

IDADAIT SUPPLEMENTARY INFORMATION

2024

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2024 – BACKGROUND INFORMATION

The Ministry of Education through SAAC has decided that for the 2024 IDADAIT No Drugs and Social Issues Awareness Week Campaign, it will advocate on the following issues – Drugs & Substance Abuse, Prevent HIV/AIDS, STI & Teenage pregnancy, Stop Child Abuse, Elimination of Violence in Schools, Mental Health Wellness and impacts of Social Media.

Background Information about SAAC

The Substance Abuse Advisory Council was established on 1 March, 1999 after the passing of the Substance Abuse Advisory Council Act of 1998. This statutory body was established under the Ministry of Education to collaborate with government ministries and NGO's to address problems arising out of drugs and substance abuse in Fiji.

Vision

Healthy Fijian communities, free from drugs and substances abuse.

Mission

Empowering Fijians to realise their potential and live a life free substance abuse and the impact of drugs.

Values

SAAC will demonstrate the following values in everything we do:



AIM

To develop a comprehensive substance abuse prevention education and research effort in Fiji

Key Policy Objectives why SAAC was established

A key policy objective agreed to by Cabinet in the formulation of the Substance Abuse Advisory Council Act of 1998 and the establishment of the Council in 1999 was “the promotion of a healthy lifestyle and safer drinking practices, and the development and promotion of actions and advice which will reduce alcohol-related and substance abuse problem for the nation”.

This policy objective is increasingly becoming very real and important today in view of the recent revelation by the Ministry of Health that in Fiji 80% of the illness, disability and deaths are attributed to Non Communicable Diseases. NCDs have been found to be the leading cause of premature death in Fiji and the issue needs to be addressed to ensure that people do not die prematurely.

Roles and Functions of SAAC

To encourage, promote, sponsor and cooperate research into the use and abuse of substances in Fiji

- Disseminate information relating to this problem
- Encourage education program designed to discourage the abuse of substances
- Promote the treatment and care of person's adversely affected by the abuse of substance

2024 – IDADAIT THEME

**BE RESPONSIBLE....MAKE THE RIGHT CHOICE....AND STAY
AWAY FROM DRUGS**

In vernacular:

**The ITaukei translation: MO YALOMATUA, CAKAVA NA VAKATULEWA
MATAU KA YAWAKI IKO MAI NA WAIGAGA NI VEI VAKAMATENITAKI.**

**The Hindi translation: Jimmedaar Bane.....Sahi Chunav Karen....Nashe Se
Door Rahe**

जिम्मेदार बनें... सही चुनाव करें... नशे से दूर रहें

The objective of the IDADAIT programme for the next 3 years is:

- ❖ *To reduce the incidents and minimize the impact of substance abuse and violence in our schools by promoting healthy drug free and violence free lifestyles through awareness and education.*
- ❖ *Provide interventions for young people affected by drug abuse and violence in schools*

For SAAC the focus this year is on the safety and welfare of the child and the important role that the family play in a child's life. Every child comes from a family which is an essential component in the communities which build up a nation. The rippling effect on the upbringing of a child is reflected in all our schools in Fiji and are labeled as the future leaders of our country.

With the analysis of the IDADAIT Evaluation conducted last year 2023, the alarm bells are ringing high and long and a new issue has crept its way into our schools in Fiji that is Drug Use, Drug Peddling, and Intimidation through Social Media.

- **Drugs in all the schools in Fiji totaled 3627.** Drugs in Primary school totaled 1578 and secondary schools totaled 2049.
- **Violence in our schools totaled 5723.** Violence against primary totaled 1135 and Violence against secondary totaled 4588
- **Sexual related offences totaled 984.** Sex offences in primary totaled 522 while secondary schools totaled 462.
- **Social Media related offences totaled 364.** Primary school totaled 175 and secondary school totaled 189

UNITED NATIONS OFFICE ON DRUGS & CRIME (UNODC) OVERVIEW

UNODC launches campaigns to raise awareness of drugs and crime problems. The celebration of the International Day against Drug Abuse and illicit Trafficking was established by the UN in 1987, to emphasize the need for strengthening actions in support to an international community free of drugs, in all countries. On 26 June every year, UNODC marks the International Day against Drug Abuse and Illicit Trafficking.

According to the World Drug Report 2018 (Source: UNODC) in the drugs data under Cannabis – Fiji is mentioned in the table meaning the UNODC recognizes that Cannabis or marijuana is now known internationally that Fiji produces and use cannabis on a large scale.

Annual prevalence of the use of Drugs by Region and Globally

Annual prevalence of the use of cannabis, cocaine, opioids, opiates, amphetamine-type stimulants and "ecstasy" by region and globally, 2016

CANNABIS

Region or Sub Region	Cannabis					
	Number (thousands)			Prevalence (percentage)		
	Best estimate	Lower	Upper	Best estimate	Lower	Upper
Africa	51,930	37,110	75,930	7.6	5.5	11.2
West and Central Africa	34,260	28,520	42,420	13.2	11.0	16.3
Americas	52,900	51,600	55,080	8.0	7.8	8.3
Caribbean	630	230	1,730	2.2	0.8	6.1
Central America	820	410	1,320	2.75	1.37	4.43
North America	41,510	41,330	41,680	12.9	12.9	13.0
South America	9,940	9,630	10,340	3.5	3.4	3.6
Asia	56,610	47,750	71,180	1.9	1.6	2.4
Central Asia	1,480	440	2,440	2.6	0.8	4.2
East and South-East Asia	9,650	4,460	21,490	0.6	0.3	1.3
Europe	27,860	27,180	28,610	5.1	5.0	5.2
Eastern and South-Eastern Europe	5,490	5,120	5,830	2.4	2.3	2.6
Western and Central Europe	22,370	22,060	22,780	7.0	6.9	7.1
Oceania	2,850	2,130	3,250	11.0	8.3	12.6
Australia and New Zealand	2,070	2,070	2,070	11.0	11.0	11.0
Melanesia	-	-	-	-	-	-
Micronesia	60	40	80	16.6	10.7	22.7
Polynesia	-	-	-	-	-	-
GLOBAL ESTIMATE	192,150	165,760	234,060	3.9	3.4	4.8

OCEANIA

Regional Composition

Oceania is comprised of 24 countries, encompassing an estimated 7,500 to 10,000 islands, including Australia, New Zealand and the numerous Pacific Island Countries and Territories (PICT) of Polynesia, Micronesia and Melanesia.

Drug Situation

Transnational crime^[1]— specifically drug production and trafficking — is one of the most serious security issues facing the Pacific Islands region. Methamphetamine, heroin, and cocaine trafficking is on the rise. The Pacific Islands have become a production site and trafficking destination as well as trafficking thoroughfare, and indigenous/local crime syndicates now work in partnership with transnational crime syndicates. The criminal deportee policies of Australia, the United States, and New Zealand are contributing to the problem, as is the Covid-19 pandemic, by exacerbating the vulnerabilities on which transnational organisations and local crime actors capitalise. The Pacific and its partners have responded by strengthening regional policing architecture and governance through enhanced law enforcement mechanisms, but challenges remain as the illicit drug trade adapts and takes root in the region.

Production

Traditional substance abuse of marijuana, alcohol and “kava” — a potent regional specialty made from the Piper methysticum plant — had given way to methamphetamine and cocaine use. Fiji and its neighbors in the South Pacific, a geopolitically important region northeast of Australia famed for its natural resources and stunning beaches, had experienced an explosion in drug use and crime.

The region has become a victim of its own geography; it is a pit stop on a maritime highway connecting cocaine-producing countries in Central and South America to the wealthy nations of Australia and New Zealand, which attract some of the highest drug prices in the world. The region is also a popular stopover for methamphetamine traffickers from Asia who rely on traditional trade routes to get their product to Australia and beyond. This increase in drug traffic over the past 10 years has created a spillover effect. Drug offenses in Fiji — the second-largest economy and a strategic hub in the region — increased from 148 cases in 2009 to 1,400 in 2018, according to the Lowy Institute, an Australian think tank. In Tonga, a nation of 100,000 people, the authorities urgently want to expand the country’s prison to ease overcrowding fueled by skyrocketing drug prosecutions. Blocks of cocaine have washed up on the shores of isolated atolls. Yachts with hulls packed with drugs have run aground on shallow reefs. There have been reports of children on one remote island in Fiji’s Lau province mistaking cocaine washed up on a beach for powdered milk. A region that was once a transit point on a long trafficking route has now become a high-demand domestic market.

At the same time, health systems in the aid-reliant region are struggling to cope with the exponential rise in drug use and mental health issues. Asia Pacific transnational crime expert Jose Sousa-Santos said the region had become a casualty of “criminal greed” and Australia’s and New Zealand’s drug appetite. “Transnational drug crime is a protracted problem, but not one that is of the Pacific’s own making,” he wrote in a report released in February that drew attention to the scale of the drug problem. Australia and New Zealand have increased security support to the region in recent years and are part of Pacific partnerships geared at slowing the flow of drug trafficking. But there has been less attention paid to improving the public health system to deal with social consequences.

In 2004, the discovery of the largest “super lab” in the southern hemisphere changed the Pacific drug landscape. On 9 June that year, as part of Operation Outrigger, five kilograms of crystal methamphetamine, 700 litres of liquid methamphetamine, and sufficient precursor chemicals to produce an additional 1000 kilograms of methamphetamine were seized from a warehouse in Suva. The network of drug traffickers included Chinese nationals with Chinese triad links, one Fijian national, and four Hong Kong passport holders. Key players Yuen Yei Ha and her husband Zhong Qiang had recently obtained Fijian citizenship.

The operation, a collaboration between police from Fiji, Australia, and New Zealand, highlighted three issues: the region had shifted from transit point to production site; (2) the success of the operation was dependent on local facilitation and was therefore fuelling local corruption; and the existing legislation was outdated and did not criminalise precursors. Since 2004, small scale production labs have proliferated in Fiji, Tonga, the Marshall Islands, the Northern Marianas, and Papua New Guinea.

Domestic legislation has been slow in responding to increased illicit drug production. In 2004, Fiji passed legislation to strengthen its drug laws and policing powers, and in 2019 the Ministry of Defence and National Security drafted a national narcotics strategy and framework. In 2020, Tonga amended its Illicit Drugs Control Act with acting Justice Minister Samiu Vaipulu stating that “ice” (methamphetamine) is “Tonga’s killing virus, not Covid-19”. The amendment, modelled on New Zealand’s Drug Act, directly targets methamphetamine usage.

National security strategies, which PIF members committed to under the Boe Declaration, have sought to align domestic focus on transnational crime with the regional architecture. The newly developed national security strategies of Samoa, Solomon Islands, and Vanuatu all identify transnational crime and the spill-over of drug abuse into local communities as key security issues. A central theme across the three national security strategies is that there is considerable reliance on regional and international counter drug trafficking initiatives.

Trafficking

Over the past two decades, increased connectivity within and across the Pacific Islands region (hereafter “the Pacific”) has enhanced its broad economic opportunities as well

as exacerbated its vulnerabilities. In particular, the period has seen a significant increase in the trafficking of methamphetamine, cocaine, and precursors. Situated along a maritime corridor utilised for legitimate trade between major economic markets on the Asian and American borders of the Pacific Rim, the region has been a principal trans-shipment hub for drugs. It is valuable to Asian organised crime syndicates and Mexican and South American cartels as a transit route and occasional production site, targeting the lucrative markets in Australia and New Zealand where the street value of methamphetamine and cocaine is amongst the highest in the world.

Of equal significance has been the emergence of indigenous regional organised crime groups and networks with links to organised crime syndicates in Australia, New Zealand, and further afield. This growth has been driven by the spill-over effect of trafficked drugs into local markets, spreading from largely elite and expatriate populations into the wider community, and the arrival of criminal deportees from Australia, New Zealand, and the United States.

This analysis identifies the key trends and dynamics driving the drug market in the Pacific and the implications for societies, traditional power structures, and states. This paper focuses on two highly addictive stimulants — crystal methamphetamine and cocaine — as well as precursors and chemicals necessary for their manufacturing. The analysis highlights the inter-connectedness of transnational criminal activities and the need for a holistic mapping of those connections to better understand the transnational crime landscape and the intersections with national and local level Pacific criminal networks.

Consumption

Oceania's annual prevalence of drug use (except for heroin) remains much higher than the global average. The region is characterized by high prevalence rates for ATS (1.7% to 2.4%), both for ecstasy (2.9%), the use of which is on the decline in the region, and amphetamines (2% to 2.8%). Meanwhile cannabis use is relatively high compared to other regions in the world, at 9.1% to 14.6% of the population aged 15 – 64.

The estimated annual prevalence of opiate use (2.3% – 3.4%) is also higher than the global average. It should be noted that prescription opioids are used more than illicit heroin. There are indications of an increase in the prevalence of cocaine use from 1.4% – 1.7% in 2009 to 1.5% – 1.9% in 2010; the figure mainly reflects increased rates of consumption in Australia and New Zealand.

Poly-drug use, particularly involving alcohol – both legally and illegally produced homebrew – as well as cannabis, inhalants, kava (for example, on Samoa, Tonga and Vanuatu) and emerging markets for amphetamine-type stimulants, are more common in the PICTs than injecting drug use.

There are significant numbers of people who inject drugs (PWID) in Australia (149,591) and New Zealand (20,163), with opioids being the most commonly injected.

Little is known about the prevalence of drug use in the PICT due to a lack of reliable observational systems and a consequent absence of data. However, ATS use among

secondary school students has been reported in many Pacific Islands, with lifetime prevalence of methamphetamine consumption reported to be high in the Marshall Islands (13.1%) and Palau (7.1%). There is also evidence of methamphetamine injecting in many Pacific island territories, and in Vanuatu, where methamphetamine is injected by 41% of injecting drug users aged 15-24.

Traditional use of mild plant stimulants, such as betel nut and kava, is a longstanding part of Pacific Island culture, with **the use of kava and cannabis being widespread**. Alcohol consumption is increasing in the Western Pacific Region, with home-brewed beverages predominating in many PICT.

In Oceania, quantities of methamphetamine seized increased in New Zealand from 15 kg in 2013 to 0.4 tons in 2015 and in Australia from 2.3 tons to 5.4 tons over the same period. Methamphetamine continues to be a drug of major concern in both countries. In Australia, data suggest that methamphetamine consumption has been increasing strongly in recent years triggering a comprehensive government response.

The prevalence of the use of most illicit substances remains quite high in the Oceania region, while quantitative data for the Pacific island States remains limited. High prevalence rates are reported for the use of cannabis (10.9 per cent), opioids (3.0 per cent), “ecstasy” (2.9 per cent), ATS (2.1 per cent) and cocaine (1.5 per cent).

The Oceania region, in particular the Pacific island States, remains vulnerable to trafficking in drugs and pre-cursors, drug-related organized crime and the potential spillover effects of drug abuse within local communities. The combination of the unique geography of the region, in particular the vast coastlines and remote, uninhabited islands, together with poor treaty adherence and the limited resources for monitoring and detecting drug and precursor trafficking, continues to pose a significant challenge.

