**Festivus**

## This learning activity sequence aims to develop student understanding and skills to reflect on emotional responses to a variety of situations and demonstrate protective skills and strategies to promote health, safety and wellbeing and manage complex drug and alcohol related situations.

## Duration: 3 to 4 lessons (based on 60 minute lessons).

## PDHPE syllabus content

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| --- | --- |
| Sequence features | Description |
| Big idea  (Why is this learning important, e.g. evidence, research, student need)? | The contexts for drug and alcohol use for young people are changing. Increasing number of students are attending music concerts and festivals. Concert and festivals are most often associated with positive outcomes, however recent deaths of young people using drugs at festivals indicates the need to build student understanding and skills to plan and act for reduced harm in these environments where drugs and alcohol are widely used and available for all ages. 18-19 year olds and 23-25 year olds are the most likely to admit to having ever taken drugs at a music festival.   * 18% of 16-17 year olds and 32% 18-19 year olds have ever taken drugs at a music festival compared to 24% of 20-22 year olds and 31% 23-25 year olds. * 73% of 16-17 year olds and 67% 18-19 year olds have never taken drugs at a music festival compared to 71% of 20-22 year olds and 66% 23-25 year olds. |
| Syllabus learning context | Alcohol and drugs |
| Syllabus outcomes | PD5-7 plans, implements and critiques strategies to promote health, safety, wellbeing and participation in physical activity in their communities  PD5-9 assesses and applies self-management skills to effectively manage complex situations |

## PDHPE skills focus

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| --- | --- |
| Skill domain and skills | Evidence of learning - what do we want students to be able to do? |
| Self management skills   * Emotion and stress management   + Recognising emotion | * Recognise the warning signs of unsafe or risky situations through the body’s’ physical and emotional response. * Take ownership of actions and behaviours. |
| Interpersonal skills   * Collaboration, inclusion and relationships-   + Recognising and using their own abilities and strengths and those of others | * Recognise how their attitudes and behaviours can be influenced and transferred in all aspects of life. * Express own thoughts, emotions and opinions openly and honestly with others. * Acknowledge their own and strengths of others. * Identifies how their strengths can be applied to drug related situations. |

## Syllabus content

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| --- | --- |
| Key inquiry question | Relevant syllabus content (dots and dashes) |
| Why are external influences an important aspect of my own and others’ health, safety, wellbeing and participation in physical activity? | * analyse situations where external influences may have an impact on their ability to make healthy and safe choices (ACPPS092)   + investigate the influences on risk-taking and decision-making and assess their impact on individual health, safety and wellbeing, eg drug use |
| How can people respond positively to life challenges? | * predict future challenges and opportunities and the skills required to manage these in a positive way   + refine skills to manage challenges to respond or protect themselves and others from unsafe, abusive or violent situations, e.g. refusal skills, emergency plans, risk assessment, talk, trust, take control strategy |
| What strategies can I plan and prioritise in my community to empower individuals to lead healthy, safe and active lifestyles for the benefit of my own and others’ wellbeing? | * plan, rehearse and evaluate options for managing situations where their own and others’ health, safety and wellbeing may be at short or long-term risk (ACPPS091)   + practise self-management and interpersonal skills to manage and respond to a variety of challenging or unsafe situations propose and practise a range of realistic responses to scenarios where peers are encouraging them to behave in unhealthy or unsafe ways in a variety of contexts, eg drug use |

### Assumed knowledge and understanding

This learning activity sequence assumes that students have some understanding of:

* illicit drugs
* reasons people use or not use drugs
* influences on decisions and behaviours
* personal strengths
* environments in which drugs and alcohol are available and used
* harm minimisations strategies in drug and alcohol related situations.

## Educative purpose

|  |  |
| --- | --- |
| Learning intentions | Success criteria |
| Build their understanding of drug use trends and challenge assumptions around drug use in young people.  Build understanding of situations where drugs may be used and offered and challenge social norms and/or assumptions.  Identify a range of emotions and link to the body’s response to challenging or unsafe situations.  Reflect critically on their emotional responses in a range of challenging or unsafe situations.  Identify and apply their strengths and skills to drug related situations.  Propose and practise strategies and skills to reduce harm in different situations where alcohol and drugs may be offered or used by themselves or others. | Recognise that many people overestimate how much young people use alcohol and drugs.  Question the perception they have of drug use in their peer group.  Identify situations where drugs may be offered or used by themselves or people around them, including home, parties and music concerts/ festivals.  Express clearly the emotional and physical response of their body when faced with challenging or unsafe situations.  Recognise the importance of acknowledging and trusting this emotional response.  Recognise that their emotional and physical response to challenging or unsafe situations may be different or similar to someone else’s and that’s ok.  Identify their personal strengths.  Explain how they can apply their personal strengths to drug related situations for positive outcomes.  Recognise how external influences can impact decision making.  Demonstrate protective strategies and self management skills in drug and alcohol related situations.  Demonstrate how they would seek help in drug related emergency situations. |

## Learning experiences

Introduce the learning and develop a supportive environment within your classroom. As a class, brainstorm some clear expectations which will be in place during the unit. For example, always support each other, respect other’s cultural traditions, beliefs, values and languages, everyone has the right not to offer an opinion.

