

Background Information

Classroom practices

Cartoon strip

Limit 4 frames, 3-4 characters

Construction sequence:

- Introduction - setting the scene, introducing characters
- Problem introduced
- Problem discussed (perhaps alternatives or consequences could be suggested)
- Conclusion - solution

Parliamentary debate

Two teams of 3 speakers who take turns to debate a topic.

A speaker for the affirmative team begins, introducing the topic and outlining the issues.

The first speaker for the negative team does the same.

Speakers alternate from each team developing their case and rebutting the opposition's arguments.

The final speakers on each team sum up their team's case.

Polarised debate

A polarised debate allows students to modify their opinions during the debate.

A statement is presented to the students.

Students sit in a horseshoe shape.

Students who agree sit on the right hand side.

Students who disagree sit on the left hand side.

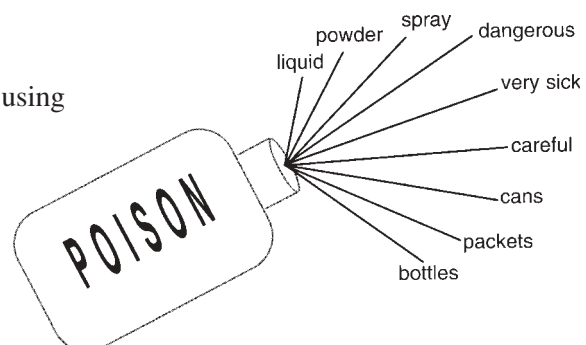
Students who are undecided sit across the top of the horseshoe.

The debate begins with a speaker supporting the statement, then a speaker who disagrees, then a speaker who is undecided. Students may change positions around the horseshoe if they change their opinion during the debate.

Students may keep a log of their opinions and feelings, making an entry if they change positions. Time should be provided for recording.

Semantic Web/Semantic Maps

Semantic webs are a way of organising information using diagrams or maps. A relevant picture or keyword is placed in a central location and words representing facts, feelings are placed around it.



Poems

Acrostic poem:

A word is chosen, for example, MEDICINE. The letters are written underneath each other. Then the letters are used as the initial letter in each line. Phrases or sentences relating to the initial word are written for each line.

Mum gives it
Every day
Doctor said so
I don't like it
Cough, cough, cough
I know I'm sick
New books to read
Even television's allowed!

Cinquain:

A cinquain is a five line poem.

Line one:	name or subject of poem - one word	Medicines
Line two:	two descriptive words	Taste awful
Line three:	three descriptive words	Thick brown liquid
Line four:	four words on the subject	Must be kept safely
Line five:	one word summary.	Ugghh!

Shape poem:

Shape poems are written using words, pictures and layout to create a visual image as well as a word image.



Decision making

How do we use the decision making proforma?

Issue

This is the first process in decision making.

It is important that the students identify the issues involved in the scenario.

Choices

What could the person in the scenario do?

Within any given scenario a number of choices can be made. It is expected that the students explore these and are able to identify alternative choices. It is important that the students can identify positive and negative choices and that they are also able to identify choices which are satisfactory to them.

Extension

Students could identify compromise situations, which involves extending the available choices.

Compromise

What else could the person do?

Extending the available choices.

The teacher will need to focus the students' attention on explaining choices which provide an optimum outcome. This can be done as a whole group for each scenario after the students have worked on them in small groups or individually or the teacher can ask the students to identify a win win solution.

Consequences

These are the possible outcomes the students identify as a result of making choices.

They can be positive, negative or neutral. This applies to all choices.

Decision

Ultimately the students have to make a decision. If students are working in a group the decision has to be a consensus but if working individually, that student must make the decision. The decision can be positive, negative or neutral. It is important that the teacher discusses the decision with the class, in terms of the risks. These risks may include:

- health: feeling nauseous
- economic: not getting pocket money
- social: being ostracised, being punished by parents
- emotional: breaking trust of parents
- academic: not completing homework.

Role play

The intent of role play in this resource is to develop behavioural skills and strategies that can be transferred to situations that may be encountered by students and where potential harm may occur.

