GET READY
(Research-based education addressing drugs and youth)

YEAR 9 TEACHER MANUAL
Department of Education and Early Childhood Development

Melbourne
January 2013

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The resource was informed by a number of resources produced as part of the National School Drug Education Strategy and state-based initiatives in Victoria and other states and territories. These include Rethinking Drinking, LEAD (Leading Education About Drugs), REDI (Resilience Education and Drug Information), Get WISE, School Health and Alcohol Harm Reduction Project (SHAHRP), Creating Conversations, and In Tune: Students Participating in Drug Education.

Accessibility
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Developing effective drug education is important because young people are faced with many influences to use both licit and illicit drugs. Education can play a counterbalancing role in shaping a normative culture of safety, moderation and informed decision-making. Drug education has developed considerably in Australia over the past decade. However, a recent systematic review of Australian school-based prevention programs for alcohol and other drugs revealed that few schools are implementing evidence-based programs (Teesson et al. 2012). Get READY is designed to assist teachers to provide evidence-based approaches to help students explore positive ways to address drug-related issues.

Critical components of effective school drug education

The most effective drug-education programs derive from an evidence-based understanding of the factors contributing to problematic drug use and the strategies that help to prevent such use and the associated harms. This understanding comes from the integration of theoretical concepts and empirical findings. School drug education has a greater chance of success if it is based on a program with proven effects. The following Principles for School Drug Education reflect best practice in drug education and should be considered when planning whole-school drug education strategies (Meyer & Cahill 2004).

Principles for school drug education

Comprehensive and evidence-based practice

School practice based in evidence

Principle 1: Base drug education on sound theory and current research and use evaluation to inform decisions.

Regular evaluation of the school’s drug education processes and outcomes is critical, providing evidence of the value of activities and informing future school practice.

Drug-education programs should provide adequate coverage of salient issues, and this should be complemented by follow-up booster sessions to counter the waning of their positive effects and ongoing influences to use drugs. There is a considerable volume of research supporting the effectiveness of incorporating booster sessions, as they provide the opportunity to reinforce program messages and respond to emerging drug-use issues as students mature, such as drink driving.

A whole-school approach

Principle 2: Embed drug education within a comprehensive whole-school approach to promoting health and wellbeing.

This acknowledges that drug education occurs within a broader social context, and that a short formal prevention program is unlikely to have lasting effects if not reinforced by ongoing environmental influences. However, further research is required to identify the benefits of components other than school classroom curriculum.

The Victorian Prevention and Health Promotion Achievement Program (VPHPAP) has been developed by the Department of Health and Department of Education and Early Childhood Development to recognise and support schools and early childhood education and care services to provide safe, healthy and friendly environments for learning. As part of this comprehensive approach to health promotion practice, schools will be provided with guidance to work through a cycle of continuous planning, action and review in relation to health priorities, including tobacco control and alcohol and other drug use.

Clear educational outcomes

Principle 3: Establish drug education outcomes that are appropriate to the school context and contribute to the overall goal of minimising drug-related harm.

When schools establish agreed goals and outcomes for drug education they are more likely to have consistent and coordinated practice.
Positive school climate and relationships

Safe and supportive environment
Principle 4: Promote a safe, supportive and inclusive school environment as part of seeking to prevent or reduce drug-related harm.

A safe and supportive school environment is protective for young people against a range of health-related risks, including substance use problems.

Positive and collaborative relationships
Principle 5: Promote collaborative relationships between students, staff, families and the broader community in the planning and implementation of school drug education.

Strong relationships with families, external agencies and the broader community can enhance students’ sense of connectedness, and support access to relevant services.

Targeted to needs and contexts

Culturally appropriate and targeted drug education
Principle 6: Provide culturally appropriate, targeted and responsive drug education that addresses local needs, values and priorities.

Diverse components of identity, including gender, culture, language, socioeconomic status and developmental stage, should be considered when providing drug education that is targeted to meet students’ needs.

Recognition of risk and protective factors
Principle 7: Acknowledge that a range of risk and protective factors impact on health and education outcomes, and influence choices about drug use.

Schools that recognise the complexity of issues that may impact on students’ drug use are in a better position to provide relevant drug education.

Consistent policy and practice
Principle 8: Use consistent policy and practice to inform and manage responses to drug-related incidents and risks.

Policies and procedures to manage drug-related incidents and support students who are at risk are best determined through whole-school consultation and implemented through well-defined procedures for all school staff.

Effective pedagogy

Timely programs within a curriculum framework
Principle 9: Locate programs within a curriculum framework, thus providing timely, developmentally appropriate and ongoing drug education.

Drug education should start before young people make decisions about drug use, and be developmentally appropriate, ongoing and sequenced. The research evidence indicates that the optimal time to start drug education is in early secondary school. Such timing would ensure students are provided with salient knowledge and skills before being exposed to choices about drug use. Drug education should continue as young people mature, so that they have appropriate knowledge and skills to deal with the different drug use choices they will encounter as they get older.

Programs delivered by teachers
Principle 10: Ensure that teachers are resourced and supported in their central role in delivering drug education programs.

Classroom teachers, with specific knowledge of students and the learning context, are in the best position to coordinate the provision of drug education. However, teaching drug education is often an addition to their core duties, which means they require teacher training. A major emphasis of the training should be interactive teaching techniques because of their importance to effective drug education.

Interactive strategies and skills development
Principle 11: Use student-centred, interactive strategies to develop students’ knowledge, skills, attitudes and values.

Most reviews of drug education have identified interactive teaching methods as important for engaging students in the learning process. This approach involves facilitating activities such as role-play, group discussion and small group projects in a supportive classroom environment. All students should also be given the opportunity to participate, and be given constructive feedback, so as to develop and refine relevant skills.
Where possible, peer leaders should be used in place of, or in combination with, adult leaders. Peer leaders are likely to be most effective in presenting the social factors influencing drug use, and in facilitating more open communication. They need to be selected for their credibility with other students, provided with training, and supervised by the classroom teacher. The theoretical argument for harnessing the social influence that can be exerted by peer leaders is well articulated, but this has to be weighed against the practicalities of training and supporting peer leaders in their role. The research evidence as to the additional contribution provided by peer leadership is, on balance, supportive, but not conclusive.

Credible and meaningful learning activities
Principle 12: Provide accurate information and meaningful learning activities that dispel myths about drug use and focus on real life contexts and challenges.

Drug education programs are more relevant and effective if they base their content on the experiences and interests of the students they are designed to influence.

Certain program content is essential for effective drug education. Programs should provide information on the health and social consequences of drug use that are of immediate, practical relevance to young people. Awareness should be created as to how mass media and other social influences promote drug use. Research has demonstrated that people tend to overestimate the levels of youth alcohol and drug use. When young people make the assumption that everyone is using a drug it can lead to increased internalised pressure to engage in drug use. Learning activities give students the opportunity to discover that drug use is not as widespread as often assumed and that the prevalence of substance use among their peers is lower than they might otherwise expect. Some learning activities in this resource position students to notice that safer choices are the norm and also teach students that substance use is generally not approved of by their peer group. In addition to normative information, other content considered important includes information about reasons not to use drugs and the long-term consequences of drug use. Broad-spectrum skills, such as assertiveness, problem-solving, decision-making and interpersonal communication, may increase program effectiveness.


AusVELS

Through the use of activities found in this curriculum resource, Victorian secondary school students are being provided with essential learning about drug education and healthy relationships. Get READY is underpinned by the latest research, the Australian Curriculum in Victoria (AusVELS) and the Department of Education and Early Childhood (DEECD) student health and wellbeing policies.

AusVELS outlines what is essential for all Victorian students to learn during their time at school, from Foundation (F) to Year 10. Implementation of the AusVELS framework is from 2013. Australian curriculum Health and Physical Education will be implemented later, subject to Victorian education ministerial approval.

Each of the AusVELS domains is structured by 11 levels associated broadly with the years of schooling, from Foundation (Prep) to Year 10. The levels represent typical progress of students at key points within the stages of learning. It is recognised that students progress at individual rates and may demonstrate achievement at a particular level earlier or later than is typical. The following table compares the current (2012) Victorian Essential Learning Standards (VELS) levels with the AusVELS levels.
<table>
<thead>
<tr>
<th>Nominal School Year Level</th>
<th>VELS Level</th>
<th>AusVELS Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prep/Foundation</td>
<td>1</td>
<td>Foundation</td>
</tr>
<tr>
<td>1</td>
<td>2</td>
<td>1</td>
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<tr>
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<tr>
<td>10</td>
<td>6</td>
<td>10</td>
</tr>
</tbody>
</table>

For more information refer to the Australian Curriculum in Victoria website: http://ausvels.vcaa.vic.edu.au

For information related to the Shape of the Australian Curriculum: Health and Physical Education, see ‘Health and Physical Education’, Australian Curriculum, Assessment and Reporting Authority (ACARA): http://www.acara.edu.au/hpe.html

The activities in this resource meet the Level 6 standards of the VELS as identified in the following table. Some lessons are designed to increase the basic knowledge necessary for students to manage drug and related issues, but more commonly these lessons facilitate the exploration of the social world of young people and help them with the many decisions they face.
<table>
<thead>
<tr>
<th>Domain</th>
<th>Dimension</th>
<th>Element of standard</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health and Physical Education</td>
<td>Health knowledge and promotion</td>
<td>• compare and evaluate perceptions of challenge, risk and safety</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• demonstrate understanding of assertiveness strategies</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• analyse positive and negative health outcomes of a range of personal behaviours</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• identify the health services and products and how they can be used to support the health needs of young people</td>
</tr>
<tr>
<td>Thinking Processes</td>
<td>Reasoning processing and inquiry</td>
<td>• process and synthesise complex information and complete problem-solving activities which involve a wide range and complexity of variables and solutions</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• make informed decisions based on their analysis of various perspectives and sometimes contradictory information</td>
</tr>
<tr>
<td>Interpersonal Development</td>
<td>Building social relationships</td>
<td>• demonstrate awareness of complex social conventions, behaving appropriately when interacting with others</td>
</tr>
<tr>
<td>Communication</td>
<td>Listening, viewing and responding</td>
<td>• identify the ways in which complex messages are effectively conveyed and apply this knowledge to their communication</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• when listening, viewing and responding, they consider alternative views, recognise multiple possible interpretations and respond with insight</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• use complex verbal and non-verbal cues, subject-specific language and a wide range of communication forms</td>
</tr>
<tr>
<td>Presenting</td>
<td></td>
<td>• use subject-specific language and conventions to communicate complex information</td>
</tr>
</tbody>
</table>

**Assessment**

Ideas for assessment tasks are included in the resource. The activities provide opportunities to assess students against elements of Level 6 standards and level 9 AusVELS as detailed above. After completing the sessions, teachers should assess students’ learning. The program includes mini quizzes and a student self-assessment task to assist. The self-assessment may be completed at the beginning of the unit and repeated at the conclusion of the unit of work. However, further tasks need to be developed to support the ongoing process of gathering, analysing and reflecting on evidence to make informed judgments to improve future student learning. Additional assessment activities could include:

- reflective writing task
- student personal journal entry
- students share their learning by writing an article for a newspaper, school newsletter or website.
Substantial research exists on the characteristics of good practice for assessing student learning. The primary purpose of assessment is to improve student performance. A variety of assessment methods provide teachers with evidence of what students know and can do, and their particular strengths and weaknesses. Good assessment requires clarity of purpose, goals, standards and criteria. This is facilitated by the clear statements of purpose and goals for the sessions and the criteria against which we measure success.

Information about the outcomes students have achieved is very important, but so too is knowing about their experiences along the way and, in particular, the kind of effort that led to these outcomes. All assessment methods should allow students to receive feedback on their learning and performance so assessment serves as a developmental activity aimed at improving student learning. Assessment should also provide students and staff with opportunities to reflect on both their practice and their learning overall.

For further assistance in developing assessment tasks see: http://www.education.vic.gov.au/school/teachers/support/Pages/advice.aspx

References:

Advice for teachers

Harm minimisation approach to drug education
A harm minimisation approach does not condone or encourage drug use. It promotes non-use and delayed use of all drugs and support of young people who have drug use issues. It aims to reduce the risks associated with use and to promote healthier, alternative behaviours. This resource uses a range of interactive activities to develop in students skills to reduce the risks associated with drug use. A harm minimisation approach acknowledges that students can be affected by their own drug use, or the drug use of others, including parents, relatives, siblings and friends.

Avoid drug use disclosures
It is important that you and your students avoid telling personal stories disclosing drug and alcohol use. This is primarily to protect people’s privacy, as the class environment is not an appropriate place for disclosures. It also prevents the winning of status through the telling of risky, compelling stories that may glamorise drug use and become a covert form of peer pressure.

Protective interrupting
If a student discloses personal or private information in a public space, it is suggested that you calmly stop any further disclosure. This is a teaching strategy designed to protect the person telling the story from disclosing in the public arena, or from damaging their reputation, as well as those who the story is told about. It also avoids the class members’ possible distress at hearing a disclosure, or from covert pressure to be engaged in social activities or ‘high status’ risky behaviours. Protective interrupting also safeguards the course and the teacher from being side-tracked from the discussion activity, or from allegations that the class is an arena for gossip or intrusion upon the privacy of others.

Managing kinaesthetic activities
Activities requiring the class to move around and interact are likely to produce higher levels of noise and energy. Be careful not to mistake these behaviours as a sign that students are not on task. Make sure you give students enough time to assemble and complete the talking task.

Talking further
The ”Talking further” tasks included at the end of each session are designed to prompt conversations between students and parents/caregivers around drugs and alcohol and life skills in general. We know that positive communication between parents and their children is an important protective factor for young people.

As some of these conversations may be confidential, we do not ask students to ‘record’ their answers in the workbook. When discussing ‘Talking further’ from week to week, encourage students to have a go, even if they do so further down the track rather than in the immediate future, and avoid treating this exercise as homework to be assessed.
Grouping Games

Grouping Game 1: Shapes
To make groups, make shapes cards (four cards for each shape) and distribute them between the students. Ask them to walk around the room comparing cards until they have found all the other students with the same card. These students will be group members for the next activity.

Grouping Game 2: Playing cards
To organise class into groups of four, remove figure cards from a deck of playing cards. Shuffle and deal the remainder of the cards around the class – one card per student – and ask students to organise themselves into groups with those of the same numbered card.

Grouping Game 3: Clumps
Ask students to walk around the room. When you clap your hands and say a number, they must form groups according to that number as quickly as possible (best to grab the people closest to them at the time). Play a few rounds, calling out ‘six’, then ‘three’ then ‘one’ and then ‘four’. Ask students to remain in these groups of four for the next activity.

Grouping Game 4: Counting off
Count students off (depending on the number in your class) so that they end up with groups of four to five students.

Grouping Game 5: Word off
In a method similar to counting off, ‘label’ off students with each word of the following sentence: "What will reduce the risks?". Students must then group together with all those who were ‘labelled’ the same word.

Grouping Game 6: Jigsaws
Cut postcards or swap cards in two. Distribute these around the class and ask students to find their matching ‘other half’.

Grouping Game 7: Name lotto
Cut up a copy of the class roll and mix names together in a box or a ‘hat’. Then draw out two, three or four names at a time to create random groups.

Grouping Game 8: Blindfold pairs
With blindfolds on (or closed eyes), ask students to move around the space very carefully (with their arms out in front of them) until the find another body. Whoever they touch first is their partner.

Grouping Game 9: Spinning wheel
Ask students to form two circles, an inner circle (with students facing outwards) and an outer circle (with students facing inwards). Ask students to start in position, so that each person is facing a partner. In response to your signal, ask all those in the inner circle to walk in a clockwise direction, and all those in the outer circle to walk in an anti-clockwise direction. When you signal again, students will stop walking and find themselves standing opposite their new partner.
Session 1: Priorities and concerns

Aims
In this session students should:
- be introduced to the focus and purpose of the unit
- be introduced to the expectations and ground rules relating to privacy and respect
- identify the values and concerns of young people
- explore the role that common social concerns may play in decisions about alcohol and other drug use.

Resources
- priorities cards
- concerns cards
- student workbook (pages 2–3)

Activity 1: Introducing the unit

Classroom rules: No put-downs
Have this as a rule for every class. Act when you hear breaches of this rule. Ignoring breaches can be interpreted as condoning the action.

1. Describe the focus and purpose of the unit to the students and link it to their prior drug education work.

Focus: We are about to begin a unit of work on drugs. You may remember learning about alcohol, cigarettes and cannabis last year. This unit will extend your knowledge and skills by including a focus on other illicit drugs, such as ecstasy and amphetamines. However, because alcohol is the drug most likely to cause harm to young people in this country, and because it is also the most commonly used drug, we will continue to consider it as part of this unit.

Purpose: The main aim of this unit is to ensure that you have enough basic information to help you make good decisions should you ever be in situations involving drug or alcohol use, which might cause harm to you or others. The unit also aims to give you time to work on various strategies that you could use to keep yourself or others healthy or safe in situations involving drug use. We know that in the moment it can take more than information to help us make the decisions that are right for us. Therefore, we will give you opportunities to think about and practise useful strategies.

2. Remind students of the appropriate privacy codes to use in class when working on more sensitive topics, such as those relating to drug or sex education.

Privacy: In this unit we will also look at the crossover between drug use and issues like sexual vulnerability, mental health problems and issues to do with personal and social confidence. Because sex, drugs and mental health are sensitive issues in people's lives, we will need to follow a code of privacy in this class while we talk about these issues. That means that, as well as our usual classroom rules and standards, we need to agree not to tell personal stories about ourselves or others that involve the use of drugs, sexual activity or mental health concerns. While you can talk about these things in private conversations with the student wellbeing coordinator, counsellor, teacher, doctor or other helping adults in your life – the classroom is a public place, so we have to respect privacy here. We will get around our need to talk about things by using scenarios and stories provided in the program rather than telling details of our own life experience.

