



**Hon Sue Ellery MLC
Minister for Education and Training
Leader of the Legislative Council**

Our Ref: 61-03224
Your Ref: 1292/14

PERTH CORONERS COURT

22 SEP 2017

RECEIVED

Ms Dawn Wright
Manager Listings, Office of the State Coroner
Level 10, Central Law Courts
501 Hay Street
PERTH WA 6000

Dear Ms Wright

Thank you for your correspondence dated 18 August 2017, and received in this office on 25 August 2017, regarding the State Coroner's recommendation arising from the Inquest into the circumstances surrounding the death of Nicole Emily Bicknell. It saddened me to read about the tragic death of a young person who was on the threshold of her adult life.

The Department of Education acknowledges the recommendation that "comprehensive education as to the effect of alcohol, specifically on developing brains and respiratory function, be provided to all students receiving secondary education whether they be involved in applied science courses or not". I wish to provide you with information on strategies that are already being implemented in Western Australian schools, and about our proposed plans for the near future.

Firstly, the Department has advised that all schools are required to implement the content of the Western Australian Curriculum Health and Physical Education for students in Pre-primary to Year 10. Through their studies in Health Education, students develop the skills that enable them to make healthy, safe choices and informed decisions about alcohol and other drug use. This includes strategies to manage situations where risk is encouraged by others.

Secondly, in accordance with the Department's *Student Behaviour* policy, all public school principals are required to document a whole-school plan to support positive student behaviour that includes, amongst other requirements, measures to address drug and alcohol misuse by students, including provision of evidence-based alcohol and other education.

Thirdly, the School Drug Education and Road Aware (SDERA) program remains the State Government's primary strategy for alcohol and other drug education for young people. SDERA provides all schools, free of charge, comprehensive *Challenges and Choices* drug and alcohol curriculum materials. SDERA's resources include teacher guides, student workbooks and accompanying free professional learning. The resources address the curriculum areas identified in the recommendation. All

resources designed for use in secondary schools address the impact of alcohol and other drugs on the brain.

The *Challenges and Choices* Year 9 resource also includes first aid; emergency responses; role plays that provide students with the skills required to support peers who are intoxicated and require ambulance and other medical assistance; and significant other materials to support students to acquire the skills, knowledge and behaviours that may be required to prevent these incidents. Two examples of student activities relating to first aid and drug related situations are attached.

As to new strategies to be employed, SDERA will publish a new online early intervention resource (*Wraparound*) for use by all schools from Term 4, 2017. The resource provides an intensive, holistic method of engaging with young people who are experiencing issues related to alcohol or other drug use. This resource is designed to equip teaching and student support staff, including school nurses and school psychologists to appropriately work with these students. Professional learning to support the use of the new resource will be implemented in Term 1, 2018.

Both the *Wraparound* resource and the professional learning address the effects of alcohol and other drug use on the developing brain. Content includes the impact on a young person's memory and the ability to learn; interference with problem-solving skills; effect on body, mood and mental health; and academic performance at school. In addition to the provision of resources and professional learning, SDERA provides consultancy support to assist schools to embed a whole-school approach to resilience-based alcohol and other drug education.

Decisions regarding resources used to support the delivery of curriculum content are made at the school level and aligned to the needs of students. As such, schools may use the resources of government and non-government agencies to support the delivery of teaching and learning programs.

A further strategy was outlined in the *Methamphetamine Action Plan*, which is a McGowan Government election commitment. We will work with drug and alcohol education agencies to ensure Western Australian schools have the most up-to-date programs to better inform our young people. My fervent hope is that this, together with the approaches outlined above, will help to prevent another tragic – avoidable – death like Ms Bicknell's.

Thank you for inviting me to provide advice on the actions we are undertaking, and will undertake, to address the Coroner's recommendation to ensure our secondary students learn about the adverse effects of alcohol on their developing brains and respiratory function.

Yours sincerely

SUE ELLERY MLC
MINISTER FOR EDUCATION AND TRAINING

10 SEP 2017

Att.

