 Myths and facts

Suggested duration: 15 minutes

This activity is designed as an introduction to the drugs and alcohol learning context. It provides teachers with the opportunity to assess the level of knowledge and understanding of students.

The activity offers students the opportunity to ask questions about different drugs. This activity can also assist teachers and students to identify areas of interest or need which can be covered in future sessions on drugs and alcohol.

Course outcomes

3.1 Evaluate how contextual factors influence attitudes, values and behaviours.

What do we want students to know, understand or be able to do?

* Demonstrate prior knowledge about drugs and alcohol.
* Understand current and accurate information about drugs and alcohol.
* Recognise the risk associated with drug and alcohol use.
* Identify responsible drug and alcohol use.
* Identify appropriate protective strategies in drug related situations.

Suggested content

| Learning context  | Content |
| --- | --- |
| Drugs and alcohol Focus: Drugs and alcohol in different contexts | Addressing drug related issues in the community* drug use and related harm in the community
* emerging drugs, e.g. synthetic drugs
* social attitudes to alcohol and drug use and challenging peer expectations
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Teaching notes

Creating a safe and supportive learning environment

There are a number of strategies that can be used to create a supportive learning environment which enables students to feel safe to learn and ask questions. They include:

* making students aware at the beginning of Life Ready sessions that disclosing personal information that indicates they may be at risk of harm will be reported to the school principal in all instances. This includes personal disclosures related to instances of abuse, drug use, neglect or sexual activity under the legal age of consent.
* being aware that some parts of Life Ready can be confronting and sensitive for some students.
* enabling students to withdraw if they find issues personally confronting to protect them from making harmful disclosures. Equally, it is important to be prepared for issues that arise as a result of a student making a public disclosure in the classroom.

More information on creating a safe and supportive learning environment can be found on the [Life Ready website.](https://education.nsw.gov.au/teaching-and-learning/curriculum/key-learning-areas/pdhpe/life-ready)

Evaluating resources before use

Preview and evaluate all strategies, resources and teaching and learning approaches in full before use with students to determine suitability for student learning needs, stage of development and local school context. Consider the age, maturity, cultural background, sexuality, gender, sex, health and other characteristics of students in your care. Apply professional judgements to all strategies, teaching and learning approaches and resources including audiovisual materials (e.g. videos, media clips and YouTube), interactive web-based content (e.g. games, quizzes and websites) and texts.

Use the [resource review flowchart](https://schoolsequella.det.nsw.edu.au/file/083acd3a-daca-4307-9afe-bc6c888f694a/1/final-resource-flowchart-html5.zip/index.html) to decide about the suitability of teaching and learning resources.

Materials should be reviewed in full and endorsed by the school principal before use in NSW government schools.

Communication with parents and caregivers

Some aspects of Life Ready may be viewed as sensitive or controversial, such as learning about abuse, child protection, drugs, respectful relationships, sexual health, sexuality and violence. Inform parents and carers, prior to the occasion, of the specific details of the Life Ready program, so that parents and caregivers have time to exercise their rights of withdrawing their child from a particular session. In this regard, a parents or caregiver’s wish must be respected.

Establishing how parents and caregivers will be informed about programs and involved in consultation is a school-based decision. Where parents and caregivers indicate they wish to withdraw their child from a program it is useful to negotiate which parts of the Life Ready program they are concerned about. A sample information letter is available on the [Life Ready website](https://education.nsw.gov.au/teaching-and-learning/curriculum/key-learning-areas/pdhpe/life-ready).

Required resources and materials for preparation

* Myth and fact A3 posters

Learning experiences

1. Attach a laminated MYTH and FACT poster to a wall on opposite sides of the classroom or learning space.
2. As a whole group, the teacher reads the first Myth or Fact statement to the group. Students move to stand next to the poster that indicates their position on whether the statement is a Myth or a Fact.
3. Invite students to share their thought process and reasons for taking that position. Use the Teacher Information Sheet to facilitate the group discussion and provide additional information before moving onto the next Myth or Fact statement.
4. Conclude the activity by facilitating a group discussion on the power of myths to impact on the attitudes and behaviours of young people by asking questions such as:
* what other myths exist in relation to drug use?
* where do these myths come from?
* how could a myth influence the decisions made by young people?
* how can facts and education lead to safer attitudes and behaviours?
* where do young people get their information about drugs and alcohol? Are these sources of information always reliable? What make a source reliable?

