



# TURNING the TIDE

# Get real



*A Harm-minimisation Approach to Drug Education*

*for Primary and Secondary Schools*



# Introduction

*Get Real: A Harm-minimisation Approach To Drug Education* was developed by the Drug Education Support for Schools Project (DESS). The project has been funded by the National Campaign Against Drug Abuse (NCADA) and the Drug Research and Rehabilitation Fund (DRRF) through the Victorian Department of Health and Community Services. DESS was located within the Directorate of School Education and was initiated in 1993 with a brief to develop a strategic plan to improve the quality and availability of drug education and drug-related student welfare in all Victorian schools.

A Reference Group representing a wide range of groups and organisations with an interest in drug education was formed to advise and support the DESS Project. Eleven members of staff were appointed to work with over one hundred primary and secondary schools across the state to trial aspects of the developing strategic plan.

The *Drug Education Strategic Plan 1994–99* provides a framework for the coordination of resources and expertise in school drug education and emphasises the importance of cooperation between key agencies and organisations.<sup>1</sup> It was launched by the Minister for Education, Mr Don Hayward, and the Minister for Health and Community Services, Mrs Marie Tehan, in August 1994.

The *Drug Education Strategic Plan 1994–99* recommended that this resource be based on a harm-minimisation approach to drug education and support the implementation of drug education policies, practices and programs in schools. It recommended that the resource materials include:

- principles and strategies for a harm-minimisation approach
- curriculum and student welfare policy advice
- specific drug information
- classroom materials
- strategies for parent and community participation
- evaluation of school-based policy and programs

*Get Real* provides schools with a resource that allows them to respond to drug education and drug-related student welfare from a policy, curriculum and welfare perspective. It consists of ten booklets, six for primary schools and eight for secondary schools. Four of the booklets are common to both packages. These common booklets are listed below.

1. *A Harm-minimisation Approach to Drug Education* provides an introduction to the package and advice on the development of school policy in regard to drug education and drug-related student welfare. The role of the *School Charter* and *Guidelines for Developing a Student Code of Conduct* in this process is outlined.
2. *Drug Information for Teachers* is a teacher reference for use in the development of teaching materials and in framing policy and welfare responses.
3. *Tobacco Education Materials* provides classroom materials for units on smoking prevention. It has been developed by the Quit Campaign in consultation with the DESS team and is intended for use with students in Years 6–8. The materials are designed to meet learning outcomes in the *Curriculum and Standards Framework*.
4. *Parent Forums* gives practical advice and support to teachers on how to run a parent forum on drug education.

The primary schools' resource package also contains the following booklets.

5. *Drug-related Student Welfare and Critical Incidents in Primary Schools* provides guidelines for dealing with drug-related student welfare and critical incidents within schools.
6. *Lesson Materials for Primary Schools* provides a drug education program for Years P–6. The materials are designed to meet requirements outlined in the Health and Physical Education Key Learning Area of the *Curriculum and Standards Framework*.

The secondary schools' resource package also contains the following booklets.

7. *Drug-related Student Welfare: Identification, Monitoring and Intervention* puts drug-related student welfare into the context of broader school and community structures.
8. *Drug-related Critical Incidents: Guidelines for Secondary Schools* alerts school staff to some of the drug-related incidents which could occur in secondary schools and provides advice on dealing with such issues.
9. *Lesson Materials for Secondary Schools* provides a program for drug education for Years 7–10 within the Health and Physical Education Key Learning Area of the *Curriculum and Standards Framework*.
10. *Alcohol Education Materials* deals specifically with alcohol-related incidents and contains lesson materials relevant for Years 8–10. These materials are designed to meet learning outcomes in the *Curriculum and Standards Framework*.

The booklets *Drug Information for Teachers*, *Drug-related Critical Incidents: Guidelines for Secondary Schools*, *Alcohol Education Materials* and *Parent Forums* have been developed by the Australian Drug Foundation and adapted by DESS to suit this resource.

While alcohol and tobacco are included as part of the general harm-minimisation drug education lesson materials, separate booklets have been included as these two substances arguably cause the most drug-related harm to young people. Tobacco is the biggest drug-related killer of people in general, while alcohol is the biggest drug-related killer of people under thirty-five years of age. Schools have consistently identified issues relating to these drugs as curriculum priorities.

Apart from the Australian Drug Foundation and the Quit Campaign many other organisations, teachers and individuals have made contributions to this resource. Those who have made significant contributions are acknowledged in each of the booklets. The resource has been extensively reviewed by members of the DESS Project Reference Group, relevant agencies and organisations, various school sectors and most importantly, practising teachers.

Schools should feel free to photocopy worksheets from the lesson materials for use in the classroom. Limits on space have meant that some pages may need to be enlarged and the materials have been designed to accommodate this as far as possible.

Time limits for activities will vary depending on the approach of the teacher, the interest and ability of students and other demands on teacher time. Research indicates that a minimum commitment of ten lessons on drug education during each year of schooling is necessary if the program is to have an impact on student behaviour.



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## ACKNOWLEDGEMENTS

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### DESS Project Team

**Coordinator:** Kaye Ely

**Project Officers:** Robert Bellhouse   Kaye Dennis   Robyn Nilsson   Anita Rodrigues  
Julie Coyne   Anne Malloch   Peter Roberts

### DESS Reference Group

Lyn Place, Directorate of School Education (Chairperson)  
Warren Allan, Association of Independent Schools of Victoria  
Mark Blackburn, Department of Health and Community Services  
Judy Cain, Catholic Education Office  
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Monica Slattery, Monash University  
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Peter Adkins, Cath Behan, Sandy Davey, Joy Forbes, Helen Harris, Kerry Hogan, Cheryl Patterson, Dave Ricardo, Alan Sieler, Sue Tippet, Janina Woodward-Millikin.

### Others:

Helen Conley, Glenda Johnston, Craig Deed, Liam Chambers and Neil Blick, DESS.

### Enquiries

Enquiries regarding *Get Real* should be directed to the Department of Education, Level 3, 33 St Andrews Place, East Melbourne, Victoria 3002.

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### *A Harm-minimisation Approach to Drug Education*

In the preparation of *A Harm-minimisation Approach to Drug Education* we would particularly like to thank the following individuals/organisations for their contributions:

Project coordinator: Kaye Ely.

Principal writers: Robert Bellhouse, Anita Rodrigues and Peter Roberts.

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# What is Harm Minimisation?

Harm minimisation is an approach that aims to prevent or minimise the adverse effects of drug use for the individual and the community. To achieve this aim effectively potential harms need to be identified and strategies developed to reduce these harms.

Harm minimisation as a policy direction was developed largely because of the spread of HIV/AIDS among injecting drug users in England in the late 1980s, when the threat of HIV/AIDS was seen as a greater risk to society than illegal drug use. Policy makers chose to focus on preventing the spread of HIV/AIDS among intravenous drug users. One resultant strategy was the provision of clean needles and syringes to injecting drug users. This was a pragmatic approach to the problem which accepted that the goal of a drug-free society was unrealistic.

In Australia harm minimisation has been recommended in the *National Drug Strategic Plan 1993–97*.<sup>2</sup> The *Victorian Drug Education Strategic Plan 1994–1999* also embodies this concept.

## What is a harm-minimisation approach to drug education?

The principles of harm minimisation include:

- an understanding that many students have used, currently use and will use drugs
- a recognition of the rights of students not to use drugs
- a recognition that non-drug using students are subject to potentially harmful situations by the behaviour of drug using people
- a recognition that drug use provides varying degrees of risk for the user
- an acceptance that drug use by young people is a personal choice that is not within the control of teachers or schools

A harm-minimisation approach to drug education is based on the following.

- It encourages students to reduce the harm associated with their drug use.
- It provides accurate and meaningful information.
- It provides a framework for understanding the forces that shape choice.
- It develops an awareness of risk situations.
- It develops skills to avoid situations of risk and to manage them when they arise.
- It encourages open discussion about drug use.
- It is open to young people's views and experiences.
- It respects others' rights to make their own decisions.
- It includes parents in the education process.
- It does not encourage, condone or condemn the use of drugs by young people.
- It develops skills that enable young people to influence and change their environments.
- It helps students understand that drugs perform many useful functions in our society.

A harm-minimisation approach acknowledges that many young people will use drugs at some stage of their life, making it critical that students acquire knowledge and skills that will assist them in making informed decisions about their drug use and so minimise any harmful effects associated with that use.



The minimisation of harm may involve a range of outcomes including abstaining from drug use, reduced or controlled use, safer behaviours associated with drug use or reduction of harmful consequences of drug use for the community. Inherent in this approach is the recognition of a continuum of risk for each drug, from low risk to high risk, along which the user can move.

Drug use involves a complex set of social behaviours that need to be viewed in terms of the individuals involved, the physical, social and economic environment they live in and the drug itself. To formulate strategies to minimise harm effectively it is necessary to take all three factors into account and to acknowledge that all behaviours occur in a social context.

## Implementing a Harm-minimisation Approach to Drug Education

The implementation of a harm-minimisation approach to drug education and drug-related student welfare will require schools to respond in three broad and inter-related areas. These are:

- policy
- curriculum
- student welfare and support

### Policy

A drug education policy needs to establish definite outcomes in the area of curriculum and is best integrated into the Key Learning Area of Health and Physical Education. In this respect drug education needs to be a component of a comprehensive health and physical education curriculum. It is equally important to develop policy guidelines in the area of welfare and discipline. Policy in this area should include support for individuals and should be consistent with curriculum approaches.

The policy should also consider:

- the school philosophy and culture
- the school environment
- parental cooperation and support
- the role of school staff in drug-related incidents
- the schools' welfare policy
- legal issues: searching student property, confiscation, police involvement
- staff and student rights
- confidentiality
- school processes
- the role of community agencies and organisations

The development of a school-based policy rests with a number of parties and it is up to individual schools to determine their own process for policy development. It is clear that the roles of the Health and Physical Education Learning Area, Student Welfare Coordinator or designated welfare staff, classroom teachers and the administration are vital in constructing a comprehensive drug education policy.

Victorian government schools should develop their own drug education policy with reference to the *Curriculum and Standards Framework, Guidelines for Developing a School Charter, School Information Manual: School Operations* and *Guidelines for Developing the Student Code of Conduct*.<sup>4</sup>

Victorian Catholic schools should refer to *Drug Issues in Catholic Schools: Education, Prevention, Intervention (Policy 2.13)* and *Pastoral Care of Students in Catholic Schools (Policy 1.14)*.<sup>5</sup> Independent schools have a series of procedures that govern policy development in their schools.

### Developing a school policy

Schools need to allocate responsibility to a group or committee to develop policy relating to drug education and drug-related student welfare. Suggestions have been made above in relation to the composition of this group. However, it is acknowledged that individual schools will follow their own established processes in this regard.

It is crucial that all groups within the school community have input into policy development. Effective policy reflects priorities and provides a sense of ownership for all sections of the school community. It is important that the policy allows drug education and drug-related student welfare to respond to issues of local concern as well as addressing issues that exist for the community as a whole. To achieve this consultation with all sections of the school community is essential.

### Consultation

Consultation encourages people to talk about their perceptions of drug use within their local community. The intention is to gauge the level of awareness, knowledge and familiarity with local drug issues and to clarify these issues.

Student consultation is an important strategy in determining the issues that are of concern for young people and also to ascertain the level of knowledge they have in terms of drugs. By listening to students teachers become aware of their experience of drug use and associated behaviours.

Student consultation helps to create the appropriate environment for drug education for the following reasons.

- It breaks the ice and opens up communication channels.
- Students have their views and attitudes taken seriously.
- Teachers gain an understanding of student knowledge and attitudes.
- It gives students some ownership of the policy and programs that are developed.

Information gathered through consultation may include:

- drugs students come into contact with, whether that contact be personal or cultural, for example media, local myths, personal experience
- social practices involved with drug use and behaviours that may result from that use
- students' opinions and attitudes to drug use and associated behaviours

Student consultation can be undertaken in a number of ways, from formal questionnaires to informal discussions. As far as possible teachers should be wary of engaging in discussions with individual students about their personal drug use as this can create potentially difficult situations for the teacher. Information on how to deal with student disclosures is provided in *Lesson Materials for Primary Schools* and *Lesson Materials for Secondary Schools*. As with all aspects of drug education it is essential that student consultation is approached in a non-intrusive and non-judgemental way.

Parent consultation is extremely important in the development of policy. Parents need to express their expectations of the school in regard to drug education and drug-related student welfare. *Get Real* provides a booklet on *Parent Forums* that outlines the process involved in conducting meaningful parent consultation.

Community consultation provides valuable information for schools as well as a basis for professional networks. Groups of particular importance would include health care providers, welfare agencies and Victoria Police.

The results of consultation are only valuable if they are used to develop relevant policy and programs for students. When undertaking this process it may be useful for schools to use the following questions as guidelines.

- What issues or dilemmas have been identified?
- What is currently happening in the school to address these issues?
- What will be the priority areas for future planning?
- How will the school respond to these issues?
- What are the expected outcomes?
- What professional development and resources are needed?
- How can the wider school community be involved in the process?
- What expertise exists in the community?
- What factors will facilitate or hinder the above process?

The process of consultation provides schools with information that is useful in the formulation of policy, curriculum and appropriate welfare responses.

A drug education policy need not be long or complex. It is essential that the policy states the school's approach to curriculum and welfare and reflects the concerns and issues identified by the school community. A sample of a drug education policy for a primary school and a sample of a drug education policy for a secondary school have been included in the appendices.

It is important to circulate a draft policy to all relevant groups within the school community to seek comments and approval. These groups would include School Council, Health and Physical Education Learning Area faculty, students, teachers, parents and welfare staff.



## The School Charter

In government schools the *School Charter* provides a means through which schools can evaluate the success of their programs and is a means by which schools are accountable to their local community. It allows schools to set goals, develop strategies to achieve those goals and determine achievement measures to evaluate the success of those strategies.

Drug education should be reflected in the school's Charter and most specifically in the areas of curriculum, as a major component of Health Education, and Environment as a provision for a safe, caring and positive learning environment.

Schools also set a small number of priorities in their Charter and in some cases may decide to make drug education or a more specific aim (for example, a smokefree school) a priority.

## Curriculum

*Get Real* provides lesson plans for both primary and secondary schools, as well as specific material on smoking for Years 6–8 and alcohol for Years 8–10.

These materials have been developed to support the achievement of learning outcomes in the *Curriculum and Standards Framework* and are placed in the Health and Physical Education Learning Area. *The Lesson Materials for Primary Schools, Tobacco Education Materials, Alcohol Education Materials and Lesson Materials for Secondary Schools* are designed to meet both curriculum foci and learning outcomes within strands in this key learning area.

These lesson plans do not constitute a total program and it is important that schools develop classroom materials that respond to the needs of their students and local communities within the guidelines set out in the *Curriculum and Standards Framework*.

*Get Real* also includes *Drug Information for Teachers*, a booklet that provides background information on various drugs for teacher reference.

It is important to keep in mind the following principles when planning a drug education program:

Drug education:

- is best taught in the context of the school health curriculum
- should be conducted by the regular classroom teacher
- should have sequence, progression and continuity throughout schooling
- should ensure that messages are consistent and coherent across the school curriculum
- ensures that programs and resources are selected to complement the role of the teacher, with external resources enhancing rather than replacing that role
- should reflect an understanding of characteristics of the individual, the social context, the drug and the interrelationship of these factors
- approaches should address the values, attitudes and behaviours of the community as well as the individual
- programs should respond to developmental, gender, cultural, language, socioeconomic and lifestyle differences relevant to the level of student drug use
- objectives should be linked to the overall goal of harm minimisation

Drug education curricula should be dynamic and responsive to the needs of students, evolving to maintain relevance to changing circumstances.

## The Curriculum and Standards Framework

The *Curriculum and Standards Framework* (CSF) provides the basis for curriculum planning in Victorian government schools for Years P–10. It identifies the learning outcomes that students should achieve in each of the eight key learning areas. Drug education is a focus within the Health and Physical Education Key Learning Area and is dealt with in a number of strands in that area. Drug education may also be taught in other areas of a school's curriculum, e.g. Science or Studies of Society and Environment. This is quite appropriate provided there is a consistency of approach across key learning areas.

## Student Welfare and Support

*Get Real* provides three booklets that detail guidelines and protocols for dealing with drug-related critical incidents in schools and for provision of drug-related student welfare. It is important to define these terms.

A critical incident refers to the situation where a student may be using prohibited drugs or misusing other drugs while at school (for example smoking) and/or encouraging other students to do so. This situation should be viewed in the context of the school's Welfare Policy and *Student Code of Conduct*.

*Drug-related Critical Incidents: Guidelines for Secondary Schools* and *Drug-related Student Welfare and Critical Incidents for Primary Schools* both attempt to alert staff to some of the drug-related incidents that could occur in schools and provide advice on dealing with such issues. Drug-related student welfare is a much broader area. It can refer to any situation where a student's use of drugs outside normal school hours affects their ability to function in a productive and meaningful way at school, or in situations where drug use may not be the primary problem but where that use either causes the problem or contributes to the problem, for example domestic violence, abuse, sexual vulnerability, minor offences.

The booklets on *Drug-related Student Welfare: Identification, Monitoring and Intervention* and *Drug-related Student Welfare and Critical Incidents for Primary Schools* provide advice on how to deal with these situations including referral, establishing protocols and counselling. The importance of building effective community networks is emphasised. Drug-related student welfare is not necessarily reactive and includes proactive and pastoral programs designed to respond to students' needs in a preventative manner.

## Evaluation

Evaluation is part of the school's planning and implementation cycle. It enables schools to identify needs and to improve policies, programs and practices. Evaluation provides support for the process of change. In particular, evaluation:

- affirms what has been achieved
- shows starting points and developments
- helps determine whether the school is on target to achieve stated objectives
- provides information to improve school-based processes
- provides information and direction for the school community

The *Curriculum and Standards Framework* and the *School Charter* both provide a means of evaluating the school's curriculum and overall performance respectively. Schools may need to develop additional methods of evaluation especially in the area of the provision of drug-related student welfare.



## Sample Drug Education Policy for a Primary School

### Rationale

The use of drugs, including alcohol, tobacco and pharmaceutical drugs, is common in our society. Our students are exposed to drug-related issues at home, school and in the wider community. Appropriate skills and knowledge will be taught to minimise drug-related harms for students with a high priority being given to student welfare.

### Objectives

- to provide drug education within the on-going health education program
- to involve staff, parents and the community in planning and implementing drug education
- to develop supportive procedures for students with drug-related problems
- to provide clear guidelines for the recording and administering of first aid and medication
- to provide a planned and consistent approach to drug-related incidents
- to provide professional development for staff so that they feel confident in teaching harm-minimisation drug education

### Guidelines

1. A management committee will be formed to oversee the development of harm-minimisation drug education.
2. A budget of \$\*\*\*\* will be allocated to the management committee.
3. Consultation will be undertaken with parents, staff and students to identify priorities.
4. Procedures for providing appropriate assistance and support, including referrals, to students with drug-related problems will be developed in consultation with staff and community agencies.
5. Guidelines for dealing with drug-related incidents will be developed and given to all staff.
6. Guidelines for recording and administering first aid and medication will be reviewed.
7. A list of all teachers with first-aid qualifications will be given to all staff.
8. Professional development focusing on classroom strategies and on drug-related student welfare will be provided as required.

### Evaluation of policy

The Management Committee will be responsible for evaluating this policy.

Indicators of successful implementation will include:

- documented consultations with staff, parents and the community
- the development and delivery of units of work
- the use of community resources, e.g. the Quit Campaign, community health centre personnel
- published guidelines for dealing with drug-related incidents
- published guidelines for recording and administering first-aid and medication
- staff awareness of teachers with first-aid qualifications
- the provision of professional development for staff

# APPENDIX B

## Sample Drug Education Policy for a Secondary School

### Rationale

People in our society use drugs for both medical and recreational reasons. This school has a responsibility to provide students with the skills and knowledge to make informed decisions about drug use/non-use. We aim to address the drug-education needs of our school community through a harm-minimisation approach to curriculum and welfare.

### Objectives

- to incorporate the harm-minimisation approach to drug education into existing courses
- to provide appropriate support, assistance and referrals for students with drug-related problems
- to provide a framework for staff to respond to school-based incidents of drug use by students
- to provide comprehensive staff education on drug-related issues

### Guidelines

1. A budget of \$\*\*\*\* will be allocated to develop the harm-minimisation approach to drug education.
2. Development of the drug-education program will be the responsibility of the curriculum committee.
3. Consultation regarding curriculum will be undertaken with teachers, parents and students.
4. The Student Welfare Coordinator will provide counselling and/or referrals for students with drug-related problems.
5. A case conference approach involving the principal, Student Welfare Coordinators and pastoral care teachers will be used to respond to drug-related incidents.
6. Guidelines for dealing with drug-related incidents will be given to all staff.
7. Professional development will be provided to staff to ensure the effective implementation of the above guidelines.

### Evaluation of policy

The Health and Physical Education Committee will coordinate evaluation of this policy.

Indicators of successful implementation of the policy will include:

- documented consultations with parents and students
- the development and delivery of units of work
- published guidelines for dealing with drug-related incidents
- the provision of professional development for staff

## Endnotes

- <sup>1</sup> Directorate of School Education, *Drug Education Strategic Plan 1994–99: Drug Education Support for Schools*, Melbourne, 1994.
- <sup>2</sup> A Federal and State Initiative, *The Drug Offensive: National Drug Strategic Plan 1993–97*, AGPS, Canberra, 1993.
- <sup>3</sup> These principles have been taken from *Principles of Drug Education in Schools*, University of Canberra, Faculty of Education, 1994. They have not been reproduced in full.
- <sup>4</sup> Board of Studies, *Curriculum and Standards Framework*, Melbourne, 1995.  
Directorate of School Education, *Guidelines for Developing a School Charter*, Melbourne, 1994.  
Ministry of Education Schools Division, *School Information Manual: School Operations*, 3rd edn, Melbourne, 1994.  
Directorate of School Education, *Guidelines for Developing the Student Code of Conduct*, Melbourne 1994.
- <sup>5</sup> Catholic Education Office, *Drug Issues in Catholic Schools: Education, Prevention, Intervention (Policy 2.13)*, Melbourne, 1992.  
Catholic Education Office, *Pastoral Care of Students in Catholic Schools (Policy 1.14)*, Melbourne 1994.



