





WHO	Tim, Leo, Aldo and Joel or cast as Tina, Liz, Anna and Jackie
WHERE	Tim's house 
WHEN	On a Friday night when his parents are out
WHAT	Leo suggests they taste test some of the different bottles of alcohol in the cupboard.
WANTS 	Tim knows his mum or dad will notice, and doesn't want to do this. Joel would rather watch a video. Aldo thinks it sounds like fun.

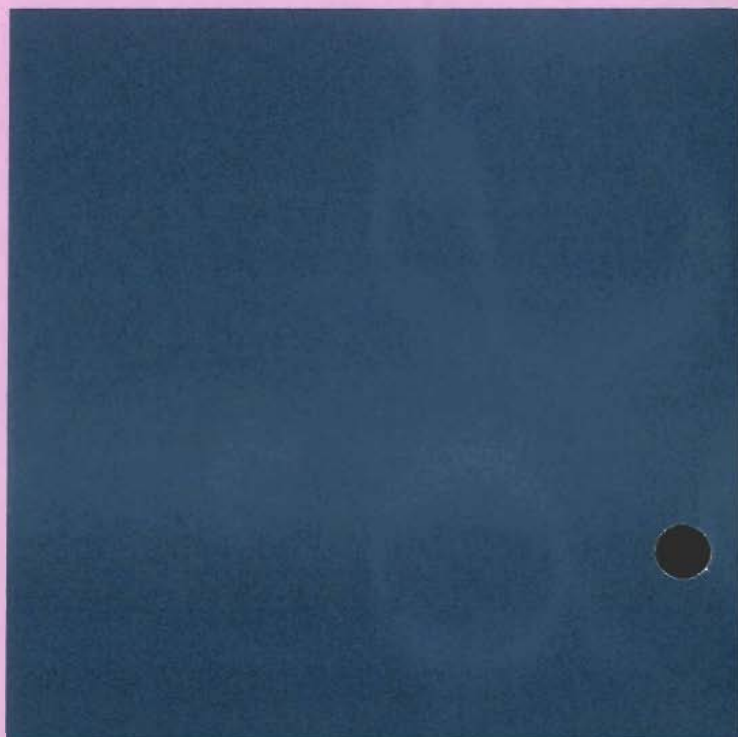
WHO	Susie, Janet and Ranita or cast this as Steve, Jacko and Robbo 
WHERE	At a tennis club barbecue
WHEN	On a Sunday at lunchtime
WHAT 	Janet suggests they sample champagne from the adults supply, mixing it with orange juice so as not to be noticed.
WANTS	Susie thinks it is a dumb idea. Ranita is not sure.



Working on Illicits in School Education

Drug Education Resources for Schools and their Communities

brochure masters



How might alcohol effect young people?

Apart from the things already mentioned, other effects can happen. If you drink alcohol you might:

- vomit and feel horrible the next day
- be embarrassed because you said or did something silly
- get into trouble with your parents or school
- have an accident.

Drinking alcohol can make people slow, clumsy and unable to think clearly. Simple things like walking home, riding a bike and climbing a fence can be really risky.

These are a few of the ways that drinking can affect young people.
Can you think of any others?



Did you know?

- It's against the law to buy alcohol when you're under 18.
- It's illegal for someone to sell you alcohol if you're under 18 or buy alcohol for someone under 18.
- It's illegal to have or drink alcohol if you're under 18 unless you are with a parent or guardian.
- Some types of alcohol are stronger than others. Drinking a mouthful of a spirit (whisky, rum, chocolate liqueur) is nearly the same as drinking a whole glass of beer.
- About half of all serious crime is related to alcohol.
- Road accidents that are linked to alcohol cost our community more than \$200 million per year.

info for you



Alcohol

Alcohol is a depressant:

It slows down the messages between the brain and the body.

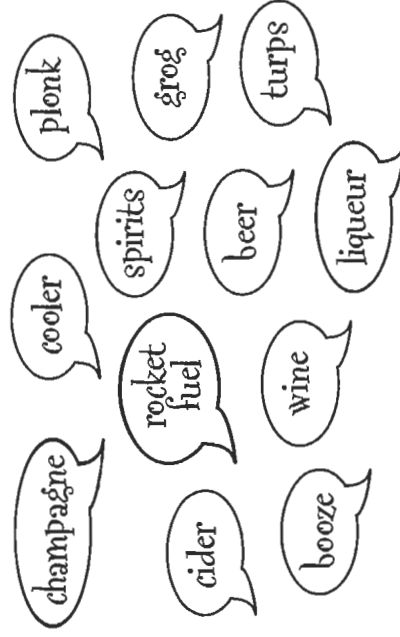


What is it?

Alcohol is made by fermenting different types of grains, vegetables and fruits. The process produces ethyl alcohol (or ethanol).

Alcohol is a depressant: it slows down messages going to and from the brain and the body. In small amounts, depressants can make people feel more relaxed and less worried about what other people think.

Some of the names you might hear



What does it do?

Alcohol changes the way your mind and body works. Like other drugs it changes different people in different ways. The changes depend on things like how old a person is, their size, their sex, how much alcohol they take, if they have had alcohol before and where they drink the alcohol.

It can cause people to:

- slow down
- feel more happy and relaxed
- get a bit confused
- feel tired and sleepy
- become clumsy.

If people drink too much alcohol some of these things can happen. They may:

- slur their speech
- see less clearly
- lose their judgement
- feel sick or vomit
- become very sad
- find simple things hard to do
- become angry and violent
- become unconscious
- forget things that happen when they drink. This is called a blackout
- go into a coma or die from alcoholic poisoning.



Drinking a lot of alcohol for a long period of time can cause or increase the risk of:

Brain damage

Brain damage can cause poor memory, walking difficulties and confusion.

Heart problems

Alcohol increases blood pressure and increases the risk of heart attack and stroke.

Liver damage

If a person's liver is not working properly it makes them feel tired and sick.

It can effect unborn babies

Drinking alcohol can interfere with the normal development of unborn babies.

Diabetes

If a person has diabetes their body can't get rid of sugar and carbohydrates. If you have diabetes you must watch your diet carefully and not eat foods with a lot of sugar or carbohydrates. Doctors can prescribe medication to help control diabetes.



How might cannabis effect young people?

- Cannabis is illegal. Smoking cannabis can get you into trouble with the police.
- Using cannabis can upset parents and can cause problems at home.
- Smoking cannabis can make people do things they may not normally do. Later, people often feel really embarrassed and frightened to face their families and friends.
- Because cannabis causes poor coordination and concentration accidents can happen. Even simple things like walking home, riding a bike and climbing a fence can be risky.

These are a few of the ways that using cannabis can affect young people. Can you think of any others?

Did you know?

- In Victoria, cannabis is illegal to possess, buy, grow, sell or use.
- If you buy cannabis you can never be sure what you are buying. It may have other things added that can make you unwell.
- Cannabis is often mixed with tobacco which can cause many health problems.
- Lots of research on the effects of cannabis is being done, so we will soon know more about the drug and its effect on things like driving and mental illness.



info for you



Cannabis

Cannabis is a depressant:

It slows down the messages between the brain and the body.

get
wise
Working on Positive School Experiences

COMMUNITY SUPPORT FUND
VICTORIA

What is it?

Cannabis is a plant that has a chemical in it called THC (tetrahydrocannabinol). THC is a depressant drug that slows down the way the body works.

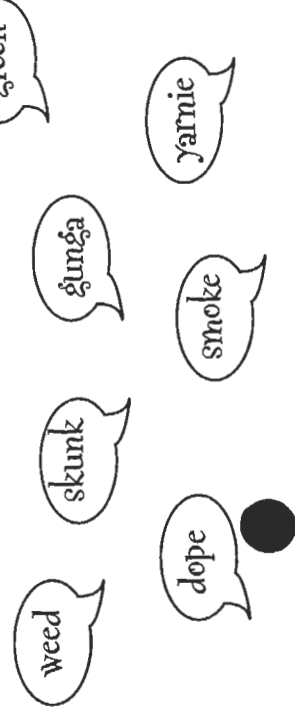
Marijuana, hashish and hashish oil all come from the cannabis plant.

The leaves and flowers of the plant are called marijuana.

Cannabis has a sticky resin. The resin also has THC in it. The THC is taken out and made into what is called hashish or hash oil. Hashish is a hard lump of resin. Hash oil is like a thick liquid.

Marijuana, hashish and hash oil are smoked by some people. Other people smoke cannabis from a pipe or a bong (water pipe).

Some of the names you might hear



What does it do?

Cannabis changes the way your mind and body work. Like other drugs, it changes different people in different ways. The changes depend on things like how old a person is, their size, their sex, how much cannabis they take, if they have had cannabis before and where they take the cannabis.

Some of these things can happen if people use cannabis:

- feeling happy and relaxed
- giggly
- silly
- hungry
- dizzy
- wobbly
- confused
- bloodshot eyes
- headaches
- feeling sick and vomiting
- fainting
- feeling frightened.



If people smoke a lot of cannabis they may end up with health problems like:

Memory loss

Some people that use a lot of cannabis find it hard to remember things. This can cause problems at work and at school.

Lack of motivation

Smoking a lot of cannabis can take away people's interest or drive to do things.

Paranoia

Paranoia is when a person is frightened for no reason and feels that others are 'out to get them'.

Breathing problems

Smoking cannabis can cause damage to your respiratory tract. It can trigger illnesses like asthma and bronchitis.

Cancer

Cancer of the mouth, tongue and lungs has been reported by people who have used cannabis for a long time.



How might smoking effect you?

- Smoking costs a lot of money. Spending money on cigarettes means you can't spend it on other things.
- Smoking can affect fitness and your breathing. Things like playing sport, dancing, swimming and gymnastics can be much harder.
- If you have asthma and start smoking it can make your asthma much worse.

These are a few of the ways that smoking can affect young people. Can you think of any others?

Did you know? ? ? ?

It's illegal for anyone to sell cigarettes to people under 18.

More information?

If you want more information about tobacco contact:

Your local doctor

Poisons Information Centre
131 126

QUIT (03) 9663 7777
www.quit.org.au



info for you



Nicotine

Nicotine is a stimulant:

It speeds up the messages between the brain and the body.

get wise
Working in Partnership with the Victorian Government



What is it?

Nicotine is a drug in tobacco plants. People smoke nicotine in cigarettes, pipes and cigars.

When cigarettes are made many other chemicals are added to the tobacco. Cigarette smoke has more than 4,000 different chemicals in it. Many of these chemicals can cause sickness.

Nicotine is a drug that people become dependent on. If they stop taking the nicotine they often feel anxious and have cravings for it.

Some of the names you might hear



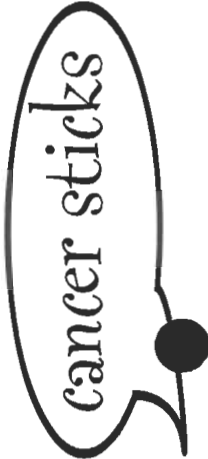
smokes



fags



ciggies



cancer sticks

?? What does it do?

Nicotine can change your body in many ways. It can cause:

- dizziness
- headache
- nausea
- coughing
- breathing difficulties
- reduced fitness
- sore red eyes from cigarette smoke
- bad breath and smelly clothes.

People who smoke a lot may suffer from more serious illnesses that can lead to early death.

Lung cancer

Tar in tobacco can cause lung cancer.

Emphysema

Emphysema causes lungs to rot and not work properly.

Heart problems

Smoking increases the risk of heart attack and stroke.

Other effects

Smoking affects users but it also affects other people and the community.

Passive smoking

People who breathe in other people's cigarette smoke can suffer sore eyes, breathing problems, coughing, dizziness and headaches. Other serious illnesses like asthma can also be triggered.

It can damage unborn babies

Smoking increases the risk of something going wrong before and after a baby is born. Babies can be very small when they are born and can have feeding problems.

Financial costs

Our community spends a lot of money trying to help people who become ill from smoking. This money could be spent in other ways.

???

Some of the names you
might hear

Panadol

Nurofen

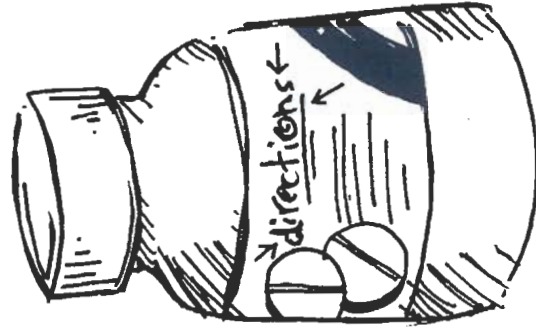
Aspirin

Panedeine

Disprin

Panedeine
Forte

Aspro
Clear



What to do if someone
gets sick?

If you or someone else looks sick
or is acting in a strange way after
taking medicine:

- tell an adult straight away
- if you are really worried and
there are no adults around
call 000.

Don't wait to tell someone.

**You or the other person might
get much sicker.**

More information?

If you want more information about
painkillers or medicines contact:

Your local doctor or chemist

Poisons Information Centre
131 126

info for you



Painkillers

get
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Working for Children in Bland Education

COMMUNITY SUPPORT FUND
VICTORIA

What are they?

Pills, tablets, or capsules, come in all shapes and sizes and are used for lots of different reasons.

One of the most common reasons people use pills is to stop pain from things like headache, toothache, fever and period pain. These pills are called painkillers or analgesics.

Most painkillers have aspirin or paracetamol in them. Sometimes painkillers are mixed with other stronger drugs that treat other illnesses.

Some painkillers can be bought straight from the chemist or supermarket. To use stronger painkillers people need a prescription from a doctor.

How do they work?

They stop the pain by slowing down messages that tell the brain that something is wrong.

They do not cure what is wrong. They only 'trick' the brain into not feeling the pain.

What sort of harm can painkillers cause?

Painkillers are drugs. All drugs cause harm if they are not used wisely. Painkillers can cause:

Sickness

People can get sick if they take other people's painkillers. They can also get sick if they take too many painkillers.

Different types of painkillers cause different types of sickness. Someone who gets ill from painkillers might:

- feel very tired and want to sleep
- get hot and cold flushes
- vomit or feel like they want to vomit
- not be able to think clearly
- say things that don't make sense.

Damage to major organs

If people take a lot of painkillers over a long time they can damage some of the body's major organs such as the heart, kidneys, liver and stomach.

Overdose

Painkillers can be people killers if too many are taken at one time. When someone dies or gets sick from taking a lot of drugs it is called an overdose.

Use medicines wisely

Other pills and medicines can also cause sickness and overdose.

Medicines are valuable for treating illness. However medicines that are not used wisely can become poisons. There are many things we can do to use medicines wisely, such as:

- only take your own medicine (Don't take other people's.)
- always read and follow instructions on the label
- keep medicines away from young children
- if you feel funny after taking medicine, tell someone so they can help you
- if you have a headache or feel unwell try having a glass of water and have a rest before you take a painkiller.

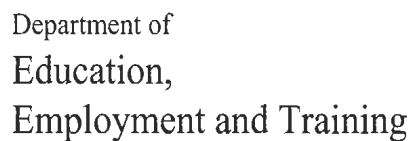
There are many other things you can do to keep safe around medicines. Can you think of any others?



Secondary

classroom

activities



This resource has been developed by the Victorian Department of Education, Employment and Training in collaboration with the Youth Research Centre, University of Melbourne, and Education Image Pty Ltd.

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The following organisations and individuals have made an invaluable contribution to this project as members of the Working Party convened by the Department of Education, Employment and Training :

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Cocaine	Amphetamine
Ecstasy	Consequences of drug use
Heroin	Classifications
L.S.D.	

How to use this booklet

Each lesson has been designed around the following structure:

Key understandings

The key understandings reflect the learning intentions for students participating in an activity. They are based on a harm minimisation philosophy. They assist teachers to direct the activities in a purposeful manner and ensure that students are exposed to a range of understandings as a basis for a comprehensive drug education program.

Key skills

The key skills are listed for each activity to complement student learning from the key understandings. Highlighting the key skills allows teachers to provide students with opportunities to practise these skills throughout an activity.

Curriculum and Standards Framework (CSF II) learning outcomes

Health and Physical Education key learning area outcomes have been used within *Get Wise*. Activities 1-7 have been written to address CSF II level 5 learning outcomes, while activities 9-14 have been written to address CSF II level 6 learning outcomes. The related CSF II level, strand and learning outcome(s) are shown at the beginning of each activity. The strands of Human Relations, Safety and Health of Individuals and Populations are represented throughout the curriculum materials. The learning outcome(s) identified are the ones that are most clearly represented in that particular activity. While *Get Wise* has been developed using the Health and Physical Education learning area, the activities cover a range of issues and skills that could be addressed from a number of key learning areas, for example: English, The Arts, Studies of Society and Environment, and Science.

The key understandings, key skills, and CSF II learning outcomes are consistently linked and reflected throughout an activity to help teachers

make judgments about student achievement towards a particular learning outcome(s).

Resources

Each activity identifies a list of resources required to complete the activity. In most cases the resources required are provided within the *Get Wise* teaching program.

How

The section 'how' is a step-by-step lesson plan written for the teacher.

Sample questions

Sample questions are provided within each activity. These questions further enhance the key understandings and intention(s) of the learning outcome(s). They are for the teacher to use with students. The questions may be used, for example:

- as part of general summary class discussion about the activity
- as part of an ongoing journal writing exercise
- to support a particular part of an activity.

Teacher's notes

Teacher's notes are featured in boxes next to the activities. They help teachers prepare, process and understand the content of an activity. The information may also be relevant to other activities.

Links

Links are a reminder that this session should be considered one part of a comprehensive, ongoing drug education program.



Introduction

Get Wise is based on principles of harm minimisation. The aim of a harm minimisation approach is to prevent and reduce drug-related harm.

Harm minimisation involves a range of approaches to prevent and reduce drug-related harm, including prevention, early intervention, specialist treatment, supply control, safer drug use and abstinence.¹

A distinguishing feature of harm minimisation from other approaches to drug education is that it:

- acknowledges that many people in our community use drugs
- takes into account the relationships between people, the drugs they use, and the environment in which they use them²
- acknowledges the rights of individuals not to use drugs.

A harm minimisation approach allows schools the flexibility to develop specific focus areas, and implementation strategies that address relevant issues within the school context.³

The curriculum context

In a school setting, harm minimisation encourages a whole school approach to addressing drug issues as they relate to curriculum and welfare. This includes ongoing consultations with parents, students and teachers in acknowledgement of the important role everyone plays.

