

Focus Area 2

Predicting and responding to drug use risks and consequences

The activities in this focus area are designed for Year 8 and 9 students.

Overview of Focus Area 2

This section provides an overview of the units included in the *Predicting and responding to drug use risks and consequences* focus area. It builds on the utility knowledge and skills developed in Focus Area 1. It encourages students to practise these skills in a range of situations and apply their knowledge to their own lives.

It includes patterns of use which are likely to be of lower or higher risk in a range of drug-related situations and scenarios that use harm reduction strategies and the *Five skills of resilience*. Sources of information, people and agencies available to assist in drug-related and stressful situations and first aid procedures, and other help seeking skills to use in drug-related emergencies, are also addressed.

There are two units that allow all students to take part in learning experiences that demonstrate their knowledge, skills and development of values relating to safer drug-related behaviours.

Unit 2.1 Alcohol and other drugs in a social setting

This unit focuses on students' attitudes to binge drinking. It also examines the short term harms (such as sexual harm, loss of reputation and violence) that can occur when young people are intoxicated with alcohol or other drugs or in the company of intoxicated people. Students practise strategies to avoid or reduce their risk of these harms.

Unit 2.2 Help seeking in stressful and drug-related situations

This unit focuses on the sources of accurate information and the people and agencies who can assist with stressful or drug-related situations. Students practise raising drug use issues with others and focus on the importance of looking after friends, both emotionally and physically, in drug-related situations. Students apply standard first aid procedures in a range of drug-related emergencies.

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Northern Territory Curriculum Framework Links

A list of possible links to the **Band 4** NTCF outcomes is provided below. The outcomes chosen by an individual teacher will depend on the emphasis taken when using *Safer Roads Middle Years Resource (SRMY)* and should reflect only the outcomes that will be directly monitored and for which Evidence of Learning will be gathered.

Northern Territory Curriculum Framework Links

Safer Roads has a heavy emphasis on the Essential Learnings and the Health and Physical Education Learning Area.

SRMY Focus Area	Band Level	Exit Outcomes	Learning Area - Health and Physical Education	
		Essential Learnings & Learning Technologies	Promoting Individual and Community Health <i>Outcomes and indicators</i>	Enhancing Personal Development and Relationships <i>Outcomes and Indicators</i>
2 Predict, respond to drug use risks	4	<p>Constructive Learner Con 3 Participates in efforts to value social responsibility through active and informed involvement within their family and community</p> <p>Inner Learner In 4 Assesses their wellbeing and takes action for healthy living</p> <p>In 5 Demonstrates resilience in pursuing choices and dealing with change</p> <p>Collaborative Learner Col 1 Listens attentively and considers the contributions and viewpoints of others</p>	<p>HP 4.1 Individual and Community Health and Safety</p> <p>Evaluate behaviours, situations and programs that are recognised community health needs, including substance use and explain their influence on personal and community wellbeing</p> <p>Assess the degree of risk associated with drug use, driving under the influence of alcohol and/or drugs and propose a suitable response</p> <p>Explain how taking risks can have future consequences and affect future judgements</p> <p>Research the short/long-term effects of drug use</p> <p>Devise action plans to respond to peer-group influence. E.g. Alcohol and other drugs</p> <p>Identify positive and negative aspects of risk taking and devise strategies to minimise harm</p> <p>Examine how group behaviour influences patterns of injury/disabilities or death, eg alcohol/drug misuse & road accidents</p>	<p>PD 4.1 Human Development</p> <p>Develop and explain self management skills that will assist in coping effectively in a range of situations including drug use issues</p> <p>Identify family members they should look out for and ways to fulfil these responsibilities</p>

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Northern Territory Curriculum Framework Links

A list of possible links to the **Band 5** NTCF outcomes is provided below. The outcomes chosen by an individual teacher will depend on the emphasis taken when using *Safer Roads Middle Years Resource (SRMY)* and should reflect only the outcomes that will be directly monitored and for which Evidence of Learning will be gathered.

Northern Territory Curriculum Framework Links

Safer Roads has a heavy emphasis on the Essential Learnings and the Health and Physical Education Learning Area.

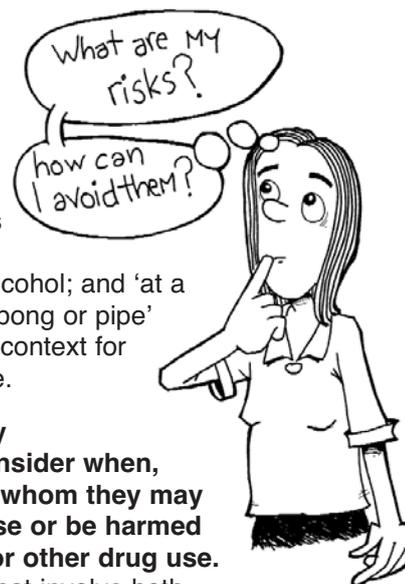
SRMY Focus Area	Band Level	Exit Outcomes	Learning Area - Health and Physical Education	
		Essential Learnings & Learning Technologies	Promoting Individual and Community Health <i>Outcomes and Indicators</i>	Enhancing Personal Development and Relationships <i>Outcomes and Indicators</i>
2 Predict, respond to drug use risks	5	Constructive Learner Con 3 Participates in efforts to value social responsibility through active and informed involvement within their family and community Inner Learner In 4 Assesses their wellbeing and takes action for healthy living In 5 Demonstrates resilience in pursuing choices and dealing with change Collaborative Learner Col 1 Listens attentively and considers the contributions and viewpoints of others	HP 5.1 Individual and Community Health and Safety Assess the degree of risk associated with drug use, driving under the influence of alcohol and/or drugs and propose a suitable response Investigate and propose action which will minimise the harm associated with potentially dangerous situations, eg. alcohol and other drugs Describe initiatives or programs developed by the community to promote health & safety, and prevent/reduce illness and injury eg. Living With Alcohol	PD 5.1 Human Development Demonstrate self-management skills that enable them to make informed decisions for healthy living and promote personal wellbeing Identify family members they should look out for and ways to fulfil these responsibilities

Focus Area 2: Predicting and responding to drug use risks and consequences

Teacher notes

- **Teachers should ensure that students have completed learning experiences from Focus Area 1** before commencing the learning experiences in this focus area. The learning experiences in this focus area build on the utility knowledge and skills developed in the previous focus area. It is important that students are familiar with and have practised the *Five skills of resilience* from Focus Area 1.
- **There is a strong emphasis in this focus area on binge drinking and the associated harms.** Among 15-34 year olds, alcohol is responsible for the majority of drug-related deaths and hospitalisations. Research shows that there has been an increase in the proportion of 12-17 year old students who drink at increasingly risky levels (from 26% in 2002 to 32% in 2005). Increased drinking levels of both female and male students provides a strong rationale for 'top up' alcohol education lessons throughout secondary school.
Sourced from NT ASSAD data (2005)
- **Harms that may affect students as a result of other people's drug use** should always be considered in conjunction with harms from one's own drug use. Studies have found that many young women (as high as 90%) report feeling sexually vulnerable as a result of their own or others' alcohol use, a small number of young men (10%) also report feelings of sexual vulnerability. Young people consistently identify violence as a potential harm in drinking situations and violence involving young people is more likely to occur at crowded venues, parties and in the home. One third of young people aged 14-17 years had experienced verbal or physical abuse by, or had been fearful of, another drug or alcohol affected person.
- **Cannabis education needs to be provided to students before regular use becomes established.** Research shows that cannabis education needs to be introduced while the number of students who have used it is low and before most young people have been exposed to the possibility of use. (13% of 12-15 year-old students have ever used cannabis compared to 31% of 16-17 year-olds). The cannabis learning experiences in this focus area build on the utility knowledge of Focus area 1 and focus on the *Five skills of resilience*, most importantly problem predicting, decision-making, assertiveness, help seeking and goal setting.
- **When creating scenarios for students to practise problem predicting, decision-making and**

coping strategies, keep in mind that research has identified that home is the most common drinking place for students and parents are the most common source of alcohol; and 'at a friend's place with a bong or pipe' is the most common context for student cannabis use.



- **Give students many opportunities to consider when, where, how and by whom they may feel pressured to use or be harmed by others' alcohol or other drug use.** Consider situations that involve both **overt** pressure from peers or family and also **covert** pressures where students put pressure on themselves to use drugs, perhaps to please or be like friends or family.
- **Send the appropriate *Parent and Student Information Sheets* in the Appendix** home to promote greater family discussion about drugs and to inform parents of the purpose and content of classroom activities.
- **Please consult the more detailed *Background Information* section of this resource before teaching this focus area.**

USEFUL WEBSITES

To order fact sheets www.dao.health.wa.gov.au

To complete a St John Ambulance first aid course www.stjohnnt.org.au/training.

For information on the Red Cross Save program www.saveamate.org.au

For illicit drug information www.drugaware.com.au

Enough is Enough Alcohol Campaign www.enoughisenough.com.au

National Tobacco Campaign www.quitnow.info.au or www.oxygen.org.au

www.drinkwise.com.au

www.ncpic.org.au

Youth friendly help sites:

Reach Out www.reachout.com.au

Kids Help Line www.kidshelpline.com.au

Somazone www.somazone.com.au

The following texts were used to prepare this information:
2005 Australian School Students Alcohol and Drug (ASSAD) Survey – NT and national results
Australia's young people: their health and wellbeing, 2003,

Unit 2.1 Alcohol and other drugs in a social setting

The activities in this focus area are designed for Year 8 and 9 students.

For students:

Key understandings

- There is a range of physical, social, livelihood and legal short term harms that can arise and accidents that can occur to young people while using alcohol or other drugs or whilst in the company of those who use alcohol or other drugs.
- Young people are vulnerable to sexual harm, loss of reputation and violence while drunk or in the company of drunken people.
- The risks associated with drug use vary depending on the circumstances, people and places in which the drug is consumed.
- It is important to know how to use a range of harm reduction and refusal strategies in a range of drug-related and social situations.

Key skills

- Predict situations and patterns of use which are likely to be of lower and higher risk in social settings.
- Identify options for behaviour in drug-related situations and predict consequences of these options.
- Anticipate and practise assertive and help seeking behaviours in a range of drug-related and social situations.
- Share attitudes and values about drug use behaviours.

Activity 1: Binge drinking and strategies to reduce the harm



RESOURCES:

- Collect an assortment of glasses and disposable tumblers.
- Collect empty bottles/cans of ready mixed spirits, wine, spirits, full/low strength beers and water or coloured water.
- Collect measuring jugs and coloured sticky dots.
- Photocopy *Resource Sheet 1: Binge drinking* – one per student.
- Coloured sticky dots – (two colours) – two of each colour per student.