Increasing tourism, enhanced air and maritime connections and improved digital connectivity are linking regions and countries that are major illicit sources of and markets for drugs. This development contributes to the increasing targeting of Pacific island countries by drug trafficking groups for use as transit points and destinations for drugs, in particular methamphetamine. A number of large-scale seizures made at sea in the past year have demonstrated the growing complexity of this challenge. Drugs such as cocaine, heroin and methamphetamine are trafficked through the Pacific island region (for example, through tourist hubs in Fiji, New Caledonia and Vanuatu) on recreational vessels such as yachts and commercial cruise ships.

MONDAY, 1ST July 2024

“STOP CHILD ABUSE”

Sub-theme: “BE KIND AND RESPECTFUL”

What is Child Abuse?

Child abuse (also called **child endangerment** or **child maltreatment**) is physical, sexual, emotional and/or psychological maltreatment or neglect of a child, especially by a parent or a caregiver. Child abuse may include any act or failure to act by a parent or a caregiver that results in actual or potential wrongful harm to a child and can occur in a child's home, or in organizations, schools, or communities the child interacts with.

The terms *child abuse* and *child maltreatment* are often used interchangeably, although some researchers make a distinction between them, treating *child maltreatment* as an umbrella term to cover neglect, exploitation, and trafficking.

4 Common Types of Child Abuse:

1. Emotional Abuse

Also considered psychological or verbal abuse, emotional abuse is persistent, non-physical abuse that makes a child believe they are unwanted, unloved, worthless, or only valuable in meeting their perpetrator's needs.

A pattern of emotionally abusive behavior is difficult to recognize or document but is often present in all categories of child abuse, including physical and sexual abuse. When a child is being verbally abused, often their emotional development suffers as a result.

Types of emotional abuse may include:

- Name-calling or criticizing
- Setting unreasonable expectations
- Threatening or terrorizing
- Ignoring boundaries
- Demeaning or belittling
- Bullying or cyberbullying
- Dismissing or invalidating the child and their feelings
- Degrading or objectifying the child
- Isolating the child



If a child is being emotionally abused, they will often exhibit behavioral changes. This could include excessive crying, bed wetting, bullying, seeming overly fearful of their parents, or showing symptoms of speech, sleep, eating, anxiety, or another mental health disorder.

2. Sexual Abuse

By law, children cannot consent to sexual acts of any kind. Any sexual activity that occurs between an adult and a minor is considered sexual abuse. In more than 90% of child sexual abuse cases, the child or family knows the perpetrator.

Any sexually exploitative act conducted by an adult to a child or in the presence of a child is considered abuse. A perpetrator doesn't have to touch a child to abuse them sexually

Types of sexual abuse include:

- An adult exposing their genitalia to a child
- Molestation
- Sexual intercourse of any kind, including vaginal, oral, or anal
- Sexual assault incidents involving an object
- Masturbation in the presence of a child
- Phone calls, text messages, or other interactions that are sexual in nature
- Forcing a child to perform sexual acts
- Producing, owning, or distributing pornographic images or videos of children
- Sex trafficking
- Female genital mutilation
- Incest



Sexual abuse may occur once or many times but can have lasting effects on a child's health and mental health.

Some signs and symptoms of sexual abuse include children keeping secrets, exhibiting inappropriate sexual behavior, avoiding the removal of clothing, changes in eating habits, recurring pain during urination, mood changes, or loss of interest in school and activities, among others.⁸ Sexual abuse can also cause a sexually transmitted disease or pregnancy.

In adolescents, sexual abuse is known to cause any number of mental health problems, such as self-harm, substance abuse, disordered eating, depression, anxiety, or suicidal ideation.

3. Physical Abuse

Any act of harm committed against a child that results in injury is physical abuse, even if it's unintentional. This type of abuse can cause physical and mental health problems in adulthood and is a common cause of child morbidity and mortality.

Types of physical abuse include:

- Severely shaking a baby, also known as shaken baby syndrome
- Hitting or beating a child with a fist or object
- Burning the child with hot water, a cigarette, or an iron
- Kicking
- Tying a child up
- Depriving a child of air or holding them underwater



A harmed child may exhibit physical signs, such as bruises, burns, scarring, hair loss, bone fractures, or other injuries. They may hide certain body parts with clothing, or they may blame the injury on a sibling.

Their explanation of the injury may change or may not match the injury itself. They may also delay seeking medical care, change primary care providers frequently, or have a long history of visiting the emergency department.

While some parents still use spanking as a form of punishment, it can be considered a form of physical abuse, as it may result in emotional and/or physical harm.

4. Neglect

Child neglect occurs when a parent or caregiver fails to provide food, shelter, clothing, medical care, or supervision to maintain or protect the child's health, safety, and well-being, resulting in harm or the threat of harm.

Types of neglect include:

- Failing to give a child medical care or treatment when needed
- Denying a child food, clothing, or shelter
- Abandoning or locking a child in a room for hours on end
- Leaving a young child at home alone without a caregiver or with neglectful caregivers
- Exposing a child to domestic abuse
- Failing to enroll a child in school or denying them educational access



Unfortunately, neglect can occur with or without intention. A parent or caregiver may not have the financial resources to buy food, maintain shelter, or clothe their children. Still, this maltreatment can result in developmental problems, cognitive impairments, and emotional, social, and behavioral problems.

Neglect can lead to sexual promiscuity, substance abuse, visual hallucinations, cognitive delays, antisocial personality disorder, dysthymia, and other mental health conditions.

Signs of Child Abuse

If the child is exhibiting the following signs and symptoms, they may be experiencing some form of abuse:

- Constantly hungry or exhausted
- Showing signs of deteriorating health or mental health
- Missing school repeatedly
- Dressing in dirty or inappropriate clothes for the weather
- Experiencing severe changes in mood and behavior

If you have reasons to believe child abuse is happening, tell someone right away. Depending on the state, only select members of society, such as medical professionals and early childhood education teachers, can and are required to report child abuse suspicions, but you should never withhold your worries. A child's life may be in danger.

Ten Ways to Help Prevent Child Abuse

1. **Be a nurturing parent.**
Children need to know that they are special, loved, and capable of following their dreams.
2. **Help a friend, neighbor, or relative.**
Being a parent isn't easy. Offer a helping hand take care of the children, so the parent(s) can rest or spend time together.
3. **Help yourself.**
When the big and little problems of your everyday life pile up to the point you feel overwhelmed and out of control—take time out. Don't take it out on your kid.
4. **If your baby cries...**
It can be frustrating to hear your baby cry. Learn what to do if your baby won't stop crying. Never shake a baby—shaking a child may result in severe injury or death.
5. **Get involved.**
Ask your community leaders, clergy, library, and schools to develop services to meet the needs of healthy children and families.
6. **Help to develop parenting resources at your local library.**
Find out whether your local library has parenting resources, and if it does not, offer to help obtain some.

7. **Promote programs in school.**

Teaching children, parents, and teachers prevention strategies can help to keep children safe.

8. **Monitor your child's television, video, and internet viewing/usage.**

Excessively watching violent films, TV programs, and videos can harm young children.

9. **Volunteer at a local child abuse prevention program.**

For information about volunteer opportunities, call 1. 800.CHILDREN or contact your local Prevent Child Abuse America chapter.

10. **Report suspected abuse or neglect.**

If you have reason to believe a child has been or may be harmed, call your local department of children and family services or your local police department.

VIOLENCE IN SCHOOLS

(UNICEF) #END Violence in schools - *Don't let violence be an everyday lesson.*

The World Health Organization defines violence as “the intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community, which either results in or has a high likelihood of resulting in injury, death, psychological harm, development or deprivation”.

Fast facts

- No one should be afraid to go to school. Yet for many students around the world, school is a dangerous place.
- Violence in schools – from bullying to sexual harassment and corporal punishment – is sadly common enough to feel inevitable. But it's not. It's preventable. And we can all do something about it.
- For millions of students around the world, the school environment is not a safe space to study and grow.
- Globally, half of students aged 13–15, about 150 million, report experiencing peer-to-peer violence in and around school. This number includes students who report having been bullied in the last month or having had a physical fight within the past year.
- But bullying and physical fights are only two types of violence. Students routinely deal with corporal and other degrading forms of punishment, physical and sexual attacks and gender-based violence.
- Indeed, violence in schools puts bodies, minds and lives at risk. It causes physical injury and can lead to depression, anxiety and suicide. It has short-term effects on students' educational achievement and leaves a long-term impression on their futures.
- The impact of violence in schools places an economic burden on society. It has been estimated that the global costs of the consequences of violence against children are as high as US\$7 trillion per year.

- Schools are monitored environments where students and adults come together for a single purpose: to teach and learn. In these defined settings, we can end violence – and we must.

VIOLENCE IN SCHOOL

Though violence against children is common, it is never acceptable – in school or anywhere. Schools are monitored environments where students and adults come together for a single purpose: to teach and learn. In these defined settings, we can end violence – and we must. Education itself can play a powerful role.

Education can transform beliefs and behaviors that lead to violence. It can engage children and adolescents in critical self-reflection and help teachers, parents and communities work together to promote social unity, gender equality and peace.

School may be the most influential institution in children’s lives, ranking just below family and home as the foundation on which they build their futures. In the best cases, schools are safe and encouraging spaces where children gain the knowledge and skills they need to navigate adult life. Schools can buffer children from the risks of child labour, exploitation and child marriage. In school, a child can find shelter from violence and choose a more peaceful future.

In addition, education can engage children and adolescents in self-reflection about their role in ending violence and provide them with the resources and space they need to examine harmful norms and practices. Education systems can equip teachers, parents and communities to work together to promote principles of social cohesion, gender equality and peace.

For far too many young people around the world, however, school is dangerous. Instead of a haven that nourishes learning, inclusivity and friendships, schools introduce harmful relationships characterized by rejection, bullying or aggression.

RISK FACTORS

Global evidence suggests that certain risk factors increase a child’s vulnerability to violence. These factors include disability, extreme poverty, and ethnicity and HIV status. Children who live in institutional care or who are migrants, especially those who are unaccompanied or separated from adult caretakers, are also vulnerable.

Social norms give adults the authority to teach, discipline and control children, often justifying the use of violence. Gender inequality promotes stereotypes of boys and girls and allows men to dominate women. Sexual orientation or gender identity can also lead to greater vulnerability to violence in schools. Children who identify as lesbian, gay, bisexual, transgender or intersex (LGBTI) can be especially vulnerable to targeted acts of violence by their peers. Threats or acts of sexual, physical or psychological violence committed as a result of unequal power dynamics, gender norms and stereotypes can be defined as school-related gender-based violence (SRGBV)

This type of violence is an element of many different forms of violence in schools, not only sexual assault or harassment. For example, corporal punishment and discipline often visible as a form of SRGBV. Girls and boys are equally at risk for bullying. Girls are more likely to become victims of psychological or relational forms of bullying, which can involve spreading rumours or exclusion.

KEY FACTS

- Slightly more than 1 in 3 students between the ages of 13 and 15 experience bullying, and about the same proportion are involved in physical fights.

- Around 720 million school-aged children live in countries where they are not fully protected by law from corporal punishment at school.
- Between 2005 and 2020, the United Nations verified more than 13,900 incidents of attacks, including direct attacks or attacks where there has not been adequate distinction between civilian and military objectives, on educational and medical facilities and protected persons, including pupils and hospitalized children, and health and school personnel.

Impact on students

All forms of violence in schools can have serious, long-term consequences on children's lives, their futures and the future of the communities in which they live. The consequences of violence can become imprinted on a child's body and mind in the form of physical injury, sexually transmitted infections, anxiety, depression, suicidal thoughts and unplanned pregnancy. For some children, relentless and inescapable bullying, sexual assault or daily fear in school has led to death. Violence also can have long-term behavioral impacts resulting in aggressive and anti-social behaviors, substance abuse, risky sexual behavior and criminal activity. Violence in schools significantly hampers student attendance, contributes to lower academic results and leads to higher drop-out rates.

School violence encompasses:

- Physical Violence including Student-On-Student Fighting
- Corporal Punishment
- Psychological Violence including Verbal Abuse
- Sexual Violence including Rape and Sexual Harassment
- Many Forms of Bullying including Cyberbullying
- Carrying Weapons in School.
- Physical attacks by students on school staff

What causes school violence?

Such behavior may also result in bullying and gang fights. Furthermore, **school violence** may arise due to the psychological deficiencies created by dysfunctional homes. ... Another **cause** of **school violence** is **violent** media. The impact of **violent** television programs and video games is largely underestimated in society.

How violence does affects students?

The effects of **school violence** on **students** are both physical and psychological in nature. They range from injury to depression and planning suicide. **School violence** can also impact learning. **Students** who experience fear at **school** are likely to have difficulty concentrating on their education.

What violence can cause?

If perpetrated during childhood, sexual violence can lead to increased smoking, drug and alcohol misuse, and risky sexual behaviors in later life. It is also associated with perpetration of violence and being a victim of violence. Many of the risk factors for sexual violence are the same as for **domestic** violence.

What does school violence mean?

School violence is any activity that can create a disturbance in an educational system. It's not just **school** shootings. It includes verbal and physical clashes. It **is** also bullying through electronic **means** or social media, threats, weapon use, or gang activity

- Parents/guardians display violent behavior, children/wards usually adopt violence as a way of asserting authority.
- Violent media. The impact of violent television programs and video games is largely underestimated in the society. Children/ teenagers often emulate their favorite television characters in action movies and this leads to learned violent behavior in schools.

Bullying

A student is being bullied when s/he is exposed repeatedly over time to aggressive behavior that intentionally inflicts injury or discomfort through physical contact, verbal attacks, fighting or psychological manipulation. Bullying involves an imbalance of power and can include teasing, taunting, and use of hurtful nicknames, physical violence or social exclusion. A bully can operate alone or within a group of peers. Bullying may be direct, such as one child demanding money or possessions from another, or indirect, such as a group of students spreading rumors about another. Cyber bullying is harassment through e-mail, cell phones, text messages and defamatory websites. Children may be more vulnerable to bullying if they live with a disability, express a sexual preference different from the mainstream, or come from a minority ethnic or cultural group or a certain socio-economic background. Bullying sometimes leads to fatal physical attacks.

CONSEQUENCES:

For both the bully and the student who is bullied, the cycle of violence and intimidation results in greater interpersonal difficulties and poor performance in school. Students who are bullied are more likely than their peers to be depressed, lonely, or anxious and

have low self-esteem. Bullies often act aggressively out of frustration, humiliation, anger and in response to social ridicule.

Sexual violence

Sexual violence includes multiple kinds of violence, including direct physical contact with the use of force or restraint. It also involves less direct forms of violence, such as unwanted exposure to sexual language and images.

Sexual violence occurs in multiple kinds of contexts throughout the world, including in schools.

Poor school infrastructure – such as toilet facilities that are not well lit or lack privacy and supervision – can heighten the risks of sexual violence. As with bullying, sexual violence can occur online and spill over into the physical world.

