcohol problems
- police officers about the impact of alcohol on their work, the cases involved, the major alcohol-related problems, how to reduce alcohol problems
- hospital staff about the impact of alcohol on their work, the cases involved, the major alcohol-related problems, how to reduce alcohol problems
- health workers or drug workers about how alcohol shows up as a health issue, their clients, the major alcohol-related problems, how they would reduce alcohol problems
- local court staff about how alcohol affects their work, the cases involved, the major alcohol-related problems, how they would reduce alcohol problems
- a winemaker or a brewery representative about the enjoyment of alcohol, the economic role of the alcohol industry, employment, exports, the major alcohol-related problems, how they would reduce alcohol problems

The interview process is as follows:

1. Permission will be needed from students' parents or guardians.
2. Students construct interview questions with teachers' supervision and support.
3. Students organise interview times with respondents. If interviews are conducted outside school hours many organisational issues are defused.
4. Students conduct interviews. This may be individually, in pairs or in small groups.
5. Students write up the results of the interviews.
6. Students could make an oral presentation to the class, staff meeting or parent forum of their findings.

An alternative is to invite a panel of speakers to visit the school and talk to the students. This gives students an opportunity to ask questions of the panel members or seek clarification of views. Under supervision, students may be able to organise the panel members and arrange the activity.

Evaluating Alcohol Education

Teachers need to evaluate student learning outcomes against the criteria set out in the CSF. Teachers can also gauge the effectiveness of alcohol education in different ways and for different purposes.

Teachers can test the risk-reduction approach by reflecting on their own teaching and their interaction with the students via the materials. They can also want to know how the students have reacted to the unit. A number of measures can be used to judge its effectiveness.

Teacher reflection

A global quantitative indicator is the time devoted to alcohol education at a particular year level or in a school. An individual teacher may note an increase in the number of lessons they have conducted over previous years, while a curriculum coordinator or year level coordinator may be interested in the spread of alcohol education throughout the school.

Teachers can monitor the implementation of the risk-reduction unit to identify the value of particular strategies and activities. They can also monitor their own responses. Indicators include the level of confidence they feel in teaching about alcohol and how comfortable they feel in taking the lessons.

Process measures can be used to judge whether the students are engaged by the material:

- Do they contribute by commenting, discussing, asking questions?
- Are they keen to participate or are discussions laboured?
- Do they work enthusiastically and appear to enjoy the lessons?

In the effective domain:

- Do they tolerate differences of opinion?
- Do they work well in groups?
- Do they listen to others fairly?

Cognitive measures

Pre and post tests can measure students' knowledge. Alcohol education can markedly improve students' knowledge of the properties of alcohol, its psychoactive effects, how it is metabolised, the meaning of blood alcohol concentrations and standard drinks. All of this is important for the low-risk use of alcohol.

For example, do your students know:

- whether alcohol is a depressant or a stimulant?
- how the body processes alcohol?
- what is a standard drink?
- how many standard drinks are in a bottle of wine, beer, spirits?
- how long a standard drink remains in the body?

Student reflection

Students can be encouraged to reflect on the activities and to consider what they gained.

Ask the students (verbally or in writing):

- Which aspects did they enjoy?
- What did they find useful?
- What did they learn which is new to them?
- Which aspects were not enjoyable/useful?

A quick anonymous assessment

Give each student a filing card and ask them to write their responses on the card. When collected the cards make a concise and handy record of the students' responses.

A public assessment

Divide the class into groups. Ask them to discuss the same questions. Have them report back to the class.

Public assessment acts as a reminder of what happened and reinforces what was learned.

Alcohol consumption issues

Alcohol use in Australia increases with age from the adolescent years. To judge alcohol education in schools on the basis of whether young people choose to drink alcohol simply ignores the role of alcohol in Australian culture. As alcohol use by young people takes place in their private lives it is also difficult for schools to measure those behaviours.

It is more reasonable for schools to try to ensure that students are informed about alcohol issues, articulate their views, consider a wide range of opinions, utilise research skills, identify problematic situations and devise options for appropriate response.

Strategies some students implement for the reduction of risks to themselves include:[2]

- drinking less
- monitoring the amount they drink
- not drinking at all
- taking care of their friends who drink
- talking to their parents to come to an understanding of what is appropriate behaviour

These are promising outcomes for an alcohol education program which show some promise of contributing to a reduction in alcohol-related risks and harms in the future.

Fact File on Alcohol

What is alcohol?

Alcohol results from a process of fermentation in which water and yeast act on the sugars of various types of grains, vegetables and fruit. The fermentation produces ethyl alcohol (also known as ethanol).

Alcohol is a psychoactive drug. Most pyschoactive drugs are classified as either depressants or stimulants. Alcohol is a depressant.

Depressants depress or slow down the activity of the central nervous system which sends messages to and from the brain. In contrast, stimulants provoke the central nervous system into a state of increased arousal.

In small doses depressants cause people to become relaxed and lower their inhibitions. With fewer inhibitions they feel more confident and are likely to act in a more extroverted manner. Many people wrongly assume that alcohol is a stimulant because of this.

However, depressants affect concentration and coordination, and slow down the response time to unexpected situations. In larger doses depressants can cause unconsciousness and death.

Other depressant drugs include tranquillisers, heroin and morphine. Inhalants such as aerosols, glue and petrol also act as depressants.

How is alcohol metabolised in the body?

When a person drinks alcohol it passes directly into the bloodstream through the lining of the stomach and the small intestine. Once in the bloodstream it is carried to all parts of the body. Alcohol is distributed throughout the water in the body, but not in fatty tissue.

Alcohol is absorbed more quickly and the effects are felt sooner if taken on an empty stomach. Having food in the stomach slows down the rate at which alcohol is absorbed into the bloodstream. However, it does not prevent intoxication or drunkenness. All alcohol drunk will reach the bloodstream, no matter how much food is in the stomach.

Alcohol is metabolised by the body slowly, in four processes:

- about 3 per cent is breathed out
- about 3 per cent is lost in perspiration
- about 3 per cent is eliminated in urine
- the majority, about 90 per cent, is broken down by the liver

It takes the liver approximately one hour to break down 10 g of alcohol, the amount of alcohol found in one standard drink.

Nothing will hasten the sobering-up process. The liver cannot be induced to process alcohol faster even if you drink coffee, take a cold shower, exercise, breathe fresh air, vomit and so on. The drinker may feel more alert, but the level of intoxication will remain the same. If more than one standard drink is drunk in an hour, alcohol will build up in the bloodstream. Only time will allow the liver to break down the alcohol in the bloodstream.

Alcohol can remain in the bloodstream for many hours following drinking. People can have a high blood alcohol concentration the morning after a heavy drinking session the night before. They can cause serious accidents or make mistakes because they are still affected by alcohol, although they believe themselves to be sober and do not feel affected.

Some problems with alcohol use

In 1990, 6605 people died in Australia due to the effects of alcohol. This represents over a quarter of all drug deaths and 5 per cent of all deaths in Australia.

Causes of alcohol-related deaths in Australia

Road accidents 11%

Alcoholism and alcoholic liver cirrhosis 16%

Alcohol-related cancers 30%

Other causes including suicide, drowning, murder 43%

Road accidents

- It has been estimated that alcohol contributes to one-third of all traffic deaths in Australia.
- In Victoria 29 per cent of drivers killed in road accidents have a blood alcohol concentration (BAC) of over 0.05.
- Young people between 17 and 25 years of age have a higher risk of being involved in a fatal crash than any other age group.
- It has been estimated that alcohol-related road crashes cost Australia $212.2 million per year.

Health

- In 1990 Australians spent 1.1 million days in hospital with alcohol-related problems.
- These admissions were due to personal injury, road accidents, alcohol dependence, organic diseases, strokes and heart attacks.

Family and relationships

- Alcohol is a major factor in many family problems.
- About two in five divorces or separations are related to alcohol.

Crime

- About 50 per cent of serious crimes are related to alcohol.
- Alcohol is a factor in three out of four violent assaults.

Legal problems

- Drink driving may lead to fines, loss of licence and even imprisonment.

Money

- The economic cost of alcohol abuse in 1988 has been estimated at $6 billion (which is 42 per cent of the total cost of drug abuse of $14.3 billion).
- On average each Australian spends $356 per year on alcohol.
- About 4.1 per cent of all money spent in Australia is used to buy alcohol.
- Many financial problems are caused or exacerbated by heavy drinking.

Work

- Excessive alcohol use causes illness resulting in absenteeism, poor work performance, and accidents at work.
- Work problems caused by alcohol are estimated to cost Australian industry over $1 billion each year.

Appearance

- Alcohol can affect the condition of skin and hair and the high calorie count in alcoholic drinks can lead to weight gain.

Source: Commonwealth Department of Health, Housing and Community Services, *Statistics on Drug Abuse 1992*, AGPS Canberra, 1992.

The effects of alcohol

Alcohol affects people in different ways, depending on factors such as age, weight, sex, general health status, emotional mood and personal expectations of the substance. Other factors include how the drug is administered, the rate of consumption and if there is simultaneous use of other drugs.

Any given amount may have a slight effect on one person but a much greater effect on another person. The following effects are typical of alcohol consumption.

Short-term effects of alcohol use

1. After a few drinks ...

Effects: feel happy, relaxed, less concentration, slow reflexes.

2. A few more ...

Effects: fewer inhibitions, more confidence, less coordination, slurred speech, intense moods – sad, happy, angry, etc.

3. And a few more ...

Effects: confusion, blurred vision, poor muscle control.

4. More still ...

Effects: nausea, vomiting, sleep.

5. Even more alcohol may cause coma or death.

Long-term effects of alcohol use

If you drink heavily over a long period of time, alcohol will cause damage to many parts of the body.

Brain
- brain injury
- loss of memory
- confusion
- hallucinations

Nervous system
- tingling and loss of sensation in hands and feet

Skin
- flushing
- sweating
- bruising

Blood
- changes in red blood cells

Lungs
- greater chance of infections, including TB

Heart
- high blood pressure
- irregular pulse
- enlarged heart

Liver
- severe swelling and pain
- hepatitis
- cirrhosis
- liver cancer

Pancreas
- painful inflammation

Stomach
- lining becomes inflamed
- bleeding
- ulcers

Sexual organs

Males
- impotence
- shrinking of testicles
- damaged sperm, fewer sperm

Intestines
- lining becomes inflamed
- ulcers

Females
- greater risk of gynecological problems
- menstrual problems
- damage to foetus when pregnant

Muscles
- weakness
- loss of muscle tissue

Health benefits of alcohol

Research shows that very small amounts (for example, one glass a day) of some types of alcohol can reduce the risk of developing some types of cardiovascular disease. Data from epidemiological studies show that death rates from coronary heart disease are lower among consumers of small to moderate amounts of alcohol than among non-drinkers. However, the risk of cirrhosis, some cancers and other diseases, including heart disease, increase with higher alcohol consumption.

Moderate or low-risk consumption of alcohol has been defined by the National Health and Medical Research Council as being no more than four standard drinks per day for men, and two standard drinks per day for women, with at least two alcohol-free days per week. The section 'Low-risk drinking' deals with these issues in more detail.

Dependence

People who regularly drink heavily may become dependent on alcohol. Dependence on alcohol, as on any drug, can have a psychological or physical effect, or both.

Psychological dependence: people who are psychologically dependent on alcohol find that drinking becomes far more important than other activities in their life.

Physical dependence: physical dependency occurs when a person's body adapts to alcohol. The body gets used to functioning with alcohol and adapts to it.

Withdrawal

A physically dependent person who suddenly stops drinking will have withdrawal symptoms because their body has to readjust to functioning without alcohol.

Withdrawal symptoms for alcohol include loss of appetite, nausea, anxiety, inability to sleep, irritability, confusion, tremors and sweating. In severe cases withdrawal may cause convulsions, cramps, vomiting, delusions and death due to seizures. For that reason withdrawal from alcohol should be supervised by medical personnel.

Tolerance

People who drink heavily usually develop a tolerance to alcohol. They need to drink more to experience the same effect. As a result some people can drink large amounts of alcohol without appearing drunk, although their BAC may be in excess of 0.05 per cent. The amount of alcohol consumed can still damage their health.

Alcohol and other drugs

Combining alcohol with other drugs such as tranquillisers, amphetamines, anti-depressants, cannabis or heroin can greatly increase the effects of all the drugs taken. The outcome of drug combination is unpredictable.

Combining alcohol with other depressant compounds the depressant effects and the user has even less control over the outcome. It can be potentially fatal as the central nervous system, flooded by depressants, may switch off brain and heart activity.

Stimulants can mask the effects of alcohol. Someone using amphetamines may drink a considerable amount of alcohol and not feel drunk, but the alcohol is still affecting the body. This increases the potential for aggression and poses a hazard if the person is driving.

People are advised to seek medical advice about the effects of combining alcohol with prescribed medications.

Pregnancy

Pregnant women or women planning to become pregnant should take special care. Pregnant women who drink regularly risk the baby suffering Foetal Alcohol Syndrome (FAS). FAS babies may have brain damage, abnormal facial features and be smaller and lighter than other babies. They may also have learning difficulties. It is not known exactly how much alcohol will affect the unborn child. It is safest for women not to drink at all during pregnancy or if they plan to become pregnant.

Blood Alcohol Concentration (BAC)

Blood alcohol concentration (BAC) is the amount of alcohol in the bloodstream. BAC is measured with a breathalyser or by analysing a sample of blood.

A BAC of 0.05 means an adult has 0.05 g of alcohol in every 100 mL of their blood. As the liver metabolises alcohol, the BAC level drops unless more alcohol is taken.

The more a person drinks, the more their BAC increases. However a person's BAC cannot be predicted easily. Counting the number of standard drinks you consume can only give a rough guide to your BAC. Two people who drink the same amount might register quite different BACs because of the following differences.

Body size

A smaller person will have a higher BAC than a larger person because the alcohol is concentrated in a smaller body mass.

Empty stomach

Someone with an empty stomach will reach a higher BAC faster than someone who has just eaten a meal. Food in the stomach slows down the rate at which alcohol passes into the bloodstream.

Body fat

People with a high percentage of body fat tend to have higher BACs because alcohol is not absorbed into fatty tissue, and the alcohol is concentrated in a smaller body mass.

Women

After drinking the same amount of alcohol a woman will almost always have a higher BAC than a male. A female body has more fatty tissue and less water than a male body, and women tend to be smaller than men. As a result, alcohol will have a greater effect on females than males.

Alcohol and the law

Laws about alcohol are the responsibility of the relevant State or Territory governments, and are contained in the provisions of Liquor Control Acts. The provisions contained in these Acts may differ between States and Territories.

Liquor laws regulate who can sell and buy alcohol, and the conditions under which it can be sold, bought and consumed.

The Victorian Liquor Control Act makes provisions relating to the sale, disposal and consumption of alcohol. The Act includes regulations affecting licensees and laws covering the use of alcohol by young people.

It is an offence to sell alcohol to people under 18 or to people who are intoxicated.

In Victoria it remains an offence for people under 18 years to purchase, possess and consume alcohol unless:

- they are in licensed premises accompanied by a spouse (18 years or over) guardian or parent
- receipt, possession or consumption occurs in a private residence

It is also an offence to purchase alcohol on behalf of a person under 18 years.

Liquor-licensing bodies, police and licensees are now much more involved in establishing procedures and programs to ensure compliance with, and increase the effectiveness of laws. This is called 'responsible serving of alcohol'. Many licensees have established agreements with police, known as Codes of Practice.

Alcohol and driving

Alcohol is involved in about one-third of all serious motor vehicle accidents.

In most of Australia it is illegal to drive with a BAC greater than 0.05 per cent (except for Northern Territory, where it is 0.08).

At this level a person's ability to drive is impaired and the possibility of accidents is raised.

Probationary drivers (P-plate drivers) must maintain a zero BAC.

Drivers of heavy trucks, buses, trains and trams are now subject to a zero BAC level in most of Australia.

Penalties for drink driving offences include disqualification from driving for a set period, fines and imprisonment.

In Victoria a BAC reading of 0.15 or more results in suspension of the driver's licence on the spot until the case is heard in court.

A police officer may require any person to take a preliminary breath test if they are driving a vehicle, in charge of a vehicle or involved in an accident.

A blood sample is taken from every person aged 15 years or more who goes to hospital or a treatment centre after being involved in an accident involving a motor vehicle.

