### POST VISIT ACTIVITIES

The lessons below can be used in their entirety or adapted to suit teaching style, available time and needs of students.

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| Myth of fact            | Outcome 2: Explains how the potential harm from drug use can be both decreased and increased through the interaction of various factors | 25 mins depending on the number of statements used | ‘Statement and answer’ cards  
‘Myth and Fact’ headings |
| Minimising the harm     | Outcome 3: Assesses rules, laws and policies in relation to the use of legal and illegal drugs | 45 mins                          | Copies of ‘Not drowning... waving’  
Harm minimisation definition  
Harm Minimisation heading cards  
Blank cards |
| The party               | Outcome 4: Demonstrates skills and strategies for dealing with individual and group drug related harm | 30-40 mins depending on how many extra information cards are used  | ‘The party’ story and ‘Extra information’ cards |
Drugs... what are the issues?

Outcome

Outcome 1 - Describes the short and long term effects of legal and illegal drug use and its effects on the community

Duration

45+ mins depending on depth of research and method of presentation

Process

- Ask students to form into pairs or groups of three.
- Explain to the students that they are going to create a way to communicate specific health information to a particular target group of young people.
- Each group or pair must first outline the characteristics of their target group using the following as a guide:
  - age range
  - sex
  - locality, rural or metropolitan
  - access to public transport, type of public transport
  - access to the internet
  - language
- Next the groups or pair must decide on the specific drug and alcohol issue.
  - Topics might include;
    - short and long term effects of a legal or illegal drug
    - social, emotional, financial and legal
    - managing pressure/peer expectations to take alcohol or other drugs
    - drink spiking
    - binge drinking
    - drink driving
    - personal safety at parties/festivals
- Students will need to research information related to their topic to ensure accuracy and relevancy.
- Using the information gathered, pairs or groups will need to decide on the best format to communicate the health message for their particular target group.
  - Suggestions: brochure, wallet card, community TV ad, poster, postcards, a drama/play
Face The Facts: Legal and Illegal Drugs

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Drugs... what are the issues?

Suggested websites for research

ReachOut Australia: au.reachout.com
Child and Youth Health: www.cyh.com
Youth Central: www.youthcentral.vic.gov.au
Alcohol and Drug Foundation: www.adf.org.au
Drug Aware: www.drugaware.com.au
HeadSpace: www.headspace.org.au
FACE THE FACTS: Legal and Illegal Drugs

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Myth or Fact

Outcome
Outcome 2 - Explains how the potential harm from drug use can be both decreased and increased through the interaction of various factors

Duration
25 mins – depending on the number of statement cards used

Requirements 1 set of ‘Statement’ cards, 1 set of ‘Answer’ cards and ‘Myth and Fact’ headings
NB. To make it easier to distinguish between a question and an answer, copy them on to different coloured card.

Process
- Ask students to discuss what they believe is the difference between a myth and a fact.
- Place the Myth and Fact cards at either end of the room.
- Explain to the class that they will each receive either a statement or an answer card.
- Begin by choosing a student to read out their statement.
- Next ask the class to indicate whether they think it is a myth or fact by moving to either end of the room.
- Invite the students to share the reasons for their choice.
- Ask the students who think they have the answer to read it aloud to the class.
- Repeat until all statements have been covered.
- Ask the students to pair up with their matching cards and then form a group with two other pairs.
- Ask the students to discuss the following in their groups
  - What implications might there be if someone believed the myth or was unaware of the facts?
  - What risks might be involved?
  - How risky would they be? e.g. low, medium, high
  - What makes the situation more or less risky?
Myth or Fact Questions and Answers

**Smoking cannabis is not as harmful as smoking tobacco cigarettes.**

**MYTH**
Both tobacco and cannabis contain tar and a number of harmful carcinogens (cancer causing ingredients). Increased exposure to tar and carcinogens means greater risk to the lungs and other respiratory organs and cardiovascular system.

**People with pre-existing medical conditions are more or less at risk of harm if they use amphetamines.**

**FACT**
People with existing illnesses such as hypertension, heart disease, epilepsy, panic attacks or a history of mental illness are more likely to increase their risk of harm when taking amphetamines.

**Using breath fresheners lowers a person’s BAC [blood alcohol concentration] reading.**

**MYTH**
Using breath fresheners such as gums, mints or sprays may cover the smell of alcohol but they do not change the alcohol content present in the breath.

**Combining a stimulant with a depressant cancels out the effect of the depressant.**

**MYTH**
Combining a stimulant with a depressant cancels out the effects of each other. E.g. A person who drinks alcohol and then uses amphetamines may not feel the effects of the depressant as it may have been masked by the effects of the stimulant. So they may feel ok to drive but may be drunk.