Activity one: Mobile quiz (normative education) (15 minutes)

Educative purpose: Provide accurate data and flip the statistics to focus on the majority of young people who are not using drugs (strengths based approach, normative education). Build understanding that the majority of young people are not using drugs. Encourage students to challenge their assumptions about drug use for young people (critical inquiry approach).

* Explain to the class that although they might have certain assumptions about what proportion of young people use different sorts of drugs, today they will look at the information about levels of use and see how it fits with their impressions.
* Each person will be given a mobile quiz card with which to begin playing. They each have different questions on their cards. Underneath the question is the correct answer. They are to ask their partner the question and then let them guess the answer. Then they provide the correct answer. After both have asked their questions of each other, they swap their cards and move on to find a new partner and repeat the process.
* Organise for students to rotate through a number of partners, asking them to keep a mental note of how people’s guesses match with the correct answers. For example, do people tend to guess higher or lower than the correct answer?
* Allow for a number of rounds so that the students encounter a range of information.
* Ask the class to return to their seats. Use the reflection questions to guide thinking about the task.

Teacher note: The source of data used in the mobile quiz cards is Australian Secondary Students Alcohol and Drug Survey, 2017.

As a class, use the reflection questions to facilitate discussion.

* What did you notice about the pattern of students’ guesses?
* Was it more common for people to guess that levels of use were higher or lower than they actually are?
* Why might that be so?

Teacher note: Research points out that people tend to overestimate the level of youth drug use. Even best friends can tend to overestimate how much their friends’ drink.

Activity 2: Building drug related knowledge: One minute challenge (10 minutes)

Educative purpose: Identify a starting point for drug related knowledge and learning. This enables prior learning to be built on and acknowledges the knowledge and understanding students have (strengths based approach). Provide factual and accurate information about drugs. Encourage students to question their own drug knowledge and assumptions (critical inquiry approach, normative education).

**One-minute challenge (formative assessment strategy)**

* Students are given exactly one minute to write down all they know or would like to know about ecstasy, cannabis and other synthetic or emerging drugs.
* Students share their writing with a group and common areas of interest can guide the choice of learning experiences.

Teacher note: This strategy may also be used as a reflective strategy for students to summarise all they have learnt in a lesson, focus area.

Variation: Students reflect on their understandings and attitudes after completing the learning activities from a focus area. For example:

* What was the most important or useful piece of information you learnt from these activities?
* What two questions do you still have?
* What would you like to know more about?

Activity 3: Recognising emotions (40 minutes)

Educative purpose: Review emotions. Make the link between emotion and behaviour. Build understanding of the body’s response to safe and unsafe situations and link to emotional response as well as physical response (trust your response). Identify a starting point for learning to enable prior learning to be built on (strengths based approach).

Teacher note: In this section, students will explicitly engage with the self-management skill domain, focusing on the skills emotion and stress management, recognising emotion.

There are two suggested ways to explore emotions. Teachers are advised to select the suggested strategy which meets the needs and suits the context of the class.

* **Suggested strategy 1:** Place students in small groups. Explain students are to complete an ABC graffiti in two minutes by brainstorming an emotion or feeling for each letter of the alphabet (e.g., anger, bewilderment, curiosity…zest. Suggest that letters such as x and z can be used in the middle of a word such as ‘anxious’ and ‘amazement’). Listen to the emotions identified by the class.
* **Suggested strategy 2**: Students work with a partner to act out 6 emotions of their choice, e.g., love, joy, surprise, anger, sadness, fear. Ask the class for a show of hands to indicate what emotions they acted out.

Teacher note: Explain that emotions can control our thinking, behaviour and actions. Emotions such as fear, anxiety, negativity, frustration and depression can cause chemical reactions in our body that are very different from the chemicals released when you feel positive emotions such as happiness, contentment, love and acceptance. Explain that it is generally recognised that there are six primary emotions which are universally recognised and easily interpreted through specific facial expressions, regardless of language or culture – love, joy, surprise, anger, sadness and fear. Each of the emotions can be experienced at different levels (Shaver, Belsky & Brennan, 2000).