3. Remind students that they should follow through if anything relating to this topic relates to a problem or concern for them.

Avoid telling personal stories about drug use
The telling of stories about your own or your friends' drug use may intuitively seem like an effective approach to drug education. Furthermore, because these stories are often able to capture students' attention, this may seem to be a powerful method of engaging your students. However, while they may be compelling, these stories can inadvertently glamorise or normalise drug use, hence making it seem more attractive. Refer instead to the scenarios provided in the program for examples of real-life situations.

Personal concerns: If you have a concern about anything that gets brought up by this topic, you can come to me after class to let me know and I can help you in touch with the right person to talk it over with. Alternatively, in this school you can go directly to (name persons here) for advice. You can also use medical services, including your doctor, recommended help lines or internet sites for advice. As part of this unit we will do a session on where people can get help on private issues, and you will find general contact numbers in your student workbook.
Student self-assessment task
The student self-assessment task (page 81) can be used as a pre and post task. The results from the pre task can be used to highlight the areas that may require further explanation and time as you work through this unit of work.

Activity 2: Concerns and priorities

1. Explain that in Australia in 2011, more than 45,000 young people (aged 11–24) took part in the annual Mission Australia, National Survey of Young Australians. As part of this survey, they were asked questions about what they valued and what they were concerned about. As both these questions are relevant to this unit, we will do an exercise in which we collect our own data on the priorities and concerns of young people – and then see how we compare to the national data. The most recent results can be found in ‘document downloads’ at http://www.missionaustralia.com.au

2. Organise for students to work in small groups of three to five. Distribute a set of priorities cards to each group. Ask them to evenly deal out all the priorities cards. Students then should take turns to position their cards on a continuum to show what they think young people their age value most in life at the top, through to what is not so highly valued at the bottom. If possible, they should come to a consensus about the items that belong at the higher or lower end of the scale.

3. Ask each group to read out their top five priorities. Note differences and similarities between groups. To compare the class data with the 2011 Mission Australia survey, read out the top five valued items. Point out that the Mission Australia survey respondents ranked the same items as the class has just ranked. Ask groups to comment on similarities and differences.

What Young People in Australia Value (top five) (males and females 11–24 years)

1. family relationships
2. friendships (other than family)
3. school or study satisfaction
4. physical and mental health
5. getting a job

4. Distribute the concerns cards to each group. Ask the groups to use the same procedure to rank the concerns cards from what they think young people are most concerned about to what they are least concerned about.

5. Ask groups to share their top five concerns. The data in the Mission Australia survey was broken down into gender and age groups. The results show some differences for males and females and between age groups. Direct students to their workbook (page 2).
6. Ask students to pair up and comment on some of the reasons why there might be differences between age groups or between genders. Collect some of these responses from the class.

7. Thinking deeper: Ask students to take one of these concerns (perhaps assign different ones to different groups) and discuss if this concern could influence decisions people might make about the use of alcohol or other drugs.

(For example, worry about personal safety could be part of a decision to drink less so as to stay in control and avoid arguments, or it could be part of a decision to use alcohol or drugs to help cope with stress.)

Discuss
- What do you see when you compare what people worry about with what they value?
- Can you see any connections between one side of the list and the other? Draw lines (workbook, page 2) to show the items that are connected.

### Top Five Personal Concerns for Young People in Australia (males and females)

**Mission Australia National Survey of Young Australians 2011 – Comparing Age**

<table>
<thead>
<tr>
<th>11–14 years (males and females)</th>
<th>15–19 years (males and females)</th>
<th>20–24 years (males and females)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. school or study problems</td>
<td>1. coping with stress</td>
<td>1. coping with stress</td>
</tr>
<tr>
<td>2. body image</td>
<td>2. school or study problems</td>
<td>2. body image</td>
</tr>
<tr>
<td>3. family conflict</td>
<td>3. body image</td>
<td>3. depression</td>
</tr>
<tr>
<td>4. bullying/emotional abuse</td>
<td>4. family conflict</td>
<td>4. school or study problems</td>
</tr>
<tr>
<td>5. coping with stress</td>
<td>5. depression</td>
<td>5. family conflict</td>
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**Mission Australia National Survey of Young Australians 2010 – Comparing Gender**

<table>
<thead>
<tr>
<th>Males (11–24 years)</th>
<th>Females (11–24 years)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. school or study problems</td>
<td>1. body image</td>
</tr>
<tr>
<td>2. coping with stress</td>
<td>2. coping with stress</td>
</tr>
<tr>
<td>3. family conflict</td>
<td>3. school or study problems</td>
</tr>
<tr>
<td>4. bullying/emotional abuse</td>
<td>4. family conflict</td>
</tr>
<tr>
<td>5. drugs</td>
<td>5. bullying/emotional abuse</td>
</tr>
</tbody>
</table>

### What young people value

(top 10 for 11–24-year-olds)

1. family relationships
2. friendships (other than family)
3. school or study satisfaction
4. physical and mental health
5. getting a job
6. being independent
7. feeling needed and valued
8. financial security
9. spirituality/faith
10. making a difference in the community

### What young people are personally concerned about

(top 10 for 11–24-year-olds)

1. school or study problems
2. coping with stress
3. body image
4. family conflict
5. bullying/emotional abuse
6. personal safety
7. depression
8. the environment
9. drugs
10. alcohol
Talking further 1: Worries and concerns

Ask a parent/older person what they think young people worry about the most.

- After they have made their guess, tell them what the Mission Australia 2011 survey shows (use your student workbook).
- Tell them something about how you are similar or different from this. If you prefer, tell them whether you agree that this fits with your impression of the world.
- Ask them:
  - How did young people, when you were young, cope with one or other of these concerns?
  - What were the biggest worries for young people when you were growing up?
  - What do adults around your age worry about?

Activity 3: Worries about drug use

1. Note that worries about drugs and alcohol use show up in the list of things that young Australians are concerned about. Concerns around alcohol are higher on the list for males than females. Concerns around drugs are higher on the list of concerns for people between the ages of 11 and 14.

2. When young people were asked what do they think are the three most important issues in Australia today they responded – the environment (44.7%), alcohol and drugs (31.7%), the economy and financial matters (20.3%), population issues (19.1%) and crime, safety and violence (18.4%).

3. Organise students to work in a group to brainstorm what some of these worries around alcohol and drugs might be about. Ask them to also come up with some theories as to why concerns around alcohol might be greater for boys and older people and why concerns around drugs might be greater for people in the 11–14 age group. They should use the workbook (page 3) to complete their brainstorm. (This may be set as a homework exercise.)
Priorities cards

- being independent
- family relationships
- feeling needed and valued
- getting a job
- spirituality/faith
- school or study satisfaction
- financial security
- friendships (other than family)
- making a difference in the community
- physical and mental health
Concerns cards

- alcohol
- body image
- bullying/emotional abuse
- coping with stress
- depression
- discrimination
- drugs
- the environment
- family conflict
- personal safety
- physical/sexual abuse
- school or study problems
- self-harm
- sexuality (relationships, health, identity)
- suicide
Session 2: Facing facts and finding solutions – alcohol and cannabis

Activity 1: Reducing the risks through recommendations

1. Explain that Australia has developed a number of laws and guidelines that regulate and advise us on the selling, purchasing and consumption of alcohol. As a legal psychoactive drug, alcohol has the potential to affect our behaviour, judgment and self-control. There are regulations about the sorts of activities we can undertake while under the influence of alcohol.

Psychoactive drug
Psychoactive drugs affect a person’s central nervous system. They act on the brain and can change a person’s mood, thought processes or behaviour.

2. Point out that as new research into the impacts of alcohol is conducted, these laws and guidelines undergo continual updates and revisions. Most recently, the NHMRC (National Health and Medical Research Council) guidelines in relation to alcohol were updated in early 2009, http://www.nhmrc.gov.au/your-health/alcohol-guidelines

3. Ask students to look in their workbooks (page 6). Read through the new guidelines with students.

4. Point out that the guidelines tell us that if we follow this advice we will significantly reduce our lifetime risk of injury and disease as a result of alcohol consumption. In Australia, where we currently have the norm of quite high levels of drinking, we tend to assume that alcohol is not a dangerous drug. So, to some people the guidelines can seem unreasonable. However, these guidelines are based on evidence about the effects of alcohol. We will look at some of the facts that inform these guidelines in our next activity.

Benefits of mixing groups
Mixing students and having them work in groups outside their friendship circles can have various benefits, including exposure to different viewpoints and opportunities to practise negotiation skills. Working with different classmates can also help build a classroom culture of trust and respect. For examples of ‘grouping games’ designed to organise students into random groupings in fun ways, see page 8.

Resources
• envelopes containing fact puzzle cards
• dice and counters for board game
• information and strategies cards
• board game (centre pages of student workbook)
• student workbook (pages 4–13, 24–25)

Aims
In this session students should:
• learn about the revised NHMRC guidelines for safer drinking
• review the risks associated with alcohol use that inform the guidelines
• review key knowledge and skills relevant to negotiating safety strategies to use with peers in situations involving choices about transport and safe travel
• identify strategies to negotiate safer partying.
NHMRC Australian Guidelines to Reduce Health Risks from Drinking Alcohol

**Adult males and females per day, over time**
- For healthy men and women: no more than two standard drinks on any day (*this reduces the risk of harm from alcohol-related disease or injury over a person’s lifetime*).

**Adult male and female per session**
- For healthy men and women: no more than four standard drinks on a single occasion (*this reduces the risk of alcohol-related injury arising from that occasion*).

**Young people under age of 18**
- For children and young people under 18 years of age: not drinking alcohol at all (*as this is the safest option*).
- Children under 15 years of age are at the greatest risk of harm from drinking. Therefore, for this age group, not drinking alcohol is especially important.
- For young people aged 15 -17 years, delay the introduction to drinking for as long as possible.

**Females who are pregnant, planning pregnancy or breastfeeding**
- For women who are pregnant or planning a pregnancy or breastfeeding: not drinking at all (*as this is the safest option*).

**Managing kinaesthetic activities**
Activities that require the class to move around and interact are likely to produce higher levels of noise and energy. Noise is not necessarily an indicator that students are off task. Provide students with sufficient time to assemble and complete the talking task.

**Paired sharing**
Activities that require the class to move around and interact are likely to produce higher levels of noise and energy. Noise is not necessarily an indicator that students are off task. Provide students with sufficient time to assemble and complete the talking task.

**Activity 2: Piecing together the facts, get the picture?**

1. Arrange students into eight groups of three or four. Give each group an envelope containing pieces of two fact puzzles that will join together to create two statistics or facts. Students must piece them together and then present one of their facts to the class. (Puzzles can be easily matched by noting they have different borders.)

2. Once all the fact puzzle jigsaws have been completed and shared, ask students to identify which of the statistics they think will have been particularly influential to those developing the new guidelines.

All information on the fact puzzle cards comes from NHMRC 2009 Australian Guidelines to Reduce Health Risks from Drinking Alcohol.
11. Among people in the 20–29 year age group about:
   (a) 60% drink above guideline levels for short-term harm
   and
   (b) 16% drink above guideline levels for long-term harm.
12. Recent data shows that 59% of Australian women drank alcohol at some time during their pregnancy.
13. For Australian men, about one-third of motor vehicle deaths and 40% of pedestrian deaths are alcohol related.
14. Research indicates that alcohol may have a negative effect on brain development during adolescence and be linked to alcohol problems later in life.
15. The earlier in life a person starts drinking alcohol, the more often they are likely to drink. They are also likely to drink greater quantities when they do drink. Therefore, postponing becoming a drinker can have a positive impact on the drinking habits you develop during your lifetime.
16. Different countries have different guidelines about the number of standard drinks that are considered low risk to consume on a daily basis.
17. Alcohol guidelines around the world:

<table>
<thead>
<tr>
<th>Country</th>
<th>Men</th>
<th>Women</th>
</tr>
</thead>
<tbody>
<tr>
<td>Italy</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>Singapore</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>South Africa</td>
<td>3.5</td>
<td>2.5</td>
</tr>
<tr>
<td>Canada</td>
<td>2.75</td>
<td>2.75</td>
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<tr>
<td>USA</td>
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<td>Poland</td>
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<tr>
<td>New Zealand</td>
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<td>2</td>
</tr>
<tr>
<td>Australia</td>
<td>2</td>
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</tr>
</tbody>
</table>

*All drinks are converted into the measurement of a standard Australian drink.*
Activity 3: Guidelines versus laws

1. Explain that the NHMRC have offered guidelines as opposed to a set of laws. Other health guidelines they may have heard of include being Sun Smart, advice to eat five vegetables and two fruits per day, or to exercise for 20 minutes per day. Laws they will be familiar with relating to alcohol use and driving include not driving if over .05. Other road safety laws include obeying the speed limit when driving and wearing a seatbelt when travelling in a vehicle. Ask for other examples.

2. Ask students to turn to the person sitting next to them and spend a minute coming up with an explanation for the difference between a guideline and a law. Brainstorm ideas in their workbook (page 7). Ask for volunteers to share their explanation with the class.

3. Ensure that the following distinctions have been made:
   Laws are enforceable by the state (and there are penalties for not abiding by them, such as fines or imprisonment). Guidelines, however, are only recommendations that aim to guide or inform action.

4. Point out that whereas laws are rules made powerful by the fact that they are overseen, enforced and that not observing them leads to consequences, guidelines operate differently.

Discuss:
- What might encourage people to observe guidelines given there is no enforcement?
- What purpose do you think laws and guidelines are designed to serve?
- How much responsibility ultimately does the individual have in relation to both guidelines and laws?

Activity 4: Party pathways board game

1. Explain that students will play a board game in small groups (four to six students), which will require them to call on their knowledge about alcohol and cannabis.

2. Outline the rules of the game.
   (a) The game requires each player to place their counter on the beginning square of the board game (see student workbook centre pages) and roll the dice in turn, moving around the board as they go.
   (b) Every time they land on an instruction square, they must read the instructions aloud and do as directed.
   (c) Each time they land on an information square, another player must take an information card from the pile and ask them the question which they must answer. If they give the correct answer they go forward one space, if wrong, they move back two spaces.
   (d) Every time a player lands on a strategy square, another player must take a strategy card from the pile and read it aloud. The player then has 30 seconds to come up with three good strategies in order to go forward two spaces. If they can not think of three strategies, they stay where they are until their next turn. The rest of the group must judge all strategies as satisfactory or not satisfactory (being fair, of course).
   (e) The first player to reach the end wins the game.

3. Allow students to play the game until 10 minutes before the end of the lesson. Then ask each group to turn over any of the unread information cards, distribute them among the players and read them. Ask anyone who has come across information card number 14, 18 or 19 to read it out to the class.

4. Ask the rest of the class if they feel that they have come across a particularly interesting or important piece of information or scenario that should be shared with the rest of the class and give them an opportunity to do so. For example: One strategy card asked: Meg wants to drink at the party but not to get drunk. Staying in control is important to her. Think of 3 strategies she can use.
Teacher homework:
The next lesson includes a drink pouring activity that will require you to collect and prepare equipment, including cups, bottles, food dye and a blindfold.

Debrief – Talking further 1
Ask students to indicate, by show of hand, if they found out in their previous Talking further task that one of the things parents worry about is parties, alcohol or other drugs?

Talking further 2: Creating a code
Encourage students to talk with their parents about what they should do if they ever need to leave a party or if someone gets into strife at a party.

• Ask your parent/s or caregiver/s to help you set up code word or way of communicating to mean ‘I need to get out of here – I’m not feeling comfortable or safe’.
• Agree that if you use this code/method in a text message or phone conversation, it will mean that you will need their help to leave the situation you are in.
• Interview your parent/s or caregiver/s and find out the kinds of situations they think may arise for a young person in which they might need to use this escape route.
In many countries, including Australia, alcohol is responsible for a considerable number of deaths, diseases and injuries suffered by the population.

In Australia, alcohol is the most preventable cause of drug-related death and hospitalisation after tobacco.

Among people aged 15 to 34 years, alcohol is responsible for the majority of drug-related deaths and hospital episodes.

Alcohol-related harm to health is not limited to drinkers, but also affects families, bystanders and the broader community.
Alcohol accounts for 13% of all deaths among 14–17 year-old Australians.

In the eight years between 1993 and 2001 about half of all serious alcohol-related road injuries involved young people (15–24 years).

The NHMRC alcohol guidelines aim to lower the risk of alcohol-related harm so that only one person in every 100 has a lifetime risk of dying of alcohol-related causes.
9 Drinks under the age of 15 years are much more likely than older drinkers to undertake risky or antisocial behaviour connected with their drinking.

10 The 2007 National Drug Strategy Household Survey (AIHW 2008) found that:
   - about one-third (35%) of Australian people drank above NHMRC 2001 guideline levels for short-term harm on at least one occasion in the 12 months before the survey
   - about 10% of people reported drinking above NHMRC 2001 guideline levels for long-term harm.

11 Among people in the 20–29 year age group about:
   - 60% drink above guideline levels for short-term harm
   - 16% drink above guideline levels for long-term harm.

12 Recent data shows that 59% of Australian women drank alcohol at some time during their pregnancy.
Fact puzzle cards

13 For Australian men, about one-third of motor vehicle deaths and 40% of pedestrian deaths are alcohol related.

14 Research indicates that alcohol may have a negative effect on brain development during adolescence and be linked to alcohol problems later in life.

15 The earlier in life a person starts drinking alcohol, the more often they are likely to drink. They are also likely to drink greater quantities when they do drink. Therefore, postponing becoming a drinker can have a positive impact on the drinking habits you develop during your lifetime.

16 Different countries have different guidelines about the number of standard drinks that are considered low risk to consume on a daily basis.

<table>
<thead>
<tr>
<th>Alcohol Guidelines around the world</th>
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<td>Australia</td>
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</tbody>
</table>

*all drinks are converted into the measurement of a standard Australian drink.
Q: What is a licit (rather than an illicit) drug? Provide two examples.
A: Licit drugs are legal for people of a certain age and/or for people with a relevant prescription (e.g. alcohol, tobacco, caffeine, prescription drugs, steroids).