Sexual & Gender Based Violence

Gender-based violence may take a psychological, physical and/or sexual form and relates to the enforcing or upholding of power imbalances between the sexes. Gender-based violence works to actively reinforce gender inequalities, stereotypes and socially imposed roles. Although girls are more often vulnerable to sexual and gender-based violence, boys, too, are at risk.

Gender-related violence in schools can be physical, such as corporal punishment of girls who do not act in a ‘ladylike’ way. It can be sexual, as in rape. It can be harassment or exploitation by other students, teachers or school staff, or it may be psychological as in blaming the victims of rape. Sometimes this violence takes the form of punishing or shaming students because of their sex or sexuality.

CONSEQUENCES:

Data on students’ exposure to sexual violence in schools is limited, due to the fact that they are hesitant to report acts of sexual violence for fear of being shamed, stigmatized, not believed or retaliated against. Sexual assault and other forms of gender-based violence in schools are significant factors in low enrolment and drop-out rates for girls.

Gender-based violence not only acts to discourage girls from going to school but may also cause parents to prohibit their daughters from attending school for fear that they too will be victimized. Sexual violence against boys in school can cause particular shame as it is often considered a taboo subject. Sexual and gender-based violence puts students at risk of sexually transmitted disease, unwanted pregnancy, low self-esteem and diminished performance at school. It also has repercussions on the family and the community.

Actions to Stop Violence in Schools

1. Advocate a holistic approach involving students, school staff, parents and the community.

Look at the way in which your school can reduce risk factors, for example, by ensuring a well-lit physical environment, or by teaching students nonviolent conflict resolution skills. Reducing opportunities for violence and giving students the tools to prevent it are both crucial in creating a safe school.

In-Class Activity: Ask students to talk with one another, their teacher and guidance counsellor about school violence. Who is affected and how? Who within the school and the community could you reach out to for assistance? Make a list of people and organizations that could support them in preventing school violence and discuss ways to reach out to them

2. Make your students your partners in preventing violence

Use student-friendly versions of the Universal Declaration of Human Rights and the Convention on the Rights of the Child available in printed and electronic formats. Both documents express everyone's right to education and everyone's right to grow and learn in a safe, environment. Discuss these documents with your students and try establishing ways that everyone's human rights can be understood, protected and respected in your classroom

In-Class Activity: Ask students to discuss with you and one another what is violent and what is not. What specific rights are disrespected in acts of violence? Suggest ways to raise awareness of human rights in school and promote respect and appreciation for differences, for example, through debates, field trips, games, role playing, and story-telling.

3. Use constructive discipline techniques and methods

Keep classroom rules positive, instructive and brief:

When classroom rules are developed, the list should include no more than five or six rules. Keep the list simple and to the point. Rules should be stated positively, rather than in a negative way, to clearly guide students as to how to behave instead of how not to behave. Make sure they do not contradict school-wide policies

Set aside time after school or during break periods to discuss misbehaviour - why it arose, and what should be done to correct it; Request student to apologize; Change seating placement; Send notes to parent(s) or make home visits; Analyze the seriousness of the situation, and decide to send the student to the principal's office depending on the situation.

In-Class Activity: Propose to students to create a student club against violence. You can help them organize activities to promote a peace campaign and a safe campus for everybody

4. Be an active and effective force to stop bullying

Work to develop a common definition of bullying among teachers, student representatives, school staff and community members so people may enforce the same expectations consistently.

Bullying includes: physical bullying: hitting, kicking, pushing, choking, punching; verbal bullying: threatening, taunting, teasing, hate speech; social exclusion.

Consequences typically involve loss of unstructured times, such as recess, lunch with peers or extracurricular activities. Encourage school counsellors or staff to provide counselling for bullies alongside the enforcement of consequences. Support students targeted by bullies. Encourage them to talk to teachers and school counsellors while also working with parents, students and staff to protect them from repeated victimization.

Recognize and acknowledge the action of students who support each other to stop bullying. Equally important is ensuring that those who report are protected from retaliation.

In-Class Activity: Ask students to discuss with you and one another what is violent and what is not. What specific rights are disrespected in acts of violence? Suggest ways to raise awareness of human rights in school and promote respect and appreciation for differences, for example, through debates, field trips, games, role playing, and story-telling.

5. Build students' resilience and help them to respond to life's challenges constructively

Build students' resilience and their ability to cope with everyday challenges, stress and adversity successfully by helping them build positive relationships with others. Increased resilience reduces the likelihood of a student reacting with violence or falling prey to it. Teachers who demonstrate pro-social, constructive behaviour, provide guidance and offer protection increase their students' resilience by showing a positive, alternative way of responding to life's challenges. Such teachers serve as role models for positive, caring relationships.

Involve your school in a peace education program to build conflict resolution skills. Peace education program allow students to understand how violence occurs, develop capacities to respond constructively to violence and learn about alternatives to violence.

Encourage your school to establish a school counselling program. Counsellors can support students in dealing with difficulties in their lives and intervene in a preventive manner.

They can support teachers, school staff and students in preventing and addressing violence by:

- Acting as mediators in situations that seem to be regressing towards violence;
- Assisting in reaching a peaceful resolution before a situation escalates into physical violence;
- Working with both victims and perpetrators of violence and provide psychosocial support;
- By promoting proactive program designed to address issues such as bullying, drug abuse and gang activity.

Engage in conflict prevention games with your students. Ask students to role-play a situation, for instance, “What would happen if you were confronted by a bully? What would you do?” By creating situations that are momentarily real, your students can practice coping with stressful, unfamiliar or difficult situations. Also encourage games that place students in a new role, one that other students may be facing, in order to encourage empathy. Ask students to discuss how they felt and what solutions worked.

Let your students know that violent acts and words, no matter how insignificant, will not be tolerated. Consistently enforcing disciplinary measures following misbehaviors at school sends students a clear message that abusive behaviors and disrespect of an individual’s rights are not acceptable.

In-Class Activity: Create role-playing activities in the classroom where students act out violent conflicts. Ask students to discuss each conflict and ways to resolve it peacefully.

6. Be a positive role model by speaking out against sexual and gender-based violence

Be aware of gender biases. They encourage gender discrimination. Sometimes teachers’ perceptions of boys are different from their perceptions of girls. For example, some see boys as being inherently better at maths or ‘naturally clever’ while girls may be seen as ‘quiet, hard workers’. Break the perpetuation of stereotypes and different expectations for girls/women and boys/men. Raise awareness of gender biases in the classroom and encourage your colleagues to do the same. Boys are both perpetrators and victims of sexual violence within schools, so teachers should not focus solely on female victimization.

Make sure that your interaction with boys is similar to your interaction with girls. A lower frequency and/or quality of teacher interaction with girls can diminish their self-esteem and self-reliance which in turn, increases their likelihood of victimization. One way to encourage girls to participate in the classroom may be to break the classroom into discussion groups so that girls form the majority of a group or groups. Girls generally feel freer to express themselves when amongst one another.

Encourage your school to establish a training programme for teachers, students and the community to understand, identify and respond to cases of sexual and gender-based violence. Training should educate about gender biases which lie at the root of gender-based violence and should recognize the link between violence against girls at school and lower numbers of girls attending and remaining in school.

Help your school and community recognize the need to protect girls and women within the school environment. In conflict and post-conflict situations, girls and women are especially vulnerable to conflict-related violence.

Advocate to train the school staff in sexual and gender-based violence and to strengthen women's representation in management structures. Personnel trained in the detection and support of victims of sexual gender-based violence enhances violence prevention. Having women in the management reinforces support for victims, and encourage the reporting of sexual violence.

Break the silence. Speak out against violence and make good use of reporting mechanisms. Encourage colleagues and students to name perpetrators of violence both inside and outside schools.

In-Class Activity: Call on students to avoid insulting or teasing each other, especially in regard to sexual differences. Everybody is different, but we are all equal!

7. Be an advocate for school safety mechanisms

Support and push for strong management and effective school leadership. It is important that they work with teachers and education authorities to develop and implement policies to eliminate abuses of power, spot violent activity in its preliminary stage and build community confidence in schools.

Help your school establish a rights-based code of conduct that recognizes everyone's right to learn and teach in a safe school environment, report acts of violence without retaliation and participate in decision-making.

Advocate student-friendly reporting mechanisms that encourage students to speak out against violence. Reporting services should be supportive, sensitive and confidential.

Take students' complaints of violence seriously and keep their wellbeing in mind. This includes giving due weight to what a student says and not minimizing the situation.

In-Class Activity: Suggest organizing dialogue sessions with teachers, students, the school principal and guidance counsellor to establish a school code of conduct for everybody.

8. Provide safe and welcoming spaces for students

Conduct mapping exercises with students to identify which places in the school are safe, which are dangerous and when students are most at risk. School staff should

also be alerted to dark corners, poorly lit areas, unsupervised stairways and toilets where students are at risk of sexual or physical abuse.

Draw attention to the need for private and safe toilets for girls and women. One simple but significant reason that girls do not attend school is a lack of safe and clean latrines and other facilities that ensure privacy.

Work together with other staff to make sure that school playgrounds are safe by ensuring the presence of adults to supervise students. Students need safe places to play between classes and after school.

In-Class Activity: Suggest starting a campaign for a safe school environment by identifying places within the school campus that are unlit or unsafe.

9. Learn violence prevention and conflict resolution skills and teach them to students

Receive training on non-violent conflict resolution, human rights based approaches to classroom management, and peace education. Ask your principal or local offices of the Ministry of Education about existing training opportunities.

Try conflict mediation techniques and teach your students how to use them to resolve their own conflicts.

Teach students negotiation skills that enable them to:

- a) Define their conflict (“What are we arguing about? Why and how did the issue arise?”);
- b) Exchange positions and proposals (“I think it should be this way because ...”);
- c) View the situation from both perspectives (through role-playing or debating, for example);
- d) Decide on options where both students may gain ‘win-win’ solutions (“We’ll try it your way today and my way tomorrow to see which way is better.”);
- e) Reach a sensible agreement.

Teach students how to mediate for a constructive resolution of their classmates’ conflicts.

Choose an issue that might arise or has arisen between two of your students. Have two students role-play the issue and ask a third student to help her/his classmates come to an agreement. Instruct the third student to use his/her knowledge about her/his classmates and the issue to suggest what s/he thinks would be a good compromise.

Once all students have learned the skills of negotiation and mediation, designate two students each day, preferably one girl and one boy to serve as official mediators/peacemakers. Rotate official mediator roles throughout the entire class to ensure that all students are well-versed in the techniques. The official mediators serve to mediate any conflict that cannot be solved by the parties concerned.

In-Class Activity: Help students learn how to help mediate conflicts between your classmates. Designate a class peacemaker every week so that everybody can learn and practice conflict resolution and negotiation skills.

10. Recognize violence and discrimination against students with disabilities, and those from indigenous, minority and other marginalized communities

You may need to explain to other students the reasons why some children behave differently, have difficulties in learning or have limitations in sports and other physical activities due to their mental, learning or physical disabilities. Emphasize that all members of the class are different in different ways and this is what makes them unique. Differences are to be appreciated. Everyone has the right to be respected for who they are. Similar work may need to be done at parent-teacher meetings.

Try to become aware of possible biases or assumptions that you or your students may bring to the classroom. Ask your students to think critically about the assumptions or stereotyping they may make which underlie their treatment of others who are different from them. Model the behavior you want to foster in your students.

Speak up at once if students make discriminatory remarks. Talk to your students about how words have the power to hurt. Look out for physical violence, however minimal it may seem, that can accompany discriminatory and racist remarks.

Check the curriculum and textbooks. Do they seek to develop understanding of different cultures in society? Do they develop understanding about differences and encourage learning to live together?

Avoid making individuals spokespersons for their cultural or ethnic group. 'Labelling' will only isolate them from the rest of the student populace. Helping them become integrated as part of the class will raise awareness of the positive value of diversity.

In-Class Activity: Ask students to treat each of their classmates equally the way they would like to be treated, especially those who may be different from them, who may come from different cultures or who may have limitations in their physical or mental abilities. Reminder: Differences are to be appreciated and everybody has the right to be different!

Other effects of school violence include:

- vandalism and loss of property – especially school facilities
- moral decadence
- poor human capital development
- increase in crime rate
- erosion of cultural values
- Bad reputation for schools as well as societies.

Summarize

School violence is a multi-faceted social ill and may occur for diverse reasons:

- The intake of hard substances such as drugs and alcohol abuse.
- Personality problems.

- Psychological deficiencies created by dysfunctional homes.
- Worry
- hatred

TUESDAY 2ND July 2024

“SEXUAL HARRASHMENT”

Sub-Theme: “RESPECT YOURSELF RESPECT
OTHERS”

What is sexually transmitted infections?

A **sexually transmitted infection** (STI) is an **infection** you can get by having sex. Some STIs (such as gonorrhea and chlamydia) infect your sexual and reproductive organs. Others (such as HIV, hepatitis B, and syphilis) cause general body **infections**. STIs used to be called VDs, or venereal diseases.

How do you get it?

Many STIs are spread through contact with infected body fluids such as blood, **vaginal** fluids, or semen. They can also be spread through contact with infected skin or mucous membranes, such as **sores** in the mouth. You may be exposed to infected body fluids and skin through **vaginal, anal** or **oral** sex

How do I know I have an STI?

For example, it **can** take more than 10 years for HIV symptoms to show up, and infections like herpes, chlamydia, and gonorrhea **can** be spread even **if** there are no symptoms. That said, there are some common symptoms of **STDs**, like itching, a burning sensation **when** you pee, and unusual and bad-smelling discharge.

What Are the Symptoms of STIs?

- Bumps, sores, or warts near the mouth, anus, penis, or vagina.
- Swelling or redness near the penis or vagina.
- Skin rash.
- Painful urination.
- Weight loss, loose stools, night sweats.
- Aches, pains, fever, and chills.
- Yellowing of the skin (jaundice).
- Discharge from the penis or vagina.

How do you get rid of an STI?

You must see a doctor. **Bacterial** STDs can be cured with **antibiotics** if treatment begins early enough. **Viral** STDs cannot be cured, but you can manage symptoms with medications. There is a vaccine against **hepatitis B**, but it will not help if you already have the disease.

What are the consequences of sexually transmitted infections?

Consequences of STDs. STDs can have severe medical consequences, including **death**. Untreated **gonorrhea** and **chlamydia** can cause pelvic inflammatory disease, or PID, in women, which can **lead** to **infertility** or chronic **pain**.

How can we prevent STI?

- i. Use latex condoms every time you have sex
- ii. **Avoid** sharing towels or underclothing
- iii. Wash before and after intercourse
- iv. Get a vaccination for hepatitis B
- v. Get tested for HIV
- vi. If you have a problem with drug or alcohol abuse, get help
- vii. Consider that not having sex is the only sure way to **prevent** STDs



TEENAGE PREGNANCY

Teenage pregnancy, also known as **adolescent pregnancy**, is **pregnancy** in a female under the age of 20.

Pregnant teenagers face many of the same pregnancy related issues as other women. There are additional concerns for those under the age of 15 as they are less likely to be physically developed to sustain a healthy pregnancy or to give birth.