Guidelines for Role Play

1. Students should only play positive roles. Teachers should play negative roles such as the driver who is affected by alcohol, or a teenager trying to encourage someone younger to smoke a cigarette.
2. Scenarios should be realistic so that students can transfer practised skills to situations they may encounter.
3. Rules for working in groups need to be reaffirmed to allow maximum interaction in planning and performance. All student input is accepted and valued.
4. Establish rules for role play, for example:
 - students volunteer for roles
 - no criticism of the interpretation of the role
 - no interruption once role play commences.
5. Explain that in a 'role' students are reacting to the behaviour and values of the character in the scenario.
6. Negative consequences of decisions should not be avoided, but explored and discussed, for example, ostracism from a group or rejection by a friend.
7. The role play session needs to be brought to an end. Students may be asked to comment on the effectiveness of strategies, possible changes, situations where they think they may be able to use these strategies.
8. Role plays should finish with debriefing procedures. These can be conducted by the students or teacher. It is important to emphasise that the role play is over.
9. If students are unsure of ways in which to participate in a role play, a small group may decide on behaviour, attitude, reaction and one student may represent the group's view.

Major decisions on smoking and tobacco

Advertising of smoking and tobacco

Date	Decision
1976	Cigarette advertising on television and radio banned.
1988	Amendment to the Broadcasting and Television Act, extending the ban on direct cigarette advertisements to include all tobacco products.
1989	Commonwealth Smoking and Tobacco Products Advertisements (Prohibition Act - banning tobacco advertisements in the print media).
1990	Tobacco advertising banned in print media.
1991	NSW Tobacco Advertising Prohibition Act passed.
1995	Commonwealth Tobacco Advertising Prohibition Amendment Act 1995.
1995	Tobacco advertising banned from public places such as billboards and taxis.
1999	Printed point of sale advertisements banned.
1999	Restrictions placed on the display of tobacco products in retail outlets.
1999	Warnings to be displayed at point of sale.

Decisions about smoking and tobacco

Date	Decision
1935	Bans on smoking in cinemas and theatre, due to fire safety.
1968	Commonwealth legislation allowing for health warning on tobacco packs.
1973	Health warning: <i>Warning - smoking is a health hazard</i> appears on all cigarette packets in Australia.
1977	Smoking banned in theatres.
1985-1987	New health warnings regulations allowing for four rotating health warnings.
1987	Additional health warnings placed on cigarette packets including: <i>Warning - Smoking is a health hazard</i> <i>Smoking damages your lungs</i> <i>Smoking causes heart disease</i> <i>Smoking causes lung cancer.</i>
1988	Ban on smoking in buses and coaches registered under the Commonwealth Interstate Registration Scheme.
1991	New South Wales increases the age of purchase for cigarettes to eighteen years of age.
1992-1995	Commonwealth Government announces ban on tobacco sponsorship and other forms of direct and indirect advertising from 1995.
1996	Retailers required to ask for proof of age when selling tobacco products to young people.
1997	New Smoking Regulation Act introduced to control environmental tobacco smoke.
1998	Tobacco sponsorship for international sporting events held in Australia to be phased out by 2006.
1999	Further restrictions placed on location of vending machines to restrict young people's access.
2000	The <i>Smoke-free Environment Act 2000</i> introduced an immediate ban on smoking in most enclosed public places in NSW.
2001	The <i>Smoke-free Environment Act 2000</i> (Phase 2) introduced a ban on smoking in dining areas of pubs and clubs.

Additional examples of health warnings placed on cigarette packets include:
Smoking when pregnant can harm your baby
Smoking kills
Your smoking can harm others
Smoking is addictive.

Legal aspects

Legalities of purchasing tobacco/licensed premises

- NSW Public Health Act 1991 states that the sale of tobacco products to people under the age of 18 is prohibited.
- The Public Health Act provides that in cases where a retailer sells tobacco to someone under 18, it will be a defence to the prosecution if the retailer can show -
 - (a) the person was over 14 years and
 - (b) the person had an approved ID at the time of the sale.
- The maximum penalty for selling tobacco to persons under 18 is \$5500.
- There are five types of identification:
 - a current driver's licence
 - a current rider's licence
 - driver's / rider's permit to learn to drive
 - a current passport
 - a 'proof of age' card issued by the Roads and Traffic Authority.
- A retailer should refuse to make a sale if unsure of any aspect of validity on the identification.

Legalities of purchasing alcohol/licensed premises

- Retailers are prohibited from selling alcohol to persons under the age of 18 years.
- 'Proof of age' required if a person's age is in doubt. Identification types are the same as required for purchasing tobacco products.
- There are five types of classification:
 - a current driver's licence
 - a current rider's licence
 - driver's / rider's permit to learn to drive
 - a current passport
 - a 'proof of age' card issued by the Roads and Traffic Authority.
- Exemptions (through the Licensing Court) for minors to be present in specific areas of licensed premises for pre-organised events can be obtained.
- Events may include weddings, sporting functions, alcohol-free entertainment.
- It is an offence to purchase alcoholic beverages for a minor.
- A retailer should refuse to make a sale if unsure of any aspect of validity on the identification.