Q: What is an illicit (rather than a licit) drug? Provide two examples.
A: Illicit drugs are illegal under all circumstances (e.g. cannabis, LSD, speed, ecstasy, cocaine, heroin).

Q: How many glasses of alcohol make up a standard drink?
A: That depends on the type of drink and the size of the glass. Different alcoholic beverages contain different amounts of alcohol. A standard drink contains 10 grams of alcohol.

Q: What is a psychoactive drug?
A: Psychoactive drugs are those taken for their effect on feelings, sensation or behaviour.

Q: Is there anything you can do to speed up the process of sobering up? Why or why not?
A: No. You will not sober up until the alcohol in your blood has been filtered through your liver. This process takes about one hour per standard drink.

Q: Is alcohol a depressant, a stimulant or an hallucinogen? What is the major effect that drugs in this category have on the body?
A: Alcohol is a depressant. It slows down reactions or messages to and from the brain.

Q: Do you think that more or less than half of 15-year-olds would have drunk alcohol in the last week?
A: Less than half – 39%.

Q: Name one stimulant and one hallucinogen.
A: Stimulants: caffeine, nicotine, cocaine, amphetamines, ecstasy. Hallucinogens: cannabis, ecstasy, LSD.

Q: Name the three common forms of cannabis.
A: Marijuana, hashish, hashish oil.

Q: What are some of the major effects of cannabis in small and large amounts?
A: Cannabis (a depressant) slows down reactions or messages from the brain. In small amounts it can lower inhibitions and enhance sensory perceptions. It can also cause people to become disoriented, confused, anxious and paranoid. In large amounts it can have hallucinogenic effects and distort a person’s perception.
Q: What percentage of 15-year-olds have never used cannabis – 55%, 67% or 82%?
A: 82% of 15-year-olds have never used cannabis.

Q: Name two of the many factors that contribute to the effect a drug will have on a particular individual.
A: The person’s individual characteristics (i.e. their size, their state of mind at the time of drug use, etc.) the amount, the frequency of use, the context or environment in which the drug is used, the reasons for use, the strength of the dose.

Q: List 2 ways in which alcohol can be bad for your health in the long term.
A: Increased risk of cancer overall, heart disease, increased blood pressure, increased risk of stroke, deterioration of heart muscle (cardiomyopathy), can affect the developing brain, liver disease (cirrhosis of the liver, enlarged liver).

Q: Even small amounts of alcohol combined with cannabis can be more intoxicating than larger amounts of either. True or false?
A: True. Studies indicate that the effect of combining alcohol and cannabis can increase severity of intoxication and be particularly dangerous if driving.

Q: Can a pregnant woman drinking alcohol cause damage to her unborn child?
A: Yes.

Q: Which drug is responsible for causing the most deaths in older people?
A: Tobacco.

Q: Which drug is responsible for causing the most deaths in young people?
A: Alcohol.

Q: Cannabis can trigger schizophrenia for those with a pre-existing vulnerability, i.e. a family history. True or false?
A: True. There has been increasing evidence pointing to this link. Therefore, it is strongly advised that people in this position avoid using cannabis altogether.

Q: Mixing cannabis and alcohol can increase negative effects such as panic, pain, anxiety and nausea. True or false?
A: True.
Strategy cards

1. Mel and her friends have met a group of older guys at the party. They suggest driving into the city to kick on. Mel is excited as she likes Brad but she knows they have been drinking. They say they are fine but she's not sure how affected the driver is. At the same time, she doesn't want to miss out on the chance to hook up with Brad.

What could she do? Think of 3 strategies.

2. Steve has been invited to a party with a group of guys he has started to hang out with. When he arrives, he finds them sitting in the basement, listening to music. As they talk, Joe lights up a joint, takes a few drags and starts to hand it round the circle. Steve is next in line. He hasn't given this much thought but feels like now he's expected to join in.

What could he do? Think of 3 strategies.

3. Rachel is at the party with her older sister's friends. One of them asks her if she can stash her stuff in Rachel's bag. Later she notices this stuff includes a small plastic bag of marijuana. She feels really uncomfortable about carrying drugs on her. But she also feels really uncomfortable about bringing the issue up.

What could she do? Think of 3 strategies.

4. Lisa's friend has had too much to drink and starts wandering along the beach with a guy she met that night. Others tell Lisa to relax and let her friend have a good time, but Lisa's not so sure.

What could she do? Think of 3 strategies.

5. Will is the tallest and the oldest looking of his group at the party. Two of his friends pressure him to go out to the bottle shop, lie about his age and buy them drinks. He doesn't feel comfortable about this.

What could he do? Think of 3 strategies.

6. Sim is joking around in the back yard of a party when some older drunk guys come up to him and try to pick a fight.

What could he do? Think of 3 strategies.

7. Belinda is at the party when someone comes to find her to tell her that her friend has eaten some hash cookies and is freaking out and acting weird in the bathroom.

What could she do? Think of 3 strategies.

8. Paul is hanging around outside where some guys have been drinking heavily. Someone suggests going for a swim in the pool next door, as the neighbours are away. He thinks this could be really dangerous, given how much some of them have had to drink. A few guys are jumping over the fence and kicking their shoes off.

What could he do? Think of 3 strategies.

9. Roni's friend has had a bit to drink. A group of guys she has been talking to are getting her to strike raunchy poses while they take photos on their mobile phones. Roni tries to drag her friend away, but she shakes Roni off and tells her to chill out. Roni is concerned that her friend has lost her sense of judgment and wonders where these photos are going to end up.

What could she do? Think of 3 strategies.

10. Sam is at the party with a friend. Most of the people there are from another school. Some of the people are getting really irritating. She pulls her friend aside to ask if they can leave, but her friend says she's having a really good time and doesn't want to leave.

What could she do? Think of 3 strategies.
Victoria is home alone and invites a few friends from her new school over. When they show up, she finds Mack has brought some alcohol. He gets quite tipsy and begins jumping around with her brother’s new guitar. It is an expensive guitar he has saved for a year to buy. Any scratch would make him furious.

What could she do? Think of 3 strategies.

Someone has suggested sneaking some spirits from the alcohol cabinet. Josh has some reservations. His parents are sure to notice.

What could he do? Think of 3 strategies.

Josie has had her phone and iPod taken from her bag at the party.

What could she do? Think of 3 strategies.

Some of the boys have started kicking a ball around out in the street. Every so often traffic passes, but Tim notices the guys do not make much effort to leave the road, and some are slow and groggy because they have had a lot to drink.

What could he do? Think of 3 strategies.

Tran has found his way onto the carport roof for a smoke, having been told he can’t smoke in the house. He is calling for others to come up and join him. He has been drinking and so have his mates.

What could you do? Think of 3 strategies.

Some of the guys have lit a fire out the back of the party. They have started to act stupidly, tossing people’s belongings across the fire, including shoes, phones and iPods. Some people are getting upset.

What could you do? Think of 3 strategies.

Jed is trying to set up a sculling competition. He has taken a bottle of spirits from the lounge room cabinet and is trying to persuade someone to out-drink him. He has obviously already had a bit to drink. So have many others.

What could you do? Think of 3 strategies.

Bettina has had so much to drink that she has vomited and it is hard to keep her conscious. People are trying to get her to stay awake and drink water, but she is completely floppy, can’t make herself swallow, and can hardly talk. Everyone knows she would not have told her parents she is at a party as they are very strict.

What could you do? Think of 3 strategies.

The brother of Georgia’s boyfriend is having his 18th birthday party. Georgia knows her boyfriend is planning to get drunk. She feels uncomfortable because she won’t really know anyone there – they are all a few years ahead of her at school. She hates being left to mind people who are drunk.

What could she do? Think of 3 strategies.
Session 3: Using your resources

**Aims**
In this session students should:
- revise the pouring of standard drinks
- consider the impact of inebriation on a person’s capacity to estimate the strength of a drink they pour
- predict the risks and challenges associated with a range of situations involving alcohol or other drug use
- identify the knowledge, skills and capacities that will assist young people to negotiate a range of situations in which some people have been using alcohol or cannabis.

**Resources**
- four sets of glasses or transparent plastic cups of various shapes and sizes, a measuring cylinder and bottles of coloured water
- sponges or cloths to clean up
- standard drinks chart
- one blindfold
- character & challenge cards
- student workbook (pages 14–17)

**Activity 1: Pouring test**

1. Use food dyes to create a different colour to represent a generic range of drinks, e.g. spirits (blue), wine (red), full strength beer (orange), light beer (yellow), alcopop 1 (green), alcopop 2 (purple). Arrange the glasses and drink bottles as per the four groups described below.
2. Divide class into four teams. (For suggested grouping games, see the games collection on page 8.) Each team will put forward one player to compete in a standard drinks pouring competition. Groups will be variously handicapped.

**Group one** will be the ‘skilled-up’ group. In this group they will have the standard drinks chart and the measure. They will measure and then pour the drinks. This group will represent the well-educated citizen.

**Group two** will be the ‘guesstimate’ group. They will work from memory to estimate what the drink should look like. This group will hopefully represent good practical know-how. Even if they are not exactly accurate – they will be very close.

**Group three** will be the ‘budget-conscious’ group. As they pour they will be mindful of the high cost of alcohol. They will pour into glasses that are a different shape to those provided for Group two.

**Group four** will be the ‘not-quite-blind’ group. In this group the person who pours will wear a blindfold and they will have a person who assists them by providing sounds (not words) to guide them as they pour. This team will replicate a situation in which a person who is already drunk tries to estimate their drinks.

3. Ask each team to send a player up in front of the class to pour a standard drink of spirits, wine, light beer, full strength beer, alcopop (4.5%) and alcopop (7%). (Alternatively, use a different player from the group each time a new drink is to be poured.) Have volunteers from groups two to four pour simultaneously. The player for group one should pour last, each time, so as not to give visual clues to the other three groups.

4. Ask the class to comment on how hard or easy it might be to estimate as accurately as the skilled group.

5. Point out that this is important knowledge to have for those who need to estimate if it safe to drive or be a passenger if the driver has been drinking.

6. Ask when else might this knowledge be important? (Students may identify that people who want to drink but not get drunk or too affected will want to be able to estimate what is in a drink and how they may be affected. For example, in some work or social situations it may be very important not to experience too much of the disinhibiting effect of alcohol in order to guard against saying or doing anything inappropriate.)

**Avoid personal stories**
Ensure that students do not tell personal stories disclosing their own or their friends’ drug and alcohol use. This protects people’s privacy. The telling of personal stories can also glamorise or normalise drug use and contribute to a covert form of peer pressure.
### Activity 2: What do we mean by ‘drunk’?

1. Explain to students that drinking does not have to equal getting drunk. There are many points on the scale between sober and drunk. It may be useful to identify these different points and consider what sorts of actions might allow a person to control the level they reach.

2. Explain to students that they will find a list of terms that describe the effects of alcohol on the body. Ask them to match these terms with the thermometer diagram in their workbooks (page 14), indicating different levels of inebriation. Use the physical descriptions to help diagnose which level of inebriation is described in each instance.

   Note that students may choose to match more than one term with a particular level of inebriation.

3. Ask students if they can think of any other terms to add to the list on the thermometer. Point out the greater number of terms on the list relate to high levels of inebriation, as compared with the fewer that describe lower levels. What conclusions can be drawn from this? How does this reflect the way alcohol is discussed in our culture (and in youth culture) and, therefore, the attitudes we hold about it?

4. Now, drawing on the strategies provided in the strategy bank in the student workbook (page 15), and coming up with some of your own, provide advice for a person who:
   - (a) wants to drink alcohol but not get drunk
   - (b) wants to drink alcohol but not go over .05.

### Thermometer Diagram

<table>
<thead>
<tr>
<th>Level</th>
<th>Term(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Feeling happy and relaxed, reflexes slow down, less concentration, feeling chatty.</td>
</tr>
<tr>
<td>2</td>
<td>Fewer inhibitions, movement and speech disjointed, irrational moodiness, feeling woozy. The part of the brain responsible for remembering things, the hippocampus, is slowing down,</td>
</tr>
<tr>
<td>3</td>
<td>Feeling a little sedated and a lot clumsy. Loss of muscle control, tiredness, blurred vision and confusion.</td>
</tr>
<tr>
<td>4</td>
<td>Nausea, vomiting, vertigo, sleep. Chances are high for a terrible headache and hangover the following day. headache and hangover the next day.</td>
</tr>
<tr>
<td>5</td>
<td>Coma or death through alcoholic poisoning, or death due to asphyxiation when choking on vomit while in a coma.</td>
</tr>
</tbody>
</table>

List of terms: Tipsy, smashed, pissed, off your face, sloshed, drunk, wasted, paralytic, out of it, tanked, inebriated, tiddly, relaxed, nicely toasted.
Strategy bank of advice

Set limits for yourself, and stick to them: Don’t let other people pressure you into drinking more than you want.

Take your own alcohol with you, limit it to a small/moderate amount and only drink that.

Quench your thirst first: Have a non-alcoholic drink first if you are thirsty.

Drink slowly: Take sips, not gulps.

Drink from a small glass: Some wine glasses can hold several standard drinks.

Be aware of exactly what you are drinking: Remember that ‘alcopops’ (sweet flavoured pre-mixed drinks) can be quite strong, even though they don’t taste like strong alcohol.

Drink a non-alcoholic or low alcohol alternative.

Eat before and while drinking, to ensure that your stomach is lined and the alcohol will be absorbed more slowly. Avoid salty snacks, which will make you thirsty.

Avoid getting into a ‘round’ or a ‘shout’: They are sure to make you drink faster, and drink more, so that you can keep up with your friends.

Avoid ‘top-ups’: Drink one drink at a time so that you can keep track of how much you are drinking.

Stay busy: Don’t just sit and drink. Dancing, playing music or games can take the focus away from drinking.

Make a pact with a friend to keep an eye on each other and make sure you stick to your goal of low-level drinking.

Drink a number of non-alcoholic drinks between each alcoholic drink. Keep your non-alcoholic drink available and topped up.

Read the bottle so as to be sure of the strength of the beverage you are drinking.

Set a number of standard drinks which will be your upper limit and do not go over this limit.

Tell other people ‘no thanks’ if they offer drinks which aren’t on your plan.

Know how standard drinks relate to blood alcohol content (BAC).

Account for your age, size and the likely effects of alcohol on your body.

Source: The facts about binge drinking, Druginfo Clearinghouse, Australian Drug Foundation
Activity 3: Using strengths and resources

1. Explain that the focus of this activity is on predicting and anticipating risk or challenge and on identifying the personal and social skills and attributes that will assist in managing challenging situations.

2. Organise students to work in small groups or pairs and deal each group a character & challenge card. (See page 8 for suggested grouping games.)

3. Ask them to refer to the resources card in their workbook (page 16). They are to choose one item from each of the three categories: Strengths, Skills and Knowledge, and two items from the category Possessions (preference 1 and 2) for the underlined Character on the character & challenge card. These four items are to be selected on the basis that they will be of use to their character as he or she negotiates their particular challenge. They should discuss with each other which items will best equip their character to deal with the challenge they face in such a way as to minimise or prevent harm.

4. Explain that when they report to the class on their choices they will need to justify or explain their choice by pointing out how that personal or practical ‘resource’ can be put to good use in that situation.

5. Use the follow-up questions to guide reporting back to class:
   (a) What was your character/challenge?
   (b) Which strength did you choose to equip your character? Explain how it could be used to help the character deal with the situation.
   (c) Which possessions did you choose? Explain how they could be used to help your character deal with the situation.
   (d) Which skill did you choose? Explain how it could be used to help your character deal with the situation.
   (e) What knowledge did you choose? Explain how you think it could be used to help your character deal with the situation.
   (f) Were there any situations in the selection in which you thought your character would need different knowledge, skills or possessions than those available to make a good choice about what to do?

6. If time allows, play another rotation of the game by asking groups to swap character & challenge cards. Keep a record – were any strengths or capabilities chosen more than others?

Reflection
- Ask students to engage in private reflection to consider which of the four strengths they would most choose for themself. (You may wish to share your own selection.)
- Ask: How do you think people develop these strengths and capabilities?

Debrief Talking further 2
Discuss what sorts of situations parents/caregivers/family members predicted young people might need to ‘escape from’ with the use of a code word. Introduce the Talking further 3 task and show students where it is located in the student workbook, page 17.

Talking further 3: Pouring standard drinks

Test yourself.
Find a measure in your kitchen or bathroom. Test yourself to see if you can guess and pour reasonably close to a standard drink of spirits, wine and beer. Then measure and pour to check you can see what an accurate measure looks like in a number of glasses. (Refer to the standard drinks section, page 17, in the student workbook to guide you.) Explain to your parent or family member what you have been learning in the standard drinks exercise. See if any of your family members can match your level of accuracy.
Standard drinks chart

- **Light Beer**
  - 2.7% alcohol/volume
  - 1 standard drink = 460ml

- **Full Strength Beer**
  - 4.8% alcohol/volume
  - 1 standard drink = 250ml

- **Wine (red or white)**
  - 12% alcohol/volume
  - 1 standard drink = 100ml

- **Alcopop**
  - Pre-mixed spirits
  - 4.5% alcohol/volume
  - 1 standard drink = 285ml

- **Pre-mixed spirits**
  - 7% alcohol/volume
  - 1 standard drink = 180ml

- **Spirits**
  - 40% alcohol/volume
  - 1 standard drink = 30ml
TIM is walking home from a party with James who passes out beside the road after heavy drinking.

JACK sees his friend Mario is having a bad asthma attack after smoking cannabis for the first time.

Louise and PRUE (18) see that Louise’s sister Nita (16) has gotten drunk and now an older guy wants to take her for a ride in his car. Louise’s parents do not know she has brought Nita to the 18th birthday party with her.