Risks are:

- Low birth weight,
- Premature labour, anaemia, and
- Pre-eclampsia are connected to biological age, being observed in teen births even after controlling for other risk factors (such as accessing prenatal care etc.

Teenage pregnancies are associated with:

- Social Issues
- Lower Educational Levels
- Poverty

In 2015 about 47 females per 1,000 had children well under the age of 20. In the developing world about 2.5 million females under the age of 16 and 16 million females 15 to 19 year old have children each year. Another 3.9 million have abortions. It is more common in rural than urban areas. Worldwide, complications related to pregnancy are the most common cause of death among females 15 to 19 year old. **(Source WHO)**

Main causes of teenage pregnancy

These young females have not yet reached adulthood and the causes of teenage pregnancy vary greatly. Teenage pregnancy may be linked to things **such as lack** of education and information about reproduction, peer pressure and **early** engagement of sexual activity.

What are the effects of teenage pregnancy?

Another study reported that teen mothers face significant levels of stress that can then **lead** to increased mental health concerns. In addition to higher rates of postpartum **depression**, teenage mothers have higher rates of **depression**. They also have higher rates of suicidal ideation than their peers who aren't mother

Why teenage pregnancy is dangerous?

Pregnant teens have a higher **risk** of getting high blood pressure – called **pregnancy-induced hypertension** -- than **pregnant** women in their 20s or 30s. They also have a higher **risk** of preeclampsia. ... And, they can lead to further **pregnancy** complications such as premature birth

How do you prevent teenage pregnancy?**Talk with their teens about sex, including:**

1. Encouraging them not to have sex.
2. encouraging them to use effective birth control to prevent pregnancy, along with condoms to protect against sexually transmitted diseases

10 tips for Parents to help their children avoid Teen Pregnancy

1. Be clear about your own sexual values and attitudes.
2. Talk with your children early and often about sex and love. Be specific.
3. Supervise and monitor your children's activities.
4. Know your children's friends and their families.
5. Discourage early, frequent and steady dating.
6. Take a strong stand against teens dating people who are significantly older or younger than they are
7. Help your teens have options for the future that are much more attractive than early pregnancy and parenthood.
8. Emphasize how much you value education
9. Know what your kids are watching, reading and listening to.
10. Strive for a relationship that is warm and affectionate—firm in discipline and rich in communication.

How can we prevent Teenage Pregnancy in school?

Here, they share strategies and tips for helping their high school-aged daughters prevent pregnancy.

1. Have the Sex Talk
2. Explain Safe Sex
3. Teach Her to Respect Herself
4. Encourage Abstinence
5. Lay Out the Consequences
6. Encourage Them to Gain Experience Caring for a Baby
7. Discuss the Options
8. Don't Make Sex a Taboo Subject.



Wednesday 3rd July 2024

“SOCIAL MEDIA”

Sub Theme.” BE A SAFE ONLINE USER”

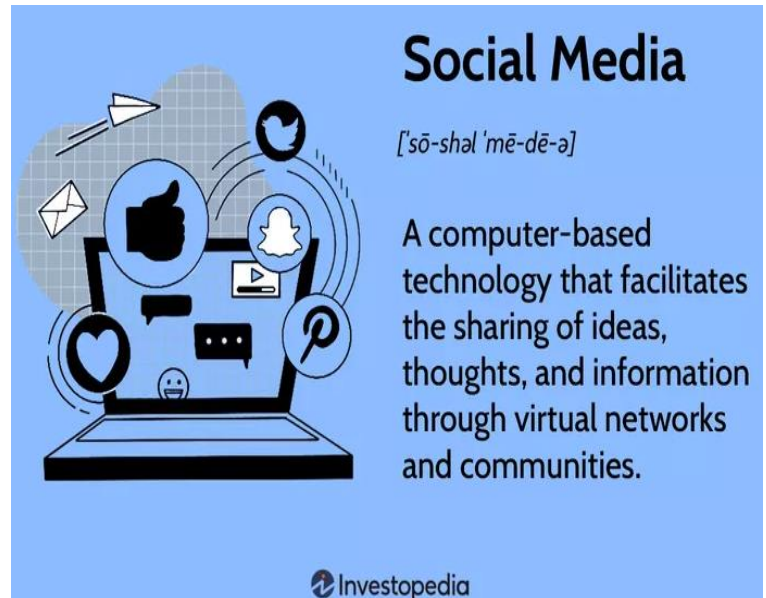
What is social media?

According to Investopedia, social media refers to a variety of technologies that facilitate the sharing of ideas and information among their users. From Facebook and Instagram to X platform (formerly Twitter) and YouTube, more than 4.7 billion people use social media, equal to roughly 60% of the world's population.¹ In early 2023, 94.8% of users accessed chat and messaging apps and websites, followed closely by social platforms, with 94.6% of users.²

Types of Social Media Platforms

These were the most widely used social media providers as of January 2023, according to DataReportal:

- 1) Facebook (2.96 billion users)
- 2) YouTube (2.51 billion users)
- 3) WhatsApp (2 billion users)
- 4) Instagram (2 billion users)
- 5) WeChat (1.31 billion users)
- 6) TikTok (1.05 billion users)
- 7) Facebook Messenger (931 million users)
- 8) Douyin (715 million users)
- 9) Telegram (700 million users)
- 10) Snapchat (635 million users)



ONLINE THREATS

1. Cyberbullying

Cyberbullying behaviour can include mean posts, comments and messages about a child, or deliberately leaving them out of online group activities.

Cyberbullying can have a negative effect on your child, impacting on their emotional and physical wellbeing.

Here are some helpful tips:

- ✓ Talk to your child about cyberbullying before it happens. Together you can work out strategies to address potential issues and reassure them you will be there to offer support.
- ✓ Remember, when they are away from school, children have less access to their usual support systems including friends, teachers and counsellors.
- ✓ Watch out for signs such as your child appearing upset or anxious after using their mobile, tablet or computer, being unusually secretive about their online activities or becoming withdrawn.
- ✓ What can I do if my child is being cyberbullied? As a parent, your first instinct may be to ban your child from social media, disable the wi-fi or turn off the data access. But this could make the problem worse by making your child feel as if they are being punished and heightening their sense of social exclusion.

There are five simple steps that can help minimise harm:

1. Listen, think, stay calm — talk about what happened, try to remain open and nonjudgemental, ask your child how they feel and ensure they feel heard.
2. Collect evidence of the cyberbullying material — it is a good idea to collect evidence, such as screenshots, of the bullying behaviour, in case you need to report it later on.
3. Report the cyberbullying to the social media service where it is occurring — many social media services, games, apps and websites allow you to report abusive content and request that it is removed.
4. Block the offending user — advise your child and others not to respond to bullying messages as this can inflame the situation. Help your child block or unfriend the person sending the messages.
5. Get help and support — check in with your child regularly about how they are feeling. If you notice any changes that concern you, get help through an online or telephone counselling and support service.

2. Online pornography

Your child may discover online porn unintentionally, or they may go looking for it. Either way, you can play a role in protecting your child, or supporting them if they find pornography online.

How can I protect my child?

- Set some 'house rules' — have an age-appropriate discussion about the issue with your children and talk about where and when it is OK to use computers and devices.
- Stay engaged — talk regularly and openly with your child about what they are doing online — this helps build trust.
- Use the available technology — take advantage of the parental controls available on devices and ensure the 'safe search' mode is enabled on browsers.
- Build resilience — talk about sexualised content as this can help young people process what they come across online and reinforce the importance of consent and respectful relationships.
- Consider raising the subject of pornography yourself — parenting experts recommend starting the conversation early (by the time they are around 9 years old) to help protect them from the potential impacts of coming across it accidentally. Every child is different, so decide when you think it is right to raise the subject with your child.
- Take a long-term view — reinforce that if your child does see something they do not understand, they can come and ask you about it.

What can I do if my child has found pornography online?

- Stay calm — thank them for being brave enough to let you know and reassure them that you will sort it out together.
- Listen, assess, pause — ask your child how they found it, where it happened, who (if anyone) showed it to them and how they felt when they saw it. Resist the urge to give a lecture.
- Reassure your child they are not in trouble — try not to remove your child's device or online access completely, as they will see it as punishment.
- Be sensitive to how they feel — it is important to talk with your child about how the content made them feel. Encourage them to talk to you about any questions they have. Talk about the importance of consent and respect in relationships — talk about the importance of always having permission to touch, hug or kiss another person.

3. Sending nudes and sexting

It is important to talk with your child about the possible consequences of sending or sharing nude or intimate photos or videos, and to know how to help if things go wrong.

These risks include:

- Losing control of the image and having their intimate images shared beyond the intended audience, even in trusted relationships.
- Peer pressure and disrespect if by being forced or pressured into sending explicit images or videos.
- Psychological and emotional harms, including humiliation, bullying, teasing, harassment or damage to their reputation.
- Criminal charges or penalties for some cases — in particular, the sharing of nonconsensual intimate images.

How can I minimise the risks to my child?

- Talk to your child about how to stay connected with friends and loved ones in safe and age-appropriate ways.
- Talk about the risks — what can go wrong and the legal issues. Remind your child that once an image is shared, it is almost impossible to get it back or to control how it is further distributed.
- Promote self-confidence and that it is OK to say 'no' — let them know that they don't have to give in to peer pressure to send intimate images or messages just because others do, or because their boyfriend or girlfriend has asked them to.
- Teach your child about consent and respectful relationships — help them understand the impact of sharing someone else's intimate images or messages and that sharing without consent means they are breaking that person's trust. What can I do if my child's intimate image is shared online?
- Stay calm and open — reassure them that you will work through this together.
- Listen, and act fast — there can be legal issues when intimate images of children are shared. Work quickly to remove the content online by reporting the image to the site or service it was posted on.
- Get help and support — look after your child's wellbeing and encourage them to speak with an online or telephone counselling and support service.

4. Unwanted contact and grooming

Unwanted contact is any online communication that makes your child feel uncomfortable or unsafe, even if they initially wanted the contact.

It can come from a stranger, an online 'friend' or even someone they know in person. At worst, it can involve 'grooming' — building a relationship with the child to sexually abuse them.

How can I minimize the risks to my child?

- Make their accounts private — suggest that your child makes their social media accounts private or revises their privacy settings regularly.
- Delete contacts they don't talk to — ask them to go through all the people who follow, or are friends with them, on social media and check that they actually know them.
- Report and block — if your child receives any unwanted contact from either someone they know or a stranger, encourage them to report and block the person.
- Delete requests from strangers — encourage your child to delete friend or follow requests from people they don't know.

What else can I do to protect my child?

- Stay involved in your child's digital world — keep up-to-date with the websites, apps and online chat services they are using, and explore them together.
- Build an open trusting relationship — keep communication open and calm so they know they can come to you when someone is asking them to do something that does not feel right.
- Help your child to protect their privacy — encourage your child to use their privacy settings on social media sites to restrict their online information to known friends only.
- Teach your child to be alert to signs of inappropriate contact — help them recognise signs that an online 'friend' may be trying to develop an inappropriate relationship, such as asking:
 1. lots of questions about personal information soon after meeting online
 2. if they would like to meet in person
 3. which room their computer is in
 4. for favours and doing things in return (they often use promises and gifts to gain trust).
- Establish safety guidelines for meeting online 'friends' — explain that it is safest to keep online 'friends' online. If they do want to meet someone face-to-face once health restrictions are removed, they should discuss it with you first. Let them know they should be accompanied by you or another trusted adult.
- Talk to your child without being judgmental or angry and make them feel like they can come to you with anything, without fear of being punished or criticized. Find out what happened and act to protect your child.

Role of Online Safety Commission

The Online Safety Commission (OSC) empowers Fijians to be responsible and safe online. It also provides Fijians a space to resolve concerns with respect to online abuse such as online bullying, internet trolling or image based abuse.

Vision

"Fiji For Safer Internet"

Mission

"To educate Fijians on using digital spaces safely and responsibly. And establishing lead support for individuals facing harmful online communication."

Values

- **People**

Nurturing a safe online environment for our nation is a collaborative effort by people from every part of Fiji.

- **Collaboration**

Working together with government agencies, non-governmental organizations, regional frameworks, international bodies and other stakeholders to achieve the best outcomes for Fijians.

- **Confidentiality**

Treating information with the highest regard for privacy and discretion.

- **Innovation**

Designing and addressing systems and processes that would encourage digital literacy throughout Fiji.

WE ARE HERE TO HELP YOU

If you or someone you know has been harmed online, we're here to help. Your safety and well-being are important to us, and we're committed to supporting you through this challenging time. Please reach out to us for assistance and support.



Email
help@onlinesafetycommission.com



Call 9980242



Submit an Online Report by clicking **Report Now** tab



Visit our office at Level 9 Suvavou House

ONLINE SAFETY TIPS

Staying safe on social media

Most people use social media to stay connected with friends and have fun. However, there are people who don't play by the same rules and use it as a platform to offend people or cause them harm. Don't let these users ruin your experience. Make sure that you do what you can to stay safe.

Set your profiles to private.

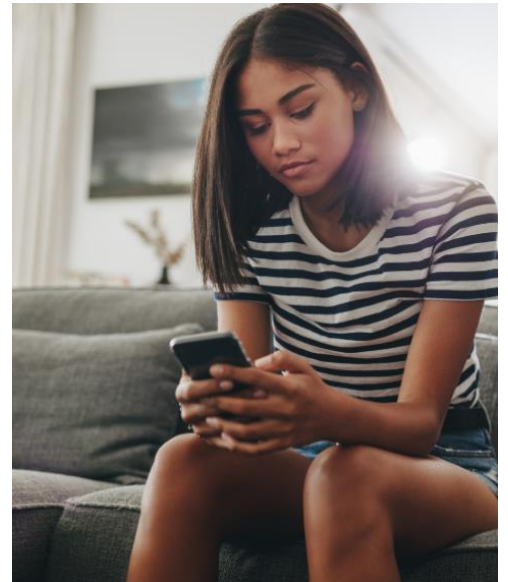
Think carefully about what you post online and who you want to see it. Consider setting your profiles to friends and followers only.

Remember anything you post can be shared!

Even with strong privacy settings in place, it is important that you remember that what you post online is never really private and can be shared. Posts also stay around on the internet long into the future. It is therefore important that you always think before you post.

Ways to be safe online

- Consider accepting friends requests from only family, friends, colleagues, or individuals you have met offline.
- Avoid clicking links that ask for personal information especially any links that ask for money and bank details.
- Many times we are more reactive on social media rather than preventative in terms of our privacy settings or online safety. We believe the best way to use social media is by being aware of our online environment.
- Other tips for social media include understanding that social media platforms such as Facebook, Instagram and Twitter have in-built reporting mechanisms that help you and I have a safe, responsible and overall great experience as a social media user.
- These mechanisms help detect abusive, explicit, harmful content that may be available online through social media. They are based on guidelines and standards that are set by the respective social media platforms and are available for you and I through the following link





Tips for teaching online safety in schools.

Kids today spend half of their waking hours using technology, which helps to define and shape their identities and relationships, and directly impacts the school environment. We have a responsibility to understand online safety for ourselves, and then help guide kids to be safer in this connected world.