**The only risk from injecting a drug is an overdose.**

**MYTH**
Apart from the risk of an overdose there is also the risk of contracting and spreading HIV and Hepatitis through sharing used needles.

**Mixing tobacco with cannabis increases the risk of nicotine dependence.**

**FACT**
Mixing tobacco with cannabis can increase the chance of nicotine dependence.

**Cannabis smokers tend to inhale smoke more deeply into the lungs.**

**FACT**
Cannabis smokers inhale smoke more deeply and hold the smoke in their lungs for longer time periods. This increases the risk of respiratory problems and cancers.

**The drug most commonly used to spike drinks is alcohol.**

**FACT**
Alcohol is the drug most commonly used to spike drinks as it is cheap, legal and readily available. Most alcohol is relatively tasteless and may not be detected by a drinker when added to an alcoholic drink or strongly flavoured drinks. Most tablets are made of insoluble material which leaves sediment in the glass.
Myth or Fact Questions and Answers

Drink spiking only occurs in nightclubs or hotels.
**MYTH**
Drinks can be spiked in any situations where they can be consumed not just night clubs and hotels e.g. private homes, community events, restaurants.

Calling an ambulance in a drug related emergency will mean the police will turn up too.
**MYTH**
Generally the ambulance officers will not call the police unless they feel their safety is threatened at the scene. The main priority for the ambulance officers is the health and welfare of the patient.

Drinking coffee and taking cold showers will not help someone to sober up.
**FACT**
The only effective thing that will help someone sober up is time. Drinking coffee, vomiting or even having a cold shower might make the person feel better but it will not help their body eliminate alcohol from the blood.

Smoking cannabis through a bong is safe.
**MYTH**
Smoking cannabis through a bong increases the amount of tar and other harmful chemicals into the lungs. This increases the chances of breathing disorders, throat and lung cancers.

Buying prescription drugs from a friend or others is illegal.
**FACT**
It is illegal to buy or sell prescription medicines without a doctor’s permission.

People who only smoke in social situations are less at risk than people who smoke every day.
**MYTH**
People who smoke in social situations are at risk of addiction and damage to their health as people who smoke every day. Low levels of cigarette consumption can be damaging to a person’s health.

Mixing alcohol with energy drinks will help a person stay more alert.
**MYTH**
Energy drinks contain a high amount of caffeine. As caffeine is a stimulant it can mask the effect of the alcohol. So the person may feel less intoxicated than they really are and continue to drink increasing their BAC without realising it and putting them more at risk of harm.

Combining alcohol with energy drinks will increase the chances of a hang over.
**FACT**
Alcohol and caffeine are both diuretics and so combining the two increases dehydration.
MYTH or FACT
Smoking cannabis is not as harmful as smoking tobacco cigarettes.

MYTH or FACT
People with pre-existing medical conditions are more at risk of harm if they use amphetamines.

MYTH or FACT
Using breath fresheners lowers a person’s BAC (Blood Alcohol Concentration) reading.

MYTH or FACT
Combining a stimulant with a depressant cancels out the effect of the depressant.
**MYTH or FACT**

The only risk from injecting a drug is an overdose.

**MYTH or FACT**

Mixing tobacco with cannabis increases the risk of nicotine dependence.

**MYTH or FACT**

Cannabis smokers tend to inhale smoke more deeply into the lungs.

**MYTH or FACT**

The drug most commonly used to spike drinks is alcohol.
MYTH or FACT

Drink spiking only occurs in nightclubs or hotels.

MYTH or FACT

Calling an ambulance in a drug related emergency will mean the police will turn up too.

MYTH or FACT

Drinking coffee and taking cold showers will not help someone to sober up.

MYTH or FACT

Smoking cannabis through a bong is safe.
**MYTH or FACT**

Buying prescription medications from a friend or others is illegal.

**MYTH or FACT**

People who only smoke in social situations are less at risk than people who smoke every day.

**MYTH or FACT**

Mixing alcohol with energy drinks will help a person stay more alert.

**MYTH or FACT**

Combining alcohol with energy drinks will increase the chances of a hangover.
**FACT**

Both tobacco and cannabis contain tar and a number of harmful carcinogens [cancer causing ingredients]. Increased exposure to tar and carcinogens means greater risk to the lungs and other respiratory organs and cardiovascular system.

**FACT**

People with existing illnesses such as hypertension, heart disease, epilepsy, panic attacks or a history of mental illness are more likely to increase their risk of harm when taking amphetamines.

**MYTH**

Using breath fresheners such as gums, mints or sprays may cover the small amount of alcohol but they do not change the alcohol content present in the breath.