It also includes incorporating *Get Wise* as a part of the schools' Individual School Drug Education Strategy (ISDES), and adopting a preventative approach to broader drug education - building on previous educational activities on legal drugs.

Teaching about illicit drugs

A frequently asked question by teachers is '*When is it appropriate to teach about illicit drugs?*' Answering this question should take into account two perspectives. Firstly, evidence gathered from research into school drug education programs, and secondly, the specific contextual issues of the school.

The *Get Wise* curriculum materials provide activities from grades 5 and 6, years 7 and 8, through to years 9 and 10. These year levels have been identified because current research recommends that school drug education programs should be included before use commences⁴ and then to follow these programs with further booster sessions.

Research also suggests 'that year 9 is a critical year when experimentation occurs, and it may be appropriate to regard year 9 as the critical year in which programs need to be boosted.'⁵

The consensus among drug educators is that a harm minimisation approach in the school setting should aim to prevent use and reduce harm, and to reduce the harms associated with use. A comprehensive harm minimisation strategy aims to promote the health of non-users as well as preventing and reducing harm among users. A harm minimisation approach does not condone or encourage use. It asks questions about the effects of use on users and on the community, and aims to promote healthier behaviours.

Keeping drug use in perspective

When teaching about illicit drugs it is important to maintain perspective on the actual known use of illicit drugs by the general population of young people. The use of illicit drugs is not the norm among the student or general adult population.

1 National Drug Strategic Plan, 1993-1997, Drugs of Dependence Branch, Department of Health, Canberra, 1993, p4.

2 *ibid*

3 Individual School Drug Education Strategy Guidelines, Department of Education, Victoria, 1998, p13.

4 Wragg, J., The Impact of Adolescent Development : Complications for timing evaluation and development of drug education programs, Drug Education Journal of Australia, 1990, p233-239.

5 Wragg, J., A review of successful and unsuccessful models of drug education, Drug Education Journal of Australia, 1991, p15-26.

Introduction

Sometimes we have certain assumptions about what proportion of teenagers use different sorts of drugs. These assumptions may be influenced by, for example, the media. Our assumptions are not always accurate. In data gathered in 1996 by the Anti Cancer Council / Department of Human Services of 5000 Victorian secondary students only 2% of year 9 students had ever tried ecstasy and 2% of year 7 students had ever tried heroin. In contrast, approximately 70% of year 9 students and 41% of year 7 students had tried alcohol.

Link planning in the Curriculum Standards Framework (CSF II)

Drug education fits best within the Health and Physical Education key learning area, but in some schools it may be taught as part of English, Studies of Society and the Environment and Science. It may also be delivered through religious studies, pastoral care and drama.

It is being taught across the curriculum, ensuring that a well coordinated and balanced approach is maintained. The curriculum chart on pages 12-16 shows how each activity fits with the CSF II.

Developing a plan of action for the incorporation of drug education into the curriculum ensures 'ownership', and avoids the common problems of drug education becoming ad hoc and unstructured - a criticism often levelled at drug education programs in the past.

Relationship to Get Real

Get Wise has been developed in response to recommendations made by the Premier's Drug Advisory Council (PDAC) 1996. These recommendations were based on evidence that some primary and secondary schools are currently being required to respond to situations involving illicit drug use.

Get Wise provides specific information and strategies for dealing with illicit drugs. It follows on and affirms *Get Real: A Harm-*

minimisation Approach to Drug Education for Primary & Secondary Schools (1995).

These two resources represent a comprehensive guide to the development and maintenance of drug education in schools.

Get Real: A Harm-minimisation Approach to Drug Education provides a framework for drug-related student welfare with particular reference to identification, monitoring and intervention.

It propounded the view that the quality of information we have about a person is dependent on the quality of the relationship we have with that person. Teachers will be more likely to identify a young person with drug-related and other welfare needs in the context of a caring pastoral environment that encourages effective communication throughout the school.

Drug education in the classroom

Effective drug education requires a balance of content knowledge and process. For this reason a student-centred approach has been adopted for many *Get Wise* activities. This approach is reflected through the use of role plays, discussion, group work and simulation activities.

It is recommended that prior to the delivery of drug education in the classroom, teachers undertake relevant professional development in relation to social and communication skills as well as specific content.

Furthermore, drug education is best taught by teachers with an ongoing relationship with the class, and as part of a more general health or personal development course.

'One off' activities have limited outcomes, and in some cases may be counterproductive - by, for example, glamourising or normalising drug use or increasing curiosity.

Key outcomes of effective drug education should include:

- increased student knowledge of relevant and accurate facts about drugs
- development of personal, social and cognitive skills that equip students to deal with drug-

Introduction

related issues in a variety of contexts

- increased student understanding of the impact of drugs in society
- increased understanding of the continuum of risk associated with drug use
- increased student knowledge and skills that will equip them to contribute to the public debate about drug use.⁶

Creating a safe environment

Get Wise encourages student interaction to explore the issues surrounding illicit drugs. In order to facilitate such discussion and activity, teachers need to provide an environment where students feel safe and valued.

Establishing a set of ground rules is a good way of ensuring this, and these are more likely to be effective if students are involved in their development. Rules such as taking turns to speak, supporting the right of others to be heard, and having respect for different cultural traditions, beliefs and languages promote a positive classroom environment.

Teachers will also need to give consideration to how they deal with personal information and disclosures. Such issues as privacy, confidentiality and mandatory reporting will influence a teacher's response. The *Student Welfare Action Manual* in the *Get Wise* resource provides more advice on these matters but generally teachers cannot offer confidentiality as part of their duty of care. If a teacher is aware that any student may be at risk of harm there is an obligation to advise designated student welfare staff or the principal.

If a teacher feels students may say something inappropriate, a useful strategy to prevent this is protective interrupting. This means interrupting a student before they disclose, and informing them they can talk privately after class.

Teachers may also request that students not reveal personal information, and request that discussions about experiences be in third person. Students may then use phrases such as 'a person I've heard about' or 'a friend.'

What is in *Get Wise*

Get Wise consists of six booklets.

The Principal's Guide

- Provides guidance to primary and secondary principals in their leadership role as it relates to curriculum, student welfare and management of drug-related incidents.

The Student Welfare Action Manual

- Provides information, strategies and advice to designated student welfare staff to enhance student welfare in regards to drug education with specific emphasis on illicit drugs.

Communicating with Parents

- Provides guidance for schools working with parents in illicit drug education, through the provision of information, consultation opportunities and activities.

The A to Z of Illicit Drugs

- Provides teachers and others working in school drug education with a factual up-to-date directory of information about illicit drugs.

Primary Classroom Activities

- Provides teachers with both context and materials for a classroom approach for teaching about illicit drugs in upper primary levels.
- Contains five comprehensive classroom activities with relevant handouts and activity sheets and is supported by four brochures containing information about alcohol, cannabis, cigarettes and painkillers.

Secondary Classroom Activities

- Provides teachers with both context and materials for a classroom approach for teaching about illicit drugs in Years 7 - 10.
- Contains fourteen comprehensive classroom activities with relevant handouts and activity sheets and is supported by nine brochures containing information about cannabis, cocaine, ecstasy, heroin, LSD, tranquillisers, amphetamine, consequences of drug use and classification.

6 Individual School Drug Education Strategy Guidelines, Department of Education, Victoria, 1998, p18.

Framework for activities

Activity	Name	Focus	Page
1a 1b 2	Exploring the terms Why do people use drugs? What's happening?	Knowledge about drugs and their effects	18 20 24
3	Reality versus myth	Patterns of drug use, providing normative information and ways that young people and the broader community can assist to do something about young people's health concerns	26
4	Influences and images	Images and influences in the media, reinforcing normative concepts, and exploring what is perceived as acceptable or unacceptable behaviour	33
5	It's the law	Identifying what the law states about, for example, use, possession and the manufacture or sale of illicit drugs	38
6	A complex equation	Evaluating the ways in which the risks associated with drug use can vary due to the interplay of factors	46
7 8	Let's deal with it Predicting and problem solving	Developing skills in communication, predicting and problem solving	50 55
9	Promoting knowledge	Exploring the types of information that can support safer drug use	59
10	Being offered drugs	Developing strategies to maintain personal values, attitudes and behaviours when dealing with people who hold different views	64
11	Dealing with the 'ups' and 'downs' of life	Strategies for dealing with stress	67
12	Keep them in or kick them out?	Developing awareness of issues surrounding school responses to drug-related incidents	75
13 14	To the rescue In an emergency- a portable guide	Practical harm minimisation strategies focusing on first aid	77 83

Summary of activities

Activity	Name	Level	Key understandings	Page
1a	Exploring the terms	5	<ul style="list-style-type: none"> • that there are different understandings about what the word “drug” means • that drugs can be grouped in different ways, for example, legal and illegal • that drugs can be categorised according to their effects on the body 	18
1b	Why do people use drugs?	5	<ul style="list-style-type: none"> • that there are a range of reasons why people use drugs • that young people and adults often use drugs for similar reasons • that reasons for drug use can be helpful or harmful 	20
2	What’s happening?	5	<ul style="list-style-type: none"> • that drug use has a range of effects on the body • that in addition to physical health risks, the use of illicit drugs entails the risk of social, legal and financial harms 	24
3	Reality versus myth	5	<ul style="list-style-type: none"> • that there are different patterns of use associated with different drugs • that use of illicit drugs is not the norm amongst the student or general adult population • that experimental use of drugs increases during adolescence but decreases with adulthood • that experimentation is different from regular, ongoing or problematic use 	26
4	Influences and images	5	<ul style="list-style-type: none"> • that media portrayal of teenage drug use tends to sensationalise and exaggerate • that everyday scenarios also carry potential risk and opportunities for decision making about drug use • that cultural stereotypes may affect our decisions about drug use 	33
5	It’s the law	5	<ul style="list-style-type: none"> • that drugs can be grouped according to their legal status • that there are laws in relation to using, possessing, cultivating and trafficking drugs • that laws about drugs will vary from place to place and have changed over time • that breaking the law has a range of consequences 	38
6	A complex equation	5	<ul style="list-style-type: none"> • that the risk associated with drug use can vary according to: the person, the drug, the amount and frequency consumed, the reason for use and the context in which drugs are used • that drug use can affect or cause harm to users and non-users, for example, friends, relatives, bystanders, workmates • that to prevent or reduce harm people must anticipate and plan for safety • that strategies can be developed for the prevention or reduction of harm 	46

Summary of activities

Summary of activities

Summary of activities

Activity	Name	Level	Key understandings	Page
7	Let's deal with it	5	<ul style="list-style-type: none"> • that communicating concerns about drug use can be challenging • that there are a range of ways to assert your own wants and choices if you do not wish to use drugs • that there may be occasions when what is right for one person is not right for another 	50
8	Predicting and problem solving	5	<ul style="list-style-type: none"> • that choices made about substance use can have a range of short and long-term consequences, both for the user and for others • that consequences can include a range of social, legal, financial and personal harms 	55
9	Promoting knowledge	6	<ul style="list-style-type: none"> • that the provision of accurate information can support safer drug use • that there are strategies to minimise harm amongst specific drug users 	59
10	Being offered drugs	6	<ul style="list-style-type: none"> • that relationships may influence behaviour • that strategies can be developed to enable maintenance of personal values, attitudes and behaviours when dealing with people who hold different views 	64
11	Dealing with the 'ups' and 'downs' of life	6	<ul style="list-style-type: none"> • that there are helpful and harmful strategies that can be used to deal with situations in our life • that individual decisions about drug use affect family, friends and other members of the community 	67
12	Keep them in or kick them out?	6	<ul style="list-style-type: none"> • that use of an illegal substance by a young person should primarily be treated as a health issue • that laws and policies are required to protect the safety of individuals and groups in settings such as schools 	75
13	To the rescue	6	<ul style="list-style-type: none"> • there are services and ways to access these when / if needed • first aid strategies and procedures that could be applied to a particular situation 	77
14	In an emergency- a portable guide	6	<ul style="list-style-type: none"> • there are services and ways to access these when / if needed • first aid strategies and procedures that could be applied to a particular situation 	83

Linking the activities to the Health and Physical Education Curriculum and Standards Framework

Introduction

Working on these activities will assist the students to work towards the CSF II strands of Self and Relationships and Health of Individuals and Populations at Levels 5 and 6.

Each of the activities has the potential to add to students' understanding of the factors influencing decisions about drug use, their awareness of the effects of substance use on the safety of self and others, and their ability to develop strategies to minimise harm in situations relating to drug use.

Activities from *Get Wise* are ideally utilised together with *Get Real* to form a broader drug education curriculum within an ongoing health education program. Each session will form only one part of the progress towards the identified learning outcomes, and should be located within a structured program.

It is recommended that teachers consider the developmental interests and needs of the students, the relevance of the subject matter to them, and the requirements of the CSF II when tailoring activities to suit their class.

In working through the *Get Wise* activities it would be expected that teachers would incorporate or revisit understandings addressed in Level 4, for example, Health of Individuals and Populations, in which students learn *There are different types of drugs and they can be grouped in many different ways They identify some immediate short and long term consequences of both positive and negative health behaviours and propose actions and attitudes that promote health.*

Curriculum Chart Level 5 and 6 activities

Working on these activities will assist students work towards the CSF II strands of Health of Individuals & Populations and Self and Relationships

Activity	Key Under-standings	CSF Level	Strand	Curriculum Focus	Learning Outcome	Will be evident when the student
1a. Exploring the terms	see page 9	5	Health of individuals and populations	Students study the risks associated with.....the use and misuse of alcohol, medicines and other licit and illicit drugs.	HIP 5.1 Describe health issues about which young people make decisions, and strategies that are designed to maintain or improve their health.	<ul style="list-style-type: none"> identifies important physical, social and emotional factors that contribute to young people's health and wellbeing
1b. Why do people use drugs?	see page 9	5	Health of individuals and populations	Students study the risks associated with.....the use and misuse of alcohol, medicines and other licit and illicit drugs.	HIP 5.1 Describe health issues about which young people make decisions, and strategies that are designed to maintain or improve their health.	<ul style="list-style-type: none"> identifies positive and negative aspects of risk taking and specifies strategies to minimise harm in different situations
2. What's happening?	see page 9	5	Health of individuals and populations	Students predict the short-term and long-term, both positive and negative, of different risk-taking behaviours. They develop and practise ways of eliminating or minimising the harms associated with inappropriate risk taking to protect their own and other's health.	HIP 5.1 Describe health issues about which young people make decisions, and strategies that are designed to maintain or improve their health.	<ul style="list-style-type: none"> identifies positive and negative aspects of risk taking and specifies strategies to minimise harm in different situations.

Activity	Key Under-standings	CSF Level	Strand	Curriculum Focus	Learning Outcome	Will be evident when the student
3. Reality versus myth	see page 9	5	Health of individuals and populations	Students develop a picture of young people as a group with particular health interests and needs.	HIP 5.1 Describe health issues about which young people make decisions, and strategies that are designed to maintain or improve their health.	<ul style="list-style-type: none"> compares the health interests and concerns of young people with those of other age groups
4. Influences and Images	see page 9	5	Self and relationships	Students identify situations in which peers, family, school and community have varying, and often competing expectations of young people. They plan strategies for resolving or accommodating these competing demands.	SR 5.2 Describe the effect of family and community expectations on the development of personal identity and values.	<ul style="list-style-type: none"> explains community attitudes and laws that influence a sense of right or wrong, good or bad
5. It's the law	see page 9	5	Self and relationships	Students continue to develop an understanding of the law, individual conscience, community attitudes, religious beliefs, peer pressure and family in defining what is right and wrong, good and bad.	SR 5.2 Describe the effect of family and community expectations on the development of personal identity and values.	<ul style="list-style-type: none"> explains community attitudes and laws that influence a sense of right or wrong, good or bad.

Activity	Key Under-standings	CSF Level	Strand	Curriculum Focus	Learning Outcome	Will be evident when the student
6. A complex equation	see page 9	5	Health of individuals and populations	Students predict the short-term and long-term outcomes, both positive and negative, of different risk-taking behaviours. They develop and practise ways of eliminating or minimising the harms associated with inappropriate risk taking to protect their own and others' health.	HIP 5.1 Examine health issues which young people make decisions about that are designed to manage or improve their health.	<ul style="list-style-type: none"> identifies important physical, social and emotional factors that contribute to young people's health and wellbeing identifies negative and positive aspects of risk taking and specifies strategies to minimise harm in different situations
7. Let's deal with it	see page 10	5	Health of individuals and populations	Students predict the short-term and long-term outcomes, both positive and negative, of different risk-taking behaviours. They develop and practise ways of eliminating or minimising the harms associated with inappropriate risk taking to protect their own and others' health.	HIP 5.1 Examine health issues which young people make decisions about that are designed to manage or improve their health.	<ul style="list-style-type: none"> identifies important physical, social and emotional factors that contribute to young people's health and wellbeing identifies negative and positive aspects of risk taking and specifies strategies to minimise harm in different situations
8. Predicting and problem solving	see page 10	5	Health of individuals and populations	Students predict the short-term and long-term outcomes, both positive and negative, of different risk-taking behaviours. They develop and practise ways of eliminating or minimising the harms associated with inappropriate risk taking to protect their own and others' health.	HIP 5.1 Examine health issues which young people make decisions about that are designed to manage or improve their health.	<ul style="list-style-type: none"> identifies appropriate ways of responding to areas of concern at a personal, home, school or community level identifies negative and positive aspects of risk taking and specifies strategies to minimise harm in different situations

Activity	Key Under-standings	CSF Level	Strand	Curriculum Focus	Learning Outcome	Will be evident when the student
9. Promoting knowledge	see page 10	6	Health of individuals and populations	Students discuss ways to balance risk and safety in individual experience and social relationships and refine and evaluate strategies to minimise risky behaviour.	HIP 6.1 Analyse the positive and negative health outcomes of a range of personal behaviours and community actions.	<ul style="list-style-type: none"> compares and evaluates perceptions of challenge, risk and safety for different groups and individuals in a range of situations, activities and environments
10. Being offered drugs	see page 10	6	Self and relationships	Students explore influences and how they could act in situations where there is a conflict of values, beliefs or attitudes	SR 6.3 Analyse ways in which individuals and groups seek to influence the behaviours of others concerning friendships and relationships.	<ul style="list-style-type: none"> demonstrates communication and cooperation skills necessary to cope effectively with changes in relationships and groups
11. Dealing with the 'ups' and 'downs' of life	see page 10	6	Self and relationships	Students explore the concept of values as social constructs and social principles and discuss values, recognising that establishing personal identity involves resolving conflict between personal values and societal values.	SR 6.2 Identify the major tasks involved in establishing personal identity. SR 6.3 Analyse ways in which individuals and groups seek to influence the behaviours of others concerning friendship and relationships.	<ul style="list-style-type: none"> explains how personal values, attitudes, beliefs and behaviour patterns are adapted to suit different circumstances, situations and group expectations demonstrates communication and cooperation skills necessary to cope effectively with changes in relationships and groups.