As educators, you can help students become ethical, responsible, and resilient digital citizens. You don't have to be tech savvy: use the tips below that rely on common sense and basic online safety practices.

1. Protect your devices and info

Take these steps to guard devices against someone who tries to break in and impersonate or spy on you, scam you, or use malicious software to destroy or steal your photos, contact lists, and other info.

- Keep all software (especially your web browser) current with the latest updates and patches.
- Install legitimate antivirus and antispyware software.
- Confirm that your device's firewall is turned on.
- Protect your wireless router with a good password, and use flash drives cautiously. For more information see [Be safer over wireless connections](#).
- Think twice (even if you know the sender) before you open attachments or click links in email, SMS text messages, or on social media. For more information see [Protect yourself from phishing](#).
- Use strong passwords, and **DO NOT SHARE THEM**—not even with your best friend. Also don't reuse passwords; use a different password at each site. For more information see [Create and use strong passwords](#).
- Use your phone's screen lock feature to keep anyone from making calls, texting, or accessing your personal info without your permission.

2. Share with care

Information you share online about yourself or comments you post can become public. They may remain in search results for years to come, potentially visible to a future employer or college admissions officer.

Follow this advice to guard against someone turning your information against you to bully, impersonate you, steal your identity, or scam you.

- Don't share suggestive photos or videos.
- Make your social network pages private. One way is to look for Settings or Options on the social site to manage who can see your profile or photos tagged with your name, how people can search for you, who can make comments, and how to block people.
- Create profile pages and email addresses that reveal nothing personal and aren't suggestive.
- Be choosy about adding new friends on social sites, or in games.

3. Be a real friend

- If you wouldn't wear it on a T-shirt, don't share it.
- Stand up for your friends. Cyberbullies are less likely to target someone who has a strong group of friends, and usually stop when a victim's friends rally around him or her. (Cyberbullies may be surprised to learn that their actions may be crimes.)
- Don't share personal details of friends and family members without their permission.

4. Connect honestly and carefully

- Don't download copyrighted music, video games, etc.—it's illegal. Plus, pirated files are often used to distribute viruses and spyware without the user's knowledge.

- Don't copy text from the web or buy finished essays or reports. When you copy you don't learn the material, and the learning is what it's all about. Besides, many schools and teachers have tools now that can automatically spot plagiarized papers, so the odds of getting caught are higher than you might expect.
- Meeting an online "friend" in person can be risky. If you're going to meet somebody you've only known online protect yourself: always bring a parent, trusted adult, or friend, and meet in a busy public place.

Advice for Parents

Parents experience daily the constant connection their kids have with technology and how it shapes their reality. That's why parents can play a vital role in helping their kids develop the skills and ethics they need to make their own informed decisions. In your conversations with parents about online issues, suggest that they pay attention to what kids do and who they meet online. It's particularly important for parents to negotiate clear guidelines for web and online game use that fit both their kid's maturity and the family's values.

Thursday 4th July 2024

"MENTAL WELLNESS"

Sub Theme. "Healthy Coping Skills"

Definition of Wellness

Wellness is an active process of becoming aware of and making choices toward a healthy and fulfilling life. Wellness is more than being free from illness, it is a dynamic process of change and growth.

"...a state of complete physical, mental, and social well-being, and not merely the absence of disease or infirmity."- The World Health Organization

Eight Dimensions of Wellness

There are eight dimensions of wellness: occupational, emotional, spiritual, environmental, financial, physical, social, and intellectual.

Emotional Wellness

Emotional wellness relates to understanding your feelings and coping effectively with stress. It is important to pay attention to self-care, relaxation, stress reduction and the development of inner resources so you can learn and grow from experiences.

Environmental Wellness

Environmental wellness inspires us to live a lifestyle that is respectful of our surroundings. This realm encourages us to live in harmony with the Earth by taking action to protect it. Environmental well-being promotes interaction with nature and your personal environment. Everyone can have a strong environmental conscious simply by raising their awareness.

Occupational Wellness

Occupational wellness is about enjoying your occupational endeavors and appreciating your contributions. This dimension of wellness encourages personal satisfaction and enrichment in one's life through work.

Physical Wellness

Physical wellness relates to maintaining a healthy body and seeking care when needed. Physical health is attained through exercise, eating well, getting enough sleep and paying attention to the signs of illness and getting help when needed.

Social Wellness

Social wellness helps you perform social roles effectively and comfortably, and create a support network. This dimension of wellness allows you to not only develop encouraging relationships with peers, but also intimate relationships with romantic partners.

Spiritual Wellness

Spiritual wellness allows you to develop a set of values that help you seek meaning and purpose. Spirituality can be represented in many ways, for example, through relaxation or religion. But being spiritually well means knowing which resources to use to cope with issues that come up in everyday life.

How do you achieve Wellness?

If so, read on for a simple step-by-step guide to achieving wellness.

1. Detoxification. It's time to clear out all the crap
2. Nourishment. So you've given up all the nasties/snacks
3. Mindfulness. Increase your level of awareness
4. Positive Coping Mechanism
5. Sleep
6. Social connections
7. Education.

What does Wellness include?

Wellness is much more than merely physical health, exercise or **nutrition**. It is the full integration of states of physical, mental, and spiritual well-being. The model used by our campus includes social, emotional, spiritual, environmental, occupational, intellectual and physical wellness.

What are the benefits of Wellness?

A **wellness** program as defined on the Healthcare.gov website is: ... **Wellness** programs are provided to employees as a preventive measure to help avoid illness while improving and maintaining the general health of the employees. This can be accomplished through education, communication and a supportive work environment.

What are some lifestyle factors that promote good health?

These six lifestyle modifications are ones that have the best evidence of giving you more healthy years.

- Getting Regular and Adequate Amounts of Sleep
- Eating Regular Well-balanced Meals, Including Breakfast
- Engaging in Regular Physical Activity
- Maintaining a Healthy Body Weight.

What lifestyle factors can affect your health?

Behavioural and social issues that impact on health include:

- **Smoking**
- **Alcohol**
- Poor **diet** leading to **obesity** or **malnutrition**,
- Lack of **physical exercise**
- Sexual behaviour and problems resulting from **drug taking**.

Healthy Coping Skills for Uncomfortable

Coping skills are the tactics that people use to deal with stressful situations. Managing your stress well can help you feel better physically and psychologically and impact your ability to perform your best.

But not all coping skills are created equal. Sometimes, it's tempting to engage in strategies that will give quick relief but might create bigger problems for you down the road. It's important to establish healthy coping skills that will help you reduce your Emotional Stress or rid yourself of the stressful situations you face. Examples of healthy coping skills include:

- Establishing and maintaining boundaries
- Practicing relaxation strategies such as deep breathing, meditation, and mindfulness
- Getting regular physical activity
- Making to-do lists and setting goals

Two of the main types of coping skills are problem-based coping and emotion-based coping. Understanding how they differ can help you determine the best coping strategy for you.

- **Problem-based coping** is helpful when you need to change your situation, perhaps by removing a stressful thing from your life. For example, if you're in your anxiety and sadness might be best resolved by ending the relationship (as opposed to soothing your emotions).
- **Emotion-based coping** is helpful when you need to take care of your feelings when you either don't want to change your situation or when circumstances are out of your control. For example, if you are grieving the loss of a loved one, it'd be important to take care of your feelings in a healthy way (since you can't change the circumstance).

HEALTHY COPING vs. UNHEALTHY COPING

**CREATING HEALTHY
DISTANCE**

**TAKING RESPONSIBILITY
OF OWN FEELINGS/ACTIONS**

**SEEKING
THERAPY**

**SETTING OUT GOALS
TO CREATE CHANGE**

**PROJECTING FEELINGS
ONTO OTHERS**

**AVOIDANCE
OF FEELINGS**

**ABUSING DRUGS,
SEX & ALCOHOL
TO FEEL BETTER**

**COMPLAINING WITHOUT
TAKING ACTION**

MY SELF-CARE TODAY

I Feel...

I Need to...

Overwhelmed

Take a break

Stressed

Focus on relaxation

Anxious

Practice my coping skills

Sad

Be loving toward myself

Angry

Find a positive outlet

Drained

Rest (mind, body soul)

Broken

Practice (self)compassion

Upset

Find love & support

Salt, Sugar and Oil: The Good, the Bad and the Ugly

SALT

It is found in all living tissues in small amounts, in processed foods, and in the salt shaker. Salt consumption should not exceed the 1,500-2,000 mg range (about a quarter teaspoon) for people who are healthy and are not experiencing any health problems.

The Good

The sodium in natural, unprocessed foods is not a problem. We need this for mineral balance and electrical energy. Some natural sources of higher sodium vegetables are celery (1 cup = 104 mg sodium), boiled beets (1 cup = 131 mg sodium), and boiled beet greens (1 cup = 347 mg sodium).

The Bad

Too much salt can cause water retention (edema), bloating, and weight gain. It can stiffen the walls of the arteries, leading to increased blood pressure which can cause strokes. High blood pressure also damages small vessels, which can affect the retina in the eyes. Excess salt also affects the kidneys by destroying the filters.

Substitutes

Good substitutes for salt are lemon juice, Benson's Table Tasty and other salt-free seasonings, and flavored vinegars. If you choose to add salt to a dish, add it at the table and not while cooking.

SUGAR

Refined sugar is from sugar beets and sugarcane and is turned into white powder. Popular Sources recommend no more than 6 teaspoons for women and 9 teaspoons for men (1 teaspoon sugar equals 5 grams).

The Good

We need sugar for energy signaling between cells. Eat whole fruits, vegetables, and starchy grains, and you'll get the natural sugars your body needs

The Bad

Processed sugar ages you, decreases the elasticity of the skin, and can form cataracts in your eyes. Because it is devoid of fiber, sugar enters the bloodstream rapidly, causing insulin to spike. Sugar in the blood causes molecules to become sticky and muscle fibers to stiffen, crack, and break. Excess sugar promotes intestinal yeast overgrowth that can lead to autoimmune diseases via the “leaky gut” syndrome.

The most detrimental sugar is high fructose corn syrup. It can lead to fatty liver, diabetes, kidney disease, insulin resistance, abdominal fat, teeth rot, and it raises high blood pressure to higher levels.

Substitutes

The best substitute for sugar is nature’s fruit.

OIL

Olive oil is not heart healthy! It contains 4,000 calories per pound and has 14% saturated fat. Those who are convinced olive oil is healthy usually align it with the benefits of the Mediterranean diet. However, they should take into account that “Most likely, the heart benefits of a Mediterranean diet are due to it being a nearly vegetarian diet” (Am J Clin Nutr 61:1321S, 1995).

The Good

We need fat for survival, hormones, and for the skin and nerves. Omega 3 fatty acids turn off inflammation and are found in flax, hemp, chia seeds, walnuts, and green, leafy vegetables.

The Bad

Omega 6 fatty acids turn on inflammation and are found in safflower, sunflower, corn, cottonseed, and peanut oils.

Excessive saturated fats stiffen the walls of the arteries and decrease blood flow to the tissues and organs, while trans fatty acids damage the arteries.

Substitutes

Do not pour oil on your food! Use broth, water, or balsamic vinegar for sautéing. You can blend vegetables, fruits, and nuts together for dressings.

It is too easy to use too much salt, sugar and oil, which can lead to many health problems. Do your body a favor and stick with natural sources of these foods.

Why is physical activity so important for Health and Well Being?

It’s a natural mood lifter.

Regular physical activity can relieve stress, anxiety, depression and anger. You know that "feel good sensation" you get after doing something physical? Think of it as a happy pill with no side effects! Most people notice they feel better over time as physical activity becomes a regular part of their lives.

It keeps you physically fit and able.

Without regular activity, your body slowly loses its strength, stamina and ability to function properly. It's like the old saying: you don't stop moving from growing old, you grow old from stopping moving. Exercise increases muscle strength, which in turn increases your ability to do other physical activities.

It helps keep the doctor away.

Stand up when you eat your apple a day! Too much sitting and other sedentary activities can increase your risk of heart disease and stroke. One study showed that adults who watch more than 4 hours of television a day had an 80% higher risk of death from cardiovascular disease.

Being more active can help you:

- lower your blood pressure
- boost your levels of good cholesterol
- improve blood flow (circulation)
- keep your weight under control
- prevent bone loss that can lead to osteoporosis

All of this can add up to fewer medical expenses, interventions and medications later in life!

It's true, 70 is the new 60... but only if you're healthy. People who are physically active and at a healthy weight live about seven years longer than those who are not active and are obese. And the important part is that those extra years are generally healthier years! Staying active helps delay or prevent chronic illnesses and diseases associated with aging. So active adults maintain their quality of life and independence longer as they age.

Here are some other benefits you may get with regular physical activity:

- Helps you quit smoking.
- Boosts your energy level so you can get more done.
- Helps you manage stress and tension.
- Promotes a positive attitude and outlook.
- Helps you fall asleep faster and sleep more soundly.
- Improves your self-image and self-confidence.
- Helps you spend more time outdoors.

At least 150 minutes of moderate-intensity aerobic activity each week. You can knock that out in just 30 minutes a day, 5 days a week. And every minute of moderate to vigorous activity counts toward your goal.

So, this is easy! Just move more, with more intensity, and sit less. You don't have to make big life changes to see the benefits. Just start building more activity into your day, one step at a time.

Why Wellness Matters

Maintaining an optimal level of wellness is absolutely crucial to live a higher quality life. Wellness matters. Wellness matters because everything we do and every emotion we feel relates to our well-being. In turn, our well-being directly affects our actions and emotions. It's an ongoing circle. Therefore, it is important for everyone to achieve optimal wellness in order to subdue stress, reduce the risk of illness and ensure positive interactions.



healthy bodies.
healthy minds.



Friday 5th July 2024

“DRUGS & HIV”

Theme: “ Be Responsible, Make the Right Choice and Stay Away from Drugs”

COMMON LEGAL DRUGS USED IN FIJI

TOBACCO & SUKI



Also known as: *cigarettes, tavako ni valagi, ciggy, roll, suki, tavako ni viti, tamaku, etc.*

What is the effect of smoking?

Smoking and Respiratory Disease. Smoking can cause **lung** disease by damaging your airways and the small air sacs (alveoli) found in your lungs. **Lung** diseases caused by smoking include **COPD**, which includes **emphysema** and chronic bronchitis.

What does smoking do to your lungs?

Coughs, colds, wheezing and asthma are just the start. **Smoking** can cause fatal diseases such as pneumonia, emphysema and lung cancer. **Smoking** causes 84% of deaths from lung cancer and 83% of deaths from chronic obstructive pulmonary disease (COPD).

Can smoking affect your brain?

Nicotine from **cigarettes** is as addictive as heroin. Nicotine addiction is hard to beat because it changes **your brain**. The **brain** develops extra nicotine receptors to accommodate the large doses of nicotine from tobacco. ... You may feel anxious, irritable, and have strong cravings for nicotine.

What are the physiological effects of smoking?

The physiological effects of smoking on the **respiratory** system. Smoking **causes fatal** diseases to develop in many parts of the body including cancers of the upper and lower **respiratory** tracts (mouth, nasopharynx, larynx, and lung), the oesophagus, and the kidney.