HOW:

Risks of own and others' binge drinking

Remind students that most adults use alcohol in a responsible way.

Ask students to guess:

- What percentage of NT students, 12-17 years of age regard themselves as current drinkers? (In the year of the 2005 ASSAD survey) **32%**
- What percentage of NT male students who drink, had a drink within the last 4 weeks? (In the year of the 2005 ASSAD survey) **10%**
- What percentage of NT female students who drink, had a drink within the last 4 weeks? (In the year of the ASSAD survey) **17%**

Remind students that there are no known levels of 'safe' use of alcohol for young people under 18 years. Explain that while teenage drinking at 'at risk' levels (or binge drinking) may be occasional or something they only do at parties, it can result in a range of short term harms (e.g. violence, becoming sexually vulnerable, loss of reputation, injury, road trauma) for the drinker and those around him/her.

Early experimentation with alcohol can also result in later problematic use of alcohol, so it's a healthy behaviour to delay the age students start using alcohol.

Unit 2.1 Alcohol and other drugs in a social setting

Assessing attitude to binge drinking

Using a **fist of five** voting system (see p284) and the following questions, determine students' attitude towards binge drinking. (A fist indicates 'strongly disagree' and five fingers indicates 'strongly agree'.)

- Getting drunk can harm your health.
- Getting drunk can cause problems with my friends.
- Drinking is the best way to get to know people.
- If you don't drink you are not part of the group.
- People who drink are usually more popular.
- Drinking to get drunk is immature.

Identifying difficult teenage issues

Explain that while students may have decided already they are not interested in binge drinking, it's important to look at some of the harms associated with binge drinking and ways to avoid them, because many harms result from other people's alcohol use.

Distribute *Resource Sheet 1: Binge drinking* and discuss with students the potential issues that young people might face in real life when they go to a party or an event where alcohol is accessible. Show students the categories of issues on the resource sheet and ask them to write down the key issues raised under these headings.

Below are some prompts to elicit and support students' suggestions.

Parties

- What makes a good party?
- Getting home from a party
- Partying without alcohol and other drugs

Friendship

- Rumours
- Looking after friends
- Mending friendships
- Problems with boyfriends/girlfriends

Cannabis

- Impact on friendship
- Idea that it causes less problems than alcohol

Parents

- Relationships with teenagers
- An adult with whom to talk
- Honesty with parents
- Fear of parents' reaction

Alcohol

- Someone else getting your drinks
- Binge drinking
- Becoming sexually vulnerable
- Embarrassing and regrettable behaviour
- Drinking to look good or show off
- Sticking to your limits
- Alcohol and violence
- Alcohol use to blot out problems

Other

- Counselling
- Trust
- Self talk
- Talking things through

Brainstorm the main issues raised by students under the six categories. Give each student two red sticky dots and two green sticky dots and conduct a **dot vote** (see p284) on the following statements. (Alternatively ask students to vote using two different coloured chalks or whiteboard markers.)

- *Using your two red dot votes, vote for the two issues you think are most difficult for teenagers to manage.*
- *Using your two green dot votes, vote for the two issues you think are easiest for teenagers to manage.*

Tally the votes to determine the three most difficult and three easiest issues for teenagers to manage. Conduct a class discussion about reasons for this rating.

Explain that it is always useful to have a range of options or strategies up your sleeve to deal with the issues raised on *Resource Sheet 1: Binge drinking*.

Revising standard drinks

Remind students that knowing how much you have actually consumed is one such useful strategy to avoid the issue of binge drinking.

Form groups of five and ask students to study the standard drinks chart on their resource sheet.

One representative from each group comes to the front of the class to pour what he/she considers to be a standard drink of full strength beer, using the glasses and beer bottles provided.

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After the student has guessed, a 'judge' (or member of another group) pours the liquid into a measuring jug to determine whether the guess is correct. A point is awarded for a correct guess.

Continue this process using different students from the group to pour standard drinks for the following, using the corresponding bottles/cans:

- low alcohol beer
- spirits
- pre-mixed mixed spirits
- wine.

Discuss the implications of incorrect guessing and explain that knowing about standard drinks and the effects of alcohol on the body is just one strategy to reduce the harm associated with binge drinking. There are many other strategies that they need to know about and practise, so they can be used in real life if the situation arises.

Other harm reduction strategies

Students complete the *harm reduction strategies* section of the resource sheet in pairs. Give several examples for each question first, so students understand the task. Some examples are provided.

What strategies could you use to make sure you or your friends don't drink or drink at a 'lower risk' level?

- Drink water or soft drink.
- Pour your own drinks and know what is in your drink.
- Set a 'low risk' drinking limit before you start drinking.
- Drink slowly.
- Avoid 'topping up' drinks or sharing drinks.
- Avoid drinking games.
- Eat before drinking and avoid salty foods.
- Don't leave drinks unattended.
- Drink low alcohol drinks.
- Be assertive when someone offers you more to drink than you want.
- Keep busy with other activities like dancing, talking, eating.
- Remind yourself that you can make unwise decisions when you have had too much to drink.
- Remind yourself of promises you have made to family about drinking.
- Remind yourself of how you will feel tomorrow or what you want to do tomorrow.

What strategies could you use to protect yourself from violence or from harm as a result of an injury in situations where you or others have been drinking?

- Stay away from violent situations or people.
- Stay away from venues without adult supervision.
- Hang out with friends you trust.
- Agree with your friends before drinking that you can tell each other if you are getting out of control.
- Agree with your friends before drinking that you will look after each other.
- Know when to get help.
- Know how to call an ambulance or the police.
- Have a trusted adult you can call if things get out of hand.
- Don't leave a drunk person alone.
- Know basic first aid.
- Be prepared to persuade a drinker not to drive.

What strategies could you use to make sure you or your friends get home safely when you've been drinking or around people who have been drinking?

- Have a plan to get home before you go out.
- Have money for a taxi, bus, train.
- Share a lift with someone who has not been drinking.
- Call a family member or parent.
- Don't get into a car with someone who has been drinking.
- Stay the night.

What strategies could you use to protect you or others from loss of reputation or embarrassment in situations where you or others have been drinking?

- Remind yourself or others that you can make unwise decisions when you are drunk.
- Don't be alone with someone who makes you feel uncomfortable or scared.
- Say 'no' if you want to.
- Hang out with friends you trust.
- Agree with your friends before drinking that you will look after each other.

Unit 2.1 Alcohol and other drugs in a social setting

- Agree with your friends before drinking that you can tell each other if you are getting out of control.
- Have a trusted adult you can call if things get out of hand.

Conduct a **streamline** (see p275) so that groups of four have their five most effective strategies in response to each question. Share responses as a class.

Discuss

- *Are girls or boys more at risk in alcohol-related situations?* (Young females see loss of control, becoming sexually vulnerable, travelling with a drunk driver and conflict with parents as the major harms of alcohol use. Young males see becoming addicted, suffering injury, getting into fights and conflict with parents as the major harms of alcohol use.)
- *Are girls more sexually vulnerable than boys in situations where alcohol is being consumed? Why or why not?* (Studies have found that up to 90% of young women report feeling sexually vulnerable as a result of their own or others' alcohol use and a small number of young men (10%) also report feelings of sexual vulnerability.)
- *Are boys more likely to be involved in violent situations where alcohol is being consumed than girls? Why or why not?* (Young people consistently identify violence as a potential harm in drinking situations, particularly among young men and violence involving young people is more likely to occur at crowded venues, parties and in the home.)
- *How far should people go to protect or support their friends in alcohol-related situations?*
- *How does someone maintain their personal values and standards when intoxicated?*
- *How does someone maintain their personal values and standards when around people with different beliefs or standards?* Students who are unfamiliar with the *Five skills of resilience* may need to discuss these first (see p67).
- *What can friends do after the event to assist those 'at risk' or those who have been affected by the short term harms of alcohol?*
- *What services and people are available in the school and our community for teenagers who are having problems with the harms of alcohol?*

NSW Youth Alcohol Plan 2001-2005.

Reflection

Students use **thought shapes** (see p303) to reflect on this activity:



The most important thing I have learnt from doing this activity.



What I enjoyed most about this activity.



How I feel about using the skills and ideas I have learnt.



The thoughts still going around in my head after this activity.

Activity 2: Practising strategies to reduce the harms of alcohol use



RESOURCES:

- Photocopy and cut up *Resource Sheet 2: Risk cards* – one small card per student.
- Photocopy *Resource Sheet 3: Advice to a friend* – one per student.
- Make up 'lower risk' and 'higher risk' values continuum cards.
- Use harm reduction strategies from *Resource Sheet 1: My TV* (previous activity).

HOW:

Revision of drug triangle

Students will need to have completed the *Activity 2: Blood Alcohol Concentration and the drug triangle* (see Focus Area 1, Unit 1.2 p45). Remind students that it is important to revisit the drug triangle concept so they are able to predict situations and patterns of consumption that are likely to be 'lower risk' and also anticipate situations that they may find themselves in that are likely to be of 'higher risk'.

Revise the three aspects of the drug triangle if students are unfamiliar with the concept. Alcohol-related harm is dependent on **the individual** (mood, age, sex, health, previous experience with alcohol, expectations?); **the alcohol** (how much, how quickly, what strength?) and **the environment** (with friends, with strangers, near water, while driving, used with other drugs?).

Seat class in a circle and distribute a card from *Resource Sheet 2: Risk cards* to each student. (Alternatively, with a large class use two smaller circles.)

Explain that the card students have been given describes a situation involving alcohol use. They need to look at their card and do the following:

Unit 2.1 Alcohol and other drugs in a social setting

Add some more details to your card, that you think may affect the risk of this scenario. It may be some detail that makes your situation less risky or a detail that makes it more risky. (e.g. add details about the individual or about the environment or about the amount and type of alcohol that has been consumed).

Four L's model

Students complete their scenario with this extra information and place it on a 'lower risk' to 'higher risk' **values continuum** (see p283) stating whether they consider the risk of harm from their scenario to be higher risk, moderate risk or lower risk. Encourage students to think not only of health risks but also relationship, financial and legal risks (or liver, lover, livelihood and law).

Students take turns to read out their card plus the extra information that will determine where their card is placed on the continuum. For example, card reads *Drinking at a footy club wind up*. The student may state: 'My person is a 25 year-old male and he has had 3 full strength beers all night so the risk is probably low.' Alternatively the student may state 'My person is a 15 year-old female and she has had 8 full strength beers so the situation is high risk'.