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## Drug Information for Teachers

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Project coordinator: Kaye Ely.

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## Introduction

This booklet provides basic information regarding specific drugs to support teachers and drug educators. The primary focus of this booklet is psychoactive drugs. These can be described as chemical substances that alter mood or behaviour as a result of alterations in the functioning of the brain. Drugs as defined in this booklet include alcohol and tobacco. Additional information specific to alcohol and tobacco can be found in the relevant fact files of *Alcohol Education Materials* and *Tobacco Education Materials*.

This booklet has been produced for teacher information only. It is strongly recommended that teachers do not distribute sections of this booklet to students. Agencies such as the Australian Drug Foundation and the Quit Campaign produce information designed for student use.

## What is a Drug?

A drug can be defined as a 'substance that changes the way the mind or body functions'.

All known human societies have sanctioned at least one mind-altering substance for religious, medical or recreational purposes. Drug use is partly culture-bound in that some drugs are considered legitimate and some are not. Over time drugs can lose or gain legitimacy. Cocaine and heroin, for example, were legal substances in Australia early this century. They are illegal substances now. In recent years the regulation of tobacco has increased indicating the way the law responds to changing social or medical knowledge.

## The Use of Drugs

Whether people use psychoactive drugs for therapeutic or recreational purposes, the aim is to change the way they feel. People use drugs for the short-term effects and perceived benefits: to relieve pain, discomfort or stress, to relax, reduce inhibitions, to heighten pleasure and to produce euphoric feelings.

### Therapeutic use

Young people are commonly given a range of medicines and drugs for therapeutic purposes. They should understand that prescribed substances should be taken only under supervision and according to the instructions. Medicines or drugs prescribed for other people should never be taken, nor should unused drugs be saved for other times without medical advice. Two commonly-used therapeutic drugs are explained here.



# Classifying Drugs

Drugs are classified in a number of ways. The two most useful modes of classification are:

- according to the legal status of the drug
- according to the drug's effects on the central nervous system (CNS), which includes the spinal cord and the brain

Neither form of classification gives a clear indication of the harms associated with the particular drug. Harm is related to other variables such as the properties of the drug and the frequency, duration and method of use. Legal problems, such as being charged with drug offences and the consequences, may be more enduring than the physical or social harms caused.

## Classification by legal status

Most people know which drugs are illegal, although the legal status of a drug is not always clear. Legal drugs are often subject to restrictions and controls which affect their availability, quality and price. It is illegal, for example, for a pharmacist to supply prescription drugs without a medical doctor's prescription. Possession of such drugs is illegal if they have not been prescribed. For example, people could be charged for selling tranquillisers on the street. It is illegal to sell alcohol and (in Victoria) tobacco to people under 18 years of age.



Possession of some drugs (for example, magic mushrooms and datura) which grow naturally is also illegal. Magic mushrooms and datura are potent hallucinogens. The plant datura grows in suburban gardens, and magic mushrooms grow in season in some bush areas.

## Classification by effects

Knowing the legal status of a drug does not provide a clear indication of harm or effects. The physical and psychological effects of psychoactive drugs depend on how they act on the central nervous system (CNS), which coordinates our thoughts, feelings and actions. Psychoactive substances include legal, illegal and prescription drugs. Drugs are usually classified as either depressants, stimulants or hallucinogens.

# How Drugs Affect People

It is impossible to predict exactly how a drug will affect any one person. Effects usually relate to how much of the drug is used, how often it is used and what other drugs are used. The following factors also influence drug effects.

## How the drug is taken

There are many different methods of taking a drug. These include ingestion (drinking, eating), smoking, injecting, snorting, inhaling and inserting. Drugs are snorted through the nostrils and inhaled through the mouth and nostrils.

Drugs that are injected or inhaled produce intense effects very quickly, as they go directly to the bloodstream and the brain. Snorting is the next fastest-acting method of administration, while ingestion takes longer. Users often choose the fastest-acting method of use, although the effects generally wear off faster.

Injecting drugs carries particular risks, especially if needles, syringes or other equipment are shared. Blood-borne diseases, such as hepatitis B and C and HIV, are transmitted easily by the behaviour associated with injecting drug use. This behaviour includes unprotected sexual behaviour and sharing used syringes.

## Physical characteristics of the user

The proportion of body fat, metabolic rate and stage of the menstrual cycle all influence the strength and duration of drug effects, as will a person's height, weight and gender.

Some drugs, such as cannabis, are stored in body fat and can take weeks to be eliminated from the body. Women generally have more fatty tissue than men and may therefore feel the effects of a drug more intensely.

Drug use can make specific health problems worse. Asthma and smoking are a risky combination. It is hazardous to use alcohol and other drugs if the user has liver or kidney problems. Strong stimulants, such as amphetamines, can intensify high blood pressure or heart problems.

## The mood and environment of the user

How a person is feeling can have a significant impact on drug effects. Under the influence of alcohol some people cheer up, some become nasty, while others become miserable. Much depends on how they were feeling in the first place.

The social setting of drug use is also a factor. In a comfortable atmosphere, a user is more likely to have a good time, while in a threatening environment the user may become anxious.

Drug use may stem from emotional needs, such as a need for social contact or a need to escape from feelings. Loneliness, depression, feelings of uselessness, feeling unloved or angry may lead a young person to use drugs. On the other hand, some people will use drugs to celebrate because they feel happy or over-confident.

Drug use can be a way of controlling how young people feel, and of coping with emotional pain. For young people who have survived family violence or other forms of abuse, drugs can seem less threatening and 'safer' than people.

Understanding the symbolic meaning people attach to drug use helps illustrate why drugs may be attractive to some. People often seek from drugs what they feel is lacking in their lives, such as comfort, escape or confidence.

## **Tolerance**

Tolerance to a drug develops over time, depending on the frequency of use. A person using a drug for the first time will have a very low tolerance, and is more likely to feel the effects very strongly.

The more often the drug is used, the less intense the effects will be. This results in the need to take larger amounts to get the desired effect. If the person stops using the drug for a while, his or her tolerance goes down, but can quickly go up again with resumed use.

## **Polydrug use**

Polydrug use refers to the use of more than one drug. Combining drugs can increase or alter the effects of individual drugs. It can alter the chemistry of each drug and affect the way the body and central nervous system respond. People react very differently to combinations of drugs, and it is this unpredictability which makes polydrug use hazardous.

Polydrug use is common among some groups of young people. Tranquillisers or marijuana are often used to help a person come down from the use of amphetamines. Alcohol can be used in combination with a range of other drugs. Alcohol and other depressant drugs, such as marijuana and heroin, are a dangerous combination, and can increase the risk of overdose. Any combination of depressant drugs is hazardous for experienced as well as recreational users.

Users often have a primary drug of choice (for example, alcohol, marijuana, speed, heroin) but will use a range of other drugs to top up, come down or as a substitute.

## **Drugs and pregnancy**

Pregnant women need to be aware that most psychoactive drugs can affect the unborn child. If the mother becomes intoxicated, so does the baby. Heavy use of some drugs during pregnancy can cause miscarriage, foetal distress, premature labour, foetal abnormalities, deformities in the baby, low birth weight, developmental delays in the child and a range of other complications.

# **Different Drugs and Their Effects**

Drugs are usually classified as depressants, stimulants or hallucinogens.

## **Depressants**

Depressant drugs slow down or depress the central nervous system (CNS) but don't necessarily make the user feel depressed. The effect of the drug depends on how concentrated the drug is and how much is used.

Depressants produce a relaxed state in moderate doses. Some depressants cause euphoria and a sense of calm and well-being. They may be used to 'wind down' or reduce anxiety, stress or inhibition. Because they slow down the CNS, depressants affect coordination, concentration and judgement. This makes driving and operating machinery hazardous.



In larger doses depressants can cause unconsciousness by reducing breathing and heart rate. A person's speech may become slurred and their movements sluggish or uncoordinated. Other effects of larger doses include nausea, vomiting and, in extreme cases, death.

Depressant drugs include:

- alcohol
- opiates and opioids, including heroin, opium, morphine, codeine, methadone, pethidine and palfium
- cannabis, including marijuana, hashish and cannabis resin
- tranquillisers and hypnotics, including Rohypnol, Valium, Serapax, Mogadon, Euhypnos and Ativan
- barbiturates, including Seconal, Tuinal and Amytal
- some solvents and inhalants, such as petrol, glue, propellants, paint thinners and lighter fluid

When taken in combination, the effects of depressants are increased, thereby increasing the danger of overdose. Taking heroin or minor tranquillisers after drinking alcohol can be hazardous, particularly if tolerance to either or both drugs is low or reduced after a period of non-use.

### Cannabis (marijuana)

The three commonly-used derivatives of the cannabis sativa plant are marijuana, hashish and hashish oil. The main active ingredient of cannabis is THC (Delta-9 tetrahydrocannabinol), which is a CNS depressant with hallucinogenic qualities.

**Marijuana** is the most common form of cannabis. The potency of marijuana can vary considerably. The leaves and flowers of the marijuana plant are normally smoked in hand-rolled cigarettes (called joints) or in a pipe (called a bong).

**Hashish** (hash) consists of small blocks of dried cannabis resin. Blocks are usually brown or black. The concentration of THC in hashish is higher than marijuana and produces stronger effects. Hash is added to tobacco and smoked, or baked and eaten in foods such as hash cookies.

**Hashish oil** is a thick, oily golden-brown to black liquid that can be extracted from hashish. It is usually spread on the tip or paper of cigarettes and then smoked. Hashish oil is more powerful than the other forms of cannabis. A very small amount can produce extensive effects.

The majority (about two-thirds) of people who have ever used marijuana are ex-users. The majority of regular users are males aged between 20 and 24 years. Alcohol use, on the other hand, remains relatively constant throughout a person's life, although the amount consumed changes at various points.

The immediate effects of cannabis depend on the strength of the drug, the size, mood and tolerance of the user. People use marijuana to relax, feel good, reduce inhibitions, make them feel more sociable and to 'explore their mind'. It also enhances sensory perceptions. Physical effects include reddened eyes, increased appetite, and impaired coordination and balance.



It is an offence to sell or supply a volatile substance in the knowledge that it will be inhaled or otherwise ingested. Many inhalants are highly flammable.

## **Stimulants**

Stimulants speed up or stimulate the CNS and can make the user feel more awake, alert or confident. They increase heart rate, body temperature and blood pressure. Depending on the strength of the dose, other physical effects include loss of appetite, dilated pupils, talkativeness, agitation, and inability to sleep.

Higher doses can cause anxiety, headaches, stomach cramps, aggression, paranoia, panic and seizures. Prolonged use of strong stimulants can also produce these effects.

Mild stimulants include caffeine found in tea, coffee and chocolate, and nicotine found in tobacco. Some stimulants such as ephedrine are used in medicines for bronchitis, hayfever and asthma. Stronger stimulants include slimming tablets, amphetamines and cocaine.

Strong stimulants can mask the effects of depressant drugs such as alcohol. This increases potential for aggression, and poses an obvious hazard if the person is driving. A person who has used amphetamines may drink a considerable amount of alcohol and not feel drunk.

Some authorities classify ecstasy (MDMA) as a stimulant, and it does have stimulant properties, as does LSD. This text treats ecstasy as a hallucinogen.

### **Caffeine**

Caffeine is a mild stimulant found in coffee, tea, cola drinks and chocolate. It stimulates breathing, the heartbeat and alertness. It can quicken reaction time and large doses are banned in many sports. Side effects can include nervousness, agitation and headaches. Caffeine is used in conjunction with other drugs by medical practitioners for controlling migraine headaches. In very large doses caffeine is habit-forming.

### **Tobacco**

Unlike many drugs there is no safe or recommended level of use for tobacco. Smoking is one of the key health problems in Australia.

Smoking leads to a wide range of diseases including heart disease and stroke, a number of different kinds of cancer, and chest and lung illnesses. Long-term use exposes the smoker to cancers of the lungs and mouth, emphysema and chronic bronchitis. Oral use of tobacco increases the risk of mouth cancers.

Most adult smokers started smoking during adolescence. People who begin to smoke at an early age are more likely to develop severe levels of nicotine addiction than those who start at a later age.

### **Amphetamines**

Amphetamines (known as 'speed') are powerful CNS stimulants. Medically prescribed amphetamines are used for the treatment of narcolepsy, for weight loss, and to treat hyperactivity in children. However, many amphetamines are manufactured in illegal laboratories.

Amphetamines can be inhaled, ingested and injected. Injecting amphetamines poses the same hazards as injecting other substances.

Injecting amphetamines intensifies their immediate effects, and the user gets a 'rush' almost instantly. The effects take longer if the drug is inhaled, and longer again if swallowed. Many young people use amphetamines to gain energy since they increase alertness, confidence, energy and sociability. Physical signs of amphetamine use include talkativeness, teeth clenching, sweating, pupil dilation, restlessness, dehydration, rapid breathing and increased heart rate.

Coming down can cause depression, extreme tiredness and irritability. To delay this, some users keep topping up with amphetamines. Others may use depressants such as alcohol, marijuana, minor tranquillisers or heroin to help them come down. A cycle of stimulant and depressant drug use can be damaging physically and psychologically.

A major risk with illegal amphetamine use is the composition. These drugs always contain impurities.

Long-term effects of regular amphetamines use can include poor nutrition, skin problems, severe depression, psychosis, aggression and irrationality. Amphetamines can damage the heart, kidneys, liver and nervous system. With regular use, tolerance develops quickly. Whether physical dependence on amphetamines can develop is debatable. Strong psychological dependence can develop where the user feels compelled to keep using the drug to feel normal and to have sufficient energy to function. A person who has been 'speeding' for several days and has not slept can develop 'speed psychosis' from sleep deprivation. Paranoia and aggression are evidence of 'speed psychosis'.

## Cocaine

Cocaine is relatively rare in Australia. Derived from the South American coca shrub, cocaine is a CNS stimulant and local anaesthetic. It can be smoked, injected or snorted. Users report feelings of increased energy, suppressed appetite and euphoria. Prolonged use can result in hallucinations and feelings of restlessness, insomnia and paranoia. 'Crack' cocaine is a purer and cheaper form which delivers a quicker effect.

## Hallucinogens

Hallucinogens distort perceptions of reality. Users may experience vivid distortions of auditory and visual stimuli, perceiving physical objects in greatly exaggerated terms. The effects of hallucinogens are not easy to predict. They often depend on the mood of the user and the context of use.

Hallucinogenic drugs include:

- LSD (lysergic acid diethylamide)
- magic mushrooms (psilocybin)
- mescaline (peyote cactus)
- ecstasy (MDMA, or methylenedioxymethylamphetamine)
- cannabis (In stronger concentrations such as hashish and resin, cannabis acts as a hallucinogen as well as a depressant.)

### LSD (lysergic acid diethylamide)

LSD is a synthetic compound which was discovered in 1938. It was tried as a psychotherapeutic drug before attaining popularity, and notoriety, as a recreational drug in the 1960s. 'Street' LSD can vary considerably in strength. However, most is low dosage.

The main physical effects of hallucinogenic drugs are the dilation of pupils, loss of appetite, increased activity, talking or laughing, jaw clenching, sweating and sometimes stomach cramps and nausea. Perceptions change, experiences become intense, and visual, auditory and tactile hallucinations may occur. Effects tend to peak, then come in waves until the drug wears off. They can last between several hours and 24 hours.

If a person is comfortable with their surroundings, they may experience ecstatic feelings, otherwise known as a 'good trip'. A 'bad trip' can include feelings of panic and terror.

## Ecstasy

Ecstasy is a relative newcomer in its current form and name, although it is not a new drug. It is closely related to amphetamines. The 1992 Commonwealth survey by the Department of Health and Community Services reported that 14 per cent of Australians had used designer drugs such as ecstasy.<sup>2</sup>

Effects of ecstasy include panic, feelings of persecution, paranoia and loss of contact with reality. The effects of this drug are unpredictable. Some people reportedly develop mental health problems but other users do not experience any lasting negative effects. 'Flashbacks' can occur weeks, months or years after the initial experience.

Driving while under the influence of ecstasy is hazardous as perceptions of real objects are affected.

## Other Drug Types

### Anabolic substances

Anabolic substances do not fit into the above categories as their primary action is not on the CNS. Anabolic substances refer to substances which have anabolic properties. These properties increase the ability to synthesise body tissues, in particular the ability to increase muscle mass and/or strength. They include anabolic steroids and human growth hormone. Some young people use anabolic substances, particularly steroids, to enhance performance in sport and body building. Reported side effects or consequences of anabolic substances, particularly steroids, include aggression, raised blood pressure, acne, heart, liver and kidney disease, decreased sexual desire, damage to sexual organs, impotence, development of breast tissue in men, growth of facial hair in women, decrease in breast tissue in women and deepening of the female voice.

Long-term side effects are unknown, though it is suspected that the changes to secondary sexual characteristics may be permanent.

Some young people risk these side effects for the perceived benefits of increased muscle, strength and performance. Anabolic substances can be taken orally or injected.

The use or possession of unprescribed anabolic substances is illegal. Users also risk using contaminated or counterfeit substances that have been produced illegally, or veterinary products that have been passed off as human anabolic substances.



### 'Smart drugs'

According to the American Pharmaceutical Association about 140 so-called 'smart drugs' are under development in the United States. Their proponents claim that they can improve the capacity of the CNS and brain to record and process information.

'Smart drugs' can be categorised into two groups: food supplements, such as vitamins, herbs, amino acids, animal extracts; and drugs used to halt or manage degenerative brain disorders and diseases.

'Smart foods' include amino acids such as phenylalanine and tyrosine, vitamins such as B1, B3, B6, B12 and herbs such as ginseng, DMAE (dimethylaminoethanol) and ginkgo biloba. Many are present in various foods. DMAE, for example, is found in seafood. No medical trials have shown that proposed 'smart foods' can improve memory, concentration or thinking ability.

'Smart drugs' include Dilantin, Deprenyl and Hydergine, prescribed respectively to treat seizures, Parkinson's Disease and Alzheimer's Disease. Again there is no medical evidence that these or other pharmaceuticals can affect mental capacity and none are currently registered in Australia for that purpose.

## Concerns Related to Injecting Drug Use

Injecting drugs can lead to complicated health problems related to the behaviours of injecting drug users. The major concerns relate to the sharing of needles, syringes and other equipment leading to an increased risk of contracting hepatitis or HIV.

### Hepatitis C

Hepatitis C is a viral infection of the liver. It has become a major health problem and it is now thought that over 70 per cent of people infected with the virus go on to become major carriers with the consequential risk of chronic liver disease and primary liver cancer occurring some decades after initial infection.



Transmission is primarily by blood to blood contact, and in Australia the sharing of equipment by injecting drug users is probably the most common mode of transmission. Prevalence among current injecting drug users is high and increases with the duration of use. Not only can the needles and syringes be contaminated but other items of equipment, such as spoons and filters.

Tattooing, ear piercing and body piercing with unsterile equipment are other potential sources of hepatitis C transmission.

## HIV/AIDS

Acquired Immune Deficiency Syndrome (AIDS ) is caused by the Human Immunodeficiency Virus (HIV).

HIV is a fragile virus and does not live long outside the body or fresh body fluids. We know from scientific research that for infection to occur, HIV must:

- leave the body of an infected person in a body fluid
- be in a sufficient quantity or dose to cause infection
- enter the bloodstream of another person

People with HIV begin to get mild illnesses caused by the immuno deficiency. This process can occur anytime from two years to twenty years after infection. Eventually people with immuno deficiency caused by HIV develop more serious illnesses. When these illnesses occur the person is diagnosed with AIDS.

There are four distinct ways HIV can be passed from person to person. These are:

- having anal or vaginal intercourse with an infected person without using condoms properly
- sharing drug injecting equipment, such as needles and syringes, with an infected person
- direct injection of blood or blood products from an infected person
- from an infected mother to her child before, during or immediately after birth

Most HIV infection results from some act that each person can choose to do or choose not to do. These acts are called risk behaviours.

Injecting drug users can avoid infection by using clean injecting equipment which is readily available through needle exchange outlets and pharmacists who provide loose needles and syringes. The best way to avoid infection is by not injecting drugs at all.

## Drugs and the Law

Laws relating to illegal drug use include legislation passed by both state and federal parliaments.

The major act in Victoria which applies to illegal drug use is the *Drugs, Poisons and Controlled Substances Act 1981* (Vic.).

Legal drugs are dealt with through a range of laws that determine the circumstances under which the drug can be supplied, manufactured or used and conversely establish the conditions when use or sale of the drug is illegal.

## Legal drugs and the law

In a general sense substances in this category are legal under certain conditions. The major drugs in this category include alcohol, tobacco, various medicinal drugs and inhalants.

The use, possession, sale and cultivation of these substances is controlled by a range of local, state and federal laws and by-laws.

These laws are highly variable and may focus on the sale of the substances (for example, tobacco to children), the use of substances (for example, inhalants) or the effects of the substance on the user and others (for example, drink driving).

In many cases the drug can be legally obtained but subsequently misused by the user and there are various sanctions and penalties applicable in this area. In Victoria, for example, obtaining a prescription by deception or forgery is an offence.