What are the effects of smoking on the respiratory system?

Effects of smoking on the respiratory system. The effects of tobacco smoke on the respiratory system include: irritation of the trachea (windpipe) and larynx (voice box) reduced **lung** function and breathlessness due to **swelling** and narrowing of the **lung** airways and excess mucus in the **lung** passages.

How does nicotine affect your mental health?

Research into smoking and stress has shown that instead of helping people to relax, smoking actually increases anxiety and tension. **Nicotine** creates an immediate sense of relaxation so people smoke in **the** belief that it reduces stress and anxiety

What disease can you get from smoking?

Research into smoking and stress has shown that instead of helping people to relax, smoking actually increases anxiety and tension. **Nicotine** creates an immediate sense of relaxation so people smoke in **the** belief that it reduces stress and anxiety

Effects of quitting smoking tobacco?

The nerve endings **damaged** by smoking begin to **regrow**, improving your sense of smell and taste. 2 weeks to 3 months after quitting, your risk of **heart attack** drops. Improved circulation, lower blood pressure and heart rate, and better oxygen levels and lung function all reduce your risk of a **heart attack**.

What happens to your body when you quit smoking?

After just 12 hours without a cigarette, **the body** cleanses itself of **the** excess carbon monoxide from **the cigarettes**. **The** carbon monoxide level returns to normal, increasing **the body's** oxygen levels. Just 1 day after **quitting smoking**, **the risk of** heart attack begins to decrease.

Smoking cigarettes contributes to Non Communicable Disease and lung & throat cancer

POSITIVE EFFECTS OF QUITTING SMOKING

After 20 Minutes of Quitting Smoking
Blood pressure and heart rate will almost reach normal levels. Your blood circulation will begin to improve and your hands and fingers may begin to feel warm.

After 12 Hours of Quitting Smoking
Within twelve hours, the carbon monoxide levels begin to reduce and the oxygen levels begin to increase. This is a positive change that marks the beginning of an improvement in your oxygenation and overall health.

After Few Days of Quitting Smoking
One or two days later, you can see an improvement in your sense of taste and smell and would be happy to enjoy better things.

After Few Weeks Of Quitting Smoking
With lot of changes occurring in your body, your breathing, circulation and lung function slowly begin to improve. You can feel the difference and be able to breathe freely, perform regular activities and exercises without any discomfort. During the next few months, your lung function and health can steadily improve. Your lungs begin to repair and start functioning well, thus reducing your respiratory symptoms like cough and wheezing.

Health Benefits of Quitting Smoking
It reduces the following risks

- 1) Cancer, especially lung cancer
- 2) Respiratory troubles like cough & SOB
- 3) Coronary Heart Disease (CHD) within 1 or 2 years of quitting
- 4) Cardiovascular disorders and stroke
- 5) In women of reproductive age, it reduces the risk of infertility.

Info by: ePainAssist.com



Also known as: *Beer, dharu, yaqona ni valagi, wines, rum, whiskey, tequila, vodka, tribe, lager, Fiji gold, Fiji bitter, Davui, Vonu beer.*

Alcohol effects

Physical **Effects** from Too Much **Alcohol** on the Body and Brain. Consuming a large amount of **alcohol** can lead to several changes in the body. ... Digestive system: Consuming a lot of **alcohol** can inflame the lining of the stomach; short-term, this can lead to indigestion or nausea, especially as the **effects** of **alcohol** wear off.

Alcohol has a number of effects on health. Short-term effects of alcohol consumption include intoxication and dehydration. Long-term effects of alcohol consumption include changes in the metabolism of the liver and brain and alcoholism.

What are the short & long term effects of alcohol?

Long-term effects of alcohol. Binge drinking and continued **alcohol** use in large amounts are associated with many **health problems**, including: Unintentional injuries such as car crash, falls, burns, drowning.

What does alcohol do to your brain?

ALCOHOL'S DAMAGING EFFECTS ON THE BRAIN. Difficulty walking, blurred vision, slurred speech, slowed reaction times, impaired memory: Clearly, **alcohol** affects the **brain**. ... On the other hand, a person who drinks heavily over a long period of time may have **brain** deficits that persist well after he or she achieves sobriety.

Can alcohol damage your brain?

While it **can** take years of heavy drinking for diseases like **alcohol**-related **brain damage** to appear, negative effects on **the brain** materialize after only a few drinks. ... Heavy drinking and binge drinking **can** result in permanent **damage** to **the brain** and nervous system.

What happens when I stop drinking alcohol?

Deciding **to quit drinking** can cause significant changes in the body and overall health by increasing weight loss, reducing the risk of cancer, and improving your heart.

YAQONA

Also known as: *kava, grog, yaqona, tropical root juice,*



What are the effects of drinking kava?

Serious illness, including **liver damage**, has occurred even with **short-term** use of normal doses. The use of kava for as little as one to three months has resulted in the need for **liver** transplants, and even **death**. Early symptoms of **liver damage** include yellowed eyes and **skin** (jaundice), fatigue, and dark urine.

Is kava a hallucinogen?

Kava is **NOT** a **Mind-altering Drug**. People tend to confuse **kava** with Ayahuasca, the **hallucinogenic** ceremonial drink from the Amazon. **Kava**, on the other hand, is not intended to give you visions or to put you into a trance. ... The majority of Fiji islanders drink **kava** on a daily basis with no ill effects

Is kava considered a drug?

Kava is a depressant **drug**, which means it slows down the messages travelling between the brain and the body. **Kava** is made from the root or stump of the **kava** (*Piper methysticum*) shrub. **Kava** comes in different forms including: Brownish-colored drink.

Is kava a narcotic?

Kava contains compounds known as kava lactones, they're responsible for its psychoactive qualities. In the brain, they operate on non-opiate pathways to offer a natural and non-**narcotic** action against anxiety

Is kava considered a drug?

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INHALANTS

Also known as: *ceru glue, sniffing glue, get a high,*



Inhalants are a broad range of household and industrial chemicals whose volatile vapors or pressurized gases can be concentrated and breathed in via the nose or mouth to produce intoxication, in a manner not intended by the manufacturer. They are inhaled at room temperature through volatilization (in the case of gasoline or acetone) or from a pressurized container (e.g., nitrous oxide or butane), and do not include drugs that are sniffed after burning or heating. For example, amyl nitrite (poppers), nitrous oxide and toluene – a solvent widely used in contact cement and model airplane glue – are considered inhalants, but smoking tobacco, cannabis, and crack are not, even though these drugs are inhaled as smoke.

Product category

Another way to categorize inhalants is by their product category. There are three main product categories: solvents; gases; and medical drugs which are used illicitly.

Solvents]

A wide range of volatile solvents intended for household or industrial use are inhaled as recreational drugs. This includes petroleum products (gasoline and kerosene), toluene (used in paint thinner, contact cement and model glue), and acetone (used in nail polish remover). These solvents vaporize at room temperature. Ethanol (the alcohol which is normally drunk) is sometimes inhaled, but this cannot be done at room temperature. The ethanol must be converted from liquid into gaseous state (vapour) or aerosol (mist), in some cases using a nebulizer, a machine that agitates the liquid into an aerosol. The sale of nebulizers for inhaling ethanol was banned in some US states due to safety concerns.

Gases

Nitrous oxide "whippets" are small aerosol containers designed for charging whipped cream dispensers. A number of gases intended for household or industrial use are inhaled as recreational drugs. This includes chlorofluorocarbons used in aerosols and propellants (e.g., aerosol hair spray, aerosol deodorant). A gas used as a propellant in whipped cream aerosol containers, nitrous oxide, is used as a recreational drug. Pressurized canisters of propane and butane gas, both of which are intended for use as fuels, are used as inhalants.

People who use **inhalants** breathe them in through the mouth (huffing) or nose. Most **inhalants** affect the central nervous system and slow down brain activity. ... Long-term health **effects** may include liver and kidney damage, loss of coordination and limb spasms, delayed behavioral development, and brain damage

SIDE EFFECTS OF INHALANTS

These effects are related to inhalant **intoxication** and may include aggression, **apathy**, **impaired** judgment, and **impaired** functioning in work or social situations; **nausea and vomiting** are other common side effects. Exposure to high **doses** can cause **confusion** and **hallucination**.

Long-Term Effects of Inhalants. Like many drugs, **inhalant** abuse can result in death, and it doesn't have to be **long-term** abuse that causes it. Sudden sniffing death can occur even after just one use - volatile compounds cross from the lungs into the bloodstream, and can lead to: Loss of consciousness.

Why are Inhalants dangerous?

Inhalants are **dangerous** chemical vapors produced by a range of common, but highly toxic, substances. When inhaled, these chemicals can cause damaging, mind-altering effects and sudden death. The three main types of **inhalants** are: solvents, gases and nitrates.

Are Inhalants stimulants or depressants?

Inhalants are depressant **drugs**. This means that they slow down the activity of the central nervous system and the messages going between the brain and the body. They do not necessarily make a person feel depressed. Other depressants include **alcohol**, cannabis, **benzodiazepines** and heroin.

Is glue an Inhalant?

Inhalant. Glue – are considered **inhalants**, but smoking tobacco, cannabis, and crack are not, even though these drugs are inhaled as smoke.

How Inhalants do affects the nervous system?

Most **inhalants** **affect** the central **nervous system** and slow down brain activity. Short-term effects are similar to alcohol and include: slurred or distorted speech. Lack of coordination (control of body movement)

Can sniffing glue kill you?

But these toxic chemicals were never meant to be inside a human body! Using inhalants just one time **can kill you**. **Sniffing** highly concentrated amounts of the chemicals in solvents or aerosol sprays **can** cause heart attacks and even death within minutes.

ILLICIT DRUGS IN FIJI

CANNABIS



Cannabis is also known as grass, pot, hash, weed, reefer, dope, herb, mull, Buddha, ganja, joint, stick, buckets, cones, skunk, hydro, yarndi, smoke and hooch

Cannabis, also known as marijuana among other names, is a psychoactive drug from the Cannabis plant used for medical or recreational purposes. The main psychoactive part of cannabis is tetrahydrocannabinol, one of 483 known compounds in the plant, including at least 65 other cannabinoids.

What is Cannabis?

Cannabis is a drug that comes from Indian hemp plants such as Cannabis sativa and Cannabis indica. The main active chemical in cannabis is THC (delta-9 tetrahydrocannabinol).

Cannabis is a depressant drug. Depressant drugs do not necessarily make you feel depressed. Rather, they slow down the activity of the central nervous system and the messages going between the brain and the body. When large doses of cannabis are taken it may also produce hallucinogenic effects.

Short-term effects

When smoked, the short-term effects of cannabis manifest within seconds and are fully apparent within a few minutes, typically lasting for 1–3 hours, varying by the person and the strain of cannabis. After oral ingestion of cannabis, the onset of effect is delayed relative to smoking, taking 30 minutes to 2 hours, but the duration is prolonged due to continued slow absorption. The duration of noticeable effects has been observed to diminish after prolonged, repeated use and the development of increased tolerance to cannabinoids.

Long-term effects

Main articles: Long-term effects of cannabis and Cannabis dependence

Exposure to marijuana may have biologically-based physical, mental, behavioural and social health consequences and is "associated with diseases of the liver (particularly with co-existing hepatitis C), lungs, heart, eyesight and vasculature" according to a 2013 literature review by Gordon and colleagues. The association with these diseases has only been reported in cases where people have smoked

cannabis. The authors cautioned that "evidence is needed, and further research should be considered, to prove causal associations of marijuana with many physical health conditions".

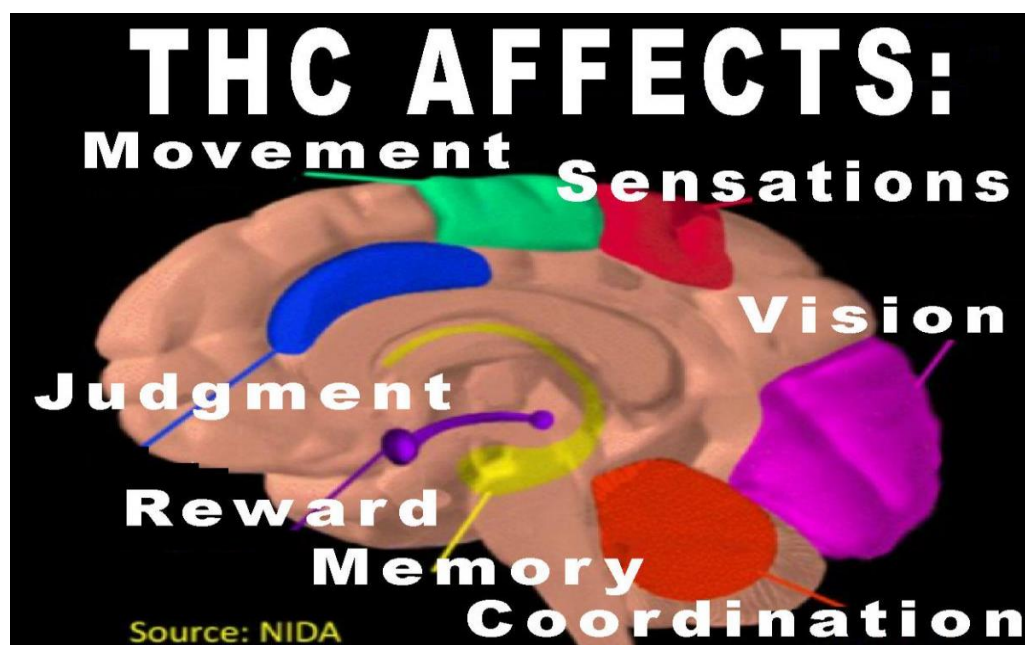
Cannabis use disorder is defined in the fifth revision of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-5) as a condition requiring treatment. Several drugs have been investigated in an attempt to ameliorate the symptoms of stopping cannabis use. Such drugs include bupropion, divalproex, nefazodone, lofexidine, and dronabinol. Of these, dronabinol has proven the most effective.^[109]

Effects in pregnancy

Main article: Cannabis in pregnancy

Cannabis consumption in pregnancy might be associated with restrictions in growth of the foetus, miscarriage, and cognitive deficits in offspring based on animal studies, although there is limited evidence for this in humans at this time. A 2012 systematic review found although it was difficult to draw firm conclusions, there was some evidence that prenatal exposure to cannabis was associated with "deficits in language, attention, areas of cognitive performance, and delinquent behaviour in adolescence". A report prepared for the Australian National Council on Drugs concluded cannabis and other cannabinoids are contraindicated in pregnancy as it may interact with the endocannabinoid system

Marijuana's effects on the brain



What are marijuana's long-term effects on the brain?

Substantial evidence from animal research and a growing number of studies in humans indicate that marijuana exposure during development can cause long-term or possibly permanent adverse changes in the brain. Rats exposed to THC before birth, soon after birth, or during adolescence show notable problems with specific learning and memory tasks later in life. Cognitive impairments in adult rats exposed to THC during adolescence are associated with structural and functional changes in the hippocampus. Studies in rats also show that adolescent exposure to THC is associated with an altered

reward system, increasing the likelihood that an animal will self-administer other drugs (e.g., heroin) when given an opportunity (see "**Is marijuana a gateway drug?**").