* Explain that our emotions are a good indication of how we respond to situations.
  1. Ask students to think of a time when they experienced each of these six primary feelings. For example, they may have felt scared when they tripped near the edge of a road.
  2. Ask students to choose one feeling from above and consider what happened to their body when they experienced this emotion, e.g., heart rate elevated, sweaty palms, butterflies in the stomach, felt like I couldn’t move.
  3. Students share with a partner.

**ABC graffiti instructions**

Distribute a copy of strategy sheet ABC graffiti to each student and pose a topic for the graffiti.

Sit students in groups to share their knowledge or opinions about the topic and write or draw one idea or word for each letter of the alphabet.

After a nominated time, have students sit in a circle as a whole-group. Take one idea for each letter from each group. If the shared idea is already written on their ABC sheet, groups should circle or tick this to avoid duplication.

Groups then circle five key words or phrases on their sheet and use these to write a definition about the topic. Listen to each group’s definition and clarify any misinformation.

Keep the ABC sheets and return these to groups at the completion of the focus area. At this time groups can add further ideas in a different colour which will show any change in their knowledge and understandings, and attitudes.

**Variation**

Use an A3 sheet of paper for the ABC. Show students how to set up the page so each letter of the alphabet is written in order.

Place students with a partner or small group to complete the ABC.

Teacher note: Explain that learning to recognise emotions at different levels can help us to identify and respond appropriately to our own emotions and also identify the emotions of others. By identifying our emotions, we can also start to see how they are influencing behaviour.

**Fist to five – emotional responses**

* Read the situations to students. Students identify what emotions they would feel in response to each of the situations. Specify the big 6 emotions as the guide. Love, Joy, Surprise, Anger, Sadness, Fear.
* Use a fist of five strategy for students to indicate at what level their emotion would be?

Situations

* 1. You win two tickets to a music concert.
  2. A neighbour has taken an ecstasy tablet for the first time and is in your house asking for help.
  3. A friend falls in the mosh pit at a concert you are at.
  4. Someone has a panic / anxiety attack in a lift you are in.
  5. Your parent/ carer looks really unwell.
  6. A friend in your year group is stretchered and taken to hospital.
  7. A friend texts you weekend party details and asks you to bring a bottle of spirits.
  8. Your cousin is drunk and vomits in your bed.
  9. Your friend asks you to hold their cigarette, someone takes a photo and shares it on social media.
  10. You receive a school award for helping another student in a challenging situation.

**Fist to five**

This strategy allows students to consider their feelings or opinion about a health-related issue.

Pose a statement for the students to consider.

Ask students to indicate their level of emotion or body response in the situation by showing a fist (for no emotion) through to five fingers (for high emotion).

Invite students to share, with a partner or the class, the reason behind their vote.

Ask students:

* Although there were a range of situations, did you find that some emotions were felt more often than others? Which ones? Why?
* What situations from the fist to five activity caused you to feel a high intensity of emotions?
* Did these situations have anything in common?
* Would having a highly intense and negative emotional response be a problem? (Teacher note: Explain that it might be difficult for a person to manage their responses and behaviour if they experience negative emotions of high intensity).
* Is ignoring your emotions good for your physical or mental health? Give students time to consider answers. Students turn to shoulder buddy and discuss before class share. (Teacher note: Suggested answers should focus on the following. No. People who ignore, dismiss, or repress their emotions for extended periods of time may experience physical or mental illness).

Activity 4: Contextual factors and influences – snap decisions (30 minutes)

Educative purpose: Analyse situations where external influences may have an impact on their ability to make healthy and safe choices. Investigate the contextual factors and influences on risk-taking and decision-making and assess their impact on individual health, safety and wellbeing, e.g., drug use (critical inquiry approach).

Teacher note: In this section, students will explicitly engage with the self-management skill domain, focusing on the skills decision making, information gathering, finding solutions to problems and analysis. This has not been made a focus of the activity, but teachers may make the judgement to focus on these skills in this way. Explicit teaching of the decision making process and the importance of the skills would be assumed knowledge if this was the case.

**Snap decisions**

This strategy will help students to understand and experience:

* how difficult it is to make positive quick decisions
* the variety of thoughts common to young people in health and safety related situations
* the impact of external influences and contextual factors on decision making and actions.

A volunteer is seated in the ‘snap decision seat’ and presented with a health or safety dilemma. The student must try to put themselves in the shoes of the character described in the dilemma.