### Tobacco

It is illegal for anyone under the age of 18 years to be sold tobacco.

People selling or providing tobacco to a person under 18 years may be prosecuted.

Occupational Health and Safety legislation led the Directorate of School Education to direct schools to provide smokefree workplaces. The definition of a workplace includes school buildings and vehicles. Directorate of School Education policy requires that schools follow practice which is consistent with health education aims and all students receive prevention education about smoking. Policy also requires that schools seek the agreement of their communities to achieve a totally smokefree school environment.

### Alcohol

The legal age for possession, consumption and purchase of alcohol is 18 years. On licensed premises a person under 18 years can consume alcohol with a meal in the company of a parent, guardian or spouse.

Selling alcohol to persons under 18 years is an offence incurring substantial fines for licensees. Procuring alcohol for people under age is also an offence which can result in a fine.

### Drink driving

The legal blood alcohol content for 'P' plate drivers, drivers who have had their licences restored, and bus, truck, tram and train drivers (while in control of those vehicles) is zero.

The maximum legal blood alcohol content in Victoria for other drivers is 0.05.

## Illegal drugs and the law

The Drugs, Poisons and Controlled Substances Act defines several substances as prohibited drugs of dependence. The list includes amphetamines, barbiturates, sedatives, heroin, lysergic acid (LSD), psilocybin (magic mushrooms), cannabis sativa (marijuana), hashish, methadone, cocaine and phencyclidine (PCP). In a small number of cases there is a legitimate and legal medical application for some of these substances, for example, methadone and amphetamines.

The four main types of charges relating to illegal drugs are:

- use
- possession
- cultivation/ manufacture
- trafficking

Penalties imposed for illegal drug offences differ depending on the type of offence, the drug involved, the amount of the drug and other factors, such as whether the convicted person has prior convictions.

**Use** includes smoking, inhaling, injecting, ingesting or otherwise introducing a drug of dependence or dangerous drug into a person's body. It is also an offence to administer a drug to another person.

**Possession** is defined as having the drug in your custody or control. This can include drugs on a person, and on land or premises occupied by that person.

Penalties for possession of a small quantity of a drug are a fine or imprisonment for up to 12 months, or both. A small quantity would be 0.5 g of amphetamines, 50 g of cannabis or 2 g of heroin.

**Cultivation** includes planting, growing, tending and harvesting a prohibited plant. Watering one plant or harvesting one leaf is cultivation. If the drug isn't being grown for personal use or is a 'traffickable quantity', the person can face charges of trafficking.

**Trafficking** means passing a drug or 'prohibited plant' from its source to the user. It includes manufacturing a drug to be sold, or exchanging drugs for something else. Offering to sell or supply a drug to someone is trafficking, as is the intention to sell a drug.

A person doesn't need to have a large amount of a drug to be charged with trafficking.

### The law related to cannabis use

Cannabis is an illegal substance in Australia although it has been decriminalised for personal use in South Australia and the ACT.

In Victoria, the penalty for a first offence by a person under 17 years of age is usually a caution. Young people 17 years or over cannot receive a caution and must appear in court. The penalty for a first offence is a good behaviour bond. Further offences can result in a fine or imprisonment or both.

### Police power to search

The police can search a person and their belongings, including their car, if they have a reasonable suspicion that drugs are present. They do not need a search warrant to search for drugs in a public place. Except in specific circumstances, they do need a search warrant to search a person's house for drugs.

### The power of schools to search

The principal and teachers have a duty of care to take such measures as are reasonably foreseeable in the circumstances to protect students and prevent injury to students. Accordingly, the basis of 'search and seizure' in schools is the duty of care to students under the law.

In all cases the police should be called to undertake a search where there is a suspicion that a student is concealing a weapon, illegal drug or the like on themselves, or in their bags, desks or lockers.

However, as part of the principal's and teachers' duty of care, there may be circumstances where **action must be taken immediately** to prevent injury to a student(s) before the arrival of the police. Where there is reasonable suspicion that the student has a dangerous weapon such as a gun, a knife or a needle and syringe, and the circumstances dictate that she or he or other students are **in imminent danger** of the student using the weapon to injure themselves or others, the student may be restrained. In these circumstances only a search, if considered essential, may be conducted on the outside of the student's clothing, of bags or lockers and any weapon removed. Principals and teachers are not obliged to place themselves at risk in the above circumstances.

Where there is evidence for suspecting that a student is concealing illegal drugs or has a dangerous weapon either on themselves or in their bags or lockers, but it is unlikely in the circumstances that the student will imminently use the weapon or substance, the student should be separated from others and the police and parents or guardians called immediately.

Providing students and parents are aware that it is a condition of use, lockers may be searched at any time. Teachers are advised to have another staff member present when searching a locker. Desks may also be searched at any time. However, no personal containers, such as bags, can be searched, unless in circumstances involving imminent danger as described above.

A student must not at any time be strip-searched.

### **Involvement of parents**

When students are under investigation for suspected use or possession of illegal drugs Directorate of School Education Policy requires that parents and guardians are involved.

### **Endnotes**

<sup>1</sup> Commonwealth Department of Health, Housing and Community Services, *Statistics on Drug Abuse in Australia 1992*, AGPS, Canberra, 1992.

<sup>2</sup> R. Jones, *Drug Use and Exposure in the Australian Community*, Commonwealth Department of Health, Housing and Community Services, AGPS, Canberra, 1993.



# Get real

## Lesson Materials for Primary Schools

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TURNING  
the  
TIDE

# Introduction

The aim of harm-minimisation drug education is to reduce and avoid the harmful consequences of drug use. Harm-minimisation drug education acknowledges that young people are exposed to drug use in everyday life and that they may experiment with drugs and engage in drug use.

For drug education to be effective programs must:

- develop within young people an understanding of factors that influence drug-taking behaviour
- provide appropriate drug-related information
- develop in young people an understanding of risks associated with drug taking
- develop strategies, knowledge and skills that will enable young people to minimise harm associated with drug use
- be an integral part of a comprehensive health education program that:
  - promotes values and attitudes which contribute to personal and community well-being
  - provides accurate information about health and health-related matters
  - develops skills needed for engaging in relationships
  - develops skills needed for dealing with peer pressure and stress
  - encourages young people to take up healthy interests and hobbies as a possible alternative to drug use
  - develops within students the ability to make informed, reasoned decisions that are conducive to good health
  - links drug education curriculum and approaches to drug-related student welfare

For further information refer to the booklet, *A Harm-minimisation Approach to Drug Education*.

## How to Use This Booklet

The following materials have been designed to enable teachers to place drug education into school based health education programs. Understandings have been clearly defined for lower to middle, and middle to upper school levels. Teachers may choose to use the suggested activities or may develop activities that are better suited to the needs of the class and the teaching style of the teacher. Activities can also be adapted to suit specific grade levels. Understandings and suggested activities have been written sequentially to ensure prerequisite concepts and understandings are in place. The Victorian Curriculum and Standards Framework has guided the development of this booklet. Activities have been designed to support teachers in addressing learning outcomes.

Worksheets are provided at the end of the booklet. To increase the size of each worksheet to A4, photocopy the page onto A3 paper (141%) and cut in half.

# An Explanation of Unit Design

All units have been developed to fit easily into an inquiry-based, integrated approach to learning. This approach not only takes students through a range of experiences that provide information, but also encourages students to draw conclusions and take positive action that promotes individual and community well-being.<sup>1</sup>

Each unit contains:

1. Understandings
2. Activities for gathering information and drawing conclusions
3. Activities for developing communication skills
4. Ideas for taking action.

## Teaching and Learning Strategies

Activities in this booklet have been designed to encourage student participation in teaching strategies that are ideally suited to drug education. These strategies are outlined below.

### Exploration of values and attitudes

Values and attitudes of cultures, groups, families and friends vary greatly and have a great impact on drug use. As a consequence young people often receive mixed messages about drugs. By exploring values and attitudes in the classroom, students may be better able to clarify their own beliefs and develop greater tolerance for the beliefs of others.

### Gathering information and drawing conclusions

Activities in this booklet help young people to develop skills that enable them to recognise resources, gather and evaluate information, and draw conclusions. These activities have also been designed to make students familiar with individuals, groups, and government agencies that provide drug-related services or who can be of assistance in drug-related situations.

### Identifying and considering alternatives and consequences

Throughout this booklet students are encouraged to consider alternatives and consequences. Young people need these skills to make informed, reasoned decisions about possible drug use.

### Developing communication skills

Young people need good communication skills to cope with environmental and social pressure to engage in drug use. To deal with such pressures students need to be able to:

- control stress
- express their feelings or points of view
- have a verbal repertoire on hand to avoid unwanted risk taking
- critically analyse and pass on relevant drug information to others
- be assertive
- be persuasive
- negotiate terms



While many teaching strategies develop these skills, this booklet makes wide use of role play. Role-play scenarios have been provided to help students examine difficult issues in a low risk environment without relating personal experiences or making disclosures at an inappropriate time.

Particular care should be taken to choose role-play scenarios that are appropriate and relevant to the students' experience. Do not choose scenarios that may unnecessarily frighten or disturb students. Recommended scenarios can be adapted to suit individual classes and students.

## **Taking action**

Having knowledge about drugs is not enough to ensure young people engage in low risk behaviour. Action taken can be personal, for example, saying 'no' to a cigarette passed around at a party.

Action can also be taken collectively: a group of young people may take action to try and persuade others to engage in healthy drug practices. For example, students may decide to write and perform a play about smoking. Taking action also involves students in goal setting and developing skills to realise goals. These materials provide ideas for taking action. It is recommended that teachers give students the opportunity to suggest personal or group action that is based on what they have learnt.

## **Group discussion and debate**

Through group discussion and debate, students are given opportunities to:

- process information and develop concepts
- explore differing values and attitudes
- engage in value clarification and attitude development

It is important that students are trained and encouraged to use the third person in discussion situations that may reveal inappropriate personal information. It is also important for teachers to use protective interruption techniques if students start to relate issues of a very personal nature.

Teachers are also advised to interrupt discussion when students:

- attempt to shock or ridicule others
- use discussion to gain power or show off
- glorify the use of drugs

See the manuals *Personal Safety: A Workbook for Adults* and *Protective Behaviours: Anti-victim Training for Children, Adolescents and Adults* for discussion and protective interruption techniques.<sup>2</sup>

## **Cooperative learning experiences**

Cooperative learning experiences provide opportunities for students to develop organisation, problem solving, decision making and action skills. Through cooperative learning experiences, students are also involved in the development of social skills.

# What to Avoid in Harm-minimisation Drug Education

Some drug education resources and approaches can be counter-productive and should be avoided in most instances. These include approaches and resources that:

- offer irrelevant, explicit information on illegal substances, e.g. overdetailed descriptions of effects and methods of use
- use emotional scare tactics, e.g. emotive language, stories about drug addiction and ex-addict testimonials
- concentrate only on information about substances rather than individuals and their ability to deal with drug-related experiences
- deliver drug education in isolated 'one-off' sessions

When choosing drug education publications schools should be cautious if:

- publications do not give full detail of authorship
- claims of endorsement by government departments are made as government agencies generally do not endorse such materials

It is recommended that schools also check the qualifications of people and organisations they invite to the school. Many groups and organisations are extremely valuable. However some, while trying to assist, may not have a sound educational basis.

## Evaluation

When evaluating student development and program effectiveness it is important that the following performance indicators are considered:

- attitudes of students to drug use in our society
- attitudes of students towards the beliefs of others
- self-esteem and confidence of students
- knowledge and concept development
- development of communication skills
- participation in class activities
- demonstration of individual and group action in harm-minimisation practices

Before commencing units it is also important that teachers establish prior attitudes, knowledge and skill development in the above areas. A variety of formal and informal strategies can be used to determine student development. These include discussion, consultation, surveys, observation, formal testing of knowledge, student-teacher interviews, keeping files of students' work, checklists, journal writing (both by the teacher and the students) and student self-assessment and feedback on the activities.

# Lower to Middle Primary School

## Links to the Curriculum and Standards Frameworks

**Strand: Human development, human relations and safety**

### Learning outcomes

At the completion of these levels students will be able to:

#### Level 1

- Discuss feelings about and attitudes to the body.
- Take part in group activities that encourage the participation and cooperation of all members.
- Identify what makes a familiar environment safe.

#### Level 2

- Explain why there are particular rules about what is right or wrong, good or bad behaviour for different groups or situations.
- Explain and demonstrate options to improve personal safety and the safety of others.

#### Level 3

- Demonstrate strategies that deal with unsafe or emergency situations.

**Strand: Health of individuals and populations.**

### Learning outcomes

At the completion of these levels students will be able to:

#### Level 1

- Describe what it means to be healthy.

#### Level 2

- Identify the dimensions of health.
- Identify the safe use of a range of services and products used to maintain health.

#### Level 3

- Discuss ways in which the local community contributes to the health of individuals and groups.

# Medicines

## Understandings

1. People often feel sick or unwell.
2. There are many things we can do to make us feel better or get well.
3. Any remedy or drug we use in treating, preventing or alleviating illness is a medicine.
4. Medicines come in many different forms.
5. Some medicines make us feel better, but don't cure illness.
6. Medicines can have helpful and harmful effects on our bodies.
7. We must use medicines wisely.
8. I can try to use medicines wisely.

## Gathering information and drawing conclusions



### Understanding 1

People often feel sick or unwell.

#### Activity 1.1 — Dolls' hospital

1. Teacher takes a small selection of dolls or soft toys into the classroom.
2. Give each toy a name and an illness.
3. Taking one toy at a time, explain the toy's illness to the students.
4. Generate discussion that focuses on how the toy got sick.
5. Make these toys available for the students to play with so they can explore the concept of illness through child play.

This activity serves as a good model for activity 2.1.



### Activity 1.2 — Illness graph

1. Send *worksheet 1* home to parents. Parents are requested to write down their child's name in the relevant boxes, and help their child colour in these boxes.
2. Use the coloured boxes to make a bar graph of illnesses the students have had.

### Other activities

1. Brainstorm a list of illnesses that the students have had or witnessed.
2. Students make an illness book, writing and drawing about illness.
3. Students act out plays depicting illnesses suffered.
4. Read picture story books and poems about illnesses.

### Understandings 2 and 3

There are many things we can do to make us feel better or get well. Any remedy or drug we use in treating, preventing or alleviating illness is a medicine.

### Activity 2.1 — My sick toy

1. Ask the students to bring a sick toy of their own to school.
2. Students introduce their toys to the class.
3. Make a sign for each toy that explains the toy's illness.
4. For each illness discuss ways the toy can be made better.
5. List possible remedies for each toy. Display the lists with the toys.

### Activity 2.2 — Commercial and non-commercial medicines

1. Revisit the lists of remedies made in the previous session.
2. Discuss whether the remedies come from a pharmacist or doctor, and whether the remedies are homemade or come from a naturopath or homeopath.
3. Next to each remedy stick a red sticker to indicate remedies from a doctor or pharmacist, and a green sticker to indicate homemade or natural remedies.
4. Point out to students that all remedies, both commercial and non-commercial, are medicines.

### Activity 2.3 — Illness data chart

This activity may be more appropriate for middle school students and can replace activities 2.1 and 2.2.

1. Choose a selection of illnesses the students are familiar with.
2. Write each illness on a separate piece of butcher's paper.
3. Ask students to describe remedies or medicines for each illness.
4. List remedies under each illness.
5. Using red and green stickers, ask students to indicate which medicines come from a doctor or pharmacist and which do not.
6. Discuss the following:
  - Do people treat illnesses the same way?
  - Any remedy we use in treating, preventing or alleviating illness is a medicine.

7. Write conclusions to display with the data chart.

### Example

Cold/flu	Asthma	Cold sores	Broken arm
lemon drinks	rest	rest	plaster
hot soup	asthma medication	good food	paracetamol
cough mixture	visit doctor	skin cream	rest
vitamin C	injection	don't touch them	injection

### Understanding 4

Medicines come in many different forms.

#### Activity 3.1 — In my medicine chest

1. Teacher takes an assorted selection of commercial and homemade medicines to school.
2. Explore vocabulary used to describe different types of medicines (e.g. capsules, tablets, sprays, drops, vitamins, cream, drinks).
3. Students complete *worksheet 2*.

(Teacher's note: remind students that it is dangerous to play with medicines.)

#### Activity 3.2 — All sorts of medicines

1. Find pictures of medicines or remedies and mount them onto cards.
2. Ask students to categorise them by placing them in piles (e.g. types of medicines, medicines from a doctor, natural medicines, medicines that can hurt you).

#### Activity 3.3 — Vaccines are medicines

1. Ask students if they have had an injection and why.
2. List on the board the reasons for getting injections.
3. Point out that sometimes we get injections to prevent us from getting sick, and sometimes we have different types of medicine to stop us from getting sick (e.g. vitamins, tablets, liquids, asthma puffers).
4. List illnesses for which vaccinations and preventative medicines are available.
5. Students draw and write about injections they have had, why they had them and how they felt.
6. Use the terms 'immune' and 'immunisation', if appropriate.

#### Other activities

Using role play consider remedies for different illnesses. One student could play a doctor, one a parent and a third a child or patient.

## Understanding 5

Some medicines make us feel better, but don't cure illness.

### Activity 4.1 — Feeling better and being cured

1. Read and discuss the following scenarios with the class.
2. Ask students if the medicine given will cure the illnesses.
3. Discuss the understanding: 'Some medicines make us feel better, but don't cure our illness'.
4. Students complete *worksheet 3*.
5. Discuss completed worksheets with the class.
6. Discuss misunderstandings as they arise.

### Scenarios

Leela was riding her bike home from school. On the way home she skidded on some oil and crashed her bike into a tree. She was badly hurt. She had broken her leg. After a visit to hospital to have her leg set in plaster Leela returned home. She was in a lot of pain. Her mother gave her a paracetamol tablet. Will the paracetamol cure Leela?

Patric had very bad flu. His bones ached. His head hurt. His throat was sore. He felt like he wanted to vomit. His father gave him some aspirin. Will the aspirin cure Patric?



## Understanding 6

Medicines can have helpful and harmful effects on our bodies.

### Activity 5.1 — It doesn't always work

1. Take a jar of skin cream and a toy or mobile phone into class.
2. Tell the students you have dry itchy skin and have been to the pharmacist to get something to cure it.
3. Apply the cream to your skin.
4. After a few minutes display noticeable discomfort where the cream was applied. Exaggerate the discomfort to the stage that you must do something about it.

5. Ask the students what you should do.
6. Discuss suggestions as they arise.
7. Immediately act on appropriate suggestions, e.g. ringing the doctor or washing off the cream.
8. Discuss possible allergic reactions to medicines.
9. Reinforce the need to:
  - tell someone when you feel worse
  - contact a doctor, naturopath or pharmacist to ask what to do
  - stop using medication if it does not agree with you

### Activity 5.2 — Harmful side effects

1. Revisit data charts and lists made earlier.
2. Ask the question: 'Could any of these remedies or medicines hurt us in any way?'
3. Students divide into groups and draw or write about possible harmful effects of remedies or medicines.
4. Students share their work with the class.
5. List harmful effects on the board as they arise.
6. Students complete *worksheet 4*.

### Understandings 7 and 8

We must use medicines wisely.

I can try to use medicines wisely.

### Activity 6.1 — Do's and Don'ts

1. Students make a list of Do's and Don'ts for taking medicine.
2. This list can be added to as the unit progresses. Extend the list by:
  - students asking parents about rules at home
  - asking the principal to talk to students regarding school rules
  - organising a visit from a medical professional

### Example

#### Do's

Always store medicines safely so that they are out of children's reach.

Always check the expiry date.

Only take medicines from people you trust.

If you find a syringe tell an adult.

Try to ask questions about medicines that you are given.

Stop using medicines if they make you feel worse.

Always ask an adult to measure the amount of medicine that you take.

#### Don'ts

Never try medicines that you find.

Don't take old medicine.

Never touch syringes you find.

Don't take medicine that was given to another person by a doctor.



### Activity 6.2 — Directions for use

1. Read labels on medicine bottles and packets, e.g. warning signs, expiry dates and dosage.
2. Discuss why the wording is there and what it means.
3. For older students, enlarge information on packets and ask relevant questions, for example:
  - How much medicine should a person your age have?
  - When should you stop taking the medicine?

### Activity 6.3 — Measuring correct dosage

It is recommended that adults measure medicine. However, some students are expected to do this for themselves at home. For this reason, it may be useful to show older lower school students how to measure medicines using a medicine cup. This links well with teaching volume and capacity.

### Activity 6.4 — Always ask

1. Encourage students always to ask questions about medicines they are given, for example:
  - Where did this medicine come from?
  - What is in it?
  - Will it hurt me?
  - What will it do to my body?
  - What is the expiry date?
  - How much do I need to take?
2. Practise through role plays.

### Activity 6.5 — What the experts say

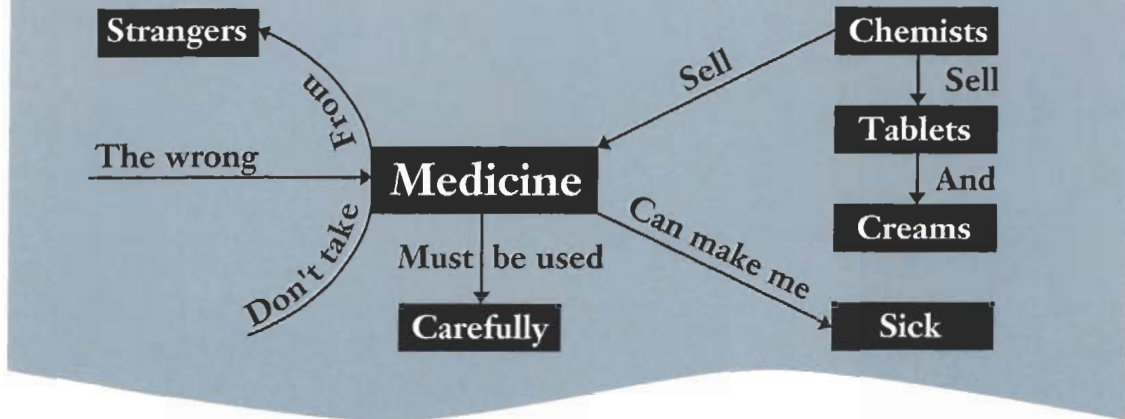
1. Invite a naturopath to visit the class. Ask the naturopath to discuss natural alternatives to prescribed or commercial medicines. Focus on common illnesses suffered by students.
2. Plan a visit from a local doctor or pharmacist. Concentrate on low risk medicine use.