GINA and Melanie (16) get separated from their group and miss out on a ride home. Two older guys approach and offer to squeeze them into the front of the utility truck and drive them home. Gina will have to sit on the lap of one of the guys as there are only three seats.

Tessa (17), who MATT does not know well, but who is hanging out with his group, is all over him. She has started to act really weird like she is stoned and she tells Matt she took a pill someone was selling at the party.

Luke insists that everyone at his 16th birthday paddock party must go for a spin on the back of his new trail bike. He has been drinking but isn’t exactly drunk. He offers MARK the first ride.

Patrizia wants to move on to another party with some older guy she has just met at her friend’s 16th and tries to convince SALLY to come with her too.

JED is at his older cousin’s share house and a few mates turn up and start to smoke cannabis. They pass it around the group and encourage him to join in. Everyone else is smoking.

Julia wants a boyfriend and tells MARIA she is going to get drunk at this party because then she will be able to walk up to anyone.
Resources Card

Choose one item from each of the three categories (Skills, Strengths and Knowledge) and two items from the Possessions category (preference 1 and 2).

**Knowledge**
- How to recognise signs of alcohol or other drug overdose
- How to do basic first aid to help someone who has passed out due to heavy drinking or drug use
- How to call an ambulance from a mobile phone
- Understands effects that different drugs can have on a person’s behaviour
- How to estimate the number of standard drinks in the container
- How to estimate strength of alcoholic drinks
- How to protect against catching a sexually transmitted infection

**Skills**
- Is able to leave the group without causing a fight
- Is able to put forward a convincing argument
- Is able to assert their own point of view
- Is able to encourage people to look out for themselves
- Is able to distract people from what they are about to do without making them angry
- Is able to work out who might cause trouble
- Is able to organise to get home safely when plans fall through
- Is able to joke their way out of a potentially risky situation
- Is able to avoid conflict with unreasonable or aggressive people
- Is able to propose an alternative if they don’t like what their friends are up to

**Strengths**
- Courage - can take an action even if scared, anxious, or intimidated and regardless of whether this will put them out on their own
- Kindness - generous to others and willing to help out
- Leadership - can organise and motivate others to get things done
- Judgement - can think things through before making a decision
- Fairness - treats all people fairly regardless of feelings or bias
- Self-control - can control desires and stick to decisions
- Humour - can see the light side and help people to laugh
- Social intelligence - is aware of others’ feelings and needs
- Persistence - can stick at it or work hard even when things get tough
- Wisdom or perspective - can see the big picture and think of good advice
- Creativity - can think of many different ways to handle a situation
- Honesty - can tell the truth even when this may cause embarrassment

**Possessions**
- iPod
- Tissues
- Torch
- Condom
- Bottle of water
- Pen & paper
- Mobile phone
- Train ticket
- $50 note

Character:  
Strength:  
Skill:  
Knowledge:  
Possession: Preference 1:  
Preference 2:  

Get READY – Year 9 Teacher Manual
Session 4: Winding up, winding down

Aims
In this session students should:

• develop an awareness and an understanding of amphetamine-type stimulants (ATS) as a category of illicit drugs, identifying contexts of use, pattern of initiation, motivations to use and not to use
• understand their own capacity to achieve natural ‘highs’ and identify the different processes required to achieve this state for different people.

Resources
• student workbook (pages 18–30)

Activity 1: Amphetamine-type stimulants (ATS), GHB and heroin
1. Ask students to work in groups of three (see page 8 for suggested grouping games) and allocate each group one of the four drugs listed to research:
   (a) MDMA (ecstasy), amphetamines, GHB and heroin.
2. Explain to students that they will need to use their workbooks (pages 18–27 to conduct research on the drug they have been allocated. They will then be asked to teach the rest of the class the important facts about this drug.
3. As students conduct their research, they should use the following points as a guide:
   (a) type of drug (category)
   (b) main effects – physical and psychological
   (c) main risks
   (d) where the drug tends to be used (context)
   (e) street names for the drug.
4. Allow students some time to complete their research tasks.

Activity 2: Talk and teach
1. Invite a few groups to present on each of the drugs. After each presentation, ask other groups who have researched the same drug to add some extra facts they found out about the drug.

Activity 2: Talking and teaching
1. Invite a few groups to present on each of the drugs. After each presentation, ask other groups who have researched the same drug to add some extra facts they found out about the drug.

Covering key information
Make sure presentations are clear and top up key information if it is skipped, over or under emphasised.
Refer to the A–Z Teacher Guide for additional background teacher information.

2. Point out that common use names of these drugs often deliberately call up positive associations. (Note that the slang names like ‘speed’ and ‘ecstasy’ are likely to suggest positive experiences.)

3. Explain that now students have heard the specifics about these different drugs, it is worth highlighting one major risk they all have in common: due to the fact that they are manufactured illegally, we can never really know the contents and the strength or dosage of illicit drugs. That means that different batches of the same drug can be very different and can result in very different outcomes. The line between dose and overdose, between desired effects and dangerous effects can be very fine and impossible to predict.

4. Encourage students to read the information in the workbook on the other three drugs.

Activity 3: Seeking high or seeking flow
1. Read the following paragraphs to the class.
   Seeking thrilling, pleasurable experiences that seem to transport us to another plane is a part of being human. This search has been something that has preoccupied and driven human beings across cultures, throughout history.
   One researcher, Mihaly Csikszentmihalyi (pronounced chik-sent-mi-hi-ee) describes this feeling as ‘flow’. He describes ‘flow’ as a state of concentration or complete absorption with an activity, during which one loses a sense of time and any other worries or concerns simply drop away. Think to yourself about some activities that may have allowed you to achieve a similar sense of flow. Some people get this sense playing computer games, making art, or solving problems.
   Other good feelings which people may hope to replicate through drug use include calm or relaxation; excitement, energy or buzz; and increased sense of friendliness or connection to others.
But there are other ways that people achieve these feelings without using drugs. For example, calming is something we can do by taking a shower, or listening to music. Little children might hug a teddy or suck their thumb to calm themselves.

Natural highs can be obtained through sensations such as dancing, body surfing or free-wheeling down a hill. Little children might seek this sensation on the swing or roundabout.

An energising connection to others can be achieved by laughing at jokes, talking with others, playing in a band or playing a team sport. Little children might get this by playing make believe or chasey.

It is an important skill to be able to produce these feelings in our self when we need to, rather than to use a drug to try and replicate them. Some people think that little children are quite good at doing this and we need to re-learn how to do this as we get older.

2. Explain that in the next activity students will look at how people might design some of these experiences into their lives without the use of drugs.

Activity 4: Life coach game

1. Imagine that you are the ‘life coach’. In this role, you are to work in pairs to advise your clients how to get their lives on track and achieve happiness, satisfaction and fulfillment. In this activity, you are going to advise clients, of different ages, on how they might use natural means to achieve four states:
   (a) calm (or peace)
   (b) flow (or intense concentration)
   (c) natural high (a feeling of buzz or whiz)
   (d) vitality (feeling positively connected to others)

Remember, ‘flow’ has several different aspects that make it work:

1. It requires focused attention – feels like your whole being is involved in the activity.
2. There must be a balance struck between the challenge of the task and the skill you bring to it, so it’s not so hard as to cause anxiety or frustration but not too easy so that it becomes boring.
3. The activity must produce a sense of engagement and complete absorption so that you forget the things around you, forget your worries and even lose your sense of time.

4. Direct students to have a look at the ‘piggy bank of ideas’ in the workbook (page 28–30). Ask students to add some more of their own, and then allocate all the activities to the circle they believe is the best fit. They should then match a number of these strategies to their selected client profiles, taking into account their age and gender.

5. Ask a number of pairs to report back to the class on their choice of strategies.

Debrief Talking further 3

How did parents'/caregivers'/family members' knowledge of a standard drink compare with that of the students.

Interactive activities

The participatory activities are an essential part of the program. They help to generate high levels of engagement and give students a chance to apply and rehearse skills in situations that simulate real-world contexts.
Talking further 4: Natural highs

Using the notes from the workbook (page 28), explain the concept of flow to your parents/caregivers or family members. Interview parents to find out what sorts of activities bring them flow (or alternatively chose one of the categories of ‘calm’, natural high’ or ‘vitality’). If they are unsure, prompt them by using the list you have added in your student workbook and make some suggestions based on what you know of their personalities, skills, interests and age.

OR

Prescribe for another family member:

- Write a list of three must-do drug-free feel-good activities for someone else.
- Invite a family member to look at the piggy bank of ideas in your workbook (page 29) and to suggest three drug-free feel good activities that would suit you.
- If no one is available to do this activity with you, make a recommendation to yourself.

Teacher homework

The next lesson includes a short trigger scenario DVD. If you have access to the technology required, organise to have it set up for your next session. Alternatively, you can complete the activity using scenarios cards.
Life Coach Piggybank of Ideas
Suggest activities from the 'piggy bank of ideas' for each of the clients below to help them achieve calm, flow, natural high and vitality.

<table>
<thead>
<tr>
<th>Client</th>
<th>Life coach’s advice</th>
</tr>
</thead>
</table>
| Marie or Max 5 years old | • To achieve ‘calm’, you could:  
                             • To achieve ‘flow’, you could:  
                             • To achieve ‘natural high’, you could:  
                             • To achieve ‘vitality’, you could: |
| Justin or Jacinta 15 years old | • To achieve ‘calm’, you could:  
                                      • To achieve ‘flow’, you could:  
                                      • To achieve ‘natural high’, you could:  
                                      • To achieve ‘vitality’, you could: |
| Paula or Paul 35 years old | • To achieve ‘calm’, you could:  
                                  • To achieve ‘flow’, you could:  
                                  • To achieve ‘natural high’, you could:  
                                  • To achieve ‘vitality’, you could: |
| Ella or Ed 75 years old | • To achieve ‘calm’, you could:  
                           • To achieve ‘flow’, you could:  
                           • To achieve ‘natural high’, you could:  
                           • To achieve ‘vitality’, you could: |
Session 5: Drugs — disinhibition, sexual vulnerability and violence

Aims
In this session students should:
- identify the way in which alcohol or other drug use can lead to an increased risk of sexual vulnerability or violence
- identify the key risks associated with unprotected sex when under the influence of alcohol or other drugs
- develop prevention strategies and post-vention strategies for peer or self-support in situations in which use of drugs or alcohol leads to sexual vulnerability or violence.

Resources
- facts and theories cards
- Making Choices DVD or regrets scenario cards
- student workbook (pages 30–33)

3. Ask one member of the group to nominate themselves to be the chairperson and to read out to their group the first ‘fact’ question in their set of three, and invite group members to guess the answer. The chair should then provide the correct answer. The chair should then ask the group to come up with at least three ideas or ‘theories’ to explain the statistic that they have. The chair should read back some of the theories on the card, only after the group members have provided their own suggestions. When this is complete they should repeat the process with each of the remaining questions.

4. At the end of the task ask the groups to:
   (a) Talk about how one statistic might be connected to one or both of the others in their set. (Use the ‘talk about’ questions on each card as a guide.)
   (b) Choose one of the statistics to report back to the class (each group has a different set of questions). They should explain why that statistic is important for the class to know and share the theories they developed.

Referral
If concerns arise about a student in your class, follow up afterwards. Talk to the student. Refer the matter to the wellbeing coordinator and continue to monitor the student.

Facts
Chlamydia can potentially affect young people’s reproductive health. In women, it can cause cervicitis, upper genital tract infection, tubal infertility, ectopic pregnancy complications and chronic pelvic pain. If left untreated, chlamydia can cause infertility in women. In men, it can cause urethritis and, occasionally if untreated, acute inflammation of the testis and epididymis (Bowden et al. 2002; DoHA 2005).

For more information on the National STI prevention program visit www.australia.gov.au/STI

Social status
Be sensitive to the social status of those in the class. Discuss fictitious or general examples rather than local incidents or personalities.

Activity 1: Drug use and sexual vulnerability

1. Divide students into groups of three or four (allow up to seven groups to form).
2. Allocate each group a facts and theories card (there are seven different cards and each card has three questions).
Activity 2: Trigger scenario

1. Organise students into pairs or groups of three (for suggested grouping games, see the games collection, page 8).
2. Explain that in this next activity students will be watching a DVD about a party and then discussing some of the different choices the characters make.
3. Ask them to keep note of which characters had to make a decision, and which characters faced some dilemma or had some pressure put on them as they made this decision (workbook page 31). Some of the decisions relate to alcohol use and some to friendships.
4. After students have watched the Making Choices DVD, seek a couple of examples of characters who had to make choices under pressure. Then ask students to work in their groups to make notes to identify additional characters who they spotted making choices at the party. Have students record the names of these characters and to note the details about the dilemmas they faced in their workbooks (page 31).
5. Play the DVD again so that students can check their answers and seek additional answers. (One option is for students to call out ‘pause’ when they spot a choice being made. Pause the DVD and get them to explain what they have noted.)
6. Ask each group to choose either Sim, Vlad or Abbey and develop a list of additional options for their character. Ask them to identify at least one different option that could have been taken before, during or after the decision.
7. Seek answers for each of the characters (page 32).

<table>
<thead>
<tr>
<th>Character</th>
<th>Choices they made</th>
</tr>
</thead>
</table>
| Abbey        | 1. To accept drink from Marika as a way of gaining confidence to approach Damian (boy she likes) despite her promise to Jess not to drink.  
               | 2. To accept more alcohol from Damian.                                             
               | 3. To stay at the party and find a way home with Damian.                          |
| Jess         | 1. To leave Abbey at the party.                                                    
               | 2. To refuse Abbey a lift home because she has been drinking.                     |
| Vlad         | 1. To accept a drink from his friend Jack to help him gain confidence to talk to a girl he likes despite his upcoming basketball game the next day.  
               | 2. To drink and smoke enough marijuana to pass out.                               |
| Elise and Rupi| 1. To stay at the current party to support their friend, the host, rather than going to the next party with the others. |
| Sim          | 1. To stay at the current party and look after his friend Vlad, who has passed out after drinking and smoking marijuana, rather than going with the others to another party. |

Collecting feedback
When collecting feedback, avoid going around to each group/student in an exhaustive way, as this can become boring. Rather, build on the first answer by inviting contributions that are different.
Alternative Activity 2: Regrets

1. Organise students to work in pairs or small groups.
2. Allocate one regrets scenario card to each group. Select one of the scenario cards to read aloud to the class to demonstrate the style of reading required (one which builds a sense of the voice of the character). Ask that an enthusiastic reader from each group reads their scenario to the rest of the group, creating the same sort of effect.
3. Each group is to work together to develop a prevention plan for their allocated scenario. The prevention or ‘before’ plan will involve some actions that the character could have taken which would have prevented them from ending up in a situation that they later regretted.
4. Next, ask the group to develop an ‘after the event’, or post-vention plan, to assist their character to handle the regretted incident. Record answers in their workbooks (page 33).
5. Once plans have been developed, organise for groups to read their scenario and share their ‘before’ and ‘after’ plans.

Debrief Talking further 4
Ask students to share the types of activities suggested when they discussed ‘flow’ with their parents or other people at home.

Talking further 5: Dating in the old days
Ask students to talk to their parents or older people about how dating was done in their days:

- Ask where people went on dates and how they organised who to date.
- Talk about what might be different in current times.
- Discuss whether there may be more or less pressure on young people these days.
Fact and theories card 1

**FACT 1A**

**Q:** What percentage of Year 10 students have NOT had sexual intercourse?
**A:** 73 per cent.

**THEORIES:** Only around of year 10 students have had sex. (Think of at least three reasons why most people have not had sex at this age).
Some possible reasons include: they want to wait till they are older; they haven’t met a partner yet; religious or personal choice to delay sex until after marriage; they are not ready for this level of relationship.


**FACT 1B**

**Q:** What percentage of young people aged 16–24 say they drink to get drunk most times?
**A:** 15 per cent.

**THEORIES:** Why might some people always seek to get drunk when drinking? (Think of at least three reasons).
Some possible reasons include: they think that it is normal; they think that it is cool or fun; they don’t know how much is too much; they want to escape their reality; they want to impress others who are drinking.


**FACT 1C**

**Q:** Are the rates of notified chlamydia infections (a common sexually transmitted infection) going up or down for young people?
**A:** The rate more than tripled between 2000 and 2008, with the biggest increases in the 15–19 and the 20–29 years age groups.

**THEORIES:** Why might the rates of sexually transmitted infections (STIs) be going up? (Think of at least three reasons.)
Some possible reasons include: more people are having sex with multiple partners; fewer people are using condoms; with STIs rates higher it is more likely people will come into contact with someone who has one.


SET 1 Talk about: How might choices about alcohol use influence decisions made about sex?
Q: Of those girls who have had sexual intercourse by Year 10, what percentage have used the withdrawal method of contraception?

A: 14 per cent.

THEORIES: Why might someone use this risky method? (Think of at least three reasons).

Some possible reasons include: they can't get access to condoms or the pill; they don't know they can risk pregnancy and STIs by doing this; they are too drunk or high to make safe choices; they have religious objections to using contraceptives.


Q: What percentage of young people aged 16–17 have driven a car while under the influence of alcohol?

A: 5 per cent.

THEORIES: That is one in 20 people. What might lead to this happening? (Think of at least three reasons).

Some possible reasons include: they got so drunk they could not make sensible choices; they were pressured into it by others who were also doing it; they were trying to impress friends; they were asked to drive by a licensed adult driver who had been drinking even more.


Q: What are the most common sexually transmitted infections (STIs) in young people in Victoria?

A: Chlamydia and gonorrhoea.

THEORIES: Most people don't think about the risk of STIs. Why might this be so? (Think of at least three reasons.)

Some possible reasons include: they have not had enough education about sex at school; they have not had enough education about sex from their parents; they think the risk is low so it won’t happen to them; they think only sex workers or sleazy people catch STIs; they think they can tell by looking at someone if they might have a STI; they think if they are going steady it can’t happen to them; they think STIs can't be passed on during gay sex.