Two other students stand either side of the seated student. One represents the ‘positive’ side of the situation and the positive influences on the individual. The other represents the ‘negative’. (Try to avoid the terms ‘good’ and ‘bad’ or ‘angel’ and ‘devil’ as this places a value judgement on the volunteer’s decision). Their role is to try and convince the student sitting in the snap decision seat to make a decision based on their comments and influence.

Alternatively, you could ask 4-5 individuals to stand around the volunteer. Each could adopt the role of an influence (positive or negative), e.g. a drunk or drug influenced friend, a supportive parent/ carer, the environment, the law.

The student in the snap decision seat is allowed no thoughts of their own and must make a decision based purely on the arguments presented by the two students.

Use the snap decisions strategy to review the following scenarios:

Su-Lin has been busy preparing herself for her exams. She has worked out a study guide, is cutting down on fast food and is making sure she gets enough sleep. On Friday night she will be going to a party with some older friends. Some of her friends use cannabis and Su-Lin expects they will offer her some at the party. Her teachers are often telling Year 12 students to make sure they take time out to relax during their exam preparations.

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 ute and drive them home. Gina will have to sit on the lap of one of the guys as there are only three seats.

Anna is attending a music festival for her first time with a group of friends. The friends decide to take a tablet of ecstasy before they enter the festival. There is one tablet left and they are lined up at security. They ask Anna to take the tablet.

Join two small groups to create a small number of discussion groups (6-12 people). Ask students to discuss:

* What were the major influences for your situation? Name your top 3. Were there consistencies or commonalities across the two situations?
* What did you notice about the decision making process for the ‘volunteer’?
* What could have assisted the volunteer to make a clearer decision?
* What knowledge, skills and strengths does the volunteer need to make this decision?
* What things might enable you to take action if you were involved in this scenario in real life? (eg relationship to person/s affected; level of own risk; level of risk to others; support available; level of skills of resilience, particularly resourcefulness and relationship skills; support from friends, family).

Activity 5: Managing challenges and opportunities in a positive way (30 minutes)

Educative purpose: Reflect on emotional responses in a variety of situations and evaluate protective skills to promote health, safety and wellbeing and manage complex situations. Recognise strengths and skills they possess (strengths based approach).

* Consider the fist to five situations.

1. Argues their case
2. Takes a stand
3. Assertive communicator
4. Encourages safety
5. Uses humour as a distractor
6. Identifies trouble
7. Plans for safe travel
8. Avoids conflict
9. Identifies alternatives to risky behaviour
10. Can say no
11. Can offer first aid
12. Has fun
13. Knows who to ask for help based on the situation
14. Shows empathy
15. Recognises unsafe and challenging situations
16. Makes clear decisions
17. Shows respect for others

* Use the skills listed above as a guide. Which skills would be useful to have in most of the scenarios from fist to five?
* Justify which skill could be most useful to manage the situation in a positive way.
* Explain the outcome of the skill application.
* Explain to students that the focus of the learning is to recognise what strengths and skills they have and can develop within themselves to make safe and healthy choices in relation to drug use and drug use situations. The following activities will focus on the skill of recognising and using their own abilities (knowledge and skills) and strengths and those of others.

Teacher note: All students have knowledge, skills and strengths. When entering into challenging situations students can make healthy safe and active decisions by recognising what they have within them already. Many young people have developed the abilities and strengths to be healthy, safe and active, however, recognising them within themselves may be difficult.

* Explain to students that strengths are hard to measure; they are intangible and difficult to verbalise. However, you know them when you see them in others. They help to form someone’s behaviour and their ability to react in certain situations.
* To explore strengths, teacher may choose a character or cartoon that students are familiar with. Use the character to unpack the following questions as a class or small groups. This will model and guide students through the process before they independently reflect on their strengths.
* Stimulus questions: character stimulus
  1. What unique strengths does the character possess?
  2. How are these strengths observed? Identify some evidence of these strengths.
  3. How do these strengths enable the character to maximise their potential? Use specific examples of the character’s life, situation or success to highlight the importance of each strength.
* Stimulus questions: individual reflection
  1. What unique strengths do you possess?
  2. To identify your strengths, start by reflecting on a few people you admire and respect and ask yourself what traits they possess that you value. Do you mirror some of those strengths?
* Explain to students that skills are our ability to use our knowledge effectively. They enable you to act or perform certain tasks. Knowledge: is facts or information that you acquire as a result of experiences or learning.
* Use the stimulus questions to challenge students to consider how they apply their strengths. Review the character application of strengths from the whole class activity if required.
  1. Think about a challenging situation that you have experienced.
  2. How did you apply your knowledge to act and respond to that situation.
  3. What happened as a result of your actions?
  4. Think about drug related situations which you might encounter. What do you need to know to make an informed decision about these drugs or drug related situations?
  5. How can you access that knowledge?
  6. How do you know the information is relevant and accurate?