Once all cards have been placed on the continuum, give students the opportunity to move their cards, giving reason for their move.

Discuss

- What do you predict may happen in some of the very risky situations which may cause harm?
- What pressures or influences might young people be under in these very risky situations?
- Which of the Five skills of resilience might be useful in some of these situations?
- What might get in the way of a young person looking after their own or someone else's safety in this 'high risk' situation?
- Can you see anything about the place or the circumstances that alcohol is consumed in that makes it more risky?
- What could be done to reduce the risk in a situation like this? (pick a card)
- In our neighbourhood/town where are young people at **most** risk from the use of alcohol?
- In our neighbourhood/town where are young people at **least** risk from the use of alcohol?

Choosing from the scenarios laid out on the floor or making up their own, students record in their workbooks an example of what they would consider as:

- high risk
- moderate risk
- low risk

Practising harm reduction strategies

Explain to students that often the real challenge is not in thinking up strategies to reduce the risk in alcohol-related situations but in carrying them out. That is why it's important to practise some of these strategies in class so they feel more comfortable to use them in real life.

Distribute *Resource Sheet 3: Advice to a friend* to each student. Remind students of the Five skills of resilience that may help them carry out these strategies. (They are around the edge of this resource sheet.)

Remind students that an important relationship skill is knowing how and when to tell someone how you feel and being able to sort out arguments. Assertive communication often works well in these situations.

If students are unfamiliar with assertive communication draw a **Y chart** (see p279) and describe in each section what assertive communication 'looks like', 'sounds like' and 'feels like'. Students may be able to assist with suggestions to put in each section.

Move students into a **circle talk** (see p272) formation and have students take the harm reduction strategies from *Resource Sheet 1: My TV* used in the previous activity with them.

Explain that students are going to practise some of the strategies on the list they developed in the last activity by using role-play. To practise the strategies, students may need to draw on some of the *Five skills of resilience*.

Call the inside circle students **A** and the outside circle students **B**. Choose from the following scenarios or ask students to suggest some risky situations that they may like to work through. Allow no longer than 60 seconds for each role-play, with the **As** and the **Bs** taking turns at responding to a scenario. (For example, if the **As** are practising using a harm reduction strategy the **Bs** must respond just the way they think the person in this role-play would, with one rule – no violence.)

Rotate the circle talk formation after each role-play so students encounter a new partner in each scenario. A whistle may be useful to stop the action.

Unit 2.1 Alcohol and other drugs in a social setting

A you are 15 and like to go to parties but you don't like to drink. **B** you are a friend and you want **A** to put in \$10 to buy alcohol for your group of friends tonight. **A** assertively get out of this situation.

B you are 14 and at a party and someone has hit their head on the side of the pool. They are bleeding badly but **A** does not want you to call the police or ambulance because the party is at their place and they know their parents won't approve of having a party while they are away. **B** convince **A** to agree to you getting help.

A you are 14 and don't enjoy drinking or smoking. Whenever you go out with **B** they put you down or tease you about either not smoking or drinking and you've had enough. **A** tell **B** how you feel without offending them.

B you are 15 and want to go to a party where you know there will be alcohol. You don't plan on drinking. You just want to go out with your friends. **A** you are **B**'s mother and want to know the details of the party. **B** explain your situation to your mother and negotiate some ground rules for going to the party.

A you are 14 and love your netball/football. Your team looks like it could be in the grand final. **B** has missed the last three games because of a hangover. **A** convince **B** not to drink this Friday night and raise the issue that you are worried about their drinking.

B you are with your mate **A** at the beach and **A** has had quite a bit to drink and starts acting really aggressively towards you in the water, grabbing you in a head lock and holding you under. **B** persuade **A** to get out of the water or make this situation safer.

A you are a 15 year-old girl and **B** you are her female friend. **B** you have met an older guy who suggests you go outside where it is quieter. You feel a little bit tipsy. **B** you go to tell **A** where you are going because you agreed to look after each other before you went out tonight. **A** you are concerned about **B** because you both don't know this guy and feel he may take advantage of **B** being tipsy. **A** assertively try to prevent any harm coming to **B**.

Discuss

- Which scenario would be the easiest to deal with in real life? Why?

- Which scenario would be the hardest to deal with in real life? Why?
- What things would stop you from being assertive or seeking help in real life?
- Was it hard to be assertive? Why? Why not?
- Do you think it helps practising these situations in class? Why/why not?
- Which of the Five skills of resilience did you use in each situation?

Reflection

Students complete *Resource Sheet 3: Advice to a friend* individually and share with a partner when completed.

Activity 3: Predicting risks of cannabis use and practising strategies to reduce the harm



RESOURCES:

- Photocopy and cut up *Resource Sheet 4: Cannabis quiz* – one set per group.
- Photocopy and cut up *Resource Sheet 5: Predicting risks from cannabis*. Attach each scenario to the outside of a clip file or large envelope.

HOW:

Students will need to have completed *Activity 3: Identifying harms and consequences relating to cannabis use* (see Focus Area 1, Unit 1.2 p48). Remind students that it is important to revisit the harms associated with cannabis because their attitudes towards cannabis may have changed or their risk of use may have changed.

Explain that like alcohol and tobacco, most people's first use of cannabis is when offered by friends or family. It is useful to think ahead about what is right and safe for them prior to such offers being made. It is also important to know how to stay safe around others who may choose to use cannabis. If students have already experimented with cannabis, it is important to consider some of the risks of harm and how they might reduce these risks to themselves and others.

Revision quiz

Explain that the purpose of the quiz is to revise some of the physical, emotional, legal and relationship harms that can result from cannabis use or the Four L's model.

Unit 2.1 Alcohol and other drugs in a social setting

Remind students that the effects of cannabis vary from person to person and will depend on the amount used: strength of the cannabis; how it is used; personal difference such as weight, size, health, mental health; whether the user is alone or with others and the user's level of tolerance to the drug. This is known as the Drug Triangle (see p48).

Students form groups. Distribute the cut up *Resource Sheet 4: Cannabis quiz* question cards first and ask students to consider the answers. Distribute answer cards to each group and ask them to match each question with its corresponding card.

Ensure students have correctly partnered the question and answer cards and discuss any surprises or issues that may need clarification.

Identifying risks

Conduct a **send a problem** strategy (see p291) by cutting up the scenarios from *Resource Sheet 5: Predicting risks from cannabis* and placing them on the outside of a clip file or large envelope. Alternatively use student generated situations involving cannabis use.

For each scenario students discuss:

- the potential harms or risks
- three or more options/choices available to handle the situation or reduce the risks
- the consequences involved in each of these options/choices.

Each group discusses and responds to the above questions for their given scenario. Students record their responses on a sheet of paper, place it in the file or envelope and pass it to the next group. Students do not read other groups' responses before responding to the scenario on their current file or envelope.

The last group reviews all the answers suggested and develops a 'top 3' prioritised list of responses for each question and reports findings back to the class.

Discuss

- Which scenario would be the easiest to deal with in real life? Why?
- Which scenario would be the hardest to deal with in real life? Why?
- What things would stop you from taking action if you were involved in this scenario in real life? (Relationship to person/s affected; level of own risk; level of risk to others; support available; level of skills of resilience, particularly resourcefulness and relationship skills; fear of reaction from friends, family or legal consequences.)

- Do you think it helps practising these scenarios in class? Why/why not?
- Which of the 'Five skills of resilience' did you use in each scenario?

Place the files at the front of the class and students discuss a risk ranking for their group for the five scenarios (1= highest risk 5= lowest risk). A member from each group records their group's risk ranking on the outside of the file.

Ask groups to justify their rankings and determine a whole class ranking.

Reflection

To personally reflect on this activity students complete the following **unfinished sentences** (see p302) and do not disclose their responses to anyone else.

My current risk of harm from cannabis use is (very high/high/moderate/low/very low) _____ because _____.

Ways that I could reduce my risk of harm or continue to maintain a 'low risk' of harm from cannabis are _____.

Some things that I need to remember when or if I am around others using cannabis are _____.

Activity 4: Predicting risks of other illicit drugs and identifying strategies to avoid the harm



RESOURCES:

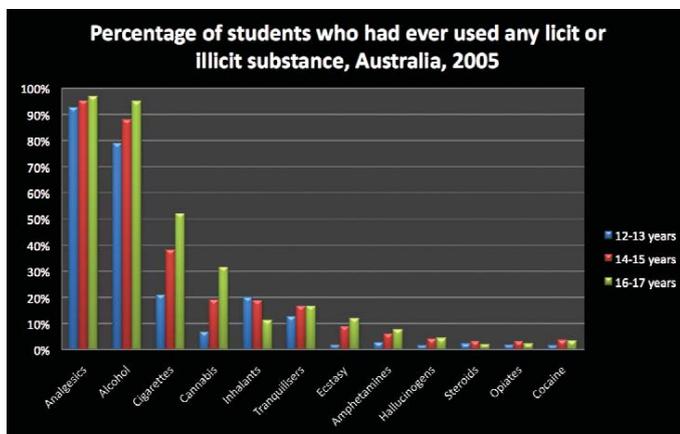
- Sufficient copies of the Drug Aware pamphlet *Facts about drugs* (see Appendix for sample copy) – one per student. These are available free on www.dao.health.wa.gov.au
Alternatively, arrange access to www.drugaware.com.au
- Photocopy *Resource Sheet 6: Illicit drugs quiz dominoes* – one for each group.
- Photocopy *Resource Sheet 7: Goal cards and illicit drug use behaviour cards* – one for each group.
- Photocopy *Resource Sheet 8: Drug use affects more than the user* – one for each group.

Unit 2.1 Alcohol and other drugs in a social setting

HOW:

Normative education

Remind students that experience with other illicit drugs (other than cannabis) is uncommon amongst secondary school students. Whilst the ASSAD (2005) Report of secondary school students' use of over-the-counter and illicit substances states that the majority of students in 2005 had not used any illicit substance, it is still relevant to consider the harms and consequences of these drugs as they do have an impact on the user, their family, friends and others in the community.