A reading that is over the legal BAC limit up to three hours after a person has driven or was in charge of a vehicle can result in a drink driving offence.

To stay below a BAC of 0.05 drivers are advised to:

- (for males) limit their drinking to no more than two standard drinks in the first hour and no more than one standard drink every hour after that. For females, no more than one standard drink in the first hour and one every hour after that.
- not drive if they doubt their BAC levels. Make alternative arrangements, e.g. call a taxi, ride with someone who has not been drinking or stay overnight.

Standard drinks

The use of standard drinks can help people monitor their alcohol consumption and exercise control over the amount they drink.

Different types of alcoholic drinks contain different amounts of pure alcohol. A standard drink is defined as one that contains 10 g of pure alcohol.

The following serves of alcohol contain one standard drink:[4]

- one can (375 mL) low alcohol beer
- one pot or middy or schooner (285 mL) regular beer
- one small glass (100 mL) table wine (12%)
- one small glass (60 mL) port
- one glass (30 mL) spirits plus mixer
- one nip (30 mL) spirits or liqueurs

Example

2 pots of full strength beer + 1 small glass of wine + 1 rum and coke = 4 standard drinks

The following common alcohol containers hold approximately:

- 1 bottle of wine (12%) = just over 7 standard drinks
- 1 bottle (750 mL) of regular (4.9%) beer = just under 3 standard drinks
- 1 can or stubby (375 mL) of regular (4.9%) beer = 1 $^{1}/_{2}$ standard drinks
- 1 can (375 mL) of low alcohol (3.3%) beer = 1 standard drink
- 1 bottle (750 mL) of spirits = 25 standard drinks

It is not always easy to calculate how many standard drinks you have had because:

- Many hotels and restaurants don't serve drinks in standard drinks sizes – they are often bigger.
- Large wine glasses can hold two or more standard drinks.
- Drinks served at home are often bigger and contain more alcohol than a standard drink.
- Cocktails can contain as many as five standard drinks, depending on the recipe.

Low-risk drinking

The National Health and Medical Research Council of Australia recommends the following guidelines for responsible drinking.

- All drinkers should have at least two days each week in which they do not drink alcohol.
- The recommended safe levels are different for men and women because alcohol has a greater effect on women. Women should have no more than two standard drinks per day on a regular basis. Men should have no more than four standard drinks per day on a regular basis.
- People who drink above the safe levels risk organic and cellular damage.
- People who drink below these levels are not likely to have health or personal problems related to alcohol.
- It is not safe to 'save up' drinks for a few days and then have a binge. Binge drinking can be harmful to health, even if the drinker does not drink very often.

Binge drinking

The term 'binge drinking' has been defined in a number of ways. For young people it means having five or more drinks in one session. Binge drinking also describes drinking to intoxication over a short period of time.

Binge drinking can result in acute intoxication, and have adverse effects on cognition, judgement and health.

A responsible drinking pattern consists of low-risk drinking on any one drinking occasion, on any one day and over any one week. It is not consistent with binge drinking.

Ideas for safer drinking

Start with a soft drink

You will drink much faster if you are thirsty so have a non-alcoholic drink to quench your thirst before you start drinking alcohol.

Use standard drinks

Monitor how much alcohol you drink. It is easier to keep track of what you drink by converting first into standard drinks.

Drink slowly

Take sips and not gulps. Put your glass down between sips.

Eat before or while you are drinking

Eating slows down your drinking pace and fills you up. If you have a full stomach alcohol will be absorbed more slowly. Avoid salty snacks like chips or nuts as these make you thirsty so you drink more quickly.

Avoid 'shouts'

Don't get involved in shouts or rounds. Drink at your own pace, not someone else's. If you get stuck in a shout, buy a non-alcoholic drink when it's your turn.

One drink at a time

Don't let people top up your drinks. It is hard to keep track of how much alcohol is drunk that way.

Pace yourself

Try having a 'spacer', that is, a non-alcoholic drink every second or third drink.

Stay busy

If you have something to do, you tend to drink less. Play pool or dance, don't just sit and drink.

Try the low-alcohol alternative

There is a wide range of light beers available now. Low alcohol or non-alcoholic wines are also becoming more available. Most places which serve cocktails also serve non-alcoholic versions.

Have alcohol-free days

Have at least two days a week when you don't drink at all.

Keep a diary

Write down how much you drink each day in a diary. This can make you more aware of exactly how much you drink.

Be assertive

Don't be pressurised into drinking more than you want or intended to. Tell your friends 'Thanks but no thanks'.

Endnotes

1. Drug Strategy Section, *School Students and Drug Use: 1992 Survey of Alcohol, Tobacco and Other Drug Use Among Victorian Secondary School Students*, Victorian Government Department of Health and Community Services, Melbourne, 1993.
2. Findings of the Youth Alcohol and Community Project (YACP) survey are listed in the Australian Drug Foundation publication, *Reducing the Risk: An Alcohol Action Program for Schools*, Victoria, 1994.
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Get real

Tobacco Education Materials

Contents

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TURNING the TIDE

Introduction

Despite continuing worldwide concern about the effects of smoking on health, many young people are still choosing to smoke.

Current data suggests that the trend towards reduced student smoking seen throughout the 1980s has ended. Slightly more 12- to 15-year-old Australians were smoking weekly in 1993 than in 1990, mainly due to an increase among boys.[1] As in previous years the scale of tobacco use among students is large and represents a sizeable market. These trends are of concern and require preventive action.

In 1994 the US Surgeon General's Report focused on preventing tobacco use among young people. The major conclusions of the report were as follows.

- The majority of first-time smoking takes place before a student leaves secondary school.
- Adolescents who have fewer skills to resist influences to use tobacco, have friends who use tobacco, a lower self-image and lower levels of school achievement are more likely than their peers to smoke.
- Most adolescent smokers are addicted to nicotine and find it difficult to quit.
- The risk of young people taking up smoking seems to be increased by advertising for cigarettes.[2]

After researching many scientific studies and approaches used to deter young people from starting to smoke, the report recommended that a variety of strategies be implemented. As well as restricting tobacco advertising and effectively reducing the sale of cigarettes to children, the report supports the provision of school programs to prevent smoking.

A comprehensive approach to smoking prevention education should also address school factors outside the classroom, school activities and the local community environment.[3]

Current research suggests that smoking education programs are most effective if they adopt certain approaches. Suggestions to teachers include the following.

- Give smoking prevention significant attention in the curriculum. Students need at least ten lessons over two or three years.
- Include information about the social influences on smoking and about tobacco's short-term effects on the body. Students need to practise how to refuse cigarettes.
- Schedule the smoking program to fit into the existing curriculum.
- Begin your program during the transition year from primary to secondary school.
- Involve students in presenting smoking prevention programs.
- Get parent support for smoking prevention programs.
- Train teachers thoroughly in the use of strategies for behaviour change, like modelling and rehearsal.
- Use a smoking prevention approach that reflects community norms.

Reasons for Smoking

The influences on students to start smoking can be grouped under three main headings: tobacco sponsorship and promotion, family and adult role models, and peers. The cost and easy availability of cigarettes are important factors along with the desire to experiment with smoking.

Tobacco and smoking promotion: The tobacco industry, through sponsorship of sport, music and theatre, product placement in movies, and various promotions (e.g. displays in milk bars) creates an environment where smoking is portrayed as desirable. These images often ignore the death and disease caused by smoking.

Family and adult role models: Images of smoking can be reinforced by families because children of parents who smoke are more likely to smoke, siblings introduce younger siblings to smoking and young people may feel rebellious towards parents who tell them not to smoke.

Peers: Young people often take up smoking if their peer group are smokers.

Aims of Smoking Prevention Education

This booklet sets out a total of ten smoking prevention education units for Years 6 to 8. It provides students with up-to-date, accurate, relevant information which will assist them when faced with the decision whether to smoke or not. The activities also allow them to discuss tobacco use in a non-threatening way with peers, siblings, parents and teachers.

There is no safe level of smoking.[4] Students can best reduce their risks by not smoking (not starting to smoke or stopping smoking) and by avoiding other people's tobacco smoke.

How to use this booklet

This booklet addresses issues which are central to the strands of Human Relations, Human Development, Safety and Health of Individuals and Populations within the Health and Physical Education Key Learning Area of the Victorian Board of Studies *Curriculum and Standards Frameworks* (CSF) 1995.

The following table outlines where each unit is located in the strand of the Health and Physical Education learning area.

Level 4

Strand	Learning outcome	Year 6 Lessons 1	2	3	4
Human Development	Identify and describe significant transitions in growth and development and the different ways that people deal with them.				
	Explain how personal and community practices reflect different beliefs or values about expressions of gender.			✓	
Human Relations	Discuss how taking on different roles affect relationships, attitudes and behaviour.		✓		
	Formulate codes of behaviour that enhance cooperations and assist interpersonal relations within a range of groups and contexts.				
	Discuss the ways in which people define their own and other people's identities.		✓		
Safety	Assess options and consequences in responding to unsafe situations.				✓
Health of Individuals & Populations	Identify and analyse images of health and how these influence personal and community health goals.	✓	✓		
	Compare the health service available to different groups in Australia.				
	Describe how the global environment is changed by human behaviour and technological development in ways that affect health.		✓		

Level 5

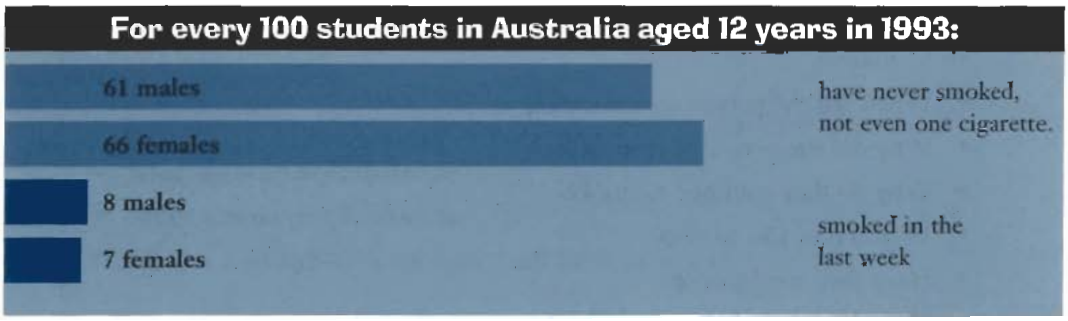
Strand	Learning outcome	Yr 7 Lessons 1	2	3	Yr 8 Lessons 1	2	3
Human Development	Identify and describe environmental factors involved in growth and development.						
	Use the concepts of gender and sexuality to analyse personal and community practices in work, recreation, relationships and family life.	✓					
Human Relations	Demonstrate ways of dealing with changes in relationships.					✓	
	Discuss personal, social and cultural influences on the formation of beliefs about what is right or wrong, good or bad, acceptable or unacceptable behaviour.		✓		✓		
	Examine how personal identity and status are influenced by recognition of achievement and changing responsibilities.					✓	
Safety	Evaluate behaviour that influences personal safety and that of others.	✓					
Health of Individuals & Populations	Identify the health concerns of young people and strategies that are designed to improve their health.						✓
	Identify the rights and responsibilities of consumers of health-related services and products.			✓			✓
	Identify what environmental protection organisations and agencies do to promote a healthy environment.						

YEAR 6

Unit 2 – Who Smokes?

Purpose: For students to explore their perceptions of the proportions of non-smokers and smokers and to investigate laws, rules and consequences of smoking.

Students' perceptions are influenced by many factors and it is important to correct perceptions and point out that the majority of Australians are non-smokers. Smokers are a minority. In 1993 a national survey found that only 7 to 8 per cent of students aged 12 throughout Australia smoked regularly (i.e. in the last week) and that a majority of older students do not smoke.[7] (Statistics on these groups can be found in the Fact File on Tobacco.)



Activity 1

1. Ask ten students to stand in front of the class.
2. Ask all students to think of an answer to the question: Of these ten students, how many do you think would smoke if they represented all the 12-year-olds in Australia?
3. Ask the group of ten students at the front of the class to represent various answers by moving into groups representing percentages of non-smokers.
4. When the correct answer has been given students represent the accurate results in the form of a bar or pie graph.

Activity 2

School-based research shows that most students overestimate the number of people who smoke. Develop a class list to explain this. Reasons may include the following.

- Smokers are so noticeable.
- Photographs of smokers often appear in magazines or newspapers.
- Famous people smoke/do not smoke.

Activity 3

1. Conduct a class discussion on the school rules about smoking and the consequences if these rules are broken. If students are unaware of the rules, they should be directed to where these rules and consequences are stated (e.g. Student Code of Conduct) and asked to write them down.

2. Students develop their own set of rules and seek permission to display them in the corridor or near the principal's office.
3. Discuss who may be affected by the rules (e.g. students, teachers, visitors, workmen).
4. Students should be asked to make a judgement about how fair both the student-generated rules and the school rules are for smokers and non-smokers.

Activity 4

Students brainstorm suggestions of other groups that make rules in our society. The government makes laws about smoking and cigarettes. Ask students what they know about these laws.

Activity 5

In groups students research answers to the statements on *worksheet 2*. For guidance, a set of answers is provided below. For further information teachers could write to the Quit Campaign.

Answers for 'Laws about smoking' quiz

1. Anyone who sells cigarettes to children is breaking the law.
2. Cigarettes sold in Australia can only contain tar, nicotine and carbon monoxide within limits set by the Australian government. Brands are tested to make sure that cigarette manufacturers comply. However, smokers may unknowingly block the small holes put in the cigarette by the manufacturers to lower the amount the smoker inhales.
3. Going smokefree in the workplace also has other benefits: fewer people take sick leave from smoking-related illness, and there is less risk of fires.
4. Smoking is banned on all public transport.
5. Smoking is banned on all plane flights in Australian domestic airspace. There is no smoking section on these flights.
6. Cigarette vending machines are only permitted in areas where children cannot go unless they are accompanied by an adult.
7. Government legislation forces cigarette companies to inform smokers of health risks.
8. The Australian government and governments around the world want to reduce the number of people who smoke because the health costs associated with smoking are greater than the amount governments collect in taxes.

YEAR 7

Unit 1 — Risks and Rights

Purpose: For students to explore the risks associated with smoking and the influences on them to smoke and for students to be aware of the rights of non-smokers and smokers.

The Year 7 units are designed to follow on sequentially from the Year 6 units and to support concepts and learning outcomes developed in these units. Teachers may find it useful to look at the Year 6 units and establish which students in their class have undertaken them and which have not.

Activity 1

1. Divide class into groups and give out ranking cards from *worksheet 8* and blank cards to each group.
2. Groups identify any other influences to smoke and write these on the blank cards.
3. The groups rank the influences on a young person to smoke from most powerful to least powerful.
4. Groups report back to class and compile a class ranking.

Activity 2

Give students a copy of *worksheet 9* and ask them to consider their response. Students may present their response to this question in a number of ways, e.g. a poster, an oral presentation or a written response.

Activity 3

Cigarette smoke affects more than the individual smoker. Two other groups are directly affected. They are people who breathe in smoke from other people's cigarettes and the unborn children of smoking mothers. For both of these groups there are serious health risks.

Students research either the effects of passive smoking or the effect smoking has on the foetus and mother during pregnancy, and present their findings in the form of an information pamphlet. This activity can be undertaken either individually or in groups.

Information on passive smoking and the effects of smoking on the unborn child is available in the Fact File on Tobacco. Further information can be obtained from local Community Health Centres or the Quit Campaign.

Activity 4

The aim of this exercise is to examine the concept of rights and how they are protected by the government.

1. Conduct a class discussion, using the following guide questions.
   - When a person's health or safety is put at risk by the actions of others how does society respond? (e.g. Smoking is banned on public transport to protect the health of non-smokers.)
   - In what ways does the government protect people?

Students should look at legislative and educative responses (e.g. Traffic Accident Commission Road Safety advertisements) and brainstorm a list of examples in both categories. This list could be written on a black or whiteboard, or on butcher's paper.

2. Once students have made their lists they should decide whose rights these laws are protecting. They decide whose rights educative responses are promoting.

Activity 5

A Non-smoker's Bill of Rights may include the following.

- No one has the right to expose others to the dangers of their cigarette smoke.
- Smoking should be banned in public places.