Activity 6: Identifying and applying strengths (90 minutes)

Educative purpose: Encourage students to identify and apply the strengths, skills and knowledge they have to a range of scenarios they may face now and in the future (strengths based approach). Students experience learning and recognise contextual factors (critical inquiry approach) through proposing and practising a range of realistic responses to scenarios where peers are encouraging them to behave in unhealthy or unsafe ways in a variety of contexts, e.g. drug use.

* Read the Alex Ross-King story as a class.

Teacher note: Be aware that the content of the article may raise emotion for some students. If the article is not suitable for the class context, find a new paper article related to a recent MDMA related death, or the Alex Ross-King situation and use as a stimulus for discussion. More information on MDMA can be accessed through the [NSW Health YourRoom website](https://yourroom.health.nsw.gov.au/a-z-of-drugs/Pages/ecstasy.aspx).

* In small groups, students answer the following questions, verbally or written.
  1. To what extent could the effects of the [MDMA](https://positivechoices.org.au/teachers/ecstasy-and-mdma-factsheet) on Alex been anticipated? Discuss the unpredictable nature of drug use on individuals.
  2. Complete a character map for the situation. Outline the key events and actions of each character, including Alex, her friends, medical staff, her parents.
  3. Select one individual from your character map.
     1. Describe the individual’s physical and emotional response to the situation they are faced with.
     2. Outline the influences on the individual in the situation. How did these contextual factors influence their actions and decision-making?
     3. Assess the impact of the decisions and actions of one other individual on the individual health, safety and wellbeing of your chosen individual.
     4. Identify the strengths and skills which were used by your individual to act in this situation. How were they applied?
* Individually, ask students to consider the situation.
  1. What influences young people?
  2. The data tells us that many young people are making positive decisions. What skills and strengths do you think these young people possess to make positive decisions?
  3. If they were ever faced with this situation as one of the individual’s involved (Alex, friends, medical staff, family member), what personal strengths and skills could be applied to this situation to change the outcome and reduce the impact on individuals? Encourage students to focus on prevention and protective strategies, accessing help, services and giving first aid.

Teacher note: Remind students that in any emergency situation, or situation where your body’s emotional and physical response indicates something is wrong, trust your gut and seek help.

Help may be friends, parents or trusted adults. In a serious situation where medical attention is required, trained paramedics, medical support (at a festival or event, such as Schoolies), or ambulance (000) are trained to provide critical medical help immediately. They are not seeking to fine, charge or punish you. They will ask questions regarding drug use for the purpose of treating an individual as quickly and effectively as possible. Always be honest and direct. A person’s health, safety, and life outweighs any other consequences in medical situations.

Paramedics often report that young people are too afraid of getting into trouble, rather than acting immediately by calling 000 to help a friend. This can be the difference between a friend being okay, and not okay.

Programs and services such as Red Cross Save a mate or Red Frogs are volunteer programs designed to attend festivals and events and provide support for young people. That may include providing meals, transporting people home safely, offering emotional support. Young people should look out for these services when attending events.

**Telephone role play – responding to situations**

* In groups of 3, students are allocated a scenario. Use the telephone role play strategy to provide opportunities for students to practise their response to the scenario.
  1. Students take time to plan: Who they could go to for support after the event or immediate help? What they would say?
  2. Students use the telephone role play strategy to demonstrate their skills.

**Telephone role-play**

This strategy will help students to increase understanding and control of conventions and skills associated with communication and develop collaborative group work skills.

Allocate a scenario to each group. Nominate a caller and a receiver of the call. One person Prepare several pairs of telephone role-play cards where one card of each pair is for the caller and the other is for the receiver. Caller cards should specify the audience, purpose and any background information for making the call.

Place students in groups of three and nominate the caller, receiver and observer. These roles should be swapped during the role-play. The caller and receiver read their card and do not swap information. Allow one minute thinking time for each to rehearse what they will say, the language they will use, and the tone they will adopt.

Callers ring their receivers, with each playing out the role specified on the card. As the role-play occurs, the observer makes an assessment of the conversation used and provides feedback to the caller and receiver at the end of the role-play.

Students swap roles and continue the role-plays. Process the activity by asking the class what they learnt and what they still need to practise to become confident to make an emergency call.

Variation: Set up one group to role-play the telephone conversation while others in the class sit around them to observe and offer feedback.

**Scenarios**

Coby (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.

Tim is walking home from a party with James who passes out beside the road after heavy drinking.