Myth or fact statements:

1. Everyone drinks alcohol.
2. Young people now use drugs and alcohol more than young people in the past.
3. Combining alcohol with other drugs, such as marijuana, medications or amphetamines, can cause dangerous and unpredictable effects.
4. If an ambulance is called to a drug or alcohol related problem, the police will also turn up.
5. Marijuana is less harmful than alcohol.
6. Synthetic drugs are safer than other illicit drugs.
7. Synthetic drugs are legal to purchase and use.
8. Tobacco is the drug that causes the most deaths in Australia.

Myth or fact - Teacher information sheet

Everyone drinks alcohol.

Myth - The 2011 Australian Secondary Students Alcohol and Drug (ASSAD) survey[[1]](#footnote-1) showed that 52% of 12-17 year olds classified themselves as a ‘non-drinker’. The 2013 National Drug Strategy Household Survey[[2]](#footnote-2) conducted by the Australian Institute of Health and Welfare (AIHW), indicated that the proportion of young people aged 12-17 who are abstaining from drinking alcohol increased significantly to 72%. This survey also showed that there was a significant increase in the proportion of people of all ages who had never consumed a full serve of alcohol (from 12.1% to 13.8%).

Young people now use drugs and alcohol more than young people in the past.

Myth - Research suggests that the level of use for a number of drugs in both young people and the wider Australian population is decreasing.

According to the 2013 National Drug Strategy Household Survey, tobacco use has consistently decreased. The proportion of 12-17 year olds who had never smoked in 2013 is 95%, and the proportion of 18-24 year olds who had never smoked increased significantly between 2010 and 2013 (from 72% to 77%). This is reinforced by the 2011 Australian Secondary Students Alcohol and Drug (ASSAD) survey which shows a steady decline in tobacco use amongst 12-17 year olds since 1984.

Overall, fewer younger people aged 12 to 17 are drinking alcohol, with the proportion abstaining from alcohol rising between 2010 and 2013. This trend was also confirmed by a National Drug and Alcohol Research Centre (NDARC) report[[3]](#footnote-3) that showed an increase in 12-17 year olds abstaining from alcohol between 2001 and 2010. The 2011 ASSAD survey showed that the proportion of students aged between 12-17 years drinking alcohol in 2011 was lower than levels found in 2008 and 2005.

The 2011 ASSAD survey showed that the proportion of 12-17 year olds who had ever used a number of illicit drugs has decreased since 1996. This includes cannabis, amphetamines, cocaine and hallucinogens. The same survey showed the proportion of 12-17 year olds who had ever used ecstasy has declined since 2008.

For more information about drug use statistics, go to:

[National Drug Strategy Household survey 2013](http://www.aihw.gov.au/alcohol-and-other-drugs/ndshs/)

[Australian Secondary Students Alcohol and Drug (ASSAD) survey 2011](http://www.nationaldrugstrategy.gov.au/internet/drugstrategy/Publishing.nsf/content/BCBF6B2C638E1202CA257ACD0020E35C/%24File/National%20Report_FINAL_ASSAD_7.12.pdf)

Combining alcohol with other drugs, such as marijuana, medications or amphetamines, can cause dangerous and unpredictable effects.

Fact - When two drugs are combined, their effects are unpredictable and often more severe. Unfortunately, some people are more likely to use another drug when under the influence of alcohol because of the impaired judgement caused by the alcohol use.

If an ambulance is called to a drug or alcohol related problem, the police will also turn up.

Myth - The aim of paramedics is to provide medical assistance in an emergency. If someone has passed out from consuming too much alcohol, overdosing on a drug, or suffering any other medical emergency, it is important that the ambulance is called. Sometimes, young people are hesitant to call the ambulance because they are worried that they will get in trouble. This can delay treatment and can lead to serious problems, including death. Police will only attend if there is the risk to personal safety, such as a violent situation, or if someone dies.

Marijuana is less harmful than alcohol.