Activity	Key Under-standings	CSF Level	Strand	Curriculum Focus	Learning Outcome	Will be evident when the student
12. Keep them in or kick them out?	see page 10	6	Health of individuals and populations	Students examine data on the health outcomes and community and personal costs associated with inappropriate risk taking behaviour and propose ways to avoid or minimise these harms.	HIP 6.1 Analyse the positive and negative health outcomes of a range of personal behaviours and community actions.	<ul style="list-style-type: none"> describes a set of actions taken by the community to promote health and prevent illness and injury in relation to a specific mental or physical health issue or a particular setting
13. To the rescue	see page 10	6	Health of individuals and populations	Students develop and rehearse strategies for seeking help for themselves or others from health related services and individuals. They discuss when and from whom they could seek help and go to for advice in these situations.	HIP 6.1 Analyse the positive and negative health outcomes of a range of personal behaviours and community actions.	<ul style="list-style-type: none"> describes a set of actions taken by the community to promote health and prevent illness and injury in relation to a specific mental or physical health issue or a particular setting
14. In an emergency a portable guide	see page 10	6	Health of individuals and populations	Students develop and rehearse strategies for seeking help for themselves or others from health related services and individuals. They discuss when and from whom they could seek help and go to for advice in these situations.	HIP 6.2 Analyse services and products associated with government and non-government bodies and how they can be used to support the health needs of young people.	<ul style="list-style-type: none"> identifies the range of support services available within and outside the school in relation to specific needs in mental and physical health explains strategies to seek help for health concerns for self and others.



Working on Illicits in School Education

Drug Education Resources for Schools and their Communities

classroom activities

Level 5**Health of Individuals
and Populations****Learning outcome****HIP 5.1**

Describes health issues about which young people make decisions, and strategies that are designed to maintain or improve their health.

Links to Get Real:

Lesson materials for secondary schools
Introductory lessons (Levels 5 and 6), What is a drug?, Behaviour and drugs, p6.

Refer to *Get Wise* curriculum introduction for discussion about harm minimisation, p5.

Before commencing activities from *Get Wise* students will have participated in a drug education program on licit drugs. See links to the licit drug education resource *Get Real*.

Key understandings

In this activity it is intended that students should understand:

- that there are different drugs and different understandings about what the word 'drug' means
- that drugs can be grouped in different ways, for example, legal and illegal
- that drugs can be categorised according to their effects on the body.

Key skills

In this activity it is intended that students will develop skills, for example:

- in analysing information
- in discussing ideas and questions.

Resources

Teacher Get Wise reference: The A to Z of Illicit Drugs.

Get Wise: Student Brochures

How**Teacher introduction**

Explain to students that the approach that will be taken within the drug education lessons is harm minimisation. Explain that the focus will be on risks, safety and strategies to prevent or minimise harm. As a starting point it is important to have an opportunity to explore some of our understandings of 'what is a drug', and other terms used in relation to drugs.

- As a class, brainstorm understandings of what is a drug. Discuss the key characteristics from the definitions offered by the class.

Offer the class the following definition from the World Health Organisation:

'A drug is any substance which, when taken into the body, alters its function physically and/or psychologically, excluding food, water and oxygen'

Compare this definition with the responses from the brainstorm activity.

Having established a common understanding of 'what is a drug', ask students to consider how drugs can be grouped, for example as:

- legal / illegal
- used for medical / recreational purposes
- depressants, stimulants, hallucinogens.

Ask students if they had heard of these groupings? Where had they heard these groupings used? For example, from television news reports, newspapers, magazines, school, police.

Categories of psychoactive drugs

- Explain to students that drugs can also be grouped according to their effect on the body. Psychoactive drugs are drugs that are commonly taken for their effect on how we think, feel and behave. These drugs can come from plants, for example, tobacco, cannabis, alcohol and heroin. Alternatively they can be chemically manufactured, for example, tranquillisers, ecstasy, amphetamines. Psychoactive drugs can be categorised into three groups according to the way they effect the body: depressants, stimulants, hallucinogens

- Explain how each category affects the body. Put the three headings on the board, and ask students to use the *Classifications: Get Wise Student Brochures* to assist in finding the names of drugs that belong in each category.
- As a class discuss each of the categories of drugs. Use *Consequences: Get Wise Student Brochures* to explore the short and long term effects.

Other drug-related terms

- Students may have heard or seen terms such as “addiction”, “dependence”, “tolerance”, “harmful”. Ask students what they understand by the word ‘addiction’. Introduce them to the terms physical and psychological dependence
- Point out to students that all drugs can cause harm. What are some examples of potential harms from drugs using the *Get Wise: Student Brochures* ?
- What does it mean when someone develops ‘tolerance’ for a drug?
- Ask students to keep a glossary of terms throughout the unit.

Addiction

Is commonly used to describe physical and / or psychological dependence. However, using this term is inappropriate because it has negative connotations that can have a detrimental impact on people who use drugs.

Dependence

Physical dependence is where a person has become accustomed to taking a drug. Physical symptoms of pain, discomfort or feelings of illness and craving may occur if the drug is withdrawn. Psychological dependence is when the person using the drug becomes preoccupied with having the drug in order to feel okay. They crave it in an ongoing way in order to get through a day or a particular situation.

Tolerance

Is said to develop when a person becomes accustomed to using a drug, and needs more and more of it to experience the same effects.

Depressants

Slow down the messages from the central nervous system to the rest of the body initially reducing inhibitions, but may eventually cause unconsciousness, vomiting and death. Examples: alcohol, cannabis, heroin, tranquillisers, methadone.

Stimulants

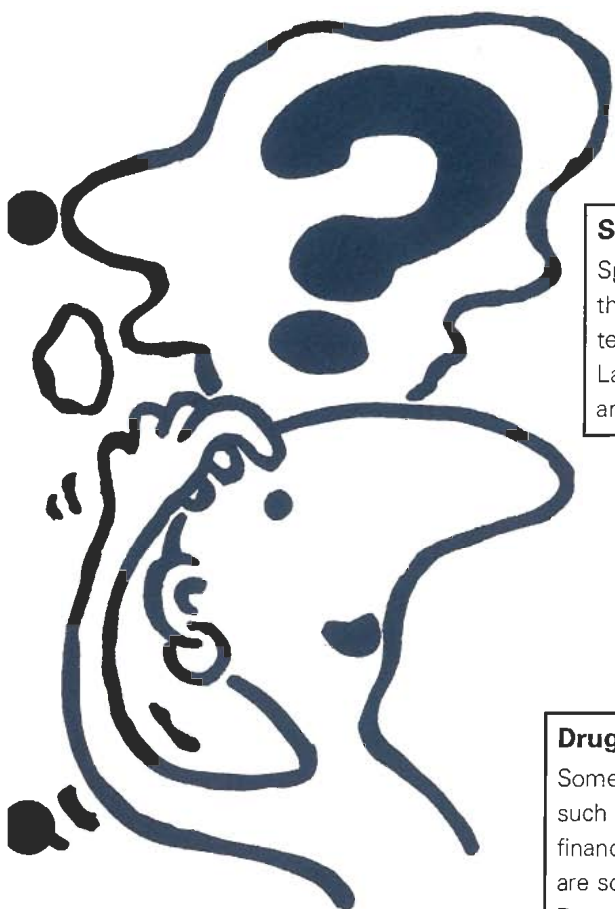
Speed up the messages from the central nervous system to the rest of the body. They increase the heart rate, blood pressure and body temperature. Can increase confidence, reduce tiredness and hunger. Larger doses may cause headaches, blurred vision and panic. Examples: amphetamine, cocaine, nicotine, ecstasy, caffeine.

Hallucinogens

Affect a person’s perception of what is going on. They can distort what a person sees, hears and touches. The effects can vary greatly from person to person and from experience to experience. Some drugs can be a stimulant and an hallucinogen. Examples: ecstasy, cannabis in large doses, LSD, magic mushrooms.

Drug problems

Some drug use can stop a person from performing tasks properly, such as study, work, sport or driving. Drug use can bring legal and financial problems, especially as a result of dependence. Drugs are sometimes used to help a person cope or control feelings. Drug use usually complicates a problem rather than solving it.



Level 5

Health of Individuals and Populations

Learning outcome:

HIP 5.1

Describes health issues about which young people make decisions, and strategies that are designed to maintain or improve their health.

Links to *Get Real*:

Lesson materials for secondary schools
Introductory lessons (Levels 5 and 6), What is a drug?, Behaviour and drugs, p6.

Feedback:

Via reporter - one student can report on the behalf of each group.

Shared reporting - divide reporting tasks between two or three students.

The Comparisons:

You will see that the reasons for drug use by adults and young people are basically the same although different words may be used. For example, 'peer influence' and 'sociability'. With the exception of curiosity (in some cases), young people and adults take drugs for similar reasons.

Key understandings

In this activity it is intended that students should understand:

- there are a range of reasons why people use drugs
- young people and adults often use drugs for similar reasons
- drug use can be helpful or harmful.

Key skills

In this activity it is intended that students should develop skills, for example:

- evaluating beliefs and behaviours
- developing an understanding of self and others.

Resources

Why do people use drugs? p21

Why do people use alcohol? p22

Why do people use marijuana? p23

How: Part A

Teacher introduction

Highlight to students that many factors will influence drug use, including personal, social, cultural, religious, economic and political factors.

- Using the worksheet *Why do people use drugs?* distribute the section 'Reasons why young people use drugs' to half the students in the class. Distribute the section 'Reasons why adults use drugs' to the other half of

the students in the class

- Students form small groups and brainstorm reasons for either young people's or adult's use of drugs
- As a class, record responses on the board. Discuss any similarities and differences. For example, Are some of the reasons for drug use helpful or harmful? Why? How strong is the influence of others on a person's drug use?

Extension: Part B

- This activity introduces students' understanding of legal and illegal drugs. Students examine whether there are any similarities or differences why people use particular drugs. In this example the focus is alcohol and marijuana
- Divide the class into four groups. Each group is given one worksheet to complete. The worksheets are:
Reasons why young people use alcohol
Reasons why adults use alcohol
Reasons why young people use marijuana
Reasons why adults use marijuana
Repeat the process as for Part A.

Sample questions

1. What factors influence drug use?
2. How might drug issues be a concern to young people and the rest of the community?



Reasons why young people use drugs



Reasons why adults use drugs



Reasons why young people use alcohol



Reasons why adults use alcohol



Reasons why young people use marijuana



Reasons why adults use marijuana



Level 5**Health of Individuals and Populations****Learning outcome:****HIP 5.1**

Describes health issues about which young people make decisions, and strategies that are designed to maintain or improve their health.

Links to Get Real :

Lesson materials for secondary schools Unit 3 Risky Business and Unit 4 Health Concerns and Strategies p11-13.

Further drug-specific information see *Get Wise A to Z of Illicit Drugs*.

Snowballing:

Have half of the students from each group stand and move on to the next group to share and compare results. A few rounds of the snowball can be played to maximise contact and participation before having someone report back to the whole class.

Key understandings

In this activity it is intended that students should understand:

- that drug use has a range of effects on the body
- that in addition to physical health risks, the use of illicit drugs entails the risk of social, legal and financial harms.

Key skills

In this activity it is intended that students will develop skills in, for example:

- discussing ideas and questions.

Resources

Drug brochures p89

Drug effects worksheet p25

How**Teacher introduction**

Each group will be given a pamphlet containing information about one drug. They are to use the pamphlet to help them complete the activity. Each group will be presenting their information to the class in order to teach the rest of the class about that drug and its effect.

Divide class into small groups.

Each group receives a *Drug brochure* about a particular drug.

Students use information from the drug brochure to complete the *Drug effects worksheet*. To complete the worksheet each student will fill in information about:

- The name of the drug as well as some other names for this drug
- Physical effects of the drug
- Other effects that using this drug might result in, for example social, legal, financial effects
- Short and long-term effects on a person's body

- Signs that someone might be using this drug, for example, changes in behaviour
- Whether the drug is legal or illegal, and whether the drug can be classified as a depressant, hallucinogen or stimulant.

Each group reports back to the rest of the class about their completed worksheet.

Feedback

Via reporter - one student can report on the behalf of each group.

Shared reporting - divide reporting tasks between two or three students.

Sample questions

1. What personal risks might someone face through using this drug?
2. What other effects might someone face in addition to physical health risks through using this drug?
3. How might the personal risks associated with using this drug affect other people?



Drug effects worksheet

The drug:

Some other names for this drug:

signs of drug use

Physical effects include:
long term and short term

other effects

This drug is:

legal
illegal

depressant
hallucinogenic
stimulant

Circle your answers

Level 5**Health of Individuals and Populations****Learning outcome:****HIP 5.1**

Describes health issues about which young people make decisions, and strategies that are designed to maintain or improve their health.

Links to Get Real:

Lesson materials for secondary schools
Unit 4, Health Concerns and Strategies, p12-13.

Normative education:

The key understanding is that use of illicit drugs is not the norm. We make assumptions about the proportion and type of drug use of teenagers. This is in part the effect of the media which sensationalises drug use and perpetuates the myth that "use" = regular and problematic use. However, often use is experimental, short-lived and does not become regular or heavy. See *Principals' Guide: Get Wise* for information about experimentation, regular and ongoing problematic use.

Key understandings

In this activity it is intended that students should understand:

- that there are different patterns of use associated with different drugs
- that use of illicit drugs is not the norm amongst the student or general adult population
- that experimental use of drugs increases during adolescence but decreases with adulthood
- that experimentation is different from regular, ongoing or problematic use.

Key skills

In this activity it is intended that students will develop skills, for example in:

- evaluating beliefs and behaviours
- discussing ideas and questions.

Resources

SWAPSTAT cards enough for one per student p28

Summary of *STATSHEET worksheet* p32

Large sheets of paper with drug names as headings (see samples), blu-tack, whistle or bell.

How**Teacher introduction**

Explain to the class that although we have certain perceptions about what proportion of teenagers use different sorts of drugs, and that these perceptions may be influenced by, for example, the news print media, our perceptions are not always accurate. This activity explores factual information about levels of use for particular drugs.

The SWAPSTAT Game

- Each student is given a SWAPSTAT Card. On this card they will find a question and the answer. They use the answer to colour in a percentage of people on the card
- Read one SWAPSTAT Card to the class, and demonstrate how to colour in the bodies on the population illustration
- Begin the game. People mingle around the room. When the whistle blows they stop and get a person from nearby as a partner, or form a trio
- In partners, Person A reads the question on his/her SWAPSTAT Card, and allows Person B to guess the answer. A then tells B the correct answer. B then reads their question, and A guesses the answer. B tells A the correct answer. Before parting, A and B swap cards, and upon the teacher's command begin to mingle again
- Repeat the process of the SWAPSTAT game allowing enough time to play the game for a few rounds so that students encounter a range of information. When the game is called to a halt, students return to their seats.

**Moving around**

Use a whistle or bell to assist with class control during the swapstat game. Remind students of the safety rules when moving around the room.

Crowd control

If cramped for space divide class into two equal circles, inner facing the outer. Rotate circles to change partners. Alternatively, swap cards next to you or behind you.

Ask students to comment on:

- For most drugs, the rate of experimentation (indicating ever used) is much higher than recently used (indicating regular or frequent use). Therefore what might this tell us about drug use?
- Which drugs were the most and least used at a particular year level?
- The actual numbers of people who use drugs?

Ask for key information from a range of current card holders:

- Who has the card about marijuana and Year 9? What does it say? How does this fit with people's guesses? Repeat this process with a range of year levels and drugs.
- Which drugs were most or least used (choose Year 7, 9, or 11)
- Do most people use drugs? Were you surprised that the numbers were that low? Why? Why not?
- What do you find out from the fact that the numbers who have experimented (ever used) is higher than for recently used (indicating regular or frequent use)?

Students finish discussing their cards then attach their completed **SWAPSTAT Card** on the pre-prepared posters under the appropriate headings of alcohol, marijuana, sedatives, heroin, ecstasy. Each card is organised according to year level and from the highest ever used statistic to the lowest ever used statistic.

A poster might be developed from the summary of statistics. Using the information from these posters students complete question 1 from the **Summary of statistics worksheet**.

Students return to their seats and complete the remainder of the questions from the **Summary of statistics worksheet**.

Sample questions

1. Why do you think alcohol is a drug commonly used by teenagers?
2. What impressions do you get from the media about teenage drug use?
3. How do the messages from the media compare to the factual statistics about the levels of drug use?
4. What health concern(s) do you think young people have when it comes to drugs?
5. In what way(s) do you think young people and the general community can help do something about these health concerns?

Note

Student use in the last month does not include use in the last week. This statistic helps establish patterns of use.

eg. **regular use**, more likely in the past week.

occasional use, more likely over a month and not in the past week.

Questions could be answered by students for homework to allow adequate time for completion and discussion next lesson.

Language

Avoid value laden language. Talk about what is 'common' rather than 'normal'. Explore and inquire rather than judge.

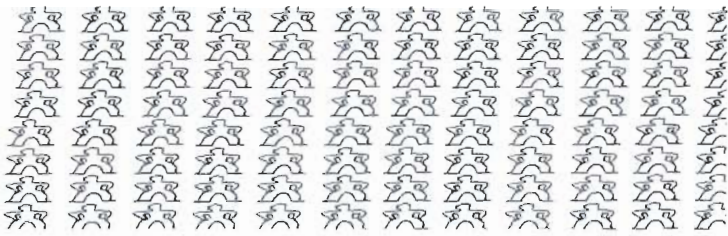
Statistics

Source for the statistics used in this activity: 1996 Survey of Alcohol, Tobacco and Other Drug Use Among Victorian Secondary School Students, Department of Human Services.