### Activity 6.6 — The medicine concept map

1. On a worksheet provide students with about 10–15 key words about medicines, i.e. medicine, cure, sick, carefully, pharmacist, tablets, naturopath, lemon drink, antibiotics, insulin, cough mixture. (Alternatively, students can choose their own words.)
2. Ask students to cut out the words on the worksheet and arrange them in a way that makes sense to them. This is done by joining words with lines and phrases that show connections. Lightly tape or paste words before final arrangement is decided on.
3. Students share work with classmates.

(Teacher's note: a concept map is an excellent tool for evaluation as it demonstrates understanding of major concepts. However, it is recommended that students have prior experience in making concept maps. Limit the number of words for younger students.)

### Example of a concept map



### Developing communication skills

#### Role-play ideas

You and your friend are in the backyard. You find a packet of pills that your grandfather dropped.

You are walking down the street and see a small child playing with a bottle of cough medicine.

You visit a friend who offers you some tablets to try.

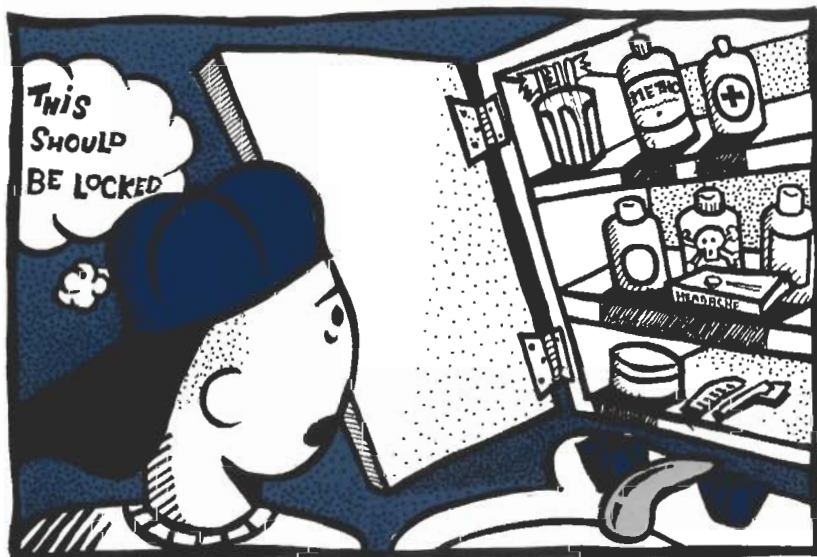
You are not feeling well. Your mother gives you some pills to make you feel better.

Your friend has asthma and asks you if you would like to try his asthma puffer.

You have a skin rash and the doctor gives you some cream to make it better. When you use the cream, your skin itches more and you start to get blisters.

You move to a new house. Your parents have forgotten to make the medicine cabinet safe.

You find a needle and syringe at a local park.



## Ideas for taking action

- Make safety posters.
- Make safety mobiles for the room.
- Make a class mural about the use of medicines.
- Display the mural in prominent places, e.g. the school office, local library, shopping centre.
- Put on a play about safe medicine use.
- Make warning signs for the medicine cabinets at school and at home.
- Inspect and fix up school medicine cabinet.
- Try to keep well and healthy so that you don't need to use medicines.
- Consider the possibility of using alternatives to commercial drugs.
- Follow safety rules for taking medicines.

## Dealing with Emergencies

This unit has been included to prepare students for emergencies that may arise as a consequence of drug misuse. Activities deal with situations that students may find themselves in as a result of their own drug misuse or the misuse of drugs by other people.

### Understandings

1. An emergency is when someone needs urgent help or medical treatment.
2. Some emergencies happen as a consequence of drug misuse.
3. There are many things I can do if I or someone else is in danger.
4. Never put yourself in danger when helping someone else.

### Gathering information and drawing conclusions

#### Understandings 1 and 2

An emergency is when someone needs urgent help or medical treatment.  
Some emergencies happen as a consequence of drug misuse.

#### Activity 1.1 — What is an emergency?

1. Ask students what they think an emergency is. Encourage students to share emergencies they have heard of, or experienced. Ensure students are comfortable with the discussion.
2. List types of emergencies on the board.
3. Highlight emergencies that have happened as a consequence of drug misuse (e.g. road traffic accidents or taking the wrong medicine).

4. Be prepared to use protective interruption techniques if emergencies shared are of a very personal nature (e.g. disclosure of parental drug use, physical or sexual abuse). Follow up after class and provide appropriate support<sup>2</sup>.

### Activity 1.2 — Focusing on drug-related emergencies

1. Write the following headings on the board: alcohol, cigarettes, medicine, syringes.
2. Under each heading list emergencies that may occur due to misuse of the above.
3. This can be done as a class or in groups.

### Activity 1.3 — Picture charts

1. Have a varied selection of pictures of emergencies.
2. Include pictures of emergencies that have occurred due to drug misuse.
3. When discussing emergencies focus on the following:
  - Who is in danger?
  - Why are they in danger?
  - Who is helping?
  - How can helpers be contacted?
4. For each picture write statements that answer the questions above. Display these with the pictures.

## Understanding 3

There are many things I can do if I or someone else is in danger.

### Activity 2.1 — Who can help?

1. Make a data chart of people who can help in an emergency.

#### Example

Types of helpers	What they can do	How to contact them
Police officer	Can stop someone from hurting you Can get you help Can look after you until your parents get back	Ring 000 Ring your local police Get an adult to call them
Ambulance officer	Can take you to hospital Can get rid of bad pain Can stop bleeding Can help people if they are unconscious	Ring 000 Ring the ambulance service
Neighbours	Can call an ambulance Might know first aid Can take someone to the hospital	Run and get them Shout for help Ring them Set off an alarm



### Activity 2.2 — Who's on call?

Students complete *worksheet 5*.

### Activity 2.3 — Emergency procedures at home

1. Send home *worksheet 6*. When returned, photocopy them.
2. Provide each student with a large piece of poster paper folded in four.
3. Ask students to draw pictures about what their parents have told them to do in emergency situations.
4. Paste or write parents' statements onto the students' work.
5. Mount emergency telephone numbers onto card to make a poster for home.
6. Give students the copy to put somewhere safe.

### Activity 2.4 — How to get help over the phone

1. Present the following scenarios to the students. Students enact scenarios and practise telephone skills. These include:
  - staying calm
  - dialling correctly
  - speaking clearly
  - giving correct telephone numbers and addresses
  - describing the incident
  - asking when help will arrive
2. Continue to practise skills using other relevant scenarios.
3. If you have a mobile phone you could simulate experiences with the help of office staff.



It is Saturday afternoon. Mum and Dad have gone to a wedding. They won't be back until very late in the evening. Your 17-year-old brother, Quan, is looking after you. He invited two friends over for a small party. Your brother and his friends were drinking beer and smoking. They were acting very silly. When Quan's friends left he began to feel very sick and started vomiting. Soon after that Quan passed out on the floor. You need to get help. What do you do?

Your grandmother looks after you after school. She goes out to buy something for dinner. She is away a very long time. Your younger sister, Laura, is playing in the bathroom. When you go in there you find her on the floor. She is shaking and looks really sick. Next to her you find a bottle of medicine. You notice she has some of the medicine around her mouth. You realise Laura needs help. What do you do?

### Activity 2.5 — Quick – Get help

Ask students to complete worksheet 7. This worksheet reinforces what students should do in emergency situations.

### Activity 2.6 — What I can do if I get hurt

1. Students discuss incidents in which they have been hurt.
2. Ask students to explain how they got help.
3. Discuss what they could have done if they were on their own.
4. Students draw and write about what they can do if they are alone.

### Other activities

1. Students make puppet plays that demonstrate how to deal with an emergency.
2. Arrange visits from different emergency services. Prior to visits, ask the students to make lists of questions to ask.

### Understanding 4

Never put yourself in danger when helping someone else.

### Activity 3.1 — Make yourself safe first

1. Present the students with the following scenarios in which people who are helping in an emergency could get hurt themselves.
2. Discuss the scenarios and highlight possible dangers to helpers.
3. Discuss ways the helpers can help but also keep themselves safe.
4. Enact scenarios.
5. Ensure students are familiar with first-aid rules:
  - Check for danger.
  - Make yourself safe first.

- Make others safe.
- Make the casualty safe.
- Help the casualty if you can, but don't waste time.
- Get help.<sup>3</sup>

It is four o'clock in the afternoon. Your parents are not home from work yet. You and your friend Martina are playing cricket in the street outside your home. You hit the ball into the bushes. Martina is fielding. She starts to search for the ball in amongst the bushes. Martina grabs something very sharp. It is a syringe. It jabs into Martina's hand. You and Martina know that syringes can be dangerous. You need to get help. What do you do?

It's school holiday time. Mum is at work and Dad has gone shopping. You and your friend Matthew are playing in the backyard. Matthew says he has a surprise. He has a packet of cigarettes and a box of matches. He goes behind the shed and starts to light a cigarette. Matthew accidentally drops the match onto a pile of papers behind the shed. The papers quickly catch on fire. Matthew tries to put the fire out but burns his hand. You need to get help. What do you do?



#### Other activities

1. Students make posters stressing the importance of the above emergency procedures.
2. Invite a representative from St John Ambulance to speak to the students. Ask the visiting representative to include emergency procedures for accidents that may arise due to drug misuse.

## Developing communication skills

### Role-play ideas

You find a small child lying unconscious. Next to the child is an empty bottle of tablets.

Your big brother has an asthma attack. He has left his asthma medication at school.

Your aunt is looking after you. She has been drinking a lot of alcohol. She is very sick. She is vomiting. She falls over and seems to be choking.

Mum slips and hits her head on the table. She is bleeding and can't get up.

Your grandmother looks after you after school. She falls over and can't get up.

Your brother or sister falls into a very hot bath.

A friend comes to play with you. Your mother goes next door to borrow some sugar. While she is away your friend pulls a saucepan of boiling liquid off the stove and is badly burnt.

## Ideas for taking action

Discuss emergency procedures with parents.

Display emergency procedures and telephone numbers at home.

Students write letters to emergency service agencies to ask for further ideas on what to do in an emergency.

Students, with permission of parents, visit a neighbour to discuss coming to them if they are in an emergency.

Write a class booklet on dealing with emergencies. Students read it to other classes.

Students write and draw articles for the school newsletter or local paper.

Students learn simple first aid.



## Middle to Upper Primary School

### Links to the Curriculum and Standards Frameworks

**Strand: Human development, human relations and safety.**

#### Learning outcomes

At the completion of these levels students will be able to:

##### Level 3

- Explain the influences of personal characteristics and behaviour on relationships, group performance, and community living.
- Explain how various rules may affect behaviour.
- Demonstrate strategies that deal with unsafe or emergency situations.

##### Level 4

- Identify and describe significant transitions in growth and development and the different ways that people deal with them.
- Assess options and consequences in responding to unsafe situations.

**Strand: Health of individuals and populations.**

At the completion of these levels students will be able to:

##### Level 3

- Discuss ways in which the local community contributes to the health of individuals and groups.
- Consider information provided by manufacturers and advertisers of health-related products and services.

##### Level 4

- Identify and analyse images of health and how these influence personal and community health goals.
- Compare the health services available to different groups in Australia.

### Content

Upper school drug education materials consist of two components.

#### 1. Drug information including:

- what a drug is
- how people use drugs and what effects they have
- legislation to control drug use
- ways to minimise the harmful effects of drugs

When dealing with drug information concentrate on drugs relevant to students' experiences. This may include students' experience through personal use or exposure to drug use by others. Prescription and non-prescription medicines, alcohol, tobacco, and marijuana are some of the drugs that are widely thought to be relevant.

2. Dealing with drug-related issues including:
  - personal responsibility regarding drug use
  - dealing with pressure from adults and peers
  - media influences

## Drug Information

### Understandings

1. A drug is 'any substance other than food, water and oxygen which, when taken into the body, changes the way the body works'.
2. Many people are not aware that some things they consume in everyday life contain drugs.
3. People use drugs for medicinal and recreational reasons.
4. Drugs affect people in many ways. Some ways are helpful, some are harmful.
5. There may be alternatives to harmful drug use.
6. Some people depend on drugs.
7. Our society has rules and legislation to control drug supply and use.

### Gathering information and drawing conclusions

#### Understandings 1 and 2

A drug is any substance other than food, water and oxygen which, when taken into the body, changes the way the body works.<sup>4</sup>

Many people are not aware that some things they consume in everyday life contain drugs.

#### Activity 1.1 — What do students know?

1. Students are given two pieces of paper: on one they are asked to write or draw everything that they know about drugs; on the other they are asked to write a list of questions about drugs. This can be done in groups or individually.
2. Use this work as a basis for unit development and evaluation.

#### Activity 1.2 — Question box

1. Set up a question box in the classroom.
2. Explain to the students that they can ask questions about drugs. Questions asked can be anonymous. This is an excellent strategy to determine specific individual and class needs.

### Activity 1.3 — What is a drug?

1. Make up sets of cards with names of drugs, foods containing drugs and non-drugs. Include:

beer	cigarettes	bread
wine	cucumber	paracetamol
nicotine	chocolate	water
asthma puffer	caffeine	marijuana
sleeping pills	morphine	coffee
strawberries	tea	antidepressants

2. Divide students into groups. Provide each group with an identical set of cards and ask groups to lightly tape the cards onto paper under the following headings: 'drugs', 'non-drugs', 'not sure'.
3. As a class look at the results and compare similarities and differences.
4. Introduce the definition: 'A drug is any substance other than food, water and oxygen which, when taken into the body, changes the way the body works'. Some items above may be difficult to categorise for many reasons, including :
  - Some foods and drinks contain a drug.
  - Some substances cause allergic reactions.
  - The status of some substances is currently being debated in the health arena.
5. Ask students to re-assess and change their lists to fit the definition.

### Activity 1.4 — Making a collage

1. Students search through magazines for pictures of drugs.
2. Ask students to place their pictures on a sheet of paper under the heading, 'What is a drug?'
3. Ask them not to paste down the pictures.
4. Repeat the above drug definition and ask students if their choices fit the definition.

### Activity 1.5 — What drug am I?

1. Students write, 'What am I?' quiz questions for different drugs.
2. Use questions for a class quiz.
3. Ensure questions and answers are accurate and not misconceptions.

### Example

What am I?

Answer

- I keep people awake.
- I sometimes make people feel dizzy.
- I can sometimes cause people to have headaches.
- I am found in lots of foods and drinks.
- I am found in coffee.

### Understandings 3 and 4

People use drugs for medicinal and recreational reasons.

Drugs affect people in many ways. Some ways are helpful, some are harmful.

#### Activity 2.1 — Drugs and their effects

1. Prepare pieces of butcher's paper with a different drug or food containing a drug written on each one (e.g. paracetamol, alcohol, cigarettes, asthma medication, steroids, insulin, coffee, chocolate, cola drinks, sleeping pills, antidepressants, marijuana, morphine).
2. Give the sheets out to small groups of students.
3. Ask students to list:
  - reasons why people use the drug written on their sheet
  - possible harmful effects / possible helpful effects
4. Bring groups together. Discuss results and write conclusions.

#### Activity 2.2 — Following directions

1. Print the following onto a medicine bottle and write it on the board.
2. Students answer the questions listed below:

#### Coughanot

Use by 7-96

**Warning:** Not to be administered to children under 3 years.  
This medication may cause drowsiness.

**Directions:** To be taken 3 times daily for one week before meals.  
Not to be taken in combination with other medicines or alcohol.  
If your skin becomes itchy, seek medical aid immediately.

**Dosage:** 3-8 years 5 mL  
9-16 years 10 mL  
Adults 20 mL

**Keep all medicines out of the reach of children**

- (a) Alex is 9 years old and has a bad cough. How much medicine should he take each day?
- (b) Sally, his 2-year-old sister, also has a cough. How much should she take?
- (c) After taking the medicine Alex feels better and decides to go skateboarding. Is this a sensible idea?
- (d) Alex's father begins to get a cough. He says he needs some medicine, but he also has a very long drive to work. What should he do?
- (e) After taking medicine for four days, Alex gets an asthma attack. What should he do?
- (f) Alex notices his dad scratching himself. What should Alex say to his dad?



### Other activities

Invite health professionals to speak to the students (e.g. representatives from local drug agencies, doctors and community health workers). Ask guest speakers to focus on the above understandings and the services they offer. Students can also seek answers to questions raised in Activity 1.1 and 1.2.

### Understanding 5

There may be alternatives to harmful drug use.

Many people take drugs through sheer habit (e.g. 'I've got a headache, I'll take a pain-killer. That'll fix it.'). Too often the real cause of pain or discomfort is never addressed. Drug-taking in this sense often occurs through habit.

The activities below encourage students to :

- solve the problem that is making them unwell
- discuss possible alternatives for what in the long term could be harmful

#### Activity 3.1 — Beat the problem

1. Present the following scenario to the class.
2. In groups ask the students to make a list of:
  - things Mandy can do to solve her problems
  - ways Mandy can treat her headache without using drugs
3. Students individually work through similar scenarios. See *worksheet 8*.

Mandy had had a rotten day. She didn't know what to do. She had a heap of homework due the next day. Her mother had left her a list of jobs to do as long as her arm and she had had a fight with her best friend. On top of it all, she was getting a bad headache.

#### Activity 3.2 — Choosing the best solution

1. Ask students to complete *worksheet 9* in groups.
2. Each group is to rate solutions to problems from the best to the least effective way to deal with situations.

### Other activities

Invite a naturopath to visit the class. Ask the naturopath to discuss natural alternatives to prescribed or commercial medicines. Focus on common illnesses suffered by students.

### Understanding 6

Some people depend on drugs.

#### Activity 4.1 — Defining dependency

1. As a class define the terms 'dependent' and 'dependency'. Keep definitions broad, i.e. not only pertaining to drug use. (See *Drug Information for Teachers* for definitions of drug dependency.)

2. Ask students to complete *worksheet 10* individually.
3. Divide students into groups to discuss and expand on the worksheet responses. As a group, they fill in an enlarged copy of the worksheet that they completed individually.
4. Bring the groups together and discuss findings.
5. As a class draw conclusions and write them on the board.

#### Activity 4.2 — Group project and presentation

1. Students carry out a project in groups. This project is designed to:
  - provide information on specific drugs
  - look at short and long-term effects of the drugs on the body
  - explore reasons for their use and misuse
  - provide students with an opportunity to discuss and debate drug-related issues
2. To maximise information and understanding of concepts ensure that a wide variety of drugs is studied.
3. Give the students the following instructions:

#### Researching your drug

##### Instructions for getting started

1. Select a drug to study.
2. List what you know and what you need to find out.
3. Work out where you can find information you need.
4. Decide who will do what.
5. Answer all questions.
6. Write a rough copy of your answers. Include all information in your rough copy. Add other information if it is relevant.
7. Hand in your rough copy for correction.
8. Prepare your final copy.
9. Prepare and practise a presentation for the class.

##### Project questions

1. Name of drug?
2. Why do people use this drug?
3. What can this drug do to people's bodies?
4. How much of your drug would people need to take for harmful effects to begin?
5. Do people misuse or become dependent on the drug you are studying?
6. Are there alternatives people could use instead of using the drug you are studying?
7. Other information.

### Activity 4.3 — Drug data chart

1. After students have presented projects, ask them to fill in relevant information on a class data chart.
2. When completed compare similarities and differences.
3. Discuss and write conclusions to display with the data chart.

#### Example

Drug	Reasons for use	Possible harmful effects	Alternatives/reducing risks
nicotine	to reduce stress	coughing	relaxation
	something to do	lung cancer	eating fruit
	addicted	heart problems	playing sport/giving up
	like it		cutting back
	to lose weight		
caffeine	like the taste	headaches	fruit juice
	everyone else does	delays sleep	water
	to reduce stress	fuzzy head	herbal tea
	to keep awake		drink less

### Understanding 7

Our society has rules and legislation to control drug supply and use.

#### Activity 5.1 — Government legislation to control drug use

1. Students write down definitions for the terms 'legal' and 'illegal'.
2. Discuss definitions with the class. Make a class definition.
3. Students in groups:
  - Make a list of legal and illegal drugs.
  - Discuss why drugs are legal or illegal.
  - List any laws they know of that attempt to control drug use (e.g. it is a criminal offence to sell illegal drugs, drinking and driving laws, warning signs on labels and packets, having prescription and non-prescription medicines).
4. Discuss with the class. Make class lists to display in the room.

### Activity 5.2 — More information

1. Invite a School Resource Officer from the Police Schools Involvement Program into the class to discuss laws regarding drugs.
2. Write to the Victoria Police or customs officers for more information.

### Activity 5.3 — Drug concept map

1. On a worksheet provide students with about 10–15 key words about drugs (e.g. legal, harmful, laws, alternatives, coffee, nicotine, medicine, dependent, alcohol). Alternatively, students can choose their own words.
2. Ask students to cut out the words on the worksheet and arrange them in a way that makes sense to them. This is done by joining words with lines and phrases that show connections. Lightly tape or paste words before final arrangement is decided on.
3. Students share work with classmates.