BASIC LIFE SUPPORT

WHEN YOU HEAR ABOUT OVERDOSE YOU USUALLY THINK ABOUT DRUGS LIKE HEROIN BUT DID YOU KNOW YOU CAN ALSO OVERDOSE FROM THE USE OF ALCOHOL. KNOWING WHAT TO DO IN AN EMERGENCY IS IMPORTANT AND IT MAY MEAN THE DIFFERENCE BETWEEN LIFE AND DEATH.



DRS ABCD is the basic life support procedure that we should all know – not just for overdose situations but for any emergency situation where someone needs urgent medical help.

Danger – Check for danger to you, to bystanders and to the patient.

Response – Check the patient for response – call or ask their name – gently squeeze their shoulders. If there is a response – make the patient comfortable, check for injuries and keep watching the patient. If there is no response you need to send for help.

Send for help – Call 000 (or an alternative emergency number is 112 for mobiles that do not have a Sim card, are locked with a Pin number or without credit) for an ambulance or ask a bystander to make the call. Be ready to answer the operator's questions as this will help the ambulance get to you as quickly as possible. The operator will ask you what has happened, the location (nearest intersection) and the state from which you are calling.

Airway – Open the patient's mouth and check for any foreign material or obstructions. If there is nothing there, put the patient in the recovery position. If there is foreign material, put the patient in the recovery position, open their airway by tilting their head with a chin lift then scoop out the mouth from top to bottom. Check their breathing.

Breathing – Check that the patient is breathing by looking, listening and feeling (2 substantial breaths are required within 10 seconds). If the patient is breathing normally put them in the recovery position and tilt their head back to make sure the airways stay clear, then keep watching their breathing and treat any minor injuries. You will need to start CPR immediately if the person is not breathing. Signs that a person is not breathing are: blue lips, fingernails and/or toenails; cold and clammy skin; bluish or purplish skin; not responding to squeezing of shoulders or shouting.

CPR – Put the patient on their back on a flat firm surface. Kneel next to the patient and near their chest. Make a pistol grip with your thumb and index finger and place on the patient's jaw. Gently lift their jaw to tilt their head back. Seal their nose with your thumb and index finger (hand that is on forehead). Open their mouth wide enough to make a seal over the patient's mouth. Give 2 breaths then 30 chest compressions by locating the lower half of the breastbone in the centre of the chest. Place your heel of one hand on top of the compression site and the other hand on top. Keep doing CPR at a rate of 30 compressions and 2 breaths.

Once you have started CPR it is important you keep going. Do not stop and start. Only stop CPR if signs of life return or if there is someone else to take over CPR or if medical aid arrives. If the patient starts to breath, put them in the recovery position, reassure them, keep them warm and check breath and signs of life every 2 minutes.

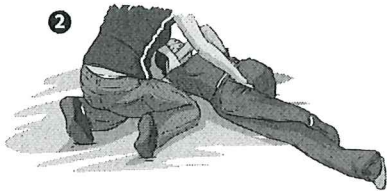
Defibrillation – If a defibrillator is available follow the instructions and continue with CPR until ready to use the defibrillator. When an ambulance arrives with medical equipment, keep the CPR going until instructed to stop.

To place someone in the recovery position



- 1 Kneel on the floor on one side of the person

Place the arm nearest you at a right angle to their body with their hand upwards towards the head



- 2 Tuck their other hand under the side of their head, so that the back of their hand is touching their cheek

Bend the knee farthest from you to a right angle

Roll the person onto their side carefully by pulling on the bent knee



- 3 Open their airway by gently tilting their head back and lifting their chin, and check that nothing is blocking their airway

Stay with the person and monitor their breathing and pulse continuously until help arrives

BASIC LIFE SUPPORT



Spinal injury

If you think a person may have a spinal injury, do not attempt to move them until the paramedics reach you, unless their airway is obstructed. If it is necessary to open their airway, place your hands on either side of their face and gently lift their jaw with your fingertips to open the airway. Take care not to move their neck. If you must move the person because they are vomiting, choking or they are in danger of further injury, you will need assistance to roll them.