1. Ask students to complete *worksheet 10* individually.
2. Discuss results and compile a class list of non-smokers' rights.
3. Students can use their own list or the class list of rights which are then put onto 'scrolls' and decorated accordingly. Display these in a public place.

Activity 6

Students research and debate the topic: 'Should smoking be banned in all public places'.

Follow up

The following activity would be suitable if teachers wished to continue to explore the influences on young people to smoke.

Media sleuths

Investigate the ways in which cigarette smoking may be portrayed in popular films and TV. (See the Victorian Smoking and Health Program/Australian Teachers of Media booklet, *Giving the Name Away*.)[11] How does the media influence young people's decisions about whether to smoke or not?

Unit 2 – Being Assertive

Purpose: For students to identify and practise responding to pressures assertively and identify and practise solving problems.

Students will encounter many situations where they may feel pressured into doing something they do not feel comfortable with. There are three basic ways they can respond.

Assertive: Assertive people say what they think, feel and what they want, and allow others the same right.

Aggressive: Aggressive people are loud, angry and at times physical, not respecting the rights of others.

Passive: Passive people lack confidence and give in, often sacrificing their own rights.

Activity 1

Ask for volunteers to act out the situations listed below. For each situation they should provide a response that is passive, aggressive and assertive.

- You are standing in a long queue. When you are close to the ticket counter a person pushes in front of you.
- You are watching your favourite TV show when your older sister walks in and switches the station.
- While you are watching your team play basketball the person next to you lights up a cigarette and blows smoke in your face.

Activity 2

Hand each group a different dilemma card from *worksheet 11*. The group identifies how people experiencing the dilemma feel about what has happened. The group labels the response aggressive, assertive or passive and explains why.

It is recommended that students are given time to practise assertive responses through a role play. For more information on assertiveness see the Quit video, 'Hot Water'.

Activity 3

1. Each group develops a role play based on one of the scenarios, demonstrating an assertive solution.
2. As a class, students discuss the responses and suggest how they could be improved upon.

Activity 4

1. Students create their own dilemmas.
2. Group members act out their assertive response for the class. Discuss the responses and how they could be improved upon.
3. Repeat the role play, acting out a passive and aggressive response.

Teachers' note: to maintain the focus on actions and solutions, students should not use props, e.g. pens as cigarettes.

Unit 3 – Taking Action

Purpose: For students to identify achievable actions to establish a smokefree environment.

Activity 1

Students are made aware of legislation making schools a smokefree environment. It is important to emphasise that it is not permissable to smoke in any circumstances on school property.

Activity 2

1. In groups, students evaluate how effectively this legislation is being implemented in their school and make a list of relevant issues. Students select one of these issues and brainstorm as many ways to address this issue as they can.
2. The groups sort the ideas into those that are achievable within the school and those that are not.
3. List the achievable ideas for the class.
4. Groups choose an idea from the achievable list and draft a proposal for the Student Representative Council or its equivalent.
5. Students discuss the proposal with others in the class to ensure that it is workable and addresses all major issues.
6. Groups write their final draft and organise for possible publication in the school newsletter or student magazine, the local newspaper or by the Quit Campaign.
7. Present the proposal to the Student Representative Council or equivalent and carry it out. Other ideas from the achievable list could also be acted upon.

Unit 1 – Skill Me

Purpose: For students to review the health effects and social context of smoking and practise being assertive.

Activity 1

1. Copy an enlarged set of the 'Tobacco loop' *worksheet 12.*[9] Cut off the answers and put up the questions around the room. Note that the answer to each question is beside that question.
2. Provide each student with an answer.
3. Read out each question to the class.
4. Students indicate whether they have the correct answer to the question. If more than one person indicates a correct answer, the class discusses the answers and decides the correct answer. The correct answer is attached to the question.
5. As a class, students discuss the health effects associated with smoking, using the completed 'Tobacco loop' as a stimulus.
6. Ask students to identify the social influences on people to smoke.

Activity 2

Ask groups of students to read the scenarios on *worksheet 13*. In groups students discuss the questions and record their comments.

Follow up

The following activity would be suitable as a revision exercise for students to reinforce their understanding of the short-term and long-term health effects of smoking.

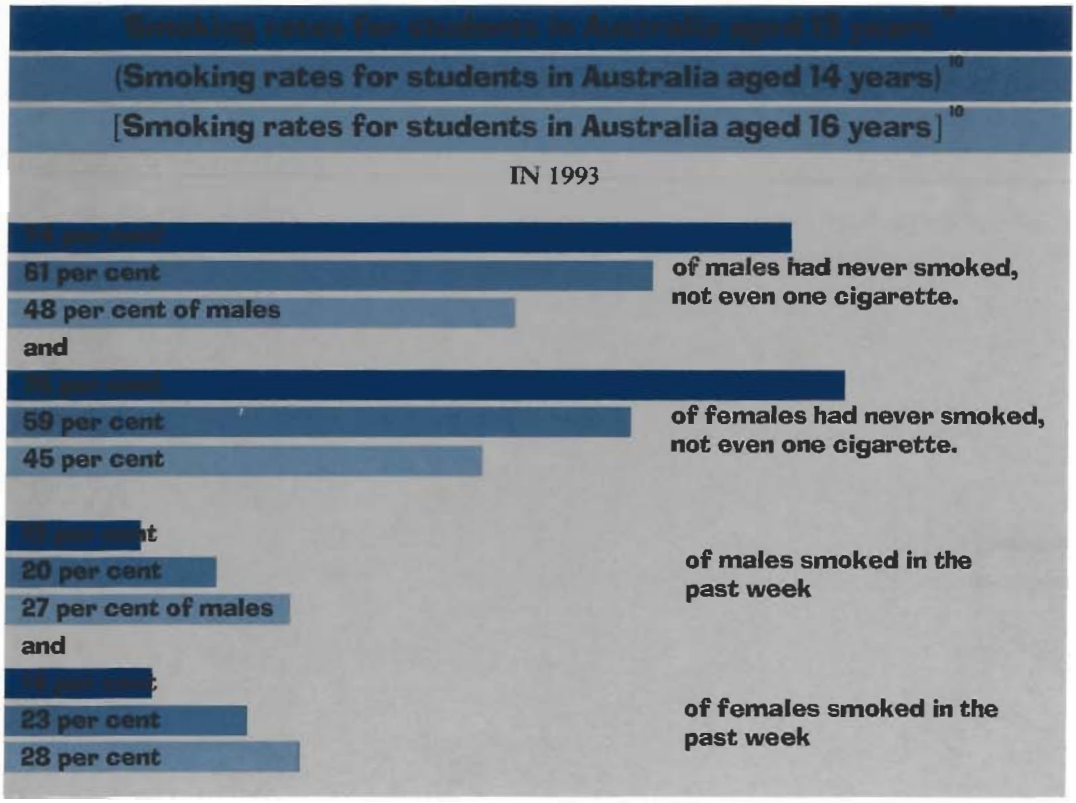
Puss 'n Boots (I've gone to London to visit the queen)

Imagine you have travelled back to the time of Queen Elizabeth I of England shortly after she received Walter Raleigh's letter about bringing back tobacco from the New World. Convince Queen Elizabeth not to allow Walter Raleigh to import tobacco.

Unit 2 – Problems! Problems! Problems!

Purpose: For students to explore their perceptions of the proportions of non-smokers and smokers and practise problem-solving skills.

Activity 1



1. A student or teacher acts as compere and invites pairs of students to the front of the class.
2. Each pair competes to guess the correct percentage of smokers/non-smokers in different sex and age groups.
3. After each guess the compere indicates whether the percentage guessed is higher or lower than the correct percentage, and continues till one pair guesses the correct percentage.
4. Record correct answers.
5. Each student constructs a graph illustrating the various percentages.
6. In groups students interpret the information contained in the graph.
   - What is the relationship between age and smoking rate?
   - What is the relationship between gender and smoking rate?
   - Compare the percentage of smokers and non-smokers for each age group and gender. Why do the percentages of 'never smokers' and 'smokers in the past week' not add up to 100 per cent of teens?

7. In their groups, students list why people may:
   - decide never to smoke
   - experiment with smoking
   - not continue smoking
   - continue to smoke
8. Display the lists around the room for reading at a later time.

Activity 2

1. As a class, work through the 'Problem-solving pathway' on *worksheet 14*, using one of the 'solve the problem' scenarios from the worksheet.[11]
2. Assign the remaining 'solve the problem' cards to groups of students and ask them to find a resolution using the pathway.
3. Groups report back with their solutions.

Unit 3 – Quitting

Purpose: For students to identify support services for people who are trying to quit and explore the establishment of smokefree environments.

Activity 1

1. Brainstorm support services for people who wish to quit smoking.
2. Students investigate one of these services.
   - What do these services suggest in terms of a plan for quitting?
   - How difficult/easy is it to obtain support?
   - How relevant are these services to people in your age group?

Students share their findings with the class.

Activity 2

1. Read the scenario on *worksheet 15* to the class.
2. Divide the class into groups.
3. Each group takes a briefing card and has a few minutes to prepare comments before the discussion begins.
4. Comments are directed through the speaker (the teacher or a student). The speaker has the right to ask unreasonable characters to leave the floor.
5. Following the presentations, each group becomes an Advisory Committee to the Prime Minister. Committees develop advice for the Prime Minister on the most appropriate course of action.

Activity 3

Students complete the 'Summary sheet' on *worksheet 6* individually and discuss as a class.

Worksheet 4

Name:

Being a non-smoker

Kim has just moved to a new school and is keen to make new friends. One day when walking home from school, Kim is offered a cigarette. Kim is unsure about smoking but does not know how to say 'No' and not seem like a dork. What could Kim say?

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Bruno plays touch football on Wednesday nights. There are some older kids in the team and one of them smokes. Dave offers cigarettes to the others. Bruno has said 'No' before but Dave still offers him a cigarette. Bruno is not sure how else to get the message across. What could Bruno say?

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Yanni is a Year 6 student who thinks that smoking is horrible. Some of Yanni's friends have experimented with smoking and they want Yanni to try as well. Yanni is not sure how to explain the reasons for being a non-smoker. What could Yanni say?

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Emma's older brother Sam smokes with his friends but Emma does not know what to do about smoking. They call Emma a chicken. Emma would like to be able to deal with their teasing. What could Emma do or say?

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Donna has tried smoking a couple of times and did not like it very much. She has decided that she does not want to smoke any more but thinks that it might be hard to stop smoking because her friends might expect her to be a smoker. What could Donna say or do?

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Name:

Could I say this?

Make up your mind about what is right for you to say. For example:

'No, I don't smoke.'
'No, thanks.'
'Been there. Done that. Boring.'

If it is difficult to refuse a cigarette directly, you can try the following responses.

1. Use an excuse: *'No, thanks. It makes my hay fever worse.'*
2. Avoid the situation: avoid the places where smokers get together in or out of school.
3. Use humour: *'I'd rather have a fish milkshake.'*
4. Change the topic: *'I'm so thirsty, let's get a drink.'*, *'Look at the time, I have to go.'*
5. Suggest an alternative. *'Hey, let's go and play basketball.'*

Summary sheet

You have been learning about deciding wisely when it comes to smoking.

The risks to me if I smoke are:

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The pressures on me to smoke include:

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One way that I could avoid smoking is:

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Smokefree environments are important to me because:

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.....

Name:

Time traveller

Imagine that it is now 100 years in the future. To get to class students use 'vapour space' where they travel long distances in just a few seconds. People from earth now live in space stations where they breathe pure air. They eat perfectly nutritious meals. No one smokes.

Your school has found a time capsule buried in the foundations of an old building and today is the day that it will be opened. Once opened it reveals a cigarette advertisement, a packet of cigarettes and a box of matches.

Why don't people smoke cigarettes any more?

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Worksheet 10

Name:

Bill of Rights

Everybody deserves to have rights. Rights make our lives better. Thinking or feeling about the rightness or wrongness of the things we do is called morality.

Sometimes our beliefs about right and wrong are made into laws. When this happens our moral rights become our legal rights. We have moral and legal rights to be smokefree.

This worksheet is divided into two columns: legal rights and moral rights.

Under legal rights, list any laws that you think should exist to protect your legal right to remain smokefree. Under moral rights, list the rights you ought to have to protect you from smoke in everyday situations.

Legal rights

Example: No smoking in the school toilets because it is prohibited by law.

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Moral rights

Example: No smoking in the school toilets because some students find it scary to use the toilets when they are filled with smoke and smokers.

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Worksheet 11

Name:

Dilemmas

Pina is having a pyjama party at her house and Katerina, Skye and Jasmin are there. Pina's mum and dad go next door to visit the neighbours for a short time. Katerina lights a cigarette and starts to smoke. Pina's family are all non-smokers. Pina gets angry and shouts, 'What are you doing, you moron? Get your things and go home. My parents would kill me if they thought I'd been smoking.'

Was Pina's response aggresssive, passive or assertive? Was the response appropriate? Why? Why not? How do you think the people involved in this dilemma would feel? Why?

Ahmed, Georgiou and Callum are being driven home by Ahmed's older brother, Mohammed. Mohammed lights a cigarette. It's cold and no one wants to open the windows. Georgiou starts to feel sick. Georgiou doesn't know Ahmed's brother very well. Mohammed is pretty big and cool so Georgiou doesn't say anything. He just hopes that they get home soon.

Was Georgiou's response aggressive, passive or assertive? Was the response appropriate? Why? Why not? How do you think the people involved in this dilemma would feel? Why?

Worksheet 12

Name:

Tobacco loop cards

Q: What percentage of Australians do not smoke?	A: About 70 per cent.
Q: What percentage of regular smokers start before age 20?	A: About 80 per cent.
Q: There are more deaths from tobacco use than from traffic accidents, suicides and AIDS combined. True or false?	A: True: almost five times more.
Q: What is tar?	A: A sticky, dark brown substance deposited in the lungs of smokers.
Q: What is emphysema?	A: A fatal lung illness that is caused by smoking.
Q: Does tobacco smoke contain carbon monoxide?	A: Yes: the same gas that is found in car exhausts.
Q: Smoking helps people stay thin. True or false?	A: False: smoking does not help people stay thin.

Name:

Tobacco loop cards

Q: Can smoking cause cancer?	A: Yes, it can cause cancer of the mouth, lips, throat and lungs.
Q: What happens to your body after one puff of a cigarette?	A: Your heart rate, blood pressure and rate of breathing increase, tar goes into your lungs and your skin temperature drops.
Q: Smoking does not affect sporting performance. True or false?	A: False: performance decreases dramatically in smokers.
Q: What are some of the social consequences of smoking?	A: Smelly hair and clothes, smelly breath, wrinkled skin and less spending money.
Q: How much does a packet of cigarettes cost?	A: Cigarettes cost about $6 a packet. For someone who smokes three packets a week, it would cost $18 a week.
Q: People can stop smoking anytime they want. True or false?	A: False: stopping smoking is difficult. It is easier not to start than it is to stop.
Q: How do smokers feel when they go without cigarettes?	A: Some feel anxious, shaky, have trouble sleeping or feel sick. This is called withdrawal.
Q: People are more loyal to their friends if they smoke with them. True or false?	A: False: refusing to smoke has nothing to do with friendship or loyalty.
Q: What are the three major influences that can cause young people to take up smoking?	A: The media, family and friends.
Q: Tobacco advertising can influence young people to take up smoking. True or false?	A: True: tobacco advertising helps to make smoking seem safe and socially acceptable.
Q: What is the main cause of indoor air pollution?	A: Environmental tobacco smoke.
Q: How can we make wise decisions about smoking?	A: By knowing the facts and knowing ways to say 'No'.
Q: What is an example of an indirect pressure to smoke?	A: Seeing others smoking. This can make smoking seem to be desirable and more common than it really is.
Q: Is passive smoking unhealthy?	A: Passive smoking is very unhealthy. It can cause coughing, sore eyes, headaches, trigger asthma attacks and even cause lung cancer.
Q: What is the best way to stop smoking?	A: To stop smoking, set a date, get help from others and 'psych yourself' into not smoking again.
Q: Smoking is banned on public transport. True or false?	A: True: smoking is banned on public transport.
Q: How many chemicals are contained in tobacco smoke?	A: About 4000.

Adapted from 'Tobacco Loop' Journal of School Health, 1994.