(Teacher's note: a concept map is an excellent tool for evaluation as it demonstrates understanding of major concepts. However, it is recommended that students have prior experience in making concept maps. See page 12 for an example of a concept map.)

## Developing communication skills

Make graphs, charts and displays that explain drug use and information.

Present projects that provide others with drug information.

Participate in 'Kids comment' activities in which students discuss and debate drug-related information and issues.

## Ideas for taking action

Make A4-sized black and white posters that outline a drug and possible effects. Place posters in school newsletters and send to local papers.

Make a directory of groups and organisations that can provide information about drugs and assistance for people who need support for drug use.

Display the directory in a prominent position in the school.

Students organise a school campaign to make people aware of caffeine and nicotine and their effects.

Conduct a survey of the caffeine content of foods sold at the school canteen.

Older students explain the importance of reading labels to younger students.

Older students make books for younger students on low risk medicine use.





## Dealing with Drug-related Issues

Dealing with drug-related issues is a difficult and complex area. In our society many factors influence decisions to use or not to use drugs. Values and attitudes of families and cultures, which have a huge impact on decisions of young people, vary greatly. This section acknowledges these differences and provides students with opportunities to develop skills that will help them to:

- recognise and cope with feelings they have about drug use
- cope with pressure that influences drug use
- make informed, reasoned decisions regarding drug use

### Understandings

1. Successful people set goals and work towards them.
2. Achieving goals is harder if we make unwise decisions.
3. I am responsible for some of the decisions I make about health and drug use.
4. I must think clearly and logically when making decisions.
5. I get feelings and signs that warn me about harmful or dangerous situations.
6. My attitude to drugs and the way I use them is influenced by other people.
7. I can develop skills that will help me cope with pressure from adults and peers.
8. The media influences drug use.

## Gathering information and drawing conclusions

### Understandings 1 and 2

Successful people set goals and work towards them.

Achieving goals is harder if we make unwise decisions.

### Activity 1.1 — Successful goal-setters

1. Students search through magazines and newspapers to find a picture of a well-known, successful person.
2. Ask students to list the types of things that their successful person would have had to do to become successful and achieve their goals.
3. Also ask students to list things that may have hindered or stopped their person from being successful.

### Activity 1.2 — Imagining my future

1. Students write and draw about their goals for the future.
2. Students plan how they will achieve their goals and list possible goal-blockers.
3. Through class discussion, make a list of goal-blockers.
4. Ensure that drug-related blockers are considered, e.g. smoking too much.

### Other activities

1. Students write to a range of successful people about their goals and how they were achieved.
2. Invite coaches and instructors to talk to the students about goal-setting and training.

### Understanding 3

I am responsible for some of the decisions I make about drug use.

#### Activity 2.1 — Who's responsible?

1. Present the following scenario to students.

Rachael and Gavin are 11-year-old twins. They are excited today because it is their birthday. To celebrate their birthday, Mum and Dad have got them tickets for the NBA basketball grand final: Tigers v. Giants.

The match is tonight and they are really excited. Mum and Dad have gone next door to have a chat to their neighbours. While Mum and Dad are away Rachael tells Gavin that she found half a packet of cigarettes on the way home from school. She says she would like to try them and dares Gavin to try them too. She starts to tease Gavin and says she could beat him in a smoking competition. They both take a cigarette and light up. They race each other to see who can smoke their cigarette first. Very soon Rachael and Gavin start to cough and their eyes are watering. Gavin's head starts spinning and he has to sit down and put his head between his knees. Rachael starts to feel sick and runs to the bathroom. She doesn't make it and throws up on the carpet. The twins are still feeling very sick but manage to get rid of the cigarettes, open all the windows and clear up the mess on the carpet.

Their parents return and see them looking very pale and sick. The twins don't tell them why. Mum and Dad think they are suffering from food poisoning. They won't allow the twins to go to the basketball match and ring the doctor instead.

2. Discuss:

- How would Rachael and Gavin feel about missing the match?
- Who was responsible for missing the match of the year?
- Taking responsibility for decisions.

#### Activity 2.2 — Examining student drug use

1. Students complete *worksheets 11* and *12*.
2. After completion discuss the concept of responsibility and what this means in relation to drug use.

### Activity 2.3 — Side effects of drug use

Discuss side effects the students have experienced or seen as a consequence of using a drug. What happened and why? Reinforce:

- low risk medicine use
- the use of alternatives and minimising harmful effects
- not using drugs that might stop them from achieving goals
- taking responsibility for decisions made

### Understanding 4

I must think clearly and logically when making decisions.

### Activity 3.1— Using a decision planner

1. Ask students to fold a piece of paper in half.
2. On one half they write and draw about a wise decision they have made.  
On the other half they draw and write about an unwise decision they have made.
3. As a class discuss reasons why decisions were made.  
List these reasons on the board.
4. Present the decision planner to the class as an example of a good way to make a decision. See *worksheet 13*.
5. Work through a few examples of how to use it.
6. Ask students to fill in the decision planner using the unwise decision they wrote about earlier. Alternatively, students use the decision planner with a scenario provided by the class teacher.

### Activity 3.2 — Making lists to help you make decisions

1. Present the students with the following scenario. Ask students to:
  - make a list of positive and negative consequences to help them make a decision
  - make a decision and justify it
2. Discuss issues that arise.
3. Use this method with other scenarios.

You are walking home from school. A friend of yours sees you and asks you if you would lend them \$6.00 to buy a packet of cigarettes. Your friend tells you that they will share the packet with you if you lend them the money. You have \$6.00 at home, but you were going to use the money to buy a magazine that you buy each month. You tell your friend you are not sure and tell them you will ring them later and let them know your decision.



### Example

#### Positive consequences

My friend will be happy.  
My friend might like me better.  
My friend might think I'm cool.

#### Negative consequences

I won't be able to buy my magazine.  
My friend might not pay back the money.  
I have not smoked before. It might make me sick.  
My parents might smell the smoke.  
My friend might always try to borrow money from me.  
I might be buying their friendship.

### Understanding 5

I get feelings and signs that warn me about harmful or dangerous situations.

The following activities acknowledge that young people generally have a fair sense of family and cultural values and attitudes of what's right and wrong or safe and unsafe. Many students experience 'No' feelings that warn them of potential dangers. The following activities are designed to help students identify these feelings and signs and develop strategies to act upon them.

#### Activity 4.1 — Identifying 'No' feelings and warning signs

1. Discuss 'No' feelings and warning signs with the students. Explain that they are feelings we get when we don't feel safe or are a bit worried about something that is happening or may happen.
2. On an outline of a body, students draw how people feel when they are getting a 'No' feeling or warning sign. Around the body outline, students write examples of times when people might get a 'No' feeling, e.g. 'butterflies' in stomach, sweaty palms, racing heart. Ensure students use the third person and do not disclose identities.



### Activity 4.2 — Acting on ‘No’ feelings

1. Prepare cards with examples of situations in which students might experience ‘No’ feelings and warning signs. See *worksheet 14*.
2. Give a card to small groups of students and ask them to discuss what they would do if they were in that situation.
3. Students enact scenarios.
4. After each scenario is enacted ask the students to describe the blockers that stopped the characters from doing what they felt was right.
5. List these blockers on the board. Curiosity, pleasure, self-esteem, and peer pressure should emerge strongly.
6. Discuss the importance of doing what you feel is right and not what others want you to do.

### Understanding 6

My attitude to drugs and the way I use them is influenced by other people.

### Activity 5.1 — The rich and famous

1. Students in groups choose a famous person to discuss and do a mini project on (e.g. Elvis Presley, Madonna, Andrew Gaze, Princess Diana).
2. Ask students to:
  - find pictures of their person and people in their lives
  - discuss and list the people who would have influenced that person’s life
  - make a display, collage or presentation that explains how people influenced their lives

### Activity 5.2 — Who influences me?

1. Students draw a picture of themselves on a large piece of paper.
2. Around their picture they draw people who influence their lives.

### Activity 5.3 — Adult influences

1. In groups students discuss how adults influence young people’s lives.
2. Students develop a statement and report back to the class.

### Activity 5.4 — Adults sometimes make unwise decisions

1. Write the heading on the board: ‘Adults sometimes make unwise decisions’.
2. Ask the class to think about the statement and to write examples of unwise decisions that some adults have made. Instruct the students not to reveal the identity of the adult. Use the phrase ‘Some adults’ at the beginning of each statement, e.g.
  - Some adults drive when they have been drinking.
  - Some adults smoke.
  - Some adults don’t get enough exercise.
3. Collect all statements written.
4. Make a summary list of statements. Ensure drug-related statements are included.
5. Present this list to the class and discuss why adults sometimes make unwise decisions.

### Activity 5.5 — What to do if you are worried about a decision an adult has made

1. Read the following scenarios to the students.
2. Ask students to make suggestions that would help the characters solve their problems.
3. When discussing options always look at possible consequences of actions.
4. Alternatively, ask students to find solutions by filling in the decision planner. See *worksheet 13*.

(Teacher's note: Ensure that students realise there are times when it may be inappropriate to discuss things with adults (e.g. when adults are angry, very busy, drunk, under stress). Other people are available to talk to if you can't speak directly to the adults in your life (e.g. teachers, doctors, relatives, friends, welfare workers).

Tim is in grade five. His class has been learning about smoking cigarettes. Tim is alarmed by the information he has learnt. He hates cigarette smoke because it makes his eyes itch and smells revolting. Tim's father smokes. In fact, he smokes about two packets per day. Tim has noticed that his father has a very bad cough, especially in the mornings. He is worried about this situation. What can he do?

Pellin is 11 years old. She has a sister named Nina. Pellin's family is usually very happy. The girls do lots of good things with their mum and dad. But lately things haven't been so good. Dad is a taxi driver but a while ago he was drinking and went out in the car. He was stopped by the police who charged him with drinking and driving. He went to court and lost his driving licence for three months. This meant that Dad had to give up his job until he gets his licence back. Dad now spends more time drinking with friends and Mum and Dad argue a lot. Pellin wants things to be like they were. She is upset and doesn't know what to do. What could Pellin do?

Peter is 12 years old. He is worried about his mother. His mother and father are arguing a lot. Peter's mother seems to be sad all of the time and does not spend as much time with him as she used to. She is getting a lot of headaches and is taking a lot of pills to make her feel better. Peter hates seeing his mother like this. He wants to help her but doesn't know what to do. What could Peter do?



### Activity 5.6 — Defining peers

Explore the definition of peers. Point out that peers are people they know who are around the same age as themselves.

### Activity 5.7 — Peers can influence decisions

1. Students in pairs discuss situations in which peers can influence others to a wise decision or get them into trouble.
2. Ask students to use the third person and not to reveal identities of peers.
3. Students then use an example and make it into a cartoon strip.
4. Have coloured, talking bubbles available for written dialogue.
5. Students can also enact cartoon strips.

### Understanding 7

I can develop skills that will help me cope with pressure from adults and peers.

The aim of the following sessions is to develop in students skills they can use if peers are annoying them, giving them a hard time or trying to make them do something they don't want to do, for example take drugs when they don't want to.



### The activities:

- examine different responses or approaches people use when being provoked or persuaded
- explore the assertive approach as being the most effective response students can use
- provide students with opportunities to practise responding to potential drug-related situations.

The approaches explored are defined as the aggressive approach, the passive approach and the assertive approach.

**An aggressive approach:** This response involves reacting in one or many of the following ways:

- physical abuse: fighting, hitting and kicking
- damaging property
- verbal abuse: teasing, jeering and shouting

Involvement in these types of behaviours can often make conflict worse. People often use this approach to act tougher than the person provoking them.

**A passive response:** Some students lack confidence to be aggressive or assertive. Many often give in or let themselves be pushed around. This results in lowered self-esteem and confidence. Provocation or persuasion usually continues.

**An assertive response:** It is important for students to realise that they can become more confident if they use an assertive approach. This response usually involves being calm and firm when dealing with someone who is provoking or persuading you. Alternatively, an assertive response might involve walking away and not being drawn further into the conflict or conversation. If these strategies do not work, the next step is to seek assistance from someone who can provide support.

### Activity 6.1 — Approaches people use to deal with pressure

1. Present students with the following scenario.
2. Place students in groups and let them act out the scenario.
3. Ask some groups to present their role play.
4. After each presentation discuss what type of approach was used.
5. Ensure all approaches are demonstrated and discussed.

You are offered a cigarette by a group of your friends.

'Go on,' they urge you. 'Don't be a woos.'

You like the kids and you don't want to seem to be a 'woos'. But you know about the dangers of smoking. You know that there is not a single good reason to smoke. In fact, you have already tried it once and you felt sick. You don't want to take the cigarette. What do you say and do?

### Activity 6.2 — Dealing with pressure. Which approach is best?

1. Prior to this session prepare three cards with the following scenario on each one.  
On each card write one of the three approaches to dealing with pressure.
2. Give the cards to three separate groups of students to enact.
3. Ensure students are clear that they must respond to the situation in the manner indicated on the card.
4. Ask the groups to perform the role plays they have practised. (It is recommended that students rehearse the scenario prior to the class lesson.)
5. After each performance ask the class the following questions:
  - What approach was used?
  - Was the conflict solved or did the situation stop?
  - How did the characters feel at the end of the play?
  - Who benefited from the approach used?
6. Discuss the best response for the person who was being pressured.



You are at your cousin's 14th birthday party. The party is being held in the garage. All the adults are inside, having a party of their own. Your cousin's mother has prepared a bowl of fruit punch for the young people. One of the teenage guests goes over to the punch bowl and spikes it with a bottle of Vodka. She starts drinking the punch. She fills some glasses and starts giving them out to people. Most people don't even know that there is alcohol in it. She gives you a glass. You hesitate because you know what's in it. You don't want to drink it.

'Go on. Take it', she laughs.

'Yeah', your cousin calls, 'or are you scared?'

What do you say and do?



### Activity 6.3 — Helpful excuses

While the assertive approach is by far the best approach to use in conflict situations, sometimes telling the truth does not provide a reason that young people feel comfortable with. Because they can't think of anything else to say, they may be persuaded to do things they don't want to do.

Young people need a quick repertoire of replies to help them get out of uncomfortable situations. Excuses can often provide young people with useful face-saving lines.

1. With the class discuss:
  - The assertive approach is the best way to solve conflict situations.
  - Sometimes making an excuse can help people in uncomfortable situations.
2. As a class discuss possible excuses they could use in the following scenario.
3. Students in groups complete *worksheet 15*.

You are at a friend's house. Your friend offers you a cigarette and says, 'Go on mate. Have a puff. Your parents won't find out.'

But you don't want to take the smoke. What can you say?

### Examples of helpful excuses

Sorry mate, I've got to play basketball.

I can't. I'm getting a sore throat.

I can't now. I've got to go to the dentist.

I can't. I'll have an asthma attack.

See *Tobacco Education Materials* for further examples.

### Understanding 8

The media influences drug use.

Before exploring how the media influences drug use it is recommended that students have an understanding of:

- different forms of media and how they are used
- the relationship between media and advertising
- factors that make media and advertising campaigns successful
- effects of media and advertising on young people

#### Activity 7.1 — Advertising and drugs

1. As a class students brainstorm a list of advertisements that advertise drugs or foods containing drugs.
2. Students then choose an advertisement and complete a mini project on the advertisement and its effectiveness.
3. The project should explore:
  - the type of drug used in the product
  - who the product is aimed at
  - messages we get about the product
  - personal opinions on whether the advertisement would influence people to use the product
4. Students present projects to the class.

#### Activity 7.2 — How do TV shows and movies influence drug use?

1. Select and tape a segment of a popular TV show that depicts drug use in some way.
2. Show the segment to the students and ask them to record any ways that drug use was referred to, advertised or modelled.
3. Discuss ways references to drug use may encourage or discourage drug use.

#### Activity 7.3 — Media attempts to prevent drug misuse

Ask students to find an example of a media attempt to prevent drug misuse. Students focus on the following:

- the organisation responsible for making the advertisement
- the drug focus
- who the advertisement is aimed at
- messages given

## Developing communication skills

### Role-play ideas

#### 1. Caught in the middle

Choose three students. One is the decision-maker, the others are persuaders. The decision-maker is faced with a dilemma. The persuaders take opposing points of view and try to influence the decision-maker's decision. The decision-maker listens to both sides of the argument but does not talk until asked to make a decision. The decision-maker then announces her or his decision and justifies it.

Your father leaves a packet of cigarettes on the kitchen bench. One friend thinks you should try one. The other friend thinks you shouldn't.

Your mother gives you money for lunch. One friend thinks that you should spend it on a giant-sized block of chocolate for you all to eat. The other friend thinks that you should buy a salad roll and a fruit drink.

It is a very hot day. Mum has gone shopping. Two friends come over to visit you. You are all very thirsty. The only thing in the fridge to drink is a bottle of beer. One friend thinks you should open it. The other thinks it's a bad idea.

#### Other scenarios

Your friend offers you a puff on her asthma puffer when you are out of breath.

You are playing in the park. A group of friends offers you a cigarette.

You are doing your homework. You ask your mother to help. When she comes over she is smoking. Smoke hurts your eyes.

You go to a friend's house for dinner. His parents offer you a glass of wine. You have never had wine before.

Your parents are having a party. Your cousin is sneaking around and drinking the leftover alcohol in glasses. He tries to get you to do the same.

You have a slight headache. A friend offers you a tablet for it.

Your parents have gone out for the day. Your 15-year-old sister is looking after you. She has a friend over and they have a smoke of marijuana. They are acting very strange.

#### 2. Taking a stand

Place a sign at one end of the room, 'Strongly agree'. At the other end place a sign, 'Strongly disagree'.

Tell the students that when you read out a statement they must stand somewhere between the signs to describe what they think.

When students have made their decision, ask students to talk about the stand they have taken.

### Examples of statements

Cheese is a drug.  
 Vitamin C is a drug.  
 Chocolate is a drug.  
 Beer is a drug.  
 Many people are not aware of drugs they use in everyday life.  
 Coffee can have harmful effects.  
 Peer pressure is difficult but can be dealt with.  
 The assertive approach is the best way to deal with peer pressure.  
 I am responsible for my own decisions.  
 The media has very little influence on the drugs I use.

### 3. Debates

Should drug advertising be permitted during children's TV?  
 Should drug advertising be permitted at sporting venues?  
 Is drug advertising harmful or beneficial?  
 Are people influenced by drug advertisements they see on TV?

### Ideas for taking action

Use decision planners and lists to help make decisions.  
 Older students make books for younger students on low risk medicine use.  
 Have regular relaxation sessions with students.  
 Make pledges regarding standing up for yourself and doing what you think is right.  
 Consider whether there are alternatives before taking drugs.  
 Identify 'No' feelings and warning signs and acting appropriately.  
 Reduce caffeine in diet.





People often feel sick or unwell.

Name: \_\_\_\_\_

Illnesses I Have Had

Dear parents,

As part of our health education program, students will be learning about medicines and safe medicine use. As an introductory lesson we are looking at the illnesses students have experienced. Could you please help us by filling in this sheet with your child. Write your child's name in a box that describes an illness they have had. After it has been filled in, help your child to colour in each box you have written in. Please return this sheet as soon as possible. Thank you for your cooperation.

Name of student:	Name of student:	Name of student:	Name of student:
<b>Cold/Flu</b> Colour this square blue.	<b>Chicken pox</b> Colour this square red.	<b>Skin rash</b> Colour this square green.	<b>Upset tummy</b> Colour this square yellow.
Name of student:	Name of student:	Name of student:	Name of student:
<b>Measles</b> Colour this square brown.	<b>Cold sore</b> Colour this square pink.	<b>Constipation</b> Colour this square orange.	<b>Conjunctivitis</b> Colour this square purple.
Name of student:	Name of student:	Name of student:	Name of student:
<b>Broken bone</b> Colour this square green.	<b>Head lice</b> Colour this square red.	<b>Tonsillitis</b> Colour this square blue.	<b>Other</b> Colour this square purple.



Medicines come in many different forms.

Name: \_\_\_\_\_

Different Forms of Medicines

A medicine is something you take or do to make you feel well or get better.

Medicines come in many different forms. Draw the medicines below.

<b>Tablets</b>	<b>Liquid</b>	<b>Spray</b>	<b>Vitamins</b>	<b>Rest</b>
<b>Good food</b>	<b>Skin creams</b>	<b>Massage</b>	<b>Capsules</b>	<b>Asthma puffer</b>



Some medicines make us feel better, but don't cure illness.

Name: \_\_\_\_\_

## What Makes You Well Again?

Here are some sick people. What can cure them? Draw and write what you think.

<p><b>Sally has a bad cold.</b> Draw Sally getting well again.</p> <p>What made Sally well?</p>	<p><b>Rasheed has a broken arm. He is in a lot of pain.</b> Draw Rasheed getting well again.</p> <p>What made Rasheed well?</p>
<p><b>Daniel has chicken pox.</b> Draw Daniel getting well again.</p> <p>What made Daniel well?</p>	<p><b>Mei has diarrhoea.</b> Draw Mei getting well again.</p> <p>What made Mei well?</p>



There are many types of medicines

Name: \_\_\_\_\_

## Different Medicines

Medicines can have helpful and harmful effects on our bodies.

<p><b>Draw medicines or remedies made at home.</b></p>	<p><b>Draw medicines or remedies you can get from a doctor or chemist.</b></p>
<p><b>Put a circle around the ones that can hurt you.</b></p>	



There are many things I can do if I or someone else is in danger.

Name: \_\_\_\_\_

## Who's on Call?

Choose three emergency helpers.

Draw a picture of each and fill in the information needed.