Myth - Drugs have different effects on the user, depending on the type of drug, how it is taken, the amount taken, characteristics of the user, and the environment in which the drug is used. As a result, it is not possible to say that one drug is safer than another drug. All drugs have the potential for harm, including those drugs that are used for medical purposes or are legal to use.

The links between alcohol and increased aggression and violence may give some people the impression that it is a more dangerous drug, and these issues are definitely a cause for concern in the community. While marijuana may not have the same immediate effects, it is important to note that both drugs are dangerous if users choose to be road users or drive a vehicle after consumption.

Both drugs have serious long-term effects. Regular use of marijuana has been linked to an increased risk of developing mental health problems such as anxiety, depression and schizophrenia. It can also cause memory loss, mood swings, respiratory problems, reduced sex drive, low fertility in males and females, as well as dependence.

Long-term effects of alcohol include depression, poor memory, brain damage, liver disease, cancer, high blood pressure and heart disease, and dependence.

Synthetic drugs are safer than other illicit drugs.

Myth - Synthetic drugs are psychoactive substances that have been designed to mimic established illicit drugs, such as [cannabis](http://www.druginfo.adf.org.au/drug-facts/cannabis), [cocaine](http://www.druginfo.adf.org.au/drug-facts/cocaine), [ecstasy](http://www.druginfo.adf.org.au/drug-facts/ecstasy) and [LSD](http://www.druginfo.adf.org.au/hallucinogens/drug-information/drug-facts/hallucinogens34). Manufacturers of these drugs use new chemicals to replace those that are banned and are constantly changing the chemical structure of the drugs to try to stay ahead of the law. Other names include legal highs, herbal highs, party pills, synthetic cocaine, [synthetic cannabis](http://www.druginfo.adf.org.au/drug-facts/synthetic-cannabis), herbal ecstasy, bath salts, and social tonics.

Even though they are sometimes advertised as legal, this does not mean they are safe. These drugs are relatively new, so there is limited information available about their short and long-term effects. However, synthetic cannabis has been reported to have more serious side effects than cannabis. There have also been a number of reported deaths due to these drugs, including reports of users having psychotic episodes that have led to behaviours resulting in death.

Given the chemicals in these drugs are constantly changing, it is possible to receive a very different product from batch to batch, even if the packaging and name are the same. This may result in dangerous and unpredictable effects.

For articles that show examples of the effects of synthetic drugs, go to:

[Teen jumps to his death after $1.50 drug hit, Sydney Morning Herald, June 6 2013](http://www.smh.com.au/nsw/teen-jumps-to-his-death-after-150-drug-hit-20130606-2nrpe.html)

[Teenager Nick Mitchell's LSD overdose - death, delusions and despair, news.com.au, December 2012](http://www.news.com.au/national/nsw-act/teenager-nick-mitchells-lsd-overdose-death-delusions-and-despair/story-fndo4bst-1226530792737)

Synthetic drugs are legal to purchase and use.

Myth - In New South Wales it is illegal to possess or sell any substance that has a psychoactive effect other than alcohol, tobacco and food. These laws were introduced in 2013 after a number of deaths occurred to users of these substances, amid concerns that new psychoactive synthetic drugs were being made available on a regular basis and were not illegal under previous laws.

Tobacco is the drug that causes the most deaths in Australia

Fact - According to the AIHW, tobacco use is the leading cause of preventable death in Australia. It causes over 15 000 deaths in Australia every year. The drug that causes the second largest number of deaths is alcohol, with over 3000 deaths being attributable to its use.

For more information about specific drugs, access the [Australian Drug Foundation Drug Info website](http://www.druginfo.adf.org.au/).

Myth and fact cards

MYTH

FACT

1. White, V & Bariola, D, 2012, Australian secondary school students’ use of tobacco, alcohol, and over-the counter and illicit substances in 2011, Centre for Behavioural Research in Cancer at The Cancer Council Victoria for the Australian Government Department of Health and Ageing [↑](#footnote-ref-1)
2. Australian Institute of Health and Welfare 2013 [↑](#footnote-ref-2)
3. Livingston, M, 2014, Trends in non-drinking among Australian adolescents, National Drug and Alcohol Research Centre, University of New South Wales [↑](#footnote-ref-3)