Types of Drugs

There are three categories of drugs:

- Stimulants
- Depressants
- Hallucinogens.

Stimulants are those drugs which, when taken, increase activity in the central nervous system. Caffeine, nicotine, amphetamines, ecstasy and cocaine are some examples of stimulants.

These drugs increase heart rate, blood pressure and breathing. They also have the potential to suppress appetite and keep the user awake.

Depressant drugs slow down the central nervous system. Alcohol is the most used depressant. Analgesics, benzodiazepines and heroin are other examples. Cannabis can also have depressant effects when used in small amounts.

Users may experience decreased heart and respiration rate as well as relief from anxiety when using some of these drugs.

Hallucinogens can produce a wide range of vivid sensory distortions and also alter mood and thought.

LSD is an hallucinogen used by some young people. Psilocybin (magic mushrooms) and mescaline (a cactus) are naturally occurring hallucinogens. Cannabis used in very large amounts can also produce hallucinogenic effects.

Drug use

Drug use can be:

- **Experimental**
- **Recreational**
- **Habitual**
- **Circumstantial**
- **Dependent.**

Experimental use describes single or short-term use. The majority of drug use by adolescents fits into this category. Young people often try a drug out of curiosity or to explore something new and different.

Recreational users choose a drug which suits their purpose and use it in a social setting. Many of the ‘party drugs’ such as ecstasy and amphetamines are usually used in a recreational way.

Legal drugs such as alcohol, caffeine and tobacco are often used **habitually**. This is when the user takes measured doses throughout the day.

Cigarette smokers who smoke irregularly often talk about having to ‘have a smoke’ when they are in social situations such as after a meal. This **circumstantial** use occurs when a person uses them only in specific circumstances.

Dependent users cannot stop use of a drug without suffering some form of mental or physical distress. This is the most publicised form of drug use. It occurs with coffee drinkers, cigarette smokers and problem drinkers, as well as illicit drug users.

Effects of drugs use

It is important to be aware that the effects of a particular drug can depend on many factors including:

- the type of drug
- how it is taken
- the experience and tolerance of the user
- the health of the user
- the use with other drugs
- the situation in which it is used
- the amount taken
- the duration of use
- body type
- size
- sex and the age of user
- other variables.

Drug policy in Australia acknowledges that because drugs are used dangerously by some people, effective ways to reduce or minimise the harm associated with that use need to be developed.

Strategies that are currently used include random breath testing for alcohol, needle exchange programs for injecting drug users, and methadone maintenance treatment for heroin users.

It is important to realise that abstinence is an appropriate and important message for students in school-based drug education programs.

Caffeine

What is caffeine?

Not often thought of as a drug, caffeine is a stimulant which ‘speeds up’ the central nervous system. Caffeine was first separated from coffee in the early 19th century. In its pure form it comprises bitter tasting white crystals.

Tea, cola beverages, chocolate and coffee are the most well known sources of caffeine. In tablet form, caffeine is also used in analgesic drugs, over-the-counter stimulants and weight loss products.

It is difficult to estimate how much caffeine is in our diet. The amount of caffeine in a cup of coffee or tea varies even if it is prepared by the same person using the same equipment and ingredients day after day.

What are the short-term effects of caffeine?

In small doses the short-term effects of using caffeine include:

- increased alertness
- increased urination
- increased body temperature.

In larger doses, caffeine can produce headaches and nervousness. Delirium can occur in extreme cases. In very large doses caffeine can produce high blood sugar.

The following are estimates of the amount of caffeine contained in different products¹.

Caffeine per serving (mg)	
Fresh ground coffee	80 - 150
Decaffeinated coffee	3 - 4
Hot chocolate	50 - 70
Chocolate bar (28g)	15 - 30
Instant coffee	60 - 80
Tea	30 - 80
Cola drinks	35 - 55

What are the long-term effects of caffeine?

There is no evidence to suggest that caffeine will produce any long-term effects if usage does not exceed 600mg a day. Above this level, caffeine can cause insomnia, anxiety, depression and stomach upsets.

¹Bunker and McWilliams, Journal of American Diet, 74:28-32, 1979.

Myths surrounding caffeine

Myth: Caffeine is completely harmless.

The Facts

Consuming over 250 mg of caffeine in a short period of time can result in caffeine intoxication. The signs of intoxication are such things as nervousness, flushed face, insomnia, muscle twitching and stomach aches. Many coffee users would have experienced some of these effects. Overdosing on caffeine is possible. Although it can be unpleasant it does not kill or lead to permanent damage. The toxic dose for caffeine will vary from person to person, depending primarily on tolerance.