Helper	What can they do?	How can they be contacted?
1.		
2.		
3.		



There are many things I can do if I or someone else is in danger.

Name: \_\_\_\_\_

## What to Do in an Emergency

Dear parents,

Students are learning about medicine as part of our drug education program. It is important for them to be aware of emergency procedures in the home. Please assist us by discussing emergency procedures you wish your child to follow and fill in the emergency numbers provided. Please return these sheets to school as soon as possible so that we can reinforce procedures with your child. We will return these sheets to you so that your child has a copy at home.

*Thank you for your assistance.*

If an accident happens at home, this is what I must do.	How to get help
1. ....	Emergency hot line 000
.....	Mum at work
2. ....	Dad at work
.....	Neighbour
3. ....	Local police
.....	My doctor
4. ....	Grandparents
.....	Aunt/Uncle
.....	Other

There are many things I can do if I or someone else is in danger.

Name:

## Quick — Get Help

<p>1. Rommel's little sister Cindy drank a bottle of cough mixture. She became sick and fainted. Mum ran in, picked her up and took her straight to the hospital. Draw what happened.</p>	<p>What could Rommel do if he was on his own?</p>
<p>2. Samantha's mum lit her head on a table and was bleeding badly. She couldn't get up. Dad came in, got a cloth and put it on her head to control the bleeding. Then he called an ambulance. Draw what happened.</p>	<p>What could Samantha do if she was on her own?</p>

There may be alternatives to harmful drug use.

Name:

## Solving Problems Without Using Drugs

We often become unwell because we have problems. If we solve our problems the illness may go away. Read the stories below.

1. Find ways to solve the people's problems.
2. Help the illness without using drugs.

<p>• It was two o'clock in the morning. Ronald was very upset. He had lost his \$50.00 camp deposit on the way to school. He hadn't told his parents. He couldn't sleep. His big sister heard him crying and asked if he would like a sleeping tablet.</p>	<p>• It was a very hot day. Jessica was riding her bike in the hot sun. She was riding without a helmet. A policeman pulled her over and asked where her helmet was. Jessica lied and said someone had stolen it. The policeman told Jessica that he would visit her parents and speak to them. On the way home Jessica got a splitting headache.</p>
<p>• Ways Ronald can solve his problem:</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>• Ways Ronald can get to sleep:</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>	<p>• Ways Jessica can solve her problem:</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>• Ways Jessica can get rid of her headache:</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>





Name: \_\_\_\_\_

## Choosing the Best Solution

In groups, decide which of these strategies would be most effective in dealing with each situation. Order them from 1 to 5. 1 – 'would probably lead to the best outcome' and 5 – 'the least effective way to deal with the situation'. Then suggest the best solution you can think of.

Kevin is bullied at school by Ronnie Rough. Every lunchtime Ronnie pushes him around and teases him. Now Kevin has a stomach ache, feels sick and doesn't want to go to school.

Kevin could:

- have a day off and take a paracetamol tablet.
- go to school and tell the teacher.
- listen to some relaxing music.
- learn how to stand up for himself.
- tell Mum or Dad and let them handle it.

Your solution: .....

.....

Anna has a terrible secret. She can't tell anyone because even thinking about it makes her want to cry. Dad and Mum haven't got on for a long time and now Dad has moved out. Anna feels sick in the stomach. Somehow she wonders if it might have been her fault. At night she cries herself to sleep. If only they could be a family again. How can she make herself feel better?

Anna could:

- tell Mum and Dad how she is feeling.
- share her feelings with her pet dog.
- talk to a friend she trusts.
- go to the doctor or naturopath to help her feel better.
- keep it to herself until she can deal with it.

Your solution: .....

.....



Name: \_\_\_\_\_

## Hids Comment

1. If a person has a drug dependency, what does that mean?

.....

2. Make a list of drugs people depend on.

- ..... 5. ....
- ..... 6. ....
- ..... 7. ....
- ..... 8. ....
- ..... 9. ....
- ..... 10. ....
- ..... 11. ....
- ..... 12. ....

3. Is depending on a drug a bad thing? If yes, why? If not, why not?

.....

4. Are there any times when people must regularly use some drugs?

.....

5. Who can help if a person is dependent on a drug?

.....



I am responsible for some of the decisions  
I make about drug use.

Name: \_\_\_\_\_

## Some Drugs I Have Taken

Choose two drugs you have used and fill in the information below.

Name of Drug	Name of Drug
.....	.....
<b>I used it because</b>	<b>I used it because</b>
1.....	1.....
2.....	2.....
3.....	3.....
<b>I use this drug</b>	<b>I use this drug</b>
every day <input type="checkbox"/> twice a week <input type="checkbox"/>	every day <input type="checkbox"/> twice a week <input type="checkbox"/>
once a week <input type="checkbox"/> once a month <input type="checkbox"/>	once a week <input type="checkbox"/> once a month <input type="checkbox"/>
other .....	other .....
<b>I got this drug from</b>	<b>I got this drug from</b>
.....	.....
<b>Alternatives to this drug are</b>	<b>Alternatives to this drug are</b>
1.....	1.....
2.....	2.....
3.....	3.....
<b>Whose decision was it to use this drug?</b>	<b>Whose decision was it to use this drug?</b>
.....	.....

I am responsible for some of the decisions I make about drug use.



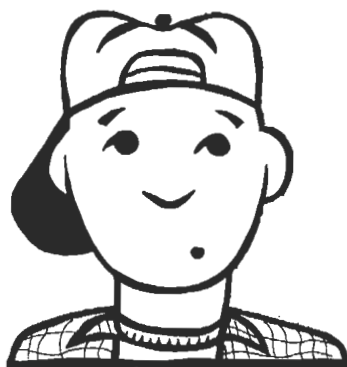
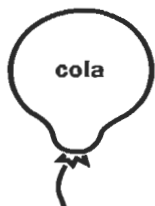
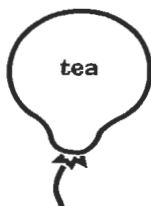
Name: \_\_\_\_\_

## Whose Decision ?

Here are examples of common drugs or foods containing a drug.

If you have used a drug, colour in its balloon.

If you made the decision to use the drug, draw a string from the balloon to you.



### Finish the sentence.

There are some drugs that I make decisions about. I am ..... for those decisions.

**I must think clearly and logically when making decisions.**

**Name:**

## Decision Planner

Fill in the decision planner.




Describe the problem or situation.

Think and write about options.

What will the consequences of the options be?

In the circle, draw a happy or a sad face that explains each consequence.

Make a decision.

<b>Option 1</b>          	<b>Option 2</b>          	<b>Option 3</b>          
<b>Consequences</b>           	<b>Consequences</b>           	<b>Consequences</b>           
<b>My decision</b>		



Name: \_\_\_\_\_

## 'No' Feelings and Warning Signs

Place these scenarios on cards for the students to discuss and enact.

Ashleigh is playing in the park with her friends, Jade and Trinh. They find a packet of what looks like chocolate. On the box it says, 'Laxettes'. Jade says she has had this chocolate before when she was sick. She said it tasted great. Ashleigh has seen her mother give 'Laxettes' to her older brother when he was sick. Jade opens the packet. Jade and Trinh take a couple of pieces each. They offer it to Ashleigh. Ashleigh gets a 'No' feeling. What does Ashleigh say and do?

Jack is at a friend's house. His friend's parents have gone to the shops. They go inside to get a drink from the fridge. When they open the fridge, there is only an open bottle of beer. Jack's friend offers him some. He says his parents won't find out. Jack gets a 'No' feeling. What does he do?

Reannyn, Helen, Janine and Meghan are listening to records at Helen's house. Reannyn dares Helen to get her father's cigarettes and smoke one. Helen says no and laughs. Reannyn and Janine call Helen a wimp and say they are not going to play with Helen again. Helen goes to get the cigarette packet but gets a 'No' feeling. What does Helen say and do?

Dion is at David's birthday party. They are playing a game where chocolate is passed around and you have to cut off a piece with a knife and fork. You are allowed to keep eating chocolate until someone throws a six. Dion, however, is allergic to chocolate. He gets very bad headaches when he eats it. It's Dion's turn to cut the chocolate. He cuts a piece. Dion gets a 'No' feeling. What does Dion say and do?

Lauren is at Karen's house. They are playing with Karen's cat. Lauren is allergic to cats. Her eyes start watering and she starts sneezing. Karen says she has some tablets that will help Lauren. She tells Lauren that her mother uses them to help her hayfever. Lauren gets a 'No' feeling. What does Lauren say and do?

Rebecca and Tamara are 10 years old. They are playing in the park. While they are playing they find a drink can. On the front it says 'Vodka and Orange'. Tamara said her mother drinks this and she gave her a taste one day. Tamara said it tasted very nice. Tamara opens the can and takes a sip. She offers the can to Rebecca. Rebecca gets a 'No' feeling. What does she say and do?



**I can develop skills that help me cope with pressure from adults and peers.**

**Name:**

## Helpful Excuses

Sometimes excuses can help if you don't feel comfortable with using an assertive approach. Write some possible helpful excuses for the following situations.

You are staying overnight at a friend's house. You and your friend are supposed to be working on a school assignment. Your friend asks you if you want to go out to Jade's house. Jade's parents are out and they have a couple of bottles of beer to try.

.....

.....

.....

.....

.....

.....

'Go on. Lend me some money', says a friend. 'I'll share the smokes with you. We can go down to the park and have a great time.'

.....

.....

.....

.....

.....

.....

You are at your friend's house. Your friend's father has just finished drinking four cans of beer. He comes over and says, 'Come on sport, I'll give you a lift home in the car'.

.....

.....

.....

.....

.....

.....

# Links to the Health and Physical Education Curriculum and Standards Framework

*Get Real* primary lesson materials provide teachers with a range of lesson ideas that can be used to teach and evaluate many important Health and Physical Education outcomes. The following table represents examples of activities within *Get Real*. Other lesson ideas can be found within the section of *Get Real* headed 'Developing Communication Skills' and 'Ideas for Taking Action'. Highlighted in the table are learning outcomes that are addressed in relevant units and listing of specific activities within each unit.

## Lower to middle school

Units: Medicines Dealing with Emergencies	Get Real Activities
<b>Level 1</b>	
<b>Strand: Human Development; Human Relations; Safety</b>	
<ul style="list-style-type: none"> <li>Discuss feelings about and attitudes to the body.</li> </ul>	Medicines: 1.1 1.2 2.1
<ul style="list-style-type: none"> <li>Identify what makes a familiar environment safe.</li> </ul>	Medicines: 6.1 6.2 6.3 6.4 6.5 Dealing with Emergencies: 1.1 1.3 2.1 2.2 2.3 2.4 2.5 2.6 3.1
<ul style="list-style-type: none"> <li>Discuss ideas feelings and questions about activities regarded as right or wrong, good or bad.</li> </ul>	Medicines: 6.1 6.2 Dealing with Emergencies: 1.1 1.3 2.1 2.2 2.3 2.4 2.5 2.6
<b>Strand: Health of Individuals and Populations</b>	
<ul style="list-style-type: none"> <li>Describe what it means to be healthy</li> </ul>	Medicines: 1.1 1.2 2.1
<b>Level 2</b>	
<b>Strand: Human Development; Human Relations; Safety</b>	
<ul style="list-style-type: none"> <li>Explain why there are particular rules about what is right or wrong, good or bad behaviour for different groups and situations.</li> </ul>	Medicines: 6.1 6.2 Dealing with Emergencies: 1.1 1.2 1.3 2.1 2.2 2.3 2.4 2.5 2.6
<ul style="list-style-type: none"> <li>Explain and demonstrate options to improve personal safety and the safety of others.</li> </ul>	Medicines: 6.1 6.2 6.3 6.4 6.5 Dealing with Emergencies: 2.1 2.2 2.3 2.4 2.5 2.6 3.1
<b>Strand: Health of Individuals and Populations</b>	
<ul style="list-style-type: none"> <li>Identify the dimensions of health.</li> </ul>	Medicines: 1.1 1.2 2.1
<ul style="list-style-type: none"> <li>Identify the safe use of a range of services and products used to maintain health.</li> </ul>	Medicines: 2.2 2.3 3.1 3.2 3.3 4.1 5.1 5.2 6.1 6.2 6.3 6.4 6.5 6.6 Dealing with Emergencies: 2.1 2.2 2.3 2.4 2.5 2.6

<b>Level 3</b>	
<b>Strand: Human Development; Human Relations; Safety</b>	
<ul style="list-style-type: none"> <li>Demonstrate strategies that deal with unsafe or emergency situations.</li> </ul>	Medicines: 2.3 4.1 5.1 5.2 6.1 6.2 6.3 6.4 6.5 6.6 Dealing with Emergencies: 1.1 1.2 1.3 2.1 2.2 2.3 2.4 2.5 2.6 3.1
<b>Strand: Health of Individuals and Populations</b>	
<ul style="list-style-type: none"> <li>Discuss ways in which the local community contributes to the health of individuals and groups.</li> </ul>	Medicines: 2.2 2.3 3.3 5.1 6.5 Dealing with Emergencies: 2.1 2.2 2.3 2.4 2.5 2.6 3.1
<ul style="list-style-type: none"> <li>Consider information provided by manufacturers and advertisers of health-related products and services.</li> </ul>	Medicines: 5.2 6.2 6.3 6.4

## Middle to Upper school

<b>Units: Information about drugs</b> <b>Dealing with drug-related issues.</b>	<b>Get Real Activities</b>
<b>Level 3</b>	
<b>Strand: Human Development; Human Relations; Safety</b>	
<ul style="list-style-type: none"> <li>Explain the influences of personal characteristics and behaviour on relationships, group performance and community living.</li> </ul>	Dealing with Drug-related Issues: 1.1 1.2 5.1 5.2 5.3 5.4 5.7 6.1 6.2
<ul style="list-style-type: none"> <li>Explain how various rules may affect behaviour.</li> </ul>	Information about Drugs: 5.1 5.2
<ul style="list-style-type: none"> <li>Demonstrate strategies that deal with unsafe or emergency situations.</li> </ul>	Dealing with Drug-related Issues: 3.1 3.2 4.1 4.2 6.1 6.2 6.3
<b>Strand: Health of Individuals and Populations</b>	
<ul style="list-style-type: none"> <li>Discuss ways in which the local community contributes to the health of individuals and groups.</li> </ul>	Information about Drugs: 5.1 5.2 Dealing with Drug-related Issues: 7.1 7.2 7.3
<ul style="list-style-type: none"> <li>Consider information provided by manufacturers and advertisers of health-related products and services.</li> </ul>	Information about Drugs: 2.2 Dealing with Drug-related Issues: 7.1 7.2 7.3
<b>Level 4</b>	
<b>Strand: Human Development; Human Relations; Safety</b>	
<ul style="list-style-type: none"> <li>Identify and describe significant transitions in growth and development and different ways that people deal with them.</li> </ul>	Dealing with Drug-related Issues: 6.1 6.2 6.3
<ul style="list-style-type: none"> <li>Assess options or consequences in responding to unsafe situations.</li> </ul>	Dealing with Drug-related Issues: 3.1 3.2 4.1 4.2 6.1 6.2 6.3
<b>Strand: Health of Individuals and Populations</b>	
<ul style="list-style-type: none"> <li>Identify and analyse images of health and how these influence personal and community health goals.</li> </ul>	Dealing with Drug-related Issues: 7.1 7.2 7.3

## Endnotes

The following publications provide information on protective interruption techniques and dealing with welfare issues:

- <sup>1</sup> For further information regarding this approach, read *The Big Picture: Integrating Children's Learning*, Eleanor Curtain Publishing. First published in 1992. Edited by Keith Pigdon and Marilyn Woolley.
- <sup>2</sup> Martha Headey, *Personal Safety: A Workbook for Adults*, PEGG Inc. Globe Press, Melbourne, 1992. Peg Flandreau West, *Protective Behaviours: Anti-victim Training for Children, Adolescents and Adults*, Crime Prevention Education Consultancy Group Inc, 4th rev. Victoria, 1984.
- <sup>3</sup> The following are excellent references for dealing with emergencies:  
St John Ambulance, *Survival in Remote Areas: First Aid*, Southbank Communication, Melbourne, 1991.  
St John Ambulance, *Australian First Aid, Volume One*, 2nd edition, Canberra Press, 1989.  
Both are produced by St John Ambulance, Australia. These publications give detailed instructions on what to do in specific emergency situations.
- <sup>4</sup> A World Health Organisation definition.



# Get real

## Lesson Materials for Secondary Schools

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TURNING  
the  
TIDE

# Introduction

This booklet provides the framework of a drug education program for students in Years 7 to 10 within the Victorian Curriculum and Standards Framework Key Learning Area of Health and Physical Education. The materials are consistent with the learning outcomes from the level 5 and 6 strands of Human Development, Human Relations, Safety and Health of Individuals and Populations.

The lesson materials are a series of units that specifically address the drug-related health issues of individuals and communities. While the units focus on a specific strand and consist of a number of lessons, each addressing a particular learning outcome, the content and skill development can often be linked to other learning areas. The chart provided gives teachers a guide to the main learning focus of each unit and indicates where the activity materials can be linked to other strands.

Strand	Level	Human Development		Human Relations			Safety	Health of Individuals and Populations		
Outcomes		1	2	1	2	3	1	1	2	3
Topics										
Drugs, Growth and Development	5	•	•							
Family, Friends, Freedom and Influences	5			•	•		○	○	○	
Risky Business	5						•			
Health Concerns and Strategies	5			○			○	•	•	
People, Power and Play	6			•	•	•		○		
Caring Communities	6			○			•	○		
Community Health Plans	6			○			○	•	•	•
Enhancing Health	6	•					○			
Dalrose Space	5			○	○	○	○			
	6	○					○			

- Main focus
- Related focus

The materials encourage students to reflect on environments in which they participate from a historical, social, political and economic perspective. The lessons examine and evaluate the influences drug use can have on individuals and their environments, and explore ways to deal with these influences effectively. Students identify the drug-related health concerns of individuals and communities, and investigate strategies to promote healthy environments.

If students have had little or no drug education in the past, it is important to begin this program with the two introductory lessons. These will provide students with an

understanding of what a drug is and what drug-related risk-taking behaviour is. Students need to develop a common understanding of these two concepts before proceeding with the rest of the material.

These lesson materials have been trialed in a number of schools and are the culmination of two years intensive work by eight regionally-based project officers with over one hundred schools participating in the Drug Education Support for Schools Project (DESS).

## Harm Minimisation

School-based harm-minimisation drug education aims to minimise the harms associated with young people's drug use. It acknowledges a continuum of harm from non-use to abuse. It is based on the belief that drugs are neither good nor bad, and focuses on behaviours associated with drug use and non-use. For example, if a young person chooses to drink at a party, it is important that they arrange a lift home or order a taxi rather than attempting to drive themselves home.

### A harm-minimisation approach to drug education in schools

The principles for a harm-minimisation approach to drug education in schools are as follows.<sup>1</sup>

- It is best taught in a comprehensive health curriculum.
- It is best conducted by a regular classroom teacher of the health curriculum.
- It should have sequence, progression and continuity throughout schooling.
- Messages should be consistent and coherent across the curriculum.
- Its resources should enhance rather than replace the role of the classroom teacher.
- It should address the values, attitudes and behaviours of the community as well as the individual.
- It should be sensitive to student needs. For example, students living in a rural community may face different issues to those living in inner cities.
- Programs should address the drug use most likely to occur in the target group.
- Programs should be sensitive to developmental, gender, cultural, language, socioeconomic and lifestyle differences.

These principles are further enhanced by teachers adopting an approach that:

- is credible
- is honest
- is neutral
- engenders mutual respect
- avoids moralising
- respects confidentiality
- encourages student-centred decision making

## Teaching and Learning Strategies

### Inquiry learning

Inquiry learning is a key strategy that focuses on students discovering knowledge by cooperatively investigating their own environments, attitudes and experiences. An





inquiry-learning approach is compatible with the principles of a harm-minimisation approach to drug education. It avoids raising the concern that teachers are presenting their own point of view too strongly or are being biased or moralistic. Inquiry learning encourages student participation and provides an opportunity to explore and clarify attitudes and meanings.<sup>2</sup>

### **Guidelines for inquiry learning**

1. Identify issues to be explored.
2. Determine which classroom organisation to use, for example, group or individual work, allocation of tasks, timelines and learning outcomes.
3. Select an appropriate inquiry method, for example, survey, action learning, interview, observation.
4. Choose the presentation style, for example, essay, oral presentation, recording, newspaper articles or social action task.

## **Discussion**

The nature of the discussion varies depending on its purpose. A discussion aiming to explore an issue, for example, will have a different structure to a debate.

### **Guidelines for discussion**

1. Establish a set of class rules for discussion.
2. Act as facilitator, not judge.
3. Avoid imposing personal values.
4. Respect students' opinions.
5. Accept students' comments without editorial comment.
6. Encourage students to clarify what they say.



## Disclosures

When issues concerning drugs are raised in the classroom, students may start to disclose something that cannot adequately be dealt with in class, or they may become disturbed by the nature of the discussion. Usually, it is best to lead the discussion elsewhere, or set a task, and take up the issue after class. The student should not be ignored.

## Brainstorming

The purpose of brainstorming is to elicit as many ideas as possible. These ideas may be silly or they may be inspirational. There will be time later to analyse them, rejecting those that are inappropriate and building on, or adding to those that are useful.

### Guidelines for brainstorming

1. Conduct the brainstorming as quickly as possible.
2. Encourage all students to participate.
3. Avoid criticising, analysing and evaluating.
4. Record all ideas so they are visible to everyone.

## Group work

Group work encourages students to take responsibility for learning. It allows them to exchange ideas, argue points of view, listen actively, negotiate, develop organisational skills and cooperate. Its suitability varies depending on the task. It is often useful for groups to report back to class. Some issues may be better explored in a single sex group initially.