Imaging studies of marijuana's impact on brain structure in humans have shown conflicting results. Some studies suggest regular marijuana use in adolescence is associated with altered connectivity and reduced volume of specific brain regions involved in a broad range of executive functions such as memory, learning, and impulse control compared to people who do not use. Other studies have not found significant structural differences between the brains of people who do and do not use the drug.

Several studies, including two large longitudinal studies, suggest that marijuana use can cause functional impairment in cognitive abilities but that the degree and/or duration of the impairment depends on the age when a person began using and how much and how long he or she used.

Cannabis and the brain

Recent research according to Jasmin Collier sheds new light on the effects of cannabis on the brain. It reveals a complex pattern of potential harms and benefits that varies with age and disease. New research uncovers novel ways in which marijuana affects the developing brain.

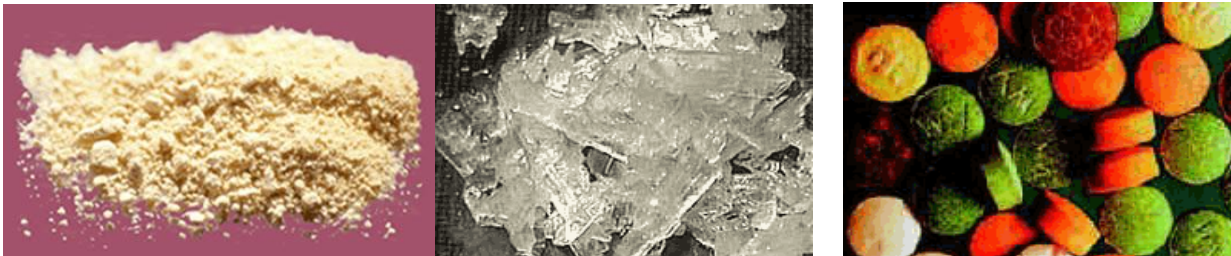
The findings came from a number of studies that featured at the 2018 annual meeting of the Society for Neuroscience, held in San Diego, CA.

They reveal, for instance, that exposure to marijuana before birth and during teen years can affect the developing brain in several ways.

Some of these ways disrupt communication between different parts of the brain, while others interfere with learning and memory and disrupt levels of chemical messengers and metabolic compounds.

METHAMPHETAMINE

Also known as Glass, Crystal, Speed, Ice, 'Ya Ba'



The different forms of methamphetamines: (from left) meth powder; 'ice'/glass look alike; and in tablets

Methamphetamine is part of a group of drugs called amphetamine- type stimulants (ATS). It is a synthetic drug that is usually manufactured in illegal laboratories. Methamphetamines comes as a powder, tablet, or as crystals that looks like shards of glass. It can be swallowed, sniffed/snorted, smoked or injected.

Methamphetamine stimulates a feeling of physical and mental wellbeing, as well as a surge of euphoria and exhilaration. User's experience, a temporary rise in energy, often perceived to improve their performance at manual or intellectual tasks. Users also experience delayed hunger and fatigue.

The short-term and long-term impact of the individual

When taken, meth and crystal meth create a false sense of well-being and energy, and so a person will tend to push his body faster and further than it is meant to go. Thus, drug users can experience a severe “crash” or physical and mental breakdown after the effects of the drugs wear off.

Because continued use of the drug decreases natural feelings of hunger, users can experience extreme weight loss. Negative effects can also include disturbed sleep patterns, hyperactivity, nausea, delusions of power, increased aggressiveness and irritability.

Other serious effects can include insomnia, confusion, hallucinations, anxiety and paranoia. In some cases, use can cause convulsions that lead to death.

Long-range damage

In the long term, meth use can cause irreversible harm: increased heart rate and blood pressure; damaged blood vessels in the brain that can cause strokes or an irregular heartbeat that can, in turn, cause cardiovascular collapse or death; and liver, kidney and lung damage.

Users may suffer brain damage, including memory loss and an increasing inability to grasp abstract thoughts. Those who recover are usually subject to memory gaps and extreme mood swings.

METH HARM

SHORT-TERM EFFECTS

- Loss of appetite
- Increased heart rate, blood pressure, body temperature
- Dilation of pupils
- Disturbed sleep patterns
- Nausea
- Bizarre, erratic, sometimes violent behaviour
- Hallucinations, hyper excitability, irritability
- Panic and psychosis
- Convulsions, seizures and death from high doses

LONG-TERM EFFECTS

- Permanent damage to blood vessels of heart and brain, high blood pressure leading to heart attacks, strokes and death
- Liver, kidney and lung damage
- Destruction of tissues in nose if sniffed
- Respiratory (breathing) problems if smoked
- Infectious diseases and abscesses if injected
- Malnutrition, weight loss
- Severe tooth decay
- Disorientation, apathy, confused exhaustion

- Strong psychological dependence
- Psychosis
- Depression
- Damage to the brain similar to Alzheimer's disease, stroke and epilepsy

Effects & Dangers

- Increased heart rate and body temperature
- Fits, stroke and death
- Damage to heart and nerves
- Liver and kidney diseases
- Abnormal behavior with mood swings, confusion, delusion and hallucination

Withdrawal Symptoms

- Extreme tiredness and hunger
- Anxiety , depression and irritability
- Insomnia [difficulty in sleeping]

OPIOIDS (SYNTHETIC DRUGS)



Pictured above: Opioids in various colours and forms

What kind of drugs are opioids?

Examples of opioids are:

Painkillers such as; **morphine**, **methadone**, **Buprenorphine**, **hydrocodone**, and **oxycodone**. **Heroin** is also an opioid and is illegal. Opioid drugs sold under brand names include: **OxyContin**, **Percocet**, **Palladone** (taken off the market 7/2005), **Vicodin**, **Percodan**, **Tylox** and **Demerol** among others.

What kind of drug is an Opiate?

They are created using chemicals not found in the poppy plant or from **morphine** or opium. The actual chemicals used vary from drug to drug and chemist to chemist. **Heroin**, the most abused opiate drug, is a **semisynthetic** opiate derived from **morphine**. Drugs like **heroin** and **OxyContin** are often included with opiates.

What are examples of Opioids drugs?

Brief Description.

Opioids are a **class** of drugs that include the illegal drug heroin, synthetic opioids such as fentanyl, and pain relievers available legally by prescription, such as oxycodone (OxyContin), hydrocodone (Vicodin®), codeine, morphine, and many others.

What are the side effects of Opioids?

Common side effects of opioid administration include:

- sedation,
- Dizziness
- Nausea
- Vomiting
- Constipation
- Physical dependence
- tolerance
- Respiratory depression

Long-term effects can include:

- **Nausea and vomiting.**
- Abdominal distention and **bloating.**
- **Constipation.**
- **Liver damage** (especially prevalent in abuse of drugs that combine opiates with acetaminophen).
- **Brain damage** due to hypoxia, resulting from **respiratory depression.**
- Development of **tolerance.**
- **Dependence.**

Short-term effects of opioids and morphine derivatives include:

- **Drowsiness.**
- Slowed breathing.
- **Constipation.**
- **Unconsciousness.**
- **Nausea.**
- **Coma**

Withdrawal Symptoms

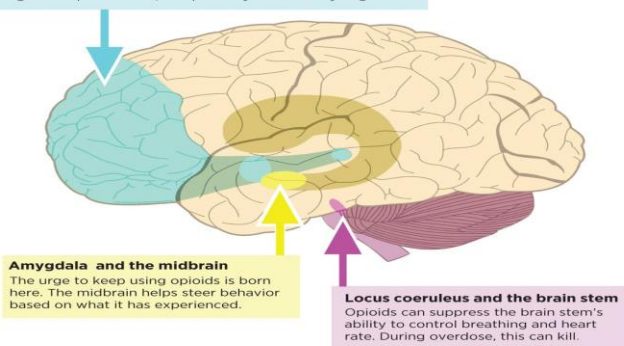
Withdrawal symptoms can last anywhere from a couple of days to up to a week or longer. For most prescription opiates, including OxyContin, Vicodin, morphine, and methadone, withdrawal symptoms take shape **8-12 hours** after the last dose.

OPIOIDS EFFECTS ON THE BRAIN

Opioids Do More Than Stimulate The Pleasure Center of the Brain

Prefrontal cortex and the central reward pathway

There is a natural link between pleasure and complex thoughts such as decision-making and planning. With long-term opioid abuse, this pathway becomes dysregulated.



Amygdala and the midbrain

The urge to keep using opioids is born here. The midbrain helps steer behavior based on what it has experienced.

Locus coeruleus and the brain stem

Opioids can suppress the brain stem's ability to control breathing and heart rate. During overdose, this can kill.

SOURCE: Adapted from Hugh Guiney / Wikimedia Commons

IAN HAYDON / Staff

HIV & AIDS in Relation to Drugs

What is bluetoothing?

Bluetoothing is sharing blood to get high.

One person becomes the host and injects themselves with meth. When the high kicks in, another person draws out blood, often using the same needle, and injects it into their own vein. In a group this can be done multiple times.

It is a popular practice in Fiji in situations when there is a limited amount of meth.

Updated NEWS on Drug Related HIV in Fiji.

One drug dealer said it is a standard way of getting high, especially "in places (where) they cannot afford (meth)".

Murphy said bluetoothing is not a common thing in most countries, but it is a worrying trend in Fiji.

"It's not just HIV they are injecting them with, there are other diseases, hepatitis and a whole range of other morbidities, so these are a direct transmission and that accelerates an epidemic like this."

Research manager at the Fiji Women's Crisis Centre Ilisapei Veibuli said a lot of the students her organisation sees practice bluetoothing but people are so addicted they don't really care what the consequences will be.

"We got a 17-year-old who is using ice and they are doing the bluetooth, he got so sick and he got taken to hospital and he is waiting to see if he has HIV or not," she said.

Veibuli said meth has changed family dynamics across Fiji, with sexual violence and prostitution adding to HIV/ AIDS rates.

"Women are forced to peddle drugs, we've even had women forced into prostitution because there is no money to buy drugs - forced by the husband to get injected so they can perform other sexual activities."

A drug dealer said addicted men would send their wives to the "top dogs" (syndicate heads) for sex in exchange for meth.

"The young girls, they go to the bosses, the top dogs and sell themselves. They sell themselves just to get a boost, a shot, that's it, and after selling themselves to the boss to shoot themselves up they will sell themselves on the street," he said.

Murphy said if Fiji's situation wasn't bad enough, there are now concerns for the wider Pacific.

Fiji is a major transportation hub for the region, it hosts the University of the South Pacific and other regional organisations.

"This is a serious worry for all of us that we are going to see an epidemic across the Pacific. It's a powder keg." Rabuka said the Government along with development partners are looking at setting up rehabilitation centres.

WHAT IS HIV/AIDS?

- **HUMAN IMMUNODEFICIENCY VIRUS infection and acquired immune deficiency syndrome (HIV/AIDS)** is a range of conditions caused by infection with the human immunodeficiency virus (HIV).
- **ACQUIRED IMMUNE DEFICIENCY SYNDROME (AIDS)** These late symptoms of infection are referred to as acquired immunodeficiency syndrome (AIDS). This stage is often also associated with unplanned weight loss.
- Following initial infection, a person may not notice any symptoms or may experience a brief period of influenza-like illness. Typically, this is followed by a prolonged period with no symptoms.
- As the infection progresses, it interferes more with the immune system, increasing the risk of developing common infections such as tuberculosis, as well as other opportunistic infections, and tumors that rarely affect people who have uncompromised immune systems.
- HIV is spread primarily by **unprotected sex** (including anal and oral sex), contaminated blood transfusions, hypodermic needles, and from mother to child during pregnancy, delivery, or breastfeeding. Some bodily fluids, such as saliva and tears, do not transmit HIV.
- **Methods of prevention** include safe sex, needle exchange programs, treating those who are infected, pre- and post-exposure prophylaxis, and male circumcision. Disease in a baby can often be prevented by giving both the mother and child antiretroviral medication.
- **There is no cure or vaccine**; however, antiretroviral treatment can slow the course of the disease and may lead to a near-normal life expectancy.
- Treatment is recommended as soon as the diagnosis is made. Without treatment, the **average survival time after infection is 11 years**.

In 2016, about 36.7 million people were living with HIV and it resulted in 1 million deaths. There were 300,000 fewer new HIV cases in 2016 than in 2015. Most of those infected live in sub-Saharan Africa.

From the time AIDS was identified in the early 1980s to 2017, the disease has caused an estimated 35 million deaths worldwide. HIV/AIDS is considered a pandemic—a disease outbreak which is present over a large area and is actively spreading. HIV originated in west-central Africa during the late 19th or early 20th century. AIDS was first recognized by the United States Centers for Disease Control and Prevention (CDC) in 1981 and its cause—HIV infection—was identified in the early part of the decade.

HIV/AIDS has had a large impact on society, both as an illness and as a source of discrimination. The disease also has large economic impacts. There are many misconceptions about HIV/AIDS such as the belief that it can be transmitted by casual non-sexual contact.

Signs and symptoms

The symptoms of HIV vary depending on the stage of infection.. The first few weeks after initial infection, individuals may experience no symptoms or an influenza-like illness including fever, headache, rash, or sore throat.

As the infection progressively weakens the immune system, an individual can develop other signs and symptoms, such as swollen lymph nodes, weight loss, fever, diarrhoea and cough. Without treatment, they could also develop severe illnesses such as tuberculosis, cryptococcal meningitis, severe bacterial infections and cancers such as lymphomas and Kaposi's sarcoma, among others.

Transmission

HIV can be transmitted via the exchange of a variety of body fluids from infected individuals, such as blood, breast milk, semen and vaginal secretions. Individuals cannot become infected through ordinary day-to-day contact such as kissing, hugging, shaking hands, or sharing personal objects, food or water.

Risk factors

Behaviours and conditions that put individuals at greater risk of contracting HIV include:

- **Bluetooth**(Sharing Blood using injection to get high with Methamphetamine) , receiving unsafe injections, blood transfusions, tissue transplantation, medical procedures that involve unsterile cutting or piercing; and sharing contaminated needles, syringes and other injecting equipment and drug solutions when injecting drugs;
- Experiencing accidental needle stick injuries, including among health workers.
- having unprotected anal or vaginal sex;
- having another sexually transmitted infection such as syphilis, herpes, chlamydia, gonorrhoea, and bacterial vaginosis;

Prevention

Individuals can reduce the risk of HIV infection by limiting exposure to risk factors. Key approaches for HIV prevention, which are often used in combination, are listed below.

- Male and female condom use
- Correct and consistent use of male and female condoms during vaginal or anal penetration can protect against the spread of sexually transmitted infections, including HIV.
- Evidence shows that male latex condoms have an 85% or greater protective effect against HIV and other sexually transmitted infections (STIs).