Myth: Drinking coffee will sober people up.

The Facts

The only reliable method of reducing the amount of alcohol in the body is to wait for the alcohol to be metabolised. The liver is the main organ responsible for removing alcohol from the bloodstream (at the rate of approximately one standard drink per hour for a healthy liver). A damaged liver will break down alcohol more slowly. If there is a reasonable amount of food in the stomach the alcohol will be broken down more quickly. Cold showers, drinking coffee, fresh air, exercise and vomiting may help the user feel more alert but it will not reduce the Blood Alcohol Concentration (BAC).

Myth: Coffee is not addictive.

The Facts

Withdrawal from regular use of coffee may result in headaches, vomiting and other flu-like symptoms.

Tobacco

What is tobacco?

Tobacco smoke is a mixture of almost 4,000 different chemical compounds, including tar, nicotine, carbon monoxide, acetone, ammonia and hydrogen cyanide.

Nicotine is a poison. Swallowing a small amount of pure nicotine can kill an adult. It is a stimulant which restricts the flow of blood and causes blood pressure to rise.

Tar is released when a cigarette burns. This is the main cause of lung and throat cancer in smokers and also aggravates bronchial and respiratory disease. A smoker who smokes one packet a day, inhales more than half a cup of tar from cigarettes each year.

Tobacco is ingested through smoking cigarettes and pipes. It can be sniffed as snuff, or chewed. It can also be ingested through passive smoking.

What are the short-term effects of tobacco?

Short-term effects produced by tobacco include:

- increased pulse rate
- temporary rise in blood pressure
- acid in the stomach
- brain and central nervous system activity stimulated then reduced
- decreased blood flow to body extremities
- dizziness, nausea and watery eyes.

The vast majority of tobacco related deaths are due to cancers, heart disease and chronic bronchitis.

Other names for tobacco

Tobacco is also known as smokes, gaspers and fags.

What are the long-term effects of tobacco?

Long-term effects include:

- diminished or extinguished sense of smell and taste
- increased risk of colds and chronic bronchitis
- increased risk of emphysema
- increased risk of heart disease
- premature and more abundant face wrinkles
- increased risk of cancer of the mouth, larynx, pharynx, oesophagus, lungs, pancreas, cervix, uterus and bladder.

Myths surrounding tobacco

Myth: Smoking tobacco calms your nerves.

The Facts

Many smokers believe smoking calms their nerves. However, smoking releases epinephrine, a hormone which creates physiological stress in the smoker, rather than relaxation. The addictive quality of the nicotine contained in the cigarette makes the user smoke more to calm down, when in fact the smoking itself is causing the agitation.

Myth: Nicotine withdrawal is far worse than withdrawal from alcohol or heroin.

The Facts

Nicotine is a highly addictive drug. Smokers who quit may have great difficulty with withdrawal symptoms. However, nicotine withdrawal is usually not as problematic as severe alcohol or heroin withdrawal. Nicotine withdrawal usually involves intense cravings and psychological symptoms such as mood swings and lack of concentration. Alcohol and heroin withdrawal also involve substantial physical symptoms such as tremors, sweating and diarrhoea.

Alcohol

What is alcohol?

The active drug contained in all alcoholic drinks is ethanol. This drug is produced as a result of fermentation of grains (beer), vegetables (vodka) and fruits (wine), changing sugars into ethyl alcohol. Pure alcohol has no taste and is a colourless liquid. Alcoholic drinks vary in appearance and taste due to the other ingredients contained within them and as a result of the method of manufacture.

What are the short-term effects of alcohol?

The short-term effects of using alcohol may include:

- loss of inhibitions
- flushed appearance
- lack of co-ordination and slower reaction time
- blurred vision and slurred speech
- aggression
- vomiting
- at high doses – coma and death.

Alcohol is absorbed directly into the bloodstream through the walls of the stomach and small intestine. It is then quickly distributed to all parts of the body, including the brain. The liver is the main organ of the body responsible for removing alcohol from the bloodstream.

Other names for alcohol

Alcohol is also known as grog, piss, booze, juice and sauce.

What are the long-term effects of alcohol?

The long-term effects of alcohol use may include:

- liver, heart and brain damage
- poor work performance
- legal and financial difficulties
- family and relationship problems
- sexual impotence and a reduction in fertility
- concentration and short-term memory problems.

Myths surrounding alcohol

Myth: Alcohol is a stimulant.

The Facts

Because many people lose their inhibitions when they drink alcohol there is a popular misconception that alcohol is a stimulant. However, it is a depressant and reduces inhibitions by slowing down part of the brain, making people take risks they would not normally take.