Tessa (15) is at a music concert with her older sister (19). Her sister took an ecstasy tablet at the beginning of the concert. Tessa notices that her sister is very hot and seems confused.

Lauren (14) comes home from babysitting to find her mum lying on the lounge. She can’t wake her and notices an almost empty bottle of tablets on the coffee table. Her mum is breathing.

* In their groups of 3, students discuss and record responses to the following questions.
  1. Describe the emotional and physical responses for the character in this situation.
  2. Use the strengths, skills and knowledge handout.
     1. Which two strengths would equip your character to manage the situation best and achieve a positive outcome? Explain how they could be used to help the character deal with the situation.
     2. Which two skills would equip your character to manage the situation best and achieve a positive outcome? Explain how they could be used to help the character deal with the situation.
     3. Which two pieces of knowledge would equip your character to manage the situation best and achieve a positive outcome? Explain how they could be used to help the character deal with the situation.
     4. Ask students to think privately; which four strengths and skills would they choose for themselves that they would like or need that would best support them to manage future challenges.

Teacher note: Remind students of the most effective course of action for first aid and emergency situations.

What to do

* follow the DRSABCD steps
* call an ambulance
* tell the paramedics what happened and any other information that might help them decide what to do (e.g. what drug or drugs have been used, what you have done so far).

What not to do

* ignore someone who is vomiting continuously; has fainted; is confused or irrational; has trouble going to the toilet; or who has trouble breathing
* leave a person intoxicated with alcohol or other drugs on their own
* try to prevent vomiting or give fluids (even water) or food to someone who is in shock or unconscious
* put someone in a bath, pool or throw water on them to sober them up
* give someone other drugs to either wake them up or calm them down.

Teacher note: Research indicates that:

* 16-25 year olds claim to have a good awareness of the potential risks associated with taking drugs, especially 18-19 year olds.
* Law issues tend to be far more top of mind than health concerns, and centre around being caught in possession of drugs and the consequences that may bring. Many have developed strategies to mitigate these risks.

## Mobile quiz cards

Print and fold in half. Distribute one card to each student.

What percentage of secondary students in Australia had never smoked?

83%

What percentage of secondary students in Australia saw themselves as non-smokers?

91%

What percentage of secondary students in Australia indicated they had never used an e-cigarette?

87%

What percentage of 12 year old secondary students in Australia have never consumed alcohol?

57%

What percentage of 12-17 year old secondary students have never consumed alcohol?

34%

What percentage of secondary students saw themselves as non-drinkers?

70%

What percentage of 17 year old secondary students saw themselves as occasional drinkers?

26%

What percentage of 17 year old secondary students saw themselves as party drinkers?

30%

What percentage of secondary students who identify as current drinkers reported doing something while drinking alcohol that they later regretted?

28%

What percentage of secondary students have never used cannabis?

83%

What percentage of secondary students have never used amphetamines or dexamphetamines for non-medicinal reasons?

98%

What percentage of secondary students have never used an illicit drug, synthetic drug or performance enhancing drug?

97-98%

What percentage of 13 year old and 17 year old secondary students in Australia had never used ecstasy?

94% of all secondary students

97% of 13 year olds

88% of 17 year olds.

What percentage of secondary students have never taken drugs at a music festival?

73% of 16-17 year olds and 67% 18-19 year olds

### Strengths, skills and strategies

Sometimes, young people might find themselves in a situation where they are not comfortable. It is important for young people to have a range of strengths, skills and strategies that can be used in different situations to remain safe and increase the chance of a positive outcome.

#### Strategies

**Refusal skills**

Say no in a way that shows you mean it but without disrespecting others

**Judge the situation**

Assess the situation and trust your judgement. Be flexible and choose the options to maximize positive outcomes.

**Distancing**

Step back from a situation or reduce contact and interaction with people involved. It requires knowing your own boundaries regarding your physical and emotional “comfort zone”.

**Make an excuse**

Give a reason, whether real or not, to get out of the situation if you feel unsure or unsafe.

**Modification**

Make changes to the physical or social environment or modify behaviour to enhance safety and wellbeing for self and others.

**Awareness**

Pay attention to as much in the environment as possible. Using your senses (sight and hearing particularly) to be alert to changes in the environment and being prepared to reduce surprises.

**Assertiveness**

Clearly state your needs, wants and feelings whilst still being respectful of others

**Planning**

Forward think to put decisions into action and lead to positive outcomes. Requires flexibility to adapt plans when situations change.

**Avoidance**

Prevent an unwanted situation by avoiding it or leaving it. Requires you to trust your judgement or your feelings about a situation.