Source: ASSAD - Over the Counter and Illicit Substances Report - 2005

Classifying illicit drugs

Write the following illicit drug names on the board and get students to **brainstorm** (see p272) street names for each drug:

- **Cannabis** (*dope, weed, grass, gunga, marijuana*)
- **Amphetamines** (*speed, crystal meth, ice, rock, goey, ox blood dexties, whizz, uppers*)
- **Ecstasy** (*eccies, XTC, bickies, MDMA, pills*)
- **Hallucinogens** (*LSD, tabs, trips, acid, magic mushrooms, datura*)
- **Cocaine** (*coke, crack, C*)
- **Heroin** (*smack, hammer, horse, H*)
- **Tranquillisers** (*rohies, barbs, valium, serapax*) - illicit if used without a doctor's prescription or using someone else's prescription.

Ask volunteers to remind the class which drugs fall into:

- the **stimulant** category (amphetamines, cocaine)
- the **depressant** category (heroin, tranquillisers)
- the **hallucinogenic** category (LSD, magic mushrooms and ecstasy in large doses).

- the **multi-action** category (cannabis is mainly a depressant but also has some hallucinogenic and stimulant properties; ecstasy in small doses is a stimulant drug but in large doses can be hallucinogenic). Mark the drug names on the board with either an 'S' a 'D' or an 'MA', accordingly.

Physical risks of illicit drugs use and injecting drug use

Brainstorm (see p272) the different ways some people take these drugs (e.g. swallowing, snorting, injecting, smoking, suppositories.)

Explain that all methods of taking drugs have risks, regardless of whether a person has used the drug before or not. Injecting drug use is particularly risky due to the possibility of contracting HIV (a virus that attacks the immune system and causes AIDS), Hepatitis C (a virus that inflames the liver and may result in liver cancer) or other blood borne viruses.

Form groups and give each group a set of cards from *Resource Sheet 6: Illicit drugs quiz dominoes*. Conduct a **quiz dominoes** (see p270) activity. Each student takes a card. The first student reads out the question on their card and the student who thinks they have the corresponding answer places it next to this person's card, as in the game of dominoes. Repeat the process until all cards are laid down in a circle formation.

Mark the quiz (the correct answer to each question appears alongside the following question, as printed on the resource sheet) and discuss any queries.

Remind students that dexamphetamines, the group of drugs used to treat people with Attention Deficit Hyperactivity Disorder (ADHD) are not illegal, but buying, selling or using these drugs without a doctor's prescription is illegal. Taking any prescription medicines that are not prescribed for you is dangerous and illegal.

Explain that the quiz focused on some of the physical harms of illicit drug use but, like all drugs, illicit drugs also have a range of relationship, legal and financial harms. **Brainstorm** a range of these harms. (Use the Drug Aware fact sheets to help this strategy if students have not completed the similar activity in Year 8 (see Appendix).

Unit 2.1 Alcohol and other drugs in a social setting

Impact of illicit drug use on personal goals and other people

Explain that sometimes decisions people make about using illicit drugs when they are young can have long term implications on their health; job prospects; financial situation; relationships with people; mental health; and ability to travel many years into the future.

Explain that the following activity aims to highlight some of the long term effects that illicit drug use may have on young people's goals and aspirations and the impacts of illicit drug use on others.

Give each group a set of the goal cards and behaviour cards from *Resource Sheet 7: Goal cards and illicit drug use behaviour cards*. Students place both sets of cards face down in piles in the centre of the group then take turns to pick up a goal card and a behaviour card. They read out both cards to the group.

Use *Resource Sheet 8: Drug use affects more than the user* to discuss the following questions.

- *What are the possible harms in this situation? (Remember physical/mental, relationship, legal and financial harms.)*
- *How could this behaviour impact on this person's goal now or in the future?*
- *How could this drug use situation have been avoided?*

Students review their set of behaviour cards and decide on the card they think would have the widest effects on the user and those around them. Students consider the list of people/organisations on the resource sheet and as a group discuss each of these and decide whether a person in this drug use situation would impact on the person/organisation and how.

As a group, students place those people/organisations they think would be most affected, closest to the centre of the circle on the resource sheet and those least affected progressively further out from the user circle.

Discuss

- *Which drug use situation did your group decide had the widest effect on others? Why?*
- *What people/organisations do you think are most seriously affected by others' illicit drug use? Why?*
- *What are some of the consequences of these effects?*

Reflection

Use the following **unfinished sentences** (see p302) for students to reflect on this activity.

Ask students to write their responses before sharing with a partner or small group.

- A personal goal that I would like to achieve is....
- Key steps that will help me achieve this goal are....
- Two allies I could use to support me to achieve this goal are....
- Using illicit drugs would not help me achieve this goal because....

Binge drinking

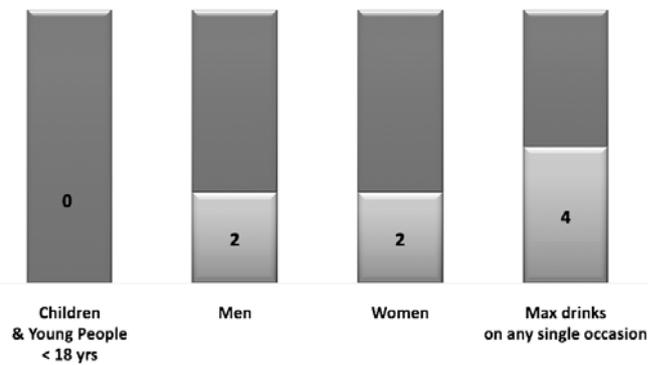
What issues about each of these topics could teenagers be affected by when they binge drink?

Parties	Parents
Friendship	Alcohol
Cannabis	Other

WARNING • WARNING

- There are no safe drinking levels for children and young people under 18 years of age. Teenagers are especially vulnerable to the damaging effects of alcohol on the developing brain, are less experienced drinkers, have smaller body mass and will be affected by alcohol more quickly than adults.
- Generally, females are affected more quickly than males by alcohol.
- Sobering up can't be speeded up – the body can metabolise about one standard drink per hour.

Guidelines to reduce short & long term harms from alcohol use



Summary of guidelines to reduce short and long term harms from alcohol use showing the recommended no. of alcoholic drinks recommended per day for children, males and females.

Adapted from the *Australian Alcohol Guidelines* (2009); National Health and Medical Research Council (NHMRC).

Harm reduction strategies

What strategies could you use to make sure you or your friends don't binge drink?	What strategies could you use to protect yourself from violence or harm as a result of an injury in situations where you or others have been drinking?
What strategies could you use to make sure you or your friends get home safely when you've been drinking or around people who have been drinking?	What strategies could you use to protect yourself or others from loss of reputation or embarrassment in situations where you or others have been drinking?

Risk cards

Drinking at home with parents	Drinking on public transport
Drinking at a football wind up	Drinking to get drunk
Binge drinking (7 or more drinks for males and 5 or more drinks for females on one day)	Tasting drinks at parents' party
Drinking at the beach	Drinking in the car
Drinking alone	Going to an unsupervised party
Letting someone else pour your drinks	Arriving home drunk
Looking after a drunk friend at a party	Letting a drunk adult drive you home

Risk cards

 Drinking while using cannabis	 Drinking in the company of mostly people you don't know
 Being around others who are binge drinking but not drinking yourself	Getting into an argument with someone who has been drinking
 Drinking spirits from the bottle at a party	Drinking at the park
 Drinking while using strong pain relievers	Drinking every day
 Drinking outside a no-alcohol underage event	Drinking when it is against your religious beliefs
 Buying alcohol for others	Going to a party without pre-arranging a lift home
 Leaving your drink unattended	Drinking at a pool party
	

Advice to a friend

Five skills of resilience:

1. *Helpful and positive thinking:* (using humour; talking to yourself positively)
2. *Resourcefulness:* (practising predicting and solving problems; making decisions; setting goals; being persistent)

Imagine you have a friend of a similar age to you in one of the following situations. What advice would you give him/her to avoid or reduce the risks from this situation?

- They are about to be driven home by an adult who has had too much to drink.
- They are being hassled to do what everyone else is doing but don't feel comfortable about doing it.
- They regularly drink too much on the weekends.
- They end up looking after drunk friends whenever they go out.
- They find themselves in a violent situation caused through the use of alcohol or other drugs.
- They are worried about their parents' drinking.
- They are with someone who is coming on too strong.
- They have damaged a friend's property while drunk.
- They want to make sure they don't get drunk at a party.

Which of the Five skills of resilience would be useful for your friend in this situation?



5. *Self-understanding:* (knowing your strengths and limitations; knowing what you value; being able to show courage and reflect on your actions)

3. *Understanding emotions:* (e.g. being able to control your feelings and behaviours and reading how others are feeling so you can get along with them)

4. *Relationship skills:* (knowing how and who to talk to when you or someone else needs help or has a problem and being able to sort out disagreements)

Cannabis quiz

Q: What are some *physical/mental* effects of cannabis that may appeal to some people?

A: In small amounts cannabis can cause some people:

- to feel more relaxed and calm
- make them talk and laugh more than usual
- to forget their problems
- to increase their appetite
- to be more aware of sensations like colour and sound.

Q: What are some *physical/mental* effects of cannabis that are not so appealing? (think short and long term effects)

A: When used in large amounts or for a long period of time cannabis can cause:

- nausea and vomiting
- hallucinations
- memory loss
- risk of bronchitis and lung cancer
- mental health problems such as paranoia and psychosis
- irregular periods
- lowered sperm count
- dependence on the drug.

Q: What are some relationship or *social harms* that may result from cannabis use?

A: Cannabis use can affect a person's relationship with family, friends, teachers and work colleagues.

A user may:

- upset family/friends/school/work by using an illegal drug or breaking family/school rules and laws
- become involved in risky behaviour that results in injury, loss or reputation, unwanted or unprotected sex or violence
- lack motivation and not want to do things with friends and family
- become dependent on the drug and have no time for friends and family or argue over money with them
- become paranoid or psychotic and become difficult to live with.

Cannabis quiz

Q: What are some *livelihood* or work/school harms that may result from cannabis use?

A: The user may:

- lose their job or fall behind at school as a result of the lack of motivation that cannabis may cause
- lose their job or be expelled from school due to drug convictions or use
- not be successful in getting a desired job as some companies require police computer searches so prior use may affect their future job prospects
- not be able to travel to some countries for work or pleasure. Some countries (USA, Japan) will not allow visa entry if the applicant has a cannabis conviction
- not be able to get a credit card if they have a criminal record.

Q: What are some *legal* problems that may result from cannabis use?

A: It is illegal to possess, use, supply, grow and import cannabis in Australia.

Under police discretion, adults can be fined or given a prison sentence for selling, supplying or growing cannabis plants.

If a person under 18 is found by police *growing* or *using* cannabis, police can:

- give them a warning, let their parents know and record the details of their offence on the police computer system
- refer them to a Juvenile Justice Team
- refer them to the Children's Court.

Q: Do you know what percentage of people 14 years and older have ever used cannabis?

A: 33.5% of people 14 years and older have reported using cannabis at some time in their lives. This means that 66.5% of people 14 years and older have never used cannabis at all.

Less than 10% of people 14 years and older have used cannabis recently (in the last 12 months or less).

Most cannabis users do not use other drugs.

Source: 2007 National Drug Strategy Household Survey (NDSHS)

Predicting risks from cannabis

You are hosting a party and have promised your parents that there will be no alcohol or other drugs there. Your parents have stayed home to supervise the party. You find a couple of your friends in the backyard passing a bong around. You know if your parents find out it will be the last party you ever have.

- What are the possible harms or risks in this situation?
- Think of three or more options/choices available to you to handle the situation or reduce the risks.
- What consequences are involved in each of these options/choices?



A person in your group of friends tells you he/she thinks a student in your year group is selling cannabis to Year 8 students because they overheard a conversation at lunchtime between this student and some of your brother's friends. You are worried about your brother and what you should do.

- What are the possible harms or risks in this situation?
- Think of three or more options/choices available to you to handle the situation or reduce the risks.
- What consequences are involved in each of these options/choices?

You went to a friend's house for their sister's 18th birthday party. Some of the guests are in a bedroom smoking a joint. They offer it to you and you have a few puffs. Your friend's father comes into the bedroom and finds you there and calls your parents to explain what has happened and asks them to pick you up.

- What are the possible harms or risks in this situation?
- Think of three or more options/choices available to you to handle the situation or reduce the risks.
- What consequences are involved in each of these options/choices?



Predicting risks from cannabis

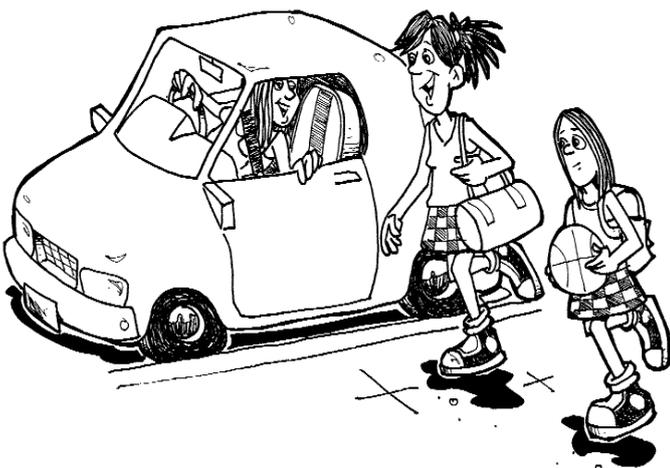
You catch the same school bus as your brother's friend who is in Year 12. The friend asks you to take some cannabis home with you for your brother. He asks you to come to the back of the bus so he can give it to you without the driver seeing.

- What are the possible harms or risks in this situation?
- Think of three or more options/choices available to you to handle this situation or reduce the risks.
- What consequences are involved in each of these options/choices?



You are walking home from netball training with your older sister. One of her friends drives up and offers you both a lift home. You smell cannabis in the car and think that the friend looks stoned. You know she should not be driving and are worried about getting into the car.

- What are the possible harms or risks in this situation?
- Think of three or more options/choices available to you to handle this situation or reduce the risks.
- What consequences are involved in each of these options/choices?



You and a group of friends are worried about one of your friends who seems to smoke cannabis each weekend. He/she has been wagging school, borrowing money and has dropped out of lots of activities he/she used to do with you.

- What are the possible harms or risks in this situation?
- Think of three or more options/choices available to you to handle the situation or reduce the risks.
- What consequences are involved in each of these options/choices?



Predicting risks from illicit drug use

A: *True:* Drug users in Australia who have been injecting for 4-8 years have an 80% chance and, over 8 years a 100% chance, of being infected by Hep C.

Rates of infection have fallen since 1985 when safer injecting drug strategies were introduced.

Q: In Australia, at least 90% of all new Hep C infections are caused through injecting drug use. *True or false?*

A: *True:* Amphetamines can cause brain damage. Overdosing or using large amounts increases the body temperature which causes brain damage. An overdose may also result in excessive water consumption which causes the cells in the body to swell and can result in brain damage or death. Amphetamines often contain other substances that are toxic to the brain. Regular use of amphetamines can also affect the brain causing problems with concentration, moods and psychosis.

Q: Amphetamines (speed) can cause brain damage. *True or false?*

A: *True:* Combining amphetamines with other stimulants can result in severe dehydration, high body temperature, heart seizure and even death.

Combining two drugs of a similar nature, such as two stimulants or two depressants can lead to an overdose.

Q: Combining amphetamine (speed) with other stimulants such as ecstasy or cocaine is very risky. *True or false?*

A: *True:* Most illicit drugs are mixed or 'cut' with other substances to increase the weight and the dealer's profits. Some cutting agents include milk powder, talcum powder, brick dust, cleaning agents, fertilisers and rodent poisons.

The purity level of these drugs is difficult to predict and overdoses may result when a drug with an unusually high level of purity is used.

Q: Illicit drugs are often mixed with other drugs when they are sold on the street. *True or false?*

A: *False:* Injecting drug use is very dangerous. Sharing needles can result in infections, such as HIV, Hepatitis B and C and blood poisoning. Injecting undissolved solids from impure drugs can block blood vessels and cause vein collapse or gangrene. Abscesses at the site of the injection are also common. Once injected a drug reaches the central nervous system within seconds and cannot be removed from the blood. This makes overdosing a real risk. Drugs that are taken by mouth may be vomited or pumped from the stomach.

Q: Injecting drug use is no more dangerous than any other way of using drugs. *True or false?*

Predicting risks from illicit drug use

A: *True:* Alcohol dehydrates the body and so can ecstasy. If the user is exercising (e.g. dancing) dehydration can reach dangerous levels and cause brain damage.

Mixing drugs of a different nature can lead to unpredictable, often dangerous results.

Q: Combining alcohol and ecstasy can result in dangerous dehydration. *True or false?*

A: *True:* HIV is transmitted when infected blood, semen or vaginal fluids pass through the skin and into the bloodstream of an uninfected person. So both sharing needles and having unprotected sex can transmit the HIV virus.

Q: HIV can be transmitted by sharing needles and other injecting equipment. *True or false?*

A: *False:* Hepatitis C is a blood borne virus that can be transmitted by sharing needles, getting a needle stick injury, using unsterilised tattooing or piercing equipment, or having unprotected sex.

If an injecting drug user does not use new or sterilised equipment they are at high risk of contracting Hep C.

Q: A person who injects a drug for the first time has a very low risk of contracting Hepatitis C. *True or false?*

A: *False:* Alcohol can make the liver damage that Hep C causes even worse. People who have Hep C are advised not to drink alcohol.

Q: A person who has Hep C is OK to drink alcohol. *True or false?*

Goal cards and illicit drug use behaviour cards

Drug use behaviour cards

A Year 12 student gets caught by police while under the influence of cannabis while driving on P plates.

A Year 11 student attends a dance venue where ecstasy and amphetamines are being used.

A Year 10 student looking after someone else's ecstasy tablets in their bag at school.

A Year 12 student regularly takes her mother's Valium (tranquillisers).

A Year 11 student gets caught by police selling amphetamines at a park.

A Year 11 student who regularly uses alcohol and crystal meth.

A Year 12 student smokes cannabis during exam times to relax.

A Year 12 student tries ecstasy for the first time with strangers.

Goal cards

Wants to get licence

Wants to get a steady girlfriend/boyfriend

Wants to join the army or air force after leaving school

Wants to get a well paid job after leaving school

Wants to graduate from school

Wants to travel overseas, particularly USA

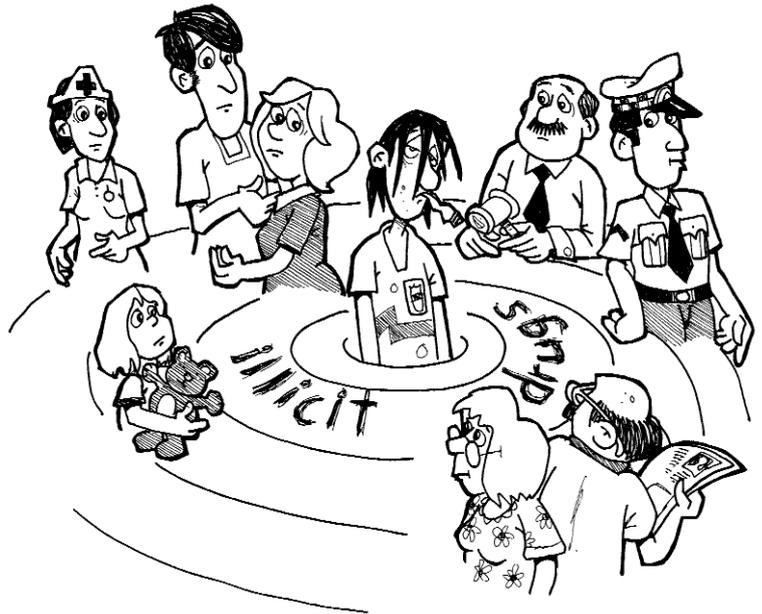
Wants to buy a car

Wants to play state grade football/netball

Drug use affects more than the user

Take turns to pick up a goal card and a behaviour card. Read out both cards to the group.

- *What are the possible harms in this situation? (Remember physical/mental, relationship, legal and financial harms.)*
- *How could this behaviour impact on this person's goal now or in the future?*
- *How could this drug use situation have been avoided?*

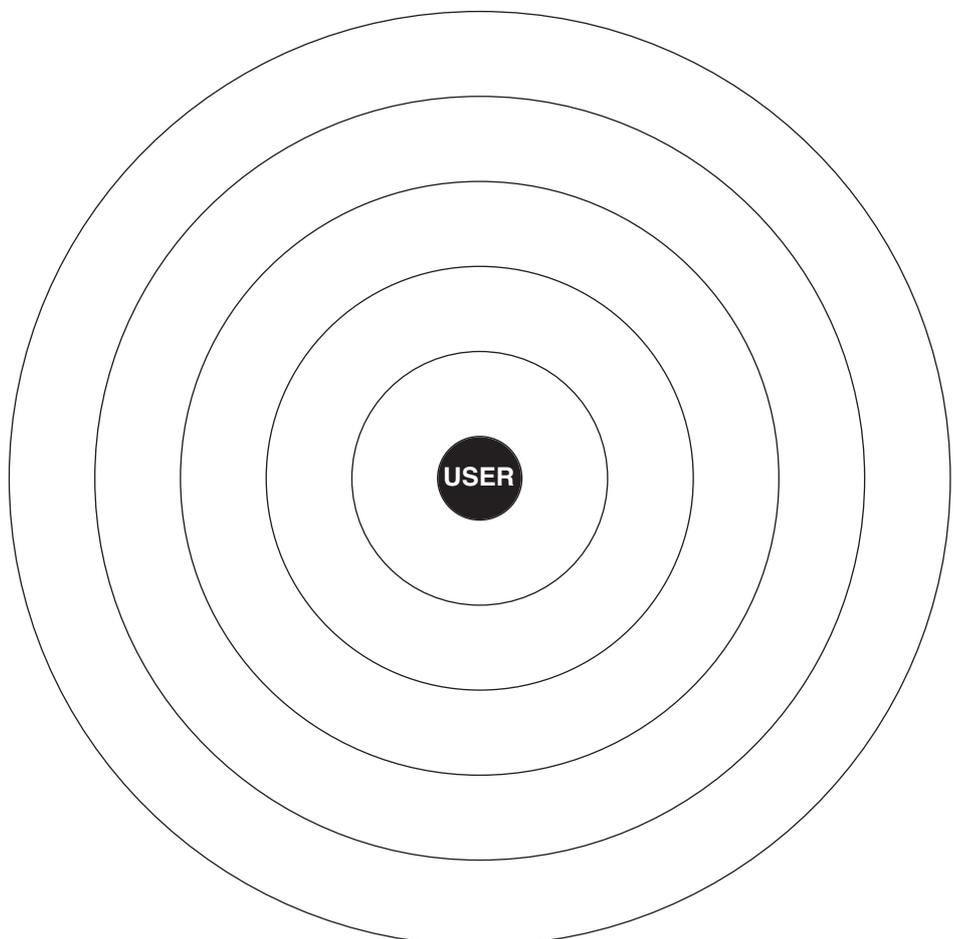


Now look at the set of behaviour cards again. Which card would have the widest effects on the user and those around them? Look at the list of people/organisations below. This may help you decide on a card.

When you have chosen your card discuss in more detail if and how each of the people/organisations below would be affected by this person's drug use behaviour.

List those people/organisations you think would be most affected closest to the centre of the circle and those least affected further out from the user circle. Make sure you can give reasons for your answers.

1. parents
2. employers
3. brothers or sisters
4. ambulance officers
5. close friends
6. emergency hospital staff
7. other family members
8. police
9. school staff
10. insurance agencies
11. neighbours
12. children's court
13. bystanders in the community
14. drug and alcohol counsellors
15. tax payers
16. others?





Assessment Task

Keeping a friend safer

You and a friend have agreed to look after each other around drugs and have identified tobacco, alcohol, cannabis and ecstasy as the drugs that you may be exposed to in a social situation.

The drug experience

- Consider each of the drugs above and evaluate how the factors below may affect your friend's drug experience:
 - factors relating to your friend (mood, age, sex, health, previous experience, expectations)
 - factors relating to the drug (how much, how quickly, what strength)
 - factors relating to the environment (with friends, with strangers, near water, while driving, used with other drugs).

- What strategies can you use to make sure you and your friend stay safer in social situations? You might want to consider strategies to:
 - avoid or reduce the harms from these drugs
 - get home safely
 - avoid regrettable behaviours such as vomiting; violence; road trauma from intoxicated drivers; or becoming sexually vulnerable.



Useful websites:

- www.oxygen.org.au
- www.enoughisenough.com.au
- www.drugaware.com.au
- www.quitnow.info.au
- www.reachout.com.au
- www.kidshelpline.com.au
- www.somazone.com.au
- www.saveamate.org.au
- www.adf.org.au

You can present your information in as creative a way as you like.

Unit 2.2 Help-seeking in stressful and drug-related situations

The activities in this focus area are designed for Year 8 and 9 students.

For students:

Key understandings

- There is a range of sources of accurate information about drug use issues.
- There is a range of people and agencies who can assist with stressful or drug-related situations.
- Relationship skills, such as knowing how and who to talk to when you or others need help with a drug-related issue, are important resilience skills that can prevent problematic drug use issues from developing.
- It is important to look after friends, both emotionally and physically, in drug-related situations.
- There are standard first aid procedures to follow in drug-related emergencies.

Key skills

- Anticipate and practise assertive and help seeking behaviours in a range of stressful and drug-related situations.
- Share attitudes and values about seeking help for self and others experiencing stressful or drug-related problems.
- Practise first aid procedures in drug-related emergencies.

Activity 1: Who's out there to help?



RESOURCES:

- Photocopy *Resource Sheet 1: Helpful people, agencies and resources* – one per student.
- Photocopy *Resource Sheet 2: Who could help?* – one per group.
- Access to internet to review suggested websites. (see *Resource Sheet 1*)

HOW:

Five skills of resilience

Remind students of the *Five skills of resilience* or explain in detail if they are not familiar with them (see *Unit 1.3: Resilience and harm reduction strategies in practice* p67)

- **Helpful and positive thinking:** using humour; talking to yourself positively.
- **Resourcefulness:** practising predicting and solving problems; making decisions; setting goals; being persistent.

- **Understanding emotions:** being able to control your feelings and behaviours and reading how others are feeling so you can get along with them.
- **Relationship skills:** knowing how and who to talk to when you or someone else needs help or have a problem and being able to sort out disagreements.
- **Self-understanding:** knowing your strengths and limitations; knowing what you value and standing up for those values; being able to show courage and reflect on your actions.

Explain that while all these skills help us bounce through the pitfalls and problems that are a part of everyday life, relationship skills such as help-seeking and assertive communication are very important in preventing problematic drug use. The following activities will help them develop and practise their help seeking skills.

The minority of young people who have problematic drug use problems often use drugs to escape emotional pain or solve their problems, believing they can not lead happy lives without the use of drugs. Dealing with problems alone is not a long term healthy option.

Unit 2.2 Help-seeking in stressful and drug-related situations

Identifying sources of help

Conduct a **one minute challenge** (see p269) asking students to identify as many different people, agencies and resources they can think of that they could access if they had a situation or drug use issue that was stressing them.

Distribute *Resource Sheet 1: Helpful people, agencies and resources* to each student. In pairs students consider the advantages and disadvantages of each source of information or assistance. Hear feedback. (Possible considerations would be confidentiality; expertise; accessibility; cost; trust; comfort level involved; chances of positive or negative outcomes; effect on relationships.)

In pairs, students access the websites suggested on the resource sheet, spending no more than five minutes on each site, to respond to the following focus question.

How could this site help you or a friend seek information about a drug or help with a drug-related problem?

Identifying best source of help for specific problems

Explain that different drug use problems often require different sources of help. For instance, it may be OK to use the National Cannabis Prevention and Information Centre (NCPIC) at ncpic.org.au/ (telephone 1800 30 40 50) to clarify some effects of cannabis that may be worrying you, but someone whose cannabis use is affecting their school work, may need more help than can be provided by a website.

In groups, students consider each situation on *Resource Sheet 2: Who could help?* They need to agree on the three most useful sources of help for each situation and justify their choices.

Discuss

- *Why might a friend reject your suggestions to get help?* (Many people who use drugs do not see their use as a problem; fear of getting into trouble; fear of losing friends.)
- *How easy do you think it would be to discuss a friend's drug use issue with them?* (Often very difficult. The role plays in the next activity may illustrate this.)
- *How easily do you think a student could approach a teacher/counsellor at our school? Why?* (Discuss strategies that would make it easier if students suggest that it would be difficult.)
- *What might be some barriers that might prevent you or your friends from asking for help with problems or drug use issues?* (Fear of lack of confidentiality; fear of getting into trouble; fear of losing friends; not feeling confident.)

Reflection

Students use the **90 degree thinking** (see p278) strategy to write down information they have gained from the activity and the implications of this information on their own lives. For example, I know there are a range of free counselling advice services available, so if I ever had a problem that I couldn't talk to Mum or a friend about, I could use this service.

Activity 2: Practising offering help to others in drug-related situations



RESOURCES:

- Photocopy *Resource Sheet 3: Helpful questions* – one per group.
- Photocopy and cut up *Resource Sheet 4: A friend in need* – one *Supporter* card and one *Friend* card per pair of students.
- Collect hats/scarves for props (optional).

HOW:

Offering emotional support

Explain that sometimes the harms that result in situations involving alcohol and other drugs may not always be those that need physical help (such as getting an adult to help with an out of control party or calling for medical help). There may be situations that require emotional help and support. As a friend it's sometimes a bit tricky to offer this help.

Explain that the following activity aims to help students practise offering help to others in a range of drug-related situations. This may help students understand what this might feel like and how they might overcome some of the barriers that might hinder them from offering this support in the first place.

Ask students to suggest a range of situations when they should be concerned about a friend (e.g. when they appear depressed for long periods; when someone diets for very long periods; when they are always getting into fights after drinking alcohol; when they are using smoking as a means of weight loss; when their drug use is affecting their school work or relationships).

Brainstorm (see p272) the qualities of a person (**not** actions) that would make a good supporter for someone who:

- wished to stop or reduce smoking
- was binge drinking on a regular basis but didn't see this as a problem

Unit 2.2 Help-seeking in stressful and drug-related situations

- was smoking cannabis on a regular basis but didn't see this as a problem

(e.g. non-judgmental; good listener; offers more support than advice; can be relied on).

Practising using helpful questions

Discuss that sometimes people do not see their own drug use as a problem and this may make offering support a bit tricky. For example, it may be easier to support a friend who is trying to stop smoking than a friend who binge drinks regularly but does not see this as a problem. Sometimes just asking the right questions can help these people realise they may have a problem with their drug use.

Distribute *Resource Sheet 3: Helpful questions to groups* or write the following questions on the board:

- What are the things you like about smoking/drinking/using cannabis?
- What are the not-so-good things about smoking/drinking/using cannabis?
- How do the good and not-so-good things about smoking/drinking/using cannabis weigh up?
- Are you interested in quitting or reducing smoking/drinking/cannabis use?
- What could you do to quit or reduce smoking/drinking/cannabis use?
- How could I help you to quit or reduce smoking/drinking/cannabis use?

Read out a *supporter* role card from *Resource Sheet 4: A friend in need* to the class and give a student the corresponding *friend* role card to read aloud.

Demonstrate using these questions in an example **role-play** (see p289) with this student. Ask the rest of the class to act as *observers* to assess how well the offer of support went and offer prompts and other suggestions.

When students understand what is required of the role-play, divide them into groups of three. One student acts as *supporter* and receives a *supporter* role card, one as the *friend* involved in a drug use situation and receives the corresponding *friend* role card. The third student is an *observer* who may assist the *supporter* with prompts or questions.

Students practise their role-plays then perform them to another group (the *observer* may still prompt) and have each group give feedback.

Rotate the role card pairs several times, giving students a chance to alternate roles as *friend*, *supporter* and *observer* in a range of drug-related situations.

It is useful to give each *friend* student a hat or scarf so it is easier for these students, who are role-playing people with drug use issues, to step out of role at the completion of the activity.

Students may need to revise possible sources of help from previous activity before conducting role-plays.

Discuss

- **Supporters**, was the conversation you had with the friend natural or was it a bit forced? Why?
- **Friends**, if you were in this situation in real life, how do you think you would feel if a friend spoke to you like this?
- **Observers**, what might the characters in your role-play have been most afraid of?
- What could be some reasons why a friend may reject your suggestions that they may need help with their drug use? (Many people who use drugs do not see their use as a problem; fear of getting into trouble; fear of losing friends.)
- How easy do you think it would be to discuss a friend's drug use issue with them? (Often very difficult.)
- What might be some barriers that might prevent you or your friends from asking for help with problems or drug use issues? (Fear of lack of confidentiality; fear of getting into trouble; fear of losing friends; not feeling confident.)
- What would help you or your friends ask for help with a problem or a drug use issue?
- Are these relationship skills useful even if you don't know anyone who has a drug use issue? Why? Why not?
- Where else could you use these skills?

Reflection

Students use **thought shapes** (see p301) to reflect on this activity:

-  The most important thing I have learnt from doing this activity.
-  What I enjoyed most about this activity.
-  How I feel about using the skills and ideas I have learnt.
-  The thoughts still going around in my head after this activity.

Activity 3: Practising seeking help in drug-related emergencies



RESOURCES:

- Photocopy *Resource Sheet 5: Basic life support guidelines* one per student or organise access to www.stjohnnt.org.au.
- Photocopy *Resource Sheet 6: Emergency situations* – one per student.

Unit 2.2 Help-seeking in stressful and drug-related situations

HOW:

Risks of poly-drug use

Explain that because alcohol and other drugs can have harmful effects, users may find themselves in dangerous situations. Therefore, using alcohol or other drugs alone or leaving someone who has used alone can be very dangerous.

There is a greater chance of harm if more than one drug is used at the same time, especially when the drugs are illegal drugs, because of the unknown content and purity. These risks also apply when mixing over-the-counter drugs, prescription drugs and alcohol.

Explain that poly-drug use may lead to overdoses and emergency situations. For example, taking two **depressant** drugs, such as alcohol and cannabis or alcohol and tranquillisers, increases the depressant action of these drugs (lowered breathing and heart rate) sometimes to dangerous levels. Alternatively, using a **depressant** drug, such as alcohol with a **stimulant** such as ecstasy, will often mask the depressant effect of alcohol, however, thinking and coordination are still impaired which may result in very risky behaviour.

DRSABCD

Distribute *Resource Sheet 5: Basic life support guidelines* to each student and read through as a class. Explain that for all first aid situations the first priority is as follows:

- D**anger
- R**esponse
- S**end for help
- A**irways
- B**reathing
- C**PR (cardiopulmonary resuscitation)
- D**efibrillation

Demonstrate a **simulated** DRSABCD response with a volunteer student, stressing that the reason that the chest compressions are only **simulated** is that it is dangerous to perform CPR on a breathing patient.

Following the demonstration, students recall the steps involved in DRSABCD to a partner, while the partner uses the resource sheet to check for accuracy. Swap roles.

Stress that for all situations, if the students are unsure about what to do or feel scared, they should call for an ambulance (000 or 112 for mobile phones). It is important not to delay because they think they may get their friend into trouble. Ambulance officers don't have to involve the police unless there is a death or they feel threatened by violence.

If parents can't be contacted in an emergency or if students feel uncomfortable about contacting their parents, this will, in most cases, be done by the attending medical doctor for patients under the age of 16 years. Ambulance officers do not contact parents.

Explain to students that it is the patient, not the person who calls the ambulance, who will have to pay for the ambulance.

Alternative

Instead of explaining the DRSABCD procedure to students, they can complete Session 1 and 2 of St John's interactive free online first aid program at www.firststatscene.com.au.

Applying DRSABCD

Distribute *Resource Sheet 6: Emergency situations* to each student. In groups of four, students appoint a *reporter* and discuss the following question.

What first aid strategies could each of the characters in the scenarios use?

The *reporter* from the first group reports on the group findings for the first scenario. Continue to hear the findings for each scenario ensuring that each group has a chance to provide feedback to one scenario. Allow time for *reporters* from other groups to add additional strategies.

Use the table below to check the accuracy of students' responses and correct misinformation accordingly.

Scenario 1: Ben

First aid:

- DRSABCD
- Stop bleeding.
- Will need urgent medical aid because bleeding from the head could indicate a fractured skull; internal bleeding or concussion.

Scenario 2: Meg

This is not an emergency scenario but illustrates the importance of the universal precautions of DRSABCD and always looking after friends when they have been drinking.

First aid:

- Check whether she will respond when roused.
- Place into recovery position so she does not choke on vomit.
- Contact parents/another responsible adult and stay with her until an adult arrives.

Unit 2.2 Help-seeking in stressful and drug-related situations

Scenario 3: Carly

First aid:

- Contact her parents/other adult.
- Stay with sister.
- Notify police as soon as possible.
- Get medical help if she continues to feel unwell.
- Get a urine test within 12 hours at a GP or through the police.

Scenario 4: Callum

First aid:

- DRSABCD
- Contact parents/another adult.
- Seek medical attention if adults can't be contacted; if the friend has difficulty breathing: becomes drowsy or unconscious.

Scenario 5: Tom

First aid:

- DRSABCD
- Contact parents/another adult.
- Seek medical attention if adults can't be contacted; if headache gets worse: if he vomits; becomes drowsy or becomes unconscious again.
- Someone stay with him at all times as a headache could be a sign of other head injuries.

Scenario 6: Lauren

This is a serious medical emergency.

First aid:

- DRSABCD
- Stay with Mum and check breathing until ambulance arrives.

Scenario 7: Kieran

Boys may feel unsure about approaching patient in first place due to possible aggressive reaction from patient's friends. In which case, they could notify railway staff or other adults nearby. If a person intoxicated with particular solvents participates in vigorous exercise, there is the risk of heart failure (known as 'sudden sniffing death syndrome').

First aid:

- DRSABCD
- Place in recovery position if breathing.
- If not breathing, commence CPR until medical help arrives.

Scenario 8: Tessa

First aid:

- Take sister to first aid tent at venue.
- Encourage her to drink water and rest.
- Tell first aid staff about ecstasy tablet.

Process each scenario with appropriate questions from those suggested below.

Discuss

- What are the possible consequences of these first aid strategies for the young people involved in this scenario?
- How likely is it that this scenario would occur in 'real life'?
- How could this scenario be prevented?
- What barriers might stop you from helping out in an emergency?
- What things might make it easier for you to help out in an emergency? (Knowledge of first aid; an understanding with your friends that you'll look after each other when you go out; understanding with parents/another adult that you can contact them if things get out of hand.)

Reflection

To personally reflect on this activity students create personal 'wallet cards' that record vital information for an emergency situation.

Example:

Name: _____

Address: _____

Phone number: _____

Parent/another adult's phone number: _____

Taxi number: _____

DRSABCD action plan steps:

1 _____

2 _____

3 _____

4 _____

5 _____

6 _____

7 _____

Helpful people, agencies and resources

Imagine you or a friend wanted to find out some information about a drug or had a problem with drug use.



	What are the advantages of using this source of help?	What are the disadvantages of using this source of help?
Talk to your friend and tell him/her you are worried about them.		
Talk to a friend.		
Send an anonymous letter to your friend's parents.		
Talk to your parents.		
Talk to your friend's parents.		
Talk to your older siblings or other family members.		
Talk to your friend's older siblings or other family members.		
Talk to a teacher you respect.		
Talk to a school counsellor or chaplain.		
Talk to a doctor.		

Helpful people, agencies and resources

	What are the advantages of using this source of help?	What are the disadvantages of using this source of help?
Talk to a drug and alcohol worker.		
Suggest your friend talks to the police. Talk to the Aboriginal Alcohol and Drug Services.		
Talk to a youth worker or social worker. Call Lifeline NT free counselling advice on 13 1114		
Call Kids Help Line free counselling advice on 1800 551 800.		
Call the Alcohol and Drug Information Service (ADIS) confidential drug information and advice on 1800 131 350.		
Call the Quit Line on 131 848		
Look at a useful youth friendly website, such as Drug Aware and Enough is Enough.		
Crisis Line (NT Wide) 1800 019 116		
QUIT line (NT Wide) 13 78 48		
Drug and Alcohol Clinical Advisory Service (DACAS) 1800 111 092		
Alcohol and other Drugs Service, Darwin (08) 8948 0087		
Alcohol and Other Drug Services, Central Australia (08) 8951 7580		
National Cannabis Hotline 1800 30 40 50		

Who could help?

Problem	As a group decide on the three most useful sources of help for each problem.
<p>You are really stressed about your recent poor test results in Maths.</p>	
<p>You are really stressed about a big fight you had on the weekend with your boyfriend/girlfriend/best friend.</p>	
<p>You are really stressed about how things will work out living at two houses now your parents have separated.</p>	
<p>You are worried that friends you have invited over for a party will bring alcohol and your parents have said it's not allowed.</p>	
<p>You are often pressured to buy alcohol for your group of friends because you look the oldest. You are not sure about the legal implications of buying and drinking alcohol under age.</p>	
<p>You are sick of being responsible for a friend who binge drinks every time you go out with him/her.</p>	
<p>You are worried about a friend who always seems to get into fights when you go out and seems really depressed.</p>	
<p>You are worried about a friend who seems to be smoking more than before and also not eating properly.</p>	

Who could help?

Problem	As a group decide on the three most useful sources of help for each problem.
<p>You have heard that smoking tobacco is much worse for your health than cannabis but are not sure.</p>	
<p>You are worried about the amount of money your Mum spends on cigarettes and would like to encourage her to quit.</p>	
<p>You are worried about a friend who seems to smoke cannabis every weekend. He is missing school and always borrowing money off you.</p>	
<p>You are worried about your older brother's cannabis use. He's been really moody and depressed and seems not quite right.</p>	
<p>You are worried about a friend who sells his ADHD medication at school and ends up not taking it himself.</p>	
<p>You are worried about a friend who takes <i>Panadeine Forte</i> when he drinks on weekends because he thinks it will make the effect of the alcohol better and decrease the hangover effects.</p>	
<p>You are worried about a friend who occasionally takes ecstasy tablets and says they are a lot safer than drinking alcohol.</p>	
<p>You are worried about a friend who takes her Mum's tranquillisers (<i>Valium</i>) whenever she is stressed or a bit down.</p>	

Helpful questions

- What are the things you like about smoking/drinking/using cannabis?
- What are the not-so-good things about smoking/drinking/using cannabis?
- How do the good and not-so-good things about smoking/drinking/using cannabis weigh up?
- Are you interested in quitting or reducing smoking/drinking/cannabis use?
- What could you do to quit or reduce smoking/drinking/cannabis use?
- How could I help you to quit or reduce smoking/drinking/cannabis use?



A friend in need

Supporter 1:

You have noticed that your friend has been really quiet and sad for the last few weeks. He/she avoids talking to other kids at school and has been avoiding you and generally looks very depressed.

You are worried about your friend.

Friend 1:

You are 15 and you have not been getting on with your Mum lately. Some days you feel so sad you don't even want to get out of bed. You haven't spoken to anyone about how you are feeling.

Supporter 2:

You don't smoke. Your friend has told you he/she would like to quit smoking. You don't think it will be easy because he/she seems to be smoking just about every day now.

Talk to your friend about how he/she is planning on quitting and how you can help.

Friend 2:

You are 15 and use to only smoke at parties and on weekends with friends, but now you smoke most days. You use to be able to decide whether to smoke or not but now you don't like the feeling of losing control and would like to quit.

Not many of your friends smoke but smoking always makes you feel more confident and relaxed when you are out with them.

Supporter 3:

You love playing hockey. You have noticed that your friend who could often out run you in a game is now often short of breath early in the game. You are convinced this change in fitness is due to the fact that he/she started smoking last year.

You think your friend should quit smoking before their game is too badly affected.

Friend 3:

You are 14 and a very good hockey player. You used to be the fittest player in the team, but since you started smoking occasionally last year you notice that you often 'run out of puff' through a game.

Supporter 4:

You are worried about your friend who binge drinks every time you go out together.

You are sick of having to clean him/her up before going home and lying to his/her parents about their alcohol use.

Talk to your friend about their binge drinking and what you could do to look out for each other at parties.

Friend 4:

You are 15 and binge drink most weekends. You think the amount you drink is not dangerous and that every one binge drinks.

Your friends often tell you about the embarrassing things you have done when you are drunk. This makes you feel quite bad.

Supporter 5:

You like to go to parties but you don't really like binge drinking or taking other drugs. You know your friend feels pretty much the same way about drinking and drugs.

Talk to your friend about what kind of things you could do to look out for each other at parties to make sure you don't get into trouble.

Friend 5:

You also like to go to parties and like your friend don't really like binge drinking or taking other drugs.

Talk to your friend about what kind of things you could do to look out for each other at parties to make sure you don't get into trouble.

Supporter 6:

You are worried about your friend's cannabis use. He/she is not handing in homework, always borrowing money from friends and is not interested in doing anything on the weekend, unless it involves smoking cannabis.

Friend 6:

You are 15 and use cannabis regularly on the weekends. You don't really see this as a problem, though you do worry about your parents finding out and getting into trouble with the police.

Basic life support guidelines

SIGNS THAT A PERSON IS NOT BREATHING OR NEEDS URGENT MEDICAL HELP

- Blue lips, fingernails and/or toenails
- Cold and clammy and bluish or purplish skin
- Not responding to squeezing of shoulders or shouting
- Shallow or very slow breathing or no breathing (10 seconds between breaths)
- Snoring and/or gurgling
- Vomiting without waking up



If you notice any of these signs
TAKE ACTION IMMEDIATELY
(as follows):

THE ST JOHN AMBULANCE DRSABCD ACTION PLAN

D = DANGER

- Check for danger, to you, to bystanders and to the casualty.

R = RESPONSE

- See if the casualty is conscious or unconscious by calling their name or gently squeeze their shoulder to get a response. If there is a response, make comfortable, check injuries, monitor response and send for help.

S = SEND FOR HELP

- Call 000 (or 112 for mobiles) or ask a bystander to make the call and to tell the operator what has happened, the location (nearest intersection) and the state or territory from which they are calling.

A = AIRWAYS

- Check airways to remove any foreign matter or obstructions.
- If no foreign matter present, leave casualty on their back and check breathing.
- If foreign matter is present, place the casualty in the **recovery position**, using two fingers to scoop out the mouth from top to bottom then check breathing.

B = BREATHING

- Check breathing for up to 10 seconds. Place your face close to the casualty's face. Look, listen and feel for rise and fall of chest. (2 substantial breaths are required within 10 seconds.)
- If the casualty **is breathing**, place them in recovery position and tilt their head back to make sure the airways stay clear.
- If you are alone and the casualty is **unconscious and not breathing**, place them in recovery position and call an ambulance. Then commence CPR.

Basic life support guidelines

C = CPR (Cardiopulmonary resuscitation)

If there are no signs of life, commence CPR immediately.

Commence chest compressions

- Make sure casualty is on a flat firm surface.
- In a kneeling position, position hands for CPR. Locate site for compressions - lower half of breastbone in the centre of the chest. Place heel of one hand on top of compression site and the other hand on top.
- Position yourself vertically above the person's chest.
- With your arms straight, press down on breastbone to depress it a third of the depth of the chest.
- Release pressure and complete 30 compressions.
- Give two breaths (watch for rise and fall of chest).
- Make a pistol grip with thumb and index finger and place on jaw. Gently lift jaw and tilt head back. Seal the nose with thumb and index finger (using hand that is on forehead).
- Open mouth wide enough to make a seal over the casualty's mouth.
- Continue at a rate of **30** compressions and **2** breaths (**30:2**) Check for signs of life as you go.

Once you have started CPR, it is important that you keep going. Do NOT stop and start.

- Only stop CPR if signs of life return, if there is someone else to take over CPR or if medical aid arrives.
- If casualty **starts to breath**, place them in the recovery position, reassure them, keep warm and check breathing and signs of life every 2 minutes.

D = DEFIBRILLATION

- When ambulance or a 'First Responder' arrives with proper equipment, defibrillation can be done.
- Do not stop CPR until instructed to do so.

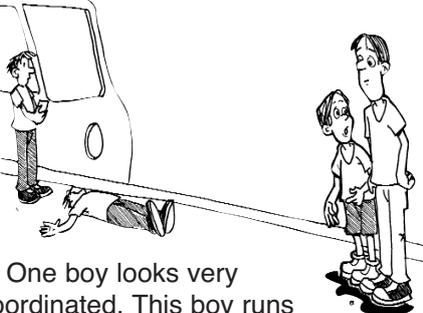
REMEMBER...

- **DON'T** ignore someone who is vomiting continuously; has fainted; is confused or irrational; has trouble going to the toilet; or who has trouble breathing.
- **DON'T** leave a person intoxicated with alcohol or other drugs alone.
- **DON'T** try to prevent vomiting.
- **DON'T** give fluids (even water) or food to someone who is in shock or unconscious.
- **DON'T** put someone in a bath, pool or throw water on them to sober them up.
- **DON'T** give someone other drugs to either wake them up or to calm them down.
- **DON'T** forget to tell the ambulance officers, as much information as you can, about what happened (e.g. what drug or drugs have been used, what you have done so far).
- **DON'T** drink alcohol or use other drugs alone.

Emergency situations

Scenarios	What should the young people in each of these emergency scenarios do?
<p>1. Ben is 14 and at a party at a friend's house, where no adults are present. Ben has not been drinking but notices that his friend has been drinking heavily. His friend stumbles and knocks his head on some concrete steps. He is conscious but bleeding heavily from the back of his head.</p> 	
 <p>2. Meg is 14 and at a party where no adults are present. She goes to find the toilet and instead finds her friend, who she knows has been drinking, asleep in one of the rooms. She is not snoring but sleeping very heavily.</p>	
<p>3. Carly is 15 and at home by herself. She hears her sister come home from drinking at a nearby hotel. Her sister comes into her room and tells her she feels faint and sick but only had two alcoholic drinks all night. She thinks her drink may have been spiked.</p> 	
 <p>4. Callum is 15 and at his friend's house with a few mates. They're playing a card game that involves the loser skulling vodka. One of Callum's friends drinks more than the others and after a while, vomits violently. The episodes of vomiting continue.</p>	

Emergency situations

Scenarios	What should the young people in each of these emergency scenarios do?
 <p>5. Tom is with friends at a park. Some of the friends have shared a bong. One of the friends decides to jump from the top of a climbing frame. He hits his head and loses consciousness for a short time. He's OK but says he has a headache.</p>	
<p>6. Lauren is 14 and comes home from babysitting. She goes into her Mum's room to tell her she is home but can not wake her Mum. She notices an almost empty bottle of tablets on the bedside table. Her Mum is breathing.</p> 	
<p>7. Kieran is 14 and with his older brother waiting for a train. They notice a group of boys inhaling something from a plastic bag. One boy looks very confused and uncoordinated. This boy runs when he sees a train coming and collapses on the platform. His friends don't seem to notice. The boy appears to be unconscious.</p> 	
 <p>8. Tessa is 15 and at a music concert with her older sister. Her sister took an ecstasy tablet at the beginning of the concert. Tessa notices that she is very hot, seems confused and faint.</p>	



Assessment Task

Drug-related emergencies

Knowing what to do when friends and others are involved in drug-related emergencies is a life saving skill and an effective harm reduction strategy. Your task is to develop **two** drug-related emergency scenarios (similar to the ones you have practised in class).

Describe how you would deal with this emergency, using the DRSABCD Action Plan. Make sure when you describe your scenario that you describe:

- the environment where the emergency occurs
- factors of the patient that may have put them at risk
- the amount and type of drug/s involved
- what people or agencies may be required to deal with this emergency at the time of the incident and afterwards
- how this emergency situation may have been avoided or the harm reduced.



Useful websites:

www.firstatscene.com.au

www.redcross.org.au/SAM