Alcohol			
	Year 7	Year 9	Year 11
ever tried			
tried last week			
tried last month			

Swapstat *card*

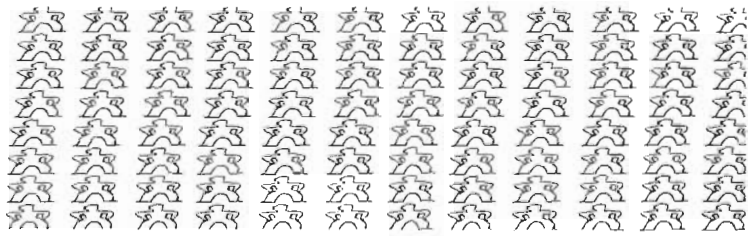
Q: How many Year 7s have ever tried marijuana?



A: Fifteen out of 100 (15%)

Swapstat *card*

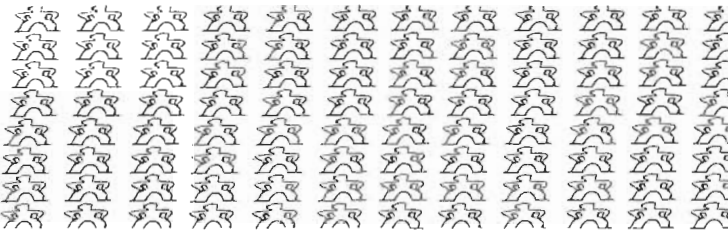
Q: How many Year 7s have used marijuana recently (in the last week)?



A: Four out of 100 (4%)

Swapstat *card*

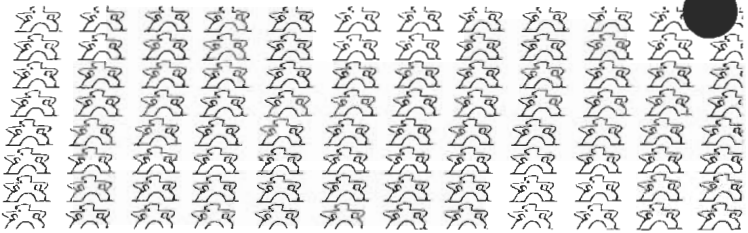
Q: How many Year 9s have ever tried marijuana?



A: Thirty three out of 100 (33%)

Swapstat *card*

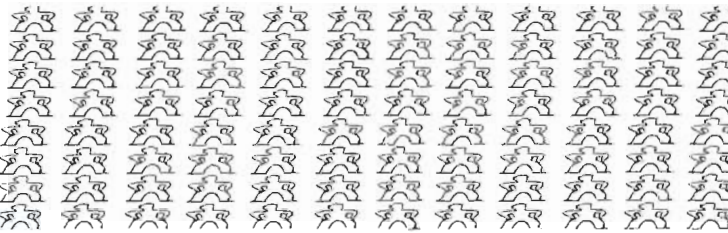
Q: How many Year 9s have used marijuana recently (in the last week)?



A: Eleven out of 100 (11%)

Swapstat *card*

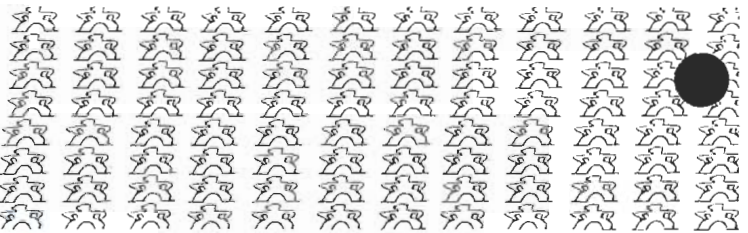
Q: How many Year 11s have ever tried marijuana?



A: Forty seven out of 100 (47%)

Swapstat *card*

Q: How many Year 11s have used marijuana recently (in the last week)?



A: Fourteen out of 100 (14%)

Swapstat *card*

Q: How many Year 7s have ever tried alcohol?



A: Around fifty three out of 100 (53%)

Swapstat *card*

Q: How many Year 7s have used alcohol recently (in the last week)?



A: Around fourteen out of 100 (14%)

Swapstat *card*

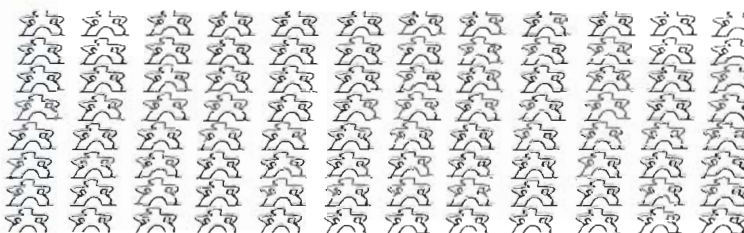
Q: How many Year 9s have ever tried alcohol?



A: Around eighty three out of 100 (83%)

Swapstat *card*

Q: How many Year 9s have used alcohol recently (in the last week)?



A: Around thirty six out of 100 (36%)

Swapstat *card*

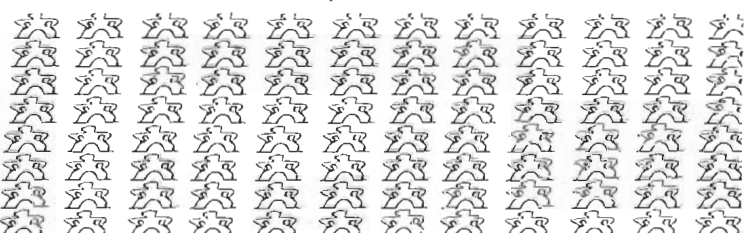
Q: How many Year 11s have ever tried alcohol?



A: Around ninety three out of 100 (93%)

Swapstat *card*

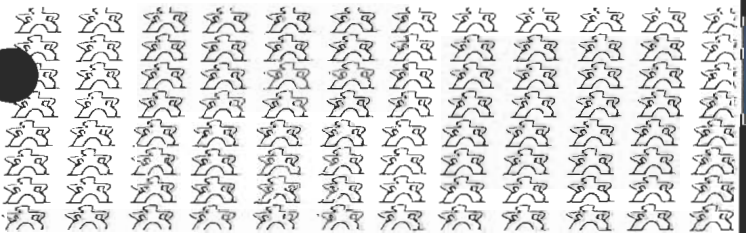
Q: How many Year 11s have used alcohol recently (in the last week)?



A: Around forty nine out of 100 (49%)

Swapstat *card*

Q: How many Year 7s have ever tried sedatives (sleeping tablets)?



A: Sixteen out of 100 (16%)

Swapstat *card*

Q: How many Year 7s have used sedatives (sleeping tablets) recently (in the last week)?



A: Two out of 100 (2%)

Swapstat *card*

Q: How many Year 9s have ever tried sedatives (sleeping tablets)?



A: Twenty out of 100 (20%)

Swapstat *card*

Q: How many Year 9s have used sedatives (sleeping tablets) recently (in the last week)?



A: Around three out of 100 (3%)

Swapstat*card*

Q: How many Year 11s have ever tried sedatives (sleeping tablets)?



A: Seventeen out of 100 (17%)

Swapstat*card*

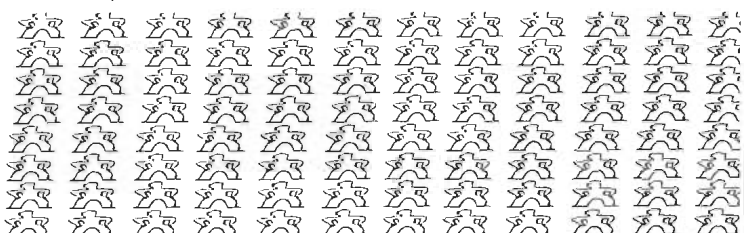
Q: How many Year 11s have used sedatives (sleeping tablets) recently (in the last week)?



A: Around two out of 100 (2%)

Swapstat*card*

Q: How many Year 7s have ever tried opiates?



A: Three out of 100 (3%)

Swapstat*card*

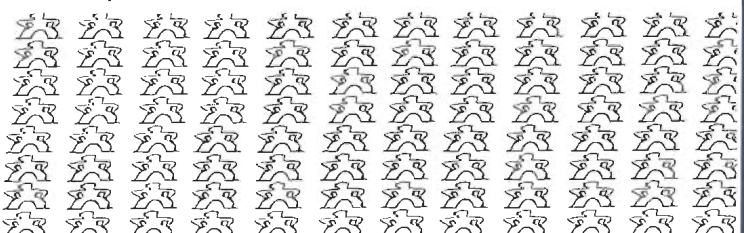
Q: How many Year 7s have used opiates (in the last month)?



A: Around one out of 100 (1%)

Swapstat*card*

Q: How many Year 9s have ever tried opiates?



A: Four out of 100 (4%)

Swapstat*card*

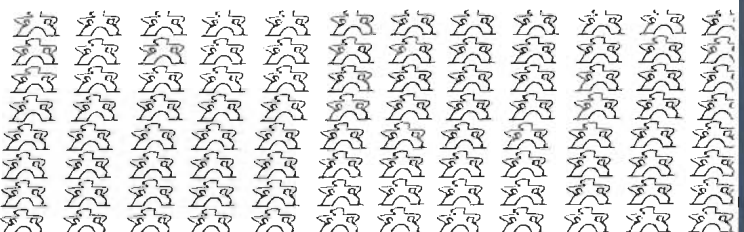
Q: How many Year 9s have used opiates (in the last month)?



A: Around two out of 100 (2%)

Swapstat*card*

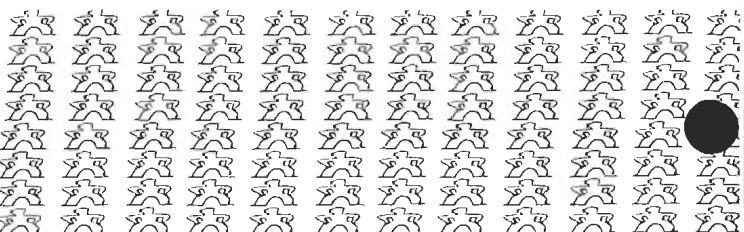
Q: How many Year 11s have ever tried opiates?



A: Three out of 100 (3%)

Swapstat*card*

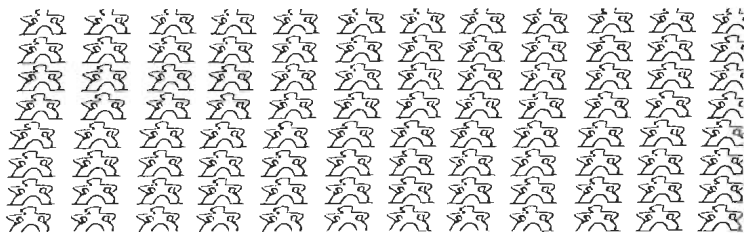
Q: How many Year 11s have used opiates (in the last month)?



A: Not even one out of 100 (1%)

Swapstatcard

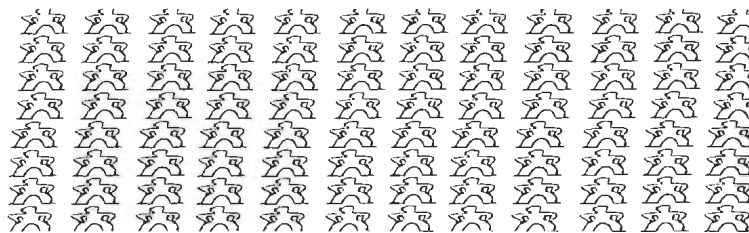
●: How many Year 7s have ever tried ecstasy?



A: One out of 100 (1%)

Swapstatcard

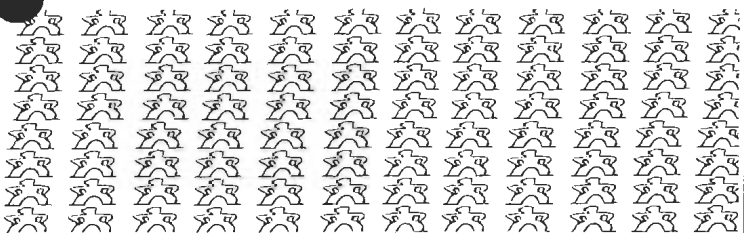
Q: How many Year 7s have used ecstasy (in the last month)?



A: Not even one out of 100 (0%)

Swapstatcard

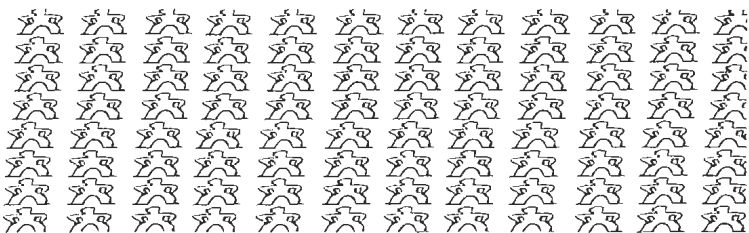
●: How many Year 9s have ever tried ecstasy?



A: Three out of 100 (3%)

Swapstatcard

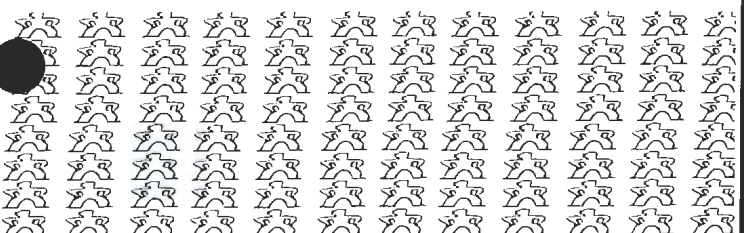
Q: How many Year 9s have used ecstasy (in the last month)?



A: One out of 100 (1%)

Swapstatcard

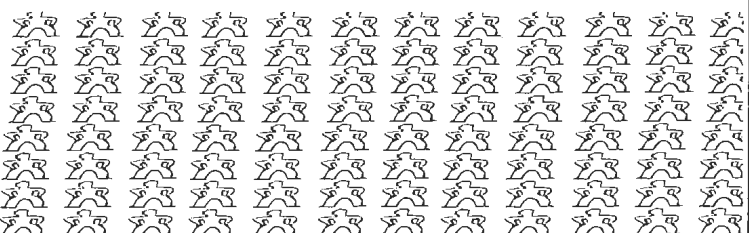
Q: How many Year 11s have ever tried ecstasy?



A: Five out of 100 (5%)

Swapstatcard

Q: How many Year 11s have tried ecstasy (in the last month)?



A: Not even two out of 100 (1.5%)

Name

- ① Around out of 100 year students have ever tried alcohol.
 Around out of 100 year students have ever tried opiates.
 Around out of 100 year students have ever tried ecstasy.
 Around out of 100 year students have ever tried marijuana.

- ② Why do you think most young people do not ever use or try ecstasy and opiates?

- ③ Why do you think more people try marijuana than other illegal drugs?

- ④ Why do you think alcohol is a drug commonly used by teenagers?

- ⑤ What health concern(s) do you think young people have when it comes to drugs?



- ⑥ What might be some reasons that stop young people from taking drugs?

Influences and images

Key understandings

In this activity it is intended that students should understand:

- that media portrayal of teenage drug use tends to sensationalise or distort
- that everyday scenarios also carry potential risk and opportunities for decision making about drug use
- that cultural stereotypes may affect our decisions about drug use.

Key skills

In this activity it is intended that students will develop skills in:

- evaluating beliefs and behaviour
- decision making (critical analysis of situations and logical consequences).

Resources

Soap operas, stereotypes and stories worksheet p36

A daily diary story worksheet p37

Newspaper headlines overhead p35

Language

Remember not to judge or evaluate offerings during a brainstorm. Accept all responses. Use the introductory activity to discuss with students:

- the types of drugs most likely to be in the news or in soap operas
- the way in which information is presented
- how the information presented in soap operas or newspapers can differ from actual drug use statistics (See SWAPSTAT card statistics p28-31).

How

Teacher introduction

Explain to the class that this activity deals with images and stereotypes about use and users of drugs portrayed on television or in the newspapers. This is so that stereotypes and assumptions that are part of our culture can be examined. Explain that assumptions and stereotypes can affect or be part of our judgments about ourselves, other people and the situations we might find ourselves in. Sometimes we can think things are 'normal' or acceptable when really they are not - it's just that they happen on soap operas a lot.

Introductory activity

- As a class or in pairs brainstorm words that describe images and characteristics of drug use and drug users that students have seen on the television or in print media. For example, students might generate a list of words such as:
loser, desperate, wealthy, famous, harmful, lifesaving, dangerous, discarded syringes, parties, throw-up
- Show the *Newspaper headlines overhead* and / or Soap opera drug-related snippets. Compare the student images with those collected from the media
- Discuss with students what sort of image is associated with:
 - a teenager
 - an adult

who uses, for example, marijuana, cigarettes, alcohol, sleeping tablets, ecstasy.

Level 5

Self and Relationships

Learning outcome:

SR 5.2

Describe the effect of family and community expectations on the development of personal identity.

Links to *Get Real*:

lesson materials for secondary schools
Unit 2 Family, Friends, Freedom and Influences, p7-10.

Timing:

Allow two sessions for the development of this activity.

Highlight to students that there is a wide range of drug use from beneficial to harmful.

Presenting

Encouraging students to display their work or present it in an entertaining format to the class allows them to engage in health promotion work. Humour, interaction and attractive visuals can help to avoid the impression that all drug education classes must be 'serious', 'scary' or 'preachy.'

Presenting to the class can be done in a number of ways. For example:

- reporting back
- acting out a soap opera scene, complete with over-acting
- asking for a few volunteers to act out another group's *Soap opera story*
- designing or displaying a set of storyboards to capture the key events of the story
- drawing a cartoon version of the story
- presenting your notion for the next episode of a soap or rescue series to the 'director'
- developing a poem reflecting the key events of the story
- presenting the *Soap opera story* as a newspaper headline plus story.

Pre-writing preparation for *Soap opera story*

- What drugs have you heard about on the news?
- When drugs are part of a storyline on a soap opera or television show, which drugs are likely to be involved?
- How does this information compare to the information you exchanged in the *SWAPSTAT card game* p28?
- What image might a drug user have in the media?
- What are some of the stereotypes about drug use and drug users?
- What are some of the decisions teenagers might have to make about drugs?

Soap opera and Daily diary stories activity

- Students individually or in small groups are asked to complete the *Soap operas, stereotypes and stories worksheet* and then the *Daily diaries stories worksheet*. Both stories contain the three ingredients:
 - a teenager
 - a drug
 - on a Saturday night.