#### Strengths

**Leadership**

Can organise and encourage others to act

**Courage**

Takes action even when the situation is awkward, or they feel anxiety or fear

**Empathy**

Aware of the needs and feelings of others

**Kindness**

Shows generosity and a willingness to share and help others

**Respect**

Values the diversity in a person or group and challenges own personal beliefs and attitudes

**Caution**

Makes decisions carefully, considering all the options and needs of self and others

**Self control**

Can control actions and stick to decisions

**Persistence**

Keeps trying regardless of previous experiences or success

**Honesty**

Tells the truth regardless of the situation

**Sense of purpose**

Believes that they can contribute to the world in a meaningful way

**Perspective**

Comes up with good advice, considers the big picture, weighs up alternatives and outcomes before acting

**Modesty**

Doesn’t brag about achievements or show off

**Humour**

Sees the light side and helps people laugh

**Creativity**

Comes up with different ways to address situations

**Enthusiasm**

Brings energy and positivity to all situations

**Optimism**

Looks on the positive side of things

**Forgiveness**

Let’s go of anger and resentment and moves on without holding a grudge

**Loyalty**

Always there for others

#### Knowledge

Able to put forward a convincing argument

Able to distract people from what they are about to do without making them angry

Able to avoid or negotiate conflict with unreasonable people

Able to provide basic first aid in emergency situations

Able to listen to others, understand the needs and circumstance of others and expresses that understanding

Able to assert own point of view

Able to make meaningful connections with others

Able to assert own point of view

Able to identify people and situations which might be difficult of dangerous

Able to propose alternative when situations are not what is expected or what suits

Knows how to plan for and take action to protect self and others, even when plans change

Able to asses own abilities and use these abilities to work and cooperate with others

Able to seek help where required

Able to influence and persuade others positively

Able to encourage people to look out for themselves

Able to organise safe events and safe travel plans even when other plans fall through

Able to manage emotions effectively and appropriately

Able to make clean decision after assessing alternatives and evaluating outcomes

Able to communicate clearly with others and share thoughts and emotions appropriately

Able to think positively

Able to plan, set and evaluate goals

### Telephone role play cards

Scenario 1:

Caller card. Character: Matt. Matt is calling his friend Jess to ask for advice. Matt is at a party and Coby (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. Matt has no experience with drug taking outside of a few alcoholic drinks on weekends.

Receiver card. Character: Jess (25), a friend of Matt. Jess told Matt not to go to this party without her as Matt has found himself in difficult situations in the past. Jess has used ecstasy a few times before. before

Scenario 2:

Caller card. Character: Tim. Tim is calling his mum. Tim is walking home from a party with James who passes out beside the road after heavy drinking. Tim has not been drinking. He has a strong relationship with his parents who trust his judgement. His mum is cautious of the friends who Tim hangs out with, including James.

Receiver card. Character: Tim’s mum. She has a strong relationship with Tim and trsuts his judgement. She is cautious of the friends who Tim hangs out with, including James. Tim’s mum has always told Tim she will pick him up from parties to make sure he and his friends get home safely.

Scenario 3:

Caller card. Character: Tessa. Tessa is contacting the Save a mate staff who offer medical assistance at the concert. She is at a music concert with her older sister (19). Her sister took an ecstasy tablet at the beginning of the concert. Tessa notices that her sister is very hot and seems confused.

Receiver card. Character: Vonnie. Vonnie volunteers for the Red Cross Save a mate (SAM) crew at festivals and concerts. Vonnie has the knowldege and skills to identify and respond to potential emergencies that may arise as a result of alcohol or other drug use such as overdose, collapse, fitting, vomiting and unconsciousness.

Scenario 4:

Caller card. Character: Lauren. Lauren is calling emergency 000. Lauren (14) comes home from babysitting to find her mum lying on the lounge. She can’t wake her and notices an almost empty bottle of tablets on the coffee table. Her mum is breathing.

Receiver card. Character: Taher. Taher is a trained paramedic working at the ambulance 000 call centre. He provides advice for people to manage health and illness related situations, whilst an ambulance is despatched.

### Alex Ross-King story

Alex Ross- King was an 18 year old, with a loving family, many friends, and a job. In January 2019, Alex took MDMA before attending a music festival and died that night. Below are some details outlining the tragedy.

Alex attended the local public school and high school. She was a bubbly, happy child and carried that into adulthood. She made friends easily and was well respected by her peers and teachers. Alex was a hard worker, getting a casual job at the age of 13. Her mother describes her as responsible beyond her years. Like most 18-year-olds, she was finding her way in the world and staying out late with a close group of friends having fun. She was mature and responsible, and was a loving friend, daughter and sister.