Infection control when performing CPR



Diseases such as HIV (AIDS) and Hepatitis (B & C) can be transmitted through blood-to-blood contact and Hepatitis B through bodily fluid. That means their blood or vomitus material must enter your bloodstream via a cut or opening in your skin. It is hard to contract these diseases if you are not bleeding or don't have any cuts in or around your mouth and lips and the person you are performing CPR on is also not bleeding anywhere that you are touching.

It's most likely that the person you perform CPR on will be someone you know but if you are concerned, use a resuscitation mask to reduce the chances of contracting communicable diseases. These are small plastic sheets with a one-way air valve. If you don't have a resuscitation mask and feel uneasy about performing mouth to mouth, continue with the compressions alone.



Where to learn first aid and CPR

You can attend a CPR training course or first aid course with St John Ambulance. There is no age limit to learning CPR and is a life skill that everyone should know. Remember doing CPR in an emergency is better than doing nothing at all.



Call 000 for an ambulance from a landline or mobile. Call 112 from a mobile if you are out of credit.

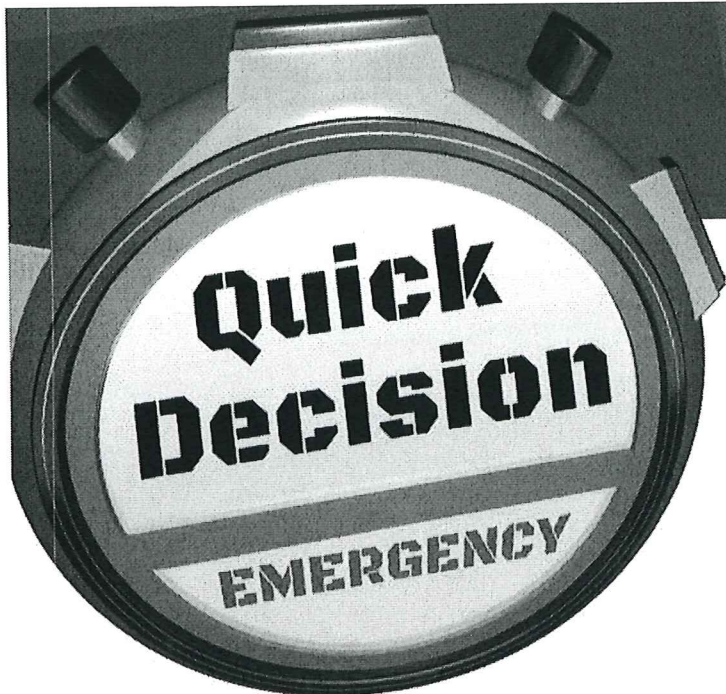
If you call for an ambulance the police will only come too if the paramedics feel they're at risk of being hurt or the patient dies.

Adapted from DRSABCD action plan viewed at www.stjohnnrg.org.au. It is important to learn first aid as preferred steps for helping patients may change.

Save the app that could save your life

The Emergency+ app uses a mobile phone's GPS functionality so callers can provide emergency call-takers with their location information as determined by their smart phone.





It's a possibility that at some time in your life you will be faced with a medical emergency situation. You don't have to be a hero but knowing what to do and being able to make a quick decision can make a difference.

REMEMBER...

- DO follow the DRS ABCD steps
- DO call an ambulance
- DON'T ignore someone who is vomiting continuously; has fainted; is confused or irrational; has trouble going to the toilet; or who has trouble breathing
- DON'T leave a person intoxicated with alcohol or other drugs on their own
- DON'T try to prevent vomiting or give fluids (even water) or food to someone who is in shock or unconscious
- DON'T put someone in a bath, pool or throw water on them to sober them up
- DON'T give someone other drugs to either wake them up or calm them down
- DO tell the paramedics what happened and any other information that might help them decide what to do (eg what drug or drugs have been used, what you have done so far)

The situation

Ben (14) is at his friend's party where no adults are present. Ben has not been drinking but notices his friend drinking out of a bottle of vodka. Ben suggests they go home but his friend pushes him away, stumbles and falls knocking his head on some concrete steps. His friend is conscious but is bleeding heavily from the back of his head.