SET 2 Talk about: How might choices about alcohol use influence decisions made about personal health or safety?
Q: What percentage of young people aged 16–24 say they never drink to the point of drunkenness? A: 30 per cent.
THEORIES: Why do around one-third of people make sure they never get drunk when drinking? (Think of at least three reasons).
Some possible reasons include: they don’t want to do something they will regret; they have seen what can happen to others who do get drunk; they think being drunk is ugly or stupid; they don’t want to be sexually vulnerable; they don’t want to get a hangover or feel bad the next day; they don’t want to risk an injury; they don’t want to get a bad reputation or get into trouble with their parents, partner or friends.

Q: What percentage of students know that chlamydia can cause infertility in women? A: Less than half of Year 12 students and only one in five Year 10 students.
THEORIES: Why might this be so? (Think of at least three reasons).
Some possible reasons include: they have not had enough education about sex at school; they have not had enough education about sex from their parents; they think the risk is low so it is not worth finding out about; they think only sex workers or sleazy people catch STIs; they think they can tell by looking at someone if they might have a STI; they think if they are going steady it can’t happen to them; they think if they don’t sleep around they don’t need to know about STIs.

Q: What percentage of sexually active boys (Years 10 and 12) use condoms every time? A: 61 per cent.
THEORIES: This is just over half – why do you think so many boys don’t use condoms every time? (Think of at least three reasons.)
Some possible reasons include: they can't afford condoms; they don't know they can risk STIs by doing this; they are too drunk or high to make safe choices; they have religious objections to using contraceptives; they leave it up to the girl to worry about pregnancy and STIs; they think if the girl is on the pill they don’t have to worry; they think if they are having sex with another guy that neither of them have to worry.

SET 3 Talk about: What do young people need to know or be able to do to stay safe in sexual relationships?
Q: What percentage of young people aged 16–24 say that in the last 12 months they have drunk to the point of not being able to remember what happened?

A: 30 per cent.

THEORIES: What are the biggest risks they face from this level of drinking? (Name at least three).

Some possible risks include: passing out; choking on vomit; falls or injuries; unprotected sex; sex with the wrong person; being a victim of violence or sexual assault; having their belongings stolen; brain damage; traffic accidents.


Q: What percentage of sexually active students reported that a condom was available at their most recent sexual encounter?

A: 72 per cent.

THEORIES: This means that for around one-in-four students no condom was available when they had sex. What could lead to this happening? (Think of at least three reasons).

Some possible reasons include: they can’t afford condoms; they don’t know they can risk STIs by not using one; they had sex because they were drunk or high; they think if the girl is on the pill they don’t have to worry about condoms as well; they have religious objections to using contraceptives.

Source: Smith A, Agius P, Mitchell A, Barrett C, Pitts M, 2009, Secondary Students and Sexual Health 2008 Monograph Series No. 70, Melbourne, Australian Research Centre in Sex, Health and Society, La Trobe University Department of Human Services, Melbourne.

Q: What percentage of Year 10 students say they were drunk or high last time they had sex?

A: 24 per cent of males and 18 per cent of females.

THEORIES: This is close to one-in-four boys and nearly one-in-five girls. What risks might they be taking? (Think of at least three.)

Some possible risks include: having unprotected sex; having sex with someone they would not choose if sober; going further than they meant to go; being abused by someone; having sex in a public place.


SET 4 Talk about: How might choices about alcohol use influence decisions made about sex?
SET 5 Talk about: How might choices about alcohol use influence personal safety?

Q: Of those who are drinkers at the age of 15 (around 28% of 15-year-olds) what percentage of them drank at the level of risk for short-term harm in the last week?

A: Around 23 per cent of 15-year-old male drinkers and 27 per cent of the 15-year-old female drinkers drank at levels of risk for short-term harm.

THEORIES: What are some of the harms they risked having happen to them? (Think of at least three).

Some possible risks include: getting into fights; unprotected sex; falls or injuries; doing something they regret; getting into trouble with parents, friends or police; damaging their reputation.


Q: What percentage of sexually active students discussed using a condom at their most recent sexual encounter?

A: 70 per cent.

THEORIES: What does it take to talk with a partner about using a condom? What would help someone to do this? (Think of at least three reasons).

Some possible things include: courage; confidence; maturity; knowledge about condoms; respect for partner; comfortable talking about sex.


Q: How much higher are the chances that a drinker will experience injury/accidents if their friends are also drinking?

A: A Victorian study showed that drinkers whose peers also drank were three times more likely to be injured as those whose peers didn’t drink.

THEORIES: Suggest three reasons why hanging around with other drinkers can have such a significant impact on increasing your chances of being injured.

Some possible reasons include: peer pressure and the normalising of drinking may encourage a person to drink more than they otherwise would, increasing their vulnerability to injury/accident; if all people in a group are drinking there is no one to monitor the situation and take responsibility if things are getting out of hand; if something does go wrong, there may not be anyone who is able to take action in a clear-headed way and either call an ambulance or administer some practical first aid.

Q: What percentage of young people aged 14–24 years were the victims of alcohol or drug-related violence?  
A: 31 per cent.  
THEORIES: This means that nearly one-in-three young people have been affected badly by the alcohol or drug use of others. (Think of at least three reasons why this might happen).  
Some possible reasons include: they are around places where others are drinking heavily; alcohol use can lead to aggression or violent actions; their friends might not understand how to drink without drinking too much.  

Q: What percentage of sexually active Year 10 girls used NO contraception last time they had sex?  
A: 10 per cent.  
THEORIES: What could lead someone to take this risk? (Think of at least three reasons).  
Some possible reasons include: they were drunk or high; lack of education about sex; they did not mean to have sex but got carried away; they had no condom; their partner wouldn’t use a condom; their partner coerced them.  

Q: What percentage of drinkers regretted having sex when under the influence of alcohol?  
A: 10 per cent.  
THEORIES: What sorts of things might they regret about their sexual encounters? (List three.)  
Some possible reasons include: not using protection; having sexual intercourse when they did not feel ready; having sex with a person they would not have if they were sober; others finding out and feeling embarrassed.  

SET 6 Talk about: How might choices about alcohol use influence decisions made about sex and/or conflict?
SET 7 Talk about: How might choices about alcohol use influence personal safety and the safety of friends?

**Q: What percentage of sexually active girls (Years 10 & 12) use condoms every time?**

**A: 46 per cent.**

**THEORIES:** This is just under a half — why do you think so many girls don’t use condoms every time? (Think of at least three reasons).

Some possible reasons include: they can’t afford condoms; they don’t know they can risk STIs by doing this; they are too drunk or high to make safe choices; they have religious objections to using contraceptives; they leave it up to the boy to worry about condoms; they think if they are on the pill they don’t have to worry; they did not plan to have sex.


**Q: How much higher are the chances that a drinker will experience injury/accidents if their friends are also drinking?**

**A: A Victorian study showed that drinkers whose peers also drank were three times more likely to be injured as those whose peers didn’t drink.**

**THEORIES:** Suggest three reasons why hanging around with other drinkers can have such a significant impact on increasing your chances of being injured.

Some possible reasons include: peer pressure and the normalising of drinking may encourage a person to drink more than they otherwise would, increasing their vulnerability to injury/accident; if all people in a group are drinking there is no one to monitor the situation take responsibility if things are getting out of hand; if something does go wrong, there may not be anyone who is able to take action in a clear-headed way and call an ambulance or administer some practical first aid.


**Q: What percentage of young people say the reason they did not use a condom the last time they had sex was because ‘sex just happened’?**

**A: 38 per cent.** (Of the others who did not use a condom, 27 per cent said it was because they ‘knew their partner’s history’, 31 per cent said it was because they ‘trusted their partner’ and 21 per cent said it was because they ‘don’t like condoms’ – males 20 per cent and females 25 per cent).

**THEORIES:** Over one-third have said they haven’t used a condom because sex ‘just happened’. (Suggest three reasons why this might be happening for so many young people)?

Some possible reasons include: young people who have been drinking or taking drugs can get carried away because their judgment or self-control is affected; young people may not be adequately educated about sex; young people who are drunk or high may be more vulnerable to the sexual advances of others.

Regrets scenario cards

A TOTAL BLUR (Gemma, 17)
I wish I had never turned up to my cousin’s 18th. I thought it was a good time to try drinking. My first time – because I am not really into that whole drinking thing. After all, my parents, aunts and uncles were in the upstairs lounge. So I had to be pretty safe and I wasn’t going to get drunk. I had a couple of champagnes. I didn’t notice any effect. I had a few more – then I got into dancing and there was this guy dancing with me. He seemed pretty cute. The room started spinning a bit and I was feeling light headed, so he offered to take me outside for some air. I remember we were in the garden, and he started kissing me. But then things get blurry... I don’t really remember the next bit. My cousin found me in the top bedroom. She told me my jeans were around my knees and I had chucked up on the bed. She had to get me into the shower and clean me up.

• If you could wind back the clock so Gemma could start over, what three pieces of advice would you give her to help prevent this outcome?
• Think of three pieces of advice to help Gemma to deal with her needs after this has happened.

AN UGLY AWAKENING (Trent, 16)
I ended up with four stitches in my lip and seven to put my eyebrow back into shape. They reckon I will have a scar. We were drinking at the footy club after the game. Low-key to start with – just a few beers and everyone arguing over the one-eyed umpire. Then someone turned up with spirits and it got out of hand. A fight started over some stupid joke Jacko made about my girlfriend. It’s not the stitches that are getting to me. They don’t hurt much. It is this waiting room. Waiting to see if Jacko will come back into consciousness. If they can fix his face. The coach is telling me I hit Jacko with a chair. But Jacko is my mate. I don’t know how come I did that to him. I don’t know if the coach is going to let me back on the team.

• If you could wind back the clock so Trent could start over, what three pieces of advice would you give him to help prevent this outcome?
• Think of three pieces of advice to help Trent to deal with his needs after this has happened.

MISSED CHANCE (Matteo, 16)
My first-ever girlfriend and I never got to kiss her. We were having a few drinks. Samantha was sitting up close to me, sort of leaning on me. Things were going well. I knew I was going to kiss her. Then someone was passing around some dope. Samantha was watching me – so I thought I would just give it a go – have a few puffs. Then the combination of the beer and the smoke going down made me feel like I was going to chuck. I was heading for the door and my head was spinning. The chuck was coming. I made it with the vomit right into the bowl. Didn’t even get any on my shirt. But when I went back to find Sam she had walked off on me.

• If you could wind back the clock so Matteo could start over, what three pieces of advice would you give him so as to avoid this outcome?
• Think of three pieces of advice to help Matteo to deal with his needs now this has happened.

SMILE FOR THE CAMERA (David, 18)
I was the last in my group to turn 18. My friends took me to the pub – they were buying. I only had three drinks – but I never knew they were putting shots in them. That’s what must have made me do it. I never would have gotten with that woman in the orange t-shirt who was old enough to be my mum. Now the photos are all over Facebook. Everyone acts like it’s funny but it’s not.

• If you could wind back the clock so David could start over, what three pieces of advice would you give him to avoid this outcome?
• Think of three pieces of advice to help David to deal with his needs after this has happened.
**SOMETHING SERIOUS (Jade and Marcus, 16)**

We had been going out for six months and everyone jokes about us being a married couple, but actually even though we are really serious about each other we had never gone all the way. I told Marcus I wanted to wait and he was OK with that. I wanted the first time to be romantic and – well – safe. He said he did too. Then last night he got totally drunk. I don't even know why. And he forced me. I was saying no and he forced me and it hurt and he didn't use protection. Then he starts crying and says he is sorry – but it is too late to be sorry.

- If you could wind back the clock so Marcus (or Jade) could start over, what three pieces of advice would you give him (or her) to avoid this outcome?
- Think of three pieces of advice to help Marcus (or Jade) to deal with their situation.

**HITTING THE DANCE FLOOR (Tracey, 17)**

I had been keen on Jed forever. Finally we ended up at a party together. I had a few drinks just to get up the confidence to talk to him. Maria was pouring them. I don't know what she put in them. I went over to join where he was dancing with his friends. Maria told me to try dancing up close to him and then to pretend like I was falling so I could fall onto him and he would catch me in his arms and we could take it from there. It didn't work like that. I kind of threw myself harder than I meant to. He didn't catch me – he ducked like he thought I was attacking him! I fell over the coffee table. Everyone laughed. I felt like an elephant. I didn't even realise I had broken my tooth until I got home.

- If you could wind back the clock so Tracey could start over, what three pieces of advice would you give her?
- Think of three pieces of advice to help Tracey to deal with her needs now this has happened.

**NOW WHAT (Lee and Kim, 17)**

We made an agreement always to use condoms. We know that STIs can happen for gay guys. One night Lee got drunk and let this old guy have sex with him. No condom. He was all sorry after and says he wanted us to stay together. It was just because he was drunk and didn't mean anything, I don't know. I thought we were serious. But if it happens once – maybe it will happen again. Maybe I can't trust him.

- If you could wind back the clock so Lee could start over, what three pieces of advice would you give him?
- Think of three pieces of advice to help Lee to deal with his needs now this has happened.

**STICKS AND STONES CAN BREAK MY BONES (Dan and Steve, 17)**

We were walking home from a party. Dan was pretty out of it. Then the crowd came out of the party. They were off their faces. They started yelling abuse at us. I told Dan just to leave it. But Dan got sucked in and started back-chatting them. Next thing they are jumping on us and we are getting our faces kicked. Dan got away with just bruises. But I had my phone stomped on. And I got grounded – even though I was just trying to look out for Dan.

- If you could wind back the clock so they could start over, what three pieces of advice would you give them to prevent this outcome?
- Think of three pieces of advice to help Steve or Dan to deal with their needs after this has happened.
Session 6: Invisible risks

Aims
In this session students should:
• revise the risks related to having unprotected sex with those involved in risky practices
• understand potential contagion pathways.

Resources
• character cards
• forced controversy scenario cards
• student workbook (pages 34–36)

Activity 1:Injecting drugs and transmission risks
1. Read through the information in the workbook (page 34) on risks associated with injecting drugs. This includes the fact sheet on HIV and Hepatitis C transmission.
2. Point out that although the sharing of needles poses a high risk in the transmission of Hepatitis C and HIV, you do not have to inject drugs to be at risk yourself. You may acquire the condition from someone else who has previously engaged in sharing of syringes or some other high-risk transmission activity with a person who has the infection.
   Even if you never use injecting drugs and do not think you are connected to anyone who does, the chances of coming into contact with a blood-borne virus may be higher than you think. We only need to look at networks like Facebook to see how interconnected we are or can become with people within our area or with people who have travelled overseas and interstate. Sometimes people take risks when they travel or at particular times in their lives. These actions can then place others at risk also.

Activity 2: Breaking the line
1. Select volunteers from the class to play each of the characters in this activity: Simon, Jo, Mary, Kent, Jacinta and the narrator. Provide each with a character card.
2. Get each character to step forward in sequential order (Simon, Jo, Mary, Kent, Jacinta, narrator). Ask each character, in turn, to step forward to read their story with as much expression as they can muster.
3. Ask students to identify any actions that could have been taken at different points along the line of transmission to change the outcome of events and break the chain. They can record notes and read the character stories in their workbook (page 35).
4. Point out that this scenario shows that assessing risk is not always as straightforward or as visible as we think. Some risks are visible, whereas others may be invisible. It may take a certain determination to carry out protective behaviours, such as using condoms or following blood-safe procedures when we are interacting with friends or partners.

For further information on Hep C, see the resource What’s this Hep C thing?, available at http://www.hivhepsti.info/documents/finalreportMarch06_ooo.pdf.
For information on HIV go to www.hrvic.org.au
Activity 3: Forced controversy – who carries the greatest risk

1. This activity forces us to think about potential risk, and asks students to draw on the knowledge gained during the unit.
2. Divide students into five groups and give each group a forced controversy scenario card containing the profile of a character involved in a high-risk drug use situation (for suggested grouping games see page 8). Each group must equip their selected spokesperson to argue that the character in their scenario is the one who is carrying the highest risk. As the game is a competition, they should gather all the points they can think of to highlight the different risks to their character. There is a space to record their notes in the workbook (page 36).
3. Remind them to draw on all the knowledge they have developed so far and to refer to earlier sections in their workbooks to trigger ideas.
4. Invite each group to present their argument as to why their character is at greatest risk.
5. After each group has presented their case, announce that while they have argued the case strongly and shown a good capacity to assess risk, in real life situations such as these generate losers rather than winners. While we will hear of those who are lucky and have survived high risk situations, we have all also heard of those who have lost their life, or suffered injury or assault as a result of relying on luck rather than on common sense. Remind students that even though we are tuned in to the risks associated with illicit drug use, it is getting drunk on alcohol or being around others who are drunk that causes the greatest harm to young people in Australia. Given the possibility that serious drug-related harm could occur in their proximity, it is important that they know what to do should they find themselves called upon to deal with a medical emergency.

Debrief Talking further 5

Invite students to comment on what dating was like when their parents' generation was young? Did they get any sense from their discussions about whether pressure around drugs and alcohol might have been greater then or now?

Talking further 6: Teach your parent/carer

- Select a piece of information from your student workbook that you think your parent or caregiver may not be familiar with.
- Tell them that you have some information that you have learnt in the unit you are studying on drugs.
- Invite them to have a look at your workbook and ask them if there is any topic they would like to talk with you about.
- Tell them about what you have been learning or finding useful or interesting.
Blood-borne Viruses Fact Sheet

When discussing certain drugs, we need to look beyond the risks associated with the actual substances and consider the risks involved with methods of administering them. The most common method of administering heroin is injecting. This creates significant risks around the passing on of blood-borne viruses such as HIV and Hepatitis C.