**MYTH**

Combining a stimulant with a depressant cancels out the effects of each other. For example, a person who drinks alcohol and then uses amphetamines may not feel the effects of the depressant as it may have been masked by the effects of the stimulant. So they may feel ok to drive but may be drunk.
MYTH
Apart from the risk of an overdose there is also the risk of contracting and spreading HIV and Hepatitis through sharing used needles.

FACT
Mixing tobacco with cannabis can increase the chance of nicotine dependence.

FACT
Cannabis smokers inhale smoke more deeply and hold the smoke in their lungs for longer time periods. This increases the risk of respiratory problems and cancers.

Source: NCIPC Fact Sheets

FACT
Alcohol is the drug most commonly used to spike drinks as it is cheap, legal and readily available. Most alcohol is relatively tasteless and may not be detected by a drinker when added to an alcoholic drink or strongly flavoured drinks. Most tablets are made of insoluble material which leaves sediment in the glass.
MYTH
Drinks can be spiked in any situations where they can be consumed not just night clubs and hotels e.g. private homes, community events, restaurants.

MYTH
Generally the ambulance officers will not call the police unless they feel their safety is threatened at the scene. The main priority for the ambulance officers is the health and welfare of the patient.

FACT
The only effective thing that will help someone sober up is time. Drinking coffee, vomiting or even having a cold shower might make the person feel better but it will not help their body eliminate alcohol from the blood.

MYTH
Smoking cannabis through a bong increases the amount of tar and other harmful chemicals into the lungs. This increases the chances of breathing disorders and throat and lung cancers.
**FACT**

It is illegal to buy or sell prescription medicines without a doctor’s permission.

**MYTH**

People who smoke in social situations are just as much at risk of addiction and damage to their health as people who smoke every day. Low levels of cigarette consumption can be damaging to a person’s health.

**MYTH**

Energy drinks contain a high amount of caffeine. As caffeine is a stimulant it can mask the effect of the alcohol. So the person may feel less intoxicated than they really are and continue to drink increasing their BAC without realising it and putting them more at risk of harm.

**FACT**

Alcohol and caffeine are both diuretics and so combining the two increases dehydration.
Minimising the harm

Outcome
Outcome 3 - Assess rules laws and policies in relation to the use of legal and illegal drugs

Duration
45 minutes

Requirements
‘Not drowning...waving’ story
Harm Minimisation definition
Blanks cards, marker pens

Process
As a class brainstorm a list of drug-related community strategies, such as:
- .05 drink driving legislation
- Random Roadside Drug Testing
- Random Roadside Alcohol Testing
- laws restricting sale of alcohol
- cigarette smoking banned on public transport, restaurants, etc
- sale/supply of cigarettes only to people over 18 yrs
- no advertising of cigarettes on TV, billboards, radio, magazines
- Quit advertising
- nicotine patches or chewing gum
- high taxes on cigarettes
- needle exchange programs
- safe injecting rooms
- decriminalisation of marijuana for people over 18 yrs possessing a small amount of the drug (South Australia, ACT and WA)

- Choose several students to write the strategies on small cards as they are mentioned.
- Divide the class into small groups.
- Distribute a few of the cards to each group and ask them to answer the following questions in their groups:
  - Which drug is the strategy targeting?
  - What is the aim of the strategy?
  - Who is the target group? - In your opinion is the strategy successful?
  - How could it be improved?
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- Distribute copies of the Harm Minimisation Fact Sheet and allow students time to read the information.
- Place the following headings around the room. Supply reduction, Demand reduction and Harm reduction.
- Ask the students to place the strategy cards under which ever heading they believe is applicable according to the information on the fact sheet.
- Allow students time to discuss/make observations about the results.
- Issue each group with a copy of ‘Not drowning... waving’. Allow time for the students to read the story and then ask the following questions:
  - Identify the strategies that were used to deal with the ‘floaters.’
  - What was the main aim of each of the strategies?
  - Compare any strategies from the brainstorming activity that have a similar aim.
  - How might secondary students become ‘floaters’?
- Design an initiative to reduce or prevent secondary students from becoming ‘floaters’ using some of your harm minimization research.
What is Harm Minimisation?

A Harm Minimisation approach:
- recognises that drugs are part of our society
- acknowledges that all drugs can be harmful not just illegal drugs
- considers all the harms associated with drug use and how they can be minimised or reduced.

Harm Minimisation uses the following strategies:

Demand Reduction aims to discourage people from starting to use drugs or encourages those who are using to use less or stop. e.g. education, fines, treatment.

Supply Reduction aims to regulate and control the use of legal drugs and disrupt the production and supply of illegal drugs.

Harm Reduction aims to reduce the risk of harm to the individual and the community but does not necessarily reduce drug use. For example availability of low alcohol beverages means people may still drink alcohol but their long term health risks may be reduced.