Meg (14) is at a party where no adults are present. She goes to find the toilet and instead finds her friend, who she knows has been drinking, asleep in one of the rooms. She seems to be sleeping very heavily.

Carly (15) is at home by herself. Her sister (18) comes into her room and tells her she was at a hotel and only had two drinks all night but she is feeling dizzy. Carly thinks her sister's drink may have been spiked.

Callum (15) is playing a card game with some mates. The loser of each game has to skol a shot of vodka. One of the boys is really drunk and vomits violently. He keeps on vomiting and then passes out on the floor.

Tom (13) is with some friends who are smoking a bong at the park. One of his friends decides to jump from the top of a climbing frame. He lands and hits his head and loses consciousness for a short time. He says he is okay but he has a headache.

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.

Kieran (14) and his older brother are waiting for a train. They notice a group of boys inhaling something from a plastic bag. One boy looks very confused and uncoordinated. This boy runs when he sees a train coming and collapses on the platform and seems to be unconscious. His friends have walked away.

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.

Decide what the young people in each emergency situation should do.

Activity 2 Administering basic first aid in a drug-related situation



Learning intention

- Students discuss and rehearse basic first aid procedures for potential overdose situations related to alcohol or other drugs

Equipment

Be Ready student workbook – Basic life support – pages 32-33
Internet access (optional)

Teaching tip

Students can complete a free interactive online first aid course which teaches DRS ABCD at <http://clicktosave.com.au/> (St John Ambulance).

Activities

1. Set up nine chairs in a three by three array. Divide the class into two teams – Noughts and Crosses. Play a game of noughts and crosses to find out what students already know about first aid. Ask a student from 'noughts' to give the answer to Question 1. Other members of the 'noughts' team can help the student if they are unsure of the answer. If the answer given is correct the student chooses one of the seats to occupy ('noughts' put hands on their head and 'crosses' place arms across their chest). Continue the game until one team has three chairs in a row (horizontally, vertically or diagonally).
 - Q1 What is first aid? (A: Initial care of the ill or injured).
 - Q2 What is the first thing you do to manage a first aid situation? a) Move the casualty out of the car b) Ask the casualty if they are pain c) Sit the casualty up d) Check for any danger – for yourself and then the patient (A: d).
 - Q3 What is the telephone number to call in an emergency? (A: 000 for a landline and 112 for a mobile. All calls to these numbers are free-of-charge).
 - Q4 What should you manage first in an unconscious person? a) Spinal injuries b) Airways c) Fractures d) Bleeding (A: b).
 - Q5 How do you check for breathing? a) Check the colour of their skin b) Look, listen and feel for breaths c) Check their pulse d) Count the number of breaths (A: b).
 - Q6 What should you do if a person is not breathing? (A: CPR).
 - Q7 How many compressions and breaths should you use on an adult? (A: 30 compressions and 2 breaths at the rate of 5 repeats in 2 minutes).
 - Q7 What is the name of the machine that will increase the survival of the person in sudden cardiac arrest? a) X-ray b) MRI c) CT scan d) Defibrillator (A: d).
 - Q8 How can you stop external bleeding? (A: By applying direct or indirect pressure on or around the wound).
 - Q8 What condition should you always expect an ill or injured person to develop sooner or later? (A: Shock).
 - Q9 If you call an ambulance for someone who has overdosed on drugs, will the police come too? (A: No. Only if the patient dies or the paramedics feel under threat or another crime is being committed).

Q10 What is the acronym that gives you the steps for basic life support? (A: DRS ABCD – danger response, send for help, airways, breathing, CPR, defibrillation).

Q11 When a person is unconscious but breathing what should you do? (A: Put them in the recovery position and call 000).