Types of alcoholic drinks

- beer
- regular beer (full strength beer)
- light beer or super light beer
- wine
- cider
- coolers
- champagne
- mixed drinks (often a fruit juice or soft drink added to a spirit such as vodka, rum, bourbon)
- spirits, for example, brandy, rum, whisky, vodka, tequila, gin, bourbon
- liqueurs
- sherry
- port

Beer

Beer is fermented barley with hops and water added. There are a number of varieties such as lager, draught and bitter.

Regular beer is also known as standard or full strength beer and has about 5% alcohol/volume.

Light beer is beer that is produced with a lower than regular alcohol level. Light beer has between 2.5% to 3.5% alcohol/volume.

Beer is sold in cans, bottles (plastic or glass) and kegs.

Wine

Wine is made from fermented grapes. The colour of the grape usually dictates the colour of the wine. Wine can also be made from fruits.

The standard wine bottle contains 750 ml. Casks usually contain 4 or 5 litres.

Cider

Cider is made from fermented apple juice. Cider is sold in bottles and cans.

Coolers

Coolers are made from blending wine and fruit juices. The alcohol content is lower than wine because of the presence of the juice. They are usually sold in small bottles and casks.

Champagne

Champagne is produced from fermented grapes and has bubbles added through a variety of processes. Champagne bottles usually hold 750ml but may come in larger and smaller bottles.

Mixed drinks

Mixed drinks are made by combining a spirit, for example, rum, vodka and a soft drink and sometimes fruit juice. They are sold as a premixed drink in cans and bottles.

Spirits

Spirits are distilled alcoholic liquor. Distilling is the process of boiling fermented liquor to reduce its volume and create a higher alcohol concentration. Spirits and liqueurs have the strongest alcohol strengths. They are usually sold in bottles containing varying quantities.

Liqueur

Liqueurs are concentrated spirits that have been flavoured. Liqueurs are usually sold in glass containers.

Sherry and port

Sherry and port are fortified wines, that is they are produced by adding extra amounts of alcohol. Alcohol strengths range from 18% to 20% alcohol/volume. They are sold in 750 ml, 2 litre bottles (flagons) and casks.

Note

Alcohol by volume

Alcohol by volume is measured as a percentage of capacity. If, for example, a bottle of cider contains 5% alcohol by volume (written on the bottle as 5% ALC/VOL), then 5 percent of the liquid in the bottle is straight pure alcohol.

Glossary of commonly used drug education terms

Abuse

Continual misuse of a drug:

- some drugs have a greater dependence producing risk than others
- all drugs show a relationship between the amount taken and the effect
- the length of time and the number of times a drug is taken affects the toxic reaction to any drug
- the way in which a drug is used affects the toxic reaction, for example, intravenous use of any drug carries a danger of infection.

Drugs

A drug is any substance which, when taken into the body, alters its function physically or psychologically, excluding food, water and oxygen... World Health Organisation.

Drugs may be classified into categories depending on their main effect on the central nervous system:

- **depressants** are drugs that when taken, slow down the function of the central nervous system.
They include alcohol, opiate analgesics (opium, morphine, pethidine, codeine, methadone, heroin), non-opiate analgesics (aspirin, paracetamol), general anaesthetic, barbiturates, cannabis, solvents and inhalants.
- **stimulants** are those drugs which, when taken, increase activity in the central nervous system.
They include nicotine, cocaine, caffeine and amphetamines and related drugs such as ecstasy.
- **hallucinogens** are drugs which can produce a wide range of vivid sensory distortions and also alter the user's mood and thought. They include LSD, magic mushrooms and cannabis (large doses).

Medications

Medications may be classified as:

- prescribed
- non-prescribed or over the counter.

Prescribed medications are only obtainable with a prescription from a registered medical practitioner, dentist or veterinarian.

Non-prescribed drugs can be obtained without prescription, for example, minor analgesics, alcohol and tobacco.

Medication comes in many forms such as capsules, tablets, soluble tablets, oral preparations and mixtures, creams, powders, drops or inhalations.

Injections and suppositories are also used.

Misuse

Inappropriate use can include:

- incorrect amount taken (age, sex, body weight)
- manner taken (frequency, how administered, combination with other drugs)
- circumstances (place, presence of others)
- not your own medication.

Smoking

Passive smoking: the inhalation of smoke from others' cigarette or tobacco products.

Mainstream smoke: smoke inhaled from a lit cigarette or tobacco product directly into the mouth and lungs, then exhaled.

Sidestream smoke: smoke from burning cigarettes, pipes or cigars.