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Get real

Drug-related Student Welfare: Critical Incidents in Primary Schools

Contents

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Drug-related Student Welfare and Critical Incidents in Primary Schools

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State Government of Victoria

TURNING the TIDE

DRUG-RELATED STUDENT WELFARE: IDENTIFICATION, MONITORING AND INTERVENTION

Introduction

Schools are in a unique position to promote healthy behaviours, to prepare students for future health-related issues, and to identify and manage responses to their welfare-related needs. Schools have contact on a regular, if not daily, basis with young people. In some instances they are the only structured form of contact a young person has with the broader community. If the school fails to identify the welfare-related needs of a young person, there is the possibility that these needs will not be identified at all. Schools should be in a position to identify students with drug-related problems through screening and assessment. Behaviour can be monitored daily, and data can be accumulated while low-level intervention is proceeding.

Where necessary, schools can use their networks to explore appropriate referral options, while acting as a coordinating body in the management of the young person's needs. Other support from peers, teachers and the provision of individual or alternative programs and activities are all within the scope of schools.

Drug-related Student Welfare in Schools

Drug-related student welfare relates to any activity concerned with the well-being of students and may be divided into three categories:

Prevention: Aims to minimise the possibilities for harm as well as prepare students for the future.

Identification: This involves creating an environment where students who present with problems are able to get appropriate support.

Intervention: Recognises the need for support for those who are in difficulty.

In many ways a school with a well-developed welfare system will be able to deal with most drug-related developments or situations that may arise.

The key elements of a comprehensive infrastructure for dealing with drug-related student welfare include:

- health-promoting environments
- school management and administrative systems
- curriculum
- identification
- monitoring
- individual or alternative programs and activities
- counselling
- referral
- confidentiality
- planning
- community agencies

Health-promoting environments

The notion of health-promoting schools was developed in the 1980s, initially in Europe, before gaining support from the World Health Organisation, and spreading to Canada, the United States and Australia.

Key elements of a health-promoting school are:[1]

- a comprehensive health curriculum
- trained health teachers
- community participation
- parental cooperation and support
- a healthy physical school environment
- student participation in decision-making and school policy
- development of the school as a caring community
- integration of the physical, social, mental and environmental aspects of health
- teaching children to think critically and analytically about social and health issues

School management and administrative systems

Most teachers are aware of their internal management and administrative systems, which ensure that schools operate as planned. If a policy is developed, its implementation and ongoing success depends on the quality of school management and administration. How effective this is varies from school to school. For example, when monitoring attendance, some schools may require a note for absences, while others may have a set of procedures which includes telephone contact, school visits and referrals.

Effective administration and management also ensure that members of the school community are both protected and supported. It is essential that the school's policies and procedures reflect the legal requirements relating to the students, staff and parents. All members of the school community can then feel reassured that if they follow internal systems, they will be supported in their actions by the educational hierarchy.

When doubt exists about the responsibilities of a school or the legalities of a course of action in a particular circumstance, the legal section of the relevant educational hierarchy should be contacted for clarification. If concerns still exist, advice should be confirmed in writing.

Curriculum

Student welfare should be a priority in a school's classroom program. Teachers should be aware that welfare is about more than just dealing with a student who needs help. It is about providing the information to make the students aware of the issues, as well as the skills and competencies to help them negotiate in the future. A full discussion and comprehensive set of lesson materials is contained in the *Lesson Materials for Primary Schools* booklet.

Identification

Identification occurs in a number of ways and its effectiveness will depend to a large extent on how well many of the above criteria are catered for. It is not about locker raids, sniffer dogs, strip searches, stake-outs and forensic testing. Moreover, trying to predict drug-related reasons for changes in behaviour or appearance in students can also be fraught with problems, and may cause more problems than it solves. The best way of identifying a drug-related issue is to have good communication channels at all levels of the school. It is worth noting that the drug-related problems of others can also cause problems for young people. These may be in the form of neglect, abuse, lack of supervision or exposure to inappropriate risks. These may all create the need for a response by the school.

Below is a list of ways schools with an effectively functioning welfare system are most likely to identify drug issues:

- classroom reporting within a drug-education lesson
- other classroom programs, e.g. pastoral care, religious education, protective behaviours, personal safety, etc.
- while exploring another issue like truancy, declining performance or deteriorating behaviour
- self-reporting or peer reporting
- parental concern or community concern, e.g. contact from community organisation, complaint, police involvement, etc.
- anecdotal evidence
- physical symptoms
- drug-related incidents

Monitoring

When a drug-related issue is identified, the school needs to plan how to deal with it. As schools are community institutions with access to most young people on a daily basis, they are often the logical places to monitor individuals, groups and relevant trends. Once again, the efficacy of schools in monitoring students will depend on elements of the categories already mentioned. An essential aspect of monitoring is good communication between students, staff, parents and the community.

Monitoring not only involves keeping abreast of the issues and the changing circumstances, but also the case management of students. A common problem occurs when a range of people or services is involved with a student. Often one doesn't know what the other is doing, and the result could be each counteracting the other. The young person may end up getting a range of messages, and eventually everyone is left frustrated. This can have potentially disastrous consequences.

With daily contact schools often have a natural advantage in coordinating the parties involved. However, teachers are not drug counsellors.

Community agency checklist

Name of agency .....

Address .....

Status of auspicing body .....

Services offered .....

.....

Programs offered.....

.....

Program description .....

.....

.....

Program length .....

Target group (selection criteria) .....

Program objectives .....

Staffing .....

Age range .....

Program requirements of: .....

parents .....

school .....

student .....

Intake dates .....

Referral procedures .....

Contact person .....

Telephone no. .....

DRUG-RELATED CRITICAL INCIDENTS IN SCHOOLS : GUIDELINES FOR PRIMARY TEACHERS

Introduction

Primary school teachers sometimes say, 'Why do we need to concern ourselves with drug-related incidents? We don't have drug problems'. This attitude is unrealistic. Some of the more common incidents that may occur could include the incorrect use of prescription and non-prescription drugs, the handling of discarded syringes, experimentation with tobacco and alcohol and the use of inhalants. Involvement in the drug-related behaviours of older siblings and friends can be factors in incidents where young people become the victim of others' drug use. The aims of this booklet are to raise awareness of the potential problems and to encourage primary schools to prepare for them.

A range of hypothetical incidents is presented for staff discussion. While certain responses are suggested, these are intended only as a guide for comparison with the opinions of teachers. A checklist and contacts for dealing with drug-related incidents is also presented. Many schools have found it useful and have chosen to display it around the school, often in staff rooms and sick bays.

As teachers realise, the appropriate response to a drug-related incident is often similar to the responses required in other situations that are often dealt with by teachers. The guidelines in this booklet are not intended to replace Directorate of School Education guidelines or other procedures already in place. Rather, they aim to dispel some of the emotion and fear drugs may evoke. Lack of confidence and fear of drug-related incidents are the barriers to effective action.

The advice in this booklet will be more effective if it is made a part of the school's Welfare Policy and Student Code of Conduct, since it will help maintain a consistent approach across the school community and reduce the risk of ad hoc or unsupported responses to critical situations.

Drug-related Student Welfare and Critical Incidents in Primary Schools does not provide the solution to every drug-related situation. Rather, it offers options and ideas. Its effectiveness and value will depend on the skills of teachers and the support of their school communities.

Drugs and Young People

What is a drug?

Drugs are commonly defined as 'any substance which changes the way the body or mind functions'.

This includes prescription drugs, pain relievers, widely-used drugs such as alcohol and tobacco, and illegal drugs such as cannabis, amphetamines and heroin.

While drugs may be categorised in many ways, the most common categories are depressants, stimulants and hallucinogens.

Depressants: Depressant drugs don't necessarily make the user feel depressed. They slow down the central nervous system, including the sending of messages to and from the brain.

In small doses, depressants can make the user more relaxed and less inhibited. In larger doses, they may cause unconsciousness, vomiting and death. Depressants affect concentration and coordination. They slow down the user's ability to respond to unexpected situations.

Depressant drugs include alcohol, tranquillisers (e.g. Valium, Rohypnol), barbiturates, heroin, morphine, opium, methadone and most inhalants (e.g. aerosols, solvents, glue, petrol, cleaning fluid, laughing gas).

Stimulants: Stimulants act on the central nervous system to speed up the messages going to and from the brain. Stimulants increase the heart rate, blood pressure and body temperature. They release more sugar into the blood stream. They increase alertness and self-confidence and may reduce feelings of tiredness and hunger. In large doses, they may cause anxiety and panic.

Stimulants include amphetamines (speed) and cocaine. Nicotine and caffeine are also mild stimulants.

Hallucinogens: Hallucinogens affect perception. People who have taken them see or hear things that aren't really there or are distorted in some way. The effects of hallucinogens vary greatly. It is impossible to predict how they will affect a particular person at a particular time.

Hallucinogens include magic mushrooms, LSD, mescaline and marijuana. Hallucinogens may have a depressive or a stimulative effect in addition to an hallucinogenic effect. For example, marijuana is a depressant as well as an hallucinogen.

How do drugs affect people?

While the effects of drugs can be generally stated, it is impossible to predict exactly how a drug will affect any one person.

The effects of a drug depend on how much is taken, how it is taken, what it is mixed with, whether the person has taken it before, the age and size of the person, their gender, mood and other factors.

A certain amount may have a slight effect on one person, but a much greater effect on another.

Which drugs are the most dangerous?

Newspaper and television reports can lead us to believe that illicit drugs are far more dangerous than other types of drugs. In terms of death, social harm and cost to society, this isn't necessarily true. By far the biggest killer of adults is tobacco, which caused 71 per cent of drug-related deaths in 1990. Alcohol caused 26 per cent of drug-related deaths and narcotics 1 per cent.[2]

The important point to note is that all drugs can be misused and lead to problems. While no drug leads to an immediate physical or psychological addiction, there are many dangers related to drug use. These include:

Accidents: People who have been drinking or taking drugs are more likely to be involved in car accidents, accidents at work or drowning. Young people are more at risk from intoxicated adults. Incorrectly used medication can be a problem as well.

Legal problems: Using illegal drugs may lead to charges for a drug offence or drug-related crime. Using legal drugs may also cause problems with the law. Alcohol is involved in many violent assaults and serious crime.

Social problems: Intoxication associated with drug misuse may have harmful consequences to the family and peer relationships. Things may be done or said which are later regretted. Primary students are vulnerable to the problems of parental drug misuse.

Violence: Use and misuse of drugs may lead to loss of control. Stress from the effects of recent use may also increase the possibility of perceived, emotional, verbal, physical and sexual violence.

Health problems: Tobacco, alcohol and illegal drugs can all have serious health effects. Tobacco is dangerous for young people, particularly in the long term. Inhalants and inappropriate use of medication and inhalants can have immediate adverse effects.

Why do young people use drugs?

Young people use drugs to relax, have fun, and be part of a group. Sometimes they use drugs to cope with problems, relieve stress or overcome boredom. Arguably the most common use is either to overcome illness or to help control it. Asthma medication is an example of the latter.

4. Involve the school administration

Teachers must inform the school administration of cases involving drug misuse by students. This ensures that they are acting within their role and responsibility.

All details of the teacher's involvement should be documented. The school may wish to inform appropriate personnel from within their relevant school authority.

Follow up

5. Parents

Parents have a right to know when their children are misusing substances. (For 'parents' please read 'parents/guardians'.) If the incident involves an illegal substance the parents must be contacted immediately as the police must be notified.

A flow of information is important, as is consistency and mutual support between school and home. Parental support is fundamental to dealing with alcohol and drug-related issues.

6. Department of Health and Community Services

When a student is 'at risk', the Department of Health and Community Services should be contacted. 'At risk' is hard to define, but can include:

- inadequate supervision
- inadequate living conditions
- physical and sexual abuse (the reporting of which is mandatory in Victoria), verbal or emotional abuse

When a teacher is concerned about a young person's physical or emotional well-being, the designated welfare teacher should be asked to contact the most appropriate local health and welfare agencies. Depending on the circumstances, the response will range from advice and support through to a formal investigation.

If a formal investigation is deemed appropriate a Department of Health and Community Services worker will investigate the young person's circumstances. If the worker believes the young person is in need of care and protection, the case may be taken to the family jurisdiction of the Children's Court. The court may decide to place the young person under a supervision order.

The conditions of a supervision order may include, for example, attending school, attending counselling and receiving health-related treatment. If the order is ignored or not properly adhered to, the case will go back to court. In extreme cases, it may lead to Guardianship, which means that the State becomes the young person's legal guardian.

7. Police

School principals are obliged to inform the police of illegal actions within schools or under school jurisdiction. Illegal drug use is one such action. Parents should be notified when there is police involvement.

It is helpful if schools establish an effective liaison with police in their area through the local Station Commander.

It is not correct to assume that handing a matter over to the police will be contrary to the interests of the student. The police aim to act with discretion and make the student's welfare the main priority. Victoria Police conduct a cautioning system for young offenders, which aims to deter repeat offenders and to prevent them from obtaining a criminal record.

It is not necessarily negative for a young person to appear before the Children's Court. The Children's Court has many resources to assist young offenders. When passing judgement magistrates consider what is in the best interests of the young person. If a drug problem is identified, part of the magistrate's disposition would be to ensure that the young person receives assistance for the problem.

8. Community agencies

In addition to the police and the Department of Health and Community Services, there are often local support agencies whose services may be useful when addressing drug-related situations.

The welfare teacher needs to familiarise him or herself with the range of support services available to young people, and ensure appropriate access for students and their families.

9. School communication

A need may exist for a follow-up information session or review with staff or students who have been involved in the problem. If the incident was traumatic, procedures need to be put in place to recognise and support staff, parents and students in terms of immediate needs and future actions.

Drug-related Scenarios

The following scenarios illustrate a range of situations teachers may face. It may be useful to consider these and discuss them with staff. Some suggested responses are provided at the end of each scenario.

Mr Bacon's drama

Mr Bacon is relieved. After preparation and training that has gone on forever, the school's production of *Romeo and I Forgot* has been a great success. The audience laughed all night. The Principal congratulated Mr Bacon when she was leaving.

With the show over and the laughter all gone, he waits with Harriet and Felicity. Harriet's father is supposed to be collecting them, but he is so unreliable.

6. Parents should be notified and a doctor contacted for advice.
7. Once the immediate situation has been dealt with, the school should consider:
   - counselling students with their parents
   - exploring the cause of the behaviour
   - comprehensive drug education
   - education about the dangers of inhaling
   - discovering how the students got the petrol
8. A section on solvent misuse has been included as Appendix A.

Conley Street Primary goes clean

Conley Street Primary School is accepted into the Drug Education Support for Schools Project and immediately declares the school a Drug-free Zone. Posters go up, competitions are run and prizes are won, talent contests conducted, visiting speakers come in one door and out the other, teachers give up smoking, students give up cola and Conley Street Primary is awash with anti-drug sentiment.

Melissa, a Year 2 student is inspired by the atmosphere, and refuses to take her daily medication. She says that drugs are bad and all the other kids will think she is an addict.

What should happen?

1. While it is the responsibility of Melissa's parents to ensure she takes her medication, the school is obliged to counsel Melissa with a view to establishing the exact reason for her refusing her medication. The school has an obligation to monitor Melissa's medication intake, if necessary while she is at school. The procedure should be worked out in consultation with her parents. Advice is provided in the School Operations manual in regard to these procedures.
2. If it is the unbalanced message coming through the school's drug-education program, steps should be taken to address this. Messages such as 'Drugs are bad' or 'Say No to drugs' tend to be simplistic and can have unforeseen and negative effects. Current research recommends approaches to drug education where students are encouraged to explore their own values and attitudes, rather than have the values and attitudes of others imposed on them. It is also recommended that models which improve social competence through working on skills like knowledge, decision-making, behaviour rehearsal and communication are more useful than attempts at moral indoctrination.

Catering for individual differences

Talking to her class, Ms Martin realises that many Year 6 students experience situations where people smoke cigarettes and drink alcohol. This occurs when they socialise in groups of mixed ages and at times in homes when under the care of older brothers and sisters. It is also apparent that a varied but detailed level of knowledge exists regarding more illicit substances. Two girls have even witnessed some older boys injecting at a roller-skating rink on Saturday night.

Some of the students appear keen to discuss their experiences in detail, while others seem a little shocked and confused by the discussion.

Ms Martin has a dilemma. She considers it important to allow those who are disclosing their experiences to continue, since these appear to be the cause of much anxiety.

On the other hand, Ms Martin suspects the discussion could frighten some of the other students.

What should happen?