But in each instance any one or all of the ingredients can be a different teenager, different drug or different night of the week

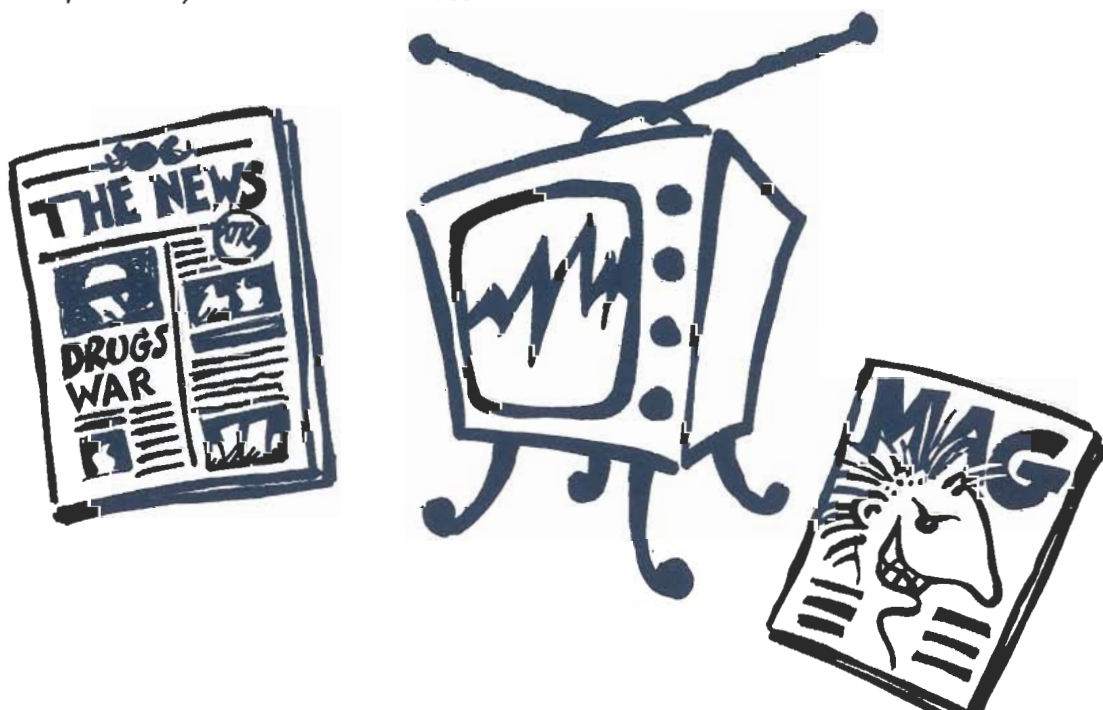
- Upon completion of the two stories, the groups then present their *Soap opera story* to the rest of the class.

Sample questions

1. How were the *Soap opera story* and the *Daily diary story* similar and different?

Comparing the two stories allows students to examine how stereotypes and assumptions about drugs and drug users can easily and often wrongly be developed, particularly if we compare the soap opera stories to the *SWAPSTAT* statistics p32.

- What sorts of harms were shown in the *Soap opera stories* and the *Daily diary stories*?
 - How were the users portrayed in the *Soap opera stories* and the *Daily diary stories*?
 - Which drugs featured in the stories?
 - How much choice did people appear to have in the stories?
 - What was influencing their behaviour?
 - What were the reasons shown or implied for their drug use?
 - How do you think this relates to real life?
 - Did these stories have 'endings'? If so what happened?
2. How does what we see on television, and read in magazines and newspapers contribute to our assumptions or stereotypes about drugs and drug users?



A night of fun
turns to tragedy

Teens say
'Alcohol
is cool'

Smoke
gets in
your eyes
and up
your nose

War on
Drugs

Drug
Bust

Not a drug
to *DIE* for

Pregnant
Women
Just Keep
Puffing

Drugged Out

Where Do
Heroin
Addicts
Go Now?

STEEP
RISE IN
HEROIN
OVERDOSE

Tackling the demand
in the fight against
dangerous drugs

SOAP OPERA STORIES

Design a Soap Opera Story.

Key elements:

- a teenager
- a drug
- on a Saturday night.



WHO? : the main characters

WHERE? : where you would set the scene(s)



WHAT? : what happens



REAL LIFE STORIES

In contrast to the Soap Opera, design the key elements for a daily life story involving a drug. The key ingredients again should be:

- a teenager
- a drug
- on a Saturday night.

What would you put in the story?
Complete as pairs, individuals or groups.



THE DAILY DIARY STORY:

WHO? : the main characters

WHERE? : where you would set the scene(s)

WHAT? : what happens



Level 5**Self and Relationships****Learning outcome:****SR 5.2**

Describe the effect of family and community expectations on the development of personal identity.

Timing:

To also complete the extension activity allow two to three sessions.

Links to Get Real:

Unit 2, Family, Friends, Freedom and Influences, p10.

Preparation:

Before students play 'It's the law' it would be helpful for students to conduct some research into some of the more common laws and terminology associated with laws about drugs.

Highlight to students that by examining past and current laws about drugs we can examine how laws influence our personal understanding of what is right or wrong, acceptable or unacceptable behaviour.

Key understandings

In this activity it is intended that students should understand:

- that drugs can be grouped according to their legal status
- that there are laws in relation to using, possessing, cultivating, trafficking, and age of drug use
- that laws about drugs will vary from place to place, and have changed over time
- that breaking the law can cause a range of harms.

Key skills

In this activity it is intended that students will develop skills, for example:

- evaluating beliefs and behaviour
- discussing ideas / questions / feelings
- decision making (critical analysis of situations and logical consequences).

Resources

Legal information sheet p40

Get Wise: Student Brochures

Drug-related legal questions p42

Worksheet p42-43

Drug cards p44-45

How**Teacher introduction**

Explain to students that the aim of this activity is to find answers to some of the legal questions about drug use, and to explore whether laws are made in response to particular harms to individuals or groups.

- In pairs each student receives a copy of the *Legal information sheet* and *Drug-related legal questions worksheet*. The teacher allocates one or two questions from the *Legal questions worksheet* to each pair. Each pair researches the answers to their allocated question(s).

- When students have completed their question(s) distribute a *Drug card* to each student. Students line up with their drug card in order of most harmful to least harmful. Discuss the placement of drugs along the continuum. What has influenced their placement of the drug?
- Now the teacher provides a statement (see examples below) and the students, using their drug card, form a continuum with 'agree' at one end of the room, 'disagree' at the other end of the room and 'unsure' in the middle. Record which statement and drug(s) the class was unsure of the answer to as the continuum activity is conducted.

Examples of statements:

- It is legal for adults to purchase this drug.
- It is illegal for people under 18 to purchase this drug.
- Use of this drug is illegal.
- Possession of this drug is legal.
- Possession of this drug is illegal.
- This drug has been legal.
- This drug has been illegal.
- It is legal to make or grow this drug yourself.
- You can be charged for distributing this drug to others.
- This drug is legal in some parts of Australia.
- No one thinks this drug will be legal in the future.
- Most adults use this drug.
- Most adults do not use this drug.

Further information:

Further support information for teachers can be found:

- in the *Get Wise, A to Z of illicit drugs*
- by using the Department of Education, Employment and Training, Student Welfare Support Branch website for information up-dates
www.sofweb.edu.vic.au/welfare
- by using the Australian Drug Foundation's website,
www.adf.org.au/drughit

- At the conclusion of the continuum activity review the list of unsure responses to a particular question(s) and drug(s). Discuss where and how answers to the class's unsure list could be found.
- The answers to the drug-related legal questions are reported back from each pair of students. All questions are filled in by the class as each pair reports their researched answers.

Highlight factors that may influence choices about whether a person agrees or disagrees with a statement in the continuum activity. For example, knowledge of the law, media reports, personal beliefs and values.

Extension activity

Teacher information

The teacher explains that within the school there are particular rules and regulations that have been developed to ensure the safety of all students. Many of the rules are influenced by the broader community laws about drugs.

- From a class discussion students identify what rules and regulations they are aware of in their school.
- In pairs or small groups students develop a list of questions they have about their own school drug-related policies or procedures. (They may include some of the questions that students were unsure of from the continuum activity). Students share their questions with the whole class, identifying why they would like the question addressed. A number of questions are selected, and students are identified to ask the questions on behalf of the whole class.
- Invite a panel to answer the questions or queries students have about their own school drug-related policies and procedures. From the discussion a number of recommendations are generated by the class and panel.

Alternatively

- Instead of having a panel discussion, this may be a good opportunity to invite a local police representative to clarify some of the questions from the legal activity.

Sample questions

1. Why do we have laws?
2. Who are the laws meant to protect?
3. How does the law influence people's beliefs about what is right or wrong?
4. Why might laws change?

Panel representatives

The panel configuration will largely be dependent on the types of queries and questions identified by the students. A panel might consist of a principal representative, year level coordinator, student welfare coordinator, parent and senior student. It may also be appropriate to include police and drug and alcohol counsellors.

Communicating with panel

Provide the selected panel representatives with a copy of the questions to be asked prior to the panel session. This will allow panel representatives time to gather any necessary information.

Draw upon the students' knowledge from the research they have just conducted about a particular question(s) to help clarify where a drug should be positioned in response to a question along the continuum.

The extension activity allows the class to explore the relationship of community laws to their own school environment, and how harm minimisation is reflected within school policies, procedures and practices.

Further activities

Might relate to:

- reviews in the dissemination of information to students and / or parents
- student involvement in the reviews of any of the policies and procedures
- the establishment of more panel discussions.



Drugs of dependence

According to The Drugs, Poison and Controlled Substances Act 1981, schedule 11, drugs of dependence include amphetamine, barbiturates, ecstasy, heroin, LSD, magic mushrooms, marijuana, hashish, angel dust, methadone, cocaine and narcotic plants such as cannabis, coca plant and opium poppy.

Offences in relation to these drugs are; possession, use, trafficking (sale), cultivation, manufacture and introducing a drug of dependence into a person's body. These are

considered to be the most serious offences in the Act.

Types of Offences

In Victorian law there are two main types of offences. Summary offences and indictable offences.

Summary offences are considered to be less serious and more likely to be heard by magistrates in a magistrates court. Indictable offences are considered more serious and are more likely to be heard by a judge and jury.

Use

The use of a drug of dependence is a summary offence. Use includes smoking, inhaling the fumes or introducing a drug of dependence into a person's body (eg, injecting).

Penalties for cannabis use.	Penalties for the use of other drugs.
There is a lesser penalty for the use of cannabis than for other drugs of dependence. The use of cannabis carries a maximum of a \$500 fine and there is no jail penalty, even for subsequent offences.	Maximum penalty: <ul style="list-style-type: none"> \$3000 fine imprisonment for one year both of the above.

In certain circumstances a person can receive a good behaviour bond for their first offence or use of a drug of dependence which means no conviction is recorded.

Possession

Possession of a drug of dependence is an indictable offence.

Possession of cannabis	Possession of other drug of dependence
The penalty for the possession of small quantities for personal use (50 grams or less) is no more than \$500.	Maximum penalty for personal use: <ul style="list-style-type: none"> \$3000 fine imprisonment for one year both of the above.

Cultivation

Cultivation of a narcotic plant (cannabis, coca plants, opium poppies) is an indictable offence. Cultivation means to sow, plant, grow, tend, nurture or harvest. To water one plant or harvest one plant also constitutes cultivation.

Penalties where cultivation is not for trafficking	Penalties where cultivation is for trafficking
Maximum penalty: <ul style="list-style-type: none"> \$2000 imprisonment for one year. 	Maximum penalty: <ul style="list-style-type: none"> \$100,000 fine 15 years imprisonment both of the above.

Trafficking

Trafficking (to sell a drug of dependence) is an indictable offence.

Trafficking of small amounts	Trafficking of large amounts
Maximum penalty <ul style="list-style-type: none"> \$100,000 fine imprisonment for up to 15 years There are higher penalties for trafficking to a person under 18 years of age.	Large amounts are known as commercial quantities. Maximum penalty <ul style="list-style-type: none"> \$250,000 fine imprisonment for up to 25 years Prison is mandatory for trafficking a commercial quantity regardless of the purity.

Police powers to search

Police have the powers to search without a warrant if they suspect a person in a public place (including a car in a public place) has possession of a drug of dependence. They may also take the drugs away. The police can search for drugs on school property without a warrant when the principal invites them. If permission is denied they must apply for a search warrant.

Victoria Police cautioning programs

The Victoria Police Cautioning Program provides an alternative to court proceedings that avoids the stigma that might occur with a court appearance. This program has been in place since 1959 and applied to young first offenders under 17 years. In 1998 the police extended this cautioning program to include a Cannabis Cautioning Program for people over 17 years detected in possession of, or using dried cannabis leaf, stems or seeds weighing not more than 50 grams, for personal use. The cautioning program does not apply to the sale of cannabis.

To be eligible for a caution, the offender must have no criminal history for drug offences, admit the offence and consent to be cautioned. The police give the offender a 'Caution Notice' which contains information about health and legal harms of cannabis use and a telephone drug information help line. A person can receive no more than two cannabis cautions.

The police are trialing another cautioning program for first time offenders who have in their possession small amounts of other illicit drugs. A number of stringent conditions have to be met before an offender is cautioned including that they agree to attend assessment and treatment.

Marijuana and decriminalisation

The Premier's Drug Advisory Council recommended in March 1996 that use and possession of small quantities of marijuana (less than 25 grams) and cultivation of up to five cannabis plants per household should no longer be a criminal offence (decriminalised). The Council felt that if the use of cannabis was no longer a crime but was regulated in a number of ways, eg restricting use in public places, then strategies to reduce use are likely to be more effective. There was not enough support for this recommendation and it was not accepted by the Victorian Parliament.

School powers

Both principals and teachers can conduct searches and seize drugs (or substances they suspect are drugs) if they have cause for concern that someone may cause immediate physical harm to themselves or others. If a substance is removed it should be done so in the presence of a witness, labelled and stored carefully. In the case of an illegal drug the principal will then contact the police and refer the matter to them for further investigation.

What the law says about legal drugs

Alcohol

Alcohol is a legal drug but laws regulate who can buy or sell alcohol and where and when it can be bought, sold and consumed. It is an offence to sell alcohol to people under 18, or to people who are intoxicated. In Victoria it is also an offence for people under 18 to purchase, possess or consume alcohol unless:

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

It is also illegal to drive with a blood alcohol concentration (BAC) greater than .05%. It is against the law for a learner or probationary driver (L or P plates) to drive with any alcohol in their blood.

Tobacco / nicotine

- It is against the law in all states and territories in Australia to sell cigarettes to people under the age of 18 years
- A place of sale must have a licence to sell cigarettes
- It is against the law to sell single cigarettes
- Tobacco vending machines are only to be placed in licensed areas where access is restricted to adults only.

Secondary
Program



The Alcohol and Drug Information Service (ADIS) 13 15 70 which provides 24 hour counselling and referral service

Kids Help Line

1800 55 1800 or <http://203.37.145.243/menu.htm>.

For debates about decriminalising cannabis, go to

<http://www.parliament.nsw.gov.au/gi/library/research/bp94-1.html>

Law Stuff for advice on matters relating to the law go to

<http://www.lawstuff.org.au/vic/home.html>

What does the law say about:

1. The age at which it is legal to purchase alcohol?

2. The age at which it is legal to purchase cigarettes?

3. Using marijuana?

4. Growing marijuana?

5. Selling marijuana?

6. Using and selling heroin?

7. Trafficking a drug of dependence?

8. Selling cigarettes?

9. Possession of a drug of dependence?



Other drug-related legal questions:

1. What happens if you get caught using marijuana for the first time?

2. Can the police search a person without a warrant?

3. What does 'decriminalisation' of marijuana mean?

5. What sorts of crimes are associated with drug use?



Secondary
Program

et
wise

alcohol

cigarettes

heroin

cannabis (marijuana)

amphetamine (speed)

cocaine

painkillers
(e.g. panadol)

steroids
(eg. for body building)

hallucinogens (LSD)

caffeine
(in coffee, coke, chocolate)

ventolin (in asthma puffer)

antibiotics
(prescribed medicines)

cold/ cough tablets/ syrup
(over the counter
medications)

Level 5
Health of Individuals and Populations
Learning outcome:

HIP 5.1

Describes health issues about which young people make decisions, and strategies that are designed to maintain or improve their health.

Links to Get Real:

Lesson materials for secondary schools Unit 2, Family, Friends, Freedom and Influences, p10.

As groups report back about strategies, talk about how hard / easy it would be to carry out these strategies. Ask students to consider what might influence the implementation of these strategies, for example, personal beliefs and values, fear of getting in trouble, knowledge, age, laws.

Key understandings

In this activity it is intended that students should understand:

- that the risk associated with drug use can vary according to the person, the drug, the amount and frequency consumed, the reason for use and the context in which it used
- that drug use can affect or cause harm to users and to non-users, for example, friends, relatives, bystanders, workmates
- that to prevent or reduce harm people must anticipate and plan for safety
- that strategies can be developed for the prevention or reduction of harm.

Key skills

In this activity it is intended that students develop skills, for example:

- assess the relationship between amount used, frequency of use and potential for harm
- decision making (critical analysis of situations and logical consequences).

Resources

Dice (one per group)
SMARTLUCK game sheet (one per group) p48
SMARTLUCK recording sheet (one per group or student) p49

How

Teacher introduction

Explain to the class that they will be using a game format to explore some of the possible risks associated with a range of drug use. Throughout the activity students will be asked to consider the potential for risk or harm. This involves students evaluating the situation by taking into account a range of 'factors' that, when mixed in different ways, might affect how risky or harmful a drug use situation can be.

List the key factors as:

the drug
+ person
+ amount / purity
+ frequency
+ reasons for use
+ context
+ luck
= risks

- Students form small groups, and are provided with a dice, **SMARTLUCK game sheet** and **SMARTLUCK recording sheet**.
- To play the game students follow the instructions firstly on the **SMARTLUCK game sheet** and then the **SMARTLUCK recording sheet**. The teacher circulates around the room to help students with possible strategies.
- Each group reports back to the whole class about their scenario of 'factors', predictions and strategies to minimise the harm to the individual and others.

Smart, not just lucky:

Emphasise to students that playing the **SMARTLUCK** game is to highlight being smart - not just lucky. The purpose of the game is to think ahead not just to rely on luck if their own or someone else's personal safety might be at risk.

Sample questions

1. Who had a combination that they rated as high risk? Why?
2. Who had a combination that they rated as medium or low risk? Why?
3. Who had a combination that could put others at risk? Explain
4. What behaviours (helpful or unhelpful) might influence the personal safety for the user in your group's scenario?
5. What behaviours (helpful or unhelpful) might influence the safety of others in your group's scenario?
6. How hard or easy might the strategies be for the user or for someone with the user to carry out? How could some potential difficulties be overcome?

Amount / purity

Illicit drugs are often 'mixed' or 'cut' with a range of other often impure, and sometimes poisonous compounds such as baking soda, starch, chalk, quinine and horse tranquilliser.

Prompt students to consider a range of possible harms. For example, legal, personal, property, financial, to relationships, to reputations.

Be aware of 'gendered' responses by students. Explore with students any differences in which the harms and risks are evaluated in relation to gender.

Problem solving

Allow time for feedback and sharing as there is an opportunity for practical problem-solving and discussion. Be prepared to talk about how hard / easy it would be to carry out these strategies.

Talking at home

This type of activity may be used to encourage students to consider asking their parents/guardians what messages they were given about drugs, and strategies they used to avoid and minimise the risks.



Roll the dice 6 times - for each roll of the dice mark off the 'factor' you must play with.

For example: If I throw a six for factor one = alcohol, spirits

If I throw a three for factor two = parent

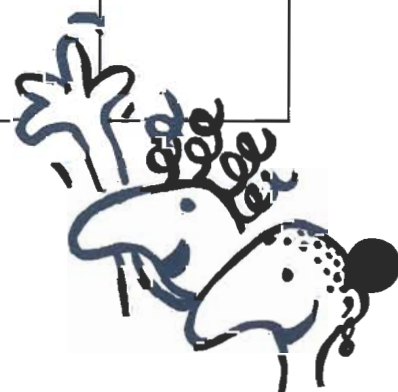
Record your six factors on your Smartluck recording sheet. This is the scenario your group will now make some predictions about, as well as developing some strategies to minimise harm.

Dice Number

	1	2	3	4	5	6
factor 1: the drug	cannabis (dope, marijuana)	heroin injected	ecstasy	amphet- amines, speed	tranquill- isers, sleeping pills	alcohol spirits
factor 2: the person	Year 9 boy	19 yr old university student	Parent		Year 10 girl	Year 7 student
factor 3: the place	at home		in a park with small group	at school / work during lunch hour	at a party	at a nightclub with new friends
factor 4: the amount / purity	a small sample	as much as a regular user would have	just a little pure heroin	the same as everyone else seems to be having		as much as you can get
factor 5: the reason	to celebrate	to forget a problem	to cope with stress	to find out what it's like	to fit in	
factor 6: how often		on the weekend	when they can get it	three or four times a week	once only	once every month or so

Hints

- To choose your own combination, use the blanks
- If the dice rolls what the group thinks is a totally unrealistic combination, discuss why, and throw again or use a blank to choose your own.





Our scenario of factors are

drug _____
 person _____
 place _____
 amount _____
 reason _____
 how often _____

We rate this a: *high / medium / low risk* combination

Predictions

Some of the risks of harm in this combination are:

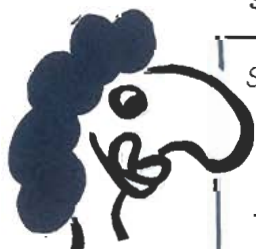
Harms to user	Harms to friends / family / bystanders
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____



Strategies

Strategies to minimise harm in this situation are:

Strategies for the user	Strategies for someone with the user
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____



Level 5**Health of Individuals and Populations****Learning outcome:****HIP 5.1**

Describes health issues about which young people make decisions, and strategies that are designed to maintain or improve their health.

Links to Get Real:

Unit 2, Family, Friends, Freedom and Influences, p7-10.

Remind students that the consequences of using a drug can include a range of social, legal, financial and physical harms.

Ensure that the scenarios offered to the students are suitable for your class.

Read the "support information about role plays" on p52 to assist with part C of this activity.

Key understandings

In this activity it is intended that students should understand:

- that communicating concerns about drug use can be challenging
- that there are a range of ways to assert your own wants and choices if you do not wish to use drugs
- that there may be occasions when what is right for one person is not right for another.

Key skills

In this activity it is intended that students develop skills, for example:

- generating options
- communicating choices
- assertion and negotiation

Resources

Let's deal with it worksheet

(one per group) p53

Scenarios worksheet

(one per group) p54

How**Activity A: Dealing with offers or invitations to use illicit drugs**

Inform students that just as with the legal drugs, most people are first offered illicit drugs by someone they know. Explain that in this activity you will be looking at what it might be like for someone who does not want to use a drug when they are invited to do so by a friend.

1. Brainstorm with the class:
 - Why might someone offer a friend, acquaintance or family member an illicit drug?

- When might the person offered the drug find it easy to refuse?
 - When might the person offered the drug find it hard to refuse?
2. Group students. Allocate each group a drug (e.g. cannabis, heroin, amphetamines, ecstasy) and distribute the *Let's deal with it worksheet*. Ask students to consider 'What can a person who is offered this drug do or say if he/she does not want to use it?' Each group will generate a list of 'say or do' responses to the 'offers' on the worksheet, writing suggestions in the empty spaces on p53.
 3. Collect the possible strategies generated by the groups.

Activity B: Easier said than done

A role play activity is used to explore what it would take to use some of these strategies. Acting out the solutions is a way to test their practicality, and acknowledges that sometimes carrying out decisions can be more challenging than thinking them up. The social and emotional pressures can affect the health, legal or safety concerns of an individual.

It does not matter if some students role-play the same scenario. It may in fact enrich the debriefing of the role-play.

Asking students to verbalise their responses to the scenario allows for a discussion about the relationship between the difficulty in actually saying what we might believe.

1. Choose one of the scenarios to read to the class.
2. Ask for volunteers to play each role.
3. Cast rest of the class in role as Advisors.

4. Establish the WHO / WHAT / WHEN / WHERE? for the class.
5. Allow scene to run for a short time
6. Stop the scene.
7. Ask class to identify what each of the characters might have been thinking or feeling but not saying aloud in that scene.
8. Ask class to suggest possible alternative ways the person could deal with the situation. Ask actors to replay the scene, using one of those suggestions, or ask a volunteer to participate in the re-play to demonstrate a different possible reaction (e.g. using a humorous response, sticking up for yourself).
9. Re-play the scene exploring a number of alternative suggestions.
10. In further re-plays of the scene additional challenges can be added – e.g. what if it was three against one? What if you were being teased or ridiculed or rejected? What if it was a different drug?
11. To complete work on that situation, interview the actors as they leave the task. Useful questions to de-role and gain insights could include:
 2. In what other sorts of situations might a teenager need to tell an adult that they are concerned about someone's drug use?
 3. What might deter a young person from seeking help with a situation involving drug use?
 4. Can people mix with friends who have different views about what is right or wrong in regard to taking drugs?

Through the sample questions and processing the role-play students are considering:

What social and cultural factors influence our formation of beliefs?

Why is it that sometimes what is acceptable for one person is unacceptable for another? And why might this cause conflict?

That personal choices and the associated behaviour(s) may not only affect the individual.

Alternatively

Give each group or pair the scenarios to discuss. Ask them to:

- predict what might happen
- identify likely conflict or disagreement
- identify what each of the characters might want in that situation
- advise each of the characters about what to do / say or what not to do / say
- report back to the class.

Remind class that most people never try heroin, amphetamines or ecstasy

Activity C: Passing on a concern

Use sample questions as a guide to discussion.

Sample questions

1. In which of these scenarios do you think it would be important to inform an appropriate adult about what is going on?

Extension

Ask students to choose one of the scenarios, record it in their workbook, and write a piece of advice to one of the characters in the scene.

Support information about role-plays

Setting up role plays

It helps the actors if they know:

- who they are playing
- what the scene is about
- when the scene is taking place
- where the scene is taking place
- what their character wants.

Managing role plays

- Set ground rules - no put downs, no violence
- Keep it short. Complete stories are not required
- Stop and start the action to guide focus of discussion
- Use re-play, discussion and interview techniques
- Reality test - if that was the soap opera / comedy version, what would the real life drama look like?
- Use props where appropriate.

Communication techniques

- Communication involves a sender, who sends a message to a receiver, who often provides feedback to the sender
- Identify a range of ways people communicate under the headings:
 - verbal, for example, speech
 - non-verbal, for example, written format, touch, body-language
- Develop characteristics of effective communication, for example, shared meanings, choosing a time where both sender and receiver are able to listen, openness and trust

- Develop characteristics of ineffective communication, for example, giving mixed verbal and non-verbal messages
- Practice active listening techniques.

Playing back role plays

- When showing the class, keep the scenarios short
- A flavour of what is going on in the scene is usually enough to promote discussion, prediction and inquiry.

Debriefing processing role plays

Use key processing questions to reflect upon and analyse what happened. For example:

- Reality test: Was that scene like what you think would happen in real life?
- Hidden thoughts: What might each of those characters have been thinking but not necessarily saying in that scene?
- Interviews: Interview the players about what they noticed about being in that situation
- What might it be like in real life?
- Advice: from having seen or played in that situation, give the characters some advice about how best to handle the situation
- Re-play: try re-playing the scene, testing out some of the advice given. Would it work? Why? Why not?
- Re-play: try re-playing the scene to look at different possibilities and choices for action
- Remove props as a means of physically de-roling students.





What can someone say or do if a friend offers the drug _____ when he/she does not want to use it?

"I've tried it before and I'm all right."

"My sister uses it heaps, and she hasn't come to harm."

"You've got to try it once."

"Are you scared?"

"Do you want some?"

"We're celebrating - aren't we?"

"We've always done everything together."

"Everyone else is - so why not you?"

"I thought you would have done this by now."

"It will make you feel so good."

"We're only going to do it once..."

"It cuts the stress - try it."

"You need some excitement, - you're so boring sometimes."

"No-one is ever going to find out."

Scenario 1 I've got some dope for you to try

WHO: A group of friends

Person 1: has never smoked cannabis, and doesn't want to

Person 2: has never smoked cannabis, and is not sure if he / she will

Person 3: has smoked cannabis once with brother, and has brought some to smoke with friends

WHERE: At the home of Person 1

WHEN: After school, one hour before Person 1's mum gets home from work

WHAT: Person 3 wants 1 & 2 to try smoking dope



Scenario 2 Invitation to use an illicit drug

WHO: 17 year old friends

Person 1: wants to try ecstasy, has money and has been told by another friend who to buy it from. She / He does not want to try it on his / her own.

Person 2: drinks alcohol but doesn't smoke or want to get into other drugs

Person 3: doesn't have much money (spends it on cigarettes), and has always assumed he / she won't use drugs other than cigarettes and alcohol

WHERE: Sitting in the park

WHEN: Friday night while planning to go to a party the next night

WHAT: Person 1 suggests they try ecstasy at the party on Saturday night as he/she knows who to buy it from, and how much money they will need (eg. \$35 each)

Options: use heroin or amphetamines as the suggested drug rather than ecstasy. Or use different drugs in re-plays, and ask for comparison:

"Does it make a difference what drug someone is offered?"

"Do different drugs call for different responses?"



Scenario 3 Cause for Concern

WHO: 3 friends: Jo, Ben and Lee, around 17 years

WHERE: In the schoolyard

WHEN: At lunchtime

WHAT: Lee says he's going to smoke some dope down the edge of the oval, and asks Jo and Ben if they want to go with him. Lee has never been known to smoke at school before, but lately he has started smoking a lot of marijuana. These days it is before school every day. Jo and Ben think he must have some problem, and that he is smoking too much dope, and should cut back or give up, and not run the risk of smoking at school.

Options: Jo and Ben talk privately about whether to pass on to an adult their concern that Lee is not all right. Or Re-cast the scene with female actors.

Or Re-frame the scene using a different drug – e.g. heroin.

"If Lee was using heroin, would this make a difference to the friends level of concern, and whether or not they would seek help for Lee?"

Predicting and problem solving

Key understandings

In this activity it is intended that students should understand:

- that choices made about substance use can have a range of short and long-term consequences, both for the user and for others
- that consequences can include a range of social, legal, financial and personal harms.

Key skills

In this activity it is intended that students develop skills, for example:

- problem solving and decision making (critical analysis of situations and logical consequences).

Resources

What if...? scenario cards, p56-58,
One set for each group
Bottle or biro to spin

How

Teacher introduction

Explain to students that they will be engaging in a predicting and problem solving session in which they can speculate about what possible actions they could take in a range of situations involving drug use. They will play in a game format.

- Students form groups of between four and six. Ask them to sit in a circle (perhaps on the floor)
- Each group lays out their *What if...? cards* in a circle with room inside the circle to spin the bottle or biro
- In turn, each of the participants spins the bottle, and reads out the card to which it points. The person whose turn it is speculates first about what to do in such a situation, then others help by adding their views, questions or challenges

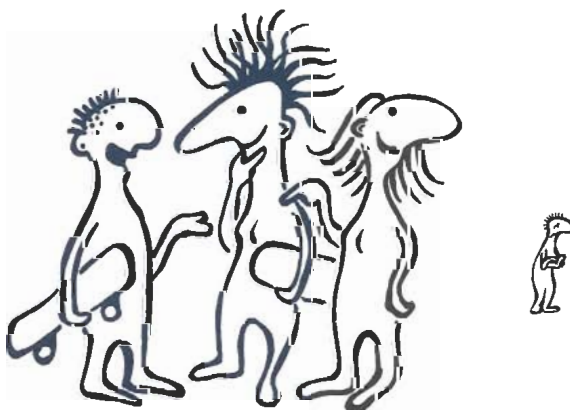
- When the group finishes playing, ask them to work out:
 - Which was the scenario most likely to actually happen out of the ones spun? Why?
 - Which would be the worst scenario to have happen to you or a friend or family member? Why?
- Bring the students back to a class forum. Each group is asked to report on the scenario they thought would be the most likely to occur, and the one they thought would be the worst to encounter.

Sample questions

1. What was considered by the group the most appropriate action to be taken for the scenario that they thought most likely to happen? Why?
2. What was considered the most appropriate action to be taken for the scenario that they thought would be the worst to encounter? Why?
3. Was there any difficulty in coming to an agreement in the group about a particular course of action in relation to a scenario? Explain.

Extension

Students select one scenario and write an 'advice' response to that scenario. Challenge students to consider a range of options as well as the recommended one from the class discussion.



**Level 5
Health of
Individuals and
Populations
Learning outcome:**

HIP 5.1

Describes health issues about which young people make decisions, and strategies that are designed to maintain or improve their health.

Links to *Get Real*:

Unit 2, Family, Friends, Freedom and Influences, p11.

What if you don't like what's happening - the party is out of hand...?

What if a friend is off his / her face, and is suggesting daredevil stunts...?

What if you discovered that your friend was taking painkillers in large amounts every day...?

What if a friend passes out and can't be woken - and you think he / she has taken some kind of drug...?



What if you think someone is using a drug, and needs help to stop...?

What if you think an adult you know is using drugs in a harmful way...?

What if a friend has been taking something else as well as alcohol at the party, and now is acting really weird - seeing things that aren't there, and screaming and crying...?

What if you think someone is trying to push you around and have you try illicit drugs...?

What if you thought a friend was really down and getting drunk / stoned as a way to cope...?



What if a friend gets really sick after trying a drug, but you know that his / her parents would be shocked and angry if they found out...?

What if you find out that a sister / brother / friend has been stealing and using their parents sleeping pills...?

What if your friends wanted you to do something just because they were drunk / stoned, and didn't seem to care about what you wanted...?

What if a friend was talking about doing things to hurt him / herself when drunk / stoned ...?

What if one of your classmates offers to get some sort of 'drugs' to make an impact at the end of year celebration...?

What if you discovered that an older student was trying to sell drugs to younger students, offering them cheap or free for first time try...?

What if someone wants to bring an illicit drug to your party...?



Key understandings

In this activity it is intended that students should understand:

- that the provision of accurate information can reduce risks
- that there are strategies to minimise harm amongst specific drug users
- illicit drugs do not carry health warnings or instructions about safe use. There is no way that the purchaser can know for sure what is in the drug, what its strength is or what it has been mixed with.
- those people who use prescription drugs not intended for them have little guarantee that the dosage is safe for them.
- those mixing drugs have no warnings about the potential effects of the combination.

Key skills

In this activity it is intended that students develop skills, for example:

- evaluating beliefs and behaviours
- discussing ideas/questions/feelings.

Resources

Summary of 1996 drug statistics
Information sheets p62-63

Get Wise: Student brochures

Illicit drug cards p61

Collection of labels, empty packets of medications, alcohol, cigarettes

How

Teacher introduction

Explain to students that they will be conducting an activity in which they will attempt to design warning labels for drugs that do not have them. Each partnership or group will use the information pamphlets for the drug they

have been allocated to help them to design a warning label.

- Distribute a collection of labels amongst students. Brainstorm a list of features / information you would expect to find on a label
- Each student is allocated a drug from the *Illicit drug cards*. Discuss with students that illicit drugs are not sold with accompanying labels, and carry no guarantees of dosage, strength or information about impurities
- Each student designs a warning label for the allocated drug. Distribute the *Student brochures*.

While brainstorming the list of features / information note that information helps people to reduce risks associated with use.

Highlight that for this to occur you require sufficient information about:

- what is in a drug?
- what risks or side-effects accompany its use?
- what should the drug be used for?
- Warning labels should include information about effects: short and long-term, physical and social / legal / financial / emotional. The warning messages should be written on to a large sheet of paper
- Once the warning labels are completed students are asked to place themselves along a danger ranking continuum
- Challenge the class to reach a consensus about the placement of the drugs, using the information from the warning labels to justify the positioning.

Level 6

Health of individuals and populations Learning outcome:

HIP 6.1

Analyse the positive and negative health outcomes of a range of personal behaviours and community actions.

Links to *Get Real*:

Unit 6, Caring Communities, Unit 7, Community Health Plans, and Unit 8, Enhancing Health, p16-18.

Further information:

Further support information for teachers can be found:

- in the *Get Wise, A to Z of illicit drugs booklet*
- by using the Australian Drug Foundation's website,

www.adf.org.au/drughit

Strategies

Strategies should take into account:

- the amount and type of information you would provide to teenagers
- format / presentation
- language
- any gender differences highlighted by the statistics.

Extension activity

- Students plan a strategy to inform other teenagers about the health risks associated with this drug. Strategies may be related to their previous activity of designing a warning label. Other strategies may include a poster, video, letter-drop, information services at rave parties.
- Each group presents their planned strategy and justification for their particular drug to the rest of the class.