Testing and counselling for HIV and STIs

- Testing for HIV and other STIs is strongly advised for all people exposed to any of the risk factors. This way people learn of their own infection status and access necessary prevention and treatment services without delay.
- WHO also recommends offering testing for partners or couples
- Additionally, WHO is recommending assisted partner notification approaches so that people with HIV receive support to inform their partners either on their own, or with the help of health care providers.
- Testing and counseling can be done at the STI Clinic or Hub Centers or with private doctors. All maternity hospitals do HIV testing.

Treatment

- HIV can be suppressed by combination ART consisting of 3 or more ARV drugs. ART does not cure HIV infection but suppresses viral replication within a person's body and allows an individual's immune system to strengthen and regain the capacity to fight off infections.

In 2016, WHO released the second edition of the consolidated guidelines on the use of antiretroviral drugs for treating and preventing HIV infection. These guidelines recommend to provide lifelong ART to all people living with HIV, including children, adolescents and adults, pregnant and breastfeeding women, regardless of clinical status or CD4 cell count. **By mid-2018**, 163 countries already have adopted this recommendation, which covers 98% of all PLHIV globally.

HIV & AIDS - KEY FACTS

39 million [33.1 million–45.7 million] people globally were living with HIV in 2022.

♣ 1.3 million [1 million–1.7 million] people became newly infected with HIV in 2022.

♣ 630 000 [480 000–880 000] people died from AIDS-related illnesses in 2022.

♣ 29.8 million people were accessing antiretroviral therapy in 2022.

♣ 85.6 million [64.8 million–113.0 million] people have become infected with HIV and 40.4 million [32.9 million–51.3 million] people have died from AIDS-related illnesses since the start of the epidemic.

People living with HIV

♣ In 2022, there were 39 million [33.1 million–45.7 million] people living with HIV. - 37.5 million [31.8 million–43.6 million] adults (15 years or older). - 1.5 million [1.2 million–2.1 million] children (0–14 years). - 53% of all people living with HIV were women and girls.

♣ 86% [73– >98%] of all people living with HIV knew their HIV status in 2022.

People living with HIV accessing antiretroviral therapy

♣ At the end of December 2022, 29.8 million people (76% [65–89%] of all people living with HIV) were accessing antiretroviral therapy, up from 7.7 million in 2010. - 77% [65–90%] of adults aged 15 years and older had access to treatment; however, just 57% [44–78%] of children aged 0–14 years had access. - 82% [69–95%] of women aged 15 years and older had access to treatment; however, just 72% [60–84%] of men aged 15 years and older had access. - 82% [64–98%] of pregnant women living with HIV had access to antiretroviral medicines to prevent transmission of HIV to their child in 2022.

♣ 9.2 million people living with HIV did not have access to antiretroviral treatment in 2022.

New HIV infections

♣ New HIV infections have been reduced by 59% since the peak in 1995. - In 2022, 1.3 million [1 million–1.7 million] people were newly infected with HIV, compared to 3.2 million [2.5 million–4.3 million] people in 1995. - Women and girls accounted for 46% of all new infections in 2022.

♣ Since 2010, new HIV infections have declined by 38%, from 2.1 million [1.6 million 2.8 million] to 1.3 million [1 million–1.7 million] in 2022.

♣ Since 2010, new HIV infections among children have declined by 58%, from 310 000 [210 000–490 000] in 2010 to 130 000 [90 000–210 000] in 2022.

Women and girls

♣ Globally 46% of all new HIV infections were among women and girls in 2022.

♣ In sub-Saharan Africa, adolescent girls and young women accounted for more than 77% of new infections among young people aged 15–24 years in 2022.

♣ In sub-Saharan Africa adolescent girls and young women (aged 15–24 years) in were more than three times as likely to acquire HIV than their male peers in 2022.

♣ Every week, 4000 adolescent girls and young women aged 15–24 years became infected with HIV globally in 2022. 3100 of these infections occurred in sub-Saharan Africa.

♣ Only about 42% of districts with high HIV incidence in sub-Saharan Africa had dedicated HIV prevention programmes for adolescent girls and young women in 2021.

Key populations

♣ Globally, median HIV prevalence among the adult population (ages 15–49) was 0.7%. However median prevalence was higher among key populations: - 2.5% among sex

workers - 7.5% among gay men and other men who have sex with men - 5.0% among people who inject drugs - 10.3% among transgender persons - 1.4% among people in prisons.

Testing and treatment targets (95–95–95)

♣ In 2022, 86% [73– >98%] of all people living with HIV knew their HIV status. Among people who knew their status, 89% [75– >98%] were accessing treatment. And among people accessing treatment, 93% [79– >98%] were virally suppressed.

♣ Among all people living with HIV, 86% [73– >98%] knew their status, 76% [65–89%] were accessing treatment and 71% [60–83%] were virally suppressed in 2022.

Global HIV data

	2000	2005	2010	2021	2022
People living with HIV	26.6 million [22.6 million - 31.2 million]	28.9 million [24.5 million - 33.8 million]	31.5 million [26.7 million - 36.8 million]	38.7 million [32.8 million - 45.2 million]	39.0 million [33.1 million - 45.7 million]
New HIV Infections	2.8 million [2.2 million - 3.8 million]	2.5 million [1.9 million - 3.3 million]	2.1 million [1.6 million - 2.8 million]	1.4 million [1.1 million - 1.8 million]	1.3 million [1.0 million - 1.7 million]
New HIV Infections (Adults, aged 15+)	2.3 million [1.7 million - 3.1 million]	2.0 million [1.5 million - 2.6 million]	1.8 million [1.4 million - 2.4 million]	1.3 million [950 000 - 1.7 million]	1.2 million [900 000 - 1.6 million]
New HIV Infections (Children, aged 0-14)	530 000 [360 000 - 830 000]	480 000 [330 000 - 750 000]	310 000 [210 000 - 490 000]	140 000 [96 000 - 220 000]	130 000 [90 000 - 210 000]
AIDS-related deaths	1.7 million [1.3 million - 2.4 million]	2.0 million [1.5 million - 2.7 million]	1.3 million [970 000 - 1.8 million]	660 000 [500 000 - 920 000]	630 000 [480 000 - 880 000]

How can we prevent HIV?

To help prevent the spread of HIV:

- Use a new condom every time you have sex. Use a new condom every time you have anal or vaginal sex. ...

- Consider the drug Truvada (Anti Retro Viral Drugs). ...
- Tell your sexual partners if you have HIV
- Use a clean needle. ...**AVOID DOING BLUETOOTH (Drug Use through blood sharing with injection)**
- If you're pregnant, get medical care right away. ...
- Consider male circumcision

The three ABC's of HIV prevention

Abstinence, be faithful, use a Condom consists of three components: ... Be Faithful: In addition to abstinence, the **ABC** approach encourages participants to eliminate casual or other concurrent sex partners and to practice fidelity within their marriages and other sexual relationships. This reduces exposure to **HIV**

DRUG ABUSE PREVENTION IN SCHOOLS

Education authorities should not accept sole responsibility for changing student health behaviours, including reducing drug use.

Schools may well be able to influence drug use behaviour and it is hoped that they will do so. However, it is the primary role of the school to teach skills, to impart knowledge and to establish a sound values base in relation to health and drug use, not to change behaviours that may be determined by factors beyond the influence of the school.

Schools, therefore, should not make change in health behaviours of students, particularly drug use behaviours, the only measure of the success or effectiveness of drug prevention programmes. Schools can and should report to the community on the achievement of educational outcomes that have been identified as contributing to the achievement of the broader health goals of preventing drug use and reducing adverse consequences to individuals and society.

School-Based Education for Drug Abuse Prevention

- Education for drug abuse prevention in schools may be defined as the educational programmes, policies, procedures and other experiences that contribute to the achievement of broader health goals of preventing drug use and abuse.
- Education for drug abuse prevention should be seen to include both formal and informal health curricula, the creation of a safe and healthy school environment, the provision of appropriate health services and support as well as the involvement of the family and the community in the planning and delivery of programmes.
- The components of a school-based drug abuse prevention education and intervention programme
- The educational components of a school drug abuse prevention programme are the following:
- A safe and supportive school environment made possible by a set of clearly communicated policies and procedures that provides care, counselling and

support for all students and ensures a cooperative approach among staff, students, parents, and related professionals, agencies and the police

SCHOOL-BASED EDUCATION FOR DRUG ABUSE PREVENTION

- a) Strategies for ensuring that all members of the school community contribute to and support school policies and procedures for dealing with drug matters
- b) Appropriate professional development and training for relevant staff
- c) Information and support for parents, in particular parents of students involved in illicit and other unsanctioned drug use
- d) Mechanisms for continuous monitoring and review of the school's approach to education for drug abuse prevention and incident management

The intervention components of a school drug abuse prevention programme are:

- i. Policies and procedures for dealing with drug incidents based on the guiding principles for school-based education for drug abuse prevention that consider the student's whole life and the degree to which he or she is in control of his or her actions and decisions
- ii. **Plans for initial and long-term responses to drug incidents** aimed at protecting the health of all students and the school community
- iii. **A plan for managing drug incidents consistent with local laws** and regulations, as well as national and local school policies on drugs
- iv. **A communication strategy for drug incidents** that ensures all staff are aware of school or system-wide procedures for contacting and responding to the media
- v. **A directory of professionals and agencies**, including the police, who can provide opportunities for professional development, advice and resources
- vi. **Agreements with professionals and agencies**, including the police, to formalize and strengthen cooperative liaison and referral arrangements
- vii. **Support for students involved in drug incidents** that ensures their continued participation in education programmes
- viii. **Records of drug incidents**: these should be kept and due attention should be paid to the protection of the rights and privacy of all those involved

Prevention programs for kindergarten and primary school children should target improving academic and social-emotional learning to address risk factors for drug abuse, such as early aggression, academic failure, and school dropout.

Education should focus on the following skills (**Ialongo et al. 2001; Conduct Problems Prevention Work Group 2002b**):

- Self-control;
- Emotional awareness;
- Communication;
- Social problem-solving; and
- Academic support, especially in reading.

Prevention programs for middle or junior high and high school students should increase academic and social competence with the following skills (**Botvin et al.1995; Scheier et al. 1999**):

- study habits and academic support;
- communication;
- peer relationships;
- self-efficacy and assertiveness;
- drug resistance skills;
- reinforcement of antidrug attitudes; and
- Strengthening of personal commitments against drug abuse.

Prevention programs should include teacher training on good classroom management practices, such as rewarding appropriate student behavior. Such techniques help to foster students' positive behavior, achievement, academic motivation, and school bonding (**Ialongo et al. 2001**).

Outside the Family

Other risk factors relate to the quality of children's relationships in settings outside the family, such as in their schools, with their peers, teachers, and in the community. Difficulties in these settings can be crucial to a child's emotional, cognitive, and social development.

Some of these risk factors are:

- Inappropriate classroom behavior, such as aggression and impulsivity;
- Academic failure;
- Poor social coping skills;

Family has an important role in providing protection for children when they are involved in activities outside the family. When children are outside the family setting, the most salient protective factors are:

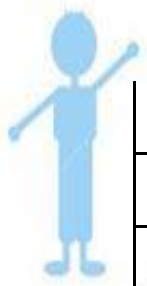
- age-appropriate parental monitoring of social behavior, including establishing curfews, ensuring adult supervision of activities outside the home, knowing the child's friends, and enforcing household rules;
- success in academics and involvement in extracurricular activities;
- Strong bonds with pro-social institutions, such as school and religious institutions; and acceptance of conventional norms against drug abuse.
- **Creating awareness** on drug addiction is very important. Due to lack of awareness, many people have no idea about the dimensions of this problem and hence our duty to help people understand how dangerous this habit actually is. Organize an awareness campaign in your neighborhood and show everyone the benefits of being drug-free. Surprise the attendees with a customized giveaway gift. There is an enormous collection of products available online.

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13. **(Source: United Nations Office on Drugs and Crime - UNODC)**

STAKEHOLDERS CONTACT LIST

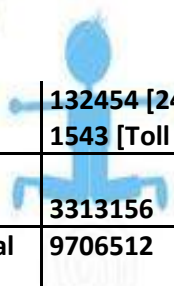
Mental Health		National Emergency Numbers	
Suva St Giles Hospital	3381399	National Fire Authority	910
Stress management Ward	3313444	Fiji Police	
Community Mental Health Team	3215051	POLICE HEADQUARTERS	Suva - 3343777
Public Health Nurse	330 6177	CID HEADQUARTERS	3315999
Adolescent Health STI Clinic	Suva – 3319078 Suva - 3319144	Totogo Police Station SOUTHERN DIVISION	3311222 3372524
Empower Pacific		Nabua Police Station	3384000
Lautoka	776096/7769224	Navua Police Station	3460222
Mobile	8318515	Lami Police Station	3361222
Suva	7780015	Samabula Police Station	3381222
Labasa	7760017	Raiwaqa Police Station	3383222
Nadi	7760018	Valelevu Police Station	3393222
Social Welfare Department		Nasinu Police Station	3392222
CHILD HELP LINE [Toll Free]	1325	Kadavu Police Station	3681268
Suva	3315585/3304466	Vanuabalavu Police Station	8280890
Ba	6674245	Lakeba Police Station	8280999
Lautoka	6660241	Moala Police Station	6030307
Nausori	3478361/3478352	Rotuma Police Station	8891222
Nasinu	4503471	WESTERN DIVISION	6662222
Nabouwalu	8836027	Lautoka Police Station	6660222
Nadi	6700430	Ba Police Station	6674222
Rakiraki	6694432	Nadi Police Station	6700222
Savusavu	8850365	Namaka Police Station	6722222
Sigatoka	6500127	Sabeto Police Station	6722285
Taveuni	8881469	Rakiraki Police Station	6694222
Vunidawa	3683093	Nalawa Police Station	6280005
Fiji Women's Crisis Centre		Sigatoka Police Station	6500222
Suva	3313300/9209470	Navosa Police Station	6280862
Nadi	9182884	Tavua Police Station	6680222
Labasa	8816609/9377784	Vatukoula Police Station	6681575
Ba	6670466/9239775	EASTERN DIVISION	3477589
Ra	6694012/9129790	Nausori Police Station	3477222
Medical Services Pacific		Nakasi Police Station	3410722
Suva Office	3315295	Vunidawa Police Station	3685392
Suva Clinic	4502907	Korovou Police Station	3430222
	3310865/8387332	Levuka Police Station	3440222
Labasa Office	8811308	Koro Police Station	3681002
Labasa Clinic	4502909	NORTHERN DIVISION	8811222
Lautoka Hope Centre	6660595	Labasa Police Station	8811222



Lifeline Fiji Crisis Line

Fiji Women's Right Movement

Youth Champs for Mental Health



132454 [24/7]
1543 [Toll Free]

3313156

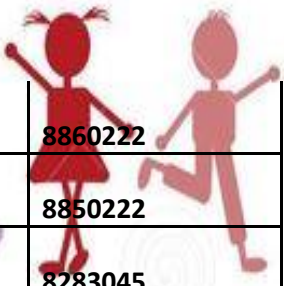
9706512



Seaqaqa Police Station

Savusavu Police Station

Tukavesi Police Station



8860222

8850222

8283045