1. This example shows the need for consultation with students and parents before embarking on a drug-education program. Ms Martin would then have a clearer picture of drug use within the school community. She would be aware of parental expectations as well as the needs of all students.
2. In this instance, it is important that the students are listened to. Whether it happens within the class, or at an alternative venue later depends on Ms Martin's assessment of the situation, particularly regarding disclosures and confidentiality.
3. Parent education regarding communication with their children seems particularly pertinent to this community.

A tragedy

Billie is part of the school netball team that has won the final among the local primary schools. To celebrate, the team's coach buys ice-creams and presents medals while they celebrate and talk about how well they all played. The team members eventually head off for home in their separate directions. Some of the girls are picked up by parents, while Billie and her friend Amelia run the two blocks to their homes.

Crossing the road, Billie realises she has dropped her medal and turns to pick it up. At that point, a driver under the influence of alcohol comes around the corner with tyres squealing. The car fishtails, slides sideways and hits Billie. She dies.

What should happen?

1. A tragedy like this is beyond one's normal ability to cope. The help of people expert in trauma recovery needs to be enlisted.
2. A meeting of school administration, outside professionals and relevant school staff should be called.
3. A plan of action should be determined with regard to the following:
   - full staff meeting
   - school assembly
   - contact with Billie's parents
   - contact with Amelia's parents
   - potential media liaison
   - letters to parents of the netball team
   - school newsletter item
   - school council meeting
   - support for any siblings
   - support for team's coach and school principal
   - support for all other affected staff
   - support for affected students, e.g. netball team, friends, etc.
   - class work for affected year levels
   - ongoing liaison with outside agencies
   - memorial service arrangements
   - support for planning team
   - whatever needs going in here
   - support for team's coach and school principal
4. Look at long-term initiatives in the community and curriculum.

Some short scenarios

A teacher catches a Year 5 boy smoking and advises him that his parents will be contacted. The boy starts crying and tells how his father will beat him.

Greg is an asthmatic and carries his asthma puffer with him when he exercises. At the end of a cross-country meeting, a teacher observes a number of students using Greg's puffer.

Immediate effects

In most instances the immediate effects of using an inhalant will be over within an hour, although these vary depending on:

- the particular solvent and its toxicity
- how it is taken
- amount inhaled
- experience of user
- individual physical and psychological factors

Ten common effects that people experience from inhalants include:

- fewer inhibitions
- excitement
- drowsiness
- flu-like symptoms
- disorientation and poor coordination
- sickness (some people may suffer from nausea and diarrhoea)
- unpleasant breath
- nosebleeds and sores
- reckless and aggressive behaviour
- hangovers

Solvent misuse can also be dangerous, especially for inexperienced users. Suffocation, choking, heart failure and accidents have all contributed to the deaths of solvent misusers. As solvents seem to make the body more sensitive to adrenalin, it is important not to frighten or chase solvent misusers.

It should also be noted that in the vast majority of cases, solvent misusers will neither die nor suffer from any long-term ill effects. At the same time, schools are strongly advised to respond quickly, and with appropriate education, counselling and guidance.

Chronic users

If solvent misuse becomes a regular habit over an extended period of time, the potential for permanent damage to organs such as the kidneys, heart, liver and lungs increases. Brain damage has also been known to occur as well as loss of sex drive.

If solvent misuse occurs what should a school do?

Schools have two responsible options: either to counsel those students they have identified as solvent misusers or to take the discussion into the wider school population. The decision will depend on the resources of the particular school and how widespread the behaviour is.

Schools with a comprehensive health program including a drug-education component, as well as experienced and trained health teachers, may be more likely to tackle the issue in the classroom as part of more general lessons on peer pressure and risk-taking. Before proceeding however, a meeting of involved teachers should be called to discuss the types of information that will be presented. For example, detailed explanations about how solvents are inhaled would in most cases be unwise, unless as part of a discussion about the dangers of sniffing from a plastic bag. Equally, long lists of all the different types of solvents that may have an intoxicating effect would be unnecessary. Teachers would generally be better advised to focus on the solvent in local use when providing information.

What to do in an emergency?

Do not panic. Take these actions:

- Calm all the people involved.
- Remove solvent.
- Loosen clothing which might restrict breathing.
- Open windows/doors for fresh air.
- If in doubt, call an ambulance.
- If a person is unconscious, call an ambulance.
- Lie person in coma position with head turned to one side.
- Do not give anything to eat or drink.
- Stay with person until fully recovered or help arrives.

Endnotes

[1] Commonwealth Department of Health, Housing and Community Services, *The National Health Strategy: Pathways to Better Health*, Issues paper no.7, March 1993.

[2] Commonwealth Department of Health, Housing and Community Services, *Statistics on Drug Abuse in Australia*, AGPS, Canberra, 1992.

[3] Victorian Department of Health and Community Services, *Child Abuse and Neglect: The Teacher's Response*, 2nd edn, Victoria, May 1994.

[4] Ministry of Education Schools Division, *School Information Manual: School Operations*, 3rd edn, Melbourne, 1991.

Directorate of School Education, *Guidelines for Developing the Student Code of Conduct*, Melbourne, 1994.

Catholic Education Office, *Drug Issues in Catholic Schools: Education, Prevention, Intervention (Policy 2.13)*, Melbourne, 1992.

Catholic Education Commission of Victoria, *Pastoral Care of Students in Catholic Schools (Policy 1.14)*, Melbourne, 1994.

[5] Ministry of Education Schools Division, *School Information Manual: School Operations*, includes alcohol and tobacco as prohibited by the Directorate of School Education. It also provides guidelines relating to medicines. For more information about the legality of drugs readers should refer to the *Drug Information for Teachers* booklet.

Get real

Drug-related Critical Incidents: Guidelines for Secondary Schools

Contents

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Drug-related Critical Incidents: Guidelines for Secondary Schools

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TURNING the TIDE

Introduction

Teachers sometimes say, 'Why do we need to concern ourselves with drug-related incidents? We don't have problems.' The Drug Education Support for Schools Project believed this attitude to be misguided. The project aimed to raise awareness of the potential problems and encourage schools to prepare for them.

This booklet presents a range of hypothetical incidents for staff discussion. While certain responses are suggested, these are intended only as a guideline for comparison with the opinions of teachers. A general framework for dealing with drug-related incidents is also presented. Many schools have found this useful and have chosen to display it around the school, often in staff rooms and sick bays.

The appropriate response is similar to the responses required of teachers in other situations. The guidelines in this booklet do not replace Directorate of School Education guidelines or procedures already in place. Rather, they aim to dispel some of the emotion and fear that drug incidents may evoke. Lack of confidence and fear of drug-related situations are barriers to effective action. These guidelines try to help teachers formulate an appropriate plan of action to dispel fear and build confidence.

The advice in this booklet will be more effective if it is linked to the school's Welfare and Discipline policy, since it will help maintain a consistent approach across the school community and reduce the risk of ad hoc or unsupported responses to critical situations.

These guidelines name the Student Welfare Coordinator as the contact point and source of referral information.

The checklist and list of contact numbers at the end of this booklet have been designed for photocopying and display.

This booklet does not provide the solution to every drug-related situation. Rather, it offers options and ideas. Its effectiveness and value depend upon the professional skills of teachers, the support of their schools and some preparation and planning to ensure that drug-related incidents have the best possible outcome.

Drugs and Young People

What is a drug?

Drugs are commonly defined as 'any substance which changes the way the body or mind functions'.

This includes prescription drugs, pain-killers, widely used drugs such as alcohol and tobacco, and illegal drugs such as cannabis, amphetamines and heroin.

The three main categories of drugs are depressants, stimulants and hallucinogens.

Depressants: Depressant drugs don't necessarily make the user feel depressed. They slow down the central nervous system, including the sending of messages to and from the brain.

In small doses, depressants can make the user more relaxed and less inhibited. In larger doses, they may cause unconsciousness, vomiting and death. Depressants affect concentration and coordination. They slow down the user's ability to respond to unexpected situations.

Depressant drugs include alcohol, tranquillisers (e.g. Valium, Rohypnol), barbiturates, heroin, morphine, opium, methadone and most inhalants (e.g. aerosols, solvents, glue, petrol, cleaning fluid, laughing gas).

Stimulants: Stimulants act on the central nervous system to speed up the messages going to and from the brain. Stimulants increase the heart rate, blood pressure and body temperature. They release more sugar into the blood stream. They increase alertness and self-confidence and may reduce feelings of tiredness and hunger. In large doses, they may cause anxiety and panic.

Stimulants include amphetamines (speed) and cocaine. Nicotine and caffeine are also mild stimulants.

Hallucinogens: Hallucinogens affect perception. People who have taken them see or hear things that aren't really there or are distorted in some way. The effects of hallucinogens vary greatly. It is impossible to predict how they will affect a particular person at a particular time.

Hallucinogens include magic mushrooms, LSD, mescaline and marijuana. Hallucinogens may act as a depressant or a stimulant as well as an hallucinogenic effect. For example, marijuana is a depressant as well as an hallucinogen.

How do Drugs Affect People?

While the effects of drugs can be generally stated, it is impossible to predict exactly how a drug will affect any one person.

The effects of a drug depend on how much is taken, how it is taken, what it is mixed with, whether the person has taken it before, the age and size of the person, their gender, their mood and other factors.

A certain amount may have a slight effect on one person, but a much greater effect on another.

Which drugs cause the most harm?

Media reports could lead us to believe that illegal drugs such as amphetamines and heroin are far more dangerous than other drugs.

Of the 25 500 drug-related deaths in Australia in 1991, 71 per cent were due to tobacco, 26 per cent to alcohol, 2 per cent to opiates (such as heroin) and 1 per cent to other drugs.

For younger people aged 15 to 34, alcohol is responsible for the majority (60 per cent) of drug-related deaths.[1]

The fact is, all drugs can cause problems. All drugs can be misused.

No drug leads to an immediate physical addiction. But there are many consequences related to drug use. These include:

Accidents: People who have been drinking or taking drugs are more likely to be involved in car accidents, accidents at work or drowning. They are more likely to put themselves at risk when they are intoxicated.

Legal problems: Using illegal drugs may lead to charges for a drug offence or drug-related crime. Using legal drugs may also cause problems with the law. Alcohol is involved in three out of four violent assaults, and about 50 per cent of serious crime.

Social problems: Intoxication associated with drug misuse may have harmful consequences to the user's family and peer relationships. Things may be said or done which are regretted later.

Violence: Misuse of drugs may lead to loss of control. Stress from the effects of recent use. may also increase the possibility of perceived, emotional, verbal, physical and sexual violence.

Health problems: Tobacco, alcohol and illegal drugs all have serious health effects if used over a long period of time. With illegal drugs, it is very difficult for the user to know how strong they are, or what they have been mixed with. This may lead to an overdose, especially when many different drugs are used at the one time. People who inject drugs are at risk of catching HIV (the AIDS virus) or hepatitis if they share needles.

Does cannabis lead to the use of other drugs?

Of all the illegal drugs, cannabis (or marijuana) is used most often by young people. Statistics show that 43 per cent of Year 11 students had experimented with cannabis.[3]

Some people believe that cannabis is fairly harmless and probably does less damage to health than alcohol. Others argue that cannabis could lead young people to use other illegal drugs like heroin or amphetamines. Cannabis can damage a person's health if used regularly over time.

The long-term health risks may include respiratory diseases such as lung cancer and bronchitis. This is because cannabis has a much higher tar content than tobacco. Motivation may be reduced, so that performance at work or school suffers. Long-term use may cause decreased sex hormone production, leading to lowered sex drive, irregular menstrual cycles or lower sperm count. Concentration, memory and ability to learn may also suffer.

It is dangerous and illegal to drive after using cannabis, because it decreases concentration and coordination, and causes drowsiness. If someone uses alcohol as well as cannabis, then the effects will be much greater and driving is even more dangerous.

People who use cannabis don't necessarily go on to use other illegal drugs.

It is true that most heroin users have also used alcohol, tobacco and cannabis. But most young people who use cannabis don't end up using heroin, amphetamines or any other illegal drug.

Responsible staff

This booklet names the Student Welfare Coordinator as a source of referral information and contact. Some schools do not have a Student Welfare Coordinator, but have other arrangements for student welfare and discipline issues.

Depending on your situation, this book should be read by the most appropriate member of staff, who should disseminate the information in a way that best complements the needs of your school.

Welfare and discipline policy

Issues arising from alcohol and drug use should be approached within the context of a school welfare and discipline policy.

Drug misuse by a young person is one indication that the student might need support. Before instances arise, the school should determine its policy on drug-related issues. The policy should provide clear guidelines about what to do in cases of drug misuse. Included in these guidelines should be an outline of the responsibilities of staff members in the school.

For example, the pastoral care or classroom teacher may be responsible for welfare issues, the Student Welfare Coordinator may become involved when a referral is needed, and the Deputy Principal may be the person to handle discipline issues. When a situation has the potential to become serious, the same person should not be responsible for discipline and welfare. These roles should be separate and the young person involved made aware of the separation.

Teachers, students and parents should have some input into the policy, and all of them should be aware of its content.

Contacts with local support services

Welfare teachers should develop and maintain a good understanding of the services available to students and families within their region. This understanding is best facilitated by personal contact between the welfare teacher and staff from particular agencies.

Knowing your local service providers is one of the best ways of being prepared for dealing with incidents when they arise.

Services you should have contact with include:

- the police force
- Department of Health and Community Services
- a medical practitioner
- local health services
- youth services
- family support services
- community health services
- local council services

Follow up

6. Parents and guardians

Parents and guardians have a right to know when their children are misusing substances. A flow of information is important, as is consistency and mutual support between school and home.

Parental support is fundamental to dealing with alcohol and drug-related issues.

7. Health and welfare services

When a teacher is concerned about a young person's physical or emotional well-being, the Student Welfare Coordinator should be asked to contact the most appropriate local health and welfare agencies. Depending on the nature of the circumstances, the response will range from advice and support through to a formal investigation.

In Victoria, mandatory reporting has been introduced for child physical and sexual abuse.[4] In cases where a teacher believes an instance of physical or sexual abuse has or may have occurred, they have a responsibility to discreetly inform the appropriate professional in the school such as the Principal or Student Welfare Coordinator. The teacher should always discuss any action with the student first.

8. Police

School Principals are required to inform the police of illegal actions within schools or under school jurisdiction. Illegal drug use is one such action.

It is helpful if schools establish an effective liaison with police in their area through the local Station Commander.

It is not correct to assume that handing a matter over to the police will be contrary to the interests of the student. The police aim to act with discretion and make the student's welfare the main priority. Victoria Police conduct a cautioning system for young offenders which aims to deter repeat offenders and to prevent them from obtaining a criminal record.

It is not necessarily negative for a young person to appear before the Children's Court. The Children's Court has many resources to assist young offenders. When passing judgement magistrates consider what is in the best interests of the young person. If a drug problem is evident, part of the magistrate's disposition would ensure that the young person receives assistance for it.

In the event of unauthorised alcohol use by students, it may be useful for Principals to liaise with the Station Commander who could take action if the supply of alcohol was illegal.In the event of sale of tobacco to an under-age student the local council Environmental Health Officer may be contacted.

9. Community agencies

In addition to the police and the Department of Health and Community Services, there are often local support agencies whose services may be useful in addressing alcohol and drug-related situations. The Student Welfare Coordinator should familiarise him or herself with the range of local support services available to young people, and ensure appropriate access for students and their families.

10. School communication

There may need to be a follow-up information session or review with staff or students who have been involved in the incident. Some follow-up contact with parents, media or the local community may be needed to address misinformation about the incident.

Drug-related Scenarios

The following scenarios illustrate a range of situations teachers may face. It may be useful to consider these and discuss them with other members of staff.

The bust

A teacher is preparing for his next class when a student arrives early to inform him that another student, Timothy, has marijuana in his school bag. The teacher decides to take Timothy and the school bag to the Principal's office. On the way the teacher hears students whispering to each other, 'It's a bust!'.

The Principal asks Timothy to open up his school bag.The opened school bag reveals a number of carefully measured sachets of what appears to be marijuana.

What should happen?

1. A Principal or teacher is not able to examine a student's bag without the permission of the student. If this permission is given it is advisable that another staff member is present when the bag is opened.
2. Timothy's parents or guardians should be contacted and encouraged to come to the school immediately.
3. If Timothy had refused permission for the bag to be searched the Principal should await the arrival of the police. Bags cannot be searched unless there is evidence to suggest imminent danger to any student.
4. Police should be contacted if illegal drugs are discovered. If schools are unsure they may wish to contact police to establish the nature of a particular substance. When a student appears to have committed a crime and the matter has been handed over to the police, the student has the right to the presence of the parent/guardian or another adult who will be looking after their interests.
5. As Timothy has given permission for his bag to be searched and what appears to be marijuana has been discovered, the substance should be placed in the school safe by the Principal. The Principal should have a witness present until the police arrive.
6. The Principal should write and sign a detailed report.
7. With so many students seeming to know of the situation, the school has a dilemma. Should each class (or particular classes) be spoken to? Or should things go on as if nothing has happened? By saying nothing, the chances of exaggerated rumours are possible. However, Timothy's dignity needs to be considered.

Sniffers in the park

A teacher is driving by a local sports oval in school hours. She notices some Year 7 students who have skipped school. The teacher stops her car and approaches them as they scramble to hide something. She believes they may be hiding drugs.

'Why aren't you all at school?' she asks.

Most of them hang their heads in silence before one of their number, Dario, slumps on his side.

'What's wrong?' asks the teacher.

Another of the students, Maurice, tells the teacher that Dario had an argument with his father the previous night, so he didn't sleep very much.

3. Unless others decide differently, Jane should be kept at school. She has trusted in her pastoral care teacher, the importance of which should never be underestimated. Jane's mother is also aware of the situation and involved. The school also offers much by way of stability and order in an otherwise chaotic life. These factors will be important to the success of any subsequent dealings with Jane.

Nasty needles

A teacher finds a syringe on the sports oval.

What should happen?

1. The teacher should stay by the needle to make sure nobody steps on it, or picks it up.
2. A student should be sent to get tongs with which to pick up the needle, and a container for disposing of it (ideally a sharps bin). All schools should have these items.
3. Students should have been warned about the dangers of syringes. Information regarding safe practices and drug use should be freely available, in the library and in the Student Welfare Coordinator's office.

Pill popper

A student is slurring her words and her eyelids keep closing. The teacher is given permission to search her locker. With another teacher present, they discover a prescription for tranquillisers in the student's locker.

What should happen?

1. The first priority is the safety of the students and her immediate needs should be dealt with by the designated first-aid teacher.
2. The Student Welfare Coordinator (or other designated staff member) should contact the parent and possibly the doctor who has written the prescription. They should ask about side effects and whether the student should be at school.
3. The response of doctor, parents and student will determine whether the school feels it has to deal with a case of anxiety or misuse.

Suspicious sharing

A teacher notices some students sharing a roll-your-own cigarette and suspects marijuana, but none is found, or admitted to.

What should happen?

Normal disciplinary procedures regarding smoking should be followed. Where there is only a suspicion, assuming guilt can be just as dangerous as turning a blind eye.

APPENDIX A

Solvent misuse

If there is no evidence of solvent use in the neighbourhood, it could be counterproductive to raise the issue in the classroom.

Nevertheless, it would be equally irresponsible for schools to ignore the issue. If solvent misuse begins among a school population, it can spread quickly. Schools need to be prepared. After receiving publicity, solvent misuse often increases sharply.

Use tends to be specific to certain localities and particular instances in time. One year a school may have 20 per cent of its students experimenting with solvents, and a few years later it may have none.

Because of this, a discussion of solvents has been included in the incidents section of the resource package rather than in the lesson materials booklets.

What is solvent misuse?

Solvent misuse is also referred to as inhalant misuse or glue-sniffing. The term glue-sniffing can be misleading since there are any number of different types of solvents. Most households would have several varieties. These include:

- glues
- thinners
- correction fluids
- aerosol sprays
- butane gas
- petrol

Most solvents are highly flammable and readily available. They tend to be used by students in the age range of 11 to 17 years. Use peaks around the 13 or 14-year-old age group.

How?

Different products are used in different ways. Glue is usually sniffed from a bag, correction fluid or thinner may be sniffed from cloth and aerosols/butane can either be sprayed directly into the mouth or sniffed from a plastic bag.

Why?

Sniffing is tried for many reasons, and these are usually related to the desire to become intoxicated and the ease with which solvents can be acquired. To understand the motivations of any particular young person, you need to ask, and they need to tell you.

Immediate effects

In most instances the immediate effects of using an inhalant will be over within an hour, although these vary depending on:

- the particular solvent and its toxicity
- how it is taken
- amount inhaled
- experience of user
- individual physical and psychological factors

Get real

Drug-related Student Welfare: Identification, Monitoring and Intervention

Contents

intervention

COMMUNITY SUPPORT FUND VICTORIA

ACKNOWLEDGEMENTS

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TURNING the TIDE

Introduction

Schools are in a unique position to promote healthy behaviours, to prepare students to deal with future health-related issues, and to identify and manage responses to their welfare-related needs. Schools have contact on a regular, if not daily, basis with young people. In some instances they are the only structured form of contact a young person has with the broader community.

If the school fails to identify the welfare-related needs of a young person, there is the possibility that these needs will not be identified at all. It is necessary that schools identify students with drug-related problems through screening and assessment. In some of the cases, appropriate intervention may be necessary. Where possible, actions and decisions can be undertaken with the cooperation of parents. Behaviour can be monitored daily, and data can be accumulated while low-level intervention is proceeding.

Where necessary, schools can use their networks to explore appropriate referral options, while acting as a coordinating body in the management of the young person's needs. Other support from peers, teachers and the provision of individual or alternative programs and activities are all within the scope of schools.

Why the Need for Drug-related Student Welfare?

Many students will complete their schooling without needing to access the types of welfare resources mentioned in this booklet. The primary focus of this booklet is to provide guidance to schools when dealing with drug-related student welfare issues.

In many ways, a school with a well-developed welfare system will be able to deal with most drug-related issues or situations as they arise.

In both school and community, the word 'drug' often evokes a highly emotional response. The slightest hint of a 'drug problem' in the school has an almost automatic impact on enrolment.

The result of such emotive responses can at times compromise individual student welfare for the sake of the school's reputation.

The conflict between the image schools wish to present and the behaviours of many of their students is evident from the 1992 Victorian Department of Health and Community Services' survey of post primary students' drug use.

Drug use figures

School Students and Drug Use, 1992

	Year 7	Year 10
Analgesics	69	77
Alcohol	24	62
Tobacco	16	33
Marijuana	3	19
Inhalants	9	7

Figures in percentages of students who have ever used the drug

Source: *School Students and Drug Use: 1992 Survey of Alcohol, Tobacco and other Drug Use Among Victorian Secondary School Students*, Drug Strategy Section, Victorian Department of Health and Community Services, Victoria, 1993.

According to the report, apart from analgesics, factors related to inappropriate drug use include:

- unsupervised recreation and truancy, which have the highest correlation with drug use
- the drug use behaviours of siblings, close friends and parents

While these indicators may have been identified by the Department of Health and Community Services, a range of theories exist that attempt to explain or predict inappropriate drug use by young people. The various theories agree on three general principles:

1. There is no single cause of substance misuse.
2. Prevention efforts should avoid focusing on specific causes of substance use.
3. Psychosocial approaches appear the most effective in promoting harm minimisation, including non-use.

Drug-related Student Welfare in Schools

Drug-related student welfare relates to any activity concerned with the well-being of students and may be divided into three categories:

Prevention: Aims to minimise the possibilities for harm as well as prepare students for the future.

Identification: This involves creating an environment where students who present with problems are able to get appropriate support.

Intervention: Recognises the need for support for students who are in difficulty.

The key elements of a comprehensive infrastructure for dealing with drug-related student welfare include:

- health-promoting environments
- supportive school management and administrative systems
- curriculum
- identification
- monitoring
- referral
- counselling

Health-promoting environments

The notion of health-promoting schools was developed initially in Europe in the 1980s, before gaining support from the World Health Organisation, and spreading to Canada, the United States and Australia.

Key elements of a health-promoting school are as follows:[1]

- a comprehensive health curriculum
- trained health teachers
- community participation
- parental cooperation and support
- a healthy physical school environment
- student participation in decision-making and school policy
- development of the school as a caring community
- integration of the physical, social, mental and environmental aspects of health
- teaching children to think critically and analytically about social and health issues

Supportive school management and administrative systems

Most teachers are aware of their internal management and administrative systems, which ensure that schools operate as planned. If a policy is developed, its implementation and ongoing success depends on the quality of school management and administration. How effective this is varies from school to school. For example, when monitoring attendance,

some schools may simply require a note for absences, while others may have a set of procedures which includes telephone contact, school visits and referrals. One school may have up to 10 per cent of its students absent on any single day, while another may rarely have more than 1 or 2 per cent absent. On the surface, this may seem to have little relevance to drug-related student welfare, but as the 1992 Victorian Department of Health and Community Services survey into young people and drug use has shown, a key indicator for drug misuse was unsupervised recreation and truancy.

Effective administration and management ensure that members of the school community are both protected and supported. It is essential that the school's policies and procedures reflect any legal requirements relating to the students, staff and parents. All members of the school community can then feel reassured that if they follow internal systems, they will be supported in their actions by the educational hierarchy.

When doubt exists about the responsibilities of a school or the legality of a course of action in a particular circumstance, the legal section of the relevant educational hierarchy should be contacted for clarification. If concerns still exist, advice should be confirmed in writing.

Curriculum

Student welfare should be a priority in a school's classroom program. Teachers should be aware that welfare is more than just dealing with a student who needs help. It is about providing the information to make the students aware of the issues, as well as the skills and competencies to help them negotiate in the future. A full discussion and comprehensive set of lesson materials is contained in the *Lesson Materials for Secondary Schools* booklet.

Identification

Identification occurs in a number of ways and its effectiveness will depend to a large extent on how well many of the above criteria are catered for. It is not about locker raids, sniffer dogs, strip searches, stake-outs and forensic testing. Moreover, trying to predict drug-related reasons for changes in behaviour or appearance in students can be fraught with problems, and may cause more problems than it solves. The best way of identifying a drug-related issue is to have good communication channels at all levels of the school. It is worth noting that the drug-related problems of parents and guardians can also cause problems for young people, such as neglect, abuse, lack of supervision or exposure to inappropriate risks. Any of these may create the need for a response by the school.

Below is a list of ways schools with an effectively-functioning welfare system are most likely to identify drug issues:

- classroom reporting within a drug-education lesson
- other classroom programs, e.g. pastoral care, religious education, protective behaviours, personal safety, etc.
- while exploring another issue like truancy, declining performance or deteriorating behaviour
- self-reporting or peer reporting
- parental concern or community concern, e.g. contact from community organisation, complaint, police involvement, etc.
- anecdotal evidence
- physical symptoms
- drug-related incidents

Monitoring

When a drug-related issue is identified, the school needs to plan how to deal with it. As schools are community institutions with access to most young people on a daily basis, they are often the logical places to monitor individuals, groups and relevant trends. Once again, the efficacy of schools in monitoring students will depend on elements of the categories already mentioned. An essential aspect of monitoring is good communication between students, staff, parents and the community.

Monitoring not only involves keeping abreast of the issues and the changing circumstances, but also the case management of students. A common problem occurs when a range of people or services is involved with a student. Often one doesn't know what the other is doing, and the result could be each counteracting the other. The young person may end up getting a range of messages, and eventually everyone is left frustrated. This can have potentially disastrous consequences.

With daily contact schools often have a natural advantage in coordinating the parties involved.

Referral

Deciding where to refer a young person who needs more support than the school can offer will depend on the locality of the school and the services available. While the booklet *Drug-related Critical Incidents: Guidelines for Secondary Schools* gives an outline of a range of referral options, there is no substitute for personnel within the school having local knowledge. The quality of organisations and their staff differ, as does the availability of services. A school that has good community links, clearly-articulated policies and procedures and access to trained welfare staff will be in the best position to make appropriate referrals.

Counselling

Schools should have an understanding of where their roles begin and end. Teachers are not drug counsellors. A good rule of thumb is, when in doubt, seek advice.

Some of the information in this booklet is of more practical use to school support staff than classroom teachers or even Student Welfare Coordinators. However, awareness of the information available may be useful for schools when deciding what intervention is within their range of expertise, and what needs to be referred to other specialists.

What is Drug Misuse?

The notion of drug misuse differs according to a person's values, attitudes and objectives. The teacher should always keep in mind that their values may not be the same as those of the young person with whom they are working.

If there are concerns, it is important to establish whether the young person is experimenting, a regular user or chemically dependent. If necessary, establish this for each drug that a person is using. The type of use will, to a significant extent, determine the appropriate response.

Experimental drug use is often combined with risk-taking, which may be a particularly dangerous combination. An appropriate response to this sort of behaviour may be to explore those risks and ways of making them safer. For example, a young person who is going to unsupervised parties where alcohol is available may require information regarding standard drinks and those variables which contribute to the level of a person's intoxication. The young person may also require information on safe sex.

Regular drug use implies knowledge and experience and may or may not be a problem. It can be divided into three areas: developmental, lifestyle and management.

Regular drug use may:

- inhibit a young person's educational, social, psychological, spiritual or physical development
- cause lifestyle problems including social, emotional, learning, legal, alienation, violence and sexual problems
- cause management problems for the teacher or counsellor, as well as for the young person

Dependent drug use means that a person cannot function without a drug. A variety of responses may be necessary on a number of levels. It is therefore crucial that these be coordinated.

Check how each drug is taken (e.g. orally, smoked, injected, inhaled, eaten), and for any consequences. Sometimes I ask, 'Most people find some drugs suit them better than others. Which drugs have you tried that don't suit you?' or 'What happened?'

It can also be revealing to ask, 'Have you ever done anything when you've been using (drug type) that you've regretted later?' This question sometimes taps risk-taking behaviour, but at other times it is met with an embarrassed silence. If the latter occurs, I say, 'Remember, you don't have to answer all of my questions.'

It is also important to ask about alcohol intake.

Your assessment should also delve into patterns of drug use in the nuclear family. This will inform you to some degree about parental attitudes including consent, as well as the other family factors which impact on the young person.

It may also be helpful to ask if anyone in the family knows they are using drugs as well as what reaction they might expect from each family member. This allows the issue of family notification to be raised.

Perhaps the hardest part of the assessment comes at the end: What action, if any, are you going to take? Whenever possible, I like to give myself and the young person some time to think about the issues before deciding what to do. Compliance with referral and treatment options increase if the young person has an opportunity to test out whether I am trustworthy.

Types of drug users

Experimenters

Experimenters may use a range of substances from nicotine, alcohol and marijuana to ecstasy and amphetamines. The experimenters are the most educable group in terms of harm minimisation and that should be the mainstay of work with them.

The socially disconnected

These are the young people who discover that drugs give them an identity and a social network. For young people who perceive themselves to be marginalised by their peer group, involvement with drugs provides an instant entry into that particular culture. The subversive world of drugs may well act as an antidote to the boredom or anxiety of their usual interactions.

For these young people, social skills programs are often valuable, particularly when one considers that the inconvenience of ongoing drug use acts against its continuation in many cases. The sooner young people are able to find ways of having a good time without relying on drugs, the sooner they are likely to reduce their drug use.

Self-medicaters

Depression in young people is often shown through acting out or risk-taking behaviours. Suicide attempts occur most frequently in the context of alcohol or drug use which anaesthetises the person to the act. Therefore, it is important to check for symptoms of depression when counselling a young person who is a possible self-medicater (particularly those who may have suicidal tendencies).

Briefly, depression may be indicated by a change from a previously better level of functioning to an expression of increased boredom, hopelessness, moroseness, anger and irritability. Disturbances impacting on sleep, appetite, energy levels, concentration, libido and the number of headaches, fatigue or other somatic symptoms may all indicate depression. Not all depressed young people speak of feeling sad.

When you have reason to suspect depression it is worth checking if suicide has been considered. Some possible ways of asking are: 'You're looking pretty down, what's going on?', 'Have things ever got so bad you've felt like killing yourself/ knocking yourself off?'

If the answer is 'Yes', ask if they have a suicide plan, whether they have the means to carry out their plan, access to drugs/alcohol, and if they have attempted suicide in the past.

While self-medicaters may initially be guarded about their reasons for drug use, they often speak about the effect of stress release that drugs have.

From clinical experience young people with different problems tend to use different drugs to self-medicate.

Depressed young people tend to use nicotine, alcohol, marijuana and analgesics as these allow them to temporarily alleviate or obliterate symptoms of depression. Young people with anxiety disorders will use a similar combination of drugs with the addition of such drugs as benzodiazepines, especially Valium.

Young people with highly disturbed social relations may take substances in combination with a series of other risk-taking behaviours such as self-harm, dangerous sexual activity and dangerous driving. Typically these young people will use a wide variety of substances to help them gain a sense of control over their lives.

Psychotic young people will quite often use large amounts of stimulants in attempts to self-medicate. If already on anti-psychotic medications which often have a sedating effect, they will use nicotine, or caffeine, which can be found in coffee and cola drinks, amphetamines and LSD. Young people experiencing the onset of psychosis with 'negative' symptoms such as loss of energy and motivation may also use these substances.

This group will use nicotine, alcohol, cannabis, solvents and amphetamines. Young people with conduct disorders often use substances that they perceive will enhance their social standing in their peer group. The term 'conduct disorder' is mental health's way of describing young people who frequently steal, lie, cheat or run away.

The last group of self-medicaters are those who are concerned with their body image. Young people with eating disorders may use laxatives, appetite suppressants and car sickness tablets. Those wanting to build their bodies may use steroids. Others may develop psychosomatic conditions and be prone to analgesic and tranquilliser use.

Drug-related Scenarios

These hypothetical situations are intended as discussion starters to assist groups or schools to begin looking at some of the issues that may need to be catered for in policies, procedures or staff training.

Absent Alex

After moving to live with her grandmother, Alex enrolled in school as a Year 8 student. She attended for some weeks until becoming ill and was absent on and off for the rest of term 1. When she failed to arrive in term 2 her pastoral care teacher rang her grandmother, who informed the teacher that Alex was an asthmatic and was being monitored by the doctor.

Still concerned, the pastoral care teacher spoke to the Student Welfare Coordinator, who decided to ring Alex's old school. The Student Welfare Coordinator discovered that her attendance had only begun to deteriorate towards the end of the previous year, and had not been a problem in primary school.

The Student Welfare Coordinator and the pastoral care teacher agreed to give Alex a week's grace – if Alex continued to stay away, they would contact her grandmother again and arrange a meeting. When Alex arrived at school the following day they were surprised. The pastoral care teacher made an appointment to speak with Alex, who assured the teacher that she enjoyed school, there were no problems and she had definitely been sick.

Next morning when checking the roll the pastoral care teacher found that Alex had been marked absent from morning recess onwards. Again she rang the grandmother who said Alex had had another turn. A date was set for a meeting at the school, which was subsequently cancelled since Alex and her grandmother were probably moving back to the other side of town.

Nothing was heard for some weeks until her grandmother rang the pastoral care teacher seeking assistance. She had discovered that Alex had stolen a few tablets from her, and when she challenged her, Alex became angry and pushed her grandmother over. This was most unlike Alex, who had always been an honest and gentle girl.

Questions to consider

1. What issues should be explored? Why?
2. What can the school do?
3. Who's responsible? To what extent? How?
4. What can't the school do? Why?

Mad Michael

Ms Blink discovers a meeting has been called regarding Michael, a student in her Year 9 pastoral group. He lives with his mother, uncle, a younger brother and baby sister. His mother, uncle and younger brother are slightly intellectually handicapped although Michael is not. He's just crazy. Or so Ms Blink was informed by the glazier, the worker from Home Help, the integration aide, the primary school teacher who still took an interest, the three youth workers, the educational psychologists, the social workers and the School Resource Officer from the Police Schools Involvement Program. There weren't enough seats for everybody at the meeting.

'His mates all sit in his bedroom smoking cigarettes and butt them on the floor.'

'They kick holes in the walls.'

'I've seen Michael throw a beer bottle through a window.'

'Best client in town', said the glazier.

'He gets drunk and threatens his mother.'

'Doesn't just threaten her.'

'And the uncle's a bit suspect.'

'We've banned Michael from the youth club for bringing along something that wasn't a cigarette.'

'What was it?'

'Impossible to keep at school, just leaves when he feels like it.'

Questions to consider

1. What are the issues?
2. What can the school do?
3. Who should deal with what?

William the rebel

William was 14 years old and a member of the 2-4-5 gang. He drank alcohol, smoked marijuana, took pills and anything else anybody cared to offer.

William was a graffiti artist who had a good knowledge of the faces behind the tag*, and who immortalised those killed in action.

William loved music, the lyrics and the beat, but in spite of the 2-4-5 reputation, he avoided violence. He didn't steal much either.

William had ambition. He wanted to be a street kid, to make a great sacrifice for 2-4-5, to be known for his tag, to have his style copied and to die young like any other self-respecting famous person.

William was driving his family nuts. His parents were still together – just. When they weren't thinking of William, they might even have been content. They wondered what they had done wrong, given that their two younger children were normal. They were desperate for solutions. Their latest decision was to move to the country.

William had yelled that he would go and live in his mate's garage if his parents tried to separate him from the gang.

* 'tag' is the identifiable 'trademark' of a graffiti artist.

Questions to consider

1. What issues need to be explored relating to family, peers, teachers?
2. How will you proceed?
3. How and when will you intervene?
4. How will you determine whether the outcome(s) are successful?

Life on a contract

Lucinda arrived at Park Secondary College when she was 17. She was an injecting drug user living independently with friends.

Since Year 7 she had spent time in and out of institutions, in foster care, on the streets, and back at home with her mother. Sometimes she had left her living arrangements of her own choice and at other times she had been told to leave after breaking the rules. She had also had a number of broken relationships with workers who had given up on her after she had let them down. She would have preferred to stay with her mother if it were not for her mother's de facto.

Since she had moved so often, she had also had many changes of school. However, apart from the odd term here and there, she had managed to stay enrolled somewhere.

She had no recorded convictions with the police.

Questions to consider

1. How can you help Lucinda?
2. What agencies can be engaged to help Lucinda? Should they be engaged?
3. What are the risks? How can they coordinate their activities?

Endnotes

1 Commonwealth Department of Health, Housing and Community Services, *The National Health Strategy: Pathways to Better Health*, Issues paper no.7,Canberra, March 1993.

2 The outline is specific to drug counselling and is taken from the Australian Drug Foundation publication, *Clued Up: A Guide to Working with Young People on Alcohol and Drug Issues*, Victoria, 1993. Those seeking more detail should refer to this book.

3 Andrew Fuller is a Senior Clinical Psychologist at the Austin Hospital, Heidelberg. He has collaborated with his colleague Dr Michael Schwarz in the preparation of this article.

Get real

Parent Forums

Contents

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Parent Forums

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TURNING the TIDE

Introduction

Australia is a drug-using society. Drug use among young people is linked to drug use within the broader community. To expect schools alone to deliver an educational response to a behaviour that goes beyond the school environment is unrealistic. Parents are important role models for young people, as well as important sources of knowledge and support. (For 'parents' please read 'parents/guardians'.) For many, the responsibility of parenthood is accompanied by the uncertainty of how to deal with drug-related issues.

This booklet will address some ways in which schools can inform the parent community about a harm-minimisation approach to drug education.

Parent forums can assist parents. Depending on the aims of the evening, assistance can take a variety of forms.

Parent forums can provide:

- information regarding drugs, their effects and the extent of their use
- an opportunity to consult with parents regarding an appropriate drug-education program
- information about the school's drug-education program
- an opportunity for discussion of drug-related issues
- a forum for communication between young people, parents and schools
- a process for young people and parents to explore harm-minimisation strategies for dealing with drug-related situations
- a means of diffusing the drama of illicit drugs and stressing risks associated with legal drugs

The type of parent evening chosen will depend on the development of a school's drug-education program. When introducing a drug-education program it is useful to focus on the meaning and strategies of the harm-minimisation approach to drug education. However, a school with a history of drug education and a well-informed school community may choose to focus on communication and harm-minimisation strategies. Aims for a parent evening should be clearly articulated and realistic. Doing too much often leads to confusion.

Harm Minimisation

Harm minimisation is discussed in depth in the booklet *A Harm-minimisation Approach to Drug Education*.

There has been widespread acceptance of the principle of harm minimisation, especially with alcohol. Four general issues have been identified as relevant for parent forums.[1]

1. Parents want their children to be safe.
   - Parents want to be informed.
   - They want to help their children.
   - They appreciate the opportunity to discuss safe strategies with young people and with other parents.
   - Communication on these issues is important to both young people and their parents.

2. Parents' perceptions and values differ greatly.

3. Parents may be anxious about issues that deal with drugs.
   - Many parents lack confidence when dealing with drug-related issues that impact on their children.
   - Many come to these meetings to seek guidance and support.
   - Evenings based purely on information can exacerbate anxiety.
   - The opportunity to communicate often eases anxiety.

4. Young people have legitimate views.
   - Student participation will encourage parents to attend.
   - Adults who speak on behalf of students can sometimes misinterpret their views.
   - Given an appropriate format and some preparation, students are often the best people to articulate the issues.

Planning the Parent Forum

1. Form a small committee that includes parents, students and staff.
2. Ensure that the people responsible are committed to the activity.
3. Inform the staff of the forum and the reason for holding it.
4. Determine the objectives for the forum, and don't be too ambitious.
5. The organiser should brief the staff who will be taking a role in forum activities to ensure that they are clear about their roles. They should prepare themselves – anticipate parent questions and concerns, know something about educational issues relating to drugs, and have adequate facilitation skills.

6. Decide the year level aimed for, and know why that year level is targeted. This is important since drug-related issues for parents change with the age of students. The issues for a parent of a 12-year-old will be different from those of a 15 or 16-year-old.
7. Plan how you are going to promote the evening.
8. Decide on the format of the activity. Will it be one session or a sequence? Will it run concurrently with classroom programs, precede or follow them? One of the aims of parent forums may be to enlist parental support and understanding for the work with students.
9. Structure the evening so that it is interactive. The most stimulating, enjoyable and effective forums, according to students and parents, are interactive forums where the parents do most of the work.
10. Consult with students. If students are taking a leading role they will require training and support.
11. Parents are more likely to respond to a personal invitation.
12. Be sensitive and aware of cultural differences and gender issues. Don't make assumptions and make sure you do not inadvertently offend someone.
13. Organise catering for the evening.
14. Encourage parents to contact the school regarding any barriers that may stop them attending the meetings, e.g. transport, language. Many of these can be overcome if the school is aware of the problems.
15. Set a time limit of 1½ – 2 hours for the parent forum and stick to it.
16. Consider providing child-minding facilities.
17. Think about the venue. Does it suit identified needs?
18. Some things to avoid:
    - formal or autocratic initiatives
    - lecturing
    - allowing a distance to build up between organisers and parents
    - making the forum too broad by trying to appeal to all year levels
    - forcing people to speak, or putting them on the spot about their past experiences
19. During planning consider strategies for avoiding personal disclosures.

Strategies for getting parents to attend

- Child-care may be provided at the school on the evening.
- Transport may be provided for parents without cars by organising lifts with other parents or a pick-up in the school bus.
- Language barriers should be considered at the invitation stage as well as on the night.
- Personal invitations are more successful than formal methods. Perhaps indicate as well that it will be an 'infotainment' and not a lecture-type presentation.
- Indicate the approximate finishing time.
- Existing lines of communication should be accessed. These may include parent organisations, parent—teacher evenings and school newsletters.
- Student and parent involvement in preparation stimulates wider interest.

- Maps to the venue either in or outside the school often prove helpful.
- Dates should be checked to ensure that they do not clash with other significant events whether they be religious, community or cultural.
- Student presentations will almost certainly guarantee a good attendance, particularly if a large number of students is involved.

Of course, timing is all important. There is little chance of parents attending the meeting if it coincides with a public holiday or a popular event. For parents who cannot attend, provide a summary of the session.

You will find samples of a parent evening planner, a checklist for the division of duties among members of staff, some tips and ideas on presentation skills and a form letter that you may wish to use for your drug education evening for parents with the photocopy masters at the end of the booklet.

Parent Forum Activities

Parent forums provide unlimited opportunities for the facilitator to find out parents' views and positions on drugs. Some of the following ideas are appropriate to primary schools, some are better for secondary, and many are appropriate for both. They should be presented in logical sequence and in accordance with the aims of your evening.

While these ideas have been successfully used in parent forums, teachers may also consider their own. It is worth thinking about what works best for you, but it is often more satisfying to take a bit of a risk and try something different.

Warm-up activities

Warm-up activities provide a chance to welcome everyone and create a relaxed atmosphere. They may also help to 'break the ice' and foster more positive contributions later in the evening. Consider what works best with the number of parents present, and set a time limit of 15–20 minutes for the activities.

Trivia quiz

Parents are divided into groups. Questions can take a variety of forms. A popular approach is to set questions in a period when most of the audience were at the same age as their children. This may remind them of some of their past actions and some of the issues they faced. The quiz might include such topics as music, world events, local events, prime ministers, sporting heroes, public issues, popular advertisements, inventions, social innovations, fashions, health issues and whatever else the organisers can think of. A simple trivia quiz can be found with the overheads at the end of the booklet.

Remember when . . .?

After completing a questionnaire which covers aspects of growing up, participants compare their responses within a small group. These may cover embarrassments, risks,

silly behaviour, despicable teachers and naughtiness. The activity can prove to be both popular and hilarious.

Student performance

Students enact scenarios which explore some of the issues related to drugs. For primary students these scenarios might relate to adult behaviour, doctors' surgeries, advertising, school dilemmas and peer-group situations. Secondary students are more likely to focus on personal behaviours which may include asking permission to go to a party, party behaviour, arriving home after drinking, conversations between parents and children about drinking. This activity requires extensive practice, and at secondary schools is often best performed by drama students.

Value and Position Statements

Each day we make decisions based on our values and attitudes. When making such decisions, young people today are confronted with more choices than previous generations. Confusion occurs, particularly when young people experience a conflict of values.

It is important for concerned parents to sort through the questions their children face, and recognise their own values and attitudes to the issues involved. The following activities help to bring out many of these for discussion.

Continuum

A facilitator provides participants with a large area of floor space.

One end is designated as 'strongly disagree', while the opposite end is designated as 'strongly agree'. (Signs can be used to avoid confusion.)

The facilitator puts a statement to the group and asks participants to stand at a point on the continuum that they believe corresponds with the strength of their feelings.

The facilitator then encourages discussion among the participants, and may choose to inform participants that they are welcome to alter their positions as the discussion proceeds.

Some sample statements are included in the overheads at the end of this booklet.

The risk thermometer

This is an informative and enjoyable activity which focuses attention on the perceived harms of risky behaviour. A large area is needed for the activity. A 'most harmful' sign is placed at one end of the room and 'least harmful' at the other.

The facilitator asks the participants to divide into pairs. Each pair of participants is given a statement on a card. (See suggested topics listed below.) To reduce anxiety for those with reading difficulties, read out the card when you hand it over.

In turn, participants place their card on the floor at a point which reflects their assessment.

The activity is enhanced by the following:

- Ask each participant to explain the reason why they have placed their card where they have.
- Allow participants to move other cards when they are placing their own.
- Break into groups and reaching consensus regarding the three most or least harmful actions.

The facilitator should summarise. Some key points to highlight may be:

- There are no correct answers.
- There are both differences and similarities between parents and students.
- Myths need clarification.
- Common concerns need identification.

Topic suggestions for primary school evenings

Failing to finish a course of antibiotics. Sending your child to school with a virus. Leaving the medicine cabinet unlocked. Leaving your child unsupervised for a day. Your child getting into a car with a drunk driver. Allowing your child to stay at a friend's house when you don't know the parents. Having a glass of wine with dinner each night. Allowing smoking in your house. Trying cigarettes out of curiosity. Using more asthma medication than recommended. Your child mixing with others whose parents are less strict than you. Taking paracetamol once a week. Relying on vitamin tablets to supplement your diet. Your child mixing with older teens. Preservatives in food. Your child having a can of cola for lunch each day. Sniffing petrol. Watching road trauma advertisements. Behaviour-modifying medication.

Topic suggestions for secondary school evenings

Sobering up a friend in a cold shower. Being offered speed outside the night club. Having unplanned and unprotected sex while drunk. Getting into a car with a driver who has been drinking. Smoking while pregnant. Students selling tablets at school. Drinking six cans of cola a day. Getting picked up drunk by the police. Being drunk and getting into an argument. A student smoking marijuana on a school camp. Using slimming tablets without supervision. Smoking at home. A gym instructor offering steroids. Stealing alcohol from parents. A family member coming home drunk and angry. Giving alcohol to people under 18. Using tablets to stay awake and study. Kids sniffing chrome paint in a back lane. Local football club serving beer to under-age drinkers. Drinking at home with parents. Buying cigarettes for parents.

Accurate information

While a formal presentation should avoid dominating its audience, it can play an important role by providing background information as well as giving the evening a focus. Three options are available to schools.

Research

Staff from the school may choose to give a presentation which outlines relevant statistics from the 1992 Victorian survey of student drug use conducted by the Department of Health and Community Services.[2] This may be particularly useful if the school wants to convince parents of the extent of drug use or if it wants to highlight the drugs on which it has chosen to concentrate.

Depending on the aims of the evening this could be followed by a presentation of an outline of the school's drug-education program, a summary of school-based research or an outline of drug-related harm. (Overheads are included for staff who want to use them. An explanation can be found in the booklet, *A Harm-minimisation Approach to Drug Education*.)

Presentations are best when they finish on a positive note. Informing parents about the widespread use of drugs and the related harms is most likely to cause anxiety. It is important that presenters also provide some guidance about what parents can do to reduce the risks associated with drug use.

It is important to highlight that not all students will experiment or become regular users. Some may choose to abstain. All are catered for in a harm-minimisation approach to drug education.

Videos

Many useful videos are available. They are best suited to smaller groups, and work most effectively when the videos are short and followed by discussion.

Guest speakers

Guest speakers from community agencies and other organisations can provide useful perspectives and be used in a variety of ways. Speakers may come from:

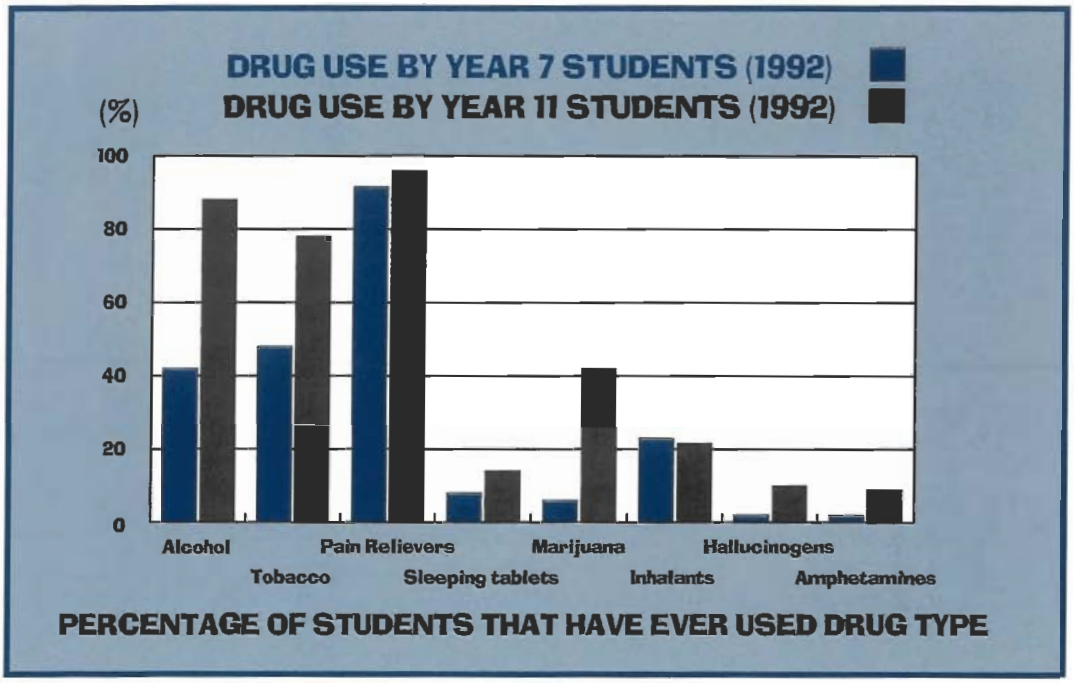
- the medical profession
- community health services
- treatment agencies
- the legal profession
- the police force

Communication is an essential element of a drug-education program. When using guest speakers it is worth liaising with them to ensure that you are 'talking the same language'. If your school has decided to promote harm minimisation it may be counterproductive if the guest takes an opposing point of view. The apparently superior knowledge of the guest speaker can sometimes intimidate the audience and have the opposite effect to what was intended, so prior research is valuable.

Make sure that the guests are clear about what they are being asked to do. Guest speakers should also be given a clear indication of the time they have for speaking, and if they have to take questions from the floor afterwards.

Drug Use by Young People

It is useful to provide a context to familiarise parents with current trends and patterns of drug use by young people. The following graph and information provides contempary Victorian data for secondary school student drug use.



Source: *School Students and Drug Use: 1992 Survey of Alcohol, Tobacco and Other Drug Use Among Victorian Secondary School Students,* Drug Strategy Section Victorian, Department of Health and Community Services, 1993.

The study also found that for secondary students:

- the use of pain relievers is increasing
- there is a high prevalence of binge drinking
- there is a slight increase in the use of stimulants and hallucinogens

It is also reported that unsupervised recreation and truancy are the most significant predictors of regular drug use of all drugs except pain relievers.

Girls are more likely to:

- use pain relievers
- smoke

Boys are more likely to:

- drink regularly
- binge drink
- use illicit drugs
- smoke in large quantities

No similar study has been conducted for primary schools.

Follow-up Activities

A range of overheads has been included in these materials. After presenting the overhead(s) that you consider appropriate, choose from the following activities to give participants the opportunity to develop the ideas or opinions you have raised.

1. Break the participants into groups.

   Each group lists the benefits of the following:
   - abstinence drug education where no safe or responsible level of drug use is accepted
   - information-only drug education, where students are given information relating to drugs without discussion of harm or development of social skills
   - a harm-minimisation approach to drug education

2. In groups ask participants to create their own lists of the reasons:

   - why adults take drugs or drink alcohol
   - why young people take drugs or drink alcohol

   Then compare lists, looking for differences and similarities, and explain those differences. Each group can report back if time permits.

3. Break the participants into groups.

   Hand out copies of the 'What Can You Do?' overhead.
   Under each point the participants list things they can do.
   Report back to the group.

Hypotheticals

Communication is a critical aspect of the drug-education program. It encourages parents and students to discuss their needs and concerns. This material has been provided to help set the scene and give you some insight into developing strategies and guidelines that will help resolve issues. Facilitators should remember that students will have as large a stake in the outcome of the discussions as parents.

Short hypotheticals are a productive way of creating discussion and a starting point for useful outcomes. Participants will often be able to provide ample topics for discussion, but it is best to have a list prepared. Teachers may refer to the booklets *Drug-related Student Welfare and Critical Incidents in Primary Schools* and *Drug-related Critical Incidents in Schools: Guidelines for Secondary Schools*, or to the *Drug Information for Teachers* booklet.

Guidelines

1. Participants discuss scenarios in groups. Discussion could begin by identifying the possible drug issues and any related issues involved. Remind groups to concentrate on drug-related issues. (Parents and students from the same family should be separated.)
2. Ask each group to provide options for action and the possible consequences of each.
3. Each group reports on the issues raised. Further discussion may follow in the larger forum.

4. If the number of participants is large enough, it may be worth having some groups with just parents and some with just students. This may help to highlight some of the differences between parents and students.

Questions

- What can students do immediately?
- What can students do later?
- What can parents do immediately?
- What can parents do later?
- What are the likely consequences of each option?
- What, if anything, should the school do?

Primary school forums

Scenario 1

Your child wants to go to a barbecue with a friend and her parents. You are concerned that the parents may drink and then drive your daughter home.

Scenario 2

Your doctor prescribes antibiotics for your son. You have concerns about whether they are necessary, even though your son has a temperature. Your partner says the doctor is the expert and you should do as he advises.

Scenario 3

Your daughter has been a close friend of Mina for many years. Mina is two years older and smokes. You are worried your daughter will start smoking but she will not give up her friendship with Mina.

Scenario 4

Your son is forgetful. He has asthma medication he is supposed to take every four hours. You suspect he only takes it when he becomes short of breath.

Scenario 5

The school principal contacts you to mention that your 11-year-old son was caught sniffing an inhalant with two others. The school thinks it will be best if you transferred your son to another school.

Scenario 6

Your young daughter enjoys playing sport in the school playground. However, you are concerned because syringes are often found there.

Scenario 7

Your husband likes to have a few drinks on Friday and Saturday nights. He sometimes gets a little loud and rough. You begin to suspect the children are avoiding him.

Secondary school forums

Scenario 1

Your daughter in Year 10 wants to hold a sixteenth birthday party at home. She says all parties for her age have alcohol and no-one will come if alcohol is unavailable.

Scenario 2

You are checking the pockets of your 13-year-old's jeans before washing them. A packet of cigarettes drops out.

Scenario 3

Some students from your child's school are killed while driving home from a party in a stolen car. Your child was at the party but doesn't want to talk to you about it.

Scenario 4

An article in the local newspaper reports on a drug problem at the local schools. You have noticed that your 14-year-old son is less communicative with you than in the past. You wonder if a connection exists.

Scenario 5

Your 16-year-old daughter comes home from a night at a friend's house. She says she had a wonderful time. Her friend's parents had a dinner party and some of the adults were smoking marijuana.

Scenario 6

As far as you know your 15-year-old daughter Fiona is spending the night at the home of a friend. Late that night the police ring and ask you to come to collect her from the station. She was found in a hotel bar.

Scenario 7

Your 16-year-old son wants to walk to and from a party with friends. He tells you alcohol will be served, but he will only have a few drinks. What advice will you give him?

Scenario 8

Your daughter is mixing with older boys who drive cars. One afternoon you arrive home and notice one of them drinking a can of beer while talking to your daughter. He makes a half-hearted effort to conceal it from you.

Summing Up

The following steps are simple and quick but may be the key to a positive forum.

1. Clarify the themes, issues and concerns that have emerged during the evening.
2. Be positive about the outcomes.
3. Seek feedback from parents about the usefulness of the evening.
4. Provide clear guidelines for parents wishing to follow up on school-related issues that may have emerged.
5. Ask parents to complete an evaluation sheet. (You will find a sample questionnaire with the photocopy masters at the end of this booklet.)

Parent evening planner

Organiser .....

Committee members .....

.....

.....

Staff..... Role.....

....

Parents ..... Role.....

....

Students ..... Role.....

....

Objectives .....

.....

Methods to invite parents .....

.....

Year level .....

.....

Time limit .....

.....

Venue .....

.....

Trivia Quiz

Primary school forums

Caffeine is not present in

- chocolate
- headache tablets
- sleeping pills*
- tea

Approximately how many beer cans placed end to end would you need to make a continuous line on the Calder Highway from Bendigo to Mildura (400 km)?

- 30,000
- 300,000
- 3,000,000*
- 30,000,000

In small doses, caffeine:

- lowers body temperature
- increases urination*
- causes warts to grow
- increases body hair

In 1945 the percentage of men who smoked was approximately:

- 20
- 40
- 70*
- 90

How long does it take the liver to break down the alcohol in one standard drink?

- 1 minute
- 1 hour*
- 1 day
- 1 week

Which of the following is correct?

- tranquillisers speed up the central nervous system
- sleeping tablets are not a tranquilliser
- women use tranquillisers twice as much as men*
- tranquillisers are derived from the poppy

How long does it take for nicotine to react on the brain after inhaling cigarette smoke?

- 30 seconds
- 2 seconds
- 7 seconds*
- 2 minutes

From which country did coffee originate?

- Arabia*
- Jamaica
- Ireland
- Brazil

* Indicates correct answer

Trivia Quiz

Secondary school forums

How long does it take for nicotine to react on the brain after inhaling cigarette smoke?

- 30 seconds
- 2 seconds
- 7 seconds*
- 2 minutes

What drug does the term 'horse' refer to?

- dope
- LSD
- 'Turf' cigarettes
- heroin*

In what year was the first Australian beer can produced?

- 1949
- 1954
- 1959*
- 1961

What was distinctive about the first Australian beer can?

- it was in the shape of a kangaroo
- it held two gallons
- it had a screw top*
- it had to be opened with a can opener

How long does it take the liver to break down the alcohol in one standard drink?

- 1 minute
- 1 hour*
- 1 day
- 1 week

Which of the following is correct?

- memory is not affected by cannabis
- normal people never have a bad reaction to cannabis
- high doses of cannabis can cause hallucinations*
- it is not possible to become dependent on cannabis

Amphetamines can have the following effect:

- extreme feeling of well-being*
- sleepiness
- reduced heart rate
- increased appetite

Amphetamines act on the body as:

- a depressant
- a stimulant*
- a hallucinogen
- all of the above

LSD can cause:

- decreased blood pressure
- slow heartbeat
- bad breath
- rapid breathing*

* Indicates correct answer

Value and position statements

Do as I say, not as I do.

A cigarette behind the shelter shed is a normal part of growing up.

Children have too many rights these days.

Society is more reliant on drugs than in the past.

Drugs are the biggest problems parents face.

Drug education will increase problems of drug use.

Doctors prescribe asthma medication too readily.

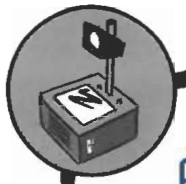
Parents should not permit alcohol or cigarettes at parties until their children are of legal age.

Parents should not drink in front of their children.

If you discover marijuana in your child's drawer you should ring the police.

Children should only take paracetamol in extreme situations.

Marijuana is more harmful than alcohol.



A Harm-minimisation Approach to Drug Education

What can you do?

- Be informed about drug issues.
- Consider your own drug use.
- Think about your position as a role model.
- Talk with your children.
- Anticipate drug issues that may arise.
- Seek assistance and advice when needed.

A Harm-minimisation Approach to Drug Education

Assumptions

We live in a drug-using society.

The behaviour associated with drug use is the problem rather than the drug itself.

Drugs are an issue for all students.

Using drugs is a normal part of growing up for many curious young people.

Tobacco is the biggest drug-related killer.

Alcohol is the biggest killer of under-35s.

The main aim of drug education is to reduce the harm associated with drug use by young people.

Tobacco and Alcohol

Alcohol use by young people

Research by the Australian Drug Foundation in 1993 on alcohol use by Year 9 and 10 students found:[4]

- many students consider drinking an essential aspect of entertainment
- reasons Year 10 students gave for drinking include enjoyment, having fun, relaxation, gaining confidence and forgetting problems
- harms relating to alcohol include:
  - drink driving
  - violence and aggression
  - injury
  - vandalism
  - sexual vulnerability (girls)
  - getting into trouble with parents or police
- most students do not know how to assess their drinking and its effects

Tobacco use by young people

The US Surgeon General's Report (1994) found:[5]

- most first-time smoking takes place before a student leaves secondary school
- most adolescent smokers are addicted to nicotine and find it difficult to quit
- addiction to cigarettes typically occurs within three years of beginning smoking, or after one hundred cigarettes

The Report concluded that there is no 'magic approach' to reduce smoking rates among young people. Efforts that complement each other have been shown to work best. These include:

- school-based smoking prevention education programs that identify social influences on smoking and teach skills to resist such influences
- community programs including parents and local organisations that impact on a young person's social environment
- enforcement of laws prohibiting the sale of cigarettes to people under 18 years
- restricting tobacco advertising and promotions

Endnotes

[1] These issues are refered to in an Australian Drug Foundation publication, *Reducing the Risk: An Alcohol Action Program for Schools*, Victoria, 1994.

[2] Drug Strategy Section, *School Students and Drug Use: 1992 Survey of Alcohol, Tobacco and Other Drug Use Among Victorian Secondary School Students*, Victorian Department of Health and Community Services, Melbourne, 1993.

[3] The Australian Drug Foundation has an extensive library. The Quit Campaign also has extensive information and support for parents. (For contact details see *Drug-related Student Welfare and Critical Incidents in Primary Schools and Drug-related Critical Incidents: Guidelines for Secondary Schools.*) Local community agencies may also be useful sources.

[4] Australian Drug Foundation, *Reducing the Risk: An Alcohol Action Program for Schools.*

[5] US Department of Health and Human Services, *Preventing Tobacco Use Among Young People: A Report of the Surgeon General*, Atlanta, 1994.