Like many parents, Alex’s mother, father and stepfather were not aware that she was interested in taking any stimulants. Her friends have indicated that throughout the first half of 2018 Alex was taking MDMA on some occasions at the weekends. On these occasions Alex would take one tablet or two, but she might occasionally have taken a third if she thought they weren’t working enough. In the second half of 2018, she had reduced the frequency at which she used MDMA because she thought it was “stupid” and didn’t like the side effects of feeling sick the next day and being tired for work.

FOMO is a live music event run across four states in Australia, performed by international and local artists. FOMO 2019 at Paramatta Park had a crowd of approximately 15,000 patrons. There was a large police presence including sniffer dogs. Medical care was provided on the day. The main medical tent could provide basic first aid through to the management of advanced life support.

On the night before the festival, Alex and a few other young women stayed at the home of a close friend. After discussing it among themselves, they agreed that they would buy MDMA to consume at FOMO the next day and together they sourced the drugs from a local supplier. They bought capsules for $20 each, described as coloured half dark green and half light green.

On the morning of the festival, Alex and her friends were excited. While some of them had breakfast, Alex declined to. The girls mixed up vodka with juice in litre bottles that they were planning to drink on the bus on the way to the festival. Alex and her group were joining other friends to travel to Parramatta on a private minibus, leaving home around 11:00 am. One of the young women on the bus told police that since drinks were so expensive in the festival, the group was “pre-loading” in the bus and many of them, including Alex, appeared to be intoxicated by the time they arrived.

Before getting on the bus, Alex was seen to consume a quarter of a capsule. About 30 minutes into the trip, she had another half a capsule, and she drank the alcohol she had prepared. About 12:30 pm, the bus arrived at the venue. Alex was seen to consume a further two capsules, before entering the FOMO music festival. She told her friends that because she was nervous about being caught by police, she took the two capsules at once before entering the venue.

The day was hot and humid, with a peak temperature at 3pm of 33.3 degrees Celsius. A friend explained they were dripping with sweat after the five-minute walk from the minibus to the ticket gates. By 3:00 pm, Alex had spent a couple of hours dancing with her friends and had consumed about three or four vodka Red Bulls. By 3:38 pm Alex was sitting under a tree and messaged her friends asking for them to come and get her. Just before 4:00 pm, some of Alex’s friends found her near stairs leading to the main stage area. She was frantic, but relieved to find her friends. She was able to walk but her breathing was irregular and she told her friends repeatedly she was “hot” and “really f\*\*\*\*d up”.

Alex wanted to return to the tree. When they were almost there, Alex stopped following her friend and started to walk very slowly. She said “my legs aren’t working”. She appeared agitated and had her arms clenched to her chest. A lady in a medical uniform approached, concerned about Alex. Alex started to walk away and bumped into some unknown patrons, falling to the ground. The lady in the medical uniform insisted on taking Alex to the medical tent, effectively dragging Alex there with the help of one of her friends. The medical tent was only about 30 seconds walk away.

By the time Alex presented to the medical tent on site at about 4:20 pm she was critically unwell. She was first treated by a paramedic. Alex was combative and had rapid, spontaneous and uncontrollable large muscle movements, signs consistent with serotonin toxicity. She had a temperature reading of above 41 degrees Celsius. The paramedic called for icepacks to initiate active cooling. Alex had a pulse that was rapid and irregular. She had jaw spasms and her breathing was rapid and irregular.

At the direction of the Doctor, Alex was administered sedative drugs to reduce the agitation. When her temperature was taken again, it was still high, indicating that she was not responding to the cooling attempts.

About this time, based upon Alex’s condition, the doctor Dr arranged Alex’s transfer to hospital for ongoing care.

Alex was then conveyed to Westmead Hospital under lights and sirens, arriving at 5.04 pm. In the ambulance she was unconscious. She was ventilated and monitored.

On arrival at hospital Alex was drowsy, with a high body temperature of 42 degrees Celsius, low blood pressure, and side effects of dehydration. She was intubated, and put on a ventilator and her high body temperature was treated with ice packs.

Approximately ten minutes after Alex’s arrival at Westmead Hospital, she went into cardiac arrest. CPR was commenced and several doses of adrenaline were administered. She continued to have a number of cardiac arrests despite the high doses of adrenaline.

Alex did not have a high enough blood pressure to be able to provide blood to her organs, so she was placed on a heart and lung bypass machine. Around 9:15 pm, after around four hours of attempted resuscitation, the decision was made for medical staff to stop mechanical CPR and the time of death was called.