### Guidelines for group work

1. Establish group roles and responsibilities for:
  - collecting and distributing materials
  - time keeping
  - recording
  - reporting
2. Follow inquiry learning guidelines.
3. Facilitate groups reporting back to class.

### Role play

Role play is useful for experiential learning. Students usually enjoy it and improve with practice. The same applies to teachers. In the initial stages this technique can require energy and patience on the part of the teacher, as well as skill. Teachers with reservations about using role play should consult with and observe other teachers who have experience with the approach, or organise some team teaching.

### Guidelines for role play

1. Keep it short.
2. Explain the purpose.
3. Use volunteers.
4. Give clear directions, for example, who? what? where?
5. Be prepared to intervene and discuss.
6. Give positive feedback.
7. Always debrief students by talking about the role play so that participating students reflect on their role experience and share insights. Debriefing also gives the audience an opportunity to share their observations and experiences.
8. Relate the discussion back to issues.

### Approaches to avoid in harm-minimisation drug education

Some approaches to drug education that are often counter-productive and in most instances should be avoided include:

- isolated sessions
- information only sessions with no opportunity to follow up issues or concerns
- sessions that focus on illegal drugs
- the use of ex-addict testimonials
- fear-based exaggerations
- abstinence-only models
- general information on solvent misuse
- focus on drugs outside class experience

## Introductory Lessons [Levels 5 and 6]

### Learning outcomes

This unit will help students come to a common understanding of the term 'drug'.

### What is a drug?

#### Main focus

People understand the term 'drug' in different ways.

There is a need for a common understanding of the term 'drug'.

#### Guidelines

1. Produce sets of the cards from *worksheet 1*.
2. Give groups of students copies of the cards (or put a list on the board if it is easier) and ask students to divide them into groups: 'drugs' and 'non-drugs'.
3. Compare differences between group responses and discuss them.
4. As a class, devise a definition of the word 'drug'.
5. Write the World Health Organisation definition of a drug on the board: 'A drug is any substance which, when taken into the body, alters its function physically and/or psychologically, excluding food, water and oxygen.' Compare the definition with the students' definition.

### Behaviour and drugs

#### Main focus

Some behaviour has risks.

#### Guidelines

1. Place a 'high risk' sign at one end of the room and a 'low risk' sign at the other.
2. Distribute the cards from the preceding activity to students and ask them to place the cards along the continuum one at a time. Students may move previously placed cards if they consider it necessary. Other students should watch, and discussion should be deferred until all the cards have been placed along the continuum.
3. Invite students to comment on whether they agree with the positions of the cards or whether they would like to make some changes.
4. Ask students to carry out the following.
  - Choose a drug and brainstorm all the harms and benefits associated with it.
  - Describe how behaviour influences the level of each harm listed.
  - Consider which is most associated with risk, the drugs themselves or the behaviours associated with the drug use. Ask students to give reasons for their response.

Teachers' note: risks are part of adolescent behaviour and not necessarily to be avoided.

## Unit 1 — Drugs, Growth and Development

### Human Development

#### Learning outcomes

This unit will help students to identify hereditary and environmental factors involved in growth and development.

### Influences on growth and development

#### Main focus

Drugs can affect growth and development.

Drugs can have positive and negative influences on stages of growth and development.

#### Guidelines

1. Provide students with a definition of growth and development.
2. As a class, consider the factors that affect growth and development (e.g. genetics, environment, health status). List factors on the board.
3. Introduce the concept of lifespan and identify the stages of a person's lifespan (i.e. prenatal, infancy, childhood, adolescence, adulthood and old age). Take old age as an example: identify some of the drugs commonly used by people in old age.
4. Divide the class into groups and allocate a stage of the lifespan to each group. Ask groups to carry out the following.
  - Identify some drugs that can influence growth and development at that particular stage.
  - Examine the positive and negative effects of the identified drugs on growth and development.
  - Prepare a graphic presentation for display.
  - Report back to the class to share learning.
5. Discuss factors that influence the use of drugs at each stage (e.g. hereditary disease, physical and social environments) and why there is a difference in the factors that influence growth and development at each stage.

## Unit 2 — Family, Friends, Freedom and Influences

### Human Relations

#### Learning outcomes

This unit will help students to:

- discuss personal, social and cultural influences on the formation of beliefs about what is right or wrong, good or bad, acceptable or unacceptable behaviour
- demonstrate ways of dealing with changes in relationships



## Messages about drugs

### Main focus

Attitudes to drugs are complex.

People receive messages about drugs from a variety of sources, for example, advertising, doctors, pharmacists, movies, film stars, books, music, religion, sporting heroes, the law, friends, parents, campaigns.

### Guidelines

1. Present students with a range of extracts from magazines and newspapers that depict various drugs in some way (e.g. advertisements, pictures, articles). Alternatively, ask students to collect a variety of extracts from the print media that depict drugs in some way and compile a collage.
2. Students list other sources that give us messages about drugs (e.g. films, television, friends, siblings, school, adults, doctors, campaigns, billboards, community nurses, laws, religion, pharmacists).
3. Divide the class into small groups to discuss.
4. Using the drug cards from *worksheet 1*, give each group a card.
5. Students discuss messages about the drug with regard to the following categories: safe/unsafe; acceptable/unacceptable; legal/illegal; recreational/medicinal and so on.
  - What are the sources of these messages?
  - Do these messages change depending on the age, gender and culture of the group they are aimed at?
6. Groups report back to the class the outcomes of their discussion.

## Factors influencing attitudes to drugs

### Main focus

Attitudes to drugs vary among individuals.

A range of factors contribute to these differences.

### Guidelines

1. Place a 'strongly agree' sign at one end of the room and a 'strongly disagree' sign at the other.
2. Choose a range of statements from those listed here or devise additional statements.
3. For each statement, ask students to stand along a line at a point that corresponds with their attitude.
4. Ask for volunteers to explain their positions at different points along the continuum.
5. Give students an opportunity to move if their opinions change and discuss why it is normal for people to change their opinions.
6. Remind students that it is normal to hold different opinions.



### Sample statements for the continuum exercise

Children should get permission from an adult before taking a tablet for a headache.  
 Young people shouldn't drink coffee.  
 Smoking in public places should be banned.  
 Tobacco is more dangerous than alcohol.  
 If parents smoke, their children are more likely to smoke as well.  
 Peers influence a young person's smoking more than parents.  
 Under-age drinking is wrong.  
 Religious beliefs influence drug use.  
 Males are more likely to use body-building drugs than females.  
 More females use performance-enhancing drugs than males.  
 Doctors know best.  
 Tobacco and alcohol advertising should be banned at sporting events.

#### Follow up

1. Make a class list of the factors raised that influence attitudes (e.g. friends, siblings, culture).
2. Students discuss examples of different situations and the influence on a young person's drug use.
3. Identify and discuss times in a person's life when different people influence their attitudes to drugs.

### Attitudes and situations

#### Main focus

Influences on our drug-taking behaviour change depending on the situation.

#### Guidelines

1. Divide students into groups.
2. Discuss the questions in *worksheet 2*.
3. Report back to class.

#### Follow up

1. Students think of other instances and situations where young people may change their behaviour in relation to drugs.
2. Students describe behaviour and how it changes depending on the situation.

### Advertising and drugs

#### Main focus

Advertising is a very powerful tool used by a variety of individuals and groups to influence others.

Advertisers of drug products use a variety of media.

Messages about drugs from advertising may be misleading.

### Guidelines

1. Present the class with an example of an advertisement for a drug (e.g. alcohol, cigarettes, paracetamol).
2. Discuss with the class the following:
  - purpose
  - message
  - target audience
  - accuracy of information
  - images presented
3. Students observe advertising media for one week (e.g. television, magazines, radio).
4. Students complete *worksheet 3*, listing all advertisements that were identified.
5. Develop a response book to circulate around the class.

## School rules and drugs

### Main focus

Attitudes and situations affect rules relating to drugs.

### Guidelines

1. In groups, students investigate drugs and school rules, *worksheet 4*. (See the explanation given in the section on inquiry learning. The assignment requires research and interview techniques.)
2. Organise a class debate/discussion on the effectiveness of school rules with regard to drugs. The following topics may be used.
  - Students should be able to administer their own medication at school.
  - Analgesics should not be available to students at school.
  - Senior students should be allowed to consume alcohol at supervised school functions.
  - Cola drinks should not be available at school.

## Roles and responsibilities regarding drug use

### Main focus

Drug use changes over time.

Family members have responsibilities regarding the administering of drugs.

Roles and responsibilities regarding drug use change over time.

### Guidelines

1. Brainstorm the different types of relationships that exist within the family.
2. Using relationships in the home, map roles of members regarding decisions about drugs. Ask students to carry out the following.
  - List common drugs that may be used at home under the categories recreational and medicinal.

- Discuss the responsibilities of family members for each drug.
  - Discuss why family members have these responsibilities.
3. Ask students to complete *worksheet 5*.
  4. As a class discuss the following.
    - At what stage of the lifespan is a significant change in drug use first likely to occur?
    - Why might the change occur?
    - List common factors that influence change in drug use.
    - At what stage of the lifespan are individuals most likely to assume responsibility for their own drug use?
  5. Prepare a forum for a Year 7 orientation day, or write an article for the school newsletter explaining the different roles and responsibilities regarding the administering of drugs.

## Attitudes to drugs and changing relationships

### Main focus

Personal relationships influence attitudes to drugs.

As personal relationships and/or situations change, attitudes to drugs may be challenged.

Attitudes towards drugs and situations of drug use can affect personal relationships.

### Guidelines

1. Students read the scenarios in *worksheet 6* and answer the questions.
2. Discuss as a class.
3. Develop the scenarios from *worksheet 6* into role plays. Discuss the feelings of the students, how these might affect relationships, and how students might deal with these effects.

### Follow up

1. Students read *worksheet 7* and answer the questions.
2. Students write a piece of prose about drugs and their effects on relationships.

## Unit 3 – Risky Business

### Safety

#### Learning outcomes

This unit will help students to evaluate behaviour that influences personal safety and the safety of others.

## Drugs and risk taking

### Main focus

Risk taking may be positive or negative.

Drug taking may influence levels of risk.

Planning can improve the potential for positive outcomes associated with risk taking.

### Guidelines

Ask students to consider the cartoons in *worksheet 8* and answer the questions for each.

## Drugs affect the body and behaviour

### Main focus

Drugs affect the body and behaviour.

Drug use has implications for safety.

### Guidelines

1. Students undertake the research in *worksheet 9* either in groups or individually.
2. Students report to the class.
3. Students develop posters with drug-related health warnings.

## Improving safety

### Main focus

Planning may improve levels of safety.

### Guidelines

1. Students complete *worksheet 10*.
2. Students present their plans to the class.

## Unit 4 — Health Concerns and Strategies

### Health of Individuals and Populations

#### Learning outcomes

This unit will help students to:

- 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

## Young people and drug-related health concerns

### Main focus

Young people have health concerns related to both the long- and short-term effects of drugs.

The drug-related health concerns of young people may differ from those of the general community.

Strategies can be designed to minimise drug-related health concerns.

Health agencies provide drug-related services and information to improve health.

Young people have rights and responsibilities when accessing drug-related health services and information.

### Guidelines

1. Discuss the difference between potential long- and short-term effects in relation to drugs.
2. Students read the list in *worksheet 11* and answer the questions.
3. Discuss with students the following.
  - What are the drug-related health concerns of the general community?
  - What are the drug-related health concerns of young people?
  - What evidence can be used to support the answers to these questions (e.g. rules/laws, public campaigns, newspaper articles, health services)?
  - Are the drug-related health concerns of the general community the same as the concerns of young people? What are the differences?

## Local issues

### Guidelines

1. Divide the students into groups and ask them to complete *worksheet 12*.
2. As a class, compile a directory of drug-related organisations and display in an appropriate place.
3. Identify any other services that may be needed by young people in relation to drug-related harm and safe levels of drug use.

### Follow up

Invite a speaker from a local health service to talk about the services they offer to young people, drug-related issues they consider important, strategies for dealing with these issues, difficulties young people may encounter in using the service and ways to overcome them. Teachers are advised to observe guidelines provided in the School Operations Manual regarding the use of outside personnel in the classroom.<sup>3</sup>



## Unit 5 — People, Power and Play

### Human Relations

#### Learning outcomes

This unit will help students to:

- 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
- analyse how social and cultural factors influence what people feel about their own identity

### Power relationships and drugs

#### Main focus

Power relationships influence drug-related behaviour.

Power relationships can be personal or institutional.

Negotiation is an important strategy for use in relationships.

#### Guidelines 1

1. As a class, introduce the concept of power (e.g. parent/child, sibling/sibling, teacher/student, government/individual, religion/personal belief). Discuss how it might influence behaviour and ask students to give examples in relation to drug use.
2. Ask students to complete *worksheet 13*.
3. Display a list of the following influences on the board: parent, sibling, peer, boyfriend/girlfriend, health worker, multinational drug company, television station, government, religious leader, scientist, magazine, famous musician, wealthy person, teacher.
4. Give examples of how each of the above might influence drug use among young people.

#### Guidelines 2

1. Divide students into small groups.
2. Ask students to choose one of the situations presented as *worksheet 14* and develop a role play to present to the class.
3. As a class, discuss the following questions for each role play.
  - How was the situation resolved?
  - Were there any other possible solutions?
  - How did students feel about being the different characters?
  - Would this happen in everyday life?
  - What factors other than rational argument decided the outcome?
  - Who had the most powerful negotiating position?

- Where does this power come from?
- What sorts of things influence negotiating power?
- How does power influence the way people negotiate?
- How does a person obtain power?

## Situations and drug use

### Main focus

Situations influence behaviour.

Situations may change attitudes.

### Guidelines

Students read the newspaper article presented as *worksheet 15a* and answer the questions on *worksheet 15b*.

## Social construction of drug culture

### Main focus

Popular culture influences behaviour, attitudes and self-esteem.

### Guidelines

1. Students brainstorm and compare the different messages they receive about drug use through music, visual media and role models within the entertainment industry.
2. Rate each message as either a positive or a negative influence on young people. What effect do these influences have on their self-esteem and self-image?
3. Students select two songs that have drugs/drug use as a theme (e.g. 'Running to Stand Still' by U2).
  - What attitudes and beliefs are being presented about drugs and drug use?
  - What images/messages are being conveyed to young people? Are they realistic?
4. Students select a popular culture figure who embodies the values in the song they have chosen and prepare a brief oral presentation to the class containing both biographical details and suggested connections to the attitudes and beliefs portrayed in the song.

### Follow up

Students find or write a song or poem that embodies their values, attitudes and beliefs about drugs.

## Unit 6 — Caring Communities

### Safety

#### Learning outcomes

This unit will assist students to examine community programs that promote safety.

### Evaluating public health campaigns

#### Main focus

Drug-related health campaigns may or may not promote safety and low risk behaviour.

#### Guidelines

1. Teacher presents examples of public health campaigns to class or brainstorms campaigns with class (e.g. Quit Campaign, Traffic Accident Commission Road Safety, National Campaign Against Drug Abuse, including National Amphetamines Campaign, Speed Kills, Hepatitis C: A Strategy for Victoria and AIDS awareness).
2. Discuss the following:
  - the reasons for these campaigns
  - the audience
  - the aims
  - possible measures of effectiveness
3. Students complete the assignment on *worksheet 16*.

## Unit 7 — Community Health Plans

### Health of Individuals and Populations

#### Learning outcomes

This unit will help students to:

- consider the health needs of particular population groups and propose strategies to meet these needs
- develop a plan for a particular situation related to the health of individuals or groups
- describe the impact of laws designed to promote healthy environments

### Patterns of drug use

#### Main focus

Particular population groups have particular patterns of drug use.

Patterns of drug use indicate health needs.

Services exist to meet these health needs.

Different strategies to meet drug-related health needs are applicable to different groups.

### Guidelines

1. Brainstorm the different population groups within the community. These may include young mothers, young offenders, the elderly, pre-school children and so on.
2. Divide students into small teams and choose a group from the brainstorm session.
3. Groups answer the questions listed in *worksheet 17*.
4. Report to the class.
5. As a class, compare the drug use patterns between the groups. Discuss what these patterns may indicate about the different health needs of the groups.
6. Groups could write to the community group they have chosen, explaining their task and findings.

## Planning health campaigns

### Main focus

Campaigns can be designed as part of a strategy for meeting the drug-related health needs of a particular population group.

### Guidelines

1. Remind students of the public health campaigns that came up in discussion in Unit 6.
2. Divide students into groups.
3. Give groups of students *worksheet 18* to complete.
4. Groups present their plan for a campaign to class.
5. Display any materials.

## Drugs and the law

### Main focus

Drug laws are required in order to protect community health.

Drug laws relate to production, distribution and promotion, as well as consumption of drugs.

Factors that are not directly related to health may also affect drug laws.

### Guidelines

1. Students read the account of a press conference presented as *worksheet 19a* and *b* and answer the questions.
2. Discuss answers with the class.
3. In groups, or individually, students complete the research activity on *worksheet 20*.
4. Students write an essay or plan a debate on the following subject: 'Have drug laws had the effects for which they were designed? Discuss'.

## Unit 8 — Enhancing Health

### Human Development

#### Learning outcomes

This unit will help students to evaluate initiatives designed to enhance growth and development.

### Health-enhancing and performance-enhancing drugs

#### Main focus

There are a number of drug-related initiatives designed to enhance health and performance which impact on growth and development.

The use of health- and performance-enhancing drugs has both positive and negative consequences.

#### Guidelines

1. Differentiate between the concepts of health-enhancing and performance-enhancing drugs.
2. Investigate a health-enhancing drug, such as antibiotics.
  - What is an antibiotic?
  - What is it used for?
  - Are there any side effects?
  - What health-enhancing qualities does this drug have?
  - Is there a safe way to use this drug?
3. Investigate a performance-enhancing drug, such as anabolic steroids.
  - What are they?
  - What are they used for?
  - Are there any side effects?
  - What performance-enhancing qualities do they have?
  - Is there a safe way to use these drugs?
4. Compare the positive and negative effects of these drugs on health and well-being (physical, social, emotional, sexual) of the user.
5. Students choose one of the questions on *worksheet 21* and complete a research assignment.<sup>4</sup>



## Unit 9 — Dalrose Space

### Human Relations and Safety

#### Learning outcomes

This unit focuses on the learning outcomes of the strands at levels 5 and 6. It is designed to be presented as a whole. Teachers are advised against using only parts of the scenario.

Teachers' note: Things don't always turn out as planned. This is particularly pertinent for adolescents who are trying many things for the first time, experiencing greater independence and taking risks. This unit uses a party scenario to illustrate how things may take a turn for the worse. Dalrose Space gives students the opportunity to explore risk-taking behaviours and possible consequences. It encourages them to think and plan before embarking on such behaviours.

### Parties, pleasure and pain!

#### Main focus

Relationships can change.

Power influences the way people behave.

Things don't always go the way they are planned!

Social settings can influence behaviour.

#### Guidelines

1. As a class discuss the following questions.
  - What sorts of things do you enjoy most?
  - Do you enjoy parties?
  - What are the things you enjoy about them?
  - Have you been to a party recently?
  - Did the party turn out as expected?
2. Teacher reads Dalrose Space from the Overhead on page 45.
3. Students complete *worksheet 22*.
4. Groups discuss questionnaire presented on *worksheet 22*.
5. Students complete questionnaire individually and report to class.

### Dilemmas

#### Main focus

There are strategies for avoiding and dealing with problems in social situations.

#### Guidelines

1. Discuss the questionnaire on *worksheet 23* as a class.
2. Students complete worksheet individually and report to class.

## Talkback Radio!

### Main Focus

There are strategies for dealing with changing situations.

### Guidelines

1. Explain the radio talkshow exercise to students.
2. Ask students to write a problem on their sheet of paper. The problem can be fictional (e.g. since I started drinking alcohol my belly has been expanding/ I get headaches every day/ my mother beats up my dad). Explain that these problems will be discussed by the class during the activity so that students do not disclose problems of a personal nature.
3. Put sheets of paper in a box and mix them up.
4. Appoint a panel of experts. These could take on specific roles like psychologist, police officer, doctor, parent adviser, youth worker.
5. Ask experts to take seats at the front of the class.
6. Appoint a radio announcer to take the calls and direct them to the appropriate panel member.
7. Redistribute problems to the rest of the class.
8. In turn, class members explain their problems to the radio announcer, who then asks for a response from the appropriate panel member.
9. After a response has been given by the panel, the rest of the class may wish to give further suggestions.
10. Change panel members when appropriate.

### Follow up

1. Ask students to answer questions on *worksheet 24*.
2. Students write their own drug-related melodrama as a story or script.
3. Set an assignment that identifies influences on the popular culture of young people.

## Expressing feelings

### Main focus

People express feelings in a variety of ways.

### Guidelines

Students fill in *worksheet 25* individually and report back to class.

## Coping with change

### Main focus

Young people cope with feelings and change in a variety of ways.

### Guidelines

1. Students read coping strategies table on *worksheet 26a*.
2. As a class discuss each strategy using examples.
3. Divide students into groups.
4. Students complete activity and report back to class.

The table on *worksheet 26a*, which outlines eight different ways people cope with stress-related problems (stressors), was developed by researchers from the School of Behavioural Health Sciences at Latrobe University. The research was conducted with Year 10 students in metropolitan Melbourne.

'The findings indicate that the student sample relied largely on wishes and the expression of anger to resolve problems. Wishing to change the situation falls far short of bringing about a solution to a stressful situation. It may be more than coincidental that this apparently immature coping strategy so predominant as a way of coping for adolescents has also been found to be a prominent feature in the coping profiles of adults who have difficulties with life, such as persons with an alcohol and drug-related problem.' (Madden et al., 1994)

It should also be noted that people cope in unique ways. Young people will use a combination of strategies in any given circumstance.