Q12 Why should vomit or other materials be removed out of an unconscious person's mouth? (A: Risk of choking).

2. Introduce DRS ABCD and explain that for all first aid situations following these steps is important (especially when a person is unconscious). Use page 32 of *Be Ready* to assist the discussion.
3. Explain that because alcohol and other drug use can have harmful effects, it is quite possible that one day students might encounter an overdose situation.

Explain that there is a greater chance of harm in 'poly drug use' situations (using more than one drug at a time) and especially when the drugs are illegal drugs as the content and purity of these are unknown. These risks also apply when mixing over-the-counter drugs, prescription drugs and alcohol. Explain that 'poly drug use' may lead to overdoses and emergency situations. For example, taking two depressant drugs, such as alcohol and cannabis or alcohol and tranquillisers, increases the depressant action of these drugs (ie lowered breathing and heart rate) sometimes to dangerous levels. Alternatively, using a depressant drug such as alcohol with a stimulant such as ecstasy will often mask the depressant effect of alcohol. However thinking processes and coordination are still impaired and may result in very risky behaviour.

Highlight to students that using alcohol or other drugs on their own or leaving someone who has used these drugs on their own can be very risky and is a situation that should be avoided.

Stress that for all emergency situations, if the students are unsure about what to do or feel scared, they should call 000 for an ambulance. Explain that 112 is another emergency number that can be made from a mobile phone even if the phone is out of credit as calls to all emergency numbers are free-of-charge. It does not require a Sim card or pin number, however phone coverage must be available (any carrier) for the call to proceed.

Also highlight that the police will not be involved unless there is a death or the paramedics feel threatened and need assistance to deal with the situation. Explain that if parents can't be contacted in an emergency or if students feel uncomfortable about contacting their parents, this will, in most cases, be done by the attending medical doctor for patients under the age of 16 years and not the paramedics.

4. Work through pages 32-33 in *Be Ready* discussing the DRS ABCD process.

Activity 3 Practising first aid in drug-related situations



Learning intention

- Students identify ways to manage an emergency drug-related situation

Equipment

Be Ready student workbook – *Quick decision* – page 34

Internet access (optional)

Activities

1. Place students in groups and appoint a 'reporter' in each group. Read one of the emergency situations on page 34 of *Be Ready*. Ask groups to decide what should be done to help the other person. Ask the reporter from one group to feedback the suggestions that were generated to deal with the emergency situation. Allow time for the reporters from other groups to add additional strategies if they have not already been shared. Use the table below to check the accuracy of students' responses and correct misinformation accordingly. Continue this process for the remaining emergency situations. Process each scenario with the following questions.

Ask

- How likely is it that this situation would occur in 'real life'?
- How could this emergency situation have been prevented?
- What might stop a young person from helping in this emergency?
- What might make it easier for this person to respond and act quickly? (Knowledge of first aid, an understanding with your friends that you'll look after each other when you go out, an understanding with parents/another adult that you can contact them if things get out of hand).

Ben

First aid:

- DRS ABCD
- Stop bleeding.
- Will need urgent medical aid because bleeding from the head could indicate a fractured skull, internal bleeding or concussion.

Meg

This is not an emergency scenario but illustrates the importance of the precautions of DRS ABCD and always looking after friends when they have been drinking.

First aid:

- Check whether she will respond when roused.
- Place into recovery position so she does not choke on vomit.
- Contact parents/another responsible adult and stay with her until an adult arrives.

Carly

First aid:

- Contact her parents/other adult.
- Stay with sister.
- Notify police as soon as possible.
- Get medical help if she continues to feel unwell.
- Get a urine test within 12 hours at a GP or through the police.

Callum

First aid:

- DRS ABCD
- Contact parents/another adult.
- Seek medical attention if adults can't be contacted, if the friend has difficulty breathing, becomes drowsy or unconscious.

Tom

First aid:

- DRS ABCD
- Contact parents/another adult.
- Seek medical attention if adults can't be contacted, if headache gets worse, if he vomits, becomes drowsy or becomes unconscious again.
- Someone stay with him at all times as a headache could be a sign of other head injuries.