HIV/AIDS – What is it?
HIV stands for Human Immunodeficiency Virus and is the virus that leads to Acquired Immune Deficiency Syndrome (AIDS). HIV works by attacking the immune system, which protects the body against disease. Eventually, this leaves the body completely vulnerable to disease. In advanced stages of the condition, when people are actually diagnosed with AIDS, ‘opportunistic infections’ such as particular types of pneumonia and cancer take hold. Because the body has almost no defences left, these diseases often end up being fatal.

Transmission of Blood-borne viruses
• As the name above suggests, both HIV and Hepatitis C are transmitted through blood-to-blood contact (when the blood of someone who is already infected enters the bloodstream of another person). However, HIV can also be easily transmitted through other bodily fluids, such as semen and vaginal fluid.
• Hep C must enter the bloodstream directly to be transmitted (i.e. through a cut or abrasion of the skin or by being injected directly into the bloodstream), HIV can pass also through delicate mucous membranes, such as inside the vagina, rectum or urethra, making unprotected penetrative sex (vaginal, anal or oral) a risky practice.

Below is a list of ways a person can contract Hep C and HIV

<table>
<thead>
<tr>
<th>Method of transmission</th>
<th>HIV/AIDS</th>
<th>Hepatitis C</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sharing drug injecting equipment (needles, syringes, tourniquets, swabs, water and water containers, spoons, filters)</td>
<td>✔</td>
<td>✔</td>
</tr>
<tr>
<td>Unprotected sex – vaginal and anal</td>
<td>✔</td>
<td>For Hepatitis C, transmission through unprotected sex occurs when there is a risk of blood-to-blood contact during foreplay or sex</td>
</tr>
<tr>
<td>Sharing razors or toothbrushes which may have traces of blood</td>
<td>Highly unlikely HIV would be transmitted this way</td>
<td>✔</td>
</tr>
<tr>
<td>Unsafe tattooing and body piercing</td>
<td>✔</td>
<td>✔</td>
</tr>
<tr>
<td>Unsafe blood transfusions</td>
<td>✔</td>
<td>✔</td>
</tr>
<tr>
<td>Mother to baby before or at birth</td>
<td>✔</td>
<td>✔</td>
</tr>
<tr>
<td>Needle stick and sharps injury</td>
<td>✔</td>
<td>✔</td>
</tr>
<tr>
<td>Breastfeeding</td>
<td>✔</td>
<td>Unlikely path of transmission for Hepatitis C, only if there is an instance of blood to blood contact, i.e. if the baby has sores/ulcers in mouth and mother has cracked nipples</td>
</tr>
</tbody>
</table>
Joe: I only tried injecting amphetamines a couple of times with my mate Simon. He was shooting up one night before we went out and convinced me to share. Watching him, it didn’t take me long to realise that this kind of life was not for me! Watching Simon’s life go down the tube would’ve been enough to put anyone off, I reckon.

Mary: Joe and I went out for three months. We used condoms to start. Then I figured we were going steady, so I went on the pill and we got rid of the condoms. Then I found out he was two-timing me and using drugs with Simon, so I dropped him.

Kent: My mates reckon I got Mary on the rebound but, to be honest, I wasn’t too worried about it. I was happy just to get my first relationship. Mary was on the pill so from the start, contraception was organised. We broke up when she went overseas.

Jacinta: I can’t believe how this could have happened ... I’m HIV positive! After I was so careful for all those years ... waiting for the right guy. Then Kent came along – nice guy, good job. He said he had only had one other girlfriend.

Narrator: Jacinta has never injected drugs, and neither has Kent or Mary. She has never met Simon, Joe or Mary, but she is now part of a line of transmission. Sadly, she is closer to them than she thinks.
Julian’s parents are away and he has some mates over. They are playing computer games and listening to some music. He’s had three beers over the course of the night and shared a joint some of his mates brought. His girlfriend rings from work, telling him she has been let go early so now she can join the group at his house, but she needs him to come and pick her up. Julian knows the deal with drink driving and calculates that there is no way he could be over .05 with only three beers over a couple of hours, so he figures he’s fine to drive, as long as he takes his P plates off. He is feeling a bit woozy from the smoking, but figures he will brighten up when he gets out into the cold. When he gets outside it is raining. His girlfriend sends a text, telling him she’s waiting outside and asking him to hurry.

Darren has drunk far too much and has become a drunken nuisance again. He is walking from one party to another with a group of friends and has decided to lie down on the footpath and start singing. His friends try to move him along but he’s big, heavy, loud and determined and extremely difficult to move. Frustrated and completely ‘over’ looking after him week after week, his friends decide to leave him where he is. He is not that far from home and they are sick of having him around. They check that he’s got his mobile phone and that he remembers how to get home. He reassures them, saying he’s fine. They also remind him to cross the highway using the overpass rather than his usual preference to run across the six lanes. He laughs, throws up, and tells them he will have a little rest and then join them later. As they leave they hear him throwing up again.

Sonia and her friends have managed to get into a nightclub in the city using fake ID. They are dancing, sipping drinks and chatting to people. They notice some people drinking some amazing looking cocktails that are too expensive for them to afford. Sonia starts dancing and chatting with a cute guy. She points out the cocktails to him. He offers to shout her one and she agrees. He seems like a generous guy. Before long he is back with the cocktail for her and a stubby for himself. What she does not know is that he has spiked her drink with amphetamines. When she starts to feel a bit wobbly, he offers to walk her out for some air.

Alex has been having a hard time at home with his folks and has dropped out of school. He has been hanging around outside the video game arcade. He has met a whole new group of people there. One evening after some drinks in the park with them he goes back to someone’s house with others from the group. He sees them using their ‘gear’, which he thinks is heroin because they are injecting, sharing a needle. He is not sure what it is but pretends that he knows. He asks what it is like. They say it will make him feel really awesome but if he wants to try he has to have only a small amount and they will have to show him how. He finds himself nodding even though he had never thought of himself as someone who would do this.

It’s New Year’s Eve and Victoria is going to a dance party. When she arrives to pick up her friends they serve her a champagne. She only has one because tonight she has to be the driver. As she complains about this, Jackie offers to sell her an ecstasy tablet, suggesting that this way she will feel great but not blow over .05. Everyone laughs. Jackie puts a tablet in her hand and then says, ‘seriously, as you’re driving and we are saving on cabs, I think I can shout you this as long as you promise to hang out to drive me home. There is no way I am waiting to get a cab on New Year’s Eve’. It seemed that she didn’t get to think about it, or that she didn’t need to. She just took the tablet as they pushed her out the door. Jackie was suddenly intent on getting to the venue before the queue blew out.
Aims
In this session students should:

- develop skills in contesting negative self-talk about personal image and social skills
- practise a range of refusal skills that can be used in different situations involving alcohol or other drug use.

Resources
- self-talk worksheet
- lines of offer cards
- student workbook (pages 37–39)

Activity 1: Getting into your head

1. Explain that this exercise will look at how our ‘self-talk’ or the things we say to ourselves in our own heads can be either more positive or more negative. The way we interpret a situation or challenge and the things we tell ourselves about how we will be affected influence how stressed we feel.

2. Explain the following to the class:

   The most stressful self-talk tends to have the following ingredients:

   **Negative self-talk:**
   (a) You think of **bad outcomes** (things will turn out bad – e.g. I will look like a loser).
   (b) You think of **long-lasting** bad outcomes – (e.g. I will always be the loser, I will never get a girlfriend, I will never have fun, no one will ever want to go out with me).
   (c) You think of **wide-reaching** bad outcomes which will affect a lot of your life (e.g. everyone will think I am..., I will get dropped from the group, I will have no friends).

3. Read through some of the examples from the Self-talk Exercise to illustrate your explanation.

4. Ask students to work in pairs to complete the blanks in the Self-Talk Exercise in their workbooks (page 37) to construct some positive self-talk for the characters Trent and Jacqui, and to make up a set of both negative and positive self-talk for the Jo character.

5. Ask students to report back to compare solutions.

Collecting feedback
When collecting feedback, avoid going around to each group/student in an exhaustive way, as this can become boring. Rather build on the first answer by inviting contributions that are different.

Activity 2: Refusal skills

1. Explain that this activity is designed to have them use their skills in talking with others rather than talking back to themselves. Note that it can be hard to say no to friends, but that in the following game they will have to do just that.

2. Organise students into five groups (about five or six per group) and give each group a set of the lines of offer cards.
3. Explain that to complete the exercise, students take it in turns around the circle. The first player picks up a card from the pack and reads it to the person on their left. This will be a ‘line of offer’ or an invitation or a request made by a friend. The player must respond with a refusal line in which they say ‘no’ or decline, but do not actually use the word ‘no’. If they use the word ‘no’ they must start their refusal over again. Proceed in sequence until each person has had a turn.

4. Return the cards and shuffle them.

5. Round 2 is played at an increased level of difficulty. The player must respond in the negative, but this time they may not use any words containing the letter ‘s’. If they do so, they must continue to re-make their reply until they succeed. (Allow for a little creative help from friends.)

6. After they have played the game, call the class together. Note that in the game the degrees of difficulty were set by the rules, such as saying no without saying ‘no’ or saying no without using the letter ‘s’. However, in life the challenge will come in other ways.

Discussion

• What do you think would make it more difficult for people to say no in a situation in which they were offered illicit drugs? (Check for differences in difficulty according to changes in drug offered, person who offers, and place or context within which it is offered.)

• What do you think would make it easier for people to say no in a situation in which they were offered illicit drugs?

Getting it said

Acknowledging that knowing what to do is one thing but that actually carrying out the planned action can be much harder. Sometimes communicating can be a challenge, requiring courage and assertion.

Activity 3: Tactics

1. Note that there can be many tactics that we can use as a way of saying no without just saying ‘no’. These include making a joke, giving an excuse, apologising, changing the topic, moving away, asking some questions, suggesting something else or making a counter-offer as well as making a straight decline.

2. Ask students to work in pairs or in their groups to complete the Tactics activity (workbook page 39). They should select one of the scenarios from the Lines of offer cards as the situation on which to base their scripts. For each tactic named in the left column, they will need to write a short script or statement that would show what that tactic could sound like. (If you run out of time ask students to complete this at home.)

3. Ask for some of the students to share a few of their tactics lines, or invite some students to show how they might be delivered in a short role-play.

Debrief Talking further 6

Check in to see what students taught their parents in the previous Talking further task. Were their parents/carers surprised by any of the information?

Talking further 7: Talking about strengths

Ask students to talk to their parent or caregiver, asking them:

• How do you deal with it if others try to push you into doing things you don’t want to do?

• How do you think I should deal with that if it happens to me?

Ask students that as they watch a TV show, take note of how various characters in the movie or program deal with others trying to push them into doing things they don’t want to do. Consider if any of those tactics would work for them.

Optional: If you are inclined to focus on your weaknesses and faults and want to explore what your strengths may be, go to Martin Seligman’s website ‘Authentic Happiness’ (http://www.authentichappiness.sas.upenn.edu) and complete the VIA Signature Strengths Survey or the VIA Strengths for Children Survey. These are instruments that have been developed to show individuals their key strengths.

Think about how your top five strengths may be of particular use as you face life’s challenges.
# Self-talk Exercise

<table>
<thead>
<tr>
<th>Character</th>
<th>Negative – ‘Stressing it’ self-talk</th>
<th>Positive – ‘Solving it’ self-talk</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Pamela</strong></td>
<td>I look gross. No one will ever want to dance with me. Everyone will be staring and judging me. I will drink before I go and then keep drinking until I forget my worries.</td>
<td>We all get nervous about how we look, but I can handle this because I have handled being anxious before. I will just remind myself that everyone is different and being a super model doesn’t make someone happy. I can still have a good time with my friends.</td>
</tr>
<tr>
<td><strong>Mark</strong></td>
<td>No point in me trying to talk to girls – I can never think of anything to say, which will make me a total idiot. I will just get drunk and then I can blame it all on being out of it.</td>
<td>If I have a go at talking to some girls, something might happen. I might end up with a girlfriend — or even just more practice at chatting up girls.</td>
</tr>
<tr>
<td><strong>Ian</strong></td>
<td>Everyone is going to get wasted. If I don’t everyone will think I am a loser and I will never get any friends.</td>
<td>Some of my mates are going to get wasted. They will be so far gone they won’t notice me. Maybe they will be better off if one or two of us stay sober enough to make sure we come through the night without any big drama.</td>
</tr>
<tr>
<td><strong>Trent</strong></td>
<td>If I am the only one who does not try ecstasy, everyone will think I am really tight, and then they will stop inviting me when they are going out. So if I don’t want that to happen I guess I have to join in.</td>
<td></td>
</tr>
<tr>
<td><strong>Jacqui</strong></td>
<td>If I try to tell Donna to ease off on the drinking she will get really mad at me and that will be the end of our friendship — so I guess I will just leave her to it and hope she doesn’t do anything too stupid.</td>
<td></td>
</tr>
<tr>
<td><strong>Joe</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
You are at a club with an older cousin and her friends. She asks you if you want to share half an ecstasy tablet with her. What can you say if you want to say no?

A friend wants you to ask your older sister who is 18 to buy alcohol for him and his friends. What can you say if you want to say no?

A friend asks you to go over to his place and water his marijuana plants while he is away on holidays. He offers to give you some free samples as a thank you and suggests you might like to try it and maybe share it with a mate. What can you say if you want to say no?

A P-plater friend wants to take everyone for a spin to the beach on the way home from the party. You know he has been drinking but you are not sure how affected he is. He is known as a petrol head. What can you say if you want to say no?

A friend asks you to go over to his place and water his marijuana plants while he is away on holidays. He offers to give you some free samples as a thank you and suggests you might like to try it and maybe share it with a mate. What can you say if you want to say no?

You are at an unsupervised party. The parents are away but have left one of their cars at home. Some of the kids who have been drinking at the party suggest taking it for a bit of a spin around the paddocks. One of them is offering to teach others how to drive. What can you say if you want to say no?

An older friend wants you to drive his car home from the party because he has been drinking and does not want to risk being breathalysed. He has L plates he can hang up for you. You have only driven a few times before. What can you say if you want to say no?

You attend a party at a beach as part of schoolies week. Another group on the beach has gotten quite aggressive and the guys are challenging people to wrestling matches. A friend tells you she has heard some of them are taking amphetamines so no wonder they are so pumped up. A few guys in your group want you to head over to watch. What can you say if you want to say no?

An older brother asks you to cover for him by telling your parents that he fell down the stairs. Actually he got into a fight after he and his mates had been taking amphetamines. You think he needs to see a doctor as his face is badly cut and that your parents should talk with him about what he is getting into. What can you say if you want to say no?
<table>
<thead>
<tr>
<th>Lines of offer card</th>
<th>Lines of offer card</th>
</tr>
</thead>
<tbody>
<tr>
<td>Your younger brother wants you to buy him some alcohol to take to his friend’s 16th birthday party. What can you say if you want to say no?</td>
<td></td>
</tr>
<tr>
<td>A friend suggests to a few of you that you sneak off out of the cabins at the school camp to smoke a joint together. What can you say if you want to say no?</td>
<td></td>
</tr>
<tr>
<td>A friend wants you to chip in some money to go shares in buying a bottle of spirits to take to a party. What can you say if you want to say no?</td>
<td></td>
</tr>
<tr>
<td>Your friend sometimes uses amphetamines to stay awake all night to party hard. You are attending a weekend concert with him and his group. This time he asks you if you want to have some too. What can you say if you want to say no?</td>
<td></td>
</tr>
<tr>
<td>A friend suggests wagging school at lunchtime and heading down the creek for a bit of a smoke (cannabis). He says he needs to chill out with all the pressure that is on due to exams coming up. What can you say if you want to say no?</td>
<td></td>
</tr>
<tr>
<td>A friend suggests you all have a few drinks at his place before you go off to the school formal. What can you say if you want to say no?</td>
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</tbody>
</table>
Tactics activity sheet

Line of offer:

<table>
<thead>
<tr>
<th>Tactics</th>
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<tbody>
<tr>
<td>Sounds like: (write a short script below to demonstrate this tactic)</td>
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</table>

- Making a joke
- Giving an excuse
- Apologising
- Changing the topic
- Moving away
- Asking some questions
- Straight decline
- Suggesting something else or making a counter offer
Session 8: Getting help and talking with adults

**Aims**
In this session students should:

- rehearse basic first aid procedures relating to situations involving potential overdose of alcohol or other drugs or accidents associated with drug use
- identify a range of situations in which young people may need to seek the assistance of adults to help them prevent or respond to problems caused by alcohol or drug use.

**Resources**
- first aid scenario
- *asking adults* cards
- student workbook (pages 40–43)

**Protection of role**
Sometimes young people feel freer to give a range of advice if they are ‘playing a role’ or talking about a fictitious situation. In presenting their own personal view they may be constrained by their social role, peer expectations or may fear ridicule or stigma.

**Managing interactive activities**
When students are preparing role-plays move around the classroom to check in with each group and provide encouragement or assistance. Tell students how much time you will allocate to the task, i.e. 30 seconds to brainstorm ideas with a partner, five minutes to discuss a scenario and 10 minutes to develop a scene.

**Activity 1: Practical first aid**

1. Point out that we often think of heroin when we hear of a drug overdose, but use of alcohol or any of the other drugs we have studied in this unit can also lead to overdose. Given the possibility that one day students might encounter an overdose situation, it is important to be aware of what to do in an emergency. It is also important to actually run through or rehearse these steps so that they can remember what to do should they ever be under pressure in the moment.

2. Ask for three volunteers to come to the front. *Person one* will play the patient, *Person two* will play the person administering the practical first aid and *Person three* will play the one calling for the ambulance.

3. Assemble the volunteers with *Person one* lying on the floor and *Persons two and three* on either side.

4. Ask for an additional volunteer to read the scenario from the workbook (page 40). Ask them to use she/he depending on the gender of the patient.

5. Ask *Person two* to mime the following first aid actions as you read them out:

   **Person two**, you see that Sam is on the ground and appears to have passed out. You remember your first aid training and you:

   (a) Look around to check for dangers to yourself, to bystanders and to Sam. You notice that there are no apparent dangers, including no apparent risk of needle stick injury.