Source: Drug Info Clearinghouse, Fact Sheet for Workers -Harm Minimisation, Number 1.21, April 2003
Not drowning...waving

A doctor was on vacation when she noticed the body of a young person floating down the river. She threw down her fishing rod and swam out into the current, grabbed the body, and took it ashore. Some people saw this heroic effort and came by to help. The doctor did CPR on the young patient, and about the time she got him breathing, another young body came floating by.

The physician assigned someone to take care of the first person and then swam out to get the new body. The whole procedure was repeated on the new body, and about the time that person was breathing, along came yet another young body floating down the river.

Due to the enormous challenge, people started getting organised. Some threw lines across the river to help catch the bodies. Those trained in resuscitation worked away on those just pulled from the water. Others organised a car pool for transporting the newly revived “floaters” to the hospital in town.

As time went on and the bodies kept coming, the people became even more efficient at dealing with the problem. They got better nets to catch the bodies. They built a resuscitation facility right at the shore. With the help of government funding, they purchased a fleet of ambulances for transporting revived floaters to the hospital. It was all very complicated and expensive, but what could they do? The bodies just kept coming.

They became so good at it that some of them began to publish papers in very distinguished journals on the subject of how to get floaters out of the river, revived, transported to hospitals and nursed back to health.

Occasionally, someone would wonder what was going on upstream and question why all the young bodies were in the river in the first place. But upstream was too far away; that question seemed irrelevant compared to the immediate and dramatic challenge at hand.
The Party

Outcome
Outcome 4 - Demonstrates skills and strategies for dealing with individual and group drug related harm (and Outcome 1 and 2)

Duration
30 - 40 mins – depending on the number of ‘Extra information’ cards used

Requirements
Copies of ‘The party’ and ‘Extra information’ cards

Process
- Divide the class into groups of 4 or 5.
- Issue each group with a copy of ‘The party’ and allow them a few minutes to read through the story.
- Place a pile of ‘Extra information’ cards in the middle, or at the front of the room.
- Select a student to choose a card from the pile and read out the new information to the rest of the class.
- In their groups students predict what consequences the new information may have on the party and ‘party goers’.
- Repeat this process until all the extra information cards have been selected.
- Ask the students to work through the story and propose actions that could have been taken to avoid the trouble at the party.
- Ask the students the following questions:
  - Who is responsible for the consequences of the party?
  - What actions could have been taken to avoid the trouble at the party?
  - At which points could that action have been taken? i.e. before, during or after
- Ask each group to suggest 5 tips for hosting a party.
The Party

Bree is 17 years old. Bree’s parents and her 20 year old brother are going away for the weekend. Laura, Bree’s best friend is pressuring her to have a few friends around on Saturday night since no one will be home. Bree is worried that there will be a major mess to clean up and stuff might get damaged. Laura pleads with Bree, saying that they might not get this opportunity again and promises to help look after the house and clean up the next day.

Eventually Bree agrees but only if it is for a few people and they stay outside in the back yard. Laura agrees and they decide that they will invite five friends each. Laura’s 19 year old brother agrees to get some alcohol for both of the girls.

During the week Laura sent an invitation via social media to a couple of her friends from her basketball club and a couple of friends from school. One of the basketball team asks if she can bring along a couple of friends from her school. Laura doesn’t think it will be problem as she has met them once before and they seemed nice, so she agrees.

Laura’s older brother assumes that since he is buying alcohol he is coming to the party.

It’s now Saturday night and a few of Bree’s and Laura’s friends start to arrive and they have brought alcohol with them. One of Bree’s friends has brought along her older sister. Twelve people turns into 15 and Bree figures it will be ok. Everything is going ok, people are in the back yard having a good time. One of the friends phone rings, under the influence of alcohol he asks his mate to come over to Bree’s house and bring some more alcohol. A couple of the friends who have been drinking send some of their mates an sms telling them to come round.

Eventually extra people that Bree hasn’t met before turn up, they are members of Laura’s basketball club. Some of them have been drinking already and are hanging around outside the house on the street.
Bree’s friends invited friends and now there are close to 60 people at her party.

A number of guests have now moved inside the house.

One of the guests has thrown up over the bathroom floor.

Someone has turned the music up really loud.
The neighbours have come around and threatened to call the police.

Bree’s parents have changed their plans and just sent her an SMS saying that they will arrive home in the morning not the afternoon.

Bree notices that there is a small group of people smoking dope in the backyard.

A couple of Bree’s close friends feel the party is getting out of hand and decide to go home.
Laura notices that a girl has passed out on the back lawn.

One of the girls at the party is feeling sick and wants to go home. A friend of hers offers to drive her home, she has only had a few drinks, and it’s not far.

Some people are beginning to get hungry, move inside and begin raiding the kitchen for food.

Add your own