Lauren

This is a serious medical emergency.

First aid:

- DRS ABCD
- Stay with Mum and check breathing until ambulance arrives.

Kieran

Boys may feel unsure about approaching patient in first place due to possible aggressive reaction from patient's friends. In which case, they could notify railway staff or other adults nearby. If a person intoxicated with particular solvents participates in vigorous exercise, there is the risk of heart failure (known as 'sudden sniffing death syndrome').

First aid:

- DRS ABCD
- Place in recovery position if breathing.
- If not breathing, commence CPR until medical help arrives.

Tessa

First aid:

- Take sister to first aid tent at venue.
- Encourage her to drink water and rest.
- Tell first aid staff about ecstasy tablet.

- Have students create personal 'wallet cards' that record vital information for an emergency situation. The card should include their name, address, phone number, ICE (in case of emergency contact number), taxi number, and the DRS ABCD steps. Also suggest that students, who own a mobile phone, create an ICE number in their contacts list.

Save the app that could save your life

The Emergency+ app uses a mobile phone's GPS functionality so callers can provide emergency call-takers with their location information as determined by their smart phone.



Activity 4 Who can help?



Learning intention

- Students determine appropriateness and credibility of online health information
- Students critique services that provide advice and support on health-related issues
- Students investigate ways to share contact information of these services with other young people
- Students critique and select the most suitable and reliable sources of health information according to the decision that needs to be made

Equipment

Be Ready student workbook – *Helpful people, agencies and resources* – pages 35-36

Family information sheet – *Is my child using alcohol or other drugs?* – photocopy one per student

A4 paper – one sheet per student

Internet access

Activities

- Explain that while there are a range of skills that can help us bounce through the pitfalls and problems that are a part of everyday life, relationship skills such as help-seeking and assertive communication are very important in preventing problematic drug use. The minority of young people who have problematic drug use problems may use drugs to escape emotional pain or solve their problems believing they cannot lead happy lives without the use of drugs. Dealing with problems on your own is not a long term healthy option. The following activities will help students to develop and practise their help seeking skills.
- Using a **one minute challenge** (refer to page 110), have students write the names of people, agencies and other sources of information and help that can be accessed when drug use is an issue. Listen to the ideas generated by the class then refer students to *Helpful people, agencies and resources* on page 35 of *Be Ready*. Have students check

to see if they identified the same sources of information and help (ie parents, friends, family, counsellor, police, helpline, friend's parent, or teacher).

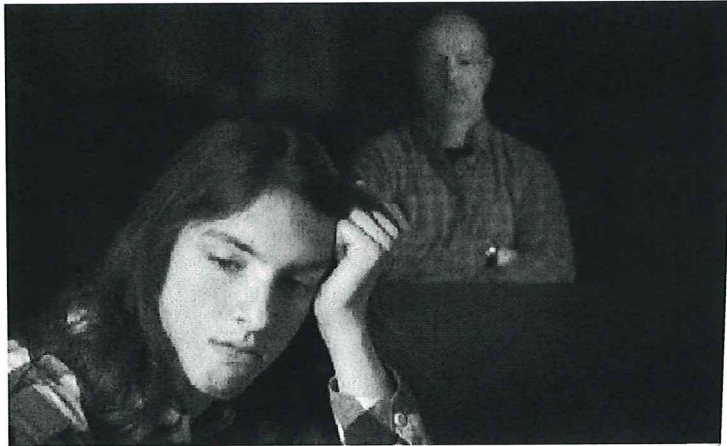
- In pairs, students consider the advantages and disadvantages of using each source of help or information using page 36 of *Be Ready*. Hear feedback from the class. (Possible enablers or barriers would be confidentiality, expertise, accessibility, cost, trust, comfort level involved, chances of positive or negative outcomes, effect on relationships).
- Write on the board – *How could this site help you or a friend to find information about a drug or seek help with a drug-related problem?* In pairs, students access the websites listed in *Be Ready*, spending no more than five minutes on each site, to answer the question.
- Explain that different drug use problems often require different sources of help. For instance, it may be okay to use the *Australian Drug Foundation* www.adf.org.au to clarify the effects of cannabis however someone whose cannabis use is affecting their school work may need more help than can be provided by a website. In this instance online, telephone or face-to-face support services (eg Alcohol and Drug Support Line 9442 5000 or 1800 198 024 for country callers) may be more suitable.