## How do I cope?

### Main focus

People cope with feelings and change in different ways.

### Guidelines

1. Discuss the types of feelings that cause students stress.
2. Students complete *worksheet 27* individually.
3. Invite students to volunteer responses to class.

(Teachers' note: as with many health classes, this sort of activity may prompt students to reveal problems of a personal nature that cannot be dealt with during class. These should be sensitively and discreetly followed up with the student after class.)

## Taking action

### Main focus

Young people within the community may face a variety of drug-related issues.

Action can be taken to address these issues.

## Guidelines

1. Ask students to identify drug-related problems for young people.
2. Write each one on a piece of paper. Some examples may include sexual vulnerability, violence, being in a car with a drunk driver, being harassed in some way, concern regarding a parent's drug use, trouble with the police, helping an intoxicated friend.
3. Divide students into groups.
4. Students sort ideas into groups. On the back of each piece of paper students list the substances that may lead to these problems (e.g. tobacco, alcohol, pharmaceuticals, marijuana).
5. Students prioritise the issues identified.
6. Students choose one issue (or teacher allots different issues to groups).
7. Brainstorm ways to address issue(s). For example:
  - Devise a code of behaviour and promote its adoption in the school.
  - Develop and deliver a first-aid class on how to care for a person who is intoxicated.
8. Decide what is possible and what is not possible.
9. Develop a plan of action and complete *worksheet 28*.

Name: \_\_\_\_\_

What is a drug?



heroin	sugar	vitamins	petrol
coffee	penicillin	cannabis	drinking chocolate
milk	cocaine	beer	wine coolers
cortisone	whiskey	salad roll	cigarettes
paracetamol	cola	insulin	aspirin



Name:

School rules and drugs

Part 1: Group activity

Investigate the rules relating to drugs in your school. As a group decide how you are going to do this. For example, where could you obtain the information from? (The School Code of Conduct may be a useful source.) How could you best obtain the information? One method to consider is an interview. Use the following questions as a checklist.

- What are the rules?
- Who developed the rules?
- Why are there rules about drugs?
- Who are the rules for?
- How were the rules developed?
- Are these rules reasonable?

Part 2: Individual activity

Interview a parent, teacher and fellow student about these rules. Explore whether they agree with these rules.

Develop a set of suitable interview questions.

Record the responses of each person interviewed.

Evaluate whether these rules are effective and present your findings to the class. You may choose your preferred form of presentation, for example oral, written, role play, posters and so on.

Name: \_\_\_\_\_

### Roles and responsibilities regarding drug use

Birth	Pre-school	Year 1	Year 6	Year 7
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....

1. Add your own future stages beyond Year 7, for example Year 9, leaving school, parenthood.
2. From the list of recreational and medicinal drugs, write the drugs a person might use under each of the above stages. (Note that some drugs will appear in more than one stage.)
3. Form into small groups.
4. Identify the drugs which commonly appear in more than one stage.
5. What changes to drug use occur at different stages?
6. Give reasons why these changes occur.
7. When may drug use remain the same? For example, the use of asthma medication may remain fairly constant throughout the stages of a person's life.
8. Discuss who is responsible for deciding drug use at each stage, for example a parent or guardian, a doctor, the individual.
9. What are the changes in responsibilities of the individual at each stage?
10. What factors influence these changes in responsibilities?

Name: \_\_\_\_\_

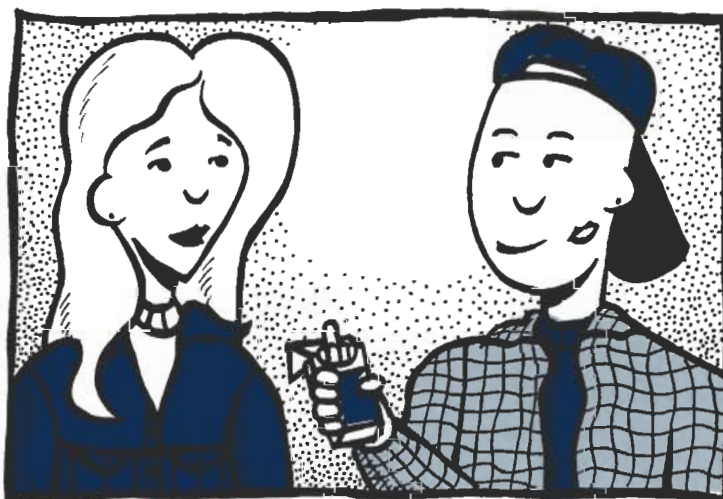
### Attitudes to drugs and changing relationships

You are surprised to find your older sister smoking with her boyfriend, since she has always been so anti-smoking.

Why might she have changed her attitude?

.....

.....



The doctor has been prescribing asthma medication to you for years. You begin training with a swimming team. Your coach frowns when she notices you using your puffer. She says, 'Exercise is better than that stuff.'

What questions might you ask your doctor?

Would you continue to use your medication at swimming training?

.....

.....

Many of Stavros's friends from primary school took up smoking soon after beginning Year 7. They meet as a group behind the portables. Stavros has stood about with them a few times, but he finds it boring.

Why might Stavros's friends have taken up smoking in Year 7?

Why might he find smoking boring?

How might his relationship with his friends change?

.....

.....

Name: \_\_\_\_\_

## Attitudes to drugs and changing relationships

Extract from *I Came Back to Show You I Could Fly* by Robin Klein

'I'm certainly not getting my hopes up,' Lynne said. 'I don't even know why she's promised to go back there. I just don't trust her and her promises. One minute she was yelling at us saying she wouldn't, then she broke down and started wailing that she didn't have any choice ... Oh God, it was so pathetic, you should have seen how relieved poor Mum and Dad looked last night when she said she'd give it another try. They looked so happy, believing it all. Angie's going to stay at Lakeview six months like a good little girl and someone up there will wave a magic wand and she'll come back completely cured ... They only believe it because they've got to have something to hang on to. I certainly don't any more. She's had five years to get her act together. Sometimes I think the best thing is to forget I ever did have a sister.'

She picked up the pretty cup and saucer and wrapped them carefully in the layers of clothing, placing them deep inside the plastic bag.

'Well, if you've given up on her, why are you going to all that trouble?' Seymour demanded. 'Why don't you just dump that thing out in the rubbish can?'

'Because it's something from when she was different, before it all started. We had some lovely times together when she walked me to school. She made up all these games. There was a big steep hill we had to go up and I used to get tired and start complaining, you know how little kids do. But she'd pretend we were astronauts exploring another planet and if we reached the top of the hill we'd get to meet all these silvery people, they'd have silver eyes and hair ... And she'd give all my clothes and her clothes names, that's another thing she'd do. Apfel Strudel, Little Miss Muffet – that was blue and white checked gingham ... I remember looking up at her and feeling so proud, she always looked so pretty people kept turning around to notice her.'

Robin Klein, *I Came Back to Show You I Could Fly*, Puffin Books, Penguin Books Australia, Melbourne, 1989 (pp. 160–161).

### Questions

1. How have relationships within the family been affected by Angie's experiences with drugs?

Lynne and Angie

.....

Lynne and her parents

.....

Parents and Angie

.....

2. How has Lynne's attitude toward Angie changed?

.....

.....

3. If Angie were your sister, what would you do?

.....

.....

## Evaluating public health campaigns



Name: \_\_\_\_\_

1. Choose a public health campaign that is related to drug use.
2. Give reasons why the campaign was launched. Consider political and social, as well as health-related reasons.
3. Who is the target audience?
4. What are the aims of the campaign?
5. Describe the methods the campaign employs.
6. What are the reasons for employing these methods?
7. Who pays for the campaign?
8. Analyse the effectiveness of the campaign. Some suggested methods may include:
  - interview with members of target group, organisers, supporters and opposers
  - questionnaire
  - statistical analysis
  - comparative analysis
  - observation
9. Describe the problems associated with evaluating public health campaigns.
10. Suggest alternative ways of achieving the aims of public health campaigns.

Write a brief report for the director of the public health campaign you have evaluated. Make recommendations relating to positive aspects of the campaign that should be retained and possible improvements for future campaigns.

## Situations and drug use



Name: \_\_\_\_\_

### Part 1

1. Anne, Rachael, Katrina and Nicole consumed alcohol at the slumber party. Give reasons why they did this. Do you think they would have drunk alcohol at the Blue Light disco? Why? Why not?
2. Why might some of the girls have gone for a ride with Nick and Thomas, but not the others?
3. If the girls had been older, do you think they would have been as likely to go for a joy-ride?
4. If they had been sober, do you think they would have been as likely to go for a joy-ride?
5. Consider other factors that may have influenced the situation.
6. What would be the effects of the tragedy on family, friends and other members of the community? Describe.
7. Do you think attitudes toward under-age drinking and joy-riding may be changed in some way by the tragedy? Explain.

### Part 2

Imagine you are the principal of the school the students attended. What would you do in response to the tragedy in terms of:

- caring for those affected?
- assisting people to learn from the tragedy?
- planning to avoid a similar tragedy happening again?



Name: \_\_\_\_\_

## Patterns of drug use

1. Choose a community group.

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2. What makes this group identifiable? Consider age, gender, culture, health, economic, geographic, common interests and other factors.

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3. Identify the drug use patterns of the group. It may be useful to divide drug use into two categories: recreational and medicinal.

.....

.....

4. Examine the reasons for the particular pattern of drug use.

.....

.....

5. What are the health benefits and problems associated with the pattern of drug use? Consider individual and the community issues, as well as those related to social and economic situations and quality of life.

.....

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.....

6. What health needs would these patterns indicate? Explain.

.....

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7. Which services are available to meet these health needs? What do these services aim to achieve? Are they effective?

.....

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.....

8. What strategies might be employed to meet these needs better? Explain.

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Name: 

## Planning health campaigns

### Part 1

Your task is to plan a campaign addressing the drug-related health needs of one of the groups identified in the previous exercise.

1. What is the reason for the campaign?
2. Who is the target audience and why are they being targeted?
3. Develop strategies to gather information about your target audience.
4. What are your goals (e.g. to promote awareness, reduce use, minimise potential harm)?
5. Brainstorm campaign options to achieve goals.
6. Decide what is possible and what is impossible.

Provide a detailed plan including:

- timelines
  - approvals (e.g. local government, police, health)
  - resource needs
  - approximate costings
  - description of main strategy (e.g. educational campaign, advertising, police blitz)
  - methods of measuring effectiveness (e.g. interviews with target group, statistics, numbers of target group participating in program, community consultation)
7. Develop publicity materials for the campaign (e.g. posters, press releases, videos).

### Part 2

Design an implementation strategy for your campaign.

Options may include:

- sending your plan to an appropriate organisation
- undertaking a school-based campaign
- working with a local health service, agency or club to implement the plan
- organising a parent/community forum

Name: \_\_\_\_\_

## What is a drug?

### 'Smart Drugs'

The CSIRO today announced the patenting of a revolutionary new 'smart' drug. Testing has been carried out in secret over the last decade. Prominent members of the community are believed to have participated. At a late afternoon press conference, Professor Dingaling said, 'We are not prepared to disclose names, other than to say that no politicians have been involved in the trials.'

Some of the advantages of the drugs include improved concentration, greater perception, a greater capacity to think laterally, improved levels of alertness, and improved scores on intelligence tests of 20 points. In other words, a person of average intelligence who takes 'Smart Drugs' will become a candidate for Mensa.

'The potential advantages for Australia are enormous,' said Professor Dingaling, thumping the desk to make the point. 'We will race ahead of the rest of the world.'

Questions then came thick and fast!

'Who will have access to these drugs?'

'How much will they cost?'

'Are there any side effects?'

'If everybody is smart, who will do the unskilled jobs?'

'Will being super-smart really help us to live better lives?'

Professor Dingaling seemed to be irritated by the journalists. As his forehead wrinkled and spit flew from his mouth, journalists ducked for cover. Through the tirade came the response, 'You're just a bunch of negative fools. Can't you grasp the moment, take the opportunity, rise to the challenge! Even you lot would get a few brains. No longer will we have to tolerate stupidity. No longer will people make mistakes. No longer will we have to carry the losers in life. Everybody will be a winner.'

Sitting towards the back of the conference, a tough, dry old journalist asked, 'Have you taken "Smart Drugs", Professor?'

The professor seemed a little shaken, but after a moment's thought, stood straight and said, 'Yes'.

'Have you always had that huge lump on the top of your head?'

'Fool!' screamed Professor Dingaling, 'The extra brain power has to go somewhere.'

'Yuk,' said all the reporters.

'I'd rather be stupid,' said one.

'Don't worry, you are,' said another.

Name:

Everybody was screwing up their noses and pointing at Professor Dingaling's lump. He couldn't believe it. Steam was coming from his ears. His lump was beginning to pulsate.

'You're all victims of vanity, fools, useless fools, that's what you are!'

And the interview was terminated.

Imagine you are the legislators. You have voted to legalise 'Smart Drugs'.

1. List your concerns.

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2. Describe the potential benefits.

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3. What laws will be introduced to manage responsible use of the drug (e.g. age limits, use at school, price, who will be permitted to produce the drug, whether it will be sold overseas, who will distribute it, restrictions on advertising, whether it will be subsidised under National Health)?

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Name: \_\_\_\_\_

## Drugs and the law

Name of drug: .....

### Questions

1. Where did it originate?  
.....
2. How has it been used throughout history? Describe.  
.....
3. When was it first introduced into Australia?  
.....
4. Who produces the drug?  
.....
5. Who uses the drug?  
.....
6. Who benefits from the drug (e.g. consumers, producers, government)?  
.....
7. What are the laws relating to the drug?  
.....
8. Have they changed throughout history?  
.....
9. Are they similar in other countries?  
.....
10. If the drug was discovered today would the laws be the same?  
.....
11. Do the laws relating to the drug achieve their aims?  
.....
12. What problems do they cause?  
.....



Name:

## Health-enhancing and performance-enhancing drugs.

Choose either Question 1 or Question 2 and complete.

### Question 1

One drug-related initiative that is designed to enhance health is the immunisation program.

1. Research the history of immunisation in Australia.
2. Why was the program developed?
3. What effects has it had?
4. Who is the program designed to benefit?
5. Why does the government often provide this initiative free of charge?
6. What are the diseases for which immunisation exists?
7. What are the benefits and risks of immunisation?
8. Why do some people choose not to immunise their children?
9. What appropriate/successful alternatives are there to immunisation? Explore two of these.
10. List any other drug-related initiatives you know.

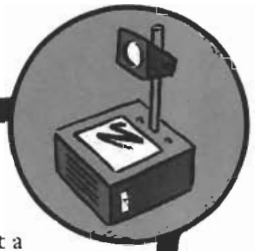
### Question 2

Drugs can be used to enhance the performance of an athlete. The use of drugs as a performance enhancer in sport is a controversial issue.

1. What drugs can be used to enhance performance? Give reasons why athletes use them.
2. Explore the positive and negative consequences of performance-enhancing drugs to the individual, the sport and the community.
3. List substances that are banned by sporting authorities.
4. Give reasons why the use of drugs in sport is often considered controversial.
5. Find an incident of performance-enhancing drug use that has been reported in the media. Research the drug and present a report on the issue, outlining:
  - the sport involved
  - the people involved
  - the drugs involved
  - the long- and short-term effects of the drug on the person's performance and health.
6. Develop an argument for or against the use of drugs in sport.

(Further resources are available from Australian Sports Drug Agency – ASDA)

## Dalrose Space



Friends, I say, who needs them? Well, it's not so original but it's appropriate. Here we are at a party, supposedly having a good time. But what's happening? What always happens at parties? Broken noses. Vomit. Holes in walls. Ruined friendships. Tears. Police.irate parents. Humiliation. Misery. Confusion.

That's Millie. She's just split with Jed after eight months. And even if she still loves him, he's impossible. An idiot. A moron. A fool. Just because Millie had a dance with Marco, Jed gets angry and tries to pick a fight. But not with Marco. No way. Marco has been doing karate for too many years, and has biceps as thick as lampposts and a skull as thick as two bricks.

Instead, Jed hits Bertie, helpless, harmless Bertie who has legs like walking sticks — Bertie who has never done any more than smile, who has the power of a poodle, whose voice is still breaking, who is still searching for his first whisker. Better stop. I mean, I shouldn't put the boot in when a kid is down, which is where Bertie is now. And while everybody is caring for him, Jed goes off in a tantrum and kicks a hole in the toilet wall.

The party is at Amanda's. Her parents are away for the weekend. Try explaining this one away, Amanda. So Amanda flips her lid. She tells Millie, 'If you're stupid enough to go out with a fool like Jed, you're too stupid to be my friend.' She then lets rip with a cross between a squeal and a scream, before locking herself in her bedroom. Millie is left wondering whether she should feel sorry for herself, sorry for Amanda, or whether she should feel responsible, guilty or outraged? Should she stomp her feet or cry? She realises somebody is yelling — obscenely — from the front garden.

Turns out it's good old Jed, letting rip with a mouthful. I didn't realise he had such a vocabulary, though I'm sure he can't spell any of it. Yelling at the house so loudly it's a miracle the arteries in his throat aren't popping.

Neighbours' heads appearing from behind curtains. Glad it's Amanda and not me, especially after the latest development — the police. I hate to state the obvious, but it was only a matter of time.

Kids are diving out of windows, stuffing peppermints down their gobs, throwing bottles over fences, flushing all but human waste down toilets. It's chaos! And Eric has just about impaled himself on the fence.

Amanda has her head out the window, telling the world to clear out. It's everybody's fault. We're all good-for-nothing —. Sorry, missed that last bit. And you'll never guess what Millie's doing. She's decided it's all her fault. If she had been more sensitive, Jed wouldn't have drunk so much. She's trying to put her arms around him, but he's pushing her away.

Oh no! He's just taken a swing at her. He missed. Less fortunately, he did it in front of two police officers. Now he's doing his block, but the officer steps in. Suddenly, Jed vomits. All that food and a couple of shots of Scotch goes all over everyone. The officer lets rip with a few strong words of his own. Some folk might laugh, but not me. I just stay calm and keep to myself. Into the patrol car he goes.

Here come the neighbours, a lynching party stomping down the street. When they arrive they seem a little taken aback by the mess. Sure, you can wipe away the mess but the smell is another matter. Everybody keeps looking at it. I can't help thinking what Jed's mouth must be like. Imagine kissing him. I bet Millie's having a re-think. Then again, maybe she isn't.

Well, everybody regrets what they've done now. Long faces and tears all around. Nobody owns the grog. Nobody drank any either. Must all be Amanda's. She's bawling her eyes out in between telling the neighbours to clear out and making accusations.

'And what about you, Robert?' she says, 'What's in your pocket?' Robert goes white, or was it fluorescent? He begins to glow. Low trick, Amanda. Now, it's line ball what she's going to regret more: having a party or dobbing in Robert. The police have just extracted a foil from Robert's pocket. And there he goes, off to join Jed. Clunk. Slam. Marijuana and the police — not a good situation.

Parties, I can't work it out.

Name: \_\_\_\_\_

## Dalrose Space

From the evidence provided answer the following questions.

1. Was Dalrose Space a typical party?

.....  
 .....  
 .....

2. Was Dalrose Space the sort of party you would enjoy?

.....  
 .....  
 .....

3. Did any of these characters enjoy themselves? Tick the boxes below.

- |                                 |                                 |                                     |
|---------------------------------|---------------------------------|-------------------------------------|
| <input type="checkbox"/> Millie | <input type="checkbox"/> Bertie | <input type="checkbox"/> Robert     |
| <input type="checkbox"/> Marco  | <input type="checkbox"/> Amanda | <input type="checkbox"/> Neighbours |
| <input type="checkbox"/> Jed    | <input type="checkbox"/> Police | <input type="checkbox"/> Narrator   |

Which characters appeal to your group as the sort of people with whom you would socialise?

.....  
 .....  
 .....



Name: \_\_\_\_\_

## Parties, pleasure and pain

Describe the problems confronting each of the following characters:

Millie .....

Jed .....

Bertie .....

Amanda .....

Robert .....

Using the characters' names to identify the problem, rate them in order of seriousness.

1. ....

2. ....

3. ....

4. ....

5. ....

What would you have done to prevent the problem occurring if you were:

	friend	partner	parent
Millie's			
Jed's	If you were Jed's friend you might avoid drinking with him, stop him eating pizza or get him dancing with Millie before Marco.		
Bertie's			If you were Bertie's parent you might encourage lessons in self-defence or encourage him to avoid characters like Jed.
Amanda's			
Robert's			

What would you have done after the problems occurred if you were:

	friend	partner	parent
Millie's			
Jed's			
Bertie's			
Amanda's			
Robert's			

Identify ways in which the party could have been more enjoyable for each of the characters.

What steps, precautions or planning could have occurred to achieve this?

Name: \_\_\_\_\_

### Who can I talk to?

Answer these questions.

- Do you have a doctor with whom you can discuss personal medical issues? If not, how might you go about finding one?  
.....  
.....
- With which friends can you discuss your problems?  
.....  
.....  
.....
- Would these friends discuss their problems with you? Is this important?  
.....  
.....  
.....
- Is there an adult with whom you can discuss problems?  
.....
- Is there an adult other than your parents whom you can trust?  
.....
- Whom would you call in an emergency? Might this differ depending on the emergency?  
.....  
.....
- Do you have a general plan for getting home late in the evening if the need arises (e.g. if the driver is drunk)?  
.....
- Have you discussed these problems with your parents?  
.....  
.....

Compare your answers with other class members and discuss. (You may choose to keep your answers private.)