Sample questions

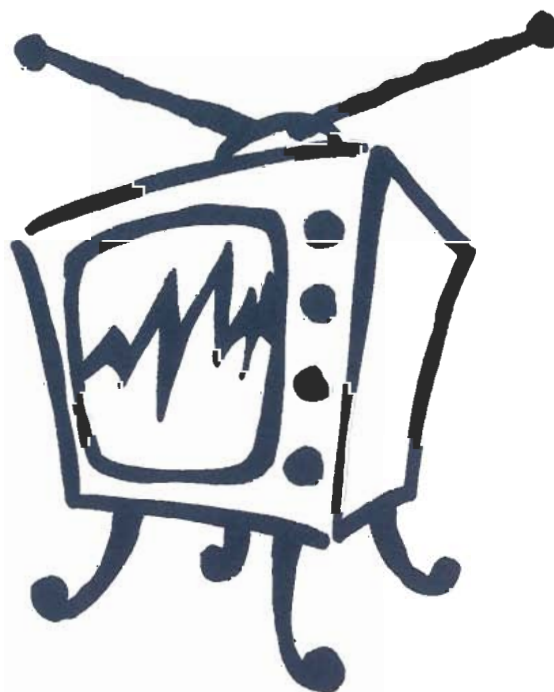
1. Would the planned strategies that were developed for teenagers be appropriate for other groups, for example, parents?

2. It is often stated that:

"Getting a health message to teenagers is difficult."

Do you think that your plan would be successful? Do you agree with the above statement? Explain.

3. Can a person ever be totally 'safe' when using an illicit drug?



Illicit drug *cards*

MARIJUANA

HEROIN

COCAINE

ECSTASY

LSD

SPEED

Percentage of students who have ever used

	Year 7	Year 11
Pain relievers	97	99
Alcohol	53	93
Tobacco	40	76
Inhalants / solvents	34	17
Marijuana	15	47
Hallucinogens	2	8
Amphetamines	2	7
Cocaine	3	2
Ecstasy	1	5
Steroids	1	1
Opiates	3	3

Percentage of students who have used in the last week

	Year 7	Year 11
Pain relievers	37	43
Alcohol	14	49
Tobacco	5	10
Marijuana	4	14

Source: Victorian Secondary Students and Drug Use in 1996, Draft Report, Centre for Behavioural Research, Anti-Cancer Council of Victoria, 1996. Data has been rounded off to the closest round number.

Comparisons 1992-1996

Percentage of students who have ever used

	Year 7 - 10		Year 11 - 12	
	1992	1996	1992	1996
Tobacco	56	59	76	78
Alcohol	70	74	91	93

Percentage of students who have used in the last week

	Year 7 - 10		Year 11 - 12	
	1992	1996	1992	1996
Tobacco	19	20	32	32
Alcohol	27	29	53	49

Drug patterns

- Among senior students, smoking was more common among girls than boys, with 35% of Year 11 girls smoking weekly compared to 27% of boys.
- Episodes of binge drinking were relatively common in secondary schools with well over a third involved in at least one session in the two weeks leading up to the survey.
- Recent use of ecstasy ranged from less than 1% for years 7 to 10, to 2% for year 11.

Source: Victorian Secondary Students and Drug Use in 1996, Draft Report, Centre for Behavioural Research, Anti-Cancer Council of Victoria 1996. Data has been rounded off to the closest round number.



Level 6**Self and Relationships****Learning outcomes:****SR 6.3**

Analyse ways in which individuals and groups seek to influence the behaviour of others concerning friendships and relationships.

Links to Get Real:

Unit 5, People, Power and Play, p14-15.

Timing:

Allow two or three lessons for the development of the key understandings and skills from the components of this activity.

First contact with drugs:

Inform students that the first contact we have with drugs is usually through friends or family members.

Reasons for drug use:

It may be useful to record the reasons on the board as the groups make their presentations. Reasons may include:

- trust
- power
- place
- drug
- previous experience
- family
- friends
- known or stranger
- gender
- religious
- cultural

Key understandings

In this activity it is intended that students should understand:

- that relationships may influence behaviour
- that strategies can be developed to enable maintenance of personal values, attitudes and behaviours when dealing with people who hold different views.

Key skills

In this activity it is intended that students develop skills, for example:

- evaluating beliefs and behaviours
- discussing ideas / questions / feelings
- refusal strategies.

Resources

People, places, drug scenario cards p66

Summary of 1996 drug statistics information sheet p62-63

How**Teacher introduction**

Explain to the class that they are going to participate in a range of activities that explore reasons why people might accept or refuse drugs as well as practice a range of strategies (tactics) people use when they want to refuse an invitation to use drugs.

People, places and drugs

- Distribute the *People, places, drugs scenario cards* to pairs of students. Ask students to place the cards along a continuum from most difficult to refuse to least difficult to refuse
- Once students have completed their continuum, students are invited to share what factors might influence someone's decision to refuse the offer

- Replay the scenarios using the same drug. For example, all scenarios focus on cannabis. In the same pairs, students complete the continuum activity again, but this time substituting the same drug for each scenario
- Once students have completed their continuum, as a class discuss whether there were any changes to the placement of their continuum cards, and reasons for any changes.

Using drug statistics to compare frequency and use of drugs

- Distribute the *Summary of 1996 drug statistics information sheet* p62-63. Students compare the ages and frequency of use to highlight illicit drugs used by particular age groups that could be defined as 'experimental'
- Compare the conclusions about drugs and age groups that are identified by the students. Ask students to comment on their reaction to these statistics.

Ask students to consider whether it is more difficult to accept or refuse the first time when offered a drug or subsequent times, explaining their answer.

"Experimental use is associated with satisfying curiosity, trying on adult roles, experimenting with altered mood states, and has been linked to healthy adolescent development.

Problematic use on the other hand is associated with a different pattern of causal factors centering around emotional distress, anger, loneliness, depression and anxiety".

The great debate

Tag team debate topic:

'Teenagers can't say 'no' to their friends.'

- Divide the class in half. One half of the class is to represent the affirmative and the other half of the class the negative
- From their perspective of affirmative or negative, students brainstorm a list of points. The points are organised into a logical order and distributed throughout the affirmative or negative group. Ideally each student should receive at least one point to contribute to the debate
- Set up a 'fish bowl' style debate. The first person for the affirmative side begins the debate by making their point. The first person from the negative side responds by making their point. If anyone from the outer circle wishes to make their point next, because of the previous comment by the other side, they put up their hand, and tag team with the next debater from their team
- The process continues until all students have had an opportunity to make at least one point.

Practising tactics

- Brainstorm a range of strategies (tactics) people use when they want to refuse an invitation from a friend but they do not want to offend or lose face
- Ask for volunteers to show the tactics in action in short role-plays.

Alternatively:

- Students form pairs to conduct a class simultaneous role play. In each round of the role play Person A issues an invitation, and Person B declines. Use, for example a whistle, to stop and start a number of rounds. Each time a new round begins instruct Person B to use a different tactic. In later rounds students could swap partners or roles.

Sample questions

1. Why might some people in instances refuse when offered drugs, whilst in other instances would accept?
2. What can you do to prepare yourself to deal with the situation when offered a drug?
3. What makes it hard or easy to say no?

Fish bowl debate

Organise the class into one large circle. The first four debaters from each side create an inner circle.

Debating allows students to build their thoughts about refusing into a debate. A debate provides a forum for many points about refusing friends, to be explored in a non-threatening or judgemental way.

Through the debate and tactics activity students should have an opportunity to reflect on their own relationships with their friends, and tactics that can be used to refuse.

Tactic examples

Tactics for refusing may include:

- change the topic
- say you'll call back
- make an excuse
- ask a lot of questions
- pretend to be interested
- have a prior commitment
- say you're not allowed.

Reality check

Highlight to students that identifying tactics is one thing, but putting them in to practice is one way of doing a 'reality check'. The use of role play to explore some of the tactics suggested may be a useful strategy. Further information about conducting role plays can be found on p52.

All of the following scenarios relate to
being offered a drug for the first time

Being offered a cigarette by the
same aged student as you at school

Being offered alcohol by a family member
at home with a meal

Being offered ecstasy by someone
you just met at a party

Being offered marijuana by your older brother
or sister's friend at their flat

Being offered cocaine by a friend of a friend at a party

Being offered heroin by a stranger
at the local games parlour

Being offered alcohol by a boyfriend / girlfriend
while alone at the beach on holidays

Being offered a cigarette by a friend at a party

Being offered your friend's parent's medication
(for example, Valium tablets), by your friend
while you're staying over at his / her home

Being offered alcohol by a close friend who
brought it over to your place to drink
while your parents are out

What factors did you take into account when
placing these scenarios along a continuum from
most difficult to refuse, to least difficult to refuse?

-
-
-
-
-



Dealing with the 'ups' and 'downs' of life

Key understandings

In this activity it is intended that students should understand:

- that there are helpful and harmful strategies that can be used to deal with situations in our life
- that individual decisions about drug use affect family, friends and other members of the community.

Key skills

In this activity it is intended that students develop skills, for example:

- evaluating beliefs and behaviours
- developing an understanding of self and others

Resources

Stressed out worksheet p70

Dealing with stress information cards p71

Drug related scenario cards p72

Scenario worksheet / wall-chart p73

Sets of **effects**, **strategies** and **services** examples for the teacher to photocopy for students to use in drug scenario activity p74.

How

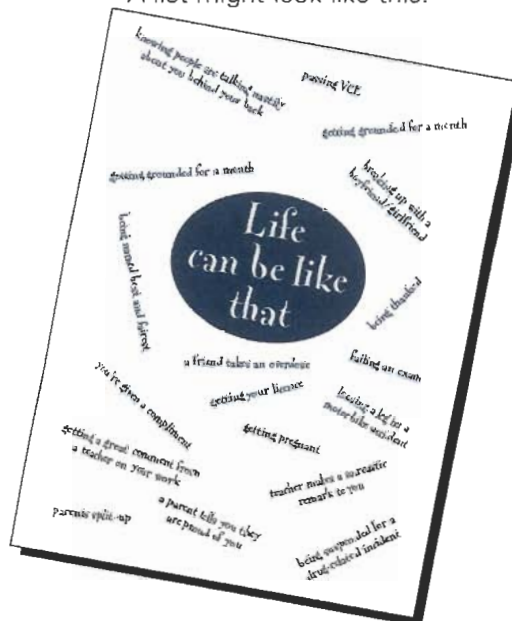
Teacher introduction

Explain to students that this activity explores some of the connections between stress, strategies for preventing and dealing with stress and drug use

Life can be like that...

- Write the statement 'Life can be like that...' on the board. Ask students to provide examples of what are some life events, situations, experiences that young people might encounter.

A list might look like this:



- From the list ask students what they would consider the worst to the best situation to be. For example, one student might identify being dropped by a boyfriend / girlfriend as the worst, and being nominated the best and fairest in a sporting team the best.

People react in different ways

- Each student selects an example of an event or situation that was for them really positive from the *Life is just like that* activity. Alternatively students can think of their own example. Using the example, they list their physical reactions. For example: smile a lot, heart racing, sweaty palms. Students also list their feelings and thoughts. For example: feeling confident, happy, I'm great, my mum / dad are going to be proud.
- Students repeat this same exercise but select an event or situation that for them was not really positive. Using the example, they list their physical reactions. For example: heart racing, sweaty palms, dry mouth. Students also list their feelings and thoughts, for example, "I blew it", "I'm hopeless", helpless, feeling flat.

Level 6 Self and Relationships Learning outcomes: SR 6.2

Identify the major tasks involved in establishing personal identity.

SR 6.3

Analyse ways in which individuals and groups seek to influence the behaviour of others concerning friendship and relationship.

Discussing differences:

Student responses to what they consider to be the best or worst situation may vary based on, for example, gender, personal experience, personal values, beliefs, social expectations.

Drugs can be used for a range of reasons:

For some young people the use of drugs can be a symptom of other problems. Addressing the needs of young people involves understanding the range of possible stresses that young people feel and face, and developing strategies that offer young people a clear sense of personal autonomy, purpose and future.

Disclosures:

Highlight to students that they do not need to disclose what situation they are responding to for this activity.

- When students have completed the two examples, discuss with students any similarities and differences from their lists. Ask students whether they are aware of their physical and mental reactions to different situations.

Stressed out

- Ask students to think about the two examples they selected in the *Reactions* activity. Would they consider both of the situations they identified to be in some way stressful? To introduce the concept of stress and that stress, in our life can be dealt with in helpful or harmful ways, students individually complete the worksheet *Stressed out*. On this worksheet students are asked to consider:
 - What does the word “stress” mean?
 - Why do people get stressed?
 - Who gets stressed?
 - How do you know if you are stressed?
 - How do other people know if you are stressed?
- In pairs students share their responses. As a class discuss the responses to the worksheet, and in particular identify a definition of stress.

Dealing with stress

- Students form small groups. They identify one possible area for stress, for example, breaking up with a girlfriend / boyfriend, getting a job, passing an exam, parents splitting up. Using the *Dealing with stress* information cards identify possible helpful and harmful strategies that could be used to reduce the stress.
- Each group reports back to the class with one example of dealing with stress for their particular area of focus (for example, school). When reporting back they suggest why the strategy might be helpful rather than harmful.

Stress

In order for students to identify helpful and harmful ways of dealing with stress, they first require an understanding that:

- stress can be positive, for example, preparing for a performance or sporting game, as well as negative, for example, over committing ourselves in work or relationships
- stress will affect everyone at some stage
- we can become more in tune with recognising when we or others around us may be stressed.
- one way of dealing with stress is to become aware of the events and situations that causes us stress and to take steps to prevent it happening.

Students could use their ***Stressed out worksheet*** to assist with possible examples.

Sets of cards

Prepare sets of the pre-cut *Dealing with Stress* cards in envelopes for each group to use. The *Dealing with stress* information cards sheet has several blank cards. Encourage students to develop their own strategies.

Highlight to students that someone else's drug use can cause stress to the person using and others around them.

Scenario preparation

Before conducting the Drug scenarios teachers may find it helpful to check the school's welfare and support protocols.

Students when completing the scenario cards may not know where they can find assistance. Discuss how they could find out, or provide an opportunity for the welfare coordinator to speak to the class about options available to them.



Drug scenarios

- retaining the same small groups from the *Dealing with stress* activity, provide each group with a drug scenario. There are seven scenarios to choose from (see *Drug-related scenario cards* p72)
- using a drug scenario, each group completes the *Scenario worksheet*. Alternatively the worksheet could be photocopied onto an A3 sized sheet and form a wall-chart which students could add to throughout the year. The *Scenario worksheet / wall chart* asks students to consider responses to the scenario in relation to:
 - effects on me (physical, feelings and thoughts)
 - effects on others (physical, feelings and thoughts)
 - strategies to help me (actions, feelings, thoughts)
 - strategies to help others (actions, communication)
 - people, places and groups: identifying within the local community people (for example, teacher, student welfare coordinator, minister/priest, coach, friend), places (for example, school, home, church, local youth centre), groups (for example, drug and alcohol services, youth services, youth groups) that may support the people with the scenario.
- To assist students fill in responses to the wall-chart, the teacher can provide pre-cut examples of effects, strategies and services (see p74)
- A spokesperson from each group reports their examples back to the whole class. Further ideas may be added from other members of the class.



Sample questions

1. Why do people deal with stress in different ways?
2. How do individual decisions about drug use affect family, friends and other members of the community?
3. What can you do to prepare yourself to deal with a stressful situation?

Asking students to explain why their strategy might be helpful or harmful, allows for a broader discussion about the impact of our choices on, not only ourselves, but on (for example), family and friends.

Precaution

If teachers feel that one of the *Drug situation scenarios* is too similar to a known drug-related situation within the school then they may wish to reconsider the scenario's use as part of this lesson; but instead, follow the situation up with the individual student(s) at another time.

Discussing the responses to the scenarios allows for exploration of the questions:

- How do we deal with a situation when someone believes that their drug use is 'good' / beneficial, and they don't care what other people think?
- How much impact can this viewpoint have on others around the drug user?

Why do people
get stressed?

Who gets
stressed?



What does the word
stress mean?

How do you
know if you're
stressed?

How do other
people know
you're stressed?

Secondary
Program

get wise
Working on Words or Not? Worksheet

1. The following are a list of possible ways someone might deal with a stressful situation.
2. The blank boxes are provided for you to include your own suggestions.
3. When selecting ways of dealing with a particular stressful situation, consider whether the example(s) selected would be helpful or harmful.

go for a run	visit a favourite person
fantasise	start a fight
party/socialise	worry
eat more	eat less
binge drink	take an analgesic
play computer games	read a book
talk it over	set a goal(s)
run away	ask for help
have a shower	play a sport
go for a long walk	watch television
meditate	listen to music
gamble	go shopping
see a counsellor	take time off school/work
write about it	pray
find some new friends	talk to a family member
smoke marijuana	have a drink with friends
cry	get some sleep
get a massage	rethink your priorities



The **box** allows students to insert a particular drug(s)

Scenario A:

A friend has been caught using an illicit drug at school.

Scenario B:

Illicit drugs are being used where you like to 'hang-out'.

Scenario C:

A friend tells you they're mixing alcohol with other drugs to help them cope.

Scenario D:

The news reports a person has been charged after rolling their car onto a median strip whilst under the influence of a mixture of drugs . Two seventeen year old passengers are in a critical condition in hospital.

Scenario E:

A friend has asked you to join them at lunchtime to go to a friend's house where you know drugs will be available.

Scenario F:

A class member's older brother/sister in VCE nearly died of an overdose.

Scenario G:

Your friend tells you they are concerned about how much and how often their parent is using a drug .

Scenario



Effects on me

Strategies to
help me

People, places
and groups

Effects on others

Strategies to
help others

Effects

worried

withdraw

sad

angry

betrayed

helpless

embarrassed

worried about getting into trouble

worried what might happen to me

break up a relationship

bring people together

feel empty

feel a sense of loss

might lead to people wanting to do something about it



Strategies

talk it over with a family member

talk it over with a friend

talk it over with a teacher or counsellor

talk it over with the people involved

talk it over with a priest /
minister / pastoral care person

stay away from the person or place

get some information about the drug

get some more information about the situation

have a class discussion

conduct a parent education night

put up helpline information around
the school / community

follow-up the issue with School Council

follow up the issue with the Student
Representative Council

invite a guest speaker to come and talk to
students about the issues

write about it

go for a walk

People, places, groups

(students to identify the specific names and contacts as relevant to their own local community)

teacher

adult

friend

counsellor

sporting club

youth club

youth centre

community health centre

helpline

Quit / Australian Drug Foundation



Keep them in or kick them out?

Key understandings

In this activity it is intended that students should understand:

- that use of an illegal substance by a young person should primarily be treated as a health issue
- that laws and policies are required to protect the safety of individuals and groups in settings such as schools.

Key skills

In this activity it is intended that students develop skills, for example:

- evaluating beliefs and behaviours
- developing an understanding of self and others
- cooperating and communicating with others to enhance relationships
- decision making (critical analysis of situations and logical consequences).

Resources

School takes a health approach to drugs worksheet p76.

How

Teacher introduction

Explain to students that through this activity they are going to imagine that they are having to respond and provide some advice to a drug-related incident that has occurred in an imaginary school. To do this they will be presented with the scenario as well as three possible alternatives. In groups, their task is to select and justify one of the proposals.

- In small groups students are provided with copy of scenario *School takes a health approach to drugs*
- The teacher or a student reads out the scenario to the whole class
- Explain that each student is a member of the school committee that has to decide between the three alternatives that have been proposed
- Each group selects an alternative, and justifies why this might be the most successful approach to the issue
- Each group presents their arguments as, for example, a brief address to the class or a letter to the president of the school council.

Sample questions

1. How can a school protect all of its students from drug related harms?
2. How can a school community develop effective strategies to address drug related issues?



Level 6

Health of Individuals and populations

Learning outcome: HIP 6.1

Analyse the positive and negative health outcomes of a range of personal behaviours and community actions.

About activity:

This activity is designed to explore the idea that a range of strategies are needed to address a community issue. Responses with the best chance of success will include strategies in each of three areas;

1. the school's teaching and learning
2. the school's ethos, organisation and environment
3. partnerships with the community.

School takes a health approach to drugs.

Bellissimo Secondary College has become a "health promoting school" and has identified health, welfare and recreation needs of young people as a key focus in their school. The school has developed some innovative programs to address issues such as violence and bullying and has included professional development for staff, forums for parents on issues such as adolescent sexuality and suicide, and workshops for students on grief and loss and sexuality.

Last week six students were caught at school with an illicit substance (marijuana).

Four of the students were actually smoking, a fifth was with the others and the sixth was not smoking but had a small quantity of the drug in their possession. The students were all interviewed and the police notified. The police have chosen to issue a warning to the students.

The principal and parents are concerned as they do not want illegal drug use in their school. They want to protect all students, and have decided that they must address this as a health issue as well as a discipline issue.

A meeting of representatives from the school community has come up with three proposals, and school council is to vote for one proposal at its next meeting.

Proposal A

Drug education is to be included in the year 9 and 10 health program by specially trained youth workers from the local drug and alcohol agency. The students involved will be suspended for a few days, and sign a behaviour contract before returning to school.

The students involved in the incident will be required to participate in counselling sessions run at lunchtimes. Parent education programs will be organised to help parents to identify whether their children are taking drugs. The school will review its drug policies, and set clear rules and consequences for breaking those rules. Yard duty surveillance will be increased.

Proposal B

Drug education is to be included in the year 7, 8, 9 and 10 health program, and taught by the classroom teacher who will receive special training. A special drug education forum day will be organised for year 9 & 10 once a year. Members of community agencies will be involved.

Parent education programs will be organised to assist parents to communicate with their children about drug issues. The school will consult with teachers and parents to review its drug policies, and set clear rules and consequences for breaking those rules. Yard duty will be reviewed to minimise the chances of drugs entering the school yard.

Proposal C

Drug education is to be included in the year 7, 8, 9 and 10 health program, and be taught by a trained classroom teacher with special sessions taken by a range of youth workers and trained police. A youth worker / counsellor will be available in the school for students to talk to about any issue. The students involved in the incident will be invited to participate in counselling sessions run by the welfare coordinator and / or counsellors from community agencies. Parent education programs will be organised to assist parents to communicate with their children about drug issues. Family counselling programs will be offered.

The school will consult with teachers, parents, community members and students to review its drug policies, and set clear rules and responses to drug-related issues.

Police, parents and community members will be involved in establishing procedures to prevent drugs coming in to the school.



To the rescue

Key understandings

In this activity it is intended that students should understand:

- awareness of services, and ways to access the service when / if needed
- first aid strategies and procedures that could be applied to a particular situation.

Key skills

In this activity it is intended that students develop skills related to:

- assertiveness
- decision making (critical analysis of situations and logical consequences)
- peer support.

Resources

- *Signs and symptoms of drug use worksheet p79*
- *Get Wise The A to Z of Illicit Drugs*
- *Management of harmful and hazardous drug use worksheet p80*
- *Calling for help worksheet p81*
- *Sample first aid scenario cards p82*
- *Props kit for re-enactment of first aid scenarios. For example, telephones, empty pill bottle.*

How

Teacher introduction

Explain to the class that this activity explores some of the practical ways people can prepare for a drug-related emergency situation

- Distribute *Signs and symptoms of drug use worksheet* to students and discuss
- Distribute the *Management of drug use emergencies worksheet* to students. Discuss the six-step first aid procedure for substance related poisoning. Discuss, for example: What immediate risks may arise at a substance related emergency for first aiders? Why is it important to avoid blood to blood contact? How can you avoid blood to blood contact? What special risk may injecting drug users pose for first aiders?
- Distribute the *Calling for help worksheet* to students. Discuss the correct procedure for summoning help in a substance-related emergency. Allocate a *Sample first aid scenario card* to a pair of students. Allocate students the role of 'caller' or 'ambulance officer.' The 'caller' should dial the emergency number, and practice answering the ambulance officer's standard questions, based on the information they have from the scenario card.

Level 6

Health of Individuals and populations

Learning outcome:

HIP 6.1

Analyse the positive and negative health outcomes of a range of personal behaviours and community actions.

Signs and Symptoms:

Signs are something that can be seen; symptoms are something that the patient reports that they are feeling.

First aid priorities:

Unconsciousness may affect breathing, and be life threatening so prioritise management of breathing. Severe bleeding is the next priority.

First aid skills:

Contact St John Ambulance 13 13 94 or Red Cross 9685 9990 to locate the next first aid course running in your area. Obtain course details and encourage students to enrol.



Before you begin!

To effectively teach this activity prior first aid training will be necessary. Teachers who have not had first aid training could ask another first aid trained teacher from the school to team-teach the activity. Alternatively teachers could invite a local ambulance officer to answer any questions students might have.

It will be valuable to demonstrate the six-steps of first aid before students are asked to enact their scenario.

One of the skills that students need time to practice is calling an ambulance.

- Students with the same scenario form small groups to re-create the entire scenario, including the role of ambulance officer. The six-steps in first aid are practised.

Extension activity

- Select a first aid scenario that students have not practiced (this scenario could be from p82 or a scenario that students or the teacher has developed)
- A student volunteer (or paired volunteers) leaves the room. The first aid scenario is re-created before the class. The student volunteer(s) return to the classroom, and attempt to carry out a safe and successful first aid routine on a breathing patient. Class members observe and later provide constructive feedback on the performance.

Sample questions

- A drug-related emergency can involve different people, places and drugs. In what ways can the needs of people involved in a drug-related emergency be met?

Anonymous ambulance calls

A caller does not have to give their name or any details about themselves, they may remain anonymous even if they are present when the ambulance arrives.

Safe handling

Latex gloves which easily fit into wallets and pockets can be purchased through stores branch. SRIM.

EX Examination Gloves/ 33076/\$8.76 per 100 and sold to students at cost price.

Intoxicated persons

If a person under the influence of a drug becomes violent or threatening, retreat to safety and wait for the ambulance or police to arrive.

Props

Use props such as needle-free syringes, empty and washed poison bottles, empty pill packets, gloves, blankets and toy mobile phones.

hallucinogens

mescaline, LSD, magic mushrooms, PCP, ecstasy, (cannabis)

sudden mood changes, flushed face, seeing / hearing things not present, and / or anxiety, fear, distress

depressants

barbiturates, cannabis, analgesics, methadone, benzodiazepines, heroin, inhalants, alcohol

drowsiness, confusion, slurred speech, slowed heart rate and breathing rates, and / or poor concentration

stimulants

amphetamine, dextroamine, methamine, speed, ice, cocaine, crack, ecstasy



moist skin, sweating, chills, nausea, vomiting, fever, headache, dizziness, rapid pulse and breathing, increased blood pressure, chest pain, cyanosis, dry mouth and/or decreased appetite. Respiratory distress, heart disruption.

In first aid terms, harmful or hazardous drug use is treated as if it were a poisoning, and so the management follows these principles:

1. Check for dangers to yourself, to bystanders and to the patient
 - if the patient is behaving dangerously and cannot be restrained then the police may have to be called
 - in the case of injected substances avoid needle stick injury
2. Complete a primary survey, and care for any life threatening conditions.

unconscious patient

- ☐ check *response*
- ☐ place in lateral position
- ☐ check and clear *airway*
- ☐ tilt head
- ☐ check *breathing*
- ☐ call ambulance 000
- ☐ NO BREATHING commence EAR using mask
- ☐ check pulse for circulation
- ☐ NO PULSE commence CPR



severe bleeding

- **using gloves** apply pressure, with a sterile dressing, to the injured part
 - elevate the injured part
 - rest and reassure the patient
3. Call poisons information centre **13 11 26**, and follow their instructions. If necessary call **ambulance 000**, and provide requested information.
 4. Where possible ascertain what substance was used, how much and when, and inform ambulance personnel if a designer drug was used as specialist treatment may be necessary.
 5. Calm and reassure the patient.
 6. Maintain normal body temperature.

You **do not** have to give your name and address.



When it is necessary to call an ambulance in the case of a substance related emergency, dial **000**, and be prepared to answer the following questions, in order, when asked:

Do you have a call back phone number?

Where are you?

What is the nearest intersection or land mark?

What is the main problem with the patient?

Patient details:

level of consciousness (conscious to unconscious)	
type of breathing (breathing to non-breathing)	
skin condition (moist, dry, normal)	
skin appearance (normal, pale, flushed, bluish)	
age and sex	

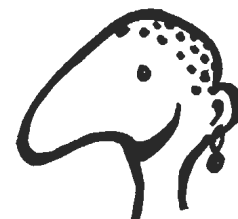


If you know that any medications or drugs have been taken, give this information.

*If needed further details can be given at this point.
Do not hang up until requested to do so.*

It is late at night, and you are waiting to be picked up after a party. You hear someone shouting for help just down the road. You walk towards the shouting. Someone asks you to get an ambulance for their friend who has been on speed, and has passed out on the street. You have a mobile phone.

Someone at a friend's party is lying on the floor, and seems to be unconscious. You believe he / she may have been using both alcohol and some other drug. There is a phone in the house.

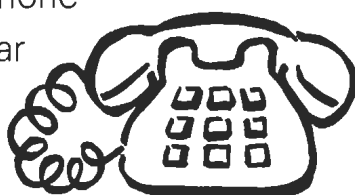


At the party some of the guys out the back have been drinking and smoking dope. One of them has fallen over, and hit his head. A lot of blood is coming from his head. He won't answer when people try to bring him round. There is a phone in the house.



You are at a party not far from your own house. A small group of kids at the party have taken a whole lot of medicines with alcohol to see what would happen. Now one of them is acting very strangely, and people are getting scared. Some people want to get help, but others are saying that they'll get into heaps of trouble if anyone's parents find out what has been going on. It seems pretty bad to you.

When you meet up with some friends down in the park, everyone is in a panic. Some of them have been smoking dope. One of them is having a really bad asthma attack after smoking for the first time. No one seems to know what to do. There is a phone in the milkbar nearby.



Your parents are out. An older cousin arrives at your place with some friends. One of the girls with her is really sick. They have been at a dance party. They plan to leave her with you until she 'comes round' as her parents will be outraged if they find out about the 'pill' she has taken. They leave her with you. She is only barely conscious.

In an emergency - a portable guide



14

Key understandings

In this activity it is intended that students should understand:

- awareness of services and ways to access the service when / if needed
- first aid strategies and procedures that could be applied to a particular situation.

Key skills

In this activity it is intended that students develop skills, for example:

- assertiveness
- decision making (critical analysis of situations, and logical consequences).

Resources

Signs and symptoms of drug use worksheet p79

Management of harmful and hazardous drug use worksheet p80

Emergency wallet card proforma p85

Emergency wallet card - student copy p86

Telephone books

Assorted cards, pamphlets from agencies and services that have information that young people can access to assist in a drug-related emergency or information support role.

It's an emergency! worksheets p87-88

How

- From *Get Wise* Activity 13 briefly review with students *Signs and symptoms of drug use* and the *Management of harmful and hazardous drug use worksheets*. Highlight the six-step first aid procedure for substance related poisoning.
- One strategy to prepare for a possible drug-related emergency is to carry a 'wallet-card'. Distribute the *Emergency wallet card - student copy* to each student. Using 'teenagers' as the selected population group the students, individually or in pairs and identify what telephone numbers and safety information they would include on their wallet card. They consider why they would incorporate this information.
- As a class discuss some of the examples of information that teenagers would choose to have on the wallet card. What might be some reasons for any similarities or differences?

Level 6

Health of individuals and populations

HIP 6.2

Analyse services and products with government and non-government bodies and how they can be used to support the health needs of young people.

The Australian Drug Foundation (ADF) has a number of readily available information cards and contact phone numbers for young people. Contact the ADF for further information on 9278 8100. DRUG info 13 15 70 ADF - www.adf.org.au ADF (DRUG info) - druginfo@adf.org.au

Teenagers may choose to select information or telephone numbers based on, for example, geographic location, cost, accessibility, interest, drug use, religious beliefs, suitability to population group.

Before you begin!

To effectively teach this activity prior first aid training will be necessary. Teachers who have not had first aid training could ask another first aid trained teacher from the school to team-teach the activity. Alternatively teachers could invite a local ambulance officer to answer any questions students might have.

Secondary
Program



Emergency Cards

Photocopy the *Emergency wallet card* onto heavy duty paper or cardboard to assist with durability. Alternatively, it may be possible to arrange for the cards, once completed, to be laminated.

Resources

Resusci face shields cost approximately \$4.00 each. Small clip seal plastic bags are sometimes available free from banks. Alternatively they may be purchased at stationers by the hundred for approximately \$1.95.

The gloves, emergency card and face shield should all fit into the clip seal bag which then fits easily into a student's wallet, purse or pocket.

It may be useful to have the two *It's an emergency!* questions written on the board. In this way students can be thinking about their response as the sheet is being passed around the group.

- Divide the class into four groups. Distribute one *It's an emergency!* question to each group (two groups will have the same question). Without discussing the question one student individually writes his/her response on the sheet of paper and then folds the paper over. The next person writes his/her response and folds the paper over. This process is continued until all the students in the small group have written their own response
- The sheet of paper is unfolded to reveal the responses of all the group members. Allow time for students in their small groups to discuss their responses, and compare their responses to the other group in the class with the same question
- As a whole class discuss the responses. Consider, for example,
 - Were the strategies suggested similar or different?
 - What factors influenced the choices about what was proposed as an appropriate strategy? (For example, what you learnt about first aid in class, past experience, personal beliefs and values)
 - How might the responses have differed if you had known the specific drug, person or place involved?

Extension activity

- Arrange for a first aid association to visit your school, and set up a display of essential items for sale
- Students consider what other strategies, aside from their wallet card, they could use in, or to prepare for, a possible emergency situation. Using a clip seal plastic bag they prepare their own portable emergency kit containing latex gloves, plastic face shield and emergency contacts wallet card.

Sample questions

1. How could the development of an emergency wallet card assist a teenager in a drug-related situation?
2. How do you know the suitability of, for example, a service, a piece of information, a course of action in a drug-related emergency?



Secondary
Program
rise

B a c k



Front

<p>Emergency numbers</p> <p>Ambulance</p> <p>_____</p> <p>_____</p> <p>Poisons Information</p> <p>_____</p> <p>_____</p>	<p>Emergency numbers</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p><i>Kids Helpline 1800 551800</i></p> <p><i>(free and confidential)</i></p> <p><i>Lifeline 13114</i></p>
<p>Severe Bleeding</p> <p>P -</p> <p>E -</p> <p>R -</p>	<p>Substance Related Poisoning</p> <p>D</p> <p>R</p> <p>A</p> <p>B</p> <p>C</p> <p>C</p> <p>C</p> <p>M</p>

Back



IT'S AN EMERGENCY!

The following question relates to a drug-related emergency situation

What would you do if you don't know the injured / affected person, but no one else seems to be taking any action?

8

7

6

5

4

3

2

1



1. First person writes their response next to number 1 then folds their response under so that the next person cannot see it. Continue this process until all people in the group have responded.
2. Unfold sheet to reveal all the responses. Discuss similarities and differences.

IT'S AN EMERGENCY!

The following question relates to a drug-related emergency situation

What can someone do if they're scared of getting into trouble if there is an emergency and help is required?



8

7

6

5

4

3

2

1

1. First person writes their response next to number 1 then folds their response under so that the next person cannot see it. Continue this process until all people in the group have responded.
2. Unfold sheet to reveal all the responses. Discuss similarities and differences.



Working on Illicits in School Education

Drug Education Resources for Schools and their Communities

brochure masters



Did you know?

Cannabis use can affect memory and motivation. This can affect grades as working and studying can be more difficult.

Cannabis can be detected in the body up to a month after use.

The effects of cannabis are in some ways similar to the effects of alcohol use. To avoid injury people under the influence of cannabis should not drive, operate dangerous machinery, swim or do other things that need concentration and coordination.

Do most teenagers use cannabis?

No, only 35% of all secondary students have ever tried cannabis. (*Victorian secondary students and drug use in 1996.*)

Do most adults use cannabis?

No, only 31% of the population have ever tried cannabis. Only 13% have used cannabis in the last 12 months.

Getting help

If you are concerned about yourself, a family member or a friend, there are many people and places you can go to for support and advice. At school, student welfare coordinators have lots of information that may be useful.

If you don't feel you can speak to school staff you can call your local hospital or council for information about youth services they offer.

You can also call:

Direct Line on 03 9416 1818

Kids Help Line on 1800 55 1800

Cannabis

Legal status

It is against the law to grow, have, sell or use any cannabis products in Victoria.

Cannabis

(Marijuana)

Cannabis
(Marijuana)

is a depressant:

it slows down the messages between the brain and the body.

get
wise
Working in Partnership with the Victorian Government

COMMUNITY SUPPORT FUND
VICTORIA