Ask

- Why might a friend reject your suggestions to get help?* (Some people who use drugs do not see their use as a problem, they might fear getting into trouble or losing their friends, feel they might not cope without using the drug).
 - How easy do you think it would be to discuss a friend's drug use issue with them?* (Often this can be very difficult. The role-plays in the next activity may illustrate this).
 - How easily do you think a student could approach a teacher or counsellor at our school? Why?* (Discuss strategies that would make it easier if students suggest that it would be difficult).
 - What are some barriers that might prevent you or your friends from asking for help with problems or drug use issues?* (eg fear of lack of confidentiality, fear of getting into trouble, fear of losing friends, not feeling confident, feeling ashamed of drug use or issues that are contributing to it).
- Model how students can use a **90 degree thinking** (refer to page 109) to write down the information gained from this activity and the implications of this information on their own lives. For example: *I know there are a range of free counselling advice services available. So if I ever have a problem that I can't talk to Mum or a friend about, I could use this service.*
 - Send home a copy of the Family information sheet – *Is my child using alcohol or other drugs?*

FAMILY INFORMATION SHEET 

Is my child using alcohol or other drugs?



It can sometimes be difficult to know if your child is using alcohol or other drugs. Parents may worry that their child is involved with alcohol or other drugs if he or she becomes withdrawn or negative, but these behaviours are common for young people going through challenging times. So it's important not to accuse your child unfairly and try to find out why your child's behaviour has changed. You also need to tell your child that you are concerned about them.

It's important to remember that drugs can include more than illegal drugs. Young people can also have problems with medicines a doctor prescribes or medicines they can buy over-the-counter at the chemist.

Look for a pattern or a number of changes in appearance, behaviour and attitude, not just one or two of the changes listed here.

Change in appearance

- Less attention paid to dressing and grooming
- Loss of appetite or unexplained weight loss
- Red and glassy eyes and frequent use of eye drops and breath mints

Change in behaviour

- Decreased attendance and performance at school
- Loss of interest in school, sports, or other activities
- Newly developed secrecy, or deceptive or sneaky behaviour
- Withdrawal from family and friends
- New friends, and reluctance to introduce them
- Lying or stealing

Change in attitude

- Disrespectful behaviour
- A mood or attitude that is getting worse
- Lack of concern about the future

What should you do if you find out that your child is using alcohol or other drugs?

If you think that your child is using alcohol or drugs, one of the most important things you can do is to talk honestly and openly with him or her, the same as you would any other health issue.

This may be a hard conversation so try to not use harsh, judging words and be supportive. Let your child know that you were his or her age once and that you understand how hard it can be to say 'no' when someone offers alcohol or other drugs.

When talking with your child about alcohol or drug use:

- **Ask about use.** Find out what substances your child has tried, what effects the substances had, and how he or she feels about substance use. Listen carefully to what your child liked about using the substance and why.
- **Share concerns.** Talk about your concerns, not only about your child's alcohol or drug use but also about other problems that may be going on, such as problems at school or with friends.
- **Review expectations.** Talk with your child about family rules concerning substance use and what might happen when rules are broken.

If you think your child may have a substance use problem, talk with your doctor or your local Community Alcohol and Drug Service to find out what resources are available in your area that can help your child manage his or her alcohol or drug problem.

Alcohol and Drug Support Line

Phone: (08) 9442 5000 or

Country callers: 1800 198 024

Email: alcoholdrugsupport@mhc.wa.gov.au

Any drug has the potential to cause harm.