   (b) Check if Sam can be roused or respond. Use C.O.W.S – ‘Can you hear me’, ‘Open your eyes’, ‘What is your name’, ‘Squeeze my hand’. (S/he can’t.)

   (c) Noting that you have an unconscious person you ask a bystander to call an ambulance immediately – 000 from any landline and 112 from a mobile if it is out of credit or out of range (we will see this in a moment enacted by Person three).

   (d) Meanwhile, gently move Sam so that they are lying on their back.

   (e) Check and clear Sam’s airway. (There are no blockages.)

   (f) Check that Sam is breathing. (S/he is.)

   (g) Gently move Sam into the lateral recovery position.

   You are aware that an unconscious person can vomit and die due to choking on their own vomit. You know that this has happened to a number of young people in Australia.

**Emergency scenario**
Sam (16) has passed out on the floor at a party and there are no adults around. You have heard that Sam might have taken drugs that night but you don’t know for sure. S/he certainly seemed quite wasted earlier in the evening. People around you are saying it was only alcohol, and you remember seeing her/him drinking. You can’t tell if s/he has passed out due to alcohol, illicit drugs or a combination of both.
First gently roll the person onto their back. Then you kneel on one side of them. Place the arm furthest from you out perpendicular to the body. Take the hand closest to you and place it on the opposite shoulder. Place the knee closest to you up at a right angle. With one hand under their shoulder and the other under their knee push the person onto their side. Place the bent knee into a right angle, so the person doesn’t roll over onto their front.

(h) Keep Sam safe and warm while waiting for help to arrive. Continue to watch for signs of loss of breathing.

(i) If Sam were to stop breathing, you could ask anyone if they know first aid and get them to take over to give two initial breaths and then check for signs of life or administer CPR if there is no pulse.

(j) Remember, you should not try to make Sam drink or vomit if they are unconscious.

6. Now shift the focus to Person three who is the one who has immediately called the ambulance when it was seen that Sam was unconscious. Remind them that this is a free call from any phone, even a phone box or disconnected mobile phone. Dial 000 from a landline or 112 from a mobile. Explain that you will be the 000/112 respondent and will use the standard questions that the ambulance service will be likely to ask.

Role-play the use of these questions with the student playing the caller:

(a) What is the exact address of the emergency? (The operator will ask for the suburb name and nearest cross street.)

(b) What is the phone number you are calling from? (This information is important in case the operations centre needs to call back to obtain further information.)

(c) What is the problem, tell me exactly what happened?

(d) How old is s/he? (Approximate age if unsure.)

(e) Is s/he conscious? (Yes or no answer required.)

(f) Is s/he breathing? (Yes or no answer required.)

7. When the exercise is complete, thank the volunteers. Point out that people are sometimes afraid to call an ambulance because they think they will get in trouble. Inform them that if they call an ambulance they do not have to give their name. The ambulance service just needs to know where the patient is and what sort of problem the person seems to be experiencing.

Managing role play with your class
To help students manage the preparation of their role-play set some initial time for brainstorming, making choices and allocating roles. Then organise the students to get up and rehearse. Call a halt after a few minutes, ask them to negotiate any improvements, then signal for a last rehearsal. Without encouragement to enter rehearsal mode, some students will spend the whole time negotiating.

Activity 3: Help-seeking role-play

1. Acknowledge that seeking help can seem daunting. Thus, there can be a real difference between knowing what to do, and actually carrying out the actions. This next activity will help us identify some of the barriers that can prevent us from taking action and assist in finding ways to overcome them.

2. Divide students into pairs and distribute one asking adults scenario cards to each pair. Explain that each pair will use these scenarios as a basis for a role-play. (There will be some duplication as two pairs are likely to have the same scenario.) For suggested grouping games, see page 8.

3. Ask students to decide who will play each character and then try playing the scene. Give them a minute or two to try this, moving around the groups and watching closely to see when the majority have finished and, therefore, when to bring the first role-play to an end.

4. Distribute a new scenario card. Ask students to swap roles as adult/young person and try the new scenario.

Discussion questions
- Ask students what they think it takes for the young person to have this conversation. Ask what barriers or fears they may have to overcome to have the conversation.
- Ask students to describe what it was like to be in the adult’s role. Did the adult experience any pressure or challenge?

5. Ask for some volunteers to play their situation in front of the class. Give observers a few minutes to talk in pairs to think up possible advice for each of the players about what to do or say in this situation. Collect a range of this advice.
Activity 4: Beyond first aid

1. Explain that this final activity will highlight some important information about useful support services and help-seeking. Point out that the statistics tell us that around one-in-four young people will experience a mental health problem by the time they are 18. It is therefore important for everyone to know what to do and where to go to find help should this situation ever arise for them or their friends or family.

2. **Sourcing support online:** Organise students into pairs and then draw their attention to the table in their workbook (page 41), which contains a list of useful online services for young people. These services can provide support around issues of mental health, drugs and alcohol, relationships and crisis. Ask each pair to go online and navigate their way around each of these websites to find out which of the three types of support each site provides:
   (a) information
   (b) advice
   (c) counselling.

3. Ask them to fill in these details below each website in their workbook (page 41), e.g. helpout.com. This service provides information on drugs and mental health as well as an over-the-phone counselling service.

4. Once students have had a chance to find and record some of this information, have a few pairs share some feedback.

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**Sourcing support online**

<table>
<thead>
<tr>
<th>Service</th>
<th>Description</th>
<th>Website/Contact Details</th>
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<tbody>
<tr>
<td><strong>Kidshelpline</strong></td>
<td>24-hours-a-day free advice for children and youth</td>
<td>Free call 1800 55 1800 OR <a href="http://www.kidshelp.com.au">www.kidshelp.com.au</a></td>
</tr>
<tr>
<td><strong>Drug info</strong></td>
<td></td>
<td><a href="http://druginfo.adf.org.au/druginfo">http://druginfo.adf.org.au/druginfo</a></td>
</tr>
<tr>
<td><strong>Headspace</strong></td>
<td>Youth-friendly information about mental health, drugs, relationships</td>
<td><a href="http://www.headspace.org.au/is-it-just-me">http://www.headspace.org.au/is-it-just-me</a></td>
</tr>
<tr>
<td><strong>Headspace advice for parents</strong></td>
<td>information about mental health and drugs for parents of teens and older youth</td>
<td><a href="http://www.headspace.org.au/parents-and-carers">http://www.headspace.org.au/parents-and-carers</a></td>
</tr>
<tr>
<td><strong>Beyondblue Mental health info</strong></td>
<td></td>
<td><a href="http://www.youthbeyondblue.com">http://www.youthbeyondblue.com</a></td>
</tr>
<tr>
<td><strong>Somazone</strong></td>
<td>Youth-friendly site with information about mental health, drugs, relationships and sex</td>
<td><a href="http://www.somazone.com.au">http://www.somazone.com.au</a></td>
</tr>
</tbody>
</table>
5. Sourcing support offline: Highlight that there are other offline local and school-based resources and services. Provide details of some of these and ask students to note some of these in the space provided in their workbook (page 42). Also explain that if a friend you’re worried about won’t seek help for themselves then you need to tell an appropriate adult about your concern.

### Sourcing support offline

<table>
<thead>
<tr>
<th>Name of service</th>
<th>How to access</th>
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6. Ask volunteers to read aloud each of the questions and answers found in the workbook (page 42) and below about help-seeking, entitlements and confidentiality.

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**Do you know how to enrol for your own Medicare card from the age of 15?**

All Australian residents and citizens are entitled to a Medicare card, which allows them to get back the whole cost or part of the cost of their medical bills. Up until the age of 15 all Australian residents/citizens are automatically listed on a family card with their parents/carers. However, from the age of 15, each individual is able to enrol for their own independent card. In this way, they can be independent and claim back costs for doctors'/dentists'/psychologists' appointments that they may wish to keep private from their family. For details about how to begin this process, visit [http://www.humanservices.gov.au](http://www.humanservices.gov.au) or visit a Medicare office in your area. You will need to complete a Medicare copy/transfer form and show a form of ID which contains your name and signature (such as a birth certificate, passport or ATM or credit card).

**Did you know you can work with your doctor to set-up a mental health plan?**

Your doctor is the first point of call to talk about mental health problems, such as anxiety or depression or other symptoms. They can arrange for you to get the right sort of support.

7. Provide each student with the *sources of support wallet* card and ask them to complete the card, adding the names of family or friends who can be called upon for practical or emotional support if the need arises.

8. Ask them to show the card to their parent or guardian, and to ask them who they should include on the card in the event that they cannot be contacted in a time of trouble or emergency.

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**Debrief Talking further 7**

Discuss the strategies that parents suggested people try when people are putting pressure on them to do something they do not want to do. Did TV characters use any useful strategies in the programs they viewed during the week.

Ask for a show of hands of who visited the Authentic Happiness website.
Talking Further 8: In an emergency

Ask students to discuss with their parents:

- If you were not home, what do you think I should do in an emergency involving a family member (e.g. an accident in the home, or if an elderly person has a ‘turn’)?
- If I was out of home, involved in an activity with friends, what do you think I should do if someone I was with needed emergency care (e.g. if they were unconscious or injured)?
- What do you think I should do if I was the one to find someone who was injured or unconscious due to alcohol or another drug?
  - Ask students to update the wallet card following the discussion with their family.
  - If they haven’t already done so in class, encourage students to visit one or more of the help-seeking sites listed in their workbook (page 41) to see what they offer. They could also try showing one of these websites to their parents/caregivers and have them evaluate it.
**Asking adults scenario cards**

<table>
<thead>
<tr>
<th>Scenario</th>
<th>Characters</th>
<th>Scene</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1 young person, 1 parent (or another trusted adult)</td>
<td>The young person asks their parent (or another adult) if they would be willing to help them or one of their friends get home safely from a party if either of them ever ran into any trouble or got stuck.</td>
</tr>
<tr>
<td></td>
<td>1 young person, 1 parent (or another trusted adult)</td>
<td>The young person asks their parent (or another adult) if they would be willing to help them or one of their friends get home safely from a party if either of them ever ran into any trouble or got stuck.</td>
</tr>
<tr>
<td></td>
<td>1 young person, 1 teacher or member of the wellbeing staff</td>
<td>The young person explains a worry they have about a friend or classmate to a member of the school teaching or school wellbeing staff.</td>
</tr>
<tr>
<td></td>
<td>1 young person, 1 teacher or member of the wellbeing staff</td>
<td>The young person explains a worry they have about a friend or classmate to a member of the school teaching or school wellbeing staff.</td>
</tr>
<tr>
<td></td>
<td>1 young person, 1 doctor or clinic nurse</td>
<td>The young person explains a concerning situation that has happened as a result of drinking to a doctor or clinic nurse.</td>
</tr>
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</tr>
<tr>
<td></td>
<td>1 young person, 1 security staff member/supervisor of a party</td>
<td>The young person asks a security staff member/supervisor of a party for assistance for themselves or a friend, as there is another person following them around threateningly.</td>
</tr>
<tr>
<td></td>
<td>1 young person, 1 security staff member/supervisor of a party</td>
<td>The young person asks a security staff member/supervisor of a party for assistance for themselves or a friend, as there is another person following them around threateningly.</td>
</tr>
<tr>
<td></td>
<td>1 young person, 1 trusted adult</td>
<td>The young person asks a trusted adult to suggest strategies that they or their friends could use to avoid advances from aggressive or predatory strangers if in a public recreational space such as the beach, the park, etc.</td>
</tr>
<tr>
<td></td>
<td>1 young person, 1 trusted adult</td>
<td>The young person asks a trusted adult to suggest strategies that they or their friends could use to avoid advances from aggressive or predatory strangers if in a public recreational space such as the beach, the park, etc.</td>
</tr>
<tr>
<td></td>
<td>1 young person, 1 parent</td>
<td>The young person asks a parent what they think they should use as a ‘quick exit’ plan should a party or event they are attending become unpleasant or threatening.</td>
</tr>
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<td></td>
<td>1 young person, 1 parent</td>
<td>The young person asks a parent what they think they should use as a ‘quick exit’ plan should a party or event they are attending become unpleasant or threatening.</td>
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</table>
### Sources of support cards

<table>
<thead>
<tr>
<th>Sources of support wallet card/fridge magnet</th>
<th>Sources of support wallet card/fridge magnet</th>
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<tbody>
<tr>
<td><strong>Ambulance</strong></td>
<td><strong>Ambulance</strong></td>
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<tr>
<td><strong>000</strong> or <strong>112</strong> on mobile if 000 does not work</td>
<td><strong>000</strong> or <strong>112</strong> on mobile if 000 does not work</td>
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<tr>
<td><strong>Parent</strong></td>
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<td><strong>Family member</strong></td>
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<td><strong>Kidshelpline</strong></td>
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<td><strong>1800 55 1800</strong></td>
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<tr>
<th>Sources of support wallet card/fridge magnet</th>
<th>Sources of support wallet card/fridge magnet</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Ambulance</strong></td>
<td><strong>Ambulance</strong></td>
</tr>
<tr>
<td><strong>000</strong> or <strong>112</strong> on mobile if 000 does not work</td>
<td><strong>000</strong> or <strong>112</strong> on mobile if 000 does not work</td>
</tr>
<tr>
<td><strong>Parent</strong></td>
<td><strong>Parent</strong></td>
</tr>
<tr>
<td><strong>Family member</strong></td>
<td><strong>Family member</strong></td>
</tr>
<tr>
<td><strong>Kidshelpline</strong></td>
<td><strong>Kidshelpline</strong></td>
</tr>
<tr>
<td><strong>1800 55 1800</strong></td>
<td><strong>1800 55 1800</strong></td>
</tr>
<tr>
<td><strong>Lifeline</strong></td>
<td><strong>Lifeline</strong></td>
</tr>
<tr>
<td><strong>13 11 14</strong></td>
<td><strong>13 11 14</strong></td>
</tr>
<tr>
<td><strong>Trusted adult</strong></td>
<td><strong>Trusted adult</strong></td>
</tr>
<tr>
<td><strong>Friend</strong></td>
<td><strong>Friend</strong></td>
</tr>
<tr>
<td><strong>Local GP</strong></td>
<td><strong>Local GP</strong></td>
</tr>
<tr>
<td><strong>Hospital</strong></td>
<td><strong>Hospital</strong></td>
</tr>
<tr>
<td><strong>School Wellbeing</strong></td>
<td><strong>School Wellbeing</strong></td>
</tr>
<tr>
<td><strong>Other numbers</strong></td>
<td><strong>Other numbers</strong></td>
</tr>
</tbody>
</table>
Session 9: Responsible partying

Aims
In this session students should:
• familiarise themselves with online resources that provide information and guidance around responsible partying
• develop knowledge about the planning and precautions that can assist in making the party experience a safer one.

Resources
• internet access or copies of the Australian Drug Foundation Safe Partying for all Ages Fact Sheet
• party profile cards
• coloured A3 paper, coloured markers and pencils or computer access
• student workbook (pages 44–45)

Activity 1: Party safely
1. Organise students into pairs and explain that their task in this activity is to conduct some online research about responsible partying. The research they do will equip them for their role as Party-Safe consultants in advising their clients (hosts and/or supervisors of parties) about how to plan for a safer party. They will research some websites to help them collect good ideas for their client.
2. Before they review the websites, assign pairs of students a party client by distributing the party profile cards. Draw students’ attention to the key questions that their party host wants addressed, listed in the Party-Safe consultant advice in the workbook (page 44). Ask students to collect ideas and make notes about how to respond to these questions as they look through the websites.

(a) How can I make sure guests don’t cause damage to my house?
(b) How do I make sure nothing gets stolen?
(c) How can I make sure people don’t get drunk?
(d) What do I do if a fight breaks out?
(e) What do I do if lots of people turn up uninvited?
(f) How can I make sure people don’t bring or use illegal drugs?
(g) How can I make sure people don’t come to harm on the way home from the party?

3. Draw students’ attention to the list of websites in their workbooks (page 45), which they can use to research the answers to the key questions presented by their client.

Websites:
• Red Cross save-a-mate – practical first aid within the social/nightclub/party context. http://www.saveamate.org.au
• Getting Out: Safe Partying http://www.gettingout.info/SafePartying.htm

If your class does not have access to the internet Prepare a handout for your students by downloading and photocopying the Australian Drug Foundation’s Safe Partying for All Ages Fact Sheet (see web address above). Students can use this as a basis to develop their advice to their ‘client’, as well as drawing on their own ideas. As the activity will be shorter in this instance, have students spend more time in Activity 2 designing pamphlets to present their advice to a host or supervisor. You might like to display or publish and distribute these pamphlets as part of a school health promotion or parent contact exercise.
Activity 2: Party safe consultants

1. Once students have had a chance to research the websites (or review the handout materials), they need to complete the advice chart for their client in their workbooks (page 44). Prompt students to consider actions that can be taken during the planning, setup and duration of the party.

2. Once they have completed their advice charts, ask some pairs to report back to the class.

3. If time allows, have students present their advice in the form of a pamphlet. They can do this digitally or else using coloured pencils and markers. You might like to display or publish and distribute these pamphlets as part of a school health promotion or parent contact exercise.

Debrief Talking further 8
Discuss if any students visited the help-seeking websites with their parents. How many families found this information useful?

Talking further 9: Party safe

1. Encourage students to show a parent or family member the advice they created for the party host/supervisor. Ask them to point out any additional advice which they (students) did not think of or to raise any other concerns or fears the party hosts might have which also need addressing.

2. Encourage students to show their parents/family member one of the party safely websites or the save-a-mate website.
### Party profile cards

<table>
<thead>
<tr>
<th>Type of celebration</th>
<th>Number of people invited</th>
<th>Party context</th>
</tr>
</thead>
<tbody>
<tr>
<td>New Year’s Eve Party</td>
<td>35 of mixed ages</td>
<td>House near spot where lots of people go to watch the fireworks</td>
</tr>
<tr>
<td>Combined 18th &amp; 21st birthdays for siblings</td>
<td>80 young people</td>
<td>Hired community hall in a rural town without any public transport</td>
</tr>
<tr>
<td>Year 11 formal after-party</td>
<td>Uncertain... anyone who has been involved with the formal or who is partner/close friend of someone who was</td>
<td>House in suburbs</td>
</tr>
<tr>
<td>Last minute weekend ‘get together’ for a friend’s 18th</td>
<td>Around 20 – but word could have spread further</td>
<td>Around a pool in the backyard on a hot night after a 40-degree day</td>
</tr>
<tr>
<td>16th birthday</td>
<td>40</td>
<td>Shed/garage in paddock next to house</td>
</tr>
</tbody>
</table>
Session 10: Looking ahead

Activity 1: Rollercoaster

1. Ask students to talk to the person sitting next to them and come up with a few ideas explaining why the metaphor of the rollercoaster is often used to describe our experience of life. Get the different pairs to share some of their ideas with the class.

2. Point out that when we feel ‘up’ or strong in ourselves, we may be able to make healthier decisions. However, when we feel ‘down’ about our circumstances or ourselves, we may neglect our wellbeing.

3. Divide students into groups of three to brainstorm the different stressful events or circumstances that might lead to people feeling ‘down’.
   
   Some examples include breaking up with a girlfriend or boyfriend, feeling excluded from a group, having a fight with a parent, getting a bad mark.
   
   Once you have given students some time to complete the brainstorm ask a few groups to share their ideas with the class.

4. Ask each group to pick three situations from the class list and construct some advice for a person in that position. This advice should contain suggestions about how they might handle the situation in a positive way. Two of these suggestions must be things that involve other people, and two of them must be things that someone can do on their own.

   An example of advice would be:
   
   If you are stressed about whether you will get good grades in your VCE, you can...
   
   With others:
   
   (a) Joke around or talk about the stress with others who are going through it too
   
   (b) Play sport and forget about it for a while.

   By yourself:
   
   (a) Make a study plan that tells you when to work and when to relax.

   (b) Have a look online and choose some alternative options for yourself for the future in case you don’t get the grades you are hoping.

5. Once students have completed the task, gather feedback from some groups to share as a class. As you hear back from different groups, ask other students to add when they have different suggestions.

Options for Activity 2

There are two options available for activity 2.

Option A: Hot air goals offers an energising approach to stress management with a focus on goal-setting and coping with failure and success.

Option B: Guided relaxation takes a more calming approach to stress management, providing students with an experience of guided relaxation. Choose whichever option you think will suit your class.

Goal setting

Some people respond to stress by working harder and harder (overworking), or setting very high standards or goals for themselves, and telling themselves they are failures if they don’t meet them. They may need to set more realistic goals. Others may respond to stress by denying the real challenge, failing to set any short-term goals and not even beginning to work towards achieving them. They may need help to define their short-term goals.
Activity 2: Option A: Hot air goals

1. Explain that some of the advice students came up with in the last activity may have involved resetting goals or coming up with new strategies to achieve existing goals in life, such as the following two points:
   - Have a look online and choose some alternative options for yourself for the future in case you don’t get the grades you are hoping.
   - Make a study plan that tells you when to work and when to relax.

2. Explain to students that the following game will give them the opportunity to explore the idea of ‘goal setting’ in more depth and to address and work through the experiences of ‘success’ and ‘failure’. Although there is not much at stake in this game, the intention is that we will be able to apply the things we learn here to situations we encounter in real life, which might be more serious and meaningful.

3. How to play:
   - Seat the class in a large circle. Ask for a team of four-to-six volunteers to take on the first balloon challenge.
   - Have the team collect inside the circle, forming a smaller circle out of the chairs. Explain that the challenge is to keep a collection of balloons in the air for two minutes. The players may not leave their seats, or hold the balloons, but must keep the balloons in motion in the air.
   - If you have a big space it may be possible for teams to play simultaneously or in batches of two or three.
   - The team must set their goals before they start. They need to state how many balloons they think they can keep in the air for the two minutes. Allow the team(s) a minute to meet and choose their goal and then announce it to the class. Ask for a show of hands for how many of the observers think the group will meet their goal.
   - Appoint a timer and some assistants. Start the play, using assistants to help you release the balloons into the circle when the timer calls the start.
   - Stop the game as soon as one of the balloons hits the ground, or when time is up (whichever occurs first). Record the team’s time and the number of balloons.
   - If they did not meet their goal, ask them to discuss their strategy together and then revise their goals and strategy and try again. If they did meet their goal, ask them to choose a bigger challenge and discuss how to master this challenge in a replay.
   - Play the game a few times over, giving different teams a chance to play, and asking them to revise their goals and strategies in relation to their experiences of success or failure.

4. Hold a discussion about the potential relevance of the game, asking:
   (a) How did your team respond when you failed to meet your goal?
   (b) How did your team respond if they met their goal without any real effort?
   (c) How did your team respond when they improved their score after significant effort or several attempts?
   (d) In real life, what are some of the common responses to ‘failure’ or not meeting a goal, particularly when it is public?
   (e) In real life, what can help people to cope better if/when they don’t meet an important goal?
   (f) In the game, teams of people restated their goals (sometimes revising them up or down), planned strategies and made repeated attempts to achieve their goals. When could this approach be used in real-life situations?
   (g) When approaching a big challenge – such as studying for exams or training for an important competition – how can the setting of short-term and long-term goals help?
   (h) Who should know what your short-term and long-term goals are?
   (i) How can you use others to support you in reaching your goals or in defining some manageable goals?
   (j) In real life, how do people sometimes respond to success? What about their own success; when it is someone else’s success?
   (k) Can succeeding be stressful? How? When?
   (l) If you set a goal at a party, such as being the non-drinking designated driver, what can you do to help yourself stick to this goal?
   (m) If others have set such a goal for themselves, what can you do to help them achieve it?
Different approaches to guided relaxation

Within Activity 2B there are two different approaches to guided relaxation:

- **Tension release** guides students to focus on relaxing each part of their bodies.
- **Visualisation** leads students through an imagined image, designed to capture concentration and promote the feeling of ‘letting go’.

Choose whichever option you think will work best for your class.

Activity 2: Option B: Guided relaxation

1. Inform students that they are about to sample a guided relaxation.
2. Acknowledge that this task might seem strange because we don’t often get the chance to relax at school. Encourage them to persevere with it even if it feels a bit strange at first.

Option I: Tension release (students remain at their desks)

1. Ask students to uncross their legs if they have them crossed, fold their arms on their desks and rest their heads into this cradle, face-down. Ask them to close their eyes.
2. Put on the music and/or dim the lights.
3. Use the following sample text to guide the tension release exercise:

   - Begin by focusing on your breath flowing in and out of your body.
   - You will notice that some gentle music has begun to play. Allow the sounds to drop into your awareness like drops of water falling into a still pond and notice the effect it has on you.
   - Now, slowly, and gently, begin to move your attention to the different parts of your body, beginning with your feet.
   - As you bring your awareness to your feet, try to release any tension you may be holding there. On your next in-breath, imagine breathing right down into the tips of your toes and exhale from the same place.

5. Following the activity, remind students of the key messages of the unit of work. Identify that they have worked up many ideas about what people can do to prevent the risk of drug-related harm. Acknowledge that sometimes it can be very difficult to come up with solutions to problems that present in life. In these moments, it may be necessary to call for assistance, and it is best equip oneself to deal with such situations by thinking ahead about prevention, management and escape hatches if they ever need to get out of a bad situation.

Optional extra challenge – linked hot air goals

Optional extra challenge – linked hot air goals
- Introduce a new level of challenge. This time ask the playing team(s) to get up from their chairs and form physical links by holding onto the forearm of the team members either side of them in the circle. During this round of the game, people must keep the balloons in the air without letting go of their team mates. Once again, ask students to talk with their teams, set their goals and then play two or three rounds.

After this challenge, ask students the following questions:
- What makes good teamwork?
- What makes supportive friendship?
- How can friends help you achieve your goals?
- If you end the unit here, continue onto point five to sum up. If not, skip point 5 and continue with the following activity.

5. Following the activity, remind students of the key messages of the unit of work. Identify that they have worked up many ideas about what people can do to prevent the risk of drug-related harm. Acknowledge that sometimes it can be very difficult to come up with solutions to problems that present in life. In these moments, it may be necessary to call for assistance, and it is best equip oneself to deal with such situations by thinking ahead about prevention, management and escape hatches if they ever need to get out of a bad situation.

Music for meditation

Before you begin this activity, you may like to draw the blinds and switch off the lights in the classroom to help build a conducive atmosphere. Playing some gentle music, preferably without lyrics, can also enhance the atmosphere and aid the process.

Refocus

If at first students start to laugh or have trouble relaxing, try starting again. As the exercise progresses, encourage them to turn their attention to the task or the music being played.
4. Lead students through each part of their body from their calves to their knees, to their thighs, to their hips, to their buttocks, to their stomachs, to their chests, to their shoulders, to their necks, to their jaws, to their tongues, to their cheeks, eyelids, foreheads, guiding them to release any tension held there, and to breathe into that part of their body as well as exhaling from there.

5. Ask the class to open their eyes and to slowly and quietly ‘return’ to the classroom. Allow them a few minutes to reorient themselves, and invite students to comment to each other on what that experience was like.

6. Discuss how this process may be able to combat a ‘stressed’ state of mind and how a person might be able to lead themselves through this kind of process.

**Mindful meditation**

Mindful meditation is all about ‘being’ rather than ‘doing’. It is about bringing your awareness into the present moment and noticing how you feel in the place where you are, moment by moment. The key to all of this is noticing your sensations, emotions and thoughts. Not getting caught up in them, not trying to change them and not judging them to be ‘good’ or ‘bad’. Just quite simply observing them.

The idea behind this practice is that by bringing your attention to the present moment, you are less able to worry about the past or the future (which we tend to spend a lot of our time doing).

By engaging in this process, we are often able to let go of worries, reduce stress and achieve a state of calm in which we not only feel better, but are also able to deal more effectively with whatever challenge we might be facing.

**Option II: Visualisation (students either remain at their desks or lie on the floor)**

1. If space allows, ask students to find a space in the room and lie flat on their backs. If not, they can do the same activity sitting upright in their chairs, adjusting their posture so they have legs uncrossed, hands resting on knees and back straight. If possible, darken the room by turning off lights and/or pulling down blinds.

2. Using the sample script as a guide, talk students through the process of relaxation. (This can be aided by the use of quiet, meditative music.)

• Start by asking them to focus on their breathing. Describe the process of air flowing like a stream, in through the nostrils, filling up the lungs and then flowing out again through the mouth.

**Pause**

• Ask students to allow their bodies to become heavy and to imagine that they are lying on a bed of sand in which they will leave an impression.

**Pause**

• Ask them to imagine that the sand that they are lying on is the white sand of a beautiful, clean, deserted beach. The weather is warm and calm and a gentle breeze is whispering through the palm trees and wafting across their body. They can hear the sound of the waves breaking on the shore in the distance and its repetition is soothing and relaxes them further.

**Pause**

• Ask them to imagine themselves standing up and wandering down to the water’s edge. As they approach, a shallow wave surges in and floods around their ankles, causing their feet to sink further into the wet sand. The water is cool and refreshing.

**Pause**

• They wade out further into the water and begin to float, effortlessly, the water supporting their bodies. (Allow them to remain here for a minute or two, enjoying the sensation of being relaxed and listening to the music.)

3. Turn the music down slowly and ask the class to open their eyes and gently and quietly, ‘return’ to the classroom. Allow them a few minutes to reorient themselves, and invite students to comment on what that experience was like. Discuss how this process may help to combat a ‘stressed’ state of mind.

4. Following the activity, remind students of the key messages of the unit of work. Identify that they have worked up many ideas about what people can do to prevent the risk of drug-related harm. Acknowledge that sometimes it can be difficult to come up with solutions to problems that present in life. In these moments, it may be necessary to call for assistance, and it is best to equip oneself to deal with such situations by thinking ahead about prevention, management and escape hatches if they ever need to get out of a bad situation.
Optional activities

**Final quiz**
This will assist to reinforce students’ learning and will provide you with some feedback on their progress and development. You may decide to use this quiz as a formal assessment task.

**Student self-assessment task**
The results from the final self-assessment can be used to complete the unit reflection task.

**One-to-five test**
The five-section end-of-unit quiz is designed to reinforce what students should have learnt during the program. You may decide to set the quiz as an individual assessment task, as a group task or a competitive game to celebrate the end of the unit.

**Student self-assessment**
Students can compare how they rate their knowledge and skills from this self-assessment to the one they completed at the beginning of the unit. Once finished, ask students to complete the unit reflection in their workbook (page 47).
## Final quiz: One-to-five test

### One-to-five test: Section 1

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>One fact that has informed the 2009 NHMRC Guidelines to Reduce Health Risks from Drinking Alcohol.</td>
<td>1</td>
</tr>
<tr>
<td>Two risks associated with using cannabis.</td>
<td>1, 2</td>
</tr>
<tr>
<td>Three reasons why most people choose not to use MDMA.</td>
<td>1, 2, 3</td>
</tr>
<tr>
<td>Four ways people can put pressure on others to use drugs like alcohol or cannabis.</td>
<td>1, 2, 3, 4</td>
</tr>
<tr>
<td>Five ways to say no to someone putting pressure on you to engage in risky behaviour.</td>
<td>1, 2, 3, 4, 5</td>
</tr>
</tbody>
</table>

### One-to-five test: Section 2

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>One drug that is classified as a depressant.</td>
<td>1</td>
</tr>
<tr>
<td>Two street names for MDMA.</td>
<td>1, 2</td>
</tr>
<tr>
<td>Three drug-free activities that can bring a person a sense of flow.</td>
<td>1, 2, 3</td>
</tr>
<tr>
<td>Four problems that can be caused by people who are drunk</td>
<td>1, 2, 3, 4</td>
</tr>
<tr>
<td>Five pieces of advice for a friend who wants to drink but not get drunk.</td>
<td>1, 2, 3, 4, 5</td>
</tr>
</tbody>
</table>
### One-to-five test: Section 3

<table>
<thead>
<tr>
<th>Question</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>One place to get free confidential advice if down or worried.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Two reasons why people may choose not to drink.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Three pieces of information you will have to tell the operator if you call for an ambulance.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Four factors that influence the effect a drug has on an individual.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Five risks associated with alcohol use.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### One-to-five test: Section 4

<table>
<thead>
<tr>
<th>Question</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>One adult at school that you can talk to if you are worried about yourself or a friend.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Two ways to say no to a lift home without offending a friend.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Three drug-free activities that can bring a person a sense of calm.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Four reasons to explain why 10% of girls used no contraception last time they had sex</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Five ways to cope with stress that do not involve drug use</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### One-to-five test: Section 5

| One safety message about alcohol and driving. | 1 |
| Two ways to work out how much alcohol is in the container. | 1 |
| | 2 |
| Three barriers that can stop young people asking for help about drug use. | 1 |
| | 2 |
| | 3 |
| Four drugs that can cause harm to young people. | 1 |
| | 2 |
| | 3 |
| | 4 |
| Five ways to look out for your mates at a party. | 1 |
| | 2 |
| | 3 |
| | 4 |
| | 5 |
# Student self-assessment

**Name:**

## Self-assessment

<table>
<thead>
<tr>
<th>Rating my knowledge and skills</th>
<th>Score /10</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Give yourself a score out of 10 for each of the items listed below. A score of 10 would mean you have very good knowledge and skills. A score of 0 means you do not know the answer.)</td>
<td></td>
</tr>
<tr>
<td>I can plan not to drink or to drink at a ‘safer’ level.</td>
<td></td>
</tr>
<tr>
<td>I can estimate and pour a standard drink.</td>
<td></td>
</tr>
<tr>
<td>I can work out the sorts of problems or risks that may affect someone who has been drinking or taking drugs.</td>
<td></td>
</tr>
<tr>
<td>I can think of prevention strategies or ways to avoid harm as a result of alcohol or other drug use.</td>
<td></td>
</tr>
<tr>
<td>I know how to look out for a friend who is in a risky situation associated with drugs and/or alcohol.</td>
<td></td>
</tr>
<tr>
<td>I know how to say ‘no’ to a friend if they put pressure on me to use alcohol or another drug when I don’t want to.</td>
<td></td>
</tr>
<tr>
<td>I can work out different ways to plan for safer travel when people have been drinking.</td>
<td></td>
</tr>
<tr>
<td>I can plan to avoid a situation in which violence or sexual harassment could occur as a result of alcohol or other drug use.</td>
<td></td>
</tr>
<tr>
<td>I can work out how to get help or advice for a friend who has experienced a problem involving alcohol or other drugs.</td>
<td></td>
</tr>
<tr>
<td>I can think of other ways to wind up or wind down, which do not involve alcohol or other drug use.</td>
<td></td>
</tr>
<tr>
<td>I can use my own knowledge to challenge other people’s ideas about how much alcohol is safe to drink.</td>
<td></td>
</tr>
<tr>
<td>I can use trustworthy websites to find information or seek help to do with drug/alcohol use.</td>
<td></td>
</tr>
<tr>
<td>I know how to call an ambulance.</td>
<td></td>
</tr>
<tr>
<td>If I needed I could talk to an adult so as to get help for a friend who has a problem as a result of a situation involving drugs or alcohol.</td>
<td></td>
</tr>
</tbody>
</table>

## Rating my participation

(Give yourself a score out of 10, where 10 is the highest and 0 the lowest.)

| I joined in the whole-of-class activities. |           |
| I joined in the small group activities. |           |
| I cooperated well with others on group tasks. |           |
| I encouraged classmates to participate in group tasks. |           |
| I made an effort to learn from the activities. |           |

Additional comments: