

# Alcohol and other drugs

A resource of teaching and learning activities for teachers of  
students in Years 9-13

To support learning in Health Education in  
*The New Zealand Curriculum*



New Zealand Health Education Association (NZHEA)  
2020

# Alcohol and other drugs: A resource of teaching and learning activities for teachers of students in Years 9-13.

Lead writers: Jenny Robertson and Rachael Dixon

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Email: [admin@healtheducation.org.nz](mailto:admin@healtheducation.org.nz)

Website: <https://healtheducation.org.nz/>

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This pdf may be printed for use by teachers and educators.

The copy templates in the resource are also provided as a separate Word document. Copy templates may be printed or used digitally as part of student learning journals. These templates may be altered to meet learner needs.

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## Notice about this resource for 2020

We have plans to update this resource but we await the outcome of a number of developments before we do this. Namely:

- The release of the Youth2019 data to update the statistics activities;
- A decision on changes to the advertising of vaping products;
- The outcome of the cannabis law reform referendum; and
- An indication of the changes that will be made with the Review of Standards, and the implications of this for teaching and learning resources for senior secondary teaching and learning.

Also, the way schools design their local curriculum is undergoing change meaning that the way a school curriculum is connected, organised and taught, may also have implications for the way resources are developed.

We anticipate that there will be sufficient new information in 2021 to make the planned revisions to this resource.

In the interim, we note that the Assessment Specifications for the externally assessed standards in 2020 lists:

- **alcohol, vaping and cannabis** as topics for focus for AS90975 (Health 1.6), and
- **adolescent alcohol misuse** for AS91235 (Health 2.1).

With this in mind, we thought it appropriate to re-release this resource for all teachers of health education for use in the current year. In addition to this, please make use of the NZHEA external assessment planning frameworks designed to support teachers plan units leading to these assessments. These can be found with the member-only resources on the NZHEA website.

At this time we have not made changes to the activities provided in what was the 2017 year 9-11 part of this resource. The main modification at this time is that we have reproduced the AoD section from *Mental Health and Resilience: Teaching and learning activities for NZC Levels 6-8* (NZHEA 2018). This senior secondary framework of learning activities for years 12 and 13 has been added here to show the development of and potential for AoD education across years 9-13.

We will endeavour to provide supplements to this resource across 2020 as new information comes available, and for topics where it is timely and useful to do so.

Please treat this as an interim revision of this resource while we wait for the changes above to come to fruition.

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# **SECTION A**

# **Introduction**

# About this resource

## Purpose

Health education in the New Zealand curriculum has been relatively well served with alcohol education resources since the 1990s, although drug education in general has been less extensively resourced. As a contribution to the ongoing development and support of the health education community, NZHEA has compiled a collection of teaching and learning activities to support alcohol and other drug (AoD) education in the NZC. The resource covers all drugs. Some activities by their nature are alcohol specific, but many of the teaching and learning processes can be applied to any drugs, requiring only a change in the scenario or drug context.

The wider school context in which AoD teaching and learning sits is documented in *Alcohol and Other Drug Education Programmes: Guide for schools* (MoE, 2014). The New Zealand Drug Foundation also provides guidance around whole school approaches to AoD education <https://www.drugfoundation.org.nz/keeping-young-people-in-school/>, as does the Tūturu project <https://www.tuturu.org.nz/>

## Audience

The main audience for this resource is secondary teachers of health education, as well as initial teacher education students and educators, and professional learning and development (PLD) providers.

## Digitally produced, text-based resource

The production of a digital resource reflects moves in education to provide most teaching materials in digital form. For teacher convenience, a Word document of the copy templates is provided separate to the pdf file of the complete resource.

Digital content in the form of video or other images is not supplied with the resource. One source of video material is the Tūturu website – see the resource hub at <https://www.tuturu.org.nz/> and the NZ Drug Foundation website <https://www.drugfoundation.org.nz/>. Processes for locating suitable materials have been built into activities as a feature of developing students' digital fluency, or that the production of these resources is an integral part of the learning process for some activities.

# Printing this resource

Teachers may wish to print a copy of this resource for their own use, in addition to using the digital files.

All tables, diagrams etc labelled '**Copy templates**' are also provided in a **Word document** on the NZHEA website. It is intended that teachers will adapt these to meet the needs of their students and use them in print or digital form.

## Overview of the contents

To orient the user of this resource with the contents, the following overview is provided.

<b>SECTION A. INTRODUCTION</b>	
Introduction to the resource	Describes the intended purpose, audience, and the essential foundations and premises for AoD education in the NZC.
Teacher professional learning and practice	This section briefly outlines expected teacher practice in relation to AoD and ideas for PLD that can be facilitated within departments or regional cluster meetings.
Programme design and planning	Ideas for programme design and planning are provided to consider ways AoD may be incorporated in a learning programme, and the approach to assessment 'of' and 'for' learning adopted for the resource is explained.
Other resources and references	Resources for individual activities are included throughout the resource. This section summarises some essential resources which have use for teaching and learning, as well as teacher PLD.
<b>SECTION B ACTIVITIES FOR YEAR 9-11</b>	
Directory to the teaching and learning activities	There are 50 activities provided in the year 9-11 part of resource. The directory compiles the summarised purpose statements for each activity into one list to enable quick reviewing of the range of activities available, and whether the focus is alcohol only or drugs in general. Most activities have been designed for Years 9&10 with additional suggestions for ways to step up the activity for Year 11 (NZC 6) learning. The activities that are specific to year 11 are noted on this list.
Indicators of learning and progression	To support teachers to make judgements about the curriculum level at which students are achieving, NZC Level 4-6 achievement objectives have been developed into indicators of progression. These build on the Drug Education Matrix of Learning Outcomes developed for the 1999 HPE document. With few changes to the achievement objectives when the NZC (2007) document was written, this matrix has maintained its usefulness and relevance. These indicators are linked with the learning intentions and suggested success criterion for each activity.
Teaching and learning activities Years 9&10	The main part of the resource, the teaching and learning activities, is divided into three groups: <ul style="list-style-type: none"> <li>• Part 1: Activities for finding out what my students need to learn / have learned</li> <li>• Part 2: Activities for developing depth of AoD knowledge and understanding</li> <li>• Part 3. Activities for taking action in AoD-related contexts</li> </ul>
<b>SECTION C. FRAMEWORK of activities for NCEA Levels 1-3 (Years 11-13)</b>	
	In addition to the year 9-11 activities, brief consideration is given to the way the activities can contribute learning for four of the six NCEA Level 1 Health Achievement Standards. Also, a framework of teaching and learning materials and NCEA links for years 12-13 has been reproduced from the NZHEA resource <i>Mental Health and Resilience: Teaching and learning activities for NZC Levels 6-8</i> (2018).

## The approach to alcohol and other drug education in Health and Physical Education in the NZC

AoD education in the NZ curriculum has for many years followed a harm minimisation approach.

### Harm minimisation

Harm minimisation is the policy of the World Health Organisation and the New Zealand National Drug Policy 2015-2020. Improving the social, economic and health outcomes for individuals, the community and the population at large are the aims of harm minimisation.

A harm minimisation approach is the recommended strategic response to preventing and reducing alcohol and other drug use and misuse. It should be strengths-based and underpin all health promotion, early intervention, and curriculum teaching and learning programmes.

AoD education is based on the principle of harm minimisation. It does not condone harmful or illegal drug use. It does recognise it is important to minimise the personal, social and economic costs associated with those behaviours. For many people “just say no” is not effective. Often a range of influences in their lives such as peers, families and social media are more powerful.

Several strategies are needed to prevent harm from drug misuse. Strategies that support harm minimisation can be divided into three groups or ‘pillars’: supply control; demand reduction; and problem limitation.

The Ministry of Education AoD education guide states that:

*AoD education programmes have an important and measurable educational role to play. They build knowledge and understanding and develop students’ skills to critically analyse messages about alcohol and other drugs. AoD education programmes do not directly influence behaviour change. (p5)*

*One-off events such as expos and presentations that focus on delivering information are not effective. They don’t take account of an individual student’s learning needs, or particular school contexts. (p6)*

Source: *Alcohol and other drug education programmes: Guide for schools* (MoE, 2014)

<https://health.tki.org.nz/Teaching-in-HPE/Policy-guidelines>

### Balancing the harm and risk messages with the learning area focus on well-being

The nature of AoD education cannot help but raise the notion of risk which may bring it into conflict with the premise that the learning area focus is on well-being.

Health education acknowledges people do not have equal or equitable access to health and well-being and to understand the reasons why, and what can be done about it, means considering the factors that get in the way of achieving well-being. In the case of AoD education, the ‘risks’ of AoD use are a recurrent feature of health data and news items, and AoD ‘risk’ is already within the direct and indirect experiences of many young people. Ignoring these realities does not provide much scope for critical thinking about AoD as a well-being issue.

Therefore, AoD education in the NZC includes an exploration and investigation of risk, alongside the development of knowledge, skills and strategies that students can use individually and collectively to reduce risk and harm, and therefore promote well-being for self and others.



### NZC AoD education IS:

- A context for learning through which students learn to apply the underlying concepts of the learning area in increasingly complex ways. Over time this development builds their health education (and AoD specific) knowledge which includes consideration of risks, but importantly how to reduce risk and promote well-being in AoD situations.
- The development of students' ability to think critically about AoD situations, and use knowledge and skills to recommend how to achieve and maintain healthy outcomes, and take action where learning opportunities make this possible.
- Consistent with all elements of the NZC e.g. The teaching as inquiry approach which guides the way teachers design, plan, and teach learning programmes to meet the specific learning needs of their students and assess learning progress and achievement. A recipe book approach or a one-size-fits-all off-the-shelf programme does not reflect these requirements.

### NZC AoD education is NOT:

- A fear-based, scare-mongering attempt to keep students off drugs.
- Just say no.
- Volumes of pharmacological information about the dangers and harms of drugs. On the occasion some health information is required to understand the impact of more commonly used drugs on health and well-being, students need to develop skills to access this information from a reputable website such as the New Zealand Drug Foundation.
- An early intervention programme for students at risk of harm from AoD. Learning in AoD education is for all students, regardless of whether they use AoD or not, and whether AoD use by others directly impacts them. Teachers measure the effectiveness of AoD education in the NZC as learning outcomes. Behavioural outcomes to reduce the risk of AoD use requires behavioural change interventions based in psychological approaches, which may share some features in common, but are not the same as educative learning approaches.

## Drugs that are the focus for this resource

### **Definition of a drug**

*The term drug includes legal drugs (such as caffeine found in coffee, tea, and some energy, soft drinks, tobacco, and alcohol), illegal drugs (such as cannabis, ecstasy, amphetamines and magic mushrooms), volatile substances (such as petrol, solvents and inhalants), other substances used for psychoactive effects, recreation or enhancement ('legal highs'), culturally significant substances (kava), as well as prescription and pharmacy-only drugs used outside medical or pharmaceutical advice. It will be important for teachers to choose drugs that are relevant to the age and circumstance of the students.*

From *Drug Education: A Guide for Principals and Boards of Trustees* (Ministry of Education, 2002) and *Strengthening Drug Education in School communities* (Ministry of Youth Development, 2004 p2).

This inclusive definition of drugs is useful when considering AoD education from Years 1-13 (NZC levels 1-8). The age-appropriate and relevant drugs for focus in a junior primary programme will differ from those in a senior secondary programme.

### **Making a distinction between alcohol and other drugs**

The distinction between alcohol and other drugs is deliberate. Alcohol as a 'legal' and widely used substance that features significantly in New Zealand culture warrants the development of different critical insights than the use of other (especially illicit) drugs. Although the supply, distribution, purchase, and where alcohol can be consumed, is controlled by legislation, the age at which it can be consumed is not.

The accepted population level health message acknowledges that alcohol use is integral to New Zealand culture and it is a lifestyle choice for many. The health promotion message for adults is that if choosing to drink alcohol, then drink in moderation and within limits generally agreed to for maintaining health. Note this is a message for adults with recent research into brain development suggesting no use is the safest choice for teenagers. Also, choosing not to drink is a personal choice and a healthy choice, despite dominant discourses and cultural (e.g. youth, male) behaviours to the contrary.

### **‘AoD’**

The use of ‘AoD’ as shorthand or ‘alcohol and other drugs’ is used across this resource. Many of the strategies adopted throughout the activities apply equally to alcohol and other drugs requiring only a change of scenario or context. Where the activities are alcohol specific, this is noted.

### **Tobacco smoking**

A focus on tobacco smoking tends to be more of a primary school-intermediate level AoD programme focus. The biennial ASH surveys of year 14-15 students show that smoking among young people has reached an all time low in the current decade. If teachers in junior secondary programmes require tobacco resources, the Cancer Society, ASH and [www.smokefree.org.nz](http://www.smokefree.org.nz) (HPA) are the source for these.

### **Vaping**

With e-cigarettes, originally developed as a smoking cessation, shifting to be used more as lifestyle products, additional resourcing about vaping has been provided in the Tūturu resource hub. See the resource *‘Thinking critically about the marketing of vaping products and young people’s wellbeing’* (2019).

## **Whole school approaches to promoting well-being in AoD-related contexts**

The idea of a whole school approach (WSA) to AoD education was introduced through *Drug Education: A Guide for Principals and Boards of Trustees* (Ministry of Education, 2002) and revised as *Promoting student health and well-being: A guide to drug education in schools* (2009).

The current document is *Alcohol and other drug education programmes: Guide for schools* (MoE, 2014).

A WSA includes consideration of:

- School policy and procedures – school leaders and BoT with community consultation
- **Curriculum teaching and learning for all students**
- Teachers and educational leaders appropriately trained to deliver quality teaching and learning programmes who act as role models and mentors;
- Student action groups, youth councils or youth health councils;
- Access to culturally-responsive early intervention support for students whose well-being is at risk because of AoD use;
- Partnership with community – parents and whānau;
- Engagement with other stakeholders in the community.

**Tūturu and the New Zealand Drug Foundation provide an extensive range of materials to support a whole school approach to AoD education.**

# Teachers' professional learning and practice

## Teachers of AoD education

As a subject association that supports teachers teaching health education in the NZC, it is our position that trained and registered teachers (who meet the Teaching Council's *Code of Professional Responsibility and Standards for the Teaching Profession* <https://teachingcouncil.nz/content/our-code-our-standards>) are the best people to teach all health education, including AoD education. They have responsibility for the delivery of the NZC in accordance with the school curriculum which is designed to meet the needs of learners in context of their local community. Health education is a subject like any other in the NZC and is required to comply with the same design, planning, teaching, and assessment requirements as all other learning areas and subjects within these.

Teachers are responsible for showing that their students are making progress in their learning and to ensure students are achieving at or beyond expected levels in the NZC. To do this teachers must collect a range of achievement and related data showing evidence of this learning. Data is then used to give feedback to students about their progress and level of achievement, and feedforward about next steps for learning. Data is also used to report learning outcomes to the principal, Board of Trustees and parents and whānau. Data also drives the teaching as inquiry process central to the practice of all teachers, and provides information for teachers about where they need to keep developing the effectiveness of their practice.

## Teacher ethics and responsibilities teaching AoD

Teachers need to be cognisant of their own attitudes and values towards AoD use. In consideration of the Teaching Council's *Code of Professional Responsibility and Standards for the Teaching Profession*. Teachers need to:

- Uphold the law on all AoD matters;
- Avoid regaling students with accounts of own alcohol or other drug use;
- Not condone excessive alcohol use or illegal use by students – but at the same time not publicly admonish them;
- Use student accounts of own or others' drug use constructively – establish a safe environment for sharing ideas but also make clear what is (not) appropriate (ie. safe for self and others) to share in a learning environment, such as not feeding or perpetuating sensationalist, deficit-only thinking – if anything teach students how to think critically about this;
- Seek advice and support from the schools' guidance counsellor when concerned about student well-being.

## Teachers' professional learning and development in AoD Education

HPE middle leaders are encouraged to engage staff in their department in professional learning to continue to develop understanding of AoD in the NZC. In addition, forming a regional cluster of health teachers that meet face-to-face or forming an online community is highly recommended for ongoing teacher and middle leader PLD.

Activities for department or cluster meetings could include for example:

1. Using excerpts from *Alcohol and other drug education: Guide for schools* (MoE, 2014). Choose sections that are about one page long and relevant to the AoD education in the school. As a jigsaw-type activity, divide

the readings among individuals (or pairs in larger departments), read the excerpt, respond to the prompts below, and report back to the group. Prompts:

- The main ideas are ...
  - The implications for teaching/learning are ...
  - Questions this reading raises are ...
2. At department or cluster meetings, teachers to report back on the effectiveness of a selected activity – why they chose it in the first place (what was their evidence that this would be a useful activity to develop student learning – both health education / AoD content knowledge, and the choice of teaching and learning strategy), how effectively the learning intention was met and their evidence for this, any changes they would make to the activity, or alternatives to this activity. Include samples of students' learning from their learning journal or other artefacts collected from the lesson(s).
  3. Select a range of artefacts / examples of learning resulting from a range of activities from a student's learning journal. Discuss and decide, using the indicators of progression in Section 8 as a guide, the NZC level at which the student is learning. Make a departmental resource of 'benchmarks' to document the type evidence that shows the expected performance of a student achieving at a given level of the NZC.
  4. At the end of each activity in this resource is a 'teacher knowledge and pedagogy' section. These statements are specific to each activity. The individual statements are not an exhaustive list of everything a teacher needs to know and be able to do to facilitate each activity, but rather, one or two essential ideas. It is the combination of all of these sections across the resource that builds a profile of the AoD concepts and content knowledge, and pedagogical knowledge, required for effective teaching of AoD education. Teachers may wish to use these statements as the basis for a self-evaluation of their current AoD pedagogical (and) content knowledge.

# Programme design and planning

**How is health education included in the school curriculum? Is AoD education taught as:**

- Dedicated and timetabled health education time? Combined with PE? Integrated with other learning areas?
- A stand-alone unit? Integrated with other health (and PE) contexts or as part of themed unit across the curriculum?
- Part of a year-long health education (or HPE) programme, or modularised and concentrated within a term or semester?

**What strengths and opportunities, as well as limitations and challenges, are there in the way your school includes the AoD education programme in the school curriculum?**

**Key questions when revising the overall health education teaching and learning programme:**

1. How does student voice shape our units and lessons (content and pedagogy – the ‘what’ and the ‘how’)?
2. How does learning in junior health education develop the building blocks required in preparation for students taking NCEA level health education and/or PE?
3. How will we assess learning? What are we going to formally assess and report on?
4. What is currently of concern and interest for students at our school – related to well-being?
5. How do the underlying concepts of HPE shape our junior programme? How can we make these more explicit, if need be?
6. What student-led, inquiry learning, critical thinking opportunities can we develop to ensure our learning programme encourages learning at higher levels (e.g. use of SOLO taxonomy)?
7. How can we collect student, other HPE teacher and whānau voice in an on-going way to inform the health education consultation and delivery statement every two years? Do we know what our delivery statement states? Does it need to be revised?
8. How can we use external providers or other external support to develop teacher capabilities and enhance learning in our junior programmes?
9. How do we ensure our programmes are culturally responsive?

**Making decisions about the AoD education part of the learning programme:**

At the heart of all decisions about what to teach and how to teach it is the **teaching as inquiry** approach (NZC, 2007, p35 and see also *Effective pedagogy in Social Science / Tikanga a iwi: Best Evidence Synthesis Iteration [BES]*, Aitken and Sinnema, 2008, p53). The following chart considers a range of health education and AoD specific questions related to the teaching as inquiry approach.

<p><b>What do students already understand about the HPE underlying concepts from other learning contexts?</b></p> <p><b>What do students already know from previous learning in AoD education?</b></p>				
<p><b>Which drugs to focus on and at which year levels (Years 9-13)?</b></p> <p><b>Alcohol, cannabis, tobacco, other drugs?</b></p>				
<p><b>To develop the building blocks required for health education learning pathways across the NZC, programme coverage should consider a combination of:</b></p>		<b>The big ideas</b>		
		Developing understanding of hauora and well-being in relation to AoD use	Knowledge about factors leading to AoD use and misuse – people's knowledge, attitudes, values, behaviours, etc	Strategies for supporting well-being in relation to AoD use
<b>The HPE strands</b>	Personal or individual aspects of AoD use <i>Personal health and physical development</i>			
	AoD use and interactions with others <i>Relationships with other people</i>			
	Wider societal considerations of AoD use eg cultural, legal, media, advertising <i>Healthy communities and environments</i>			
<p><b>What sorts of teaching and learning strategies will best support students' learning of these big ideas in an AoD education context?</b></p>				
<p>Given the central importance of <b>critical thinking</b> for learning in health education, which activities will be selected to develop this key competency in AoD education?</p>				
<p><b>How will the AoD programme support students to develop and use the remaining key competencies?</b></p> <p>Using language, symbols, and texts Managing self, Relating to others, Participating and contributing.</p>				
<p>What opportunities will be provided to develop students' abilities to listen and read to take in AoD information, and then write and use oral language for communicating AoD education learning? <b>(subject specific literacy development)</b></p>				
<p><b>How will the AoD programme help students to develop digital fluency?</b></p>				
<p><b>How will evidence of learning be collected?</b></p> <p><b>How will the level of learning achievement in the NZC be judged?</b></p>				

## Enabling e-learning and digital fluency

Enabling e-learning and developing students' digital fluency is the responsibility of teachers providing learning across the NZC. AoD education provides many opportunities for developing the understanding of digital fluency noted below. Ideas are incorporated across the activities in this resource.

Extract from **E-learning Online** <http://elearning.tki.org.nz/Teaching/Digital-fluency>

**Digital literacy** – A digitally literate person knows how to use digital technologies and what to do with them.

**Digital fluency** – A digitally fluent person can decide when to use specific digital technologies to achieve their desired outcome. They can articulate why the tools they are using will provide their desired outcome.

### A digitally fluent student:

- knows where and how to find and access information quickly and accurately
- can critique the relevance and accuracy of information being accessed
- is an adept producer of digital content
- can recognise and use the most effective methods of reaching their intended audience
- understands and demonstrates how use digital technologies responsibly including – digital security (self-protection), copyright.

## Evaluating the effectiveness of AoD teaching and learning programmes

Evaluation questions ask 'how well did we do?' - the learning inquiry phase of the teaching as inquiry cycle.

Evaluation questions ask about the **process outcomes** of teaching and learning (e.g. students' reflections on the learning process), and importantly, the **impact outcomes** – the level of achievement reached by students and the learning progress made.

Evaluation requires data to use as evidence of student learning progress and their level of achievement in the NZC. To support teachers to recognise learning at a specified level in the NZC, Section 8 of this resource contains indicators of progression which expand the achievement objectives and learning intentions to a descriptive type of success criterion – the sort of evidence that would indicate that a student is achieving at level 4, 5 or 6 of the NZC.

**Teacher effectiveness** can also be determined from process and impact data and used as evidence to support documentation that the Education Council Practising Teacher Criteria have been met. Also, these same data can be used to show how well the school is improving outcomes for learners in response to current Ministry of Education priority areas.

At the end of each activity in this resource is a section titled 'teacher evaluation questions'. These are specific to each activity. The questions are not an exhaustive list of every reflective or evaluative question a teacher might ask themselves as a consequence of the activity, but an example of possible questions to include in a teaching as inquiry approach.

## Assessment

Assessment as an integral aspect of learning is explained in the NZC p39-41. Activities in this resource contain many opportunities for **formative assessment** - assessment for learning – evidence that learning (intended or incidental) is occurring.

Ideas for **students' learning journals** are included with each activity. In combination evidence from these activities can be used to make an overall judgment, using the guidance provided by the indicators in Section 8, about the level of learning individual students have achieved.

### Summative assessment activity ideas

There are also some examples of summative-type assessments if teachers choose to use a single activity to find out how well students have consolidated their learning. If dedicating time to specific assessment tasks in year 9 and 10, teachers will need to select (and adapt) assessment activities based on learners' needs. Things to consider include:

- Will this be completed in students' own time or class time?
- Can students work together – in pairs or small groups, or will this be completed individually?
- What key learning from the AoD programme do I want the students to be able to demonstrate?
- How can I offer choice in the product and/or content for the assessed work?
- Can students shape the assessment in any other way?
- How will the assessment be assessed and what will the information gained be used for?
- What other teaching and learning activities in this resource could be used as a summative assessment – in addition to those indicated for this purpose?

### Student voice – students' reflecting on their learning

Student voice is useful not only for informing programme design, but also as a way to evaluate the teaching and learning process. Examples of sentence starters to encourage reflective thought at the completion of individual activities and/or the overall AoD learning programme include:

- I was surprised to find out that...
- I became aware of...
- I want to learn more about...
- I hope that I will...
- I learned...
- Our group learned...
- What I found most difficult was...because...
- What I most enjoyed was...because...
- Some advice I would give to students doing this unit in the future is...
- Using the Action Competence Learning Cycle (ACLP) was (or was not) useful because...
- I have applied my learning in my own life by ....



# **SECTION B**

# **Activities for**

# **years 9-11**

# Directory to the teaching and learning activities

The activities in **PART 1** are intended to be used formatively and ‘diagnostically’ to find out what students need to learn and/or what they have learned. These activities contribute to teachers’ understanding of **‘What is important to focus on given where my students are at’** (NZC, p35).

The activities in **PART 2** aim to deepen and extend students’ knowledge and understanding of AoD.

The activities in **PART 3** aim to develop students’ knowledge and capabilities for taking individual and collective action.

Added to this directory are the Section C teaching and learning frameworks for NCEA Levels 1-3.

Each activity includes a relevant combination of:

- **A purpose statement** which describes the overall aim of the activity and something about the nature of the teaching strategies. It may also indicate coverage of the underlying concepts (hauora and well-being, socio-ecological perspective, attitudes and values and/or health promotion) and key messages that are integral the activity.
- **Which drug(s)** the activity applies to.
- **A suggested time allocation** – this is only a guide for planning purposes and to indicate activities that typically take part of a lesson, a whole lesson, or a succession of lessons.
- **A learning intention that links to the Drug Education Matrix and NZC Achievement Objectives, and the indicators** of progression. *Teachers may wish to rewrite these learning intentions to make them specific to their learning programme, and to emphasise the main purpose of the learning in context of the programme.*
- A list of **resources**, URL links to other resources, class materials, and copy templates. Copy templates are also provided in a Word document. These copy templates can be printed, or incorporated in a digital learning journal or used through the school’s e-learning platform.
- Descriptions of the **teacher and student activity**. *Note that the bullet points have been formatted so that the related parts of the teacher activity and student activity align on the page, and therefore the gaps in the teacher or student activity column are deliberate.*
- A suggested **learning journal entry**.
- An indication of the main **key competencies** used and developed in the activity. Based on recommendations in the key competencies literature, the one or two key competencies that are deliberately used and developed are listed, but others may be present in the activity.
- An indication of required **teacher knowledge** and **pedagogy** required to facilitate the learning activity are featured in consideration of the teaching as inquiry approach - **‘What strategies (evidence based) will help my students learn?’**
- **Teacher reflection questions** that contribute to the **evaluation** of the activity. **‘What happened as a result of the teaching, and what are the implications for future teaching?’**

Activity #	Page	Activity Title	Purpose	Alcohol and/or other drug focus
<b>PART 1: Activities for finding out what students need to learn / checking that they have learned</b>				
1.	40	Programme planning – offering students choice in their learning	This activity provides opportunity for students to have input into the planning of the learning programme. Students select from a list of overall themes and add other topics of interest, all of which contribute to the design of their AoD education unit. This approach is similar to that used in Family Planning's <i>Hei Huarahi, Sexuality Road</i> resource.	All AoD learning
2.	42	Class safety guidelines for AoD education	Previously negotiated class safety guidelines are revisited at the start of the AoD programme to check that students know how the guidelines will apply during the learning programme, and whether further context-specific guidelines need to be developed.	All AoD learning
3.	46	AoD knowledge and values continuum	Knowledge and values continuum activities are a popular way for students in health education classes to explore a range of beliefs and opinions held by class members on a range of health and well-being-related matters.	All AoD learning
4.	51	Post boxes, graffiti sheets and pass-the-paper activities	Post boxes, graffiti sheets and pass-the-paper activities are popular strategies health teachers use to collect information from students to determine existing AoD knowledge. Evidence from these activities can then be used to inform subsequent learning.	Alcohol, cannabis
5.	56	QR code treasure hunt	Developing students' capabilities to use of a range of digital tools is a part of developing digital fluency. Experiencing the use of these tools can help develop understanding of the most effective tools for reaching an intended audience, which is a feature of digital fluency. This activity uses QR (Quick Response) codes as a fun way to develop a knowledge quiz.	All drugs
6.	57	Dominoes	The alcohol dominoes activity in the Caring for Yourself and Others resource (ALAC 1998) remains a popular activity to check students' alcohol-related knowledge – either as a diagnostic tool or to check that learning is occurring. This reworking of the activity provides teachers with a revised version for their AoD resource kit.	Alcohol, cannabis
7.	64	True or false? AoD behaviours in New Zealand	True and false quizzes are a quick activity to test student knowledge about a range of AoD situations. Questions can either be provided by the teacher, or for a more investigative activity, students can develop the questions themselves from a recent report by HPA, NZ Drug Foundation, Youth 2012 or the Ministry of Health, and	Alcohol, cannabis

			contribute them to a class quiz. Questions may be also be used in the QR code treasure hunt activity.	
8.	68	Alcohol knowledge race	This activity and the 'alcohol skits' in the following activity are for use as check points during or toward the end of a unit of work to determine what has been learned. The activities can be used separately or one can be an extension of another, or a different activity may be used at different stages of the programme. Students draw on their knowledge of the concept of hauora and how it relates to not drinking, moderate drinking and heavy drinking.	Alcohol
9.	71	Alcohol knowledge skits	This activity and the 'alcohol knowledge race' previously are for use as check points during or toward the end of a unit of work to determine what has been learned. The activities can be used separately or one can be an extension of another, or a different activity may be used at different stages of the programme. Students draw on their knowledge of the concept of hauora and the socio-ecological perspective.	Alcohol
<b>PART 2: Activities for developing depth of AoD knowledge and understanding</b>				
10.	73	Defining and classifying drugs	It is useful when discussing alcohol and other drug related issues in health education to have some knowledge of the substances in question. This activity directs students to quality sources of information about drugs to develop a basic understanding of what is meant by a 'drug'.	All drugs
11.	76	Drug and alcohol language	Drinking and drug cultures have a diverse array of terms and expressions to variously name the drugs, describe their effects, or describe some other aspect of drug use. Making healthy decisions and being safe in alcohol and drug-related situations requires understanding the language people are using.	Alcohol
12.	78	"Preparing students to live in a world where alcohol and drugs exist"	The New Zealand Drug Foundation article " <i>Preparing students to live in a world where alcohol and drugs exist</i> " (2017) provides a useful introduction of some key aspects of AoD issues as they apply to young people in NZ. This structured activity provides an introduction for any AoD focused investigation for all levels.	All drugs
13.	81	Effects of alcohol on the body	This activity involves uses the online resources available through alcohol.org.nz to develop knowledge about the effects of alcohol on the body. This task is in preparation for relating the effects of alcohol on the body to the concept of hauora in the following activity.	Alcohol
14.	83	Alcohol, cannabis and well-being	Applying understanding of the concept of hauora and well-being to alcohol and other drug situations is one of the foundation aspects of AoD learning in the NZC. This activity	Alcohol or cannabis (or

			requires students to use information gathered in the previous activity and apply it to understandings of well-being.	adapted for all drugs)
15.	87	Who else is affected by AoD incidents?	This activity aims to develop students' ability to think critically about the many people impacted by a fatal or serious injury, as a consequence of poor decision making after AoD use. Sensitivity will be needed in cases where such incidents have occurred recently in the community.	Alcohol or other drugs
16.	89	AoD and resilience (NZC Level 6)	Woven across health education learning is the development of a variety of skills and knowledge that contribute to building young people's resilience. Recognising that heavy alcohol and/or other use is a significant risk factor which undermines resilience, this activity focuses on the importance of protective factors during times of change and loss, so that AoD use is not seen as a way to cope with change.	All drugs
17.	97	Risk and protective factors in AoD situations	This activity makes use of the Tūturu videos about Renee (alcohol), Laura (alcohol), and Asher (cannabis) highlighting the way risk and protective factors can be a feature of young people's AoD use and non-use.	Alcohol and cannabis
18.	100	Recognising unsafe situations	Using static images (photos) of alcohol and drug use to help recognise unsafe situations has long been a popular AoD education learning activity. However, for students to 'see themselves' in some of these images, especially in ethnically diverse populations, requires consideration of students' cultural contexts. Instead of supplying ready-made images, this activity focuses the learning around making an image that can then be used by peers to identify what is going on, and how the situation can be safely managed.	All drugs
19.	104	More or less risky?	Perceptions of the type and level of risk in AoD situations varies from person to person and depends on our knowledge and experiences. This activity requires students to rate their own ideas about alcohol related risk and then compare these with the views of an adult (e.g. a parent, although the activity does not assume parents or students drink alcohol).	Alcohol and/or cannabis
20.	107	Documentary evidence	Access to online video clips, be that news items, personal stories or documentary, or easy access to technology that allows amateur video production, means that making costly video to accompany teaching resources (that has relevance for diverse student audiences, and stays relevant) is becoming less viable and less of a need. This activity provides a process for analysing an existing video clip depicting the influences on AoD use, the impact of AoD use, and what can be done to achieve healthier outcomes.	All drugs

21.	110	Investigating ethical issues relating to alcohol and drugs (NZC Level 6)	A range of ethical issues may be encountered during AoD education which provide rich opportunities for developing critical thinking about rights and responsibilities. These include: alcohol laws such as the purchase age, establishment of a 'drinking age', drinking and driving; cannabis – decriminalisation, legalisation, medicinal use; workplace and drug testing and drug testing students at school; performance-enhancing drugs in sport, alcohol advertising or sponsorship of sports teams, athletes or other role models; and banning tobacco sales and use, plain packaging, advertising.	All drugs
22.	113	Alcohol and sex - what's the concern?	Alcohol use is frequently associated with unplanned and unwanted teenage sexual experiences, some of which result in unintended and undesired consequences for young people's well-being. This activity could be included in either an AoD or a sexuality education programme to explore the association of alcohol use and sex.	Alcohol
23.	118	Critical thinking – alcohol and culture	A lot has been said about New Zealand's 'drinking culture'. Understanding alcohol use and issues in NZ, and being able to think critically and challenge some of these cultural attitudes than normalise alcohol use (especially heavy use), are an important part of learning about alcohol. This activity provides opportunity for students to think critically about links between alcohol, culture, and well-being using a range of materials sourced from the media.	Alcohol
24.	120	Legal matters related to drugs and alcohol – and how these affects well-being	The laws related to the supply, purchase and use alcohol have a role in supporting the well-being of young people. Experiencing legal 'trouble' for alcohol-related reasons to can be very stressful and have long term implications. This activity explores alcohol laws that have implications for young people and the ways legal matters link to well-being.	Alcohol
25.	123	Influences on drug use – legal issues (NZC Level 6)	This activity provides opportunity for students to explore influences on AoD use with a focus on legal issues, as explored through the socio-ecological perspective (how drug-related situations influence us at societal, interpersonal and personal levels).	All drugs
26.	126	Between the headlines	This activity provides opportunity for students to find newspaper or other media headlines to explore a range of attitudes and values (or messages), and well-being issues relating to alcohol and/or other drug use. This activity could be used to generate questions for student inquiries on a range of issues.	All drugs
27.	128	AoD in the media - fact or opinion?	This is a follow-up (or alternative) activity to "Between the Headlines". This activity may use the same headlines as were sourced for that activity, and will need some 'sensationalist' headlines. As well as finding headlines, some could be written by the teacher and/or students.	All drugs

28.	131	Who benefits from alcohol advertising?	Alcohol advertising generates enormous revenue for alcohol companies. Advertising alcohol products and alcohol sponsorship of events associates brand names with popular activities. This can influence young people to drink alcohol as it normalises alcohol consumption as an aspect of some social events, or it can influence them to buy certain brands of alcohol.	Alcohol
29.	134	Does alcohol advertising give mixed messages?	Alcohol product and brand specific advertising uses pervasive imagery and catch phrases, some popular brands have become a part of New Zealand culture. Advertising uses a range of ways to encourage people to use a particular brand. Whether or not these ads are successful in selling the product depends upon many factors including people's values, beliefs and cultural backgrounds. This activity requires students to explore why people may take different messages from or relate differently to alcohol advertising. <i>Note that this could either follow on from the previous activity or be used as an alternative approach.</i>	Alcohol
30.	137	Analysis of Health Promotion Campaigns	Social marketing type health promotion campaigns related to AoD use tend to target particular groups in society such as young people or adults. Regardless of the target audience, the messages in these campaigns, and the support provided with them, applies to everyone. This activity requires students to analyse the messages in one current AoD-related health promotion campaign – the TV advertisements and the range of supporting materials, all of which can be accessed online.	Alcohol and some other drugs
31.	140	Reading about AoD issues - supporting student literacy - expert jigsaw	All teachers are expected to contribute to the ongoing development of students' literacy skills. The 'expert jigsaw' is a popular technique that supports students to understand article length text by dividing the responsibility for making meaning among the whole class.	All drugs
32.	142	AoD and the media - supporting student literacy – reciprocal teaching	Becoming a critical reader as well as a critical thinker are essential skills for health education. This activity utilises a cooperative reading (reciprocal teaching) strategy to make meaning of a newspaper article related to AoD. Students then engage in a critical thinking process to make meaning about the situation beyond what is reported in the article.	All drugs
33.	147	What the statistics say - young people, alcohol and other drugs	Accessing sound information about health issues, including patterns of alcohol and drug use, becomes important in health education at senior secondary school. This activity introduces students to alcohol and drug statistics reported in the Youth 2012 survey and to think critically about what the data is indicating.	Alcohol, cannabis and all drugs

34.	159	Pouring standard drinks	To understand how much alcohol is meant by moderate drinking (and how much is too much) requires knowledge of standard measures of alcohol volumes. This activity utilises the interactive tool ' <i>can you pour a standard drink</i> ' on the <a href="http://alcohol.org.nz">alcohol.org.nz</a> website.	Alcohol
35.	161	Investigating drugs and sport – what's the well-being issue?	Investigating drugs in sport is a popular context for learning in physical education programmes. This activity provides an introduction to the issue and invites students to think about whether or not it is a well-being issue for people other than athletes and sports people.	Performance enhancing drugs
36.	166	Hearing from the experts (guest speakers)	A purposefully selected guest speaker, particularly someone who can contribute to a whole school approach to AoD, can be a useful resource to bring an expert perspective to an aspect of the learning programme. However to be effective, the selection of the person and the class preparation for the visit are essential for it to be a quality learning experience. This activity provides a guide for the preparation of questions, the visit, and the follow up process for making effective use of a guest speaker.	All drugs
37.	169	Investigating an AoD issue	Assessment of student learning contributes to determining their level of learning, and progress with learning in the NZC is a feature of effective teacher practice and an integral part of the teaching as inquiry approach. Achievement data is also required for reporting to parents and annual reporting to the Board of Trustees.	All drugs
<b>PART 3. Activities for taking action in AoD – related contexts</b>				
38.	173	Personal goal setting for wellbeing	The goal planned and implemented by students focuses on an action to promote personal wellbeing. This could be an aspect of skill development for building resilience or developing and enhancing protective factors. It is not intend that the goal is specifically related to AoD use. Students are encouraged to make use of the information they recorded in the Activity 3 template - ' <i>Reflecting on my own wellbeing and identifying my learning needs</i> '. <i>Note:</i> This is a series of activities that would be spread over several weeks covering the process of goal setting planning, implementation, monitoring progress, and evaluation.	All wellbeing contexts
39.	188	Being assertive in AoD situations	Responding assertively is an important skill for resisting pressure in a range of health education contexts. This activity involves students working in small groups to develop knowledge of, and to practice, assertiveness skills in alcohol situations.	Alcohol (but could be adapted for other drugs)



40.	193	Responsible decision making in AoD situations	This activity approaches decision making as the thinking processes a person works through to make a decision about what to do when faced with a situation where there is more than one possible choice of action. Making responsible, informed, health-enhancing decisions about AoD use is a complex activity that needs to be carefully thought through. Sometimes, what seems an OK or 'healthy' choice may not always be the case when the decision cannot be carried out (or stuck to), or if the impact that the decision has on others is not considered. The message that choosing not to drink or take drugs is always a valid and healthy choice.	Alcohol (but could be adapted for other drugs)
41.	197	Resolving problems in AoD situations	Alcohol and drug-related situations pose a range of potential problems for the people involved. These problems need to be resolved for the well-being of everyone. This activity approaches problem solving as the sequence of events that need to be taken to put decisions into action (in contrast to decision making which is more about the thinking processes a person has to go through to make a decision about what to do). This activity focuses on a joint problem solving process.	Alcohol (but could be adapted for other drugs)
42.	201	Map of support services our area	This version of a support agencies activity requires students to identify and map out the different nature or types of support provided by named people or organisations in their area	All wellbeing contexts
43.	205	Host responsibility: planning a safe party	Holding parties where alcohol will be used presents young people with a wide range of potential risks. Planning can greatly reduce these risks. This activity involves students working together to discuss components of effective host responsibility and using knowledge gained from this discussion to design a safe party plan. They then justify how the party has been planned with these host responsibility features in mind. The activity uses the <a href="http://alcohol.org.nz">alcohol.org.nz</a> host responsibility resources and information.	Alcohol
44.	208	Contributing school wide – reviewing the school alcohol policy	The whole school approach (WSA) to AoD education described in the Ministry of Education's Alcohol and Other Drug Education Programmes: Guide for schools (MoE 2015) requires action to be taken on several levels. Creating coherence across these systems can be a challenge and opportunities to make connections between classroom teaching and learning, school leadership and governance, and community support and interventions, can be problematic. Contributing to the review of school policy is one way students may be able to engage with the Board of Trustees and develop understanding about the way some aspects of a WSA fit together.	Alcohol
45.	210	Agony Aunt	This activity uses the familiar 'Agony Aunt' activity as a way to gather evidence of student learning about the way others can be supported and with consideration of the	All drugs

			underlying concepts. Assessment of student learning contributes to determining a student's level of learning, and progress with learning in the NZC is a feature of effective teacher practice and an integral part of the teaching as inquiry approach. Achievement data is also required for reporting to parents and annual reporting to the Board of trustees.	
46.	213	Designing a health promotion advertisement	At key stages of a health education programme, it can be useful to include tasks that draw together and consolidate learning from across several previous lessons. Evidence from such tasks is then used for assessment purposes. Assessment of student learning contributes to being able to determine students' level of learning, and progress with learning, in the NZC. This is a feature of effective teacher practice and an integral part of the teaching as inquiry approach. This activity uses a familiar process of designing an advertisement as a way to draw together a range of knowledge.	Alcohol or other drugs
47.	215	Advocacy and alcohol advertising	Advocacy is an important part of taking action, especially when seeking changes that have to be carried out by other people with the authority and resources to do so. Advocating change requires having knowledge of who these people are and the role of organisations they work for or represent. Advocating also requires having a clear understanding - based on evidence - of the situation. This is needed to support the grounds upon which the request for change is being made.	Alcohol
48.	220	Taking health promoting action using the Action Competence Learning Process (ACLP)	The Action Competence Learning Process (ACLP) is a process for engaging in health promotion. When a well-being issue has been identified, students use critical thinking to explore the issue. They then engage in creative thinking to visualise how things could be different or how well-being could be enhanced. They develop a plan of action and implement it. After completing their action, students evaluate the outcome(s) and identify what they have learned from the experience (even if their original goal has not been achieved).	Alcohol but could be applied to cannabis or other drugs
<b>Section C. Teaching and learning frameworks for NCEA Levels 1-3</b>				
49.	231	What we know about alcohol (and other drugs) as a mental health issue	An activity that requires students to use recent and past copies of the HPA (alcohol.org.nz) newsletter to answer the question, 'why is alcohol use a mental health issue'? The activity is also about developing skills to find relevant information to use as evidence that supports an analysis or an evaluation.	Alcohol
50.	233	Harm minimisation	An activity to introduce students to the idea of harm minimisation as a way to understand the complex array of strategies (and actions) needed to minimise harm from AoD use.	All drugs

51.	<b>237</b>	Using data and evidence	This activity requires students to access a data set related to AoD use, and interpret the wellbeing issue (the problem, the cause for concern) from the data.	All drugs
52.	<b>240</b>	Personal and interpersonal influences on AoD use	A planning framework to help identify a range of data sources that provide evidence to show the personal and interpersonal influences on AoD use, and the impacts this has on wellbeing.	All drugs
53.	<b>244</b>	Social, cultural, political and economic influences on AoD use	A planning framework to help identify a range of data sources that provide evidence to show the societal influences on AoD use, and the impacts this has on wellbeing.	All drugs
54.	<b>248</b>	Taking action – reducing harm from AoD use	This planning framework identifies a wide range of possible strategies and actions that students could use when compiling a coherent account of their analysis of an AoD situation	All drugs

# Indicators of learning and progression for NZC levels 4-6

## Indicators of learning progression for alcohol and other drug education in *The New Zealand Curriculum*

These indicators of learning progression have been prepared to help teachers unpack the learning intentions for AoD education. The indicators are based on the *Drug Education Matrix of Learning Outcomes for Levels 1–8 within the New Zealand Health and Physical Education Curriculum*, developed originally for the HPE 1999 document.

To help illustrate the indicators it was useful to use the learning from the activities described throughout this resource. *The italicised part of each indicator is the contextual information*, the non-italicised type is the indicator.

As progressions they offer guidance on how learning becomes more conceptually complex across the levels of the NZC. This complexity is derived from the verbs of the Achievement Objectives at each level, in conjunction with the underlying concepts implicit in the AOs that unpack the HPE Strands. Backward mapping from NZC levels 6-8 (NCEA Levels 1-3) has helped develop understanding of how the underlying concepts develop across NZC Levels 1-5. Consideration for the way learning progresses has also been informed by the Key Competencies which are an integral feature of many of the AO verbs.

Indicators go further than broadly expressed curriculum AOs in that they tend to be contextualised, in this case to AoD education, and they are more descriptive and therefore offer more information (more detail) of the learning outcome.

Indicators of learning progression have a related but different purpose to a learning intention which states the aim or intent of the learning (based on evidence that indicates what students need to learn). The difference then between success criteria and indicators of learning progression is that success criteria are statements developed (ideally) with students to help them identify when their learning has been achieved and what it is they will learn/have learned, whereas indicators of progression document what are, in effect, success criteria or performance indicators across many levels to show how the learning becomes more complex.

### Using these indicators:

Teachers could use these indicators of learning progression to:

- Develop indicators specific to their programme by using these as a model or template and adapting them to reflect the learning in AoD education programme.
- Guide their judgements when determining the level at which students are learning and achieving.
- Tracking and monitoring whether cohort level learning targets are being met and if individual students are achieving at the expected level - intervening when students are not achieving at the expected level or stepping up the programme if evidence suggests students are learning beyond the expected NZC level for their year level.
- Identifying next steps for learning.
- Guide AoD education programme design and planning – when using data to decide what is important to focus on and students need to learn, given where they are at - indicators help identify where the learning develops to at the next level and beyond, and what is important to include in a teaching and learning programme that provides a learning pathway across the curriculum.

This section includes:

- Overall statements about the way the underlying concepts could be stepped up across Years 9-11 (NZC Levels 4-6).
- The NZC Level 4-6 Achievement Objectives and the Drug Education Matrix of Learning Outcomes which are then developed into indicators of learning progression. Some of the Drug education Matrix learning outcomes have been adapted from the original 2002 version to reflect shifts in emphasis in AoD education, law changes, use of digital technologies in education, and understanding of AoD in context of the wider considerations of the NZC (2007).
- It is expected that students in Years 9&10 will be working towards achieving NZC Level 5. As this will not always be the case however, NZC Level 4 learning intentions and indicators have also been included in this section. Not all level 4 indicators link to an activity in this resource. It is expected that some learning will occur across other contexts like friendships, relationships and interpersonal communication, and AoD scenarios will be one possible situation for developing knowledge related to the Achievement Objectives that the learning is based on.

<b>AoD content in junior secondary school Years 9&amp;10</b>	At these levels, students will develop understanding of the influences on AoD use and the impact of AoD use on well-being. Increased complexity of AoD knowledge, and further development of self management and interpersonal skills, are applied to AoD contexts of relevance to teenagers. Drugs for focus at these levels will <i>mostly</i> be alcohol and cannabis, and tobacco may still be a focus where this is an issue.
<b>Year 11</b>	At this level students will, in addition to personal and interpersonal factors, develop understanding of the way societal factors are influencing AoD use (culture, media, legal considerations etc). Personal self management and interpersonal skills are applied increasingly to social situations of relevance to teenagers and actions also consider wider social responsibility. Drugs for focus at these levels will <i>mostly</i> be alcohol and cannabis, and may include other drugs of current concern.

<b>Developing understanding of well-being in health education</b>	
<b>Across Years 9&amp;10</b>	<b>Year 11</b>
<p>Well-being is mainly explored from a personal and interpersonal perspective, with some development of understanding about health issues that impact on all of society (societal well-being). Activities to explore well-being are integrated across all learning and explored in relation to specific contexts. The ideas that follow can be used in an AoD education or another health education context, or they may be used out of context as the focus is on deepening understanding of well-being as a concept.</p> <p>Activity ideas to explore well-being:</p> <ul style="list-style-type: none"> <li>• Personal stocktake – what’s happening for me (good and not so good) in relation to each aspect of well-being? What could I do to strengthen my overall well-being? Create a visual display (e.g. picture collage, on A3 paper).</li> <li>• Use short scenarios, images and news clippings to explore how well-being is being affected by a situation. You could introduce the idea of short-term and long-term, as well as personal, interpersonal and societal.</li> <li>• Create a mind-map (online tools or pen and paper) of all the ideas that fit under each aspect of well-being.</li> <li>• Create a class padlet or collage of ideas and pictures to depict each aspect of well-being</li> <li>• Investigate well-being issues in the school or local community (create ‘big questions’ and develop knowledge and insight around well-being issues to find answers to the questions).</li> <li>• Explore a range of cultural ideas about health and well-being. How do different people define health? What does it mean to be well across different cultures?</li> <li>• Create your own version of te whare tapa whā – your own model for hauora or well-being. Build a 3-D model, use pen and paper or design online.</li> <li>• Use word cloud software to create a brainstorm of ideas for each aspect of well-being.</li> </ul>	<p>Well-being is mainly explored from a personal and interpersonal perspective, with some expansion of ideas around societal (e.g. How something might impact on groups of people, or how a strategy might enhance well-being for groups of people). Learning about well-being in year 11 builds upon year 9 and 10 experiences, and many of the activities described would also be suitable at this level.</p> <p>The sorts of questions that students might answer in year 11 health education, as related to well-being, are quite wide in focus and dependent on the contexts covered in the course. In general terms, developing conceptual ideas could look like this:</p> <ul style="list-style-type: none"> <li>• How might this [situation] affect a teenager’s well-being?</li> <li>• Explain the impact of (and influence) on a teenager’s overall well-being</li> <li>• Why is this the most health-enhancing decision?</li> <li>• How does this action enhance well-being (for individuals, for people’s relationships with others and/or and for all teenagers?</li> <li>• Explain possible negative/positive impacts of [situation] on an individual’s overall well-being</li> <li>• Explain the potentially harmful effects of [situation] on interpersonal relationships, and on New Zealand society as a whole</li> <li>• How will taking this action and reaching your SMART goal enhance your well-being?</li> <li>• To what extent was your well-being enhanced by taking action?</li> <li>• How might well-being be enhanced both in the short-term and long-term?</li> <li>• How is well-being affected in the short and long term by this issue?</li> </ul> <p>For formal NCEA assessment, students are asked for, and respond to questions with answers that relate to specific dimensions of hauora, ie physical, social, mental and emotional and spiritual aspects of well-</p>

<ul style="list-style-type: none"> <li>• Create a class poster of ideas that enhance class members' well-being</li> <li>• Moving around activity: Have a poster/label for each aspect of well-being on a different wall (or area) of your teaching space. Give students prompts (one at a time) which requires them to move to the part of the teaching space that depicts the aspect of well-being that best reflects their thinking. Prompt examples: Which aspect of well-being do you most look after? Most neglect? For a long and happy life? Which aspect is the most important? Least important? Which aspect is most affected by [situation]?</li> </ul>	<p>being. Students should also be making connections between the dimensions to show their understanding of the holistic nature of well-being.</p>
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## Indicators of learning and progression

The following tables provides teachers with examples of possible **indicators** to show the learning intention has been achieved and how learning develops across the levels. In some instances the indicator and suggested activity cover only part of the suggested learning intention from the AoD matrix. In these situations a combination of activities from across the strands will be required to fully meet some learning intentions.

<b>NZC Level 4</b> <b>NZC Achievement Objectives</b>	<b>Areas for learning focus</b>	<b>Suggested Learning intentions</b>	<b>Indicators of learning progression linked to the activities in this resource</b>
<b>Students will:</b>  <b>A1 Personal growth and development:</b> Describe the characteristics of pubertal change and discuss positive adjustment strategies. <b>A3 Safety management:</b> Access and use information to make and action safe choices in a range of contexts. <b>A4 Personal identity:</b> Describe how social messages and stereotypes, including those in the media, can affect feelings of self-worth.  <b>C1 Relationships:</b> Identify the effects of changing situations, roles, and responsibilities on relationships and describe appropriate responses. <b>C2 Identity, sensitivity, and respect:</b> Recognise instances of discrimination and act responsibly to support their own rights and feelings and those of other people.	<b>Effects on well-being choices and consequences</b>	Access and use information to inform safe choices in relation to AoD use. (A3)	<i>After accessing information online about effects of alcohol on the body, students can describe the effects of alcohol use on all dimensions of well-being. (Activity 15)</i>
		Describe how social messages, including those in the media relating to AoD use, can affect feelings of self-worth. (A4)	<i>After examining the way alcohol is advertised and promoted through the media, students can recognise methods advertisers use to make alcohol products desirable and attractive to consumers. (Activities 30-31)</i>
	<b>Communication and relationships</b>	Describe and demonstrate a range of assertive communication skills and processes that enable appropriate interaction with others. (C3)	<i>After students learn and practice the features of giving an assertive response, they demonstrate the use of each of these in an alcohol 'pressure' situation. (Activity 41)</i>
	<b>Problem solving: Strategies to support and protect self and others</b>	Identify the effects of changing situations, roles and responsibilities and describe appropriate responses. (A4) (C1)	<i>Across various learning contexts focused on changes during adolescence, students can identify a range of situations that may bring them into greater contact with alcohol and other drugs that they had not encountered as younger children, and how they could respond now they are older.</i>
		Investigate and/or access a range of community resources that support well-being of people in relation to AoD use. (D2) (A3)	<i>After being introduced to a selection of youth relevant websites, students can name organisations that provide AoD related support specifically for teenagers, and describe the type of support offered.</i>



<p><b>C3 Interpersonal skills:</b> Describe and demonstrate a range of assertive communication skills and processes that enable them to interact appropriately with other people.</p> <p><b>D1 Societal attitudes and values:</b> Investigate and describe lifestyle factors and media influences that contribute to the well-being of people in New Zealand.</p> <p><b>D2 Community resources:</b> Investigate and/or access a range of community resources that support well-being and evaluate the contribution made by each to the well-being of community members.</p> <p><b>D3 Rights, responsibilities, and laws;</b></p> <p><b>D4 People and the environment:</b> Specify individual responsibilities and take collective action for the care and safety of other people in their school and in the wider community.</p>	<b>Rights, responsibilities, policies and laws</b>	Describe ways of supporting the rights and responsibilities of self and others in relation to AoD use. (A4) (C2)	<i>After exploring personal rights and responsibilities, across a range of health education contexts, students can identify examples of personal rights and responsibilities that would support their well-being in AoD related situations.</i>
		Access information about laws/legislation relating to the use of legal and illegal drugs in New Zealand. (D3/4) (A3)	<i>After brainstorming what they think they know about young people's alcohol use and the law, students can access accurate information from reliable websites to construct a 'legal ages' poster containing information specific to teenagers and alcohol use. (Activity 26)</i>
	<b>Critical thinking about societal issues and social action</b>	Investigate and describe personal and societal factors that influence people's use and misuse of AoD.(D1)	<i>After reading a recent article about use of alcohol by young people, students can identify the personal and societal factors contributing to the use (or non-use) of alcohol by the young people mentioned in the article. (Activities 33-34)</i>
		Participate in collective action to promote safety in situations where AoD may be used. (D4)	<i>After learning about pouring standard drinks (Activity 36) and 'host responsibility' students can describe the features of planning a safe party and why these features are needed to support well-being. (Activity 45)</i>

<b>NZC Level 5</b> <b>NZC Achievement Objectives</b>	<b>Areas for learning focus</b>	<b>Suggested Learning intentions</b>	<b>Indicators of learning progression linked to the activities in this resource</b>
<b>Students will:</b>  <b>A1 Personal growth and development:</b> Describe physical, social, emotional, and intellectual processes of growth and relate these to features of adolescent development and effective self-management strategies. <b>A3 Safety management:</b> Investigate and practise safety procedures and strategies to manage risk situations. <b>A4 Personal identity:</b> Investigate and describe the ways in which individuals define their own identity and sense of self-worth and how this influences the ways in which they describe other people.  <b>B4 Challenges and social and cultural factors:</b> Investigate and experience ways people's physical competence and participation are influenced by social and cultural factors.  <b>C1 Relationships:</b> Identify issues associated with relationships and describe options to achieve positive outcomes.	<b>Effects on well-being choices and consequences</b>	Examine the influence of AoD on well-being and use this knowledge to develop effective self-management strategies. (A1) (A3)	<i>After accessing accurate information online about effects of alcohol and cannabis (or other selected drug), students can describe the effects of AoD on all dimensions of well-being. (Activities 15-17)</i> <i>After learning about the process of personal goal setting, students can identify a wellbeing need that enhances protective factors, set a goal, plan and implement critical actions, and evaluate the process and impact of their actions on wellbeing. (Activity 40)</i>
		Examine their own and others' attitudes, values and behaviour in relation to AoD use. (A4) (C2)	<i>After examining a range of media headlines, students can describe the attitudes and values being promoted through media reporting of AoD situations and how these are similar or different to their own attitudes and values. (Activities 28-29)</i>
	<b>Communication and relationships</b>	Demonstrate an understanding of how different attitudes and values relating to AoD can influence safety in relationships. (C3) (C2)	<i>After reading a recent article about teenage AoD use and how this affects their relationships with other people, students can identify how one person's AoD use (and their attitudes and values about AoD use) can affect their relationships with friends and family. (Activity 34)</i>
		Demonstrate a range of interpersonal skills and processes that help them to make safe choices for themselves and others in relation to AoD use. (C3)	<i>After revising the skills required for demonstrating assertiveness students can demonstrate all of the features of an assertive response in at least one AoD 'pressure' situation. (Activity 41)</i>
	<b>Problem solving: Strategies to support and</b>	Examine strategies for minimising risks in social situations involving drugs. (A3) (C1)	<i>After creating static images/photos of risky AoD situations, students analyse each other's images to identify the nature of the risk and recommend how the situation could be safely managed. (Activity 20)</i>

<p><b>C2 Identity, sensitivity, and respect:</b> Demonstrate an understanding of how attitudes and values relating to difference influence their own safety and that of other people.</p> <p><b>C3 Interpersonal skills:</b> Demonstrate a range of interpersonal skills and processes that help them to make safe choices for themselves and other people in a variety of settings.</p> <p><b>D1 Societal attitudes and values:</b> Investigate societal influences on the well-being of student communities.</p> <p><b>D2 Community resources:</b> Investigate community services that support and promote people's well-being and take action to promote personal and group involvement.</p> <p><b>D3 Rights, responsibilities, and laws:</b> Identify the rights and responsibilities of consumers and use this information to evaluate health and recreational services and products in the community.</p> <p><b>D4 People and the environment:</b> Investigate and evaluate aspects of the school environment that affect people's well-being and take action to enhance these aspects.</p>	<b>protect self and others</b>	Investigate community services that support and promote people's well-being, and take action to promote personal and group involvement. (D2)	<p><i>After investigating a range of support systems within school, community agencies, and websites, students write a response to an Agony Aunt letter describing how someone who has concerns about their (or someone else's) AoD use could get help. (Activity 44 and 47)</i></p> <p><i>After examining an example of a current AoD-related health promotion campaign (TV advertisement), students design their own version of a TV ad aimed at teenagers drawing together their understandings about reducing harm and risk from AoD use and making healthy choices. (Activity 48)</i></p>
	<b>Rights, responsibilities, policies and laws</b>	Identify rights and responsibilities for themselves and others in social situations involving AoD. (D3) (A1)	<i>After developing understanding about the links between alcohol use and sexual activity, students can describe a range of ways to stay sexually safe in situations involving AoD use. (Activity 24)</i>
		Investigate rights and responsibilities, school policies, laws and legislations in relation to alcohol and other drug use and misuse. (D3)	<i>After developing understanding of the school policy (or policies) related to alcohol (and other drugs) at school, students participate in an aspect of policy review eg carry out a survey, or write a proposal to the BoT about a situation that needs to be included in policy or the way policy needs to be communicated to students and parents. (Activity 46).</i>
	<b>Critical thinking about societal issues and social action</b>	Investigate how societal attitudes, values and practices influence the well-being of student communities in relation to AoD use. (D1) (A4)	<p><i>After examining the way alcohol is advertised and promoted through the media, students can identify the mixed and inconsistent messages about alcohol use. (Activity 31)</i></p> <p><i>After viewing a recent documentary/video highlighting issues related to teenage AoD use, students can analyse the video to describe how societal attitudes and values (cultural, media etc) can influence teenage AoD use (or non-use). (Activity 22)</i></p>

<b>NZC Level 6</b> <b>NZC Achievement Objectives</b>	<b>Areas for learning focus</b>	<b>Suggested Learning intentions</b>	<b>Indicators of learning progression linked to the activities in this resource</b>
<b>Students will:</b> <b>A1 Personal growth and development:</b> Investigate and understand reasons for the choices people make that affect their well-being and explore and evaluate options and consequences. <b>A3 Safety management:</b> Demonstrate understanding of responsible behaviours required to ensure that challenges and risks are managed safely in physical and social environments. <b>A4 Personal identity:</b> Demonstrate an understanding of factors that contribute to personal identity and celebrate individuality and affirm diversity.  <b>C1 Relationships:</b> Demonstrate an understanding of how individuals and groups affect relationships by influencing people's behaviour, beliefs, decisions, and sense of self-worth. <b>C2 Identity, sensitivity, and respect:</b> Plan and evaluate strategies recognising their own and other people's rights and responsibilities to avoid or minimise risks in social situations. <b>C3 Interpersonal skills:</b> Plan strategies and demonstrate interpersonal skills to	<b>Effects on well-being choices and consequences</b>	Access and use reliable sources of information about the effects of AoD use and misuse on wellbeing. (A1)	<i>After being introduced to a range of websites that contain reputable AoD information (and why these are sources of reputable information) students can describe the inter-related effects of AoD use on all dimensions of well-being, and how AoD use impacts not only the user but also people they interact with and communities. (Activities 14-17)</i> <i>After accessing examples of statistical data about AoD use by young people, students can infer possible impacts on well-being from data. (Activity 35)</i>
		Investigate and understand reasons for and consequences of the choices people make that affect their well-being and social norms. (A1)	<i>After exploration of risk in AoD situations, students can identify what is more or less risky in a range of situations, and why some people might avoid or take these risks. (Activity 21)</i> <i>After an initial investigation into the use of performance enhancing drugs, students can describe why drugs in sport is an issue for the well-being of sportspeople taking drugs, as well as others. (Activity 37 and 39)</i>
	<b>Communication and relationships</b>	Investigate the value of support structures in AoD-related situations, such as family and friendship groups. (C1)	<i>After learning about the concept of resilience, students can describe the importance of relationships with others – friends, families and people in their communities, as an important aspect of building resilience, and reduce or mitigate AoD use as a risk factor. (Activities 18-19)</i>
		Plan strategies and demonstrate skills required to act responsibly and ethically in AoD-related situations. (C1) (C2) (C3)	<i>After developing understanding about what it means to act ethically in a range of social and work situations involving AoD, students can describe ethical actions that consider people's rights and responsibilities in a specific AoD context. (Activity 23)</i>
		Demonstrate an understanding of	<i>After learning about different problem solving models, student can select a joint problem solving model to solve</i>

<p>respond to challenging situations appropriately.</p> <p><b>D1 Societal attitudes and values:</b> Analyse societal influences that shape community health goals and physical activity patterns.</p> <p><b>D2 Community resources:</b> Advocate for the development of services and facilities to meet identified needs in the school and the community.</p> <p><b>D3 Rights, responsibilities, and laws:</b> Compare and contrast personal values and practices with policies, rules, and laws and investigate how the latter contribute to safety in the school and community.</p> <p><b>D4 People and the environment:</b> Investigate the roles and the effectiveness of local, national, and international organisations that promote well-being and environmental care</p>	<b>Problem solving: Strategies to support and protect self and others</b>	responsible behaviours required to ensure that challenges and risks are managed safely in physical and social environments in relation to AoD. (C2) (A3)	a shared problem in an AoD situation, and work through the steps of the model to reach a health outcome for all involved in the situation. (Activity 43) <i>After being introduced to the Action Competence Learning Cycle, students plan an action aimed at promoting the well-being of teenagers that directly or indirectly relates to the risks of AoD use. (Activity 50)</i>
		Examine the different options a person in an AoD situation has, and the demonstrate process required to make a healthy decision. (A1) (C3)	<i>After learning how to fill in a decision making template, students can identify at least three options open to a person in an AoD scenario, describe consequent feelings and outcomes of each option, and make and justify a healthy choice. (Activity 42)</i>
	<b>Rights, responsibilities, policies and laws</b>	Compare and contrast personal values and practices in relation to use of a variety of AoD, with rights and responsibilities required by rules, policies and laws. (D3)	<i>After an initial exploration of values and knowledge about AoD laws through a continuum activity (Activity 5), students can quickly and efficiently find information about AoD related laws from reliable internet sources and recognise legal aspects of AoD situations related to teenagers in a range of scenarios. (Activities 26-27)</i>
		Advocate for greater responsibility to be taken by media when advertising or reporting in AoD contexts. (D2)	<i>After developing understanding of the actions required for 'advocacy' students can critique advertisements for compliance with the Advertising Standards Authority code for alcohol advertising and recommend actions that can be taken individually or by groups to request a change to the advertising. (Activity 49)</i>
	<b>Critical thinking about societal issues and social action</b>	Examine how cultural attitudes and values influence AoD use (D3)	<i>After investigating the ways a range of cultural attitudes and values (NZ culture, sporting culture, masculinities culture etc) influence alcohol use, students can describe the attitudes and values that some groups hold about alcohol use, how this influences their alcohol-related behaviours, and how these attitudes and values impact positively and negatively on well-being. (Activity 25)</i>

		Investigate the health promotion campaigns implemented by local and/or national organisations to promote the well-being of society in relation to AoD use. (D2) (D4)	<i>After examining a current AoD health promotion campaign screening on TV, students can identify the target audience for the campaign, describe the health promoting message and what the campaign is asking people to change, and identify other aspects of the campaign or alternative sources of support if young people are not the main audience for the campaign. (Activity 32)</i>
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# **Teaching and learning activities Years 9-11**

## **PART 1**

**Activities for finding out what students need to learn / checking that they have learned**



## Activity number 1

# Programme planning – offering students choice in their learning

### Purpose

This activity provides opportunity for students to have input into the planning of the learning programme. Students select from a list of overall themes and add other topics of interest, all of which contribute to the design of their AoD education unit. This approach is similar to that used in Family Planning's *Hei Huarahi, Sexuality Road* resource.

### Key competencies

Participating and contributing

**Activity applies to** all drugs

**Time** 30 minutes

### Resources

A list of suggested themes or topic headings

### Activity sequence: Teacher activity

- Introduce students to the idea that they will have a say in the learning activities included in the AoD programme.
- Provide a list to start their thinking (see copy template).
- In the case of having too many options, negotiate with the students the topics to be covered within the timeframe available for the unit. Acknowledge that as many of their ideas as possible will be covered under these selected topic headings.

### Activity sequence: Student activity

- In groups, students discuss which of these ideas are of interest and why, and then add to this list with further ideas of their own.
- Each group contributes their additional ideas with a reason why they should be included.
- (If too many ideas) each group selects their three 'must-have' topics and tries to convince others in the class defends why their ideas should be included.
- The class votes on which topics will be covered.

### Teacher knowledge and pedagogy

Teachers will need to ensure that the list of student generated topics provides sufficient scope for developing health education concepts. Teachers will also need to be sensitive to known AoD issues impacting students and the community.

### Teacher's evaluation of the activity

How well will the students' selection of topics contribute to the overall health education programme? Do their choices provide opportunity to develop the underlying concepts? Does the list of options invite the use of a range of pedagogical approaches and include the use and development of a range of key competencies?



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<b>Possible topics for alcohol and other drug education</b>
Why do many New Zealanders use alcohol and other drugs?
Are New Zealand adults helpful or unhelpful role models on matters to do with alcohol use?
How can I be assertive in drug-related situations?
What is host responsibility and how do we have safe and successful parties?
How does alcohol and drug use affect well-being?
How does alcohol and drug use affect our community and NZ overall?
What can we do to address an issue relating to alcohol in our community?
Do we have a 'kiwi drinking culture'?
What does the law say about alcohol and drugs in NZ that I need to know about?
How can I be a positive influence on others and a supportive friend in situations where alcohol and drugs are being used?
How do I make healthy decisions regarding alcohol or other drugs in social situations?
What's the issue around alcohol and sporting culture in NZ?

## Activity number 2

# Class safety guidelines for AoD education

### Purpose

Previously negotiated class safety guidelines are revisited at the start of the AoD programme to check that students know how the guidelines will apply during the learning programme, and whether further context-specific guidelines need to be developed.

### Key competencies

Relating to others, participating and contributing

**Time** 30 minutes

### Resources

- Class safety guidelines previously developed. *Note that if safety guidelines have not been developed at the start of the health education programme, this activity will need to shift focus to be a class negotiation of the guidelines. See for example Establishing Safety Guidelines in **Caring for Yourself and Others** p16-18.*
- Copy template of scenarios for discussion

### Activity sequence: Teacher activity

- Explain that the purpose of the activity is to check whether the class safety guidelines they developed earlier in the year cover all of the situations that may foreseeably arise during the learning programme.
- Check with students what it means to 'be safe' in class.
- Divide class into small groups (3-4 students). Allocate each group a scenario sheet (alternatively each group could receive 2-3 scenarios, especially in situations where time is limited or language abilities of students means working with fewer ideas is more productive).
- Negotiate new guidelines as needed.
- Invite students to suggest ways that any breach of the guidelines should be handled. Accept consequences that reflect the values of social justice (ones that are fair and inclusive and seek to address the cause or source of the issue – no punitive responses).

### Activity sequence: Student activity

- Students contribute ideas about *physical safety*, *social safety* (eg effective listening, respectful communication, no bullying or harassment), *spiritual safety* (eg the fact people have – and are allowed to have – personal values and beliefs that are different to those held by others), *and mental and emotional safety*.
- In groups, students discuss each scenario and decide what sort of safety guideline would be needed to keep people safe in class. They then decide whether the existing class safety guidelines include this.
- Groups to share any situations where they thought the class guidelines did not cover the situation in the scenario.
- As a class, students decide what the consequences will be if students breach these safety guidelines.

- Discuss any 'special cases' that may have emerged from the discussions about the scenarios (eg situations that may require a more confidential response and referral to the school guidance counsellor).

### **Learning journal entry**

Students elect *three* safety guidelines they think are the most important for this AoD education unit. In their own words, students state why they think each of the guidelines is important for the safety and well-being of themselves and the other members of the class.

### **Teacher knowledge and pedagogy**

The purpose and intent of class safety guidelines and how to negotiate these with students and to ensure essential considerations like 'confidentiality' and the 'right to pass' are understood and what it means to show 'respect'.

### **Teacher's evaluation of the activity**

(Over time) How well do students observe these safety guidelines? If not, what other activities are needed to explore understandings of what is intended by the guidelines and how they are implemented in the classroom eg values continuum, being assertive, decision making and problem solving.

Copy template

## Class safety guidelines

Possible classroom situation	What sort of class safety guideline would be required?	Do our class safety guidelines state this? <i>Add new guidelines if needed</i>
1. Some students in the class come from cultural backgrounds where alcohol is not used.		
2. The teacher asks students to draw on ideas related to alcohol or another drug (either their own use or someone else's) and share something of their experiences.		
3. A student starts to tell the class about some of their personal experiences with alcohol or another drug which had damaging results for them.		
4. Some students in the class don't use alcohol or other drugs for personal reasons (eg health reasons, personal values and beliefs).		
5. A group of students in the class thinks alcohol and drug education is bit of a joke and are making unhelpful and disrespectful comments.		
6. A student starts to tell the class about other people's (eg other students, or family) experiences with alcohol or another drug which had damaging results.		
7. Students in the class have family members who have alcohol or other drug-related health problems ( <i>but you don't know this</i> ).		

8. Students in the class have friends or family who have been seriously hurt (or have died from) alcohol-related causes.		
9. <i>Add ideas relevant to class and community.</i>		
10.		
11.		
12.		

### Activity number 3

## AoD knowledge and values continuum

#### Purpose

Knowledge and values continuum activities are a popular way for students in health education classes to explore a range of beliefs and opinions held by class members on a range of health and well-being-related matters.

#### Learning intention

Students will demonstrate understanding of their own values about alcohol or cannabis use and learn about how these are similar or different to others. (5A4)

**Activity applies to** all drugs

#### Key competencies

Critical thinking, participating and contributing

**Time** 15- 30 minutes.

#### Resources

- A list of statements either specific to alcohol, AoD in general, or a specific drug (such as cannabis), as relevant to the teaching and learning programme. *See copy template examples.*

#### Activity sequence: Teacher activity

- Select one method for facilitating a continuum activity. *See extra teacher notes on the next page.*
- Instruct students in the 'rules' for this version of the continuum – e.g. who gets to talk and when, who places the card and when it can be shifted etc.
- Read the continuum statement (for a 'line-up' continuum), or distribute scenario cards to pairs or individuals for a 'card placement' continuum.
- Invite students to contribute their opinions ensuring differences in opinion are received and responded to respectfully.

#### Activity sequence: Student activity

- Depending on the version of the continuum, students either: position themselves on the continuum and offer ideas about why they are standing where they have placed themselves; or students place their statement on the continuum and state why they have placed it there.
- Other students respond with different opinions when asked to contribute.

#### Learning journal entry

Students write a paragraph in response to one or more of the following:

- Choose one of the continuum statements. State and explain your opinion on the matter.
- How did your thoughts and opinions compare with those of others in the class?
- Were you surprised at some of the opinions held by others in the class? Why/why not?

#### Teacher knowledge and pedagogy

There are a range of ways to conduct a continuum activity so that different

#### Teacher's evaluation of the activity

Which opinions provided insight into students' thinking and understanding that would be

approaches can be used at different times. Establish the 'rules' for how the continuum will be conducted safely.

useful to build into later activities? Which questions couldn't be answered (don't know/not sure)? Build these into subsequent activities and find answers.

### Extra teacher notes: Ways to facilitate a knowledge and values continuum activity

There are several ways in which a knowledge and values continuum activity can be facilitated. For each of methods 1 – 3, a minimum of two cards are needed: 'completely disagree' and 'absolutely agree' – or other choice of terms to mean the same. An optional third card: 'unsure or don't know' may be included. Students need to understand that a continuum (or a range of ideas) exists between these two extremes – their opinion may fall at any point between these cards.

1. As a whole class discussion – students sit or stand in a circle with the two cards placed inside the circle "definitely disagree" and "agree absolutely". A number of individual students (or pairs of students) are handed a statement and, in turn, students read their statement and place the statement on the continuum where they see it best fits. They explain their reasoning and then discussion about each statement is opened up to anyone in the class.  
*Alternative* – this can be completed in small groups using the same process as above, but in several small groups.
2. As a whole class 'physical' or 'line-up' continuum. The two cards are placed on each end of the room. The teacher reads each statement and directs students to move towards the place on the continuum that best represents their opinion. Invite students to share their opinion.
3. The 'neutral chair debate'. This method works well with a small number of contentious statements (ones which will likely result in a variety of viewpoints). The teacher reads a statement and students take up positions of 'agree', 'disagree', 'neutral' or 'don't know'. The task for students who agree or disagree is to convince the members of the opposite group to change their position and to convince the students in the 'neutral' and 'don't know' position to join them.

Copy template

Absolutely agree	Unsure / don't know
Neutral	Completely disagree



Copy template

## Alcohol statements for values continuum

We have a binge drinking culture in New Zealand
Alcohol is not a harmful drug
If the alcohol purchase age was raised to 20, alcohol-related harm to teenagers would be reduced
Alcohol and sport go together in New Zealand
It is easy for teenagers to access alcohol
Science shows alcohol can be good for your health and well-being
Teenagers can only have fun at a party when there is alcohol
Young people are more likely to drive drunk than are older people
Alcohol sponsorship of sporting events and sports teams should be banned
Alcohol advertising encourages young people to try alcohol
It is difficult for teenagers to buy alcohol
Trying alcohol at a young age is just a normal part of growing up in New Zealand
There is a strong link between alcohol and domestic violence in New Zealand
All teenagers drink alcohol with the aim of getting drunk
Many teenagers drink alcohol because they want to fit in
Supermarkets should not be allowed to sell alcohol
Drinking alcohol should be allowed anytime and in all public places
Alcohol companies persuade young people to drink their brand with low pricing and appealing packaging of their drinks
Dairies near schools should not be allowed to sell alcohol

Copy template

## Cannabis statements for values continuum

Cannabis is a harmful drug
New Zealand doesn't have a cannabis problem
All cannabis products have the same potency
Cannabis is a 'gateway' drug to other drugs
Getting caught with cannabis isn't as bad as getting caught with a drug such as "P"
New Zealand should decriminalise cannabis
Dealing in cannabis is more of a crime than possessing cannabis
The active ingredient in cannabis is called THC (tetrahydrocannabinol)
Cannabis causes cancer much like tobacco smoking
Most teenagers try cannabis at some time
Unlike alcohol cannabis does not impair the ability to drive safely
Use of cannabis can lead to the development of mental health problems
New Zealand should not legalise cannabis
Signs of cannabis use includes red eyes, increased appetite, impaired thinking and increased paranoia
People who use cannabis for medical reasons (like pain relief) should be able to grow their own without criminal conviction
Cannabis grows in many places all around the world
Some varieties of the cannabis plant ( <i>Cannabis sativa</i> ) have uses other than as a recreational drug
The majority of adults in New Zealand have tried cannabis at some time in their lives

Not sure or don't know? Visit the [NZ Drug Foundation website](#) for answers.

## Activity number 4

# Post boxes, graffiti sheets and pass-the-paper activities

### Purpose

Post boxes, graffiti sheets and pass-the-paper activities are popular strategies health teachers use to collect information from students to determine existing AoD knowledge. Evidence from these activities can then be used to inform subsequent learning.

### Learning intention

Students will identify what they and their peers know about AoD. (*Knowledge required for other learning.*)

### Key competencies

Participating and contributing

**Activity applies to** all drugs

**Time** 30-50 minutes depending on number of questions and method used – pass the paper tends to be quicker method than postbox.

### Resources

- Post box: questions on sheets displayed on wall, small pieces of paper for answer and containers for 'posting' answers.
- Pass-the-paper graffiti sheets (butchers' paper) with questions prepared, marker pens, additional sheets of blank A3 paper.

An early version of 'postbox' for use in alcohol education can be found in *Caring for Yourself and Others* (p24). The version included here is based on that used in resources developed by Dr Gillian Tasker.

### Activity sequence: Teacher activity

- Select the method for collecting and summarising class knowledge on alcohol or other drugs.
- Select about 6 questions – some examples of questions follow, or questions from continuum activities or questions designed by students can be used.
- Explain that the purpose for the activity is to help identify what they already know about alcohol or other drug use which will help to decide which learning activities the class will engage in.
- Facilitate the postbox or pass the paper activity according to the detailed instructions following.

### Activity sequence: Student activity

- Students respond to questions as directed and in accordance with the method selected.
- In groups, students summarise responses to one question.

- Conclude the activity with each group feeding back their summary to the class.
- Retain all summary sheets for reference throughout the learning programme.
- Highlight anything current and topical from the activity that students could follow up on eg a current news story related to alcohol use, a website to visit, a billboard near the school to take notice of, or a new advertisement, and think about what messages it is sending, etc.
- Students present their summary to the class.
- A digital record of each summary is filed in the student's learning journal.

### Teacher knowledge and pedagogy

Health education teachers require a range of strategies that enable them to gather information quickly and informatively from students, and preferably in ways that share knowledge with students, rather than 'testing' the knowledge of individuals. Postbox has the benefit of allowing students to contribute ideas anonymously but the process takes longer.

### Teacher's evaluation of the activity

Where did student knowledge appear limited? Incorporate activities into the programme to develop this knowledge. Where did student knowledge appear to be strong? Consider going into greater depth with more critical thinking type learning activities when developing learning in this context. If using the questions that elicit information about students' own alcohol use, what do their reported behaviours and attitudes suggest about the critical thinking and health promotion activities that could be included in the learning programme?

### Extra teacher notes: Facilitating a pass-the paper (graffiti sheet) activity

1. Select 6-8 questions for the activity (decide upon the number of questions based on class size – noting that groups for the summary stage of the activity where each group takes one question will need to comprise 3-5 students).
2. Head each large sheet of paper with a questions (for questions that have two parts or a yes/no section and a why/why not section, set the sheet up in a way that encourages responses to each part).
3. Allocate one sheet (i.e. one question) and marker pens to each group of 3-4 students.
4. Instruct students to use the sheet like a graffiti sheet. Any ideas they can think of, related to the question, are written down. They do not have to all agree on the ideas.
5. Allow 3-4 minutes for recording and then ask them to pass their paper to the next group.
6. Repeat the process. Ask students to read what the previous group wrote. They can tick any ideas they particularly agree with and want to endorse and add more ideas of their own.
7. Keep the rotation of the sheets in the same direction. Students may only need 2-3 minutes with the last of the questions as the sheets get full.
8. Keep passing the paper until the each sheet returns to the group that started with it.
9. Each group prepares a 1-2 sentence summary answer to the question based on what everyone in the class has said.

10. Supply another clean sheet of paper to record the question and answer for reporting back and displaying or making a digital copy and filing in students' learning journals.
11. Invite each group to report their summary statement back to the class.
12. Ask students to identify one thing they read on one of the sheets or heard during the reporting of the summaries that they didn't realise eg something they didn't actually know.
13. Acknowledge that their ideas will be developed further in the following learning activities.

### Facilitating a postbox activity

1. Select 6-8 questions (as in (1) above). Use questions like the pass-the-paper listed previously. Alternatively, and with careful preparation, teachers in negotiation and full agreement with the class, may collect anonymous data through a postbox about students' own experiences with alcohol, and compare these with data from the Youth 2012 study. See example questions below.

*NB. Data shows that over 90% of young people in NZ have tried alcohol by the time they reach high school. These questions assume that most teenagers have tried alcohol but also provide opportunity for non-drinking students to respond.*

2. Have these questions printed in large font on pieces of paper and pin them to the wall at regular intervals around the room. Place a box (ice cream container or similar) under each question.
3. Provide students with blank sheet which they fold and cut into as many pieces as there are questions. Number the pieces of papers sequentially.
4. Students circulate around the room answering each question anonymously and 'posting' their answer in the box provided. Recommend to students that they use an ordinary pen and do not write in a distinctive way to help keep their answers anonymous.  
*An alternative (especially in rooms not conducive to moving around) is to have questions prepared and printed on a sheet, students answer the questions on the page, cut up the sheet and then post their answers at a central posting area at the front of the class.*
5. Once all students have answered each question, divide the class into as many groups as there are questions and allocate each group a box of answers, and supply paper and pens for making a summary.
6. Instruct the students that they need to summarise ALL responses which means that they don't remove any they don't like or disagree with. Explain that they would expect to see that other groups had considered what they had to say – they may not see their words exactly but they can see that their ideas have been included.
7. Once all summaries are complete each group shares the summary with the class. Facilitate further discussion as points of interest arise or where clarification is needed.
8. Retain summaries for reference and come back to them throughout the learning programme when links can be made.

Copy template

**Examples of pass-the-paper or postbox questions about alcohol use**

<p>1. What are the <b>benefits</b> for teenagers who:</p> <ul style="list-style-type: none"> <li>• Do not drink alcohol</li> <li>• Do drink alcohol</li> </ul>	<p>2. What are the <b>disadvantages</b> for teenagers who:</p> <ul style="list-style-type: none"> <li>• Do not drink alcohol</li> <li>• Do drink alcohol</li> </ul>
<p>3. Do you think alcohol use is a problem for some New Zealand teenagers? Yes/No</p> <p>Why/why not?</p>	<p>4. Do you think teenage alcohol use is an issue for all New Zealanders? Yes/No</p> <p>Why/why not?</p>
<p>5. Which laws (or legal situations) related to alcohol do you think teenagers need to know about? Even if you're not sure what the law says but you know it is something you should be aware of.</p>	<p>6. What do you think 'binge drinking' means?</p> <p>Do you think NZ teenagers have a binge drinking problem? Why or why not?</p>
<p>7. Why do you think some teenagers pressure their friends into drinking alcohol?</p> <p>What thoughts and feelings do you have about teenagers who pressure other teenagers to drink?</p>	<p>8. Describe what you would do if you had a drunk person trying to make unwanted sexual advances (<i>come onto you</i>) at a party.</p>
<p>9. Describe what you would do if you found your friend at a party really drunk (and they were doing things like crying or fighting, being sick or passed out).</p>	<p>10. Describe what you would do if you got into a car with a driver who, at first, you didn't realise was drunk.</p>
<p>11. Do you think alcohol advertising should be allowed at sports events, for sponsorship of sports teams, or be allowed to be advertised on TV?</p> <p>Why or why not?</p>	<p>12. Do you think that alcohol advertising should be allowed on billboards or on shop fronts near schools?</p> <p>Why or why not?</p>

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Examples of questions more suited to an anonymous postbox activity.

An alternative to a postbox activity for this task would be an anonymous online survey.

<p>1. Have you ever tried alcohol? YES / NO <i>If NO write this on your paper, post it and go to the next question.</i></p> <p>If yes, about how old were you when you first tried alcohol? AND In what situation did you first try alcohol?</p>	<p>2. Have you ever been drunk? YES / NO <i>If NO write this on your paper, post it and go to the next question.</i></p> <p>If yes, about how old were you the first time you got drunk? AND In what situation did you get drunk this first time?</p>
<p>3. <u>If you have NEVER had alcohol</u> before, what are the reasons for this?</p> <p><u>If you have had alcohol</u>, even just once, put an X on your paper, put it in the box and go to the next question.</p>	<p>4. <u>If you have used alcohol this year</u>, what was the main reason for this?</p> <p><u>If you have NEVER had alcohol</u> before, <u>OR you haven't used alcohol this year</u>, put an X on your paper, put it in the box and go to the next question.</p>
<p>5. What do you think or feel when you see drunk teenagers?</p> <p>What do you think or feel when you see drunk adults (people that you know like family and friends)?</p>	<p>6. Have you <u>ever seen or known someone else harmed by the use of alcohol</u>?</p> <p>YES / NO</p> <p>If yes, what sort of harm did they experience?</p>
<p>7. Have you ever been <u>harmed by your own alcohol use</u>? YES / NO*</p> <p>If yes, what sort of harm did you experience?</p> <p><u>*If you have NEVER had alcohol</u> before, put an X on your paper, put it in the box and go to the next question.</p>	<p>8. What is your opinion about teenagers the same age as you who drink alcohol?</p> <p>What is your opinion about teenagers the same age as you who <u>don't</u> drink alcohol?</p>

## Activity number 5

# QR code treasure hunt

### Purpose

Developing students' capabilities to use of a range of digital tools is a part of developing digital fluency. Experiencing the use of these tools can help develop understanding of the most effective tools for reaching an intended audience, which is a feature of digital fluency. This activity uses QR (Quick Response) codes as a fun way to develop a knowledge quiz.

### Learning intention

Students will identify what they and their peers know about AoD. (*Knowledge required for other learning.*)

### Key competencies

Participating and contributing

**Activity applies to** all drugs

**Time** 30 minutes

### Resources:

For more information about how to use this tool see:

<https://www.youtube.com/watch?v=HN5QJ5oSr8>

### Activity sequence: Teacher activity

- Use a QR treasure hunt generator to create a quiz based around AoD questions (see previous activities for examples of suitable questions).
- For example the link to Class Tools <http://www.classtools.net/QR/> generates the treasure hunt and provides teacher notes about how to prepare for and run the hunt.
- As a teacher-led activity (where the teacher creates the treasure hunt) the class (or other classes) then take part in the various treasure hunts that have been created.

### Activity sequence: Student activity

Alternatively this can be a student-led activity:

- As a class decide possible topics for the treasure hunt.
- Divide the class into groups and instruct each group to devise a treasure hunt on their selected topic. They will need to brainstorm suitable quiz questions before constructing their treasure hunt.

### Teacher knowledge and pedagogy

Pedagogical knowledge: ensure all students have access to suitable digital technology for participation in this activity. If student led, build in measures to ensure that students are asking ethical questions.

### Teacher's evaluation of the activity

Did you use the activity to find out what students already knew, or what they had learned from the learning programme? How useful was the use of this application for determining student knowledge of AoD?



## Activity number 6

# Dominoes

### Purpose

The alcohol dominoes activity in the *Caring for Yourself and Others* resource (ALAC 1998) remains a popular activity to check students' alcohol-related knowledge – either as a diagnostic tool or to check that learning is occurring. This reworking of the activity provides teachers with a revised version for their AoD resource kit.

### Learning intention

Students will identify what they and their peers know about AoD. (*Knowledge required for other learning*)

### Key competencies

Participating and contributing.

**Activity applies to** alcohol and cannabis.

**Time** 5-10 minutes or 30 minutes if students are making own dominoes and sharing them with the class.

### Resources

- Prepared sets of prepared dominoes (questions and answer cards – each Q&A 'row' of the tables is one domino brick/card – make cards by cutting the table into strips across the rows).

These dominoes can be remodelled to use questions reflecting the class learning or learning needs, or the framework of the questions could be used for making dominoes using information about other drugs. Source of information for cannabis dominoes - NZ Drug Foundation.

### Activity sequence: Teacher activity

- Check that students understand the basic principle of playing dominoes – that what is on one domino brick or card needs to match the next.
- Distribute one domino card to each individual or pair in the class
- Leave students to complete the round of dominoes intervening only if there is uncertainty about the answer. Check that the last question links back with the answer on the first card placed.
- Invite students to share a copy of their dominoes with you and use these with other classes.

### Activity sequence: Student activity

- One student starts by reading the QUESTION (blue segment) of their card and placing on the table or floor.
- The student(s) who think they have the answer read it out and if the class is in agreement the 'answer' end of card is placed next to the question end of the previous card. The student who placed this card reads the question on their card.
- Students repeat the process until all dominoes cards are placed.
- *Optional:* Working in small groups, students design their own set of dominoes and share these with another group who 'test' them to make sure questions are clearly asked and answers are correct.

**Teacher knowledge and pedagogy**

Teachers will require some AoD content knowledge for this activity. If not sure, use the NZ Drug Foundation (NZDF) website for drug effects information, NZ Transport Authority (NZTA) for alcohol and drug related driving laws, Youth Law for legal information related to young people, and alcohol.org.nz for a range of alcohol information.

**Teacher's evaluation of the activity**

Which questions created the most uncertainty for students? What are the implications for this when planning future lessons? If not sure on some matters, direct students to reputable websites to find answers for themselves.

**Extra: Making your own dominoes**

1. Assign students the task of writing one question each related to the AoD context of the teaching and learning programme (alcohol, cannabis or other drug).
2. Write this question in clear simple language.
3. Write the answer to the questions after checking in a reliable source that the answer is correct.
4. Swap the Q&A with a partner who 'tests' the question, checking that they understand what is being asked, and that the answer is correct.
5. Prepare a simple 2 column table with as many rows as there are questions.
6. Cut and paste students' Q&A into the table as follows:

Answer x	Question 1
Answer 1	Question 2
Answer 2	Question 3
Answer 3	Question 4
Answer 4	
	... and so on ...
	Question x

7. It is useful to shade one of the columns to show which is the Q or A column.
8. Format the table to have a decent sized font that is easily read in a group activity situation.
9. Print off the table and create the 'domino bricks' by cutting across the rows of the table.

Copy template

**Alcohol dominoes**

For young people aged 15 to 17 years, the safest option is to delay drinking for as long as possible	How much pure alcohol is in one standard drink?
10mL	How old do you have to be to purchase alcohol in NZ?
18	What is the name of the condition that babies may be born with if a mother drinks while she is pregnant?
Foetal alcohol syndrome	What is the volume of vodka or other spirit that equals one standard drink?
25mL	What are some alternative drinks to alcohol?
Soft drinks, hot chocolate, fruit juice, water, tea, coffee	What do we call it when others tell us we have to drink to fit into the group?
Peer pressure	What is a possible consequence of excessive alcohol consumption?
Unsafe sex, pregnancy, fights, injuries, accidents	What is the legal alcohol limit for a driver under the age of twenty?
Zero	What alcohol intake guideline does the NZ Ministry of Health recommend for adult women?
2 standard drinks a day and no more than 10 standard drinks a week; at least 2 alcohol-free days every week	What is the organ in the body that breaks down alcohol?
Liver	What it is called when a person consumes 5 or more drinks in a session?

Binge drinking	What organ of the body, when affected by alcohol, leads to poor coordination?
Brain	What should be consumed with alcohol to slow the absorption into the blood stream?
Food	What alcohol intake guideline does the NZ Ministry of Health recommend for adult men?
3 standard drinks a day and no more than 15 standard drinks a week; at least 2 alcohol-free days every week	What type of drug is alcohol classified as?
Depressant	What do we call the behaviour when a person stands up for themselves and says 'no' to alcohol?
Assertiveness	What do we call it when people plan safe parties?
Host responsibility	What do we call someone who doesn't drink and who can drive others home safely?
Sober or designated driver	Which has more alcohol by volume – wine or beer?
Wine	Who is able to supply teenagers under the age of 18 with alcohol?
Parent or legal guardian (only)	What are possible long term effects of excessive alcohol use?
Liver problems, addiction, brain damage, and heart problems	What does the NZ Ministry of Health recommend as a guideline for young people's intake of alcohol?

## Cannabis dominoes

Yes - New Zealand Health Survey 2012/13 showed that 8% of young cannabis users found cannabis had a harmful effect upon their mental health at least once in the past year, this was more common for younger age groups	What is the name of the active ingredient in cannabis that produces psychoactive effects?
THC (tetrahydrocannabinol)	What does cannabis (and cannabis products) come from?
A plant ( <i>Cannabis sativa</i> )	Apart from marijuana, what other forms of cannabis are commonly used?
Hash and hash oil	What are the penalties for dealing marijuana (as a Class C drug)?
The maximum penalty for importing, cultivating and/or supplying marijuana is eight years imprisonment	What are some examples of NZ organisations that can help people who want help to manage drug-related problems?
DrugHelp, The Alcohol Drug Helpline	What is the most common and least powerful form of cannabis?
Marijuana	What are some popular names for marijuana – now and in the past?
Dope, grass, weed, MJ, electric puha, ganja	What are some possible long term chronic effects of heavy cannabis use?
Respiratory illness (lung diseases), reduced brain function, and mental illness (especially for those already susceptible)	What does it mean to 'decriminalise' cannabis?

The substance would still be illegal but (depending on what the law then said) it is likely that small amounts for personal use or distribution would not be considered a crime	Is cannabis physically and/or psychologically addictive?
Both	What is the common name of the variety of cannabis plant used to make rope and cloth?
Hemp	What are the penalties for dealing in forms of cannabis that are classified as Class B drugs?
The maximum penalty for dealing (importation, manufacture and supply) a Class B drug (hashish and oil), is 14 years imprisonment	Most New Zealanders have tried cannabis – true or false?
False – the New Zealand Health Survey 2012/13 reported that nearly half (42%) of all adults over 15 have tried it and 11% of people aged over 15 had used cannabis within the past 12 months	What do some people with chronic and long term illnesses use ‘medicinal marijuana’ for?
Managing pain, increasing appetite	What is a ‘joint’ when referring to cannabis use?
Marijuana leaves (and flowers) rolled into a cigarette form that is then smoked	If a person has a conviction for a drug offence, how might this affect them later on?
May not be able to travel to some countries, or may not be able to apply for certain jobs	What class of drug is cannabis?
Marijuana is a Class C drug and stronger forms, like hash oil, are	What parts of cannabis are used in marijuana that is smoked?

Class B drugs (which means they have more serious penalties)	
Leaves (and flowers)	What are some common short term effects of cannabis use?
Red or bloodshot eyes, increased appetite (munchies), relaxation and loss of inhibition	Young people are more likely to be regular users of cannabis than older people – true or false?
False - weekly use (or more) was most common for people aged 55 or older (44%), this frequent use was least common among people aged 15-24 (older people were more likely to say it was for medicinal use)	What would it mean if cannabis was 'legalised'?
It would mean that it would no longer be a criminal act to grow, sell, possess or use cannabis products	What are the penalties for being in possession of marijuana?
The maximum penalty for possession or use of marijuana (as Class C drug) is three months jail and/or a \$500 fine	Who is more likely to use cannabis in NZ – men or women?
Men - New Zealand Health Survey 2012/13 showed men were 1.8 times more likely to report use of cannabis in the past year compared to women	Can cannabis use be harmful for young people?

## Activity number 7

# True or false? AoD behaviours in New Zealand

### Purpose

True and false quizzes are a quick activity to test student knowledge about a range of AoD situations. Questions can either be provided by the teacher, or for a more investigative activity, students can develop the questions themselves from a recent report by HPA, NZ Drug Foundation, Youth 2012 or the Ministry of Health, and contribute them to a class quiz. Questions may also be used in the QR code treasure hunt activity.

### Learning intention

Students will identify what they and their peers know about AoD. (*Knowledge required for other learning.*)

### Key competencies

Participating and contributing.

**Activity applies to** alcohol or cannabis (or other drugs if questions are replaced).

**Time** 10 minutes, or 30 minutes if students develop their own questions.

### Resources:

- True/false statements (either one teacher copy to read out or copies for each student to record their answers)
- Answers

*NB. Be prepared to update the True or False questions using data from recent alcohol and other health reports. It can take a year or more for reports to be published meaning data is seldom available for the current or most recent year. Also different studies report different % of the population using drugs – encourage students to quote the source of and AoD information they are using.*

### Activity sequence: Teacher activity

#### Method 1:

- Provide students with the true or false statements in the copy template and instruct them to complete it.
- Read out the answers discuss the information in the T&F questions using a selection of the following:
  - Did any of these statistics surprise you? Which ones and why?
  - Are New Zealanders using alcohol responsibly? Which statement(s) suggest we are being safe and

### Activity sequence: Student activity

#### Method 1:

- Individually or in pairs, students decide whether the statements are true or false and record their answers.
- *Additional activity:* Pairs of students are invited to contribute one true or false question to the class. They need to select an example of recent NZ AoD data (direct students to suitable reports on .org, .ac or .govt websites), write a question that is true or false related to this data, provide the answer (whether it is true or false), and a



responsible with alcohol, and which statements don't?

- Do you think these statistics are true for the community where you live? Explain why or why not and how you know this.
- How do you think NZ drinking behaviour may have changed over time? Where could you find this out if you weren't sure?

justification –what evidence backs this up?  
Use the combination of T or F questions with the whole class.

### Method 2: 'Doughnut circles'

Organise the class into two evenly sized groups. Each group forms a circle, one inside the other, students in the outer ring look in, students in the inner ring look out, so that each person has a partner opposite them in the circle.

- Provide each person in the inside circle with a T or F question card and answer.
- Everyone on the outside moves one to the left.
- Repeat the process.
- When a round is complete – students on the inside circle give cards to outside people and repeat the process. *If the same question is asked more than once it doesn't matter as it means the person answering is able to get some right.*
- The student on the inside circle asks question, the student opposite in the outside circle gives their best answer. The inside student corrects or confirms answer and reads the correct answer out loud.

### Teacher knowledge and pedagogy

Teachers will require some AoD content knowledge for this activity. If not sure, use the [alcohol.org.nz](http://alcohol.org.nz) website for a range of alcohol information or alternatively, NZ Drug Foundation (NZDF) website for drug effects information, NZ Transport Authority (NZTA) for alcohol and drug related driving laws, Youth Law for legal information related to young people.

### Teacher's evaluation of the activity

Which questions created the most uncertainty for students? What are the implications for this when planning future lessons? If not sure on some matters, direct students to reputable websites to find answers for themselves.

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**True or false statements**

<b>Question – true or false?</b>	<b>Answer</b>
1. Teenage males smoke tobacco (cigarettes) more often than females	False – Youth '12 data indicates that of the 11% of all teenagers that currently smoke tobacco, 11.6% were female and 10.6% were male.
2. Teenagers living in rural (country) areas are more likely to drink alcohol	True – Youth/12 data showed that, 43.5% of teens who live in cities currently drink and 56.2% of teens who live in rural areas currently drink.
3. New Zealand's drinking problem is getting worse in some categories	True - New Zealand Health Survey 2015/2016 shows that the hazardous drinking rate has increased since 2006/07.
4. Adults aged 25-65 are more likely to drink that young adults aged 18-24	False - New Zealand Health Survey 2015/2016 shows that 84.4% of 18-24 year olds have had an alcoholic drink in the past 12 months whereas between 81.4 and 83.4% of older people had. (However if the age group of 15-24 is compared with older adults, it is less as 76.2% of this age group had drunk alcohol in the past year).
5. Most young people attending school have tried cannabis	False - Youth'12 reported that 23% of all students completing the survey (in total 8,117 students) had ever tried cannabis.
6. Speed is a main cause of more fatal crashes than alcohol and drugs	True - Ministry of transport crash statistics in 2015 showed that driver's use of alcohol/drugs were a contributing factor in 88 fatal traffic crashes, 324 serious injury crashes and 850 minor injury crashes and speeding was a contributing factor in 93 fatal crashes, 410 serious injury crashes and 1,286 minor injury crashes.
7. Methamphetamine (or "P") use is now more common than cannabis use in NZ	False – The NZ Drug Foundation report that 11% of people aged over 15 had used cannabis within the past 12 months, one third of this group used it at least weekly. The 2014/15 Health Survey report indicated that the number of people who used methamphetamine in the past year (aged 16-64) has gone down from 2.7% in 2003 to 0.9% in 2015. <i>Although it is noted that the way this information was collected has also changed over time which may have had an impact on the numbers.</i>
8. Young teenagers are more likely to smoke	False – Youth'12 data reported that among teenagers who currently smoke, 5.1% were 13 years old or less, 8.1% were 14 years old, 12.6% were 15 years old, the

tobacco (cigarettes) than older teenagers	highest level was 16 year olds (16.7%) and it dropped off to 15% for 17 year olds and older.
9. Although more young people have used cannabis in the past 12 months, it is older people who use it more regularly	True - NZ Drug Foundation - cannabis is most commonly used by people aged 15-24 with around 23% having used it in the past year. Using it at least weekly use was least common among people aged 15-24. And most common for people aged 55 or older (44%).
10. The more severe a road crash, the greater the contribution of drugs/ alcohol	True - Ministry of Transport crash statistics showed that over the years 2013–2015, alcohol/drugs were a factor in 29 percent of fatal crashes, 19 percent of serious injury crashes and 11 percent of minor injury crashes.
11. Smoking rates for teenagers is decreasing	True - New Zealand Health Survey 2015/2016 shows that the smoking rate has decreased since 2006/07. The most substantial reduction in current smoking since 2006/07 has been for 15–17 year-olds, 6% of whom smoked in 2015/16, compared with 16% in 2006/07.
12. Older people are more likely to report harmful effects of cannabis use than younger people	False – New Zealand Health Survey reported by the NZ Drug Foundation - 9% of young cannabis users (aged 15-24 years) reported that their use had a harmful effect on their work, studies or employment, which was 3 times more likely than older groups.
13. It is illegal to have sex with someone who is wasted on drugs or alcohol	True - Family Planning (reporting NZ law) states that if a person is too drunk, or intoxicated, by alcohol and/or drugs and is unable to consent to sexual activity, it is illegal to have sex with them. The law calls this stupefied - when someone is this intoxicated.
14. In NZ, alcohol use is linked with domestic (or intimate partner) violence and maltreatment of children	True – SUPERU (Social Policy Evaluation and Research Unit, 2015) report that alcohol plays a role in family violence in New Zealand: 25% of the most severe intimate partner aggression incidents in New Zealand involved alcohol.
15. Binge drinking is getting worse among NZ teenagers	False – Youth'12 data showed that in 2000, 40.1% of teenagers at school had been binge drinking in the previous 4 weeks, in 2007 that dropped to 34.4% and in 2012 to 22.6%

## Activity number 8

# Alcohol knowledge race

### Purpose

Activities 8&9 are for use as check points during or toward the end of a unit of work to determine what has been learned. The activities can be used separately or one can be an extension of the other, or a different activity may be used at different stages of the programme. Students draw on their knowledge of the concept of hauora and how it relates to not drinking, moderate drinking and heavy drinking.

**Activity applies to** alcohol (but could be adapted for other drugs).

**Time** 15 minutes.

### Resources:

Prepare two sets of cards (see copy template)

### Learning intention

Students will identify what they and their peers know about AoD. (*Knowledge required for other learning.*)

### Key competencies

Participating and contributing.

### Activity sequence: Teacher activity

- Divide the class into two equal size teams and seat them in two lines along the length of the room.
- Explain in general what the race is about and ask class if they want to 'race' in pairs (recommended) or as individuals.
- Divide the white board (or suitable alternative) into two halves - one side for each team.
- Provide markers or white board pens.
- Place the Set 1 and Set 2 cards in two piles, face down on a desk in front of the board. Before use, make sure each set is well mixed to ensure they are turned over in varying combinations. Some combinations may be quite challenging which is where pairs of students may be required if they are doing this activity earlier in a programme of learning.
- Promote the idea that this is a race to see who can get through their whole team first.

### Activity sequence: Student activity

- The first pair (or individual) from each team comes up and takes one card from each pile.
- The students decide upon and write an idea on the board related to combination of statement on their cards. These ideas can be as obvious or as creative as they like e.g. if the students turn up 'social well-being and binge drinking', their idea might be '*being seen as cool by mates*', or '*getting into fights from being drunk*'.

- Once all students have contributed to the lists, the teacher ‘awards’ points. For example, give one tick to the more obvious answers and two or three ticks to insightful ideas and ones that link well to previous lessons and previous contexts, or take points off for arguing just to provoke a response to get more information from students (note that the allocation of points is arbitrary as the objective is to highlight and draw out the more thoughtful and critical intentions of the learning).
- Once their idea is on the board, they sit at the back of the line and the next pair of students comes up to take their card.

**For Yr 11**, repeat the process using the year 11 cards. If required, the personal, interpersonal and societal influences can be made more specific (personal e.g. values; interpersonal e.g. peer pressure; and societal e.g. culture).

#### **Teacher knowledge and pedagogy**

Teachers will require a sound knowledge of the way the underlying concepts of hauora and the socioecological perspective relate to alcohol use.

#### **Teacher’s evaluation of the activity**

What do students’ responses reveal about how well their conceptual ideas (related to hauora or the socioecological perspective) are developing – which aspects are strongly developed and which may require further opportunities for learning. If any of the dimensions of well-being seem weak, these could be revisited in future AoD activities or in other units of work using different learning area contexts.

Copy template

**Year 9&10:** Make multiple copies - about 30 cards in total for each set

Set 1.

Physical well-being <i>Taha tinana</i>	Mental and emotional well-being (thoughts and feelings) <i>Taha hinengaro</i>
Social well-being <i>Taha whanau</i>	Spiritual well-being <i>Taha wairua</i>

Set 2

Not drinking alcohol	Drinking in moderation	Binge drinking
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**Year 11:** Make multiple copies - about 30 cards in total for each set

Set 1

Alcohol	Tobacco	Cannabis
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Set 2

Personal	Interpersonal	Societal
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## Activity number 9

# Alcohol knowledge skits

### Purpose

This activity and the 'alcohol knowledge race' previously are for use as check points during or toward the end of a unit of work to determine what has been learned. The activities can be used separately or one can be an extension of another, or a different activity may be used at different stages of the programme. Students draw on their knowledge of the concept of hauora and the socio-ecological perspective.

### Learning intention

Students will identify what they and their peers know about AoD. (*Knowledge required for other learning.*)

### Key competencies

Participating and contributing

**Activity applies to** alcohol.

**Time** 30 minutes

### Resources

- Two sets of cards (see copy template in previous alcohol knowledge race activity)
- Basic props – paper and card, scissors, tape, marker pens.

### Activity sequence: Teacher activity

- Divide class into groups of three.
- Explain briefly what students need to do to complete the activity.
- Encourage students to see more than what the 'performing' group intended eg other dimensions of hauora, and perhaps personal, interpersonal and societal factors where students are developing knowledge of these ideas.

### Activity sequence: Student activity

- Each group chooses one card from each of the two piles without other groups knowing what was selected.
- Students have 10 minutes only to prepare a 'skit' to illustrate their cards.
- Each group presents their skit to the class who have to guess what is being shown.

### Teacher knowledge and pedagogy

Teachers will require sound knowledge of the way the underlying concepts of hauora and the socioecological perspective relate to alcohol use.

### Teacher's evaluation of the activity

What do students' responses reveal about how well their conceptual ideas (related to hauora or the socioecological perspective) are developing – which aspects are strongly developed and which may require further opportunities for learning? If any of the dimensions of well-being seem weak, these could be revisited in future AoD activities or in other units of work using different learning area contexts.

## **Teaching and learning activities Years 9-11**

### **PART 2**

## **Activities for developing depth of AoD knowledge and understanding**



## Activity number 10

# Defining and classifying drugs

### Purpose

It is useful when discussing alcohol and other drug related issues in health education to have some knowledge of the substances in question. This activity directs students to quality sources of information about drugs to develop a basic understanding of what is meant by a 'drug'.

**Activity applies to** all drugs

**Time** 30 minutes

### Resources

- Definition of a drug from the Ministry of Education Drug Education guide (2004) – see copy template
- New Zealand Drug Foundation <https://www.drugfoundation.org.nz/info/drug-index/> check that the school's firewall is not blocking access to this site – if so, ask the IT manager to allow access.

### Learning intention

Students will develop knowledge of what is meant by a drug. (*Knowledge required for other learning.*)

### Key competencies

Thinking critically, using language and texts

### Digital fluency

Access accurate information

### Activity sequence: Teacher activity

- Introduce students to the idea that there are many different substances that can be called 'drugs'.
- If students have their own digital devices, use an app that quickly collates all brainstorm ideas for projection onto a screen. Alternatively, gather all of these ideas on the whiteboard or on large sheets of paper which are posted on the wall.
- Check that students understand what it means to 'classify' – eg group ideas or things together because of something they have in common. Assign the task to classify the class list of drugs as many ways as possible (eg medicinal/ recreational, legal/ illegal, less harmful/ more harmful etc.). Conclude that there are many ways of classifying drugs. The purpose of the classification will determine what is most important to focus on.

### Activity sequence: Student activity

- In small groups students brainstorm the names of all the substances they think are drugs and contribute these to a class summary.
- Continuing in their groups students decide different ways drugs could be grouped or 'classified'. Discuss who would classify drugs this way and why?

- Check that students know what a 'definition' is e.g. a description that explains what a word or term means. Assign the task to write a definition of a drug based on ideas discussed so far.
- Provide a definition of a drug – see copy template. Ask students to compare their definition with the one used for health education.
- Direct students to the New Zealand Drug Foundation website – go firstly to the homepage. Ask students which of the menu items would most likely have information about 'what is a drug' and 'classifying drugs'?
- Conclude the activity with the idea that one of the main ways drugs are classified for health and medical purposes is related to their effects on the central nervous system (depressants, hallucinogens and stimulants). However, for health education purposes we are also interested in some other classifications like the legality of drugs, and how they affect wellbeing in a more holistic way.
- In groups students attempt to write a definition of a drug using their own ideas. Share these ideas.
- Students decide which aspects of their definition were similar, different and what was missing from their definition.
- Once the 'what is a drug' and 'classifying drugs' sections have been located, compare groups and class classifications and definitions with the NZDF version. What is similar, what is different?
- Extra: Students locate 3 items of information that they did not know before reading them on this webpage.

#### **Student learning journal entry**

Bookmark the New Zealand Drug Foundation (NZDF) website and in particular the 'drug information' page for future use.

#### **Teacher knowledge and pedagogy**

Teachers and students do not need to have an encyclopaedic knowledge of drug pharmacology. What they do need to know is where to find accurate and non-judgmental information.

Enabling e-learning by supporting students to know where and how to find and access information and to be able to critique the relevance and accuracy of information being accessed. The New Zealand Drug Foundation is particularly useful for easy to understand reliable information about drugs.

#### **Extending this activity to meet NZC Level 6 / NCEA Level 1**

Compare the NZDF and other selected .org and .govt definitions with drug information from other popular youth oriented support websites. How consistent are the definitions? How does a young person know what is a 'good' source of information about drugs?

#### **Teacher's evaluation of the activity**

What did this initial discussion about drugs reveal about students' knowledge of a range of drugs? Has this given any indication about which drugs to focus on at some point in the learning programme?

How readily did students find the required information from the menu? What did this indicate about future support students might need to be able to access information quickly?

Copy template

***Definition of a drug for health education***

*The term drug includes legal drugs (such as caffeine found in coffee, tea, and some energy, soft drinks, tobacco, and alcohol), illegal drugs (such as cannabis, ecstasy, amphetamines and magic mushrooms), volatile substances (such as petrol, solvents and inhalants), other substances used for psychoactive effects, recreation or enhancement ('legal highs'), culturally significant substances (kava), as well as prescription and pharmacy-only drugs used outside medical or pharmaceutical advice.*

Ministry of Education, 2004.

## Activity number 11

# Drug and alcohol language

### Purpose

Drinking and drug cultures have a diverse array of terms and expressions to variously name the drugs, describe their effects, or describe some other aspect of drug use. Making healthy decisions and being safe in alcohol and drug-related situations requires understanding the language people are using.

### Learning intention

Students will extend their knowledge of AoD-related language (required in preparation for subsequent activities).

### Key competencies

Using language, participating and contributing.

**Activity applies to** all drugs.

**Time** 30 minutes.

### Resources

- Large sheets of paper and pens for brainstorm

### Activity sequence: Teacher activity

- Introduce the idea that the culture around alcohol and drug use has, for many years (centuries in fact), produced a range of language (words and expressions) that has resulted in popular (and slang) names for drugs and their effects. Young people have heard and learned many of these terms growing up.
- *Option one:* select one of alcohol or cannabis depending of the focus for the learning and complete the brainstorm about this selected drug only.
- *Option two:* (graffiti sheet/pass the paper activity) head sheets with a selection of tobacco, alcohol, cannabis, other drugs (some of which may be specified if other information indicates a need to focus on these).
- On completion of the brainstorm, discuss:
  - Why do you think we have so many words and expressions to talk about drugs and alcohol?
  - Who do you think uses this language and why?

### Activity sequence: Student activity

- Students brainstorm all words and expressions they know related to: other names for alcohol or other drugs; people's behaviour when they are under the influence of alcohol or drugs; any language associated with the use of the drug. These can be English or other language terms. Share a selection of these with the class.
- Students contribute ideas to class discussion.
- *Homework:* ask parents about the language that was popular when they were teenagers – related to smoking tobacco, alcohol, cannabis and any other drugs. How similar or different is this to language used today?

- Are there terms that we have heard but don't know or are not sure what they mean?
- Do all these words (eg some of the terms for different forms of cannabis) refer to the same thing? Do we need to know this? Why or why not? How or where can we find answers if we are not sure?
- What language will we use in class so that we understand what we mean?

**Student learning journal entry**  
(See homework activity)

**Extending this activity to meet NZC Level 6 / NCEA Level 1**

Revisit language use in context of alcohol or the specific drug(s) that is the focus for the learning. What does it say about drinking or drug culture that there are so many different terms?

**Teacher knowledge and pedagogy**

This activity is not intended to greatly increase students' vocabulary of alcohol and drug cultures. The activity acknowledges students already have a range of terms they have heard, may use, and may or may not know the meaning of. Safely managing social situations where drugs and/or alcohol are being used requires knowledge of the language that people are using (eg when being offered or pressured to take drugs).

**Teacher's evaluation of the activity**

What did the range of students' ideas indicate would be useful to include in the learning programme? Was there confusion and uncertainty about terms? What did the range of terms suggest about students' experiences with alcohol and other drugs (their own, or others they know – friends and family, and community)? What are the implications of this for future activities eg scenarios for skills demonstration when learning about decision making and assertiveness?

## Activity number 12

# “Preparing students to live in a world where alcohol and drugs exist”

### Purpose

The New Zealand Drug Foundation article *“Preparing students to live in a world where alcohol and drugs exist”* (2017) provides a useful summary of some key aspects of AoD issues as they apply to young people in NZ. This structured activity provides an introduction for any AoD focused investigation for all levels. It gives focus to the societal considerations of the issue.

### Learning intention

Students will develop understanding of some core principles of AoD education, based on national policy considerations (7/8D1).

### Achievement Standard links

AS91235 (Health 2.1), AS91461 (Health 3.1) where AoD is the selected context

### Key competencies

Critical thinking, Using language and texts

**Activity applies to** all drugs

**Time** 60 minutes

### Resources

- Print or digital copy of the (4 page) NZ Drug Foundation 2017 article *“Preparing students to live in a world where alcohol and drugs exist”*  
<https://www.drugfoundation.org.nz/assets/uploads/drugs-education-discussion.pdf>

### Teaching and learning process:

- Provide students with a print or digital copy of the NZ Drug Foundation article. Instruct students to read the article. Support this reading with any literacy strategies useful to use with the class – as applicable.
- Explain that this is partly a comprehension exercise to check on understanding of the article that has been read, and partly a way to start thinking about AoD in relation to some health education ideas – like hauora, and the socio-ecological perspective (the personal, interpersonal, and especially societal considerations), as well as actions needed to promote wellbeing in AoD situations.
- Provide students with the copy template containing the task instructions and allow time for students to work through this individually, or in pairs/small groups – as best supports their learning.

### Student learning journal entry

Students file a copy of the article and their answers to the questions for future reference.

### Contribution to NCEA achievement

The content of this article could provide a range of examples of evidence for AS91235 (Health 2.1), AS91461 (Health 3.1) where AoD is the selected context, and indicate where students could search for more detailed data.

**Teacher knowledge and pedagogy**

This is a really useful summary for students investigating AoD use by adolescents. As this is already a summary so any literacy strategies that support students to comprehend what is written need to focus on the whole piece of writing.

**Teacher's evaluation of the activity**

How readily did students manage this amount of non-fiction reading, and comprehend the text in an article of this length?

Did they need much (literacy/reading) support?

What are the implications of this when using similar readings in future?

What is this activity indicating about students' capabilities for extracting useful information and interpreting health education ideas from written text?

Copy template

## Comprehending and analysing the New Zealand Drug Foundation article *"Preparing students to live in a world where alcohol and drugs exist"*

After reading the article, provide a response to each of the following questions.

1. Based on the page 1 introduction, describe the NZ Drug Foundation's position on their approach to AoD use and young people.
2. 'Some facts of life' (p.2) – draw your own diagram to show the 'every, many, some, few' information.
3. Use a selection of the data (p.2) to explain what 'many' students means in relation to alcohol and cannabis use.
4. Use a selection of the data (p.3) to explain what 'some' and 'many' students means in relation to 'harm' and 'impacts'.
5. Redraw the 4-tier inverted triangle on p.2 – make this a whole page so that you can write in it. Summarise the text for each section (p.2-3) to about 3-4 points and write these points in the relevant level of the triangle.
6. Give your triangle diagram a title.
7. Based on the questions they ask, what can you conclude about the recommendations the NZ Drug Foundation makes about the ways schools need to support 'all', 'many', 'some' and 'few' students (p.4)?
8. Overall, why do you think the NZ Drug Foundation take the position that drug education is about '*preparing students to live in a world where alcohol and drugs exist*'? Why do you think they don't promote an 'eliminate drug use' or 'just say no (to drugs)' approach?

You can source this article and other drug related information from the New Zealand Drug Foundation website <https://www.drugfoundation.org.nz>



## Activity number 13

# Effects of alcohol on the body

### Purpose

This activity involves using the online resources available through [alcohol.org.nz](http://alcohol.org.nz) to develop knowledge about the effects of alcohol on the body. This task is in preparation for relating the effects of alcohol on the body to the concept of hauora in the following activity.

**Activity applies to** alcohol

**Time** 30 minutes

### Resources

- Access to the website: [www.alcohol.org.nz](http://www.alcohol.org.nz) Use the top menu to locate the 'alcohol and its effects' section.
- Use the 'alcohol and your body' tool (this needs to be used online), and if required, the information about alcohol effects can be printed for use.
- Paper pens, magazines etc for collage OR access to a digital application for compiling information.

### Learning intention

Students will access and use information to inform safe choices in relation to AoD use. (4A3)

### OR

*(Contributes to)* Students will examine the influence of AoD on well-being and use this knowledge to develop effective self-management strategies. (5A1) (5A3)

### Key competencies

Thinking critically, participating and contributing

### Activity sequence: Teacher activity

- Direct students to [alcohol.org.nz](http://alcohol.org.nz) (part of HPA) to find the 'alcohol and your body' tool.
- Leave students to navigate their way around the tool.
- Allocate responsibility for different parts of the body to groups of students - 'head/ brain', 'torso' or 'limbs', certain organs, or body systems, and 'male' 'female'. They may wish to access the rest of the 'alcohol and its effects' section of the website for more information.
- Take images of each group's work and share these with the class.

### Activity sequence: Student activity

- Students navigate their way around the tool and record information specific to their allocated section of the body.
- Students work in small groups to present the information that they have found in an interesting and informative way. This can be a visual presented on paper or digital. Once complete, students can present their work to each other.

**Student learning journal entry**

Students file an image of their visual and that of other groups in the learning journal in preparation for the next activity.

**Teacher knowledge and pedagogy**

If seeking an alternative to paper-based visuals (posters etc), teachers will require knowledge of a simple computer design application that allows students to cut and paste (collage) digital images and write text over the image.

**Extending this activity to meet NZC Level 6 / NCEA Level 1**

For assessment with Achievement Standard AS90975 (Health 1.6) *Demonstrate understanding of issues to make health-enhancing decisions in drug-related situations*, students may require some detailed knowledge of the effects of alcohol on the body.

**Teacher's evaluation of the activity**

How well are students selecting relevant and useful information from a website source? What are the implications of this for future learning?

## Activity number 14

# Alcohol, cannabis and wellbeing

### Purpose

Applying understanding of the concept of hauora and well-being to alcohol and other drug situations is one of the foundation aspects of AoD learning in the NZC. This activity requires students to use information gathered in the previous activity and apply it to understandings of well-being.

**Activity applies to** alcohol or cannabis (and may be applied to other drugs)

**Time** 30 minutes

### Resources:

- Effects of alcohol body information from the previous activity (sourced from [alcohol.org.nz](http://alcohol.org.nz))
- If the focus is on cannabis, source information about effects of cannabis from the New Zealand Drug Foundation [www.nzdf.org.nz](http://www.nzdf.org.nz)
- Copy templates of the dimensions of well-being chart and the list of situations (separate examples are provided for alcohol and cannabis).

### Learning intention

*(Contributes to)* Students will examine the influence of AoD on well-being and use this knowledge to develop effective self-management strategies. (5A1) (5A3)

### Key competencies

Thinking critically, participating and contributing.

### Activity sequence: Teacher activity

- Recap understandings of the concept of hauora from activities in previous health education units (e.g. introductory activities to the programme relating student knowledge of health and well-being to the dimensions). Recall the names of the dimensions.
- For a focus on alcohol, use information from the previous activity. *For a focus on cannabis, an additional task to source information from the NZ Drug Foundation will be required.* Ask the class which dimension(s) of well-being does their information - collected in the previous activity – relate to? Acknowledge that most information is related to physical well-being.

### Activity sequence: Student activity

- Students contribute previously learned ideas about hauora and well-being to questions asked by the teacher.
- As a class students link the effects of alcohol (or cannabis) on the body to the concept of hauora.

- Explain that this task is to look at the ways other dimensions of well-being are affected by alcohol (or cannabis) use.
- Divide the class into small groups and give each group one of the alcohol (or cannabis) situation cards and a 'dimensions of well-being chart'.
- Instruct the group in the use of the chart (which includes the idea that there may not be any positive effects) and once completed, provide opportunity to feedback how all the effects are inter-related.
- Students complete the chart by identifying how each dimension of well-being can be affected by the situation: positively and/or negatively; immediately or in the short-term and/or in the long-term – as relevant; whether any dimension is affected more than others; and how some or all of their ideas link together (to harm or enhance well-being).
- Main ideas are shared with the class.

### **Student learning journal entry**

Students include a copy of their group's 'Dimensions of well-being chart' in their learning journal.

*Assessment option:* students select another situation and individually repeat the exercise filling in the dimensions of well-being chart which can be used to assess the development of student knowledge of the concept of hauora.

### **Teacher knowledge and pedagogy**

This activity assumes students have already had access to learning about the concept of hauora. Teachers will require an understanding of the ways alcohol (or cannabis) impacts on all dimensions of hauora and how these are inter-connected, some of which may need to be interpreted from the resource material when this is not explicitly stated.

### **Extending this activity to meet NZC Level 6 / NCEA Level 1**

For assessment with Achievement Standard AS90975 (Health 1.6) *Demonstrate understanding of issues to make health-enhancing decisions in drug-related situations*, students may require some detailed knowledge of the effects of alcohol or cannabis on the body and the interconnections between the dimensions of well-being.

### **Teacher's evaluation of the activity**

How well are students applying knowledge of the concept of hauora to the ways the use of alcohol (or cannabis) impact on well-being? What are the implications for the way a conceptual understanding of hauora will need to be developed in future learning?

Copy template

<b>Alcohol situations</b>	
Throwing up after drinking too much alcohol	Learning the skills needed for making healthy decisions about the use of alcohol
Lying to parents about going to a party where alcohol will be available	Drinking too much at a party and doing or saying something really embarrassing in front of people you know
Getting caught drinking alcohol at school or on a school camp	Being pressured by friends to drink alcohol with them at a local beach or park
Having an honest conversation with parents about their expectations of your use of alcohol	Drinking too much and getting into a fight or major argument
Drinking too much and having a serious accident	Getting caught drinking on licensed premises under the age of 18
<b>Cannabis situations</b>	
Saying no to smoking cannabis when it is offered to you at a party	Sneaking out of school to go and smoke cannabis at a mate's place
Being caught at school with a joint in your bag	Walking past a group of people in a park who are smoking cannabis
Being with a friend when the police find them in possession of cannabis	Smoking cannabis on a weekly basis
Being at a party where lots of people are smoking cannabis (and you are not)	Smoking cannabis at a party that has been offered to you by people you don't know
Smoking cannabis regularly from a young age and over many years	Using much stronger forms of cannabis after having only ever smoked a joint (marijuana)

Copy template

**Dimensions of well-being chart**

<b>Selected situation:</b>	
<b>Social well-being / Taha Whānau</b>	<b>Physical well-being / Taha Tinana</b>
Positive	Positive
Negative	Negative
Immediate and short term (now, today, this week)	Immediate and short term
Longer term (months or years)	Longer term
<b>Mental and emotional well-being / Taha Hinengaro</b>	<b>Spiritual well-being / Taha Wairua</b>
Positive	Positive
Negative	Negative
Immediate and short term	Immediate and short term
Longer term	Longer term
<b>Is there one dimension that appears to be more affected than others in this situation? Why do you think this is the case?</b>	
<b>How do some or all of the ideas above link together to harm or enhance well-being?</b>	

## Activity number 15

# Who else is affected by AoD incidents?

### Purpose

This activity aims to develop students' ability to think critically about the many people impacted by a fatal or serious injury, as a consequence of poor decision making after AoD use. Sensitivity will be needed in cases where such incidents have occurred recently in the community.

### Learning intention

*(Contributes to)* Students will access and use reliable sources of information about the effects of AoD use and misuse on well-being. (6A1)

### Key competencies

Thinking critically, participating and contributing.

**Activity applies to** all drugs

**Time** 30 minutes

### Resources

- Large sheets of paper and pens for brainstorm
- Well-being chart from the previous activity (this could be simplified and reduced to just the four dimensions for a shorter activity)

### Activity sequence: Teacher activity

- Negotiate possible scenarios with the class – either one for the whole class or one for each group. The scenario needs to focus on someone who made a poor decision as a result of AoD use and was subsequently seriously injured or died e.g. a serious vehicle crash, a violent drunken brawl, police shooting at a drug bust (see the safety note below in the teacher knowledge section).
- Instruct the class that this is a type of brainstorm activity to see who can name the greatest number of other people impacted by the incident. The focus is not on the person who has been injured or died.
- Ask for some examples, and decide the 'rules' about what counts as 'one' idea (e.g. all friends count as one, but close family and other relations might be two ideas).
- Encourage students to think laterally to people well removed from the person.
- Make it something of a competition by putting a time limit on the brainstorm of 5-10 minutes.

### Activity sequence: Student activity

- Students decide a scenario to be the focus for their brainstorm.
- In small groups students brainstorm as many different types of people they can think of (relationship to the person who is injured or died, or their role or occupation)
- Students provide some initial and obvious examples such as emergency services – police, fire, ambulance, family (immediate and related), friends etc.
- Students (with prompting as required) suggest people such as the florist who provided the flowers at the funeral, the bank manager where a deceased person's account needs to be closed etc.

- Once time is up, students count up how many different types of people they have named. Ask each group for 2-3 that they thought were particularly 'clever' ideas.
- Ask each student to select one person from the brainstorm whose well-being is likely to be impacted by the incident (check to see if they think there are people whose well-being would not be impacted – make a distinction between having a job to do because of the incident (for example) and having their well-being affected).
- Provide opportunity to share ways various people's well-being is impacted.
- Conclude by summarising the students' ideas about the wide reaching impact just one poor AoD use decision can lead to.
- Working in groups, each student selects a different person from their brainstorm. whose well-being is affected by the incident. Using the well-being chart provided in the previous activity, students discuss and document the impacts on well-being they think would relate to their selected person, sharing ideas around their group as they complete their own chart.
- Students provide examples of impacts on well-being with the class.

#### **Student learning journal entry**

Students take a photo of their group brainstorm and file it in their learning journal along with the well-being chart or their selected person.

#### **Teacher knowledge and pedagogy**

Teachers will need to be aware of recent traumatic incidents in the community, and as far as possible, traumatic experiences of students, and avoid the use of a scenario likely to cause distress. That said, the focus for the activity is not the accident or incident itself but the impact it has on everyone else.

#### **Extending this activity to meet NZC Level 6 / NCEA Level 1**

This activity could be expanded to focus on and develop understanding of interpersonal and societal impacts of AoD use.

#### **Teacher's evaluation of the activity**

How readily did students see how the situation impacted multiple people and how their well-being is affected by AoD use by others? What are the implications of this for later decision making and problem solving activities?



## Activity number 16

# AoD and resilience

### Purpose

Woven across health education learning is the development of a variety of skills and knowledge that contribute to building young people's resilience. Recognising that heavy alcohol and/or other drug use is a significant risk factor which undermines resilience, this activity focuses on the importance of protective factors during times of change and loss, so that AoD use is not seen as a way to cope with change.

**Activity applies to** all drugs

**Time** 50 minutes

### Resources:

- Excerpts and summary from the *Youth Development Strategy Aotearoa* (YDSA) (Ministry of Youth Development, 2002 – now part of the Ministry of Social Development) <http://www.myd.govt.nz/documents/resources-and-reports/publications/youth-development-strategy-aotearoa/ydsa.pdf> (see copy template for summary)
- Scenarios - see copy template for examples

### Learning intention

Students will investigate the value of support structures in AoD-related situations, such as family and friendship groups. (6C1)

### Key competencies

Thinking critically, relating to others.

### Activity sequence: Teacher activity

- Ask students what they understand by the term 'resilience' or 'being resilient'.
- Provide students with a copy of the 'Resilience' statement (see the copy template) and ask them to read it – either individually or through a supported reading strategy.
- Engage the whole class in a short debrief:
  - Check word meanings and overall understanding of the statement.
  - Ask how or why alcohol or drug use is a 'risk factor'. What's the nature of the 'risk'?
- Provide groups of students with a scenario and a talking frame for the discussion. Allow time to work through the questions.
- Summarise the activity with feedback from questions 3-5 from the talking frame.

### Activity sequence: Student activity

- Students read the 'Resilience' statement (provided as a copy template) and respond to initial questioning about resilience and AoD use as a risk factor.
- In small groups students read their allocated scenario, work through the questions in the talking frame, and record their ideas.
- Groups share their scenarios with the class and share the main ideas about the person's resilience.

*Homework:* when watching a favourite TV drama or a movie with a theme of change, loss, conflict, disappointment etc, identify what helped the person in the story cope with the changes, and what got in the way.

**Student learning journal entry**

File the discussion notes from the activity in the learning journal.

**Teacher knowledge and pedagogy**

Teachers will require an overview of the concept of resilience – use the YDSA and accompanying ‘Building Strengths’ literature review for a comprehensive account of the research. Teachers will need to be sensitive to individual student circumstances and not dwell unnecessarily on the risk factors as some young people live with many of these. Maintain a focus on the strengths-based protective factors.

**Extending this activity to meet NZC Level 6 / NCEA Level 1**

Supported with other learning around change, this activity could contribute evidence to Achievement Standard AS91097 (Health 1.3) *Demonstrate understanding of ways in which well-being can change and strategies to support well-being.*

**Teacher’s evaluation of the activity**

How well did students grasp the concept of resilience and protective factors? What was your evidence for this? What aspects of this learning about resilience could be reused and applied to other contexts in the health education programme?

## Resilience – reading

Summary and excerpts from the *Youth Development Strategy Aotearoa* (Ministry of Youth Development, 2002)

For health education purposes it is useful to think about resilience as our capacity to bounce back after experiencing significant and stressful changes or losses in our lives.

These changes could include changing school or moving house, the break-up of a friendship or romantic relationship, parents separating, the death of a family member or friend, serious injury or illness, being the victim of a crime, or experiencing the destruction of a major natural disaster. Some young people live continuously in stressful situations like those living in poverty, or in countries where there is war and conflict.

Despite experiencing major stressful changes or losses, many people manage, they cope, they 'bounce back' and find ways to get on with their lives. Social scientists have spent decades studying the factors that help us develop resilience. They have come up with a list of 'risk factors' – those things that tend to prevent us from bouncing back, and 'protective factors' – those things that help us deal with the changes and the stresses of the situation.

**One of the 'risk factors' is the heavy use of alcohol and/or other drugs.**

Everyone will experience stressful life changes at some point in their lives. Some teenagers experience many changes, losses and stresses during their adolescent years while others experience very few.

**If we never experience major change or losses, how do we know if we're resilient?**

We probably don't know. But building resilience is what we want all young people to do. Building resilience is about developing knowledge and skills we can later use (also called our capabilities), and working together to create supportive environments. This means that if, and when, major changes or losses happen in our lives, we have the capacity and a range of capabilities to draw on from our previously learned knowledge and skills, to manage and cope with the situation.

This is not to say that a major loss is easy to deal with, and being resilient doesn't mean we don't grieve over the loss of someone special to us, nor it doesn't mean a major loss won't hurt (in the emotional sense). These are all healthy responses to major changes and losses.

What building resilience is about is making sure young people have as many protective factors and as few risk factors as possible, to help them manage the stress of these changes if, or rather when, when they occur.

**Common protective factors listed in the YDSA report include:**

**Knowledge, skills and disposition (the nature or character) of the person – personal factors:**

- Thinking skills, including problem solving and seeing things from others' perspectives
- Faith that life has meaning, optimism, aspirations, hopes and plans for the future
- Involved in extracurricular activities and having many interests and hobbies
- Meaningful employment (especially for older teenagers)
- Attachment to the community and one's culture

- Staying longer at school and achieving well.

**Their interpersonal relationships with others**

- Parenting that combines warmth with clear limits and firm consequences
- At least one close friend
- Mainly law-abiding friends with positive interests
- Large network of social support from wider family, teachers, school, workplace, church, youth organisations and leaders
- Positive social interactions with other people.

**The supportiveness of their school, neighbourhood and community**

- Safe, supportive neighbourhoods
- A crime-free environment
- Neighbours and local people who watch out for young people and provide supervision, informal limit setting and support (this can include local businesses and services such as police, church and youth organisations)
- Local people who provide work opportunities after school and recreational opportunities.

Copy template

## Talking frame for the discussion activity

<p>Read your scenario.</p> <p>1. What happened - what is the change, loss or highly stressful situation the named person has experienced?</p>	
<p>2. Underline in one colour all of the things that appear to be protective factors, and in another colour underline the things that might prevent them from managing and coping with the situation in a helpful or healthy way (possible risk factors).</p> <p>3. Do you think this person is going to have a healthy outcome and achieve a holistic sense of well-being in the weeks and months (and maybe years) ahead? Why or why not?</p>	
<p>4. Overall, would you say the person is 'resilient'? Why or why not?</p>	
<p>5. Identify 3 things that need to happen to increase the likelihood that the person will manage and cope with their change. A least one of these things should relate directly to their alcohol or drug use. Try to identify one action they could take on their own, one action someone else could take to help them, and one action their school or neighbourhood or community could take to help. (<i>You might need to add some of your own ideas into the scenario to answer this</i>).</p>	

## Scenarios for the discussion activity

**Chloe** broke up with her boyfriend three months ago – he dumped her because he wanted to go out with another girl in the school. Whenever she went to a party or other event in the few weeks after the breakup she always ended up getting really drunk, especially if her ex and his new girlfriend were there. When she still felt upset after these parties she would sometimes sneak alcohol from the liquor cabinet at home and drink in her bedroom. At school Chloe has several good friends who have stuck by her and made sure she kept up with all her school work. They are always prepared to listen to her when she wants to let off steam. One of her teachers noticed she was a bit withdrawn and asked if she was ok. Chloe said she was (without telling the teacher about her break up). The teacher has been really kind and asks how she is but without prying and makes sure she knows she can talk if she needs to. At home mum and dad just say well-meaning things like ‘it will get better’, ‘we’ve all had our hearts broken – we all learn from it’ which don’t really help. It’s Chloe’s nan that gives her big hugs and lets her cry - without any judgement.

**Jayesh’s** parents separated recently. He thought this wasn’t common for adults in his culture and none of the adults in his family will talk about it which has made him even more angry and frustrated. When he was around at his friends place soon after it happened, his friend – whose parents were already divorced - offered Jayesh alcohol to help him calm down and ‘chill out’. Jayesh got a bit drunk and it just made him talk more and he got even angrier. His friend said he knew what it was like and it would get worse before it got better and he reckoned alcohol helped him cope when his parents were arguing. Jayesh wasn’t sure about that, his parents didn’t drink alcohol at home, and he didn’t look old enough to buy it so wasn’t sure how he would get it. His friend said to steal it but as Jayesh had always been taught to be law abiding and respectful of others he couldn’t see himself doing that. Anyway, he found that playing music calmed him down and allowed him to focus on other things besides his parents’ problems. He was continuing to do really well at school and knew he had to keep his achievement grades up to get into university.

**Anahera’s** grandma died several weeks ago. Gran had been her ‘rock’ – she never judged or yelled and was always kind and helpful – she had taught Anahera many things like traditional weaving, gardening and cooking. Family members were often commenting about the wonderful things they made and did together. After the tangi things got worse at home - mum was getting angry all the time and ended up arguing with her dad and then ended up crying. Anahera’s aunty said her mum was just grieving and to give her time. At school most of her friends left her alone when she didn’t want to join them although one friend said she was sorry about her grandma and she knew how much it hurt to lose someone so close. At a recent family gathering a cousin had noticed she was moody and depressed and offered her marijuana – he said it would help take her mind off things and block out the adults arguing – he made it sound very tempting but she didn’t accept it. She didn’t like what she had seen marijuana do to some of the kids at school.

**Lucas** was in a major car accident six months ago along with three other boys from school. He was a passenger and the one who came off worse because his side of the car smashed into a pole. He knows he will have a permanent injury and he will never be able to achieve the tennis scholarship and career that he was aiming for. After the wounds and breaks healed he couldn't walk by himself and although he is having therapy and gradually getting his mobility back, progress is very slow. He is reliant on others to transport him wherever he needs to go, (at first this included going to the toilet)! After the accident his school mates came around regularly but that is getting less – they seem to have little to talk about. His best friend, who was the driver of the car, has had to go to court because he caused the accident and is having to deal with all sorts of conflict at home because of the legal problems. To manage the considerable pain Lucas has been left with he takes strong pain killers prescribed by his doctor. Soon after he got out of hospital he discovered that if he took twice the dosage of pain killers it not only relieved his pain but also relaxed him, and some days he would take three times the dose. His doctor wouldn't prescribe more painkillers but he found another way to get some so he takes them whenever he feels like it. Mum and dad had to go back to work and can't afford to take any more time off to look after him so he's left at home most of the day with nothing to do except watch TV and play video games. His school have been sending work home for him to do but he's lost interest. Everything else he used to do was based around tennis.

**Fetu** had to move schools a few weeks ago when his dad – who earned most of the household money - was made redundant (he lost his job when the company was sold). Although he found another job it was way across the other side of the city and because the family were renting and they owned only one car - which mum used for her work which was also a distance away, and dropping his siblings off at school, and doing all the family shopping - it made sense to move across town where they could get a bigger house for the same rent. But this meant Fetu had to say goodbye to all of his friends, give up his leadership of the cultural group and leave the sports team who were at the top in the inter-school championship that year. Fetu's school had sent a file of all his achievements to his new school which the dean had read and then made sure he was introduced to the sports coach and the leader of a similar cultural group at the school. Fetu also found he could pick up a subject he had to drop at his old school when he had a timetable clash. The family also found they knew others at their new local church. While all this helped Fetu fit in he found that being the eldest child with responsibilities at home, and with busy parents out working all of the time, he wasn't sure who he could talk to about the sense of loss he still felt. As an introduction to his new school the boys in his sports team took him out after a game they won to celebrate and got him really drunk as an 'initiation' – he had never really had much alcohol before. Not only did his new mates give him alcohol, they also spiked his drink with another drug. His only recollection of the night was feeling totally free of all his problems – even though he was really sick next day. Now after every game he gets absolutely hammered [really drunk] and is getting a reputation for being a hard out drinker, although finding money to pay for alcohol is a problem.

**Mei** moved countries a few years ago. Her parents wanted to live somewhere where they thought she would have a better and safer life and access to a good education. She was still at primary school when she immigrated and learned to speak English quickly. Her parents often return to their home country to look after their business interests and to see other family members leaving Mei to look after herself. However as she has got older she feels she is not fitting in as well – she doesn't have any interests beyond her school work. At high school she has never made really close friends although she knows lots of the girls at her school and gets on OK with them. She does quite well at school but she thinks some of her teachers don't even know she exists so she doesn't contribute much in most classes – she finds it easier to blend in and not make herself known. Her parents are quite sociable and have a circle of friends they see often – when they are in the country. But these events seldom include other children. Although her parents don't drink much alcohol, they have a well-stocked wine cellar and liquor cabinet to make sure their guests are well catered for and Mei had always been taught that alcohol was only for adults. She was persuaded to attend a birthday party for one of the girls from school - and since she was feeling lonely with her parents away, she thought she may as well go. It turned out that the party was for an older brother of one of the girls and there was a lot of alcohol and some drugs at the party. It didn't take much for one of the girls to convince Mei to have a drink and join in. Since then Mei has been getting drunk most nights on the alcohol her parents have left at home, and if she's feeling too hungover in the morning, she doesn't bother getting up and going to school.

**Daniel** was the victim of a vicious crime a few weeks ago. Although burglaries are sometimes reported around his neighbourhood, they usually happen when people are at work. But in his case, the home invasion happened at night when he was home with his family. The burglar came in through his bedroom window that was open. He was surprised to see Daniel, and hit him several times until he passed out. He found out afterwards that when his parents came to see what all the noise was about they were also assaulted, and the burglar got away with money, jewellery and some electronic goods. Since then Daniel has had trouble sleeping, his mum is a 'nervous wreck' (her words) and insists on keeping all of the doors and windows locked, curtains closed and the lights on, and dad goes off to work downplaying the seriousness of the incident almost as though nothing has happened. The burglar has not been caught despite a lot of police attention. Daniel is scared walking along the street during the day, and won't go outside the house at night. He can't concentrate at school although he's only been to school a few times since the break in. The victim support counsellor has been to the house several times which is helpful for mum but Daniel still has trouble talking about the incident. A couple of years back Daniel made friends with a group of boys who often smoke marijuana when they hang out - one of the boys has a family member who can access it easily so it's always cheap and available. Daniel is smoking it every day – he thinks it helps him be less scared and allows him to get to sleep.



## Activity number 17

# Risk and protective factors in AoD situations

### Purpose

This activity makes use of the Tūturu videos highlighting the way risk and protective factors can be a feature of young people's AoD use and non-use. Each of the videos Renee (alcohol), Laura (alcohol), and Asher (cannabis), features three separate videos, each about 1-2 minutes long. The first video is of their friends talking about them, the second is the young person talking about their AoD use, and the third is the same video of the young person captioned to highlight the protective factors.

**Activity applies to** all drugs

**Time** 30 minutes

### Resources

- Online access to the Tūturu videos at <https://www.tuturu.org.nz/resource-hub/> - use all of or select from Renee (alcohol), Laura (alcohol), Asher(cannabis)

### Learning intention

Students will identify how risk and protective factors may be implicated in young people's use or non-use of AoD. (5/6A1)

### Key competencies

Participating and contributing

### Activity sequence: Teacher activity

- Ask the students to recall understanding of risk and protective factors and how these relate to wellbeing.
- Instruct students to use the '*Protective factors related to reducing harm from AoD use*' copy sheet to guide the recording of ideas from the video.
- Suggestion: model the use of the template using Renee's video, then assign Laura and Asher's videos to different groups.
- Once completed, groups pair up (one 'Laura' and one 'Asher' group) to discuss the video they analysed.
- Share some of the ideas discussed in groups with the class, paying attention to the actions required for supporting wellbeing.

### Debrief:

- Ask the class to respond to the question: 'Do you think Renee/Laura/Asher will have a healthy future or do you their AoD use

### Activity sequence: Student activity

- Students recall examples of risk and protective factors (see previous activity for examples).
- Students complete the sheet individually as they view the video and then discuss the summary questions before completing this section.
- Students share their ideas in groups and with the whole class.
- Students provide their insights about the future for each of the young people – with reasons.

will cause them more harm? Explain your judgement. Regardless of your answer, what do you think still needs to change in the lives to increase the likelihood of a healthy future?’

### **Learning journal entry**

Students file the summary template in their learning journal along with other learning about risk and protective factors.

### **Teacher knowledge and pedagogy**

Help students to understand that resilience is a capacity people have (to a greater or lesser degree). We can all learn knowledge and skills that contribute to being resilient, and have comprehensive support networks and opportunities to be connected to communities (etc), but no one really knows how resilient they are until they have to cope with and manage a major life event.

The ability of people to cope with these life changes is heavily influenced by the absence or mitigation of risk factors, and the presence of multiple protective factors.

AoD use is a known risk factor so if a young person is using AoD in risky or harmful ways, their ability to cope with major life events may be significantly compromised and the AoD use may compound the problem. Similarly, whether or not they change their AoD behaviours and reduce or eliminate AoD use as a risk factor (and have a healthy life outcome in future) is also dependent upon having multiple protective factors that encourage and support reduced or non-use of AoD.

### **Extending this activity to meet NZC Level 6 / NCEA Level 1**

Focus on the changes for the young people – as described in the video or surmised based on other information. Useful for AS91097.

### **Teacher’s evaluation of the activity**

How readily can students recognise risk and protective factors when presented with scenarios like those in the video?

What are the implications of this for other learning and assessment about risk and protective factors and the knowledge and skills needed for building resilience.

## Copy template

**Protective factors related to reducing harm from alcohol or cannabis use**

As you view the videos about Renee, Laura or Asher (link to <https://www.tuturu.org.nz/resource-hub/>) record:

1. The **risk factors** that may contribute to alcohol cannabis related harm for Renee/Laura/Asher in future.
2. The **protective factors** that could contribute to reducing the impact of alcohol or cannabis related harm for Renee/Laura/Asher in future.

NAME of person in video	Renee/Laura/Asher's friends	Renee/Laura/Asher's own comments
<b>1. Risk factors</b>		
Personal attitudes, values, beliefs, behaviours		
Interpersonal (relationships and interactions with others)		
Community or societal factors		
<b>2. Protective factors</b>		
Personal attitudes, values, beliefs, behaviours		
Interpersonal (relationships and interactions with others)		
Community or societal factors		

<b>Summary:</b> To reduce possible AoD related harm in future ....	<b>Your response – describe the action and why this would enhance the protective factors and support Renee/ Laura/ Asher's wellbeing</b>
What is one change Renee/ Laura/ Asher could make to support their own wellbeing?	
What could a friend of Renee/ Laura/ Asher, or an adult in their life, do to help them?	
What support could Renee/ Laura/ Asher expect from their community?	

## Activity number 18

# Recognising and unsafe situations

### Purpose

Using static images (photos) of alcohol and drug use to help recognise unsafe situations has long been a popular AoD education learning activity. However, for students to 'see themselves' in some of these images, especially in ethnically diverse populations, requires consideration of students' cultural contexts. Instead of supplying ready-made images, this activity focuses the learning around making an image that can then be used by peers to identify what is going on, and how the situation can be safely managed.

**Activity applies to** alcohol or cannabis, but could apply to all drugs

**Time** 15 minutes preparation in a previous lesson, followed by 30 minutes production and 30 minutes to use image in a subsequent learning activity.

### Resources

- Digital technology for recording good quality photographic images
- Simple props to use to compose the scene for each image

### Learning intention

Students will examine strategies for minimising risks in social situations involving drugs. (5A3) (5C1)

### Key competencies

Thinking critically, participating and contributing

### Digital fluency

Respectful and responsible recording and use of digital images of self and others

### Activity sequence: Teacher activity

#### Part one – production of a static image showing a potentially unsafe situation :

- Explain to the class that they will be making a single static image (a photograph) of a potentially unsafe situation involving alcohol (or cannabis, or other drug). Ask for some initial ideas about situations young people find themselves in where alcohol (or other drugs) is being used and where it could impact on a young person's well-being. Some of these ideas may have already been discussed in previous lessons.
- Discuss safety guidelines specific to this activity:

### Activity sequence: Student activity

- In small groups students decide what potentially unsafe situation their static image / photograph will show.
- Plan what the photo will look like – who will stand where, what props are needed and where these will be found, what the 'scene' will be (location), what will people be wearing, how will the unsafe aspects be shown – body language, facial expressions, positions of people in relation to each other, use of props, etc.
- Discuss in groups: do all group members want to be in the photograph? If not what is their role? Who is OK about being in the

- How students will create their image in an ethical and responsible way given that they are ‘posing’ a situation where alcohol or drug use is being simulated (eg the right to not be photographed or not have their face shown; as an ‘extra’ in the scene and not the user/person being pressured etc).
  - How will students avoid reinforcing unhelpful stereotypes and still ‘keep it real’ for them in context of their community?
  - Who will see these images, where they will be recorded and how they will be used? Will images be deleted from personal devices after they have been recorded (and only the teacher retains a copy of the image for use in learning activities)? Formalise this in a memorandum of agreement if the class decides this is important.
- photo but would prefer that their face is not shown (and how to pose them in the photo to achieve this)?
  - Once planning is completed, the scene is set and test images recorded, decide on a final image to share with the class. Test out the image with another group to ensure that the ‘unsafe’ aspects of the image are understood by others.
  - Contribute the image to the class resource in accordance with the agreed safety guidelines.

### Part two – understanding and responding to unsafe situations

- Provide students with access to one or more images taken by others (noting safety guidelines around the sharing and distribution of these images). Students analyse what they think is happening using the questions provided.
- Next, images could be used as scenarios for assertiveness, decision making, and/or problem solving activities featured in Part C.

Group discussion and analysis (see also copy template):

1. Students identify what they think is ‘unsafe’ about the situation? Who is unsafe and why?
2. What are (at least) 3 possible ways (scenarios) that this scene could play out from this point (include both safe and unsafe outcomes)?
3. How could the well-being of the person in the unsafe situation be affected in each of these possible scenarios?
4. What do you think needs to happen at this point to achieve a safe and healthy outcome for the young person?

### Student learning journal entry

Write a one paragraph reflective comment about the importance of being responsible and respectful when taking photos showing images of people (self or others) using alcohol or other drugs, and posting them on social media.

### Extending this activity to meet NZC Level 6 / NCEA Level 1

This activity could be applied at NZC Level 6 by having a specific and detailed focus on a particular drug, and with added consideration in the analysis of images of issues such as legal considerations, media and advertising, the well-being of all involved in the scene and not only the person intentionally placed in the unsafe situation.

**Teacher knowledge and pedagogy**

Encourage students to think and act ethically when making the images. This will likely require a discussion of what it means to act ethically (e.g. morally, fairly, justly). Be alert to any unhelpful reinforcement of gender and racial or cultural stereotypes, and question the appropriateness of plans for any explicit use of drug paraphernalia as props (e.g. if the image was seen out of context of the learning environment what might other people make of it?). It is recommended that students delete all of their images once they are shared with the teacher and the teacher controls the use of them in a way that students do not get to retain copies of the images made by other groups.

**Teacher's evaluation of the activity**

How responsive were students to the requirement to take images in an ethical, responsible and respectful way? What did this reveal about the need to revisit ethical use of images in future learning activities (eg in sexuality education)? How readily did students recognise situations of risk and could they describe multiple ways the scene could develop – and to include safe and unsafe outcomes? What are the implications of this for the next activities (e.g. decision making, assertiveness problem solving)?

Copy template

### **Analysing unsafe situations involving alcohol or other drugs**

1. What is 'unsafe' about the situation? Who is unsafe and why?
2. What are (at least) 3 possible ways (scenarios) that this scene could play out from this point (include both safe and unsafe outcomes)?
3. How could the well-being of the person in the unsafe situation be affected in each of these possible scenarios?
4. What do you think needs to happen at this point to achieve a safe and healthy outcome for the young person?

## Activity number 19

# More or less risky?

### Purpose

Perceptions of the type and level of risk in AoD situations varies from person to person and depends on our knowledge and experiences. This activity requires students to rate their own ideas about alcohol-related risk and then compare these with the views of an adult (e.g. a parent - although the activity does not assume parents or students drink alcohol).

**Activity applies to** all drugs

**Time** 30 minutes plus homework

### Resources

- Risk rating sheet (provided) used as is or amended to include examples of situations emerging from previous learning activities. If the focus is only on alcohol, (or another drug) amend the statements to suit.

### Learning intention

Students will investigate and understand reasons for and consequences of the choices people make that affect their well-being and social norms. (6A1)

### Key competencies

Thinking critically, participating and contributing

### Activity sequence: Teacher activity

- Provide each student with a risky situations rating sheet. Check to make sure they understand what they need to do to rate their opinions and that the words in the statements are understood.
- Explain the homework part of the exercise and that they need to ask a parent (or other adult) for their opinions about risks related to alcohol use – this person does not have to drink alcohol.

### Activity sequence: Student activity

- After discussing the situations in small groups, students rate themselves (ie what they think is low-medium-high risk).
- Homework: Complete the ratings sheet with a willing parent or adult.
- In class, students compare results with other members of your group. What opinions about risk did you and your parents have in common? What was different? What surprised you most about their comments - why?

### Student learning journal entry

File the completed risk rating sheet and summary questions in the learning journal. Write answers to these questions:

1. Situations where my parent and I had the same opinion were .....
2. Situations where my parent and I had a different opinion were .....

### Extending this activity to meet NZC Level 6 / NCEA Level 1

Analyse a range of AoD scenarios and situations from other parts of the learning programme for low-moderate-high risk behaviours, making clear what the nature of the risk is and what actions are needed to minimise the risk.



3. The reason why I think I have mostly similar/different [delete one] ideas to my parent is .....
4. The thing I found most interesting about my parent's opinion was .....

#### **Teacher knowledge and pedagogy**

Be aware that this activity, in isolation, places a lot of focus on 'risk' without any consideration of actions of how to be safe in AoD situations. Ensure the learning programme provides opportunity for learning knowledge and skills to manage potentially risky situations involving AoD.

#### **Teacher's evaluation of the activity**

How knowledgeable were students about the nature of risk in AoD situations? Did any of their comments give you cause for concern? If so, what were these comments and what else needs to be included in future activities?

Copy template

**Risk situations - High, Medium or Low risk?**

Situation	My views			The views of my parent (or other adult)		
	Low risk	Medium risk	High risk	Low risk	Medium risk	High risk
1. Getting into a car with a driver who has been drinking alcohol or using other drugs						
2. Having a false ID to get into a bar or nightclub						
3. Going to a party with no adult supervision and where alcohol and drugs are being used						
4. A person is so drunk they pass out						
5. Being given alcohol by a friend's parent at their house						
6. Being pressured to drink or smoke cannabis by others						
7. Going to a party without arranging transport home						
8. A parent comes home drunk						
9. Being caught in possession of cannabis by the police						
10. Going to a party where alcohol is supplied by others						
<i>Ask your parent (or adult) to choose 3 of these situations – try to include one low, medium and high risk situation.</i>  What do they think are the risks in these situations?	(i)					
	(ii)					
	(iii)					
What concerns you most about young people's alcohol and drug use at the moment?						
What were the concerns about alcohol and drug use when you were a teenager?						

## Activity number 20

# Documentary evidence

### Purpose

Access to online video clips, be that news items, personal stories or documentaries, or easy access to technology that allows amateur video production, means that making costly videos to accompany teaching resources (that has relevance for diverse student audiences, and stays relevant) is becoming less viable and less of a need. This activity provides a process for analysing an existing video depicting the influences on AoD use, the impact of AoD use, and what can be done to achieve healthier outcomes.

### Learning intention

*Depends on the content of the article.*

### Key competencies

Thinking critically, participating and contributing

**Activity applies to** all drugs

**Time:** Depending on length of video – 30-60 minutes

### Resources

- Alcohol or other drug video – either currently in the health education library, a recent news or documentary, or online video (pre-screen for suitability)

### Activity sequence: Teacher activity

- Select a video (or part of a video) for analysis that depicts an AoD situation that shows (by implication if not explicitly stated):
  - how AoD use impacts well-being in a variety of ways,
  - a range of factors that led to use of AoD, and
  - some indication of what helps people to make healthier decisions.
- View the video with students. Instruct students that they will be discussing aspects of the video either during breaks and/or at the end of the screening. Rescreen parts of the video if required.
- Provide the opportunity to discuss class responses to questions where the underlying concepts are being developed, especially where these had to be interpreted from the video.

### Activity sequence: Student activity

- After viewing the video students working in small groups discuss, and record responses to the questions on the analysis sheet (*see copy template following*).
- Share ideas from the group discussion with the class.

**Student learning journal entry:**

Keep a record of the answers to the questions from the group discussion.

**Teacher knowledge and pedagogy:**

There is no need to screen whole videos – weigh up the necessity for viewing hour long documentaries with actual discussion time. A carefully selected 5-10 minute clip may be all that is needed. To have educational value it is important not to use video as ‘edutainment’ but that any video is analysed to develop health education knowledge.

Think about the safe selection of video - choose something relevant to teenagers, *not* excessively deficit focused or unduly graphic (shock treatment), or overly moralistic and blaming, or where there is little hope of a way forward.

Students may need support to ‘see’ where the underlying concepts are in the video eg impacts on physical, social, mental and emotional and spiritual wellbeing, personal, interpersonal and (at a basic level) societal factors.

**Extending this activity to meet NZC Level 6 / NCEA Level 1:**

This activity can be repeated at NZC Level 6. Step up the depth of learning by increasing the focus for the analysis on the inter-related personal, interpersonal and societal aspects of viewed video material.

**Teacher’s evaluation of the activity:**

How well could students interpret or ‘see’ what was happening in the video in relation to:

- The way personal well-being was impacted across all dimensions?
- The ways personal and interpersonal factors helped or hindered the situation?
- Whether or not students recognised the ‘societal’ aspects of the situation – cultural attitudes, impact of media, historic influences etc (as relevant to the video).
- What could be done to achieve healthier outcomes?

What are the implications of this for developing students’ understanding of the underlying concepts in subsequent learning activities?

### Analysing unsafe situations involving alcohol or other drugs

Discuss and answer all questions that are relevant to the video – *some questions may not be able to be answered.*

1. Who is this video aimed at / who is the intended audience?
2. What was the overall message or story the video was telling?
3. Which aspects of **well-being were obvious** in the video – the impact of alcohol or other drug use on a person's (or people's) physical, social, mental and emotional, or spiritual well-being? Give an example of these obvious impacts.
4. Which aspects of **well-being were less obvious** or absent in the video? What could you *assume* would be an impact on this aspect of well-being for a person using alcohol or another drug?
5. What **personal factors** did the video suggest led to the person (or people) abusing alcohol or using another drug – think of things a person has control over.
6. What **interpersonal factors** did the video suggest led to the person (or people) using alcohol or another drug – think of things other people do or say that in some way leads to someone abusing alcohol or using other drugs?
7. What **societal factors** did the video suggest led to the person (or people) abusing alcohol or using another drug? Think of things like cultural attitudes and values, advertising, or messages in popular media.
8. What did the video show people could do to change their alcohol or drug use and have healthier lives?
9. What **didn't** the video show people could do to change their alcohol or drug use and have healthier lives? Use your own ideas to answer this.
10. Do you think it is easy for people who abuse alcohol or use other drugs to change their behaviours – why or why not?

## Activity number 21

# Investigating ethical issues relating to alcohol and drugs

**Purpose:** A range of ethical issues may be encountered during AoD education which provide rich opportunities for developing critical thinking about rights and responsibilities. These include: alcohol laws such as the purchase age, establishment of a 'drinking age', drinking and driving; cannabis – decriminalisation, legalisation, medicinal use; workplace and drug testing and drug testing students at school; performance-enhancing drugs in sport, alcohol advertising or sponsorship of sports teams, athletes or other role models; and banning tobacco sales and use, plain packaging, advertising.

**Activity applies to** all drugs

**Time** 60 minutes (or 2-3 lessons for a Year 11 investigation)

### Resources

- A range of news websites
- Resource databases e.g. (EPIC databases)
- Organisation publicity pages e.g. Family Frist, NORML, NZ Drug Foundation, HPA, Drug Free Sport

### Learning intention

Students will plan strategies and demonstrate skills to act responsibly and ethically AoD-related situations. (6C1) (6C2) (6C3)

### Key competencies

Thinking critically, participating and contributing

### Activity sequence: Teacher activity

- Introduce with a discussion about some key words, ideas and themes relating to ethics, attitudes, values and beliefs, and controversial issues.
- Part one - Continuum activity: Use this definition to decide whether or not the issues identified in the brainstorm fall under this definition. See copy template of possible issues – adapt or add to these using ideas from the class brainstorm.
- Part two – inquiry into a drug-related ethical issue. Facilitate a brainstorm (reusing some of the ideas from the continuum) to decide a list of alcohol and drug-related ethical issues.
- Working in small groups, each group is allocated an issue to investigate. Discuss and negotiate the requirements of the

### Activity sequence: Student activity

- Decide on a class definition for an 'ethical issue'.
- Brainstorm a list of issues that could be regarded as ethical issues or dilemmas.
- Students take up positions along a line stretching from one end of the room (strongly agree) to the other (strongly disagree).
- Students brainstorm a list of alcohol and drug-related ethical issues
- Students use internet-based searches and/or resource material compiled by the teacher to investigate their ethical issue. Create a presentation about the issue that can be shared with the class.

investigation to fit within the time available for the activity.

- The mode of presentation and/or focus for learning will depend on whether it is a cross-curricular activity.

#### **Student learning journal entry**

The student's investigation is filed in their learning journal.

#### **Extending this activity to meet NZC Level 6 / NCEA Level 1**

As an AoD issue this could form part of the learning required for assessment with Achievement Standard AS91097 (Health 1.3) *Demonstrate understanding of ways in which well-being can change and strategies to support well-being.*

#### **Teacher knowledge and pedagogy**

Facilitating a continuum activity.

**Safety:** Due to the sensitive nature of the exploration of ethical issues, reinforce the class guidelines around safety and respect for others' points of views and ensure that any learning materials or ethical issues used are suitable for your students.

#### **Teacher's evaluation of the activity**

What capacity did students have to recognise the range of different perspectives in these situations, and to understand what was ethical? What are the implications of this for future activities?

A number of **cross-curricular learning opportunities** exist within this activity and if being considered, will likely shape the specific learning experiences and outcomes. For example:

- Social Studies (e.g. L4: Understand how formal and informal groups make decisions that impact on communities).
- English (depending on the focus, could link to listening, reading, viewing; speaking, writing and presenting).
- Media Studies (e.g. write media texts for a specific target audience).
- Drama (e.g. L5: Select and use techniques, conventions and technologies for specific drama purpose; select and refine ideas to develop drama for specific purpose).
- Science: (e.g. L5: Develop an understanding of socio-scientific issues: NOS – participating and contributing).
-

**Continuum statements**

- Parents/caregivers have the right to make all medical decisions for under 16 year olds
- Anybody has the right to consume alcohol or drugs, if they choose to do so
- Cycle helmets should not be compulsory
- The school leaving age should be raised to 18
- Schools should use internet filtering software to avoid students accessing inappropriate content
- The only drink that should be sold or consumed at school is water.

**Investigating ethical issues relating to alcohol and drugs – ideas for inquiry questions**

- Develop a statement from your drug-related topic that creates an ethical (controversial) issue. For example, [the AoD issue] should be legal in New Zealand
- Find two groups of people who agree with this ethical issue – what are their beliefs about this and why do they agree?
- Find two groups of people who disagree with this ethical issue – what are their beliefs about this and why do they disagree?
- How does this ethical issue link to well-being in New Zealand?
- Who is advantaged by the current situation relating to this issue? How?
- Who is disadvantaged by the current situation relating to this issue? How?
- Does this issue result in a fair and just situation in New Zealand – how/why (or not)?
- What are people's rights and responsibilities in relation to this issue?
- What alternatives are there for a more fair and just situation that would enhance well-being for people in New Zealand?



## Activity number 22

# Alcohol and sex – what’s the concern?

**Purpose:** Alcohol use is frequently associated with unplanned and unwanted teenage sexual experiences, some of which results in unintended and undesired consequences for young people’s well-being. This activity could be included in either an AoD or a sexuality education programme to explore the association of alcohol use and sex.

### Learning intention

Students will identify rights and responsibilities for themselves and others in social situations involving AoD. (5D3) (5A1)

### Key competencies

Thinking critically, participating and contributing

**Activity applies to alcohol**

**Time** 60 minutes

### Resources

- Copy templates of questions for the ‘investigative reporters’ (students) running focus group interviews
- In addition the Family Planning resource *Alcohol, sex and hauora* contains a range of activities (e.g. beer goggles, alcohol and pregnancy, legal matters), email a request for this – the resource is free of charge <http://shop.familyplanning.org.nz/alcohol-sex-and-hauora>

### Activity sequence: Teacher activity

- Remind students of the class safety guidelines before starting this activity, especially the right to pass.
- Pose yourself as an investigative reporter for a youth focused magazine who is wanting to better understand what young people think about sex and alcohol use. Explain that there have been some disturbing stories in the news recently and that you are wanting to hear the voice of young people on the matter.
- A suggested script follows for the teacher to run a ‘focus group’ with the class. After 3-4 questions, tell the students this story is way too big for one person, so you will need to have a team of investigative reporters on the job and that they are now going to be the reporters.
- Come out of role and organise groups with roles and the question script. For safety, it

### Activity sequence: Student activity

- Each member of the class is to be part of a ‘focus group’ being interviewed by the investigative reporter. They need to write themselves a brief profile of the character they will play in the focus group (so they don’t have to be themselves and give their own opinion, or draw on their own experiences - they may still do this but no one will know). A copy template is provided for developing this profile.
- Students’ role play with the teacher as the reporter asking and the class as ‘focus group’ responding to the questions.
- Working in groups of 4-5, assign the role of reporter to one person, with the remainder

may be useful to select the questions with the class before they run their 'focus groups'. Stress to students the importance of selecting a profile of a character for the focus group role play where they can actually imagine being that person (as stereotypical as that might be).

- Allow time for groups to work through the questions. Once the 'focus group' interviews are complete, de-role the students (eg screw up their profile and bin it, reorganise the seating etc) and summarise the main points of the lesson with the following questions:
  1. In what ways can alcohol use influence young people's sexual behaviour?
  2. How does this relate to well-being? Does it have a major effect or small effect? Which dimensions are affected? Is any dimension more affected than others – why?
  3. Overall, why are we concerned about the links between use of alcohol by young people and sex?
  4. If you or a friend have had an experience, that was distressing (like the ones discussed), where can you go to talk with someone?

becoming the focus group. The reporter will need to decide which 3-4 questions they will ask the group – a script is provided - choose from this list, change some of these questions as required, or add their own.

- The reporter starts the focus group interview and the rest of the group answer the questions in role.
- Once complete, students contribute to the class summary discussion.

#### **Student learning journal entry**

Reflecting on the class discussion, list three things you would do to keep yourself sexually safe (now or in the future) in social situations where alcohol is being used.

#### **Teacher knowledge and pedagogy**

*It is recommended that this activity is used once students have developed some year 9 or 10 sexuality education knowledge as it will require them to draw on this learning.* A range of youth health data indicates that alcohol and sexual activity are strongly linked. Although a minority of students are sexually active at junior secondary level (see the Youth'12 data), those that are could well have been under the influence of alcohol - especially for first sexual experiences. Sensitivity will be needed when facilitating this activity and be aware of students showing signs of distress.

#### **Extending this activity to meet NZC Level 6 / NCEA Level 1**

Detailed learning related to the links between alcohol and sex may contribute to AS90974 (Health 1.5) *Demonstrate understanding of strategies for promoting positive sexuality.*

#### **Teacher's evaluation of the activity**

Did the activity bring to the surface any attitudes among the students that would be cause for concern e.g. lack of respect for self and others in sexual situations? If so, what are the implications for activities to be included in future lessons? In situations where student attitudes are deeply troubling, consult the school guidance counsellor.

**Possible script for teacher as investigative reporter** (*embellish this with actual examples if there are recent news stories related to this issue*).

- This problem the papers are reporting about young kids getting drunk and having sex make it sound like you're all doing it. Do you think it's common for kids your age to be getting plastered and then having sex with the first person who comes along?
- So do you think the newspaper should be publishing stories like this or are they just trying to sell their paper by having sensationalist headlines?
- So you must have heard of some kids who do this – what happens to them – do they just come back to school next day or next week and get on with things?

## Script for student as investigative reporter

“So this problem about teenagers getting drunk and having sex that everyone is talking about, I’m wanting your views on this.”

Select 3-4 questions - you may add ideas to these depending on what people say – challenge them, ask them to explain why they say that.

Some people say that if a girl is at a party and she’s really drunk she’s just asking for it [have sex]. What’s your opinion on that?

If one of your friends says ... *‘if I’m drunk and it (having sex) happens to me then it’s not my fault’* or they think *‘everyone is having sex and if I get drunk I just do it and I don’t care who it is with’*, what do you say to them?

If you know some kids at school are taking photos of other kids at school in sexual situations, having sex, or photos when drunk and naked, and posting them on social media or sending them around by text, what do you think should be done about that?

It’s been suggested that every teenager should set a limit of how many drinks they will have at a party and that they buddy up with a friend and make sure they each have no more than this. What do you think about that idea? Do you think it would work? Why or why not?

What about parents who give their kids alcohol (a bottle of spirits or a dozen beers) so they are not being given alcohol by others which could be spiked with a date rape drug? What’s your opinion about that?

Do young people take whatever alcohol they are offered even if they don’t know where it’s come from? What do young people know about drinks being spiked and what to look out for? What’s your view on that?

All reporters - finish with this question

What would advice would you give to someone going to a party, about being sexually safe, where there is likely to be alcohol (and drugs)?

Thank your focus group for their honest and insightful answers.

Copy template

### My character that I am going to use in the focus group role play

- Circle ONE option in each row to make up your profile – **remember you are making this up so you can play a role – *this is not about who you really are.***
- You need to be prepared to ‘stand in this person’s shoes’ and think and say the sorts of things that a person with this profile would probably say, based on their attitudes and experiences.
- You can change some of the items slightly if it helps to make up your overall profile.

Name (made up):			
1. My attitude to alcohol	I don't really like it so I don't drink or I hardly ever touch it	I like alcohol but I can take it or leave it – I have a drink when it's offered to me	I drink to get drunk whenever I can
2. My experience with alcohol	Never drink or very little experience with alcohol	Drink sometimes and in moderation	Drink alcohol often and/or drink heavily
3. Sexual history	No sexual experience or at most have been kissed	Some sexual experience e.g. felt someone in a sexual way – but have not had sexual intercourse	Have had sexual intercourse
4. Experiences of sexual behaviour while under the influence of alcohol	No experience of this	Have had some sexual experiences after drinking alcohol but this did not result in anything I didn't want to do	Had unplanned or unwanted sex while drunk
5. The sort of person I am	I am quite shy, quiet and don't make friends easily	I am assertive, confident, and popular with lots of friends	I am loud, pushy, a bit aggressive at times and get my own way
6. What is important to me in a romantic or sexual relationship	I don't really know, I haven't thought about it	Love, trust, honesty, care and respect	I don't have relationships, I'm just out for the sex
Optional: Add one or two other characteristics to complete your profile			

## Activity number 23

# Critical thinking – alcohol and culture

**Purpose:** A lot has been said about New Zealand's 'drinking culture'. Understanding alcohol use and issues in NZ, and being able to think critically and challenge some of these cultural attitudes that normalise alcohol use (especially heavy use), are an important part of learning about alcohol. This activity provides opportunity for students to think critically about links between alcohol, culture, and well-being. Using a range of materials sourced from the media.

### Learning intention

Students will examine how cultural attitudes and values influence AoD use (6D3)

### Key competencies

Thinking critically, using language, symbols, and texts

**Activity applies to** alcohol

**Time** 60 minutes

### Resources:

- Access to a variety of materials such as pictures, headlines, sentences, quotations from people, short readings about an aspect of culture and alcohol – these may be selected beforehand or students may search for these as a part of the activity.
- For teacher reference there is a list of critical thinking questions and explanations in *The Curriculum in Action: Making Meaning Making a Difference*, MoE, 2004, p25-27)  
<http://health.tki.org.nz/Key-collections/Curriculum-in-action/Making-Meaning>

### Activity sequence: Teacher activity

- This activity could be facilitated in a variety of ways. The material on culture and alcohol could be provided to students, or students could conduct a search to find material for presenting.
- The activity could explore 'culture' in general, broadly or focus on specific aspects of culture depending on students' interests, such as:
  - Youth culture (parties, expectations)
  - Sport (sponsorship, alcohol and athletes, role modelling)
  - The media and social media (advertising or glamorisation of alcohol on TV, billboards, website, Facebook)
  - The culture of ethnic groups and/or religion.

### Activity sequence: Student activity

Working in small groups, students find (or are provided with) information and materials to create a collage depicting attitudes, values and beliefs around alcohol use in the given cultural context.

Once the collages are complete, students answer a selection of critical thinking questions based on what they have found and compiled. For example:

- What attitudes, values and beliefs are being expressed here?
- What are the explicit (clear) messages and the implicit (hidden) messages?
- Who has the power in this situation?
- Are they using this power in ways that are health-enhancing or health-harming?
- Who is being advantaged – how and why?

- Who is being disadvantaged – how and why?
- What are the inequalities that exist in this situation?
- What needs to change for a more health-enhancing situation?

#### **Student learning journal entry:**

Take a digital copy of the collage and file it in the learning journal. Students write a summary paragraph explaining their collage – the attitudes, values and beliefs around alcohol that were expressed and the links between these and people's wellbeing. If some critical thinking questions from above were not used in class, these could be set for the learning journal/homework task.

#### **Extending this activity to meet NZC Level 6 / NCEA Level 1:**

This activity could be used to explore advertising or other cultural issues for learning to be assessed by Achievement Standard AS90975 (Health 1.6) *Demonstrate understanding of issues to make health-enhancing decisions in drug-related situations*. Added focus on the questions about who has the power and who is advantaged and disadvantaged in these situations will help develop deeper conceptual understanding of what is fair and unfair (leading to understanding of social justice).

#### **Teacher knowledge and pedagogy:**

Teachers will need to be confident in their own use and understanding of a range of critical thinking questions commonly used in health education, and what critical thinking 'looks and sounds' like when it is applied to an AoD context.

#### **Teacher's evaluation of the activity:**

How readily were students able to respond to the critical thinking questions and suggest responses that would indicate they were 'thinking critically? What's your evidence for this? What are the implications for future learning where students will be required to think critically in ways consistent with what this means in health education?

## Activity number 24

# Legal matters related to drugs and alcohol – and how this affects well-being

**Purpose:** The laws related to the supply, purchase and use of alcohol have a role in supporting the well-being of young people. Experiencing legal ‘trouble’ for alcohol-related reasons can be very stressful and have long term implications. This activity explores alcohol laws that have implications for young people and the ways legal matters link to well-being.

**Activity applies to** alcohol

**Time** 60 minutes

### Resources

- Access to websites with information about alcohol laws with relevance for young people eg alcohol.org.nz, NZ Transport Agency (NZTA - search the Alcohol and drugs section), Youth Law, Citizens Advice Bureau (legal ages).
- School policy(ies) or guidelines on alcohol use at school functions, school camps etc.
- Materials for making A2 or A3 sized posters paper, magazines for collage, pens and colouring materials, or the poster may be completed digitally using a simple design programme.

### Learning intention

Students will access information about laws/legislation relating to the use of legal and illegal drugs in New Zealand. (4D3/4) (4A3)

### Key competencies

Thinking critically, participating and contributing.

### Digital fluency

Locating quality information efficiently.

### Activity sequence: Teacher activity

- Guide the class in a quick brainstorm to identify situations involving young people and alcohol which have legal implications eg alcohol-related situations where young people (or adults they associate with) could get into trouble with the law.
- Organise these ideas to identify ‘situations’ that would be useful to focus on for this activity eg youth drinking in public places; adults supplying alcohol to young people; age of purchasing alcohol on licensed premises, school policy related to alcohol use etc. Some of these are suggested in the copy template used in the next task.
- Present the question, ‘how does getting into trouble with the law affect young

### Activity sequence: Student activity

- Students contribute ideas to the brainstorm.
- Working in small groups, students identify who is breaking the law or in breach of school policy in a range of



people's well-being'? Use the copy template provided to guide responses.

- Explain the requirements for the poster each group will produce.
  - Direct student to NZ websites where they can access information about youth, alcohol and law.
  - Once posters are completed, arrange to display these in the school eg in the school foyer or library, at the time of reporting to parents or together community event in the school. Alternatively, posters could be photographed and included as examples of student learning on the school website for parents to view as part of a school newsletter with advice for parents.
- In small groups students select one alcohol-related situation that has legal implications and locate legal information related specific to this situation. Make a copy of this.
  - Each group of students makes a youth, alcohol and the law poster that includes:
    - Their situation;
    - The legal information young people (and/or adults) would need to know to remain within the law (or school policy) along with any other useful information for staying safe in such a situation;
    - An overall catch phrase or headline capturing the main point of the poster.

#### **Student learning journal entry**

Take a digital image of the group's poster and each student files this in their learning journal. Extra: If posters are displayed in a public place or on the school website, students seek feedback about the messages by asking 3 peers (or adults) about the posters e.g. 'what laws did you know about and which ones were you not sure about (or didn't know)?' Record the responses and write a summary sentence saying why you were or were not surprised about what people said.

#### **Teacher knowledge and pedagogy**

Teachers do not need to have extensive knowledge of alcohol-related laws but will need to be able to locate and direct students to good sources of information.

#### **Extending this activity to meet NZC Level 6 / NCEA Level 1**

See following activity.

#### **Teacher's evaluation of the activity**

How well did students use a range of websites to compile accurate information? What are the implications of this for future activities requiring efficient location of accurate information?

Copy template

<b>Situation</b>	<b>Who is breaking the law or in breach of school policy? <i>Not sure? Find out.</i></b>	<b>Which dimension(s) – if any - of the young person's well-being are affected at the time of the incident? Why?</b>	<b>How might this lead to other effects on well-being for either the young person and/or other people in the situation?</b>
Teenager caught trying to buy alcohol in a bar when under the age of 18 (and using a false ID)			
Teenager under the age of 18 who has been sold alcohol in bar (or an off license or supermarket)			
Drinking with a group of friends at a local beach or park			
Being supplied alcohol by a parent			
Being supplied alcohol by another adult like a relation or the parent of a friend			
Getting caught drinking and/or being drunk at school or on a school trip			
Coach or other adult supplying alcohol for the sports team			
Teachers and parents drinking while supervising students on a school trip or camp			
A teenager who gets an adult to buy alcohol for them			
A teenager having sex when drunk .....			
<i>Add other situations suggested by students</i>			

## Activity number 25

# Influences on drug use – legal issues

### Purpose

This activity provides opportunity for students to explore influences on AoD use with a focus on legal issues, as explored through the socio-ecological perspective (how drug-related situations influence us at societal, interpersonal and personal levels).

**Activity applies to** all drugs

**Time** 60 minutes

### Resources

- <http://www.alcohol.org.nz/alcohol-management-laws/nz-alcohol-laws> (and pages that link from here on the Sale and Supply of Alcohol Act 2012, age and the law, advertising alcohol and drinking and driving)
- <http://www.police.govt.nz/advice/drugs-and-alcohol> (and pages that link from here on cannabis and methamphetamine – and other drugs depending on focus).
- The NZ Drug Foundation, Youth Law, NZ Transport Agency, and Citizens Advice Bureau (useful for legal ages information) websites all have easy to understand legal information.
- For other scenarios (or ideas for scenarios), see past NZQA exam papers for AS 90975.

### Learning intention

(*Contributes to*) Students will compare and contrast personal values and practices in relation to use of a variety of drugs, with rights and responsibilities required by rules, policies and laws. (6D3)

### Key competencies

Managing self, participating and contributing

### Digital fluency

Accessing quality information efficiently

### Activity sequence: Teacher activity

- Divide students into groups exploring legal issues for different drugs. For example (and as supported by information available through the websites listed in the resources section above):
  - Sale/supply of alcohol
  - Cannabis
  - Methamphetamine
  - Alcohol, drugs and driving
  - Other drugs of interest.

*Note: If students are not able to write their own scenarios, the teacher can provide students with scenarios that explore a range of legal issues for alcohol and other drugs, with the same questions as above to be answered.*

### Activity sequence: Student activity

- Students conduct a search for information on the law relating to their drug or issue using the websites above and other relevant links that these refer to.
- Students use the information to write a scenario involving teenagers who are involved in a drug-related situation. This scenario will have personal, interpersonal and societal aspects for other students to later unpack and should contain some reference to laws relating to the situation – see example scenario below.
- Once students have completed theirs, they can swap their scenarios with another group in the class. The groups then consider questions such as the following:
  - What are the legal issues in this situation?

- The scenarios can be retained for future use, for example for use when exploring problem solving/decision making processes.
- How are the teenagers being influenced at a personal, interpersonal and societal level?
- How might the teenagers' well-being be affected by the situation they are in?

#### **Student learning journal entry**

Students write a paragraph that explains how they have been (or are being) influenced at personal, interpersonal and societal levels in an aspect of their life.

#### **Extending this activity to meet NZC Level 6 / NCEA Level 1**

This activity has been developed for use at NZC Level 6 to use in preparation for assessment by Achievement Standard AS90975 (Health 1.6) *Demonstrate understanding of issues to make health-enhancing decisions in drug-related situations.*

#### **Teacher knowledge and pedagogy**

Teachers do not need to have extensive knowledge of AoD- related laws but will need to be able to locate and direct students to good sources of information.

#### **Teacher's evaluation of the activity**

How well did students use a range of websites to compile accurate information? How well could they construct a scenario to portray a situation experienced by someone else – and consider at a basic level the personal, interpersonal and societal factors? What are the implications of this for future activities requiring a basic understanding of a socio-ecological perspective?

Copy template

Mix and match: What is personal, interpersonal and societal?	
Situation/influence	Personal, interpersonal or societal?
Your friend puts pressure on you to do something	
You enjoy having fun and relaxing	
Expectations on you from parents/family members	
You live in a safe neighbourhood	
Your local council has events/groups for teenagers	
You have set yourself goals for the future	
The local bottle store is known for selling alcohol to young people without ID	
You are feeling stressed out at the moment	

Copy template

*Example scenario:*

Kate, Steven, Toni and Tama are 16 years old. They are good friends, and trust each other. One lunchtime at school, Toni tells the others that her older brother has scored some cannabis and he's going to be at the local domain at lunchtime if Toni and her friends want to come and try it out. Steven has tried it before, but the others have not. They know from recent lessons in Health class that it is a Class C drug, but they don't know what this means for people their age who get caught using. They do know that the school has suspended students for this sort of thing, and they all worry about how their parents would react if they were caught. However, they are curious to find out what it is like, and Steven thinks the group should give it a go, saying that it did him no harm and that it was a lot of fun.

## Activity number 26

# Between the headlines

### Purpose

This activity provides opportunity for students to find newspaper or other media headlines to explore a range of attitudes and values (or messages), and wellbeing issues relating to alcohol and/or other drug use. This activity could be used to generate questions for student inquiries on a range of issues.

**Activity applies to** all drugs

**Time** 30 minutes

### Resources

- News websites such to find headlines
- An application for online collaboration e.g. Padlet.

### Learning intention

*(Contributes to)* Students will examine their own and others' attitudes, values and behaviour in relation to AoD use. (5A4) (5C2)

### Key competencies

Thinking critically, participating and contributing.

### Digital fluency

Experiencing the use of an application to support learning.

### Activity sequence: Teacher activity

- Explain to students that they will be conducting an internet search for headlines that link to alcohol and drug use (this could be limited to teenagers, or New Zealanders, or another specified group).
- Before this is done, students may need a recap on what the terms 'attitudes' and 'values' mean, as well as the four aspects of well-being (or hauora).
- Once the class has a collection of headlines, these can be used to explore attitudes and values, and well-being issues.

### Activity sequence: Student activity

- Students collate these on a Padlet that has been set up (record just the headline, or also post the link to the article linked to the headline). See example following.
- Questions to respond to could include:
  - What attitudes and values, or messages, are shown in the headlines?
  - What health-promoting attitudes and values are not being shown? How could the headlines be rewritten to show healthier attitudes and values?
  - What messages do the headlines give about alcohol, drugs and teenagers?
  - How might people's well-being be affected by the sorts of situations shown in the headlines? Think about the well-being of teenagers and others, as well as short-term and long-term effects.
  - What needs to happen to promote well-being and healthy behaviours in relation to alcohol and drug situations?

**Student learning journal entry**

A link to or screen grab of the Padlet is filed in the learning journal.

**Teacher knowledge and pedagogy**

The use of Padlet or another app for online collaboration in a classroom context.

**Extending this activity to meet NZC Level 6 / NCEA Level 1**

Student analysis of the headlines is used as one of a succession of activities investigating at the issue of alcohol and the media.

**Teacher's evaluation of the activity**

How effectively did students use Padlet (or other app)? How well did it support the achievement of the learning outcome for the activity? What are the implications of this for use of apps in future learning activities?

## Activity number 27

# AoD in the media - fact or opinion?

### Purpose

This is a follow-up (or alternative) activity to “Between the Headlines”. This activity may use the same headlines as were sourced for that activity, and will need some ‘sensationalist’ headlines. As well as finding headlines, some could be written by the teacher and/or students.

### Learning intention

(Contributes to) Students will examine their own and others’ attitudes, values and behaviour in relation to AoD use. (5A4) (5C2)

### Key competencies

Thinking critically, using language and text

**Activity applies to** all drugs

**Time** 30 minutes

### Resources

- Examples of headlines sourced from a newspaper search
- Question template (see copy provided)
- An useful resource to support the ‘writing to the editor’ task can be downloaded from <http://www.myd.govt.nz/documents/resources-and-reports/publications/aotearoa-youth-voices-toolkit/msd-14898-yv-toolkit-ag-letters-web.pdf>

### Activity sequence: Teacher activity

- Ask students how they know if something they hear or read is fact or opinion? Accept all responses.
- Present students with a range of headlines that have relevance to AoD ,
  - A “P” epidemic is sweeping the nation
  - Link between alcohol and drug misuse, and crime recognised
  - Middle class drinks heavily
  - Alcohol and drugs not the cause of family violence
  - Alcohol is not a drug, it is a poison
  - Alcohol, drugs ruining children’s lives
- Instruct students to sort the headlines into what they think are ‘fact’ and ‘opinion’ based on their previous comments.
- Provide students with the discussion questions (*see copy template*)
- Discuss what can be done in situations when a newspaper reader wishes to object

### Activity sequence: Student activity

- Alternatively students may have sourced these headlines as a homework exercise or as an introduction to the activity.
- Students decide whether the headlines represent ‘fact’ or ‘opinion’ and sort them into two piles accordingly.
- Students then choose one headline to use to complete the critical thinking discussion questions (*copy template provided*).

*Extra:* Students write a letter to the editor to challenge a headline they believe to be reporting opinion and not fact (or a similar issue).



to news reporting eg write a letter to the editor. Support student to write letters to the editor objecting to one of the headlines (see resource list for supporting materials).

#### **Student learning journal entry**

File in the learning journal a summary of the responses to the discussion questions and (if completed) the letter to the editor.

#### **Teacher knowledge and pedagogy**

Student may need support to think critically about some headlines. Be prepared to model an example before groups select and discuss their headline.

#### **Extending this activity to meet NZC Level 6 / NCEA Level 1**

Use whole articles and not only headlines for the task, and include the letter to the editor as part of the learning process.

#### **Teacher's evaluation of the activity**

How well did students engage with the discussion questions?  
Did they 'get' the point of the critical thinking process they were being guided through? If not, what are the implications for future activities requiring critical thinking (e.g. more scaffolding)?  
If students did 'get it', what scaffolding might be able to be removed from critical thinking exercises in future?

<b>Fact or opinion – what, so what, now what?</b>	
<b>What?</b>	<p>How does this headline make you feel? Why is this the case?</p> <p>What's going on here – is this fact or opinion?</p> <p>If you don't have enough information, what more do you need to know?</p>
<b>So what?</b>	<p>What attitudes, values and beliefs are reflected in this headline?</p> <p>What assumptions does this headline lead us to make?</p> <p>Who do these assumptions favour/benefit (who holds the power)?</p> <p>What are the positive and negative consequences of accepting this assumption?</p>
<b>Now what?</b>	<p>How we overcome this assumption?</p> <p>What can we do now to speak up for (or advocate) fair and inclusive news headlines?</p>

## Activity number 28

# Who benefits from alcohol advertising?

### Purpose

Alcohol advertising generates enormous revenue for alcohol companies. Advertising alcohol products and alcohol sponsorship of events associates brand names with popular activities. This can influence young people to drink alcohol as it normalises alcohol consumption as an aspect of some social events, or it can influence them to buy certain brands of alcohol.

### Learning intention

Students will describe how social messages, including those in the media relating to AoD use, can affect feelings of self-worth. (4A4)

### Key competencies

Thinking critically

**Activity applies to** alcohol

**Time** 15 minutes

### Resources

- Copy template of the ad analysis sheet for each student's learning journal

### Activity sequence: Teacher activity

- Select a current alcohol advertisement that specifically targets and markets alcohol to younger people.
- Model the use of the analysing alcohol ads sheet Q1-4
- Instruct students to find an alcohol ad of their choosing. Complete the analysis in pairs or small groups.
- Facilitate a class discussion for students to feedback the main strategies the selected ads were using to influence young people's alcohol purchasing habits.
- Discuss Q5-7 and allow time for students to record the main ideas in their journal.
- Set one of the 'find out' questions for homework.

### Activity sequence: Student activity

- Students select their own alcohol advertisement and repeat the process.
- Share a summary with the class.
- For homework select ONE of the 'find out' questions at the bottom of the copy template p114.

### Student learning journal entry

A copy of the analysing ads summary and the homework activity

### Extending this activity to meet NZC Level 6 / NCEA Level 1

This activity could be used to introduce a succession of activities about alcohol and the media.

**Teacher knowledge and pedagogy**

For teacher information, the impact of alcohol advertising on young people has been reported by several NZ and international reports e.g. NZ Alcohol Healthwatch or the NZ Drug Foundation.

**Teacher's evaluation of the activity**

What was the level of interest in this activity?  
Would it be useful to focus on an aspect of media and advocacy as a form of health promoting action?

Copy template

Analysing alcohol ads – who really benefits?			
1. What is the product being advertised?		2. Where was the advertisement screened and viewed?	
3. What strategies used to encourage the viewer to buy the product? Tick (✓) all that apply and add any other strategies used in the ad you view.		4. Overall, how is the advertiser trying to make this alcohol product appeal to young people?	
Fashion – what's 'in'			
Male bonding / mateship			
Female attractiveness			
Popularity or acceptance			
Humour			
Young models			
Relaxation			
Flavour of product			
Class and sophistication			
Choice of music			
Young people (not older people)			
Successful people			
Interesting visuals e.g. animation, scenery			
Other?			
5. After the class discussion, what can you conclude about the strategies are used to market alcohol to young people? What 'devices'			
6. Who do you think benefits from this advertisement? Why do you say this? How do you know this?			
7. Who do you think is disadvantaged by this type of advertising? Why do you say this? How do you know this?			
<b>Find out:</b> (select ONE of the questions) <ul style="list-style-type: none"> <li>a) Search for the NZ Broadcasting Standards Authority (BSA). What does the BSA have to say about advertising to young people? If you thought an ad breached these rules, what could you do about it?</li> <li>b) How much money do alcohol companies make from the sales of alcohol? What do they spend on advertising? Try to find one NZ example.</li> <li>c) What are the rules about the time alcohol can be advertised on NZ TV? What are the rules about alcohol sponsorship at sports grounds?</li> </ul>			

## Activity number 29

# Does alcohol advertising give mixed messages?

### Purpose

Alcohol product and brand-specific advertising uses pervasive imagery and catch phrases, some popular brands have become a part of New Zealand culture. Advertising uses a range of ways to encourage people to use a particular brand. Whether or not these ads are successful in selling the product depends upon many factors including people's values, beliefs and cultural backgrounds. This activity requires students to explore why people may take different messages from or relate differently to alcohol advertising. *Note that this could either follow on from the previous activity or be used as an alternative approach.*

**Activity applies to** alcohol

**Time** 30 minutes

### Resources

- Large sheets of paper for brainstorming
- 'Role' cards (one per pair) – see copy template
- Access to at least 2-3 different alcohol advertisements – an image from an advertising billboard or magazine advertisement, or online access to a product website or TV commercial (e.g. a current popular beer brand or RTD)

### Learning intention

Investigate how societal attitudes, values and practices influence the well-being of student communities in relation to AoD use. (5D1) (5A4)

### Key competencies

Thinking critically, participating and contributing

### Activity sequence: Teacher activity

- Facilitate a class brainstorm of all the current advertisements students can think of for alcohol brands – TV and magazines advertisements, and billboards near the school.
- Instruct students to select 2-3 advertisements they are familiar for either beer, wine, RTDs or spirits. They need to focus on the details of these advertisements to identify the main ways ads try and sell their product.
- Once all brainstorm sheets are displayed, draw out the recurrent themes students have identified.

### Activity sequence: Student activity

- Students contribute to the brainstorm
- Working In small groups, students brainstorm words, messages, or recall dominant images from these ads and note them on a brainstorm sheet (e.g. desirability - 'must have', success, masculinity and/or femininity; relationships, sexual or financial success; power; being accepted or cool; fun etc)

- Explain that the class is now going to analyse the messages in an alcohol advertisement from different viewpoints.
- Negotiate with the class 2-3 alcohol product advertisements to use for the next activity.
- Distribute the role cards - one to each pair of students - don't share these with others.
- View one of the advertisements and ask each pair to answer the three questions from the perspective of the person on their character card.
- Without revealing their character ask each pair of students to report back their views about the advertisement.
- The process can be repeated with a different advertisement and a redistribution of the character cards. Students may wish to 'reveal' their character with the last round.
- Summarise the activity by commenting on the diversity of viewpoints (or the lack of them). Ask the class why they think there may be this diversity of opinion and how we don't all have the same views about alcohol.
- Students attach their brainstorm sheet to the board in a way that they form a wall of words and ideas to refer to for the next task.
- Students imagine what it would be like to be the person described on their character card. Allow the pairs of students 2 minutes to discuss their 'role' and identify thoughts and feelings the person might have about alcohol.
- From the perspective of this person, answer the following questions about the advertisement.
  1. Do you understand what this ad is about? Why or why not?
  2. What is your opinion of this ad? *Or what do you think about this ad?*
  3. How does this ad make you feel? Why?
- Students' feedback question responses to the class without revealing their character.
- Students' contribute ideas to the summary discussion about the reasons for people's different perspectives on alcohol e.g. ethnic culture, nationality, religious beliefs, gender, age, experience, values etc.

### Student learning journal entry

Students ask a parent or other adult who watches TV (they don't have to drink alcohol) to describe one alcohol advertisement and answer these questions:

- What message do you think this ad is trying to give about drinking this brand of alcohol?
- What is your opinion of this ad?
- How does this ad make you feel? Why?
- Do you think alcohol should be advertised on TV? Why or why not?

Record their responses in the learning journal.

### Teacher knowledge and pedagogy

Like students, teachers also need to be able to stand in the shoes of others and understand situations from different viewpoints.

### Extending this activity to meet NZC Level 6 / NCEA Level 1

Viewing the world from different perspectives is a developmental task and something students get better at doing over time. Reuse this activity changing some of the characters, or changing the type of advertising material being analysed.

### Teacher's evaluation of the activity

How readily were students able to view the advertisement from the perspective of another person? What are the implications of this for future activities where students need to see a range of viewpoints on an issue?

Copy template

## Character cards

1. You are a 16 year old girl and all your friends drink a lot of alcohol at parties every weekend.	2. You are the dad of a teenage boy. You were in a serious car accident because of a drunk driver.
3. You are a 15 year old girl who has is worried about putting on weight and you have negative thoughts about your body.	4. You are the mum of a teenage girl. You know what goes on at teenage parties because as a teenager you partied a lot.
5. You are 14 years old and have only tried a small amount of alcohol at family gatherings.	6. You are a teenager from a cultural group who don't drink alcohol for religious reasons.
7. You are a 14 year old boy and you look young for your age. You are having trouble fitting in with other boys the same age as you.	8. You are a young male who has recently immigrated to New Zealand from an Asian country. You're trying to 'fit in' with other males.
9. You are one of the top sports people at our school. Everyone looks to you to be a good role model for the school and to win at your sport.	10. You are a young female who has recently immigrated to New Zealand from one of the Pacific Islands. Your family don't drink alcohol.
11. You are 16 and have a reputation for being the 'party-girl' among your friends. People think you have a good time and that it's 'cool' when you behave badly when you're drunk.	12. You are a young adult who has just started working after finishing university. You haven't had much experience with alcohol and your workmates expect you to go out for drinks after work.
13. You are a 15 year old who recently drank too much at a party and it made you so sick that you ended up in hospital. Afterwards you couldn't remember what you had done.	14. You are a dad with teenage children. You were badly beaten up when you were young after a drinking binge with mates got out of hand.
15. You are 13 and recently tried alcohol for the first time at a party. You got really drunk and now all your classmates laugh about you and what you did at the party (you can't remember what it was and they won't tell you).	16. You are a parent who drinks alcohol regularly at home and when you go out to socialise with friends. You let our children drink alcohol at home and provide them with alcohol if they ask for it when going to a party.



## Activity number 30

# Analysis of Health Promotion Campaigns

### Purpose

Social marketing type health promotion campaigns related to AoD use tend to target particular groups in society such as young people or adults. Regardless of the target audience, the messages in these campaigns, and the support provided with them, applies to everyone. This activity requires students to analyse the messages in one current AoD-related health promotion campaign – the TV advertisements and the range of supporting materials, all of which can be accessed online.

**Activity applies to** all drugs

**Time** 30 minutes

### Resources

- Online access to a current alcohol-related health promotion campaign for example [alcohol.org.nz](http://alcohol.org.nz), NZ Transport Authority, Health Promotion Agency (HPA)
- Analysis sheet – see copy template

### Learning intention

Students will investigate the health promotion campaigns implemented by local and/or national organisations to promote the well-being of society in relation to AoD use. (6D2) (6D4)

### Key competencies

Thinking critically, participating and contributing

### Activity sequence: Teacher activity

- Direct students to a current alcohol-related health promotion campaign website.
- View the TV advertisement (usually on their website or on YouTube) before looking at the remainder of the website to ensure that students understand the message(s) of the health promotion campaign, and that there is a message for everyone – directly or indirectly.

### Activity sequence: Student activity

- Working in small groups, students follow the instructions on the analysis sheet. See copy template.
- Each group shares the main ideas from their analysis e.g. whether or not the campaign has a message for everyone, or just the target group.

### Student learning journal entry

File a copy of the analysis sheet in the learning journal.

### Extending this activity to meet NZC Level 6 / NCEA Level 1

This activity could be included with a group of activities exploring media issues related to AoD use in preparation for assessment with Achievement Standard AS90975 (Health 1.6) *Demonstrate understanding of issues to make health-enhancing decisions in drug-related situations*

**Teacher knowledge and pedagogy**

Teachers will need to be aware of current health promotion campaigns and either direct students to one of these or allow choice, depending on the AoD context(s) for the learning programme.

**Teacher's evaluation of the activity**

How readily did students pick up the messages in the health promotion campaigns? What are the implications for this when reviewing other materials where students need to interpret what is going on, beyond what is specifically stated in the information?

Copy template

Health Promotion campaign - Analysis sheet	
PART ONE – the TV advertisement	Your responses
1. Name the alcohol or drug related health promotion campaign	
2. Which organisation is running the campaign?	
3. <i>View the TV advertisement</i> Briefly describe the advertisement (the images and characters, the situation or scenario) and the MAIN health promotion message.	
4. Who is the health promotion campaign mainly aimed at? What is your reason for saying this?	
5. Do you think the campaign applies to teenagers? Why or why not?	
6. Which dimension(s) of well-being is the health promotion campaign trying to improve – what's your evidence for saying this?	
<b>PART TWO – the support materials on the website</b> <i>Navigate your way around the part of the organisation's website related to the campaign</i>	
7. Are there any aspects of the campaign on the website aimed at young people? If yes, describe these.	
8. Does this extra website information about the campaign change your ideas from (5) above? If so, how?	
9. How helpful do you think the website is for young people? State your opinion and why you say this. E.g. how it provides direct help for young people and/or help for their friends or family.	
10. Find two other websites where young people could get information about alcohol or other drug use – name these, record the web address and say how useful these are for young people.	

## Activity number 31

# Reading about AoD issues - supporting student literacy - expert jigsaw

### Purpose

All teachers are expected to contribute to the ongoing development of students' literacy skills. The 'expert jigsaw' is a popular technique that supports students to understand article length text by dividing the responsibility for making meaning among the whole class.

### Learning intention

*Depends on the focus of the article selected for the activity.*

### Key competencies

Thinking critically, participating and contributing

**Activity applies to** all drugs (depending on text selected for reading)

**Time** 60 minutes

### Resources

- An article of a suitable reading level e.g. the overview of substance use from the Youth'12 report, or an article from a recent HPA alcohol journal available through [alcohol.org.nz](http://alcohol.org.nz). The text needs to be able to be divided logically into 4-5 sections. It is recommended that the text be provided in print form for this activity. Code the sheets (with coloured dots or similar) so that one copy of each section has the same colour (so that when the groups recombine to put the whole article together, the students with the green dots, or the red dots come together to make up a group and complete the whole article.)
- Copies of the questions about the text
- For teacher reference go to Literacy Online <http://literacyonline.tki.org.nz/> where there are many support materials for use across the curriculum

### Activity sequence: Teacher and student activity

- Divide the class into 4 evenly sized 'expert' groups (the same number of groups as there are sections for the article) either by numbering students off 1-4, and then group all the 1's, 2's 3's and 4's together, or simply divide the class as they sit in their groups, and provide each group with a different section of the text.
- Within these 'expert' groups, students read their allocated section of the text (either silently or with a reader reading aloud).
- The group then discuss the meaning of the text and develop a summary of 4-5 main points (or a number relevant to the size and level of detail of the text). Each 'expert' in the group records these main ideas on their own paper. Students help each other with meanings of words and find out meanings for any they are unsure of.
- Recombine the groups (using the colour coding of the sheets) such that each new group now contains a student holding a different section of the article.
- In order, each student reports the findings from their section to the group.
- If required for later use, each student makes a record of these main points in their learning journal.

- As a class discuss questions such as:
  - Overall, what is this article about? If you had to give it a different title, what would you call it?
  - What do you find surprising (or not surprising) about .....? Why?
  - What thoughts, opinions, or feelings do you have about .....?
  - What other questions do you have that this article does not tell you?
  - What information do we want to find out more about as a class?

#### **Student learning journal entry**

Students share their 'expert' summary with others in their group and file a summary of the main points of the whole article in their learning journal, highlighting the section where they were the 'expert'.

#### **Extending this activity to meet NZC Level 6 / NCEA Level 1**

Developing student literacy is required across all levels of learning. The expert jigsaw can be used at any level. Vary the difficulty of the text for junior and senior students and consider selecting text for seniors that can be interpreted in relation to the dimensions of hauora or the socio-ecological perspective.

#### **Teacher knowledge and pedagogy**

Teachers are encouraged to access the literacy achievement data about the students in their classes, stored on the School Management System. This information about levels of student achievement is then used by teachers to inform how they select and then differentiate aspects of the activities to meet the often diverse learning needs of students in their class. If required, seek the support of the literacy leader in the school.

#### **Teacher's evaluation of the activity**

What did you know about the literacy levels of students in your class from the data on the SMS? How did you use this to select a suitable article for the class to read? How well did students manage the reading in the selected article? Was it about the right level for them to understand? What was the evidence for this? What has this activity shown about the need to develop students' ability to read for meaning and read critically in health education?

## Activity number 32

# AoD and the media - supporting student literacy - reciprocal teaching

### Purpose:

Becoming a critical reader as well as a critical thinker are essential skills for health education. This activity utilises a cooperative reading (reciprocal teaching) strategy to make meaning of a newspaper article related to AoD. Students then engage in a critical thinking process to make meaning about the situation beyond what is reported in the article.

### Learning intention

*Depends on the focus of the article selected for the activity.*

### Key competencies

Thinking critically, participating and contributing

**Activity applies to** all drugs (depending on text selected for reading)

**Time** 60 minutes

### Resources

- AoD-related newspaper articles (local and national). Select articles that reflect the reading abilities of the diversity of students in the class. Be sensitive about local stories involving harm or death. Select articles that will have relevance for other learning activities. The article can be printed or accessed digitally from source.
- Role card – one set of 4 cards per group -- see copy template
- Critical thinking questions for recording ideas – one per student - see copy template
- This version of a reciprocal teaching process has been developed from ESOL online <http://esolonline.tki.org.nz/>
- The critical thinking questions have been developed from *The Curriculum in Action: Making Meaning Making a Difference* (MoE, 2004, p27)

### Activity sequence: Teacher and student activity

- Divide class into groups of 4 students and allocate role cards.
- Distribute copies of the selected article(s) to the groups.
  - Teachers may select the same article for the whole class or a different article for each group depending on reading ability and how the information from the article(s) will be used for subsequent learning.
  - Alternatively: If the article is quite long, it can be divided into four approximately even sized sections. The process described is then repeated four times, and each time, the role cards shift to the next person in the group so all members have a turn taking each role.

*Note: If students have no experience of this strategy in health education, or another subject, it is advisable that they have a trial run first before moving to the main article(s) to be used for the lesson. Use a very short article for this purpose.*

- Briefly explain what each student is required to do and trial each role according to the instructions on the role cards (students 2 and 3 need only do the first task of their

instructions for this trialling purpose). Each student completes their task in the order of their numbered role. Students complete the activity in accordance with the role card instructions - see copy template.

- If groups are reading different articles, ask student 4 to share their summary with the class.
- If required for subsequent activities, students record the main points of the summary in their learning journal.
- Provide each group of 4 students with the critical thinking questions in the copy template. These questions will need to be selected and adapted to suit the article(s) selected.

*Note. If the whole class has read the same article, the original groups can be reorganised into different groups for the discussion.*

- Each group is to assign a role to each person:
  - one to ask the questions,
  - another to check that everyone has a chance to answer each question,
  - a recorder who records the main ideas discussed, and
  - a timekeeper who makes sure the time spent on each question means they will get through all questions in the time allowed for the discussion.

All students contribute answers.

- Provide sufficient time for students to work through the questions.
- Ask groups to share responses to specific questions as part of a whole class summary discussion.

#### **Student learning journal entry**

Answers to the critical thinking questions are filed in the learning journal.

#### **Extending this activity to meet NZC Level 6 / NCEA Level 1**

This activity can be reused at year 11, with an article that has a slightly increased reading level, and with the additional task of making links between the story and the dimensions of hauora implied in the article and/or personal, interpersonal and societal features or implications of the article.

#### **Teacher knowledge and pedagogy**

Assessment for learning opportunities - as a structured literacy strategy this activity provides opportunity to give feedback to individual students or groups. It is recommended that the teacher circulates around the groups while students are working through the instructions on the role cards to attend to situations where students may be struggling with the reading or the requirements of their 'role'. As opportunity allows, provide feedback to individuals on things they are doing well, and what they (or the group) could think of to do next.

#### **Teacher's evaluation of the activity**

How well did this approach enable students to think critically about media articles by challenging assumptions and social norms, resisting stereotypes, being more inclusive, and seeing situations from different perspectives (as applicable to the selected text)? What literacy strategies will need to be included in future learning activities?

Copy template

## Cooperative Reading – Role Cards

**Student 1 - Your role in your group is to PREDICT WHAT THE ARTICLE IS ABOUT:**

1. Use the headline of the article, the sub headings, and any pictures to predict what you think the newspaper article will be about *before* the group starts to read it. Share this prediction with the group.  
*[The group then reads the article as directed by the teacher]*
2. As you read the article you need to decide whether your prediction was more or less 'right' (or whether it wasn't). Explain your thinking to the group once they have finished reading – why was your prediction about right? Or why or how was it different?

**Student 2 - Your role in your group is to GENERATE QUESTIONS ABOUT THE ARTICLE:**

1. Ask a question about the newspaper article that the rest of the group need to answer. Ask a question about the overall meaning of the article rather than a question about the meaning of individual words. Each person in your group (one at a time) will answer the question as best they can.
2. Once your question has been answered, you then invite the next person to ask a question about the article and the rest of the group then answer this new question. Repeat this process until everyone in the group has had a turn asking a question and having it answered.

Note: It may be useful to write a summary of these questions and answers on a big sheet of paper that all the group can see.



**Student 3 - Your role in your group is to CLARIFY WORD MEANINGS:**

1. Identify a key word in the article and explain the meaning of it as best you can. If it is a word you don't know, you can ask your group what it means and, if no one knows, your group will need to look it up.
2. Once your word meaning is explained, your role is to ask each of the others in the group to identify and explain more key words, until the group has a list of about 8 words.
3. Make sure these words and meanings are recorded on the summary sheet.

**Student 4 - Your role in your group is to SUMMARISE THE ARTICLE:**

1. Retell or summarise all of the information provided by the group in your own words. Overall, you will be giving your version of what the article was about. Use ideas from the summary sheet as a reminder and try to include all of the key words in your summary.
2. Ask the group if they agree with your summary. Ask them to explain why and say what else they would add to your statement.

*[At this stage your teacher may ask what questions you each asked, what your answers were for a list of the words you each identified, and what your explanations were, along with your summary ideas.]*

Copy template

Critical thinking questions	Your responses
<b>Thinking about the person or people in the alcohol-related article you read:</b>	
1. What do I know about the people in this alcohol related situation?	
2. How do I know this?	
3. What do I assume about the people in this alcohol related situation?	
4. Why do I assume this?	
5. What do I feel about this situation?	
6. What information is missing from this article?	
7. Why do you think this information is missing from the newspaper article?	
8. Why do you think the newspaper reported the story this way?	
9. Who benefits (or gains something) from a newspaper story like this? How or why?	
10. Who might be hurt or somehow disadvantaged by a newspaper story like this? How or why?	
11. What sort of message might a teenager take from this article?	
12. Is it a helpful or healthy message or an unhelpful/unhealthy one?	
13. If the message is unhelpful/unhealthy, what could have been included in the article to give more helpful/healthy messages?	

## Activity number 33

# What the statistics say - young people, alcohol and other drugs

### Purpose

Accessing sound information about health issues, including patterns of alcohol and drug use, becomes important in health education at senior secondary school. This activity introduces students to alcohol and drug statistics reported in the Youth 2012 survey and to think critically about what the data is indicating.

### Learning intention

Students will access and use reliable sources of information about the effects of AoD use and misuse on wellbeing. (6A1)

### Key competencies

Thinking critically, using language test and symbols, participating and contributing.

**Activity applies to** alcohol, marijuana and one sample of data relates to all drugs all drugs

**Time** 60 minutes

### Resources

- A relevant selection of data from the Youth/12 Prevalence report found at [https://www.fmhs.auckland.ac.nz/en/faculty/adolescent-health-research-group/publications-and-reports/overview-of-health-and-wellbeing-findings.html#par\\_page\\_title](https://www.fmhs.auckland.ac.nz/en/faculty/adolescent-health-research-group/publications-and-reports/overview-of-health-and-wellbeing-findings.html#par_page_title)
- Copy templates for a selection of these statistics is included with this activity along with questions about the data.

### Notes:

- *Teachers (or students) may wish to convert some of the data in the copy template tables to graphs where this is meaningful to do so.*
- *Each table of data is accompanied by a different set questions to illustrate the different ways the data could be interpreted.*
- *Original data from the prevalence report also contains numbers. For illustration, copy template 1 includes numbers and percentages, however this was not maintained for reasons of keeping tables simple.*

**Data for this activity will be updated with reporting from subsequent Youth 2000 series surveys.**

### Activity sequence: Teacher activity

- Select one of the copy templates in order to model the task with the whole class.
- Divide the class into groups and allocate one sample of data to each. Note that some tasks have fewer questions and less data to read. Consider which groups receive which

### Activity sequence: Student activity

- Students respond to the questions in the copy template
- Students working in small groups make their own sense of the data using the questions provided.

- copy template if needing to differentiate the activity for groups within the class.
- Provide opportunity for each group to share findings with the class
- Each group makes a summary and shares their findings with the class.

**Student learning journal entry**

Include a copy of the group's questions and answers in the learning journal.

**Extending this activity to meet NZC Level 6 / NCEA Level 1**

Expand the exercise to include other demographic data provided in the prevalence report (urban/rural and SES).

**Teacher knowledge and pedagogy**

Teachers will need to be confident reading tables of statistical data and explaining in basic terms what percentages mean when reporting health data.

**Teacher's evaluation of the activity**

What further questions did this analysis of data generate? What ideas does this contribute for future activities?

**Note that this activity will be revised with the release of the Youth2019 data**

Copy template

## Question 1: Is there a difference between the use of alcohol by teenage males and females?

Introductory discussion:

- What would you predict about how many teenagers have ever drunk alcohol?
- Do you think teenage male and female use of alcohol is similar or different – why?

Use the alcohol use statistics from the Youth 2012 survey below to answer the questions that follow. A total of 8,194 secondary school students answered this section of the survey.

Secondary school students who ....	Total		Male		Female	
	N	%	N	%	N =	%
Have ever drunk alcohol	4,670	<b>57.1</b>	2,151	<b>58.4</b>	2,517	<b>56.0</b>
Currently drink alcohol	3,704	<b>45.4</b>	1,662	<b>45.3</b>	2,040	<b>45.5</b>
Drink alcohol at least once a week	681	<b>8.3</b>	358	<b>9.7</b>	322	<b>7.2</b>
Binge drinking in the last 4 weeks	1,843	<b>22.6</b>	846	<b>23.0</b>	995	<b>22.2</b>

N = the number of students who answered this part of the survey. The % shows the proportion of the total number of students.

Binge drinking means 5 or more alcoholic drinks in one session of 4 hours.

### Understanding what the data is showing:

1. Have more males or more females 'ever drunk' alcohol? What is the difference?
2. Is there much difference between males and females who currently drink alcohol? What are the % values that led you to this conclusion?
3. Who is more likely to drink alcohol once a week – males or females? What are the % values that show this?
4. Who is more likely to have been binge drinking in the last 4 weeks – males or females?

### Thinking about the well-being of teenage males and females who drink alcohol:

5. Overall, do you think the data is showing that there is a big or small difference in the patterns of alcohol use by males and females? Why?
6. What impact on well-being might there be for the 22.6% of young people who have been binge drinking in the past four weeks?
7. Why do you think researchers are interested in the difference between teenage male and teenage female patterns of drinking?
8. [Tricky question] What is the point of being able to see actual numbers as well as percentages from surveys like this?

**Extra:** Locate the 'Youth'12 Prevalence report' document. Your teacher can direct you to this. Find page 103. Identify one other piece of information you think is interesting about teenage alcohol use related to whether they live in an urban or rural area, OR if they live in low, medium or high socio-economic communities.

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## Question 2: Do the patterns of alcohol use change between 13 years and 17 years?

Introductory discussion:

- At what age do you think most children or young people in New Zealand first try alcohol? Why do you think this?
- Do you think the patterns of alcohol use between 13 year old and 17 year old teenagers change or remains the same – why?

Use the alcohol use statistics from the Youth 2012 survey below to answer the questions that follow. A total of 8,194 secondary school students answered this section of the survey. All values are shown as percentages (%).

Secondary school students who ....	Total %	13 years and younger	14 years	15 years	16 years	17 years and older
Have ever drunk alcohol	<b>57.1</b>	29.5	47.1	61.4	74.9	80.8
Currently drink alcohol	<b>45.4</b>	18.5	34.8	48.8	64.1	69.2
Drink alcohol at least once a week	<b>8.3</b>	1.8	4.7	8.0	13.2	16.7
Binge drinking in the last 4 weeks	<b>22.6</b>	6.4	13.2	21.4	37.4	41.0

Binge drinking means 5 or more alcoholic drinks in one session of 4 hours

### Understanding what the data is showing:

1. Which age group is more likely to have 'ever drunk' alcohol? Did this match your prediction above?
2. Is there any difference in the pattern of drinking for any of the data collected (in other words are there any situations above where a younger group shows higher levels of alcohol use)? Why do you think this is the case?
3. [Tricky question] This data set only shows secondary school students. Where do you think you might find information about how old some NZ children are when they first try alcohol? See if you can find out.

### Thinking about the well-being of teenagers across the year groups who drink alcohol:

4. Based on this information, who do you think will be more likely to have problems with alcohol – older or younger teenagers? Which row(s) and column(s) lead you to think this?
5. Do any of these results surprise you? If so which? If not, why not?
6. Why do you think the numbers for 'currently drinking alcohol' are less than 'ever drunk' alcohol?
7. Thinking about how old you are now, do you think the percentages for your age group are about the same for the people you know the same age as you? What leads you to think they are similar or different?

**Extra:** Locate the 'Youth'12 Prevalence report' document. Your teacher can direct you to this. Find page 103. Identify one other piece of information you think is interesting about teenage alcohol use related to whether they live in an urban or rural area, OR if they live in low, medium or high socio-economic communities.

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### Question 3: Is there a difference between how much alcohol male and female teenagers drink in a session?

NB. For the purpose of the survey a session was about 4 hours.

Introductory discussion:

- Who do you think would drink more in alcohol in a session - males or females? Why do you say this?

Use the alcohol use statistics from the Youth 2012 survey below to answer the questions that follow. A total of 3,665 secondary school students answered this section of the survey. All values are shown as percentages (%).

Drinks in a session	Total %	Male %	Female %
1 drink	17.3	20.0	15.2
2 drinks	13.9	12.7	15.0
3-4 drinks	25.3	20.0	29.7
5-9 drinks	29.1	27.5	30.3
10 or more drinks	14.3	19.8	9.8

#### Understanding what the data is showing:

1. How many drinks are considered 'binge drinking'? (You might need to ask another group for this or look up what the report says.)
2. According to these statistics, how many drinks are males and females most likely to drink in a session?
3. There are similarities and differences between the patterns of how many drinks are consumed in a session by males and females. Describe one way these statistics are similar and one way they are different

#### Thinking about the well-being of teenagers who drink alcohol:

4. Do any of these results surprise you? Why or why not?
5. Why would 5-9 drinks or 10 more drinks in a session be cause for concern? Answer this in relation to the well-being of teenagers using this amount of alcohol.
6. Do you think adult drinking keeps increasing or decreasing? Why do you say this? Where could you find this out? (Hint: [alcohol.org.nz](http://alcohol.org.nz) or Ministry of Health)

**Extra:** Locate the 'Youth'12 Prevalence report' document. Your teacher can direct you to this. Find page 105. Identify one other piece of information you think is interesting about teenage alcohol use related to whether they live in an urban or rural area, OR if they live in low, medium or high socio-economic communities.

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### Question 4: Is there a difference between how much alcohol teenagers of different ages drink in a session?

NB. For the purpose of the survey a session was about 4 hours.

Introductory discussion:

- Who do you think would drink more in alcohol in a session – younger or older teenagers?  
Why do you say this?

Use the alcohol use statistics from the Youth 2012 survey below to answer the questions that follow. A total of 3,665 secondary school students answered this section of the survey. All values are shown as percentages (%).

Drinks in a session	Total %	13 years and younger	14 years	15 years	16 years	17 years and older
1 drink	17.3	40.2	27.4	20.6	9.3	8.6
2 drinks	13.9	16.6	16.1	16.3	12.1	11.5
3-4 drinks	25.3	19.5	22.6	25.3	27.5	27.0
5-9 drinks	29.1	15.0	21.9	25.1	34.9	35.8
10 or more drinks	14.3	8.7	12.1	12.7	16.2	17.1

#### Understanding what the data is showing:

1. What can you conclude about the 'trend' of how many drinks are consumed in a session by all teenagers (the total column)?
2. Who drinks more heavily – younger or older teenagers? Which data tells you this?

#### Thinking about the well-being of teenagers across the year groups who drink alcohol:

3. Do any of these results surprise you? Why or why not?
4. Why do you think the number of drinks in one session peaks for most age groups at 5-9 drinks?
5. Look at the column of data for students your age, do you think these percentages are about right for your age group? Why or why not?
6. Although teenagers drinking 10 or more drinks in one session decreases from those drinking 5-9 drinks, why are these percentages still cause for concern? Answer this in relation to the well-being of teenagers using this amount of alcohol.

**Extra:** Locate the 'Youth'12 Prevalence report' document. Your teacher can direct you to this. Find pages 105. Identify one other piece of information you think is interesting about teenage alcohol use related to whether they live in an urban or rural area, OR if they live in low, medium or high socio-economic communities.



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## Question 5: Where do teenagers of different age groups obtain alcohol?

Introductory discussion:

- What would you predict about where younger and older teenagers get alcohol? Do you think there is a difference between the age groups? Why or why not?
- How old do teenagers have to be to buy alcohol in NZ?

Use the alcohol use statistics from the Youth 2012 survey below to answer the questions that follow. A total of 3,681 secondary school students answered this section of the survey. All values are shown as percentages (%).

Source of alcohol	Total %	13 years and younger	14 years	15 years	16 years	17 years and older
Parents buy give or let student take from home with permission	60.1	51.8	52.8	58.1	65.1	64.1
Friends give it to student	43.8	32.1	43.5	46.6	44.8	44.3
Student buys their own alcohol	10.8	2.5	5.2	4.8	9.0	24.0
someone else buys alcohol for student	29.7	13.2	24.3	29.6	36.6	31.8

**Understanding what the data is showing:**

1. From where do younger teenagers mostly get their alcohol?
2. From where are younger teenagers least likely to get their alcohol?
3. From where do older teenagers mostly get their alcohol? Why do you think the percentage is higher compared to younger teenagers?
4. Overall, what are the main differences about where younger and older teenagers get alcohol?

**Thinking about the well-being of teenagers across the year groups who drink alcohol:**

5. Since most teenagers say their 'parents buy give or let student take from home with permission', what does this suggest needs to be included in health promotion campaigns aimed at promoting safe drinking messages?
6. [Trick question] Does NZ have a legal 'drinking age'? What makes you say this? Not sure? Find out. (Hint: try [alcohol.org.nz](http://alcohol.org.nz)). How is this similar or different to other countries?

**Extra:** Locate the 'Youth'12 Prevalence report' document. Your teacher can direct you to this. Find pages 108. Identify one other piece of information you think is interesting about where teenagers who buy alcohol usually buy it from.

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## Question 6: Is there a difference between the alcohol-related problems experienced by male and female teenagers?

Introductory discussion:

- What would you predict about the sort of health and well-being problems teenagers say they have related to alcohol use?
- Do you think alcohol related health and well-being problems are the same or different for males and females – why?

Use the alcohol use statistics from the Youth 2012 survey below to answer the questions that follow. A total of 3,621 secondary school students answered this section of the survey. All values are shown as percentages (%).

Alcohol related problems	Total %	Male %	Female %
Friends or family have told students to cut down	10.7	9.1	11.9
Performance at school or work was affected	5.9	5.3	6.3
Had unsafe sex (no condom)	11.6	9.5	13.3
Had unwanted sex	4.6	3.6	5.4
Did things that could have got them into trouble (e.g. stealing etc)	12.8	13.7	12.0
Was injured	15.4	12.8	17.6
Was injured and required treatment by doctor or nurse	3.1	3.0	3.2
Injured someone else	4.6	5.6	3.7
Had a car crash when drinking	1.4	2.0	1.0

### Understanding what the data is showing:

1. What form of problem is most common for males? For females?
2. What form of problem is least common for males? For females?
3. Where were the differences between males and females the greatest? Why do you think this is the case?

### Thinking about the well-being of teenagers who drink alcohol:

4. What other sorts of problems or forms of harm might young people experience from alcohol use? Think of all dimensions of hauora and include ideas not listed in the survey.

**Extra:** Locate the 'Youth'12 Prevalence report' document. Your teacher can direct you to this. Find pages 110-111. Identify one other piece of information you think is interesting about teenage alcohol use related to whether they live in an urban or rural area, OR if they live in low, medium or high socio-economic communities.

Copy template

## Question 7: Is there a difference in the alcohol-related problems experienced by teenagers of different age groups?

Introductory discussion:

- What would you predict about the sorts of alcohol-related problems teenagers of different ages might experience? For example, which problems would you expect to see across all ages, which might only affect younger or older teenagers? Why?

Use the alcohol use statistics from the Youth 2012 survey below to answer the questions that follow. A total of 3,621 secondary school students answered this section of the survey. All values are shown as percentages (%).

Alcohol related problems	Total %	13 years and younger	14 years	15 years	16 years	17 years and older
Friends or family have told students to cut down	10.7	8.3	9.9	10.8	10.6	11.9
Performance at school or work was affected	5.9	6.4	5.0	5.5	5.7	6.6
Had unsafe sex (no condom)	11.6	7.3	9.2	10.5	12.4	14.9
Had unwanted sex	4.6	4.4	3.6	4.6	4.7	5.4
Did things that could have got them into trouble (e.g. stealing)	12.8	13.3	14.1	12.0	13.3	11.8
Was injured	15.4	8.2	11.1	13.7	19.5	17.9
Was injured and required treatment by doctor or nurse	3.1	2.6	4.4	3.3	2.9	2.1
Injured someone else	4.6	5.7	4.8	4.5	4.4	4.2
Had a car crash when drinking	1.4	2.3	2.8	1.3	0.7	1.1

**Understanding what the data is showing and thinking about the well-being of teenagers across the year groups who drink alcohol:**

1. What form of problem is most common for younger teenagers? For older teenagers? Why do you think there is a difference?
2. What form of problem is least common for younger teenagers? For older teenagers? Why do you think there is a difference?
3. Where were the differences between younger and older teenagers the greatest? Why do you think this is the case?

**Extra:** Locate the 'Youth'12 Prevalence report' document. Your teacher can direct you to this. Find pages 110-111. Identify one other piece of information you think is interesting about teenage alcohol use related to whether they live in an urban or rural area, OR if they live in low, medium or high socio-economic communities.

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## Question 8: Is there a difference in the reported use of marijuana between male and female teenagers?

Introductory discussion:

- What would you predict about how many teenagers have tried marijuana?
- Do you think teenage male and female use of marijuana is similar or different – why?

Use the marijuana statistics from the Youth 2012 survey below to answer the questions that follow. A total of 8,117 secondary school students answered this section of the survey. All values are shown as percentages (%).

Secondary school students who ....	Total %	Male %	Female %
Ever smoked marijuana	23.0	24.2	22.0
Currently use marijuana	12.8	14.4	11.5
Weekly or more often use marijuana	3.2	4.6	2.0

### Understanding what the data is showing:

1. Have more males or more females 'ever smoked marijuana? What is the difference?
2. Is there much difference between males and females who currently smoke marijuana? What are the % values that led you to this conclusion?
3. Who is more likely to use marijuana weekly or more often – males or females? What are the % values that show this?

### Thinking about the well-being of teenage males and females who smoke marijuana:

4. Overall, do you think the data is showing that there is a big or small difference in the patterns of marijuana use by males and females? Why?
5. What impact on well-being might there be for the 3.2% of young people who use marijuana weekly or more often?
6. Do these results surprise you? Why or why not?

**Extra:** Locate the 'Youth'12 Prevalence report' document. Your teacher can direct you to this. Find pages 112-113. Identify one other piece of information you think is interesting about teenage marijuana use related to whether they live in an urban or rural area, OR if they live in low, medium or high socio-economic communities OR problems associated with marijuana use experienced by teenagers.

Copy template

## Question 9: Is there a difference in marijuana use by younger and older teenagers?

Introductory discussion:

- What would you predict about the patterns of marijuana use by younger and older teenagers? E.g. What age group uses it the most, how often it is used? Why do you say this?

Use the marijuana statistics from the Youth 2012 survey below to answer the questions that follow. A total of 8,117 secondary school students answered this section of the survey. All values are shown as percentages (%).

Secondary school students who ....	Total %	13 years and younger	14 years	15 years	16 years	17 years and older
Ever smoked marijuana	23.0	7.8	16.8	24.6	34.2	36.1
Currently use marijuana	12.8	4.0	9.7	13.0	19.6	20.2
Weekly or more often use marijuana	3.2	1.1	2.9	3.9	4.7	3.7

### Understanding what the data is showing:

1. Which age group is more likely to have 'ever smoked marijuana'? Did this match your prediction above?
2. Is there any difference in the pattern of marijuana for any of the data collected (in other words are there any situations above where a younger group shows higher levels of marijuana use)? Why do you think this is the case?
3. [Tricky question] This data set only shows secondary school students. Where do you think you might find information about patterns of marijuana use by NZ adults? See if you can find out. [Hint: try the NZ Drug Foundation]

### Thinking about the well-being of teenagers across the year groups who use marijuana:

4. Based on this information, who do you think is likely to have more problems with marijuana use – older or younger teenagers? Which row(s) and column(s) of data leads you to think this?
5. Do any of these results surprise you? If so which? If not, why not?
6. Thinking about how old you are now, do you think the percentages for your age group are about the same for the people you know the same age as you? What leads you to think they are similar or different?

**Extra:** Locate the 'Youth'12 Prevalence report' document. Your teacher can direct you to this. Find pages 112 -113. Identify one other piece of information you think is interesting about teenage marijuana use related to whether they live in an urban or rural area, OR if they live in low, medium or high socio-economic communities, OR problems associated with marijuana use experienced by teenagers.

Copy template

### Question 10: How common is 'other' drug use by teenagers?

Introductory discussion:

- What other drugs (besides alcohol and marijuana) do you think some teenagers might use?
- How common do you think it is for teenagers to use these 'other drugs'? Why do you say this?

Use the 'other drug' statistics from the Youth 2012 survey below to answer the questions that follow. A total of 8,121 secondary school students answered this section of the survey. All values are shown as percentages (%). As these numbers were very small, they are not broken down by gender and age.

	Ever used %	Used once %	Used 2-3 times %	Used 4 or more times %
Inhaled glue/gas or paint to get high	1.2	0.7	0.2	0.3
Inhaled nitrous gas or laughing gas to get high	1.3	0.7	0.3	0.3
Party pills and smokable products	3.8	1.5	1.4	1.0
Acid, LSD, mushrooms	1.7	0.9	0.4	0.4
Morphine, heroin, smack etc.	0.6	0.3	0.1	0.2
'P' or pure methamphetamine	0.6	0.3	0.1	0.2
Speed, uppers, etc.	1.1	0.7	0.2	0.3
Ecstasy or 'E'	3.1	1.5	0.8	0.7
Cocaine, including powder, crack or freebase etc.	0.8	0.4	0.1	0.3
Steroid pills or shots (without a doctor's prescription)	0.5	0.2	0.1	0.2
Used a needle to inject illegal drugs into the body	0.4	0.2	0.1	0.1

#### Understanding what the data is showing:

1. Of all the 'other drugs', which drugs have slightly higher rates of usage?
2. Which drugs have the lowest rates of usage?

#### Thinking about the well-being of teenagers across the year groups who use other drugs:

3. Why do you think these rates of 'other' drug use are very low for teenagers?
4. Even though these rates of use are low, why are these results still a concern? Answer this in relation to the well-being of the teenagers who might be using them?
5. How prevalent do you think the use of these drugs is among the adult population? Where could you find out this information?

**Extra:** Locate the 'Youth'12 Prevalence report' document. Your teacher can direct you to this. Find pages 115-116. Identify one other piece of information you think is interesting about teenage drug use trends across 2001-2012.

## Activity number 34

# Pouring standard drinks

### Purpose

To understand how much alcohol is meant by moderate drinking (and how much is too much) requires knowledge of standard measures of alcohol volumes. This activity utilises the interactive tool ‘*can you pour a standard drink*’ on the alcohol.org.nz website.

**Activity applies to** alcohol

**Time** 10 minutes

### Resources

- Access to <http://www.alcohol.org.nz/help-advice/about-standard-drinks/can-you-pour-a-standard-drink>
- Alternative: *Caring for Yourself and Others* (Vol 2, p11) offers an alternative practical activity for pouring standard drinks.

### Learning intention

(*With host responsibility contributes to*)

Students will participate in collective action to promote safety in situations where AoD may be used. (4D4)

### Key competencies:

Thinking critically, self-management

### Activity sequence: Teacher activity

- Guide students to the alcohol.org.nz site and the ‘What’s in a standard drink’ section. Locate the ‘can you pour a standard drink’ tool.
- Instruct students to find information to answer the following questions:
  - By definition, what is a ‘standard drink’?
  - What volume of regular strength beer, wine, and spirits contains one standard drink?

### Activity sequence: Student activity

- Students play the game ‘*can you pour a standard drink*’.
- Bookmark this page for later.
- Students write a sentence in their learning journal describing how well they did. What volume did they find most surprising and why?
- Students record answers to questions defining standard drinks in their learning journals.

### Student learning journal entry

Play the ‘*can you pour a standard drink*’ game with your family at home. And/or, locate kitchen equipment that can accurately measure liquid volumes. Using water, pour a standard drink of each of beer, wine and spirits into a glass without measuring it. Pour the drink into the measuring container to find out how accurate you were. Test the rest of your family. This activity can be completed whether or not your family drink alcohol.

### Extending this activity to meet NZC Level 6 / NCEA Level 1

Relate knowledge of standard drinks to situations where the percentage of alcohol in drinks varies (eg light beers and premium beers, red and white wine, RTDs with different levels of alcohol, beer and cider, duty free spirits and bottle store spirits etc) and the implication of these varying amounts for drinking safely and in moderation.

**Teacher knowledge and pedagogy**

Finding opportunities to engage parents in aspects of student learning can be problematic. This is a fun way to encourage students to share their learning at home.

As this activity requires internet access, be sensitive to economic situations where families may not have internet access or suitable devices for accessing the internet at home.

Investigate the recommended healthy levels for weekly alcohol consumption for male and female adults. Are there any equivalent guidelines for teenagers – why or why not?

**Teacher's evaluation of the activity**

Find out how many students played the game at home with their parents. What was the parent reaction if they did? And if not why did they not play the game at home? What are the implications of this for activities when it is expected students will engage their parents in discussion about their health education learning?



## Activity number 35

# Investigating drugs and sport – what’s the well-being issue?

### Purpose

Investigating drugs in sport is a popular context for learning in physical education programmes. This activity provides an introduction to the issue and invites students to think about whether or not it is a well-being issue for people other than athletes and sports people.

**Activity applies to** all drugs

**Time** 60 minutes

### Resources:

- Copy templates for the quiz and well-being effects activities
- Further educational resource materials are available through:
  - Drugfree Sport New Zealand <http://drugfreesport.org.nz/>
  - World Anti-Doping Agency (WADA) - Teacher’s Tool Kit <https://www.wada-ama.org/>
  - If required as background information, the prohibited substances list is at <https://www.wada-ama.org/>
  - The National library also have a list of high interest topics <http://schools.natlib.govt.nz/resources-learning/high-interest-topics/drugs-and-sport>

### Learning intention

Students will investigate and understand reasons for and consequences of the choices people make that affect their well-being and social norms. (6A1)

### Key competencies

Thinking critically, participating and contributing

### Digital fluency

Locating good quality information quickly and efficiently.

### Activity sequence: Teacher activity

- As an introduction to the lesson, ask students what they know about drugs in sport – brainstorm initial ideas onto the whiteboard or use a phone app that enables the sending and quick compilation of words and ideas on a single computer. Prompts might include:
  - Who has been in the news recently for use of drugs in sport?
  - Which organisation makes policies and also polices drugs in sport?
  - What are the names (or types) of drugs that some athletes or sportspeople use to enhance performance?
  - What do you know about what these drugs do to enhance performance?

### Activity sequence: Student activity

- Students offer ideas for the brainstorm. If stuck for ideas, each student uses a search engine on their digital device to locate one piece of information about drugs in sport that they can contribute.

- What do you know about the other effects these drugs have on the body?
- Acknowledge that when investigating drugs in sports we quickly encounter lists of drugs with long, hard-to-pronounce names – and there is no expectation that students will learn these.
- To check on the accuracy of what students think they know, and to add to their knowledge, assign pairs of students the task to find answers to the questions on the Drugs in Sport Quiz. It's a race to see who can finish first.
- Ask - which dimension of well-being is the drugs in sport issue mostly focused on? [Physical] Students will need to base this response on what they read while answering the quiz. Ask for ideas about ways other dimensions of well-being might be affected in some way.
- Instruct pairs of students to locate information about one drug or one method used for enhancing performance – what it does to the body and how it enhances performance, as well as side effects.
- Neutral chair debate – see instructions following.
- Conclude the lesson reiterating why performance enhancing drugs are banned from sport.
- Students then use their skills to search the internet for answers to the questions on the Drugs in Sport Quiz sheet – see copy template.
- First finished will have their answers checked by the rest of the class. Answers from other groups can be included in the discussion.
- In pairs students select one performance enhancing drug (or method of performance enhancement) and return to WADA or other site where information about the drug is available. Complete the copy template.
- Contribute ideas to the class summary discussion about the impact of performance enhancing drugs on wellbeing, using ideas from the 'well-being effects' copy template.
- Students participate in the neutral chair debate.

#### **Student learning journal entry**

File the completed quiz and well-being effects copy template in the learning journal.

#### **Teacher knowledge and pedagogy**

Teachers will need to be aware of reputable and official NZ and international organisations who monitor drugs in sport – see resources list. Facilitating a neutral chair debate – instructions for this version are provided.

#### **Extending this activity to meet NZC Level 6 / NCEA Level 1**

This could be used as an introductory activity to an extended investigation into drugs in sport for learning in physical education, or it may be used as part of the for learning leading to assessment for AS 91097 *Demonstrate understanding of ways in which well-being can change and strategies to support well-being* (Health 1.3).

#### **Teacher's evaluation of the activity**

What was the level of interest in this topic? How might this activity connect with and continue into the physical education aspects of the students' learning programme?

### Teacher instructions for the neutral chair debate:

Divide the class into four groups - direct each group to different corners of the room.

- One group takes the position that '*all drugs should be banned from all sports*'
- The second group '*some drugs should be banned from some sports*'
- The third group '*all sportspeople should be able to use whatever drugs they like to enhance their performance*'
- The fourth group are 'neutral'.
- 

Whether they agree with the statement or not each group has 5 minutes to identify some main points that they could use to support their position – make sure everyone has one point to make. Use ideas from the previous activities. The neutral group discusses what they think will make a persuasive argument and convince them what position they will take up. Facilitate the debate by allowing one person at a time, from each group in turn, to make their statement. Keep going around the groups until everyone has had their say. While groups are making their statements, individuals in the neutral group can move at any time to the group they agree with. They can move again if they change their mind.

Copy template

Drugs in Sport Quiz	Answers
1. Which international organisation is responsible for making the rules about drugs in sport? What is the acronym they use (the letters for the organisation's name)?	
2. This organisation lists three categories of drugs. Find ONE example for each of the drugs that are: <ul style="list-style-type: none"> <li>• Prohibited at all times</li> <li>• Prohibited in-competition</li> <li>• Prohibited in particular sports</li> </ul>	
3. What is 'blood doping' when used in sport?	
4. Why would a sportsperson take stimulants? What are three health risks that might be experienced from taking stimulants to enhance performance?	
5. Name one sportsperson (and their sport) that has been in the news in the past year for being tested positive for using performance enhancing drugs.	
6. Why would a sportsperson take anabolic steroids? What are three health risks that might be experienced by men OR women from taking anabolic steroids to enhance performance?	
7. Even with widespread drug testing, what are organisations that regulate drugs in sport concerned about for the future?	
8. Name one sport that is more regularly in the news for the level of performance enhancing drug use by sportspeople who play or compete in this field.	
9. What is the web address of New Zealand's ' <i>national anti-doping organisation committed to protecting and promoting a culture of clean, drug-free sport</i> '?	
10. What is one reason why sports bodies want to maintain the ban and remain concerned about the use of performance enhancing drugs?	

Copy template

<b>Effects of performance enhancing drugs (or methods) on well-being</b>	
1. How might each dimension of the well-being of a sportsperson using performance enhancing drugs (or methods) be affected?	
Physical effects on the body for enhancing performance, and any negative health effects	Possible effects on mental and emotional well-being as a direct effect of the drug, or as a result of the physical effects
Possible effects on social well-being as a result of the physical or mental effects	Possible effects on spiritual well-being as a result of the physical, social or mental effects
2. How might other people be affected by a sportsperson's use of performance enhancing drugs? Others could include other sportspeople, family and friends, workmates. (Think about this in relation your answers above.)	3. Do you think the well-being communities (e.g. a sports community, a local geographic community – town or city), or the well-being of a nation is affected by sportspeople's use of performance enhancing drugs? Why or why not?

## Activity number 36

# Hearing from the experts (guest speakers)

### Purpose

A purposefully selected guest speaker, particularly someone who can contribute to a whole school approach to AoD, can be a useful resource to bring an expert perspective to an aspect of the learning programme. However, to be effective, the selection of the person and the class preparation for the visit are essential for it to be a quality learning experience. This activity provides a guide for the preparation of questions, the visit, and the follow up process for making effective use of a guest speaker.

### Learning intention(

*Depends on the expert knowledge of the guest speaker.*

### Key competencies

Relating to others, participating and contributing

**Activity applies to** all drugs

**Time** 30 minute preparation, 60 minute visit, 15 minutes follow up/debrief.

### Resources:

- Access to a local expert from a reputable organisation, preferably one the school is able to partner with as part of a whole school approach to AoD education (see *Alcohol and Other Drug Education Programmes: Guide for schools* <http://health.tki.org.nz/Teaching-in-HPE/Policy-guidelines/Alcohol-and-other-drug-education-programmes>)
- See also the NZHEA resource *Engaging with outside providers* developed for use in sexuality education contexts <https://healtheducation.org.nz/sexuality-education/planning/>

### Activity sequence: Teacher activity

- **Preparation:** Teachers will need to book a time with a suitable guest speaker well ahead of the required time. Choose someone with a professional background whose work has something to do with AoD e.g. police officer (if there is a local education service available), health promoter from a local provider, or a lawyer (a parent). For senior students someone with a clinical background may be an option if the students' investigation warrants a medical perspective on youth development. Students may have some say in the choice of guest speaker but teachers will need to vet who is selected for reasons of suitability and safety.

### Activity sequence: Student activity

- Students need to firstly understand what the guest speaker's job is and therefore what questions will be suitable to ask.
- Working in small groups identify 5-10 possible questions based on ideas from previous activities. Student will need to keep in mind "why do we want to know this – how will it help develop our understanding of AoD use and well-being?"
- Through negotiation with their peers and the teacher, students decide the questions that will be asked of the speaker, who will ask the questions, and in what order.

- Inform students who the person is and that they need to plan for the visit by compiling a list of questions that can be sent prior to the visit.
- Provide opportunity for student to develop a series of questions to ask the person, based on their area of expertise eg law, health promotion, medical or clinical support etc.
- Challenge and discourage any sensationalist type questions - why does the student want to know this and is it fair to ask guests those sorts of questions?
- Send the questions to the guest speaker prior to the visit with the recommendation they prepare some answers – make it clear the process the students will use – that they will ask the questions – the speaker is not being asked to prepare a presentation although they may want to have a presentation/ visuals (physical or digital) etc to refer to.
- **The visit:** nominate a student to meet the speaker at the office and bring them to the class. This student introduces the person to the class and invites them to give a short introduction about who they are and what they do for a job – related to AoD.
- Supervise and facilitate the Q&A process.
- Nominate another student to make a summary statement and say thank you.
- **Follow up:** students post the answer to their question in a collaborative space. Students transfer these Q&A to their learning journal.
- Debrief with students to check on the main messages that were received, what was interesting and useful, and what was not. Would they recommend the person for future classes – why or why not?
- Divide students into pairs or threes (depending on number of questions) – on the day that pair/group is responsible for noting down the answer the guest speaker provides for their question.
- Students ask their question in turn and the group responsible records (writes down) the answer.
- Students contribute their answer to a class Q&A summary and engage in a debriefing session of the visit.

#### Student learning journal entry

A copy of the class Q&A are filed in the learning journal indicating the one they were responsible for.

#### Extending this activity to meet NZC Level 6 / NCEA Level 1

This process can be repeated with any level. The conceptual nature of the questions and students collection of answers will determine the level of learning.

**Teacher knowledge and pedagogy**

Teachers need to be aware that the 'ex-drug addict' type speaker is not encouraged as part of health education. The concern is that the message, for all its good intentions, may be uncritically given and received, and misinterpreted by some young people who see someone who used drugs and survived (*and so what's wrong with it?*). Similarly, overly moralistic, scare-tactic, fear-mongering type approaches are not recommended as they do not reflect the values of HPE or the NZC.

If using outside providers, ensure that they can contribute effectively to a whole school approach to AoD education, as described in the Ministry of Education guidelines for AoD.

**Teacher's evaluation of the activity**

How effectively did the guest speaker contribute to student learning, and the overall AoD learning programme? What was the students' feedback about the speaker? Would you use them again? Why or why not?



## Activity number 37

# Investigating an AoD issue

### Purpose

Assessment of student learning contributes to being able to determine their level of learning and progress with learning in the NZC is a feature of effective teacher practice and an integral part of the teaching as inquiry approach. Achievement data is also required for reporting to parents and annual reporting to the Board of trustees.

### Learning intention

*Variable depending on the focus for the assessment.*

### Key competencies

Thinking critically, relating to others, using language, symbols, and texts, managing self, participating and contributing.

**Activity applies to** all drugs

**Time** negotiated with students

### Resources

- Copy template of the steps of the investigation.

### Activity sequence: Teacher activity

- Explain to students the requirements of the assessment task and negotiate specifically the timeframe and success criteria to suit the teaching and learning programme.
- To adapt this activity to meet learners' needs teachers will need to consider:
  - Will this be completed in students' own time or class time?
  - Can students work together – in pairs or small groups, or will this be completed individually?
  - What key learning from the unit do I want the students to be able to demonstrate?
  - How can I offer choice in the product and/or content for the assessed work?
  - Can students shape the assessment in any other way?
  - How will the assessment be graded and what will the information gained be used for?
  - What other teaching and learning activities in this resource could alternatively be used as a summative assessment?

### Activity sequence: Student activity

- Students decide how they want to complete the assessment (work on their own, work with a partner, work in a group of three)
- Students select a topic eg:
  - How can teenagers stay safe when attending parties?
  - How can drug and/or alcohol use by teenagers affect well-being (P, IP and S) now and in the future?
  - Find out how alcohol use can affect the teenage brain.
  - Investigate how advertising of alcohol influences people in NZ.
  - Investigate 'Smokefree Aotearoa 2025'. What has it already achieved? What work is still needed? How does this link to well-being for NZers?
  - Explore the two sides of the medical marijuana debate – who wants this available and why? Who doesn't want this available and why?
- Students select a presentation method.
- Students complete the assessment task and present it as negotiated.

**Student learning journal entry**

The completed task is filed in the learning journal.

**Extending this activity to meet NZC Level 6 / NCEA Level 1**

The same activity can be used at NZC Level 6 or above. With the level of conceptual development determining the level of achievement – for example at Level 6 students should be showing a basic understanding of personal, interpersonal and societal factors (influences and health promoting actions), as well as the inter-related nature of the dimensions of well-being.

**Teacher knowledge and pedagogy**

Teachers will need to understand the way health education concepts feature in AoD learning at Level 5 of the NZC, and to be able to judge whether or not evidence of student learning indicates they are achieving at this level 5.

**Teacher's evaluation of the activity**

How effective was this activity for providing evidence of the breadth of student learning? Does it add useful evidence alongside other examples of student learning in their learning journal, in determining whether or not they are achieving at Level 5 of the NZC?

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Step 1 Decide how you want to work	Step 2 Select a topic	Step 3 Decide who your audience is – select a presentation method suitable for this audience
Work on your own	How can teenagers stay safe when attending parties?	500 word magazine article
	How can drug and/or alcohol use by teenagers affect well-being (P, IP and S) now and in the future?	TED-style talk to the class
Work with a partner	Find out how alcohol use can affect the teenage brain.	Short documentary
	Investigate how advertising of alcohol influences people in NZ.	Prezi
Work in a group of three	Investigate 'Smokefree Aotearoa 2025'. What has it already achieved? What work is still needed? How does this link to well-being for NZers?	Page for a website
	Explore the two sides of the medical marijuana debate – who wants this available and why? Who doesn't want this available and why?	Other

## **Teaching and learning activities Years 9-11**

### **PART 3**

## **Activities for taking action in AoD – related contexts**

## Activity number 38

# Personal goal setting for wellbeing

### Purpose

Although located in an AoD resource, it is not necessary that the goal planned and implemented by students is a specific to AoD as many students don't use AoD. Instead, the focus is on a goal that promotes personal wellbeing which could be an aspect of skill development for building resilience or developing and enhancing protective factors. Students are encouraged to make use of the information they recorded in Activity 3 template - *'Reflecting on my own wellbeing and identifying my learning needs'*. This is a series of activities that would be spread over several weeks to firstly teach students about the process of goal setting and complete the initial planning, monitor progress as their wellbeing goal is implemented, and then evaluate the implementation and impact of the actions.

**Activity applies to** protective factors to mitigate risk factors presented by all drugs.

**Time** a succession of lessons spread over 3-4 weeks

### Resources

- Copy templates (print or digital - provided on the school's learning platform) for each of the activities that students will work through.

### Learning intention

Students will plan, implement and evaluate a personal wellbeing goal. (4/5A3 or 4/5C3)

### Key competencies

Managing self

### Activity sequence: Teacher activity

- Guide students through the succession of preparatory activities (as required) and the planning, implementation and evaluation stages of the goal setting process.
- If learning for this goal setting process sits within a topic specific context – like AoD – encourage students to think about wellbeing goals that relate to developing protective factors – knowledge and skills that help them to manage stressful or risky situations. The goal does not need to relate

### Activity sequence: Student activity

- Students complete the preparatory activities through group and class discussion, They then plan their own goal, implement the plan, keep a logbook of progress, and complete an evaluation of their actions (the process) and the impact of their actions on their wellbeing (the outcome).

specifically to AoD use as not all students use AoD, or use AoD in a risky way, or if a student's AoD use is problematic and requires a monitored behavioural intervention, it should be supervised by a counsellor or other health professional.

- Build in various monitoring points throughout the process to check on progress.

### **Learning journal entry**

Students maintain a portfolio of evidence from the goal setting process – see copy templates.

#### **Teacher knowledge and pedagogy**

Learning how to set goals in a way that aligns the evidence of the wellbeing need (what needs to change and improve), with the goal, and then the critical actions that need to be taken to improve well being, is a challenging task. All of these stages, along with the final evaluation of the process and outcome need to be learned and practised.

Think about the way students might be scaffolded into goal setting as they move from junior secondary (where time and opportunity may only allow for some basic ideas to be developed) to senior secondary learning where the details of the process are formally assessed by a health education NCEA Achievement Standard.

#### **Teacher's evaluation of the activity**

What stages of the process seem to be more challenging than others – especially the alignment of one step with the next. What other learning strategies or learning opportunities may help students develop critical insight into the importance of aligning goals and actions with the situation that needs to change, and how to evaluate whether or not the actions made a difference?

Copy template

## Personal goal setting (1): Using information to identify possible personal goals related to making choices that support wellbeing

For each of the scenarios below, what wellbeing-related behaviour does the person need to change, based on the evidence provided, and what ideas do you have about a goal that they could set?

Scenario	What well-being related behaviour does the person in the scenario need to change to improve their wellbeing?	Therefore, what goal could the person set for themselves to support their wellbeing?
Erica is not good at saying no or standing up for herself. She often finds herself in social situations that she doesn't want to be in and doesn't know how to handle.		
Mele is always in trouble with her mum. Mele wants to hang out with her friends at the local park where they smoke and drink after school – somewhere she feels she fits in. But mum thinks they are a bad influence and wants Mele to stay at home and to help look after her younger siblings.		
Wiremu is says he's just bored with everything but actually he feels a bit lost and unsure about where his life is heading. He doesn't feel like he is in control of his decisions and that everything in his life is being done to him and decided by everyone else.		
Anush is feeling really down and sad after the loss of his grandma. He is experiencing feelings he's never had before and he's not sure how to respond. Sometimes he just gets really angry and lashes out. At other times he just wants to go and hide away from everyone and get drunk.		
Sam always goes to parties with the aim of getting really drunk. This gets him into lots of fights and he's always in trouble with his mates – and his parents (especially when he gets injured or he is hungover).		

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## Personal goal setting (2): Information about developing SMART goals

### Reading about SMART goals

A goal is an aim or an intention to do something. People use goals to give themselves direction and focus in life. Goals help motivate people to achieve.

When setting individual goals, it is important that they are **SMART**. The 'SMART' acronym (an abbreviation using the letters of a statement an abbreviation formed from the initial letters of other words and pronounced as a word) is used around the world as a guide to effective goal setting. 'SMART' stands for:

- **Specific:** be clear about what you want. Avoid promises (e.g. I'll try...) and alternatives (e.g. either/or)
- **Measurable:** set limits for your goal – you need to know if you have achieved it.
- **Achievable:** Can I actually do this? Avoid goals that rely on other people's actions for your success.
- **Realistic:** make goals sufficiently challenging yet still within reach – something you can do and want to do. Impossible goals lead to disappointment and self-doubt.
- **Timeframe:** set a clear and realistic timeframe both for the goal and for the steps you need to take towards that final goal.

Some additional considerations when setting goals to increase their likely effectiveness are: the time available to achieve the goal, the financial cost of achieving the goal, family, work, and other commitments, and resources (or things) needed to help achieve the goal.

**An example of a SMART goal:** *"I will improve my well-being by: spending a maximum of 30 minutes on social media every day for the next month, starting on today."*

- **Specific** – The actions and outcomes are clear and specific to me
- **Measureable** – I can measure my progress everyday by noting whether or not I have been on social media for more than 30 minutes a day
- **Achievable** – yes it is achievable, I can actually do this
- **Realistic** – Yes, it is within my ability and resources to do this
- **Timeframe** – the timeframe of a month is clear, and starting on Today gives me time to get prepared



Copy template

**Personal goal setting (3): Understanding SMART goals**

Practice setting SMART goals by completing the following table:

Scenario	Possible SMART goal for the person in the scenario	How is this a SMART goal?
Malu is feeling really stressed because he has over-committed himself with school work, sports and cultural groups practices, and his duties at home.		S:  M:  A:  R:  T:
Frankie wants to stop feeling used by people. S/he's not good at saying no to people because s/he like to please others and feel wanted and popular by doing what others want.		S:  M:  A:  R:  T:

Identifying why a goal is not SMART

Scenario	Non-SMART goal for the person in the scenario	Why is this a NOT a SMART goal? (You do not need to use all of the letters)
Taylor knows she needs to stay sober the night before an assessment at school, and before weekend sports games, because being hungover always affects her performance.	Taylor sets a goal to 'stay sober on school nights' by staying at home and not going out with her friends after school, but she would 'give herself a treat on Friday' when it's expected that everyone will drink.	S:  M:  A:  R:  T:
Eddie has been caught smoking cannabis and part of the agreement he now has with his school and parents is that (as well as not using cannabis himself) he will avoid social situations where cannabis is being used by his friends and other people.	Eddie sets a goal to not go to parties or other social events where he knows cannabis will be used. However, he thinks that if he 'just happens' to be somewhere with his friends and they start using, that's alright. He just has to say no.	S:  M:  A:  R:  T:

Copy template

## Personal goal setting (4): Thinking about your own wellbeing goal

Based on the previous activities, what are your initial thoughts about a wellbeing- related behaviour that you could change? Look back at your '*Reflecting on my own wellbeing and identifying my learning needs*' sheet for ideas. At this stage you might like to think about 2 or 3 possible ideas that could be developed into wellbeing goals – however you will only focus on one for the rest of this process.

My ideas so far:	Why these goals? What knowledge or evidence is this idea based on?
1.	
2.	
3.	

To ensure that your selected goal is a SMART goal suitable for learning in health education, and that it is manageable within the time allowed, select something wellbeing-related that:

- You do every day or most days
- Doesn't require additional or unreasonable cost
- Won't take long to achieve
- Is something that you realise needs to change to help improve your wellbeing (ie. It is not something you already do well) – your dairy will help you to decide this.

### Keep a dairy for 7 days to collect data for your goal setting and action planning

This planning stage requires you to keep a diary for 7 days to record your behaviours in relation to the 2-3 ideas you have for a goal noted above (this is before you decide your goal and plan your action). You DON'T need to record everything you do, just focus on the things related to your ideas above.

Date	Record what you normally do every day or most days in relation to these wellbeing-related behaviours	Thoughts and ideas that you could use to help you decide your goal and plan your actions.


Overall, what does the data in your diary indicate as the wellbeing-related behaviour <u>most worth focusing on</u> at this time? Why do you say this?	What do you need to <u>do differently</u> in relation to this wellbeing behaviour? (Think about what needs to change to support your wellbeing) Why do you say this?

## Setting your goal

Select one idea that you would like to base your goal on. Word your goal as a statement that clearly describes what will be different (and improved) once you achieve your goal.

<b>State your goal:</b>	
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Check, is it a SMART goal	Your response – with reasons
S: Is it specific to you?	
M: Can you measure your progress? Say how you will do this	
A: Is it achievable, how do you know you can actually do this?	
R: Is it within your ability and do you have the resources needed to do this?	
T: Is there is a timeframe? What is it?	

Copy template

## Personal goal setting (5): Understanding factors that influence your wellbeing

It helps when planning actions to meet your goals to understand why you might have these behaviours in the first place. Understanding the influences helps you to recognise possible barriers to achieving your goal, and what will enable (help) you achieve your goal.

Based on the notes in your diary, and your knowledge of your chosen goal, identify factors that you think influence your behaviour in relation to this goal.

Personal influences	Interpersonal influences	Societal influences

## Identifying and overcoming barriers and making use of enablers

A <b>barrier</b> is...	
For example, barriers can include:	
If we don't identify and overcome barriers when trying to achieve a goal, what will be the likely result of our actions?	
An <b>enabler</b> is...	
For example, enablers can include:	
Why is it important to use your enablers when working towards achieving a goal?	
Which of the personal, interpersonal and societal influences in your table above are possible barriers (label these with X) and which will be enablers (mark these with a ✓). <i>If your table does not contain many enablers, you will need to identify other factors that could help you achieve your goal.</i>	

Copy template

**Personal goal setting (6): Effects on wellbeing**

Describe how two dimensions of your well-being will be positively affected by achieving this goal.  
*Select the two dimensions of well-being that you think will benefit the most.*

Dimensions of well-being that will be <b>most</b> affected	How this dimension of well-being will be affected

Describe how the remaining two aspects of well-being, not mentioned above could be positively affected.

Aspects of well-being that <b>could be</b> affected	How this aspect of well-being could be positively affected

Explain how the positive effect on one dimension leads to a positive effect on all of the other dimensions.	
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Copy template

## Personal goal setting (7): Matching actions to goals

One of the most important things when deciding which actions to take to achieve a goal is to identify what action is needed to be done to change or improve the situation. That is, the action must be 'aligned' with or match what the goal is about. When something is 'aligned' it means it agrees with or matches something else.

The table below lists some mismatched goals and actions. Describe why this action will not result in achieving the goal and what would be a better action.

Ideas for a wellbeing goal	Proposed action	Why are these actions not well matched to the goal?	What would be a more useful action to take to achieve the goal?
I want to feel less stressed by all the the work I need to do and all of the commitments I have for the next month.	I will just forget about things by going out and having fun with my friends. That way I can feel better about myself and not worry as much, and that will help me to cope with everything else.		
I want to replace all caffeinated energy drinks with healthier options for a month.	I will drink sports and fizzy drinks instead and drink coffee when I think I need a 'lift'.		
I want to feel included at school and increase my sense of belonging.	Everyday I'll buy someone a chocolate bar (or similar) or I'll send a positive affirmation text/post a positive message for lots of kids at school to see.		
I want to learn about ways to reduce conflict (arguments) with my friends when we don't agree on the same things.	I will always walk away when I think an argument is about to happen.		
I need to drink less alcohol when I go to parties and avoid getting drunk.	I'll make a pact with my friend who wants to do the same – I'll only drink as much as him/her.		

Copy template

**Personal goal setting (8): Planning actions to achieve your goal**

Describe the tasks or actions will you need to take in order to achieve your goal, and why you will need to take these actions. These are the things you actually need to do. Limit yourself to no more than 3 different things you need to do to achieve your goal – noting that you may need to do some of these things every day.

	Description of task or action to take	Reason for this action – what will it contribute to your overall goal?
Task or action One:		
Task or action Two:		
Task or action Three:		

Describe two possible <b>barriers</b> to taking or implementing your actions	How these barriers could be overcome
1.	
2.	
Describe two possible <b>enablers</b> to achieving your goal	How these enablers could help you
1.	
2.	

Copy template

**Personal goal setting (9): Keeping a log book**

As evidence that you implemented your plan, and to help you to monitor your progress toward your goal, you will need to keep a detailed logbook of your actions. You will need to set up a log book for this either on paper (e.g. in a learning journal or diary), or digitally using an application like a spreadsheet. The spaces below provide a template for this.

Keep your logbook for a minimum of a week (or longer if possible) and make daily entries. Note that 'implementing' means putting into action or actually doing or carrying out the planned actions.

Entry	Date	Description of the action(s) taken	Monitoring the action e.g. what you actually did or what happened; when and where it happened, how long it took etc.	Reflections on the action Was the planned action successfully achieved? What else happened? Is there anything you had to change? Were there other barriers to overcome, or other enablers not already identified in the plan?
1				
2				
3				

*You will need to add more rows to your table with each day's recording*



Copy template

## Personal goal setting (10): Evaluating how well you met your goal

An important part of the goal setting and implementation process is to use evidence from your actions (recorded in your logbook) to decide if your goal was met, how well it was met, or if it wasn't met, why was this? The table below provides a step by step process to evaluate how well you met your goal.

Steps to evaluating your goal setting, planning, and implementation	Your responses
What was your SMART goal?	
Identify and explain how TWO dimensions of your well-being were positively affected by your action. What is your evidence for this?	
Which of your actions were most successful? Give reason for this.	
Which of your actions were less successful or not at all successful? Why do you think this was the case (think of your barriers and enablers)?	
OVERALL: Did you meet your goal fully, partially or not at all? Explain why this was the case.	
How did the achievement (or non-achievement of your goal) make you feel? How does this affect your motivation to set further goals?	
What was your biggest challenge about setting and working towards your goal?	
What did you enjoy most about setting and working towards the goal?	
What personal goal do you think you could set next)? Or how would you change your previous goal or plan in order to achieve what didn't work the first time?	
What recommendations would you make when setting and implementing goals in other situations in the future (what would you do differently or what would you repeat)? Explain your answer.	

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## Personal goal setting (11): Skills for managing achievement and non-achievement of goals

Sometimes we don't achieve our goals and there can be many reasons for this. Non-achievement of goals can leave us feeling disappointed. This is especially true if achieving the goal was important to us. Rather than feel down, or just give up, having a range of skills to manage situations where we don't achieve our goals is necessary to support our wellbeing. Use ideas from your health education learning to describe how the strategies listed in the table below could be used to support the wellbeing of a person who did not achieve their goal.

Strategies that could be used to cope with the achievement or non-achievement of your goals.	Why the strategy it helps to cope with achievement or non-achievement of goals.
Self-talk	
Acknowledging feelings	
Re-assessment of goals (when the goal is not achieved)	
Re-assessing goals (when the goal is achieved)	
Seeking support	
Self-affirmation	
Sharing with others	

### Ways to support self and others with achievement and non-achievement of goals

'Celebrating success' in this case does not mean buying yourself a treat or having a party as a form of celebration. It is about acknowledging and recognising that you have been successful, feeling a sense of accomplishment, and how you show that in a way that is respectful to yourself and others.

<b>Self</b>	
Explain <b>an</b> action (something you could do) to help yourself cope if you did <b>not achieve</b> your goal.	
Explain <b>one</b> way you could recognise or celebrate your success and build upon this in future.	
How would this make you or the other person feel?	
How would this support your wellbeing?	
<b>Others</b>	
Explain <b>an</b> action you could do to help another person (e.g. <b><u>your friend</u></b> ) to cope if they did <b>not achieve</b> their goal.	
Suggest <b>one</b> way you could help a friend to celebrate and build on their success.	
How would this make the other person feel?	
How would this support the wellbeing of the other person?	

## Activity number 39

# Being assertive in AoD situations

### Purpose

Responding assertively is an important personal and interpersonal skill for resisting pressure in a range of health education contexts. This activity involves students working in small groups to develop knowledge of, and to practice, assertiveness skills in alcohol situations.

**Activity applies to:** alcohol (but could be adapted for all drugs with the use of 'other' drug scenarios).

**Time** 60 minutes

### Resources

- Paper and pens for drawing pictures
- Alcohol scenarios and peer assessment sheets – see copy templates.

### Learning intention

Students will describe and demonstrate a range of assertive communication skills and processes that enable appropriate interaction with others. (4C3)

### OR

Students will demonstrate an understanding of responsible behaviours required to ensure that challenges and risks are managed safely in physical and social environments in relation to drugs. (5C2) (5A3)

### Key competencies:

Relating to others, managing self

### Activity sequence: Teacher activity

- *This activity assumes some prior learning of assertiveness skills.* Write on the board these ways of interacting with others: *passive (or submissive), aggressive, and assertive.*
- After providing an opportunity for students to recall what they know, compile a summary of ideas on the board. Alternatively a phone app that allows for quick compilation of ideas from members of the class could be used.
- Conclude and reiterate that to communicate effectively it is important to communicate and respond to situations assertively.
- **Saying it in pictures:** The teacher reads out eight statements. (Amend the number of statements or the statements themselves to suit the students.) Direct students to listen to each statement and then draw a picture (or a 'word picture')

### Activity sequence: Student activity

- Working in small groups, students recall and suggest three ideas related to each type of behaviour (word meanings, characteristics of the behaviour etc).
- Student report these back to the class.
- Students divide a blank sheet of paper into eight sections.
- As each statement is read students interpret this in a drawing.
- Students use the combination of ideas to write their own definition for

to represent aspects of what it means to be assertive: Suggested statements e.g.

An assertive person...

1. Is positive and friendly
  2. Sticks up for him/herself
  3. Doesn't put others down
  4. Uses eye contact
  5. Can express his/her thoughts and feelings
  6. Shows high confidence and high self-esteem
  7. Can say no
  8. Respects him/herself and others.
- Instruct students to write a definition of assertiveness in the learning journal using these ideas from their drawings.
  - **Practical demonstration:** Explain to students the requirements of the practical demonstration of assertiveness skills and the peer assessment process.
  - Summarise the lesson with a question like: 'how does learning to be assertive contribute to well-being'?

assertiveness and include this in their learning journal with a copy (or digital image) of their drawings.

- **Practical demonstration:** Working in groups of four, students draw on past learning for demonstrating assertiveness skills and practice their skills in an AoD context. Two student role play – one being assertive, the other the aggressor (or other role) – see copy template of possible scenarios. These can be adapted or replaced. The other two complete the peer assessment sheet recording each feature of assertiveness when it is demonstrated by the speaker/role player.
- Students rotate role play and peer assessment roles until the assessment has been completed for all students in the group.
- Students contribute ideas to the summary questions for the activity.

#### Student learning journal entry

Student's own definition of assertiveness and (image) of drawing depicting aspects of assertiveness, along with the peer assessment sheet of the assertiveness demonstration, are filed in the learning journal.

#### Extending this activity to meet NZC Level 6 /

**NCEA Level 1** This activity could be adapted and incorporated for use as part of the assessment for Achievement Standard AS907973 *Demonstrate understanding of interpersonal skills used to enhance relationships* (Health 1.4), and/or Achievement Stand AS90974 *Demonstrate understanding of strategies for promoting positive sexuality* (Health 1.5).

**Teacher knowledge and pedagogy**

Assessment of skills demonstration need not be an onerous task for the teacher. Peer assessment enables students to take responsibility for their own and others' learning. Alternatively, a video recording of an assertiveness demonstration could be made on the student's own digital device and included in the student's learning journal, allowing the teacher to view these at a suitable time (which may be useful for achievement standard assessment).

**Teacher's evaluation of the activity**

How well did students demonstrate assertiveness skills? Is there a need to repeat the activity in a different context at a later stage of the health education programme or could the focus be shifted to an overall problem solving process which includes being assertive?

Copy template

## Assertiveness scenarios

Kent is sitting with his friends at lunchtime when one of the group produces from his bag a drink bottle that contains a mixture of vodka and fruit juice and passes this around the group. Although his other friends are trying the drink, Kent does not want any.

Tracey is at a party with some friends from school. Most people at the party are drinking alcohol but she is a non-drinker. During the party, several of her school mates continue to offer her a drink and some are getting quite insistent and pushy about it.

Max got a ride to a party with his older cousin who had been given the responsibility of looking after Max at the party and driving him home safely. Max noticed early in the night that his cousin was drinking RTDs and felt that he needed to say something to him.

Sally was at her friend's house for dinner and her friend's mum (*or dad*) has offered to drive her home. However she noticed that her friend's mum (*or dad*) had drunk at least half a bottle of wine at dinner and had been drinking beforehand.

Grant has been invited to a class party and it's expected that everyone will bring alcohol. His mate is telling him 'just ask your parents and if they won't give it to you just take it from the cupboard'. Grant isn't keen on this as he doesn't want to get into trouble. He doesn't even want to drink alcohol at the party, but his friend is being really insistent that he brings some alcohol along.

Copy template

<b>Peer assessment sheet for demonstration of assertiveness skills</b>		
Assertive communication skill that you as the 'speaker' need to demonstrate	Assessor's judgement (tick this column when you see the skill being used by the speaker)	Comments about skills that were done well or ways the speaker could improve their skills
<b>Verbal skills</b>		
Use an 'I' statement to express your feelings		
State confidently what it was that upset you or you didn't like		
State what you want from the situation in a polite but firm way		
<b>Non-verbal skills</b>		
Use a confident tone of voice		
Make appropriate eye contact		
Upright posture		
Facial expression matches with what you are saying		



## Activity number 40

# Responsible decision making in AoD situations

### Purpose

This activity approaches decision making as the thinking processes a person works through to make a decision about what to do when faced with a situation where there is more than one possible choice of action. Making responsible, informed, health-enhancing decisions about AoD use is a complex activity that needs to be carefully thought through. Sometimes, what seems an OK or 'healthy' choice may not always be the case when the decision cannot be carried out (or stuck to), or if the impact that the decision has on others is not considered. The message that choosing not to drink or take drugs is always a valid and healthy choice.

**Activity applies to** alcohol (but could be adapted for all drugs with the use of 'other' drug scenarios)

**Time** 60 minutes

### Resources

- Scenarios and additional information and decision making template – see copy templates
- Large sheets of paper and counters or figures to represent the two characters in the scenario.

### Learning intention

Students will examine the different options a person in an AoD situation has, and demonstrate the process required to make a healthy decision. (6A1) (6C3)

### Key competencies

Thinking critically, managing self

### Activity sequence: Teacher activity

- Introduce the idea that many situations involving alcohol present young people with a dilemma when deciding what to do or what not to do. Making health-enhancing decisions in alcohol-related situation means weighing up the consequences of the various possible choices to decide which choice will have the healthiest outcome, and which will be able to be carried out.
- Explain that the class will be read a scenario and each group needs to decide whether or not each of the two characters will drink the alcohol they are offered. However, only

### Activity sequence: Student activity

- Working in small students prepare a sheet of A3 paper by dividing it into quarters, labelling half the sheet "Mark" and the other half "Jimmy" (*or other selected names*).
- Label across the other way "doesn't drink" in one half and "does drink" on the other half of the sheet (so that each person has a does/doesn't drink quarter of the page).
- Use counters or figures to represent the two characters.
- After each new idea is added, allow the groups a few moments to decide whether

- one piece of information will be given at a time.
- On completion of the scenario, ask each group to share what the decision was for the two characters – did they drink the beer or not – and why? What things contributed to the decision?
  - Provide each student with a decision making template.
  - Summarise the activity with a question like ‘how does learning to make decisions like this contribute to well-being’?
  - they think the characters will decide to drink/not drink and place their figure or counter in the relevant quadrant on the sheet of paper.
  - Students write a brief note in the quadrant to remind them why they kept or moved the character there with each new piece of information.
  - Students contribute their final decision to the class discussion.
  - Working in pairs, students choose one of the characters from the scenario and complete the decision making steps outlined in a decision making grid – see the copy template. Note that the decision made during this part of the activity may not be the same as the previous one.
  - Students contribute ideas to the summary question for the lesson.

#### **Student learning journal entry**

The decision making template is filed in the learning journal.

#### **Teacher knowledge and pedagogy**

Don’t underestimate the difficulty in completing a decision making process. Students need to practice with different scenarios in order to see the various options available, and then the cause and effect consequences as a result of these choices, before deciding the healthiest choice.

#### **Extending this activity to meet NZC Level 6 / NCEA Level 1**

Decision making is required learning for assessment with Achievement Standard AS90975 (Health 1.6) *Demonstrate understanding of issues to make health-enhancing decisions in drug-related situations.* Use other decision making templates to practice using different formats and approaches to these. Add on an evaluation section where students weigh up whether it was a good decision for all involved.

#### **Teacher’s evaluation of the activity**

How well did students manage to complete the decision making activity – especially seeing the different options open to the person selected from the scenario? What does this suggest about the need to practice decision making in other contexts during the learning programme?

## Scenario – script (for the teacher)

### Original situation

Mark and Jimmy have been invited to Peter's house for his birthday dinner. When they get there, Peter's dad gives them each a bottle of beer and says, *'here, put some hair on your chest. Peter and I are already two [beers] ahead of you'*.

Additional information: Mark	Additional information: Jimmy
1. Mark has only ever had a few sips of alcohol before.	1. Jimmy drinks regularly and thinks he can handle his drink.
2. Mark is shy and not very assertive.	2. Jimmy is socially very confident and popular.
3. Mark really fancies Peter's sister who is also at dinner	3. Jimmy has got the most important game of the season to play next day
4. Mark doesn't like the taste of beer	4. Jimmy has been really sick after drinking too much but has never admitted this to anyone
5. Mark's family don't drink for personal, health and cultural reasons	5. Jimmy and Peter are quite competitive and always try and outdo each other.
6. Mark's parents are expecting him to be driven home by Peter's dad at 10pm – they don't want him staying the night.	6. Jimmy has arranged to stay the night at Peter's.

Copy template

## Steps to decision making

<b>Name of character:</b>			
<b>Why (s)he might choose to drink</b>		<b>Why (s)he might choose NOT to drink</b>	
1	2	3	4
<b>Consequences of these choices</b>		<b>Consequences of these choices</b>	
1	2	3	4
<b>Feelings about these consequences</b>		<b>Feelings about these consequences</b>	
1	2	3	4
Overall decision:			
Why was this a healthy choice?			

## Activity number 41

# Resolving problems in AoD situations

### Purpose

Alcohol and drug-related situations pose a range of potential problems for the people involved. These problems need to be resolved for the well-being of everyone. This activity approaches problem solving as the sequence of events that need to be taken to put decisions into action (in contrast to decision making which is more about the thinking processes a person has to go through to make a decision about what to do). This activity focuses on a joint problem solving process.

**Activity applies to** alcohol (but could be adapted for all drugs with the use of other drug scenarios)

**Time** 60 minutes

### Resources

- Problem solving model and scenario – see copy templates
- For other problem solving processes see *Taking Action: Life Skills in Health Education* (Tasker et al, 1994)

### Learning intention

Students will demonstrate an understanding of responsible behaviours required to ensure that challenges and risks are managed safely in physical and social environments in relation to drugs. (6C2) (6A3)

### Key competencies

Managing self, relating to others

### Activity sequence: Teacher activity

- Ask students to recall situations from a range of previous lessons where there was some sort of conflict between people in an alcohol or drug related situation. Check that students understand what is meant by 'conflict' (e.g. dispute, argument, fight, disagreement).
- Explain that this activity is about the steps people need to take in order to resolve a problem, especially problems that could result in conflict. Explain that it can be helpful when learning about problem solving to follow a 'model' or a step by step 'recipe' of actions that need to be taken – see one such model in copy template following (p.164).

### Activity sequence: Student activity

- Students recall examples of situations involving conflict from previous activities and contribute these to the class discussion.
- Working in pairs student complete the scenario for completing the problem solving process. They need to:
  - Name the two friends in the scenario in the places indicated and say if they are male or female.
  - Add another 3-4 ideas to the scenario to make it clear where there might be quite a bit of conflict between the friends.

- Present the following scenario (or replace it with a situation that has featured earlier in the learning programme).
- Instruct students to complete the scenario as indicated and provide a copy of the problem solving template.
- Allow time for students to complete their script.
- Provide an opportunity for sharing some examples of the problem solving process.
- Conclude with a discussion about why problem solving can be difficult. What do people need to know and be able to do to be able to solve problems like this?
- Why is it important for our well-being we learning how to problem solve and try to solve conflicts?
- Use the problem solving model provided to help the friends reach a resolution they can both agree to.
- Share examples of how the problem was resolved with other pairs of students or the class.
- Students contribute ideas to the summary questions for the activity.

#### **Student learning journal entry**

Students file a copy of the completed problem solving process in their learning journal.

#### **Teacher knowledge and pedagogy**

Teachers need to understand how the skills of assertiveness, decision making and problem solving interrelate and be able to convey this to students, and not leave these skills sitting as separate from each other.

#### **Extending this activity to meet NZC Level 6 / NCEA Level 1**

A range of own, others and joint problem solving models are required for assessment with Achievement Standard AS907973 *Demonstrate understanding of interpersonal skills used to enhance relationships* (Health 1.4). See *Taking Action: Life Skills in Health Education* for examples of these other models. Understanding and application of these may be assessed in an AoD context.

#### **Teacher's evaluation of the activity**

How readily did students engage in the production of a script to solve a problem? Was it easy or difficult? What are the implications for this for future learning activities where solving problems are required to support well-being.

Copy template

## Example

### **Problem solving scenario**

Two friends have been invited to a class party. Their names are xxxxx and xxxxx. Everyone is going. Chris/Christine (who is hosting the party) has been going around telling everyone to make sure they bring some alcohol because his/her parents said it's OK if other people bring it but they won't provide alcohol for other kids. Also, anyone who wants to can sleep over.

Xxxxx (one of the friends) does not drink and isn't sure about going if there's going to be alcohol. Xxxxx (the other friend) is putting on the pressure saying that it will be fine, (s)he can pinch some alcohol without her/his parents knowing, or get her older brother or sister to buy some.

Copy template

Problem solving model	Your script to resolve the problem
<ul style="list-style-type: none"> <li>Describe what each of the friends think the problem is that is causing the conflict and how the situation is making them feel (using “I” statements) while the other person listens.</li> </ul>	
<ul style="list-style-type: none"> <li>The friends identify a range of possible solutions (<i>a bit like the first stage of a decision-making process</i>).</li> </ul>	
<ul style="list-style-type: none"> <li>Between them the friends decide upon one solution that suits both of them making sure they have thought through the consequences of their choice (<i>again like the way it is done in a decision-making process</i>).</li> </ul>	
<ul style="list-style-type: none"> <li>The friends then agree to try out their decision and plan when or how they will do this.</li> </ul>	
<ul style="list-style-type: none"> <li>After the actions have been taken, the friends weigh up how well the conflict was managed (and if there are still tensions or problems between them, what they will do about it).</li> </ul>	
<p><i>Q. Why do you think this is called a 'joint' problem solving model?</i></p>	



## Activity number 42

# Map of support services in our area

### Purpose

Having knowledge of health and wellbeing support services is a well-established aspect of learning in health education related to the *Healthy communities and environment* strand in the curriculum. This version of a support agencies activity requires students to identify and map out the different nature or types of support provided by named people or organisations in their area (and noting that online support means that services may not be limited to their geographic region).

### Learning intention

Students will identify a range of health and wellbeing support services in their area. (5D2)

### Key competencies

Participating and contributing

**Activity applies to** all drugs

**Time** 60 minutes.

### Resources

- Access to information about a wide range of health and wellbeing support services in your area – phone book, internet, pamphlets, resource people who have knowledge of services (e.g. counsellor) etc.
- Students working (ideally) as a whole class or in groups will require a map of their local area. The scale of the map will depend on how many students are contributing to one map – the bigger the better.

### Activity sequence: Teacher activity

- The activity instructions are provided in the following copy template. Provide adequate supervision of students to ensure the map and accompanying information is developed in a coherent and consistent way.

### Activity sequence: Student activity

- Students work collaboratively to develop their map, with supporting information about each of the services, as directed by the task instructions.

### Learning journal entry

Students file a copy of their map (and a digital copy of any others shared with them) in their learning journal for future reference.

### Teacher knowledge and pedagogy

Prior to this activity it may be helpful for teachers to make a list of the sorts of services that students can access in the school and local community. In city areas this list may be

### Teacher's evaluation of the activity

How broadly were students able to think about the wide range of services that support young people's wellbeing?

substantial in which case some additional instructions for students to keep the task manageable might be advisable. In contrast, teachers in schools in rural and provincial areas, where some services may be limited, may need to think about alternatives and find out how students can access the likes of sexual health, mental health and AoD support, and other services for young people when these are not in their local area. The school counsellor and/or a local GP may have access to this information.

Were their initial responses limited to more traditional health services and familiar support like school counsellors, or could they identify a wide range of services and support for all dimensions of wellbeing?  
What are the implications of this for other units where a range of health and wellbeing services might be needed to cater to a diverse range of issues and a diversity of young people?

### Instructions for developing your Support Services Map

1. Decide if this map will be one big map for the whole class (ideal), or a smaller map developed by each group. If working in groups, it will be useful for each group to focus on a different type of service so that the combination of maps identify a wide range of services. *Depending on location this could be a map of a town or a major city suburb showing main streets, or the school zone and surrounding community where students live with main streets, or for rural communities, a map that includes service town(s) the students have access to and some consideration of streets where services are located. The map can be downloaded and printed, used digitally (it needs to be able to have information added), or hand drawn.*
2. As a class, brainstorm all of the types of support services that a young person might need to access for health and wellbeing support while they are a teenager. This can be medical (physical or mental health), psychological (e.g. counselling), social, spiritual, western, traditional, alternative and complementary, etc. Think of specific health and wellbeing needs like sexual health, AoD issues, sports injuries, relationships counselling, support services for diverse identities ... and so on. Your list can include phone-in helpline and online internet-based services. Group these ideas into main types of support services – you can decide if the groupings follow a theme or a particular type of health or wellbeing issue.
3. Allocate jobs to groups to find out the **names of organisations or individual people** in their school and wider community who provide health and wellbeing support for an allocated group of health and wellbeing services.
4. Decide on a way to mark all of these organisations and people on the Service Support Map.
5. Working in pairs (or individually) with an allocated selection of named organisations or support people from your class list above, **find out how each service can help support young people's health and wellbeing. The information required is listed in the summary table below.**  
If you have a LOT of organisations and people you may need to prioritise the ones the class decide are more likely to be used by teenagers.
6. Summarise all information into tables – one table for each organisation/support person (see below). Make sure everyone completes the same table. Compile all of these summaries into a booklet (printed and/or digital) to accompany the map. Decide how the locations of the services on the map will be linked to the summaries in the booklet – e.g. a number or symbol code, or alphabetical listing. You can redesign the template for this but make sure you keep points 1-5.
7. Display the map and the information about the services in an accessible area, and if possible, reproduce the map and information for the school intranet/digital learning platform so that all students can access it at any time.

Copy template

## Support Services Map – information about organisations and support people

<b>Link to map</b>	
<b>Name of organisation or support person</b> providing the health or wellbeing service	
<b>Contact details</b> Address, phone, website (as applicable)	
The sorts of health and wellbeing issues this services provides support for	
Any other information that may be relevant*	
<b>How does this service help young people to ....</b>	
1. Check that everything is ok or if you should be worried (get a 'check-up')	
2. Feel better	
3. Learn how to feel more in control	
4. Learn how to make changes	
5. Get support from people who have been in a similar situation	

*\*This section is optional e.g. services for specific age or cultural groups, whether the service is based on western, traditional, complementary or alternative practices, costs and access, or other information relevant for young people*

## Activity number 43

# Host responsibility: planning a safe party

**Purpose:** Holding parties where alcohol will be used presents young people with a wide range of potential risks. Planning can greatly reduce these risks. This activity involves students working together to discuss components of effective host responsibility and using knowledge gained from this discussion to design a safe party. They then justify how the party has been planned with these host responsibility features in mind. The activity uses the [alcohol.org.nz](http://alcohol.org.nz) host responsibility resources and information.

**Activity applies to** alcohol (and could consider other drugs)

**Time** 60 minutes

### Resources

- Use the host responsibility resources and information on [alcohol.org.nz](http://alcohol.org.nz) for this activity
- Paper and marker pens

### Learning intention

Students will participate in collective action to promote safety in situations where AoD may be used. (4D4)

### Key competencies

Managing self, participating and contributing

### Activity sequence: Teacher activity

- Begin this activity by asking students what risks exist at parties where alcohol may be involved – what could go wrong?
- Introduce the idea of 'host responsibility' and ask the question – what does it mean?
- Examples of definitions could include:
  - *Actions that a host of an event is responsible for to make sure that everyone has a good time and that no one gets hurt or in trouble.*
  - *Strategies that ensure you operate your premise/party/event in a responsible manner making it a comfortable, inviting and safe environment.*
- Ask students to identify what they think the features of a safe party would need to include. Provide students with headings such as food,

### Activity sequence: Student activity

- Students respond to the question with a range of ideas.
- Students think-pair-share the question: *What is host responsibility?*
- Students discuss as a class the responses to come up with a definition of 'host responsibility'.
- Working in small groups, students to brainstorm the features/ characteristics/ components of a safe, successful and positive party environment. They need to

drink, security, transport, entertainment and 'other' to guide their ideas. Suggest a target of five ideas for each section. See copy template.

- Invite the groups to report back their findings to the class and record the answers on the board. Discuss the ideas, with questions such as:
  - Which of the ideas are the most important considerations? Why?
  - How easy are these ideas to put into place? Why?
  - Which ideas are more difficult to action? Why?
  - What can go wrong at a party and compromise people's safety and well-being?
- Explain the requirements for the drawing a positive party task and allow time for students to complete the activity.
- Invite students to share their drawings of their positive parties.
- To review whether or not this is likely to be a safe party, answer the questions at the bottom of the copy template.
- Students work in pairs to each design and draw a positive party incorporating features from the list compiled on the board. This can be designed on paper, or using a simple digital design application.

#### **Student learning journal entry:**

Student's own positive party drawing is filed in their learning journal (paper copy or as a digital image).

#### **Teacher knowledge and pedagogy:**

There are a range of support materials on [alcohol.org.nz](http://alcohol.org.nz) for this activity. It is anticipated that students could complete this activity with minimal instruction and a high degree of autonomy if they access the online resources.

#### **Extending this activity to meet NZC Level 6 / NCEA Level 1:**

Explore specifically the consequences for personal, interpersonal well-being when parties or events are hosted responsibly (or not hosted responsibly). Use video clips, newspaper articles and/or scenarios as a context for this exploration. Frame a decision-making activity around host responsibility (if suitable, using the above mentioned video clips, newspaper articles and/or scenarios).

#### **Teacher's evaluation of the activity:**

How responsive were students to the idea of safe parties and host responsibility? Did any attitudes surface related to overuse of alcohol at parties? If so, how did you manage this and maintain the learning purpose of the activity?

Copy template

Features of safe parties	Examples	Why is this feature included?
Food		
Drink		
Security		
Transport		
Entertainment		
Other features		
Summary questions:		
Why is this party likely to be safe and positive for <b>both</b> the host and partygoers?		
How do these features <b>in combination</b> create a positive party environment?		
How people can <b>work together</b> to ensure that this party will be safe and positive?		

## Activity number 44

# Contributing school wide – reviewing the school alcohol policy

### Purpose

The whole school approach (WSA) to AoD education described in the Ministry of Education's *Alcohol and Other Drug Education Programmes: Guide for schools* (MoE, 2015) requires action to be taken on several levels. Creating coherence across these systems can be a challenge and opportunities to make connections between classroom teaching and learning, school leadership and governance, and community support and interventions, can be problematic. Contributing to the review of school policy is one way students may be able to engage with the Board of Trustees and develop understanding about the way some aspects of a WSA fit together.

### Activity applies to alcohol

**Time** 30 minutes – longer if combined with a guest speaker or collecting evidence and writing a proposal to present to the BoT

### Resources

- A copy of school policy (or procedural guidelines) about the use of alcohol at school functions and any other related school policy or guides.

### Learning intention

Students will investigate rights and responsibilities, school policies, laws and legislations in relation to alcohol and other drug use and misuse. (5D3)

### Key competencies

Critical thinking, participating and contributing

### Activity sequence: Teacher activity

- Ask students what they understand a 'policy' is? Why do schools (or workplaces) have policies?
- Why do you think schools need to state their position on the use of alcohol? What sort of guidelines do you think the school should provide for students, staff and community about alcohol use at school or school functions?
- Provide a copy of the school policy (or procedural guidelines) for alcohol use at the school. Read this with the students and check on understanding of terms and meaning.

### Activity sequence: Student activity

- Students contribute ideas about what a policy is and what it is for, looking up a meaning if required.
- Students give their opinions about the sorts of guidelines schools should have about alcohol using prompts such as:
  - use by students (think also of the age at which students can legally buy alcohol and age of seniors at school);
  - use by teachers – at school functions, school trips and camps;
  - use by other adults at school functions e.g parents and coaches on school trips,



- Ask students which of their ideas feature explicitly in the policy? Which ideas are 'sort of' mentioned? Which are not mentioned at all (why do you think this is the case e.g. could these ideas be included in a different policy – *not sure - find out*)? Which aspects of the policy relate directly to them? Which parts relate to teachers and community?
- Depending on the timing of the activity, students may be able to contribute to the BoT review of policy. Consider inviting the principal or a BoT member in as a guest speaker for 15-30 minutes – having prepared and sent questions for discussion previously (see activity 34).
- attending fundraising and other social events at school, etc.
- After reading the school policy students contribute to discussion about what they think is fair (or unfair) about the policy, do they think it protects their interests and their safety? Do they have any ideas for improvements or changes in future?
- If opportunity exists to contribute to school policy review, students negotiate with the principal or BoT a task they can carry out (e.g. a survey) and write a proposal to the BoT based on their findings.

#### **Student learning journal entry:**

Students file a copy of any survey or proposal writing they engage in as a part of school policy review.

#### **Teacher knowledge and pedagogy:**

Teachers will need to know about school policy and where to access copies of these. Seek guidance from a senior leader.

#### **Extending this activity to meet NZC Level 6 / NCEA Level 1:**

School policy considerations could be included alongside learning related to AoD laws in preparation for assessment with Achievement Standard AS90975 (Health 1.6) *Demonstrate understanding of issues to make health-enhancing decisions in drug-related situations.*

#### **Teacher's evaluation of the activity:**

How much interest did this school policy activity generate? Are there other opportunities for students to be involved in whole school approaches and review of school systems (eg safe school/anti-bullying policy)

## Activity number 45

# Agony Aunt

### Purpose

This activity uses the familiar 'Agony Aunt' activity as a way to gather evidence of student learning about supporting others and with consideration of the underlying concepts. Assessment of student learning contributes to determining their level of learning, and progress with learning in the NZC is a feature of effective teacher practice and an integral part of the teaching as inquiry approach. Achievement data is also required for reporting to parents and annual reporting to the Board of trustees.

**Activity applies to** alcohol or other recreational drugs that have been included in the teaching and learning programme

**Time** 30 minutes

### Resources:

- Agony Aunt letters.

### Learning intention

Students will investigate community services that support and promote people's well-being and take action to promote personal and group involvement. (5D2)

### Key competencies

Thinking critically

### Activity sequence: Teacher activity

- Pose the scenario that each member of the class is an 'Agony Aunt' for a local publication.
- In responding to a letter from a concerned or worried teenager, they need to: recommend health-enhancing actions in alcohol and drug-related situations, AND show understanding of personal and interpersonal strategies to enhance well-being in AoD situations.
- Remind students that personal actions are those that one person (or you) can do/put into place, interpersonal actions involve people interacting (listening skills, assertiveness, other effective communication).
- Provide some possible sentence starters to guide student's response:
  - Dear worried teenager...

### Activity sequence: Student activity

- Choose one 'Dear Aunty' problem from the selection provided (or students write their own problem to solve).
- Write a response that includes an explanation of suggested actions that can be taken to promote well-being at personal and interpersonal levels and explain how or why taking these actions would enhance/ promote/ benefit the well-being of people involved.

- The first thing you could do is.....
- This is a good strategy to try because....
- This would promote well-being by...
- The second action I suggest is....
- This would promote well-being by...
- Overall....

### **Student learning journal entry**

The Agony Aunt reply to the letter is filed in the learning journal.

### **Extending this activity to meet NZC Level 6 / NCEA Level 1**

Instead of Agony Aunt letters, students at this level could contribute to a class blog of Q&A (a version of 'Ask Dr xxxx') about AoD issues experienced by teenagers. Students firstly write questions using ideas from previous learning, swap these questions with another group, write a reply to each other's questions, peer review the suitability of the responses, and once approved, provide other students with access to the blog.

### **Teacher knowledge and pedagogy**

Teachers will need to understand the way health education concepts, are a feature of AoD content knowledge at Level 5 of the NZC.

### **Teacher's evaluation of the activity**

Use the artefact produced from this activity, alongside other evidence of learning in the students' learning journal to determine the level of the NZC at which students are achieving in health education. See also the indicators in Section 8.

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Dear Aunty,

My friends and I have started to go to parties and sometimes I see others get really drunk and out of control. What kinds of things can others and I do to stay in control, enjoy ourselves and have a good time at parties?

Yours truly, worried teenager.

Dear Aunty,

My friend Sam's brother recently offered to give us some of his synthetic cannabis to try. I am not interested in trying it, but I think Sam is quite keen to give it a go. What should I do?

Yours, confused teenager.

Dear Aunty,

At lunchtime recently at school, one of my friends pulled out a packet of cigarettes and started handing it around. A couple of others took one and lit up but I wasn't interested. Ever since I have felt uncomfortable sitting with them in case they start pressuring me or if we are caught.

Yours, anxious teenager.

## Activity number 46

# Designing a health promotion advertisement

**Purpose:** At key stages of a health education programme, it can be useful to include tasks that draw together and consolidate learning from across several previous lessons. Evidence from such tasks is then used for assessment purposes. Assessment of student learning contributes to being able to determine students' level of learning, and progress with learning, in the NZC. This is a feature of effective teacher practice and an integral part of the teaching as inquiry approach. This activity uses a familiar process of designing an advertisement as a way to draw together a range of knowledge.

**Activity applies to** alcohol

**Time** to be negotiated

### Resources

- For ideas using NZ advertisements, see the HPA <https://www.nzta.govt.nz/> and NZTA <https://www.nzta.govt.nz/websites>
- Assessment criteria template
- Digital devices that can record video, and a platform for screening to an audience.

### Learning intention

Students will investigate community services that support and promote people's well-being, and take action to promote personal and group involvement. (5D2)

### Key competencies

Thinking critically, managing self, participating and contributing

### Activity sequence: Teacher activity

- Organise the class into groups of 4.
- Explain how each group will create a health promotion advertisement 'for TV' or viewing on social media. It needs to demonstrate their understanding of alcohol and well-being, being assertive and making health-enhancing decisions.
- Draw on ideas from health promotion videos already viewed and/or view others to determine the features of an effective health promotion advertisement.
- Negotiate the focus for each group's advertisement e.g. teenagers at a party, sports players, drinking and driving, safety when drinking in public.

### Activity sequence: Student activity

- Students create a health promotion advertisement to show responsible health enhancing decision making and assertive behaviour around alcohol.
- Checklist: The advertisement should include evidence of:
  - The skills required for being assertive
  - Decision making
  - Knowledge of how alcohol can impact on aspects of well-being.
- Decide on roles for the group members e.g. camera operator, actors, director, and writer(s) to develop a script and a storyboard, and technicians to film and edit

- Support students to plan their health promotion advertisement and suggest steps for developing their ideas and creating their advertisement.
- Provide opportunity for screening and viewing the advertisements and peer assessing each presentation.
- Present the finished advertisement to the class who will assess the advertisement using the criteria provided.
- 

#### **Student learning journal entry**

- A copy of the completed advertisement is filed in the learning journal.
- Students write a reflective comment about working with a group to produce the advertisement – what helped, what hindered?

#### **Teacher knowledge and pedagogy**

Teachers will need an understanding of the ways the underlying concepts feature in learning at NZC Level 5 in order to make an assessment judgement about the level of learning achieved by students.

#### **Extending this activity to meet NZC Level 6 / NCEA Level 1**

At NZC Level 6, focus assessment on drawing together learning in relation to the underlying concepts, in preparation for Achievement Standard AS90975 (Health 1.6) *Demonstrate understanding of issues to make health-enhancing decisions in drug-related situations*

#### **Teacher's evaluation of the activity**

What did the assessment of this task suggest about group and individual student's level of achievement in the NZC? When combined with other teacher judgements from other activities, and student peer assessment judgements, can you make an overall decision about the each student's level of achievement?

## Activity number 47

# Advocacy and alcohol advertising

### Purpose

Advocacy is an important part of taking action, especially when seeking changes that have to be carried out by other people with the authority and resources to do so. Advocating change requires having knowledge of who these people are and the role of organisations they work for or represent. Advocating also requires having a clear understanding - based on evidence - of the situation. This is needed to support the grounds upon which the request for change is being made.

### Learning intention

Students will advocate for greater responsibility to be taken by media when advertising or reporting in AoD contexts. (6D2)

### Key competencies

Critical thinking, participating and contributing.

**Activity applies to** alcohol

**Time** 50 minutes

### Resources

- The Advertising Standards Authority code – see the full code at <http://www.asa.co.nz/codes/codes/code-for-advertising-and-promotion-of-alcohol/>
- See <http://www.myd.govt.nz/resources-and-reports/publications/aotearoa-youth-voices-toolkit.html> for guidance writing letters advocating changes.
- Copy templates for 'What – so what – now what?', ASA code and extracts, and scenarios

### Activity sequence: Teacher activity

- Ask students what they know about alcohol advertising guidelines in NZ?
- Direct students to the Advertising Standards Authority code. Check for understanding of terms used in the definitions section that will be needed when reviewing advertising later on (e.g. minor, sponsorship, heroes and/or heroines of the young).
- Ask students to recall previous learning where ideas related to social justice (fairness, inclusiveness and non-discrimination) were discussed. Some of these will be revisited in this activity.
- Support the students to reach a definition of 'advocacy' through a picture dictation activity. The features of advocacy students draw in their picture dictation are:
  - speaking up

### Activity sequence: Student activity

- Students contribute to a class quick brainstorm to set the scene.
- In pairs students browse this page taking note of the 'definitions' section. Clarify meanings through group or class discussion. Bookmark this page.
- Students recall and contribute some existing ideas about social justice (fairness, inclusiveness and non-discrimination).
- Students engage in a picture dictation – divide a blank sheet of paper into six sections. As the teacher reads out each feature of advocacy, depict this in a simple

- supporting a cause
- influencing decisions
- participating and contributing
- seeking change
- having my voice heard.
- Provide students with the ‘*What – so what – now what?*’ template (amended to suit), the ASA extract and scenarios – see copy templates. Guide students through the following process:
  - picture (use words only if absolutely necessary).
  - Once complete, write a statement that sums up what the pictures are saying about ‘advocacy’.
  - Students locate one dictionary or organisation definition that uses words that they understand and write this beside the picture dictation summary (see teacher knowledge section below).

**(What?):** Using advertisements:

- Teacher preparation: Collect a range of alcohol print advertisements and/or use video clips of advertisements from TV. These advertisements should present some ambiguity in relation to one or more of the four principles of the code.
- Using Resource One (p.179), students work in small groups to justify why these may not adhere to the requirements of the code.

**(What?):** Using scenarios (p.180) – students work in small groups to justify why these may not adhere to the requirements of the code.

**(So what?):** Select from such prompts as:

- If alcohol advertising or promotion doesn’t meet the code, who is likely to be advantaged and disadvantaged?
- Who holds the power in this situation and how might they use it for economic (or other) gain?
- How might this impact on young people’s well-being? What social injustices are raised?

**(Now what?):**

- What advocacy actions can we take to address the social injustices, power relationships and/or potential harmful effects of the alcohol advertising and promotion for people’s well-being?
- Consider actions that can be taken at personal, interpersonal and/or societal levels.

**Student learning journal entry**

Students file their ‘What – so what – now what?’ responses in their learning journal. Students advocate by writing a letter (or social media post) to an appropriate person/organisation (or by recording a podcast).

**Teacher knowledge and pedagogy**

Teachers will need to have understanding of a range of actions included in an understanding of advocacy, especially as it relates to health promotion, for example: The Health Promotion Forum of NZ, The National Library, organisations such as – the NZ Health and Disability Advocacy Service, Citizens Advice Bureau

**Extending this activity to meet NZC Level 6 / NCEA Level 1**

*This activity is intended for learning at NZC Level 6 and could be used at NZC Level 7.*

**Teacher’s evaluation of the activity**

How well did students grasp the idea of ‘advocacy’ as a way to take action? What are the implications of this for future learning?



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## What – so what – now what?

	Instructions	Your responses
<b>What?</b>	<p>Using the information and principles outlined in Resource one:</p> <ul style="list-style-type: none"> <li>Explain why your <b>advertisement</b> may not adhere to the Code for Advertising and Promotion of Alcohol.</li> <li>Choose one <b>scenario</b> and explain why the situation may not adhere to the Code for Advertising and Promotion of Alcohol.</li> </ul>	
<b>So what?</b>	<p>If alcohol advertising or promotion doesn't meet the code, who is likely advantaged and disadvantaged?</p> <p>Who holds the power in this situation and how might they use it for economic (or other) gain?</p> <p>How might this impact on young people's well-being?</p> <p>What social injustices are raised?</p>	
<b>Now what?</b>	<p>What advocacy actions can we take?</p> <p>For each action, describe 'what' is involved and justify 'why' this would enhance people's well-being and address the injustices you considered in the 'so what?' section above.</p> <ul style="list-style-type: none"> <li>Personal actions...</li> <li>Interpersonal actions...</li> <li>Societal actions...</li> </ul>	

## **Resource one: Advertising Standards Authority Code for Advertising and Promotion of Alcohol**

This code is designed to ensure that alcohol advertising and promotion is consistent with the need for responsibility and moderation, and does not encourage consumption by minors.

### **Principle 1 – Alcohol advertising and promotions shall observe a high standard of social responsibility.**

This means that alcohol advertising shall not link alcohol to/promote alcohol as:

- anti-social, aggressive, dangerous behaviour, including tobacco and other drug use, use of weapons, use of machinery, driving or playing sport after having been drinking.
- a better lifestyle or social environment, or lead to sexual, social, sporting, business success or enhanced social status.
- needed for relaxation or other exaggerated claims.

### **Principle 2: Alcohol advertising and promotions shall be consistent with the need for responsibility and moderation in alcohol.**

This means that alcohol advertising shall not feature or encourage:

- Irresponsible drinking, or drinking to excess (how alcohol is being consumed and how much is being consumed).
- A prize of a large quantity of alcohol supplied in one delivery.

### **Principle 3 – Alcohol advertising and promotions shall be directed at adult audiences.**

This means that alcohol advertising and promotions shall not be directed at minors nor have strong or evident appeal to minors in particular – alcohol advertising shall:

- Not use identifiable heroes or heroines of the young.
- Not use designs or cartoon characters that have strong or evident appeal to minors or that create confusion with confectionary or soft drinks.
- Use actors/models who obviously look over 25 years of age. Minors may appear in alcohol advertising only in situations where they would naturally be found, e.g. a family barbecue, provided that there is no direct or implied suggestion that they will serve or consume alcohol.
- Not be shown on television between 6.00 am and 8.30 pm.
- Not exceed six minutes per hour (TV advertising), and there shall be no more than two advertisements for alcohol in a single commercial break.

### **Principle 4 – Sponsorship advertisements shall clearly and primarily promote the sponsored activity, team or individual.**

Sponsorship advertisements shall/can:

- Not contain a sales message or show a product or its packaging
- Not use any parts of product advertisements from any media.
- Not portray consumption of alcohol
- Only briefly and in a subordinate way mention or portray the sponsor's name and/or brand name and/or logo.
- Be broadcast at any time except during programmes intended particularly for minors.
- Not engage in sponsorship where those under 18 years of age are likely to comprise more than 25% of the participants, or spectators.
- Not feature alcohol branding on children's size replica sports kit or on any promotional material distributed to minors.

This code has been adapted (for a year 10/11 audience) from <http://www.asa.co.nz/codes/codes/code-for-advertising-and-promotion-of-alcohol/>

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<b>Advertising and promotion of alcohol scenarios</b>
Alcohol is promoted by a bar using names such as shooters, slammers, test tubes and blasters in order to appear more attractive to customers.
A bar offers a 'National Crate Day' promotion. Customers who get their card filled with stamps from the day's consumption of a crate of beer receive a clothing prize.
A student pub offers a happy hour special for one hour on a Friday night: Marketed at males are \$5 jugs of beer and promoted to females are \$1 glasses of wine.
The weekly supermarket mailer, in the lead up to Christmas, has a significant feature on wine, cider and beers. These are shown as having "crazy" prices, with some discounts of over 25%.
A large NZ brewing company advertises widely on social media with catchy phrases and colourful pictures. Their ads start appearing in people's Facebook newsfeeds.
A popular NZ brewing company promotes a competition via social media and TV advertising – to enter, you need to send in five barcodes from boxes of beer purchased. The prize is a year's supply of beer, delivered weekly.
10 bars located near each other create an 'Amazing Race' pub crawl challenge. Groups of people have to go to each bar, buy a drink and complete a game to get their game passport stamped. All groups who complete the race go into the draw to win prizes ranging from MP3 players, clothing vouchers and bar tabs.

## Activity number 48

# Taking health promoting action using the Action Competence Learning Process (ACLP)

### Purpose

The Action Competence Learning Process (ACLP) is a process for engaging in health promotion. When a wellbeing issue has been identified, students use critical thinking to explore the issue. They then engage in creative thinking to visualise how things could be different or how well-being could be enhanced. They develop a plan of action and implement it. After completing their action, students evaluate the outcome(s) and identify what they have learned from the experience (even if their original goal has not been achieved).

### Learning intention

Students will demonstrate an understanding of responsible behaviours required to ensure that challenges and risks are managed safely in physical and social environments in relation to AoD. (6C2) (6A3)

### LEVEL 6 in preparation for LEVEL 7&8

### Key competencies

Thinking critically, relating to others, managing self, participating and contributing

**Activity applies to** all drugs

**Time** - to be developed over successive lessons

### Resources:

The ACLP is described in: The Ministry of Education (2004). *The Curriculum in Action: Making Meaning Making a Difference*.

Ideas for other supporting resources include:

- Aotearoa Youth Voices Toolkit (Ministry of Youth Development. Download from: <http://www.myd.govt.nz/resources-and-reports/publications/aotearoa-youth-voices-toolkit.html>)
- Health Promoting Schools facilitators if your school is involved in HPS.
- Data on alcohol and drug use, for example the Ministry of Health, [www.alcohol.org.nz](http://www.alcohol.org.nz), Youth 2012, local data.
- Youth Parliament newsletters: <http://www.myd.govt.nz/young-people/youth-parliament/>

## Activity sequence: Teacher and student activity

### Teacher considerations when planning for students taking action:

- How much class time can I dedicate to this learning?
- Can I collaborate with other teachers to make this a cross-curricular piece of learning?
- What learning could result from this unit that would be useful for learning in the senior school?
- What strategies can I use to motivate and support all students to be involved and engaged?
- How could I adapt this process to meet the needs of my diverse learners and specific community needs?
- What resources and/or supports are needed?
- How can the students showcase their learning?

**Activity sequence:****1. Identifying a well-being issue relating to alcohol or drug use**

- Students brainstorm possible needs/issues within the school environment or local community.
- Provide some local or national statistics or information relating to issues for students to look at – what is the data saying about what's of concern?
- Invite guest speakers, for example someone from the local council, health promoter, community or youth worker.
- Encourage students to formulate and ask their own questions.

**2. Developing knowledge and insight**

Use critical thinking questions to analyse the issues identified in (1) above. Small groups could each investigate (and take action on) a different issue, or one issue could be selected as the focus from this point onwards. Examples of questions to explore:

- What is the issue and why is it a well-being issue?
- Who is affected and how?
- What is the current situation and what would the ideal situation be?
- Who is advantaged by the current situation? How / why?
- Who is disadvantaged by the current situation? How / why?
- Why is this issue important – now and in the future?
- What are some possible actions to achieve positive outcomes?

**3. Developing a vision**

- Students conduct a web search to find out more about their chosen issue, including what action has been taken in other communities. Investigate:
  - What actions have been tried to address your issue in other schools or communities? Would these ideas work for us?
  - Were the actions effective? Why / why not?
  - What do we want to achieve – what is our vision?
- Visually depict the vision, for example, a 'looks like, sounds like, feels like', a mindmap, a cartoon.

**4. Understanding**

- Goal Setting: Develop a SMART goal around the chosen issue
- Brainstorm: What actions could be undertaken to achieve this goal? Consider what is manageable and realistic within the timeframe and resources allocated.
- How might these actions and achieving the goal enhance well-being and address the issue?

**5. Planning**

The planning stage requires answers to the following sorts of questions, as a plan of action prior to the health promotion taking place:

- What smaller actions (step) are needed in order to meet the SMART goal?
- By when will these be done?
- What barriers might arise and how could I deal with them?
- What enablers or resources could help?
- How will I know when the step has been achieved?

You may wish to get students to develop action plans in their group, or it may be a whole class action plan, with specific groups or students allocated specific tasks/steps within the overall plan.

**6. Acting**

Students take action by implementing the plan. This may involve some out-of-class time and will

require teacher support.

- Log writing: Students maintain a log of their actions and outcomes. Students should gather evidence of their actions (photos, posters, letters etc.) and glue them into their health books alongside their logs.

## 7. Reflecting/Evaluating

Students evaluate the effectiveness of their actions in relation to whether the SMART goal was achieved and well-being enhanced. Possible questions include:

- To what extent did we reach our SMART goal and enhance well-being?
- What worked well and why was this successful?
- What didn't go so well and why not?
- What should happen next in order to build on or improve what we achieved?

### Additional steps:

#### Presentation of ACLP (can be used as an assessment opportunity)

Your students could present their taking action project to school staff and/or parents. This can showcase what they did and how they went about it. Example questions students could address in the presentation:

- Why did we choose our issue?
- What evidence did we have that it was an issue?
- What goal did we decide on?
- What did our action involve?
- What happened?
- What worked well and what didn't work so well?
- Whose well-being was improved and how?
- What will happen next?

Alternatively, students could write a letter to a key person (eg the principal or to a local newspaper) to explain what they did, why, how it impacted on the well-being of their target group, and what was learnt that may help others to take action in the future.

### ACLP as an assessment opportunity

In terms of assessment, different outcomes can be measured, which link to AOs and/or key competencies. Assessment should link to the process of taking action, not the results of the taking action project. For example,

- Participation in, and contribution to, the group or class's action
- Relating to others, communication skills
- Critical thinking, planning, action and /or reflection.

#### Student learning journal entry

- Students document their ACLP in their learning journal.
- Students write a reflective statement about the process (see Section 3)

#### Extending this activity to meet NZC Level 6 / NCEA Level 1:

This activity is intended for use at Levels 6-8, the conceptual depth and complexity of the process being undertaken determining the Level of achievement.

#### Teacher knowledge And pedagogy

The ACLP itself provides the basic structure for the learning, with students and/or the teacher deciding on suitable activities for each step in

#### Teacher's evaluation of the activity

How well did students engage in and manage the overall ACLP? What sort of (and how much) guidance and monitoring did you need to offer students to help them develop understanding

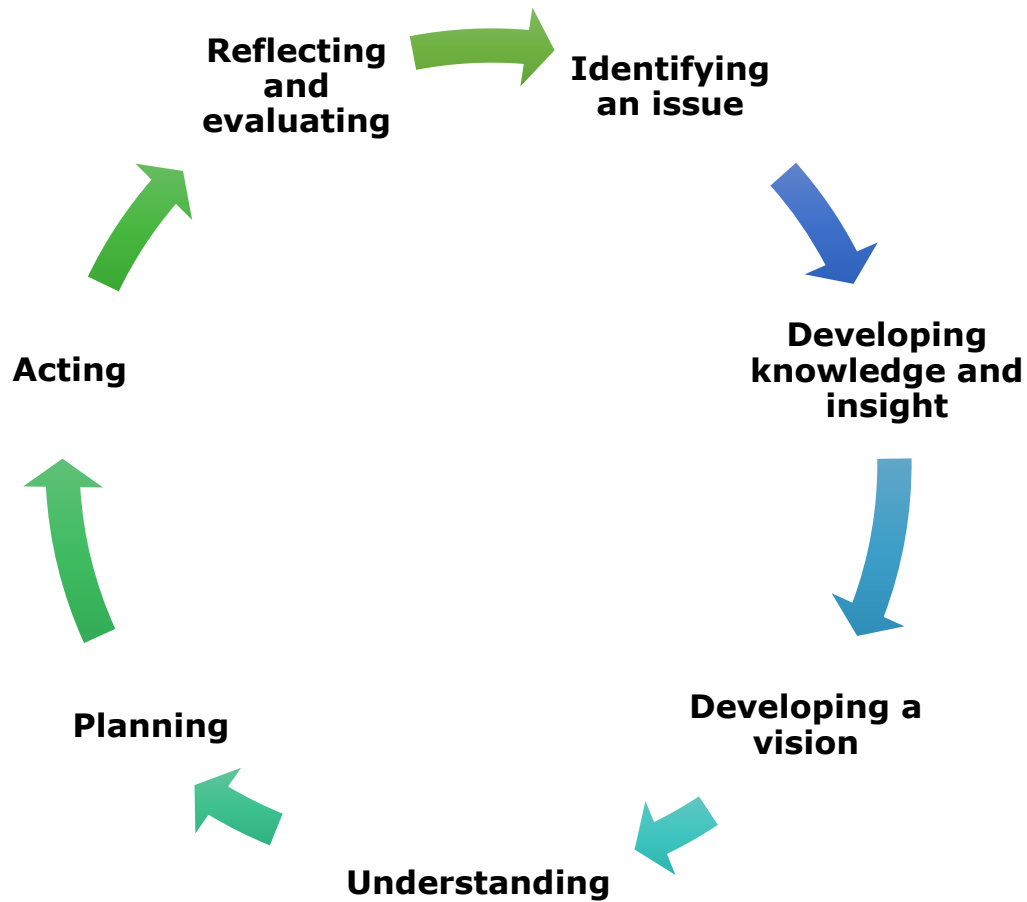
the process in order to think critically and take action to enhance well-being.

of the process, how each stage aligned with the next, and what was important to focus on? What are the implications for junior programmes? What 'building blocks' need to be established earlier in the health education learning programme? What prior learning will enable students to engage more knowledgeably and confidently in an ACLP?

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## Action Competence Learning Process (ACLP)

*The Curriculum in Action: Making Meaning Making a Difference.* Ministry of Education (2004).





# SECTION C.

## Teaching and learning frameworks for NCEA Levels 1-3 (Years 11-13)

# Overview

*“We all want young people to succeed. New Zealand schools help young people to take their place in a society where a wide range of drugs exist by building their knowledge, skills and resilience and helping them to shape a positive character.... Perhaps surprisingly, half of all New Zealanders with a substance dependency issue became dependent by the time they were 19. This is why it is so important to support young people now rather than later.” (New Zealand Drug Foundation, 2016)*

This section reproduces the AoD section of the resource *Mental Health and Resilience: Teaching and learning activities for NZC Levels 6-8* (2018) to show how AoD learning at NZC Levels 6-8 (NCEA Levels 1-3) develops from teaching and learning at years 9-10. Many teachers will still have access to the resource ***Social Issues: Alcohol*** (Tasker & Hipkins, 2002). These activities are still highly applicable for senior secondary teaching and learning. The purpose of the following activities and frameworks to expand the scope of these SIA activities by considering drugs other than alcohol, and responding to a changing legal, cultural and social environment related to AoD use and data about AoD use in New Zealand.

With other teaching and learning resource material available to support AoD education at senior level, the focus here is on the evidence needed for NCEA achievement to show:

- the factors that influence AoD use,
- the impact AoD use on wellbeing, and
- aligning these ideas with the actions required to promote wellbeing in AoD contexts.

This is essential for learning assessed by AS90975 (Health 1.5), AS91235 (Health 2.1) - in years the examiners specifies an AoD topic option, or for AS91461 (Health 3.1), and the potentially for AS92462 (Health 3.2).

At senior secondary level (Years 11-13) students learn to:

- Apply in detail a socio-ecological perspective to an aspect of AoD use to analyse the personal, interpersonal, and societal factors that influence AoD use and the impact of this on wellbeing, and identify strategies needed to reduce AoD harms.
- Use a range of qualitative and quantitative data about AoD use as evidence to support their analysis.
- Consider the way an understanding of the determinants of health relates to AoD use.

Activities in this section of the resource are specific to Years 11-13 (NZC Levels 6-8/NCEA Levels 1-3).

Senior secondary teaching and learning resources will be amended in a timely manner to support assessment with the revised NCEA Health Education Achievement Standards, as each level is developed and implemented.

## Year 11 (NCEA Level 1)

This section describes how learning about AoD can be assessed through the Level 1 Achievement Standards.

Many of the activities in Part A and B of this resource, especially when used in combination, are useful for learning at year 11. Ways to step up the learning from NZC level 5 to 6 (NCEA Level 1) are suggested with a number of the activities.

Learning in AoD education can lead to assessment by several of the health education Achievement Standards at NCEA level 1. **In addition to the obvious AoD context specific standard AS90975 (Health 1.6) which is an external assessment, AoD learning could also (or instead) be assessed internally across several standards.** The emphasis for the assessment might shift but it does not negate the opportunity for using the context of AoD for learning and assessment if students do choose not to sit the examination for AS90975. Throughout this resource suggestions have been made for the ways activities could be used and adapted where necessary, for learning at NZC Level 6 and specific NCEA Level 1 Achievement Standards.

Links between AoD education and Level 1 NCEA Achievement Standards include:

- AS91097 (Health 1.3): *Demonstrate understanding of ways in which well-being can change and strategies to support well-being.*
- AS90973 (Health 1.4): *Demonstrate understanding of interpersonal skills used to enhance relationships.*
- AS90974 (Health 1.5): *Demonstrate understanding of strategies for promoting positive sexuality.*
- AS90975 (Health 1.6): *Demonstrate understanding of issues to make health-enhancing decisions in drug-related situations.*

For access to NCEA-related information, see: <http://www.nzqa.govt.nz/qualifications-standards/qualifications/ncea/subjects/health/levels/>

Standard	Explanatory notes: <i>Italicised text is the requirement described in the Achievement Standard explanatory notes.</i>	Activities that could support learning leading to Achievement Standard assessment
<b>AS91097 (Health 1.3):</b> <i>Demonstrate understanding of ways in which well-being can change and strategies to support well-being.</i>	<p>An AoD focus would align with the requirement that the <i>changes to well-being caused by one or more factors that: are potentially health harming, such as <b>illness, injury, separation, discrimination, disappointment and grief.</b></i></p> <p>Illness (e.g. addiction) or injury (e.g. as a result of a car crash or serious fight), and the consequent disappointment and grief after a major accident resulting in permanent injury, could form the basis for the change situation being investigated.</p> <p><i>The understanding demonstrated must be considered in relation to each dimension of hauora and include likely feelings and responses of the individuals who have experienced the change, and other people they interact with.</i></p>	<ul style="list-style-type: none"> <li>• Activity 13. Effects of alcohol on the body.</li> <li>• Activity 14. Alcohol, cannabis and well-being.</li> <li>• Activity 15. Who else is affected by AoD incidents?</li> <li>• Activity 15. AoD and resilience</li> <li>• Activities 39 (assertiveness), 40 (decision making), and 41 (problem solving) are all strategies that could be used for managing change.</li> </ul> <p>If the change is focused on the use of performance enhancing drugs, Activity 35. 'Investigating drugs and sport – what's the well-being issue?' could be used as an introduction.</p> <p><b>Further activities will need to be added to satisfy the overall scope and intent of Health 1.3.</b></p>
<b>AS90973 (Health 1.4):</b> <i>Demonstrate understanding of interpersonal skills used to enhance relationships.</i>	<p>Assessment for Health 1.4 can be divided across several contexts within the learning programme. The following aspects could be assessed in an AoD programme.</p> <p><i>Understanding of the skills is demonstrated by making connections between these interpersonal skills and the ways these skills enhance relationships. Knowledge of each of the following four skill areas, including the components of the skills, must be demonstrated:</i></p> <p>(1) <i>listening skills, which include non-verbal communication and verbal communication, <b>assertiveness skills</b></i></p>	<p>Activity 39. Being assertive in AoD situations.</p>

	(2) <b>problem-solving skills</b> for solving individual problems and <b>joint problems</b>	Activity 41. Resolving problems in AoD situations. Activity 40. Responsible decision making in AoD situations could also be used to support problem solving as making decisions is a feature of the problem solving process.
<b>AS90974 (Health 1.5):</b> Demonstrate understanding of strategies for promoting positive sexuality.	<p>Application of AoD activities in context of sexuality will come through the selection of situations or scenarios around which learning is based.</p> <ul style="list-style-type: none"> <li>Strategies that enhance interpersonal (sexual) relationships which includes knowledge of <b>rights, responsibilities and effective communication</b>.</li> <li>Strategies that consider ways <b>schools, local communities, and/or the whole of society</b> can support the <b>promotion of positive sexuality</b> for all people.</li> <li>Strategies for the prevention of unplanned pregnancy and sexually transmissible infections. I.e. contraceptive and condom use</li> </ul>	<p>Scenarios involving alcohol use in sexual situations could be included for these strategies.</p> <p>Strategies for promoting positive sexuality could include consideration of staying sober or having only minimal alcohol to ensure:</p> <ul style="list-style-type: none"> <li>Correct condom use (and remembering to use a condom);</li> <li>That consent to sex is not compromised;</li> <li>That effective communication is not compromised.</li> <li>That the effects of excessive alcohol use – like aggression – do not compromise rights and responsibilities.</li> <li>That the ability to make good decisions (Activity 40) and be assertive is not compromised.</li> </ul> <p>Activity 22. Alcohol and sex - what's the concern? - promoting positive sexuality comes from challenging and taking action against the irresponsible attitudes and behaviours of some groups in society about the way (e.g. boys who get girls drunk, have sex with them and post images on social media).</p>
<b>AS90975 (Health 1.6):</b> Demonstrate understanding of issues to make health enhancing decisions in drug-related situations. External assessment	<p>Drug-related situations will cover an aspect (or aspects) of each of the following issues:</p> <p>(1) <i>Personal, interpersonal and/or societal influences on an individual's drug use</i></p>	<p>Activity 19: Understanding risk Activity 20: Documentary evidence (select a suitable video) Activity 21: Ethical considerations Activity 23: Alcohol and culture Activity 33: Statistics (and what these reveal about influences on AoD use)</p>
	(2) <i>The effects of drugs on dimensions of an individual's well-being ,</i>	Activities 13-15: Effects of alcohol on self and others

	<i>the effects of an individual's drug use on others, and/or the effects of the use of drugs on society</i>	
	<i>(3) Legal issues related to alcohol, tobacco or cannabis use by adolescents in New Zealand and/or advertising issues related to drug use.</i>	Activities 24-25: Legal issues Activity 34: Standard drinks (and legal limits) Activities 26-29 (advertising/ media issues)
		To support understanding of the issues above: Activities 31.32: Literacy development Activity 36: Guest speaker
	<i>To make health-enhancing decisions, students must demonstrate understanding of the steps involved in a decision-making process. Students can expect to see these steps presented in different formats and the assessment may emphasise all or some aspects of the decision-making process depending on the context.</i>	Activity 40. Responsible decision making in AoD situations  Activity 43: Host responsibility could contribute ideas to decision making

# Teaching and learning for Years 12-13 (NCEA Levels 2&3)

## Activity number 49

### What we know about alcohol (and other drugs) as a mental health issue

#### Purpose

Although alcohol and other drugs (AoD) warrant some different considerations based on the prevalence of use, legality, availability, population groups most impacted, types of harm, and specific influences, there are some factors and ideas that are similar, regardless of the drug that is the focus for the learning programme. This activity requires students to use recent and past copies of the HPA (alcohol.org.nz) newsletter to answer the question, '*why is alcohol use a mental health issue*'? The activity is also about developing skills to find relevant information to use as evidence that supports an analysis or an evaluation.

#### Learning intention

*Checking on prior learning and/or introduction.*

#### Key competencies

Critical thinking, participating and contributing

#### Digital fluency

Accessing and using online materials effectively

**Time** 60 minutes

#### Resources

- Access to the HPA – Health Promotion Agency (alcohol.org) 'Ease up' newsletter free online at: <https://www.alcohol.org.nz/resources-research/alcohol-resources/ease-up-e-newsletter> *Note that anyone can subscribe to this newsletter.*

#### Teaching and learning process:

- Pose the question '*why is alcohol use a mental health issue*'? Invite a range of responses to be shared with the class. Students suggest ideas such as: *people use AoD when they feel depressed, feel they are not coping; they use alcohol to socialise if they are not feeling confident; excessive use can lead to addiction; getting drunk can lead to violence or injury and the result of that is that people are left feeling upset/life in ruins, etc.*
- Explain to the students that they are going to use an online source of information to answer this question – that is they are going to take what they already know about mental health (or mental and emotional wellbeing), look through a selection of articles in

the HPA (alcohol.org.nz) 'Ease Up' newsletter, and answer the question using evidence from this publication.

- Assign each group a different newsletter (month and year) – use the most recent issues.
- Explain to students they need to scan the articles, and pick the ones they think might help them answer the question. They only need to skim read at first. If it's apparent that the article isn't that useful, they can skip it and go to another. Point out that the articles won't necessarily answer the question directly and they will need to use their knowledge of mental health or mental and emotional wellbeing to pick out examples of where this is implied or referred to in other ways. Model an example of this if need be.
- Allow time for students to find examples and provide the opportunity to share ideas with the class. If alcohol is the focus for the learning, recommend that students bookmark or make a note of any articles that could be useful e.g. new reports on alcohol use just released, or research on influences on alcohol use, etc.

### **Teacher knowledge and pedagogy**

Note that the resource *Alcohol and other drugs: A resource of teaching and learning activities for teachers of students in Years 9-11*, (NZHEA, 2017) contains many other activities that teachers could use to revise/introduce a unit focused on AoD.

### **Teacher's evaluation of the activity:**

Did any of the feedback from students indicate the need to revisit aspects of previous learning by reworking and strengthening of some of the Year 9-11 material?

If so which activities could be reused – with modifications and without being repetitive - to provide students with a solid foundation for their Year 12/13 learning about AoD?



## Activity number 50

# Harm minimisation

### Purpose

A harm minimisation approach has underpinned the curriculum approach to AoD education in New Zealand for decades. It is also the approach upon which several iterations of the National Drug Policy have been based. This activity introduces students to the idea of harm minimisation as a way to understand the complex array of strategies (and actions) needed to minimise harm from AoD use.

### Learning intention

Students will develop understanding of harm minimisation and the implications of this for health promotion in AoD contexts. (7/8D1)

### Achievement Standard links

AS91235 (Health 2.1), AS91461 (Health 3.1) and AS91462 (Health 3.2)

### Key competencies

Critical thinking, using language and texts

**Time** 30 minutes

### Resources

- Copy template – this is based on the previous version of the National Drug Policy (2007-2012).

### Teaching and learning process:

- Ask students what they think ‘harm minimisation’ might mean. What do they think it means when applied to AoD? Prompt students if some obvious answers are not suggested. Students make suggestions about harm minimisation e.g. *making harm less severe, reducing the amount of harm, having less people harmed (by AoD), fewer people getting hurt or injured after drinking or taking drugs, less addiction, less policing problems, fewer people using drugs, less alcohol consumption.*
- Based on these ideas, what do you think might be involved in a ‘harm minimisation’ approach? [Dependent on above] e.g. *More education, more health services, more policing, etc.*
- Explain to the students that they are going to look at harm minimisation from the perspective of the National Drug Policy. Provide students with the copy template for this activity and allow time for them to complete the tasks. Provide the opportunity for class feedback about the questions.

**Student learning journal entry**

Students file their responses to the tasks in the copy template.

**Contribution to NCEA achievement**

Supports understanding of strategies for AS91235 (Health 2.1), AS91461 (Health 3.1) and AS91462 (Health 3.2) when AoD is the focus.

**Teacher knowledge and pedagogy**

The harm minimisation approach is still criticised by lobby groups who advocate a ‘just say no to drugs’ approach that’s been around for decades and has failed to meet its objectives, or a ‘zero tolerance’ approach, the implications of which are contradictory to efforts to build young people’s resilience (e.g. excluding from school students caught with AoD). That said, the harm minimisation approach also struggles to show outcomes of reduced harm – especially at national level - but then when we consider what it would take to bring all of these pillars together simultaneously, and the level of resourcing to do this (police and customs, health professionals, teachers and health promoters, and communities) it’s perhaps not surprising that this approach is generally only shown to work at local community level.

Teachers are referred to the Ministry of Education guidelines on this matter - see *AoD Education Programmes - Guide for Schools* (2014) <http://health.tki.org.nz/Teaching-in-HPE/Policy-guidelines/Alcohol-and-other-drug-education-programmes>

**Teacher’s evaluation of the activity**

How readily did students grasp the notion of harm minimisation?

What ideas surfaced that could be used as part of societal strategies for promoting wellbeing in AoD situations?

Copy template

## Harm minimisation

**Harm minimisation as a strategic approach** is based on the three principles or ‘pillars’: supply control, demand reduction, and problem limitation (this version of the model is from the National Drug Policy, 2007-2012).

Supply control	Demand reduction	Problem limitation
<p><i>“Supply control aims to prevent or reduce harm by restricting the availability of drugs.</i></p> <p><i>For legal drugs, this will involve restricting the circumstances in which they can be sold, supplied or consumed.</i></p> <p><i>For illegal drugs, supply control activities will focus on controlling New Zealand’s borders to prevent drugs being imported into the country and shutting down domestic drug cultivation, manufacturing, trafficking and selling operations.”</i></p>	<p><i>“Demand reduction involves a wide range of activities designed to reduce individuals’ desire to use drugs. The focus for demand reduction is on initiatives that aim to delay or prevent uptake, encourage drug-free lifestyles or create awareness of the risks involved with drug use.”</i></p>	<p><i>“Problem limitation seeks to reduce harm from drug use that is already occurring. This group of activities includes emergency services and treatment for problematic drug use and dependence. Some problem limitation interventions do not seek to eliminate or reduce drug use in the short to medium term, but instead aim to reduce the related harm to the individual and community.”</i></p>

Questions
1. Which pillar does learning in health education fit into? Why do you say this?
2. Apart from school based education, who or what other organisations contribute to this pillar?
3. Which pillar do ‘early intervention’ programmes fit into (e.g. programmes that a group of young people with an identified need might attend after they have been caught using drugs at school)?
4. What sorts of jobs do people who contribute to actions within this pillar have?
5. Which agencies or organisations are mostly responsible for the supply control pillar? Why do you say this?
Which pillar(s) would apply in these situations and why?
6. Liquor licensing and sales laws that state the minimum age for purchasing, and where alcohol can and cannot be consumed.
7. School policy, rules and disciplinary procedures prescribe the non-use of alcohol and other drugs at school.
8. Communities lobbying their council for a ban on liquor outlets near schools.
9. Laws about illicit drugs and the illegality of supplying them.
10. School policy that states the circumstances under which alcohol can be used on school premises, or at school and community-related functions.

- |  |
|--|
| 11. Community action groups that advocate rigorous compliance with sale of liquor laws by local liquor suppliers   |
| 12. School policy and procedures that state the consequences for being caught under the influence, in possession of AoD, or dealing in drugs.                |
| 13. Community action groups that formally organise and hold safe parties (e.g. marae-based events that are alcohol-free or have an official liquor licence). |

### Summary questions

- |   |
|---|
| 14. A harm minimisation approach does not condone the use of AoD. What does 'condone' mean? Therefore, what is this sentence saying? How does it relate to ideas about harm minimisation? |
| 15. Does a harm minimisation approach include non-use of AoD? Give a reason for your answer.  |

## Activity number 51

# Using data and evidence

### Purpose

When students are (critically) analysing health and wellbeing issues in preparation for NCEA levels 2 & 3 assessments, it is important that they can use a range of data to clarify what the issue is. What is it about the situation that is causing concern? This knowledge is required in preparation for analysing the range of factors that have directly caused or indirectly influenced the problem in the first place, and what action needs to be taken to improve people's health and wellbeing. This activity requires students to access a data set related to AoD use, and interpret the wellbeing issue (the problem, the cause for concern) from the data.

### Learning intention

Students will show understanding of how data about health and wellbeing needs to be used to identify what the issue is. (8A1)

### Achievement Standard links

AS91235 (Health 2.1), AS91461 (Health 3.1) and AS91462 (Health 3.2) depending on topic selection.

### Key competencies

Critical thinking

### Digital fluency

Access efficiently, accurate information about a health or wellbeing issue, and critique the relevance and accuracy of information being accessed.

**Time** 60 minutes

### Resources

- Online access to data sets such as:
- Youth'12 [https://www.fmhs.auckland.ac.nz/en/faculty/adolescent-health-research-group/publications-and-reports/overview-of-health-and-wellbeing-findings.html#par\\_page\\_title](https://www.fmhs.auckland.ac.nz/en/faculty/adolescent-health-research-group/publications-and-reports/overview-of-health-and-wellbeing-findings.html#par_page_title)
- Ministry of Health, New Zealand Health Survey <https://www.health.govt.nz/nz-health-statistics/national-collections-and-surveys/surveys/current-recent-surveys/new-zealand-health-survey>
- NZ Statistics <https://www.stats.govt.nz/all-topics> (search under 'Society')
- Or links can be found to data from the New Zealand Drug Foundation, and HPA ([alcohol.org.nz](http://alcohol.org.nz)).

### Teaching and learning process:

- What sources of quantitative (numerical) data and qualitative data (referring to quality rather than quantity – information, opinions, perceptions, experiences, etc) about AoD are available? Students suggest data sources such as: *government or NGO reports about young people's well-being, summaries of research reports, recent news items, magazine or journal articles, online posts – blogs, social media, etc. analysis of TV programmes, films (and other stories), personal experiences (keeping the people involved anonymous), interviews or surveys. Note that this activity is specifically about quantitative data – the activities following focus on qualitative data.*
- Whether pre-decided by the teacher (due to assessment specification requirements or consideration of resourcing and student learning needs), or negotiated with students, alcohol, or the drug(s) of focus, is identified for the investigation.
- What types of questions do we want to seek answers to from the data? This can be a bit 'chicken and-egg' for students as their questions will be limited by the online data sets they can access and understand, but until they know what is available they won't know what questions are useful to ask. Students provide some initial thoughts about the sort of data they might need for the investigation e.g. *population statistics by age and sex, how the drug affects wellbeing, costs of harms, how much of the drug is consumed by a population, how many people go to prison for AoD related crimes, how many students get excluded from schools, etc.*
- *For NCEA success students will need to align their selection of data to the influences on, and consequences of AoD use on wellbeing. Some teacher input into the decision about the most useful data sets is recommended.*
- [Optional] Note that the NZHEA Years 9-11 AoD resource contains an activity using a range of the Youth'12 data. This maybe a useful starting point if teachers have not used this activity before, or some of the questions from these tasks could be reused here.
- Direct students to suitable data sources (see recommendations in resource list). Their initial task is to explore what data is available and to check that they can understand what the tables or spreadsheets of data are saying. Be prepared to spend some time doing this as some of these data sets will have uses for other learning contexts, and students may return to some of these for other information in future.
- Once a suitable data set has been located, decide what questions can be asked and answered by these data. Set about making a summary of data that helps to show what the issue or problem is – what is 'cause for concern'?. Remember that the data set can always be returned to if other questions surface throughout the investigation.
- Provide the opportunity for students to share some of their findings so that all students have a variety of data that they can use to justify, with evidence, their statements in their analysis of the issue. *Note that evidence is the data selected to support a case or a claim – not all data will be useful. An important skill to learn is to select relevant data that backs up, or justifies, the point being made.*

**Student learning journal entry:**

File a copy of the data set used (or link to it) and the outcome of this activity in the learning journal for future reference. Encourage students to add notes to their data and analysis to identify things they found helpful when they were interpreting what the selected data set was showing.

**Contribution to NCEA achievement**

When students are compiling evidence for their (critical) analysis of an issue for AS91235 (Health 2.1 – adolescent health issue), AS91461 (Health 3.1 – NZ health issue) and AS91462 (Health 3.2 – international health issue), identifying what the issue is, is vital for a coherent and critical analysis.

**Teacher knowledge and pedagogy**

Teaching students the skills they need to ‘read’ and interpret data for carrying out an analysis or evaluation, tends to require a structured approach to teaching. This is one aspect of health education where constructivist approaches may be less useful and a teacher-led lesson might be more appropriate – until students have developed their data skills enough that they can work more independently.

**Teacher’s evaluation of the activity**

How readily were students able to ‘read’ and make sense of the data in order to identify health and wellbeing issues?

Were they able to draw on learning from other subject areas to help them do this (from which subjects could students transfer data interpretation skills)?

What are the implications of this for future units where students need to be able to clearly identify the nature of health and wellbeing ‘issues’?

## Activity number 52

# Personal and interpersonal influences on AoD use

### Purpose

**This activity provides a planning framework to help identify a range of data sources that provide evidence to show the personal and interpersonal influences on AoD use, and the impacts this has on wellbeing.**

When students identify the factors influencing AoD use by a population, or a specified group (males and females, adolescents or adults), it is most appropriate that they seek examples of evidence from sources that have high relevance for them whether that is the most recent research data from a NZ project, using data they have collected themselves from their own surveys, or other information local to them. An initial activity is provided to explore the possibilities of the evidence that could be useful, but beyond that teachers will need to help students decide on the details of the data to be collected, and how it will be collected. Personal and interpersonal considerations have been grouped together in this activity as these are often closely aligned. *Use of this planning framework assumes prior learning about personal and interpersonal considerations, and the factors that influence wellbeing, and consequences or effects on wellbeing as a result of these factors.*

### Learning intention

Students will collect data to show personal and interpersonal influences on AoD use. (8D1)

### Achievement Standard links

AS91235 (Health 2.1), AS91461 (Health 3.1) and AS91462 (Health 3.2) depending on topic selection

**Resources:** A wide selection of data from government or NGO reports about young people's wellbeing, summaries of research reports, recent news items, magazine or journal articles, online posts – blogs, social media, etc, analysis of TV programmes, films (and other stories), personal experiences (keeping the people involved anonymous), interviews or surveys. Provide guidance for students as to which sources will provide useful evidence for their analysis.

### Teaching and learning process:

Over a succession of lessons, discuss with students the wide range of possible sources of evidence they could use to support their investigation into AoD use. Provide an overview of the approach you intend for them to use – whether structured and directed by you, and/or aspects of the investigation they will carry out themselves. Students, identify a wide range of possible data sources that show personal and interpersonal influences on AoD use. Students negotiate with the teacher and their peers which sources will be used, and how the data for the investigation will be collected.



**Student learning journal entry**

Students maintain a file of data that may be able to be used as evidence for their write up or reporting of their overall analysis of the AoD issue.

**Contribution to NCEA achievement**

Using a range of evidence to support analyses is required for many Level 2 & 3 AS, and is essential for AS91235 (Health 2.1), AS91461 (Health 3.1) and AS91462 (Health 3.2).

**Teacher knowledge and pedagogy**

Depending on student learning needs, the activities needed to provide evidence for the investigation could be structured and scaffolded by the teacher to provide clear guidance for students where this is required (e.g. using activity ideas from across this resource, adapted and applied to an AoD context). Independent learners could be left to collect evidence with minimal teacher supervision (but with occasional and timely checks on progress).

**Teacher's evaluation of the activity**

Learning how to effectively and efficiently locate, select and use data as evidence, to back up and justify a claim or a point being made, takes a lot of practice. How confidently are students locating and selecting relevant data for their AoD investigation?

Are there any particular skills that need more focused attention? If so, what, and what sort of teaching and learning activities are needed to develop these skills? Or does it seem to be more effective to support individual students with individual needs as they surface?

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## Overview of data to collect that could provide evidence of personal and interpersonal influences on wellbeing in AoD contexts

If the <b>personal influence</b> on a person's AoD use is ...	... Possible data sources* that MIGHT provide evidence to support the claim that this is an influence	Why or how does this influence lead to a person's use (or non-use) of AoD, and therefore, affect their wellbeing?
Lack of knowledge about the effects of AoD		
Lack of personal confidence in social situations		
Feeling down and depressed		
Doesn't know how to be assertive		
Doesn't know they have the right to say 'no'		
Lack of experience to know what they are getting into		
Low self-esteem or feelings of self-worth		
Think it will make them popular		
Think it will make them cool (and fit in)		
They are grieving after a major loss		
Personal beliefs about wellbeing		
Feelings of dissatisfaction or inadequacy about the appearance of their body (add your own ideas)		
If the <b>interpersonal influence</b> on a person's AoD use is ....	... What source of evidence* MIGHT support the claim that this is an influence?	Why or how does this influence lead to a person's use (or non-use) of AoD, and therefore, affect their wellbeing?
Peer pressure to use AoD		
Regular use of AoD by close family members		
Parents provide alcohol		

All their close friends use AoD		
Everyone expects you to use AoD		
Alcohol is provided by a coach, parent's friend or other adult		
Pressure from coach or team mates (to use performance enhancing drugs specifically)		
<i>(add your own ideas)</i>		

Note that **data is the raw information collected - quantitative** (numerical) data and **qualitative** data (referring to quality rather than quantity – information, opinions, perceptions, experiences, etc). In an investigation we often collect far more data than we can use, or is relevant to our analysis.

**Evidence is the data we select and use** to back up or justify the statements or claims we make.

\*Data to use as sources of evidence are many – for example select from government or NGO reports about young people's well-being, summaries of research reports, recent news items, magazine or journal articles, online posts – blogs, social media etc, analysis of TV programmes, films (and other stories), personal experiences (keeping the people involved anonymous), interviews or surveys.

**Summary:** What sorts of data will you collect for your investigation? Work with your teacher and peers to share the workload to make sure you collect a wide range of data that you can select from, and use as evidence, when you write up your analysis in your assessment.

## Activity number 53

# Social, cultural, political and economic influences on AoD use

### Purpose

**This activity provides a planning framework to help identify a range of data sources that provide evidence to show the societal influences on AoD use, and the impacts this has on wellbeing.** Using a similar approach to the previous activity a framework of ideas is provided to show teachers and students where they could collect data that shows the social, cultural, political and economic influences on AoD use. An initial activity is provided to explore the possibilities of the evidence that could be useful, but beyond that teachers will need to help students decide on the details of the data to be collected, and how it will be collected. Activity 28, the social determinants of health, is recommended for use in conjunction with this activity. *Use of this planning framework assumes prior learning about societal considerations, and the factors that influence wellbeing.*

### Learning intention

Students will collect data to show societal influences on AoD use. (8D1)

### Achievement Standard links

AS91235 (Health 2.1), AS91461 (Health 3.1) and AS91462 (Health 3.2) depending on topic selection

**Resources:** A wide selection of data from government or NGO reports about young people's wellbeing, summaries of research reports, recent news items, magazine or journal articles, online posts – blogs, social media etc, analysis of TV programmes, films (and other stories), personal experiences (keeping the people involved anonymous), interviews or surveys – provide guidance for students as to which sources will provide useful evidence for their analysis.

### Teaching and learning process:

Over a succession of lessons, discuss with students the wide range of possible sources of evidence they could use to support their investigation into AoD use. Provide an overview of the approach you intend for them to use – whether structured and directed by you and/or aspects of the investigation they will carry out themselves. Students identify a wide range of possible data sources that show societal influences on AoD use. Students negotiate with the teacher and their peers, which sources will be used, and how the data for the investigation will be collected.

### Student learning journal entry:

Students maintain a file of data that may be able to be used as evidence for their write up or reporting of their overall analysis of the AoD issue.

### Contribution to NCEA achievement

Using a range of evidence to support analyses is required for many Level 2 & 3 AS, and is essential for AS91235 (Health 2.1), AS91461 (Health 3.1) and AS91462 (Health 3.2).

### **Teacher knowledge and pedagogy**

Societal influences on wellbeing – in this case wellbeing associated with AoD use, are likely to be less familiar to students as many of these influences operate ‘at a distance’ – through culture, organisations, media and other social structures. Although many of these influences are enacted through interpersonal communication and interaction, what is driving them are circumstances related to the (in)equitable distribution of money and resources in a community or a society, cultural attitudes and values, laws and policies, and systems like health and education. These understandings take time and repeated opportunities to develop. Be prepared to rework these ideas with each new learning context.

### **Teacher’s evaluation of the activity**

How readily are students grasping the idea of these societal influences?

Which ways of explaining how these influences operate and impact wellbeing seem to be making most sense to students?

Are there any aspects of the determinants of health that students don’t seem to understand? If so which, and what can you add to the learning programme to help develop this understanding?

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## Overview of data to collect that could provide evidence of societal influences on wellbeing in AoD contexts

If the <b>societal influence</b> on a person's AoD use is ...	... Possible data sources* to provide evidence to support the claim that this is an influence.	Why or how does this influence lead to a person's use (or non-use) of AoD, and therefore, affect their wellbeing?
Historic cultural behaviours and attitudes		
Measure of masculinity/ rite of passage and masculinity culture in NZ		
Sporting culture traditions		
Poverty		
Unemployment / availability of work		
Living in a community where there is widespread use of AoD		
Living in a community where a lot of income is from AoD		
Media advertising of alcohol		
Laws about alcohol supply		
Laws about alcohol consumption		
Laws about illicit drugs – use, possession and supply		
Subculture – groups that identify specifically with particular AoD use		
Marketing of certain alcohol products to a target group		
Religious or other cultural beliefs		
It's perceived to be common practice in some sports codes		
<i>(add your own ideas)</i>		

Note that **data is the raw information collected - quantitative** (numerical) data and **qualitative** data (referring to quality rather than quantity – information, opinions, perceptions, experiences, etc). In an investigation we often collect far more data than we can use, or is relevant to our analysis.

**Evidence is the data we select and use** to back up or justify the statements or claims we make.

\*Data that can be used as sources of evidence are many – for example select from government or NGO reports about young people's well-being, summaries of research reports, recent news items, magazines or journal articles, online posts – blogs, social media etc, analysis of TV programmes, films (and other stories), personal experiences (keeping the people involved anonymous), interviews or surveys.

**Summary:** What sorts of data will you collect for your investigation? Work with your teacher and peers to share the workload to make sure you collect a wide range of data that you can select from, and use as evidence, when you write up your analysis in your assessment.

## Activity number 54

# Taking action – reducing harm from AoD use

### Purpose

**Following on from the previous two activities, this planning framework identifies a wide range of possible strategies and actions that students could use when compiling a coherent account of their analysis of an AoD situation.** Bringing about sustainable changes to wellbeing (for individuals and communities) requires identifying and making changes to the factors that contributed to – or caused – the problem in the first place. That is, strategies and actions need to align with the factors that influenced the issue. In AoD contexts this is highly complex work, as shown in the harm minimisation activity (Activity 63). When some of the changes require undoing decades of culturally endorsed behaviours (i.e. New Zealand drinking culture) the task may seem insurmountable. However, despite the enormity of the issue, doing nothing is not an option – acting locally can bring about positive changes and reduce harm from AoD – and promote wellbeing. *Use of this planning framework assumes a range of learning about personal and interpersonal actions and some introductory ideas about societal strategies.*

### Learning intention

Students will identify personal, interpersonal and societal strategies to promote wellbeing in AoD contexts. (7/8A1, 7/8C3, 7/8D2)

### Achievement Standard links

AS91235 (Health 2.1), AS91461 (Health 3.1) and AS91462 (Health 3.2) depending on topic selection.

### Resources

Access to government and NGO websites such as:

- NZ Drug Foundation <https://www.drugfoundation.org.nz/> (see policy and advocacy and resources sections)
- HPA (Health promotion Agency) Alcohol.org.nz <https://www.alcohol.org.nz/>
- NZ National Drug Policy (Ministry of Health) <https://www.health.govt.nz/publication/national-drug-policy-2015-2020>
- Ministry of Education AoD Education Programmes - Guide for Schools <http://health.tki.org.nz/Teaching-in-HPE/Policy-guidelines/Alcohol-and-other-drug-education-programmes>
- Global Commission on Drug Policy (2018). *Regulation: The Responsible Control of Drugs* <http://www.globalcommissionondrugs.org/reports/regulation-the-responsible-control-of-drugs/>

### Teaching and learning process:

Over a succession of lessons, discuss with students the wide range of possible strategies and actions that could be applied in AoD situations, and align these with the factors that influenced the situation in the first place. Students, with teacher support, identify a wide range of possible personal, interpersonal and societal strategies and actions that could be applied in AoD contexts. Among these ideas is consideration of the harm minimisation approach (especially as it applies to



societal actions) and use of approaches recommended by key agencies working with evidenced-based approaches in the AoD field.

Help students to see that the many personal strategies (Theme 3, 4) and interpersonal strategies (Theme 2) learned in previous health education lessons and programmes, can be drawn on and applied in an AoD context.

Although understanding the distinction between strategies and actions is not essential knowledge, it may be helpful for students to start understanding that:

- Actions are those activities people actually do – the use of a range of personal and interpersonal skills would tend to be called ‘actions’.
- Strategies are approaches, the way to go about something, or the overall ideas that lead to action being taken. It’s often useful to talk about societal strategies as these often require many different actions to be taken, by different people, with different roles and responsibilities – forming an overall approach.

Also introduce the idea of sustainable strategies and actions i.e. those things that can keep being done by individuals, groups or communities that keep reinforcing the ideas about reducing harm/promoting wellbeing, (especially as new people come and go from communities - like schools), or where resistance to ongoing pressures from wider societal influences need to be constantly maintained.

Students may require a range of prompts about the sorts of actions that can be undertaken to change societal influences:

- cultural attitudes (e.g education, social marketing,
- changes to/effective implementation of law or policy that endorses some practices and limits or prevents others), change to systems (e.g. policy and procedural changes by governing bodies or organisations),
- more resources for better enforcement of laws where these already exist,
- public advocacy asking for these changes to be made,
- upskilling and mobilising people in particular roles such as health professionals or teachers to lead or direct others to make changes (e.g. doctors helping their patients to quit smoking, teachers – who work with students - supporting whole school approaches to reduce and eliminate bullying), and
- community action where people in communities actually undertake actions themselves – guided by some overarching principles and with direction from an organising group.

**Student learning journal entry**

Students maintain a file of strategies and actions that could be applied to a range of AoD situations and used for their write up or reporting of their overall analysis of the AoD issue.

**Contribution to NCEA achievement**

Learning about actions and strategies applies to all AS. In an AoD context, knowledge of these is essential for AS91235 (Health 2.1), AS91461 (Health 3.1) and AS91462 (Health 3.2) – where an AoD context is selected.

**Teacher knowledge and pedagogy**

Teacher knowledge of strategies for promoting wellbeing/reducing harms in AoD contexts is well supported by materials available on the websites listed in the resource section. It is useful to have an overview of the material on these sites in order to direct students to likely sources of useful ideas for the AoD context they are using in the investigation.

**Teacher's evaluation of the activity**

How readily are students able to link the factors that influenced (caused/contributed to) the AoD issue (the issue being the impact AoD use has on wellbeing), with the actions or strategies to reduce harm/promote wellbeing?

This is a fundamental 'big idea' at senior secondary level. What are the implications of learning in AoD for learning in other contexts where these same ideas apply – that is identifying strategies that change the factors that influenced the issue in the first place?

Copy template

## Overview of personal, interpersonal and of societal actions and strategies to reduce harm and promote wellbeing in AoD contexts

*Note:* When answering ‘*what action or strategy is needed to reduce harm or promote wellbeing in this situation?*’ don’t assume (for example) that a personal strategy requires only a personal action - how can an individual person know what they don’t know? Sometimes it takes other people to recognise a problem and act for the benefit of others. In another example, in interpersonal situations where a person is being pressured to use AoD, they might have to develop personal knowledge about ways of being assertive that they can then use in interpersonal situations.

If the <b>personal influence</b> on a person’s AoD use is ...	What action or strategy is needed to reduce harm and promote wellbeing in this situation?	Who carries out this action or strategy?
Lack of knowledge about the effects of AoD		
Lack of personal confidence in social situations		
Feeling down and depressed		
Doesn’t know how to be assertive		
Doesn’t know they have the right to say no		
Lack of experience to know what they are getting into		
Low self-esteem or feelings of self-worth		
Think it will make them popular		
Think it will make them cool (and fit in)		
They are grieving after a major loss		
Personal beliefs about wellbeing		
Feelings of dissatisfaction or inadequacy about the appearance of their body		
(add your own ideas)		
If the <b>interpersonal influence</b> on a person’s AoD use is ...	What action or strategy is needed to reduce harm and promote wellbeing in this situation?	Who carries out this action or strategy?
Peer pressure to use AoD		

Regular use of AoD by close family members		
Parents provide alcohol		
All their close friends use AoD		
Everyone expects them to use AoD		
Alcohol is provide by a coach, parent's friend or other adult		
Pressure from coach or team mates (to use performance enhancing drugs specifically)		
<i>(add your own ideas)</i>		
If the <b>societal influence</b> on a person's AoD use is ...	What action or strategy is needed to reduce harm and promote wellbeing in this situation?	Who carries out this action or strategy?
Historic cultural behaviours and attitudes		
Measure of masculinity/ rite of passage and masculinity culture in NZ		
Sporting culture traditions		
Poverty		
Unemployment / availability of work		
Living in a community where there is widespread use of AoD		
Living in a community where a lot of income is from AoD		
Media advertising of alcohol		
Laws about alcohol supply		
Laws about alcohol consumption		
Laws about illicit drugs – use, possession and supply		
Subculture – groups that identify specifically with particular AoD use		

Marketing of certain alcohol products to a target group		
Religion or other cultural beliefs		
It's perceived to be common practice in some sports codes		
<i>(add your own ideas)</i>		

## Acknowledgements and references

These teachers are acknowledged for contributing ideas for activities:

- Rachel Dickinson, Sacred Heart Girls' College: Ideas to supplement our prompts for taking health promoting action (Activity 50).
- Karen Hedges: Alcohol knowledge race (Activity 10) and alcohol knowledge skits (Activity 11).
- Catherine Matthews, Wellington East Girls' College: Who benefits from alcohol advertising? (Activity 30), Agony Aunt (Activity 47).
- Kathryn Wells, Lynfield College: Investigating an AoD issue (Activity 39) , Designing a health promotion advertisement (Activity 48).
- Cameron Smith, Scots College: Advocacy and alcohol advertising (49) and AoD in the media - fact or opinion? (adapted from the Critical Analysis Process, Gillespie & McBain, 2011) (Activity 29).

All reasonable efforts have been made to cite original sources for activities where the lead writers have knowingly adapted, or used ideas from, existing resource materials. These sources are acknowledged below. However, as the diversity of ideas that have contributed to the development health education knowledge and pedagogy have been continuously recycled and redeveloped over the past two decades, who to cite for contributing some teaching and learning activities and strategies is less certain. We apologise if we have not given credit for original ideas where this is warranted and thank you for the contribution your ideas have made to the development of health education in *The New Zealand Curriculum*.

### Sources of ideas for teaching and learning activities:

- Tūturu Support Plan Template – repurposed (Activities 3-4) and the Services Map (Activity 44) are from <https://www.tuturu.org.nz/>
- *Caring for Yourself and Others* Vol I&II (Christchurch College of Education, 1998) – ideas for activities related to class safety guidelines (Activity 2), values continuums (Activity 5), dominoes (Activity 8), postbox (Activity 6), drug language (Activity 13), risk situations (Activity 21), legal issues (Activities 26-27), and assertiveness (Activity 41).
- *Taking Action: Lifeskills in health education* (G. Tasker, R. Hipkins, P. Parker & J. Whatman, MoE, 1994) – ideas for activities related to assertiveness (Activity 41), decision making (Activity 42), and problem solving (Activity 43).
- Mental Health Matters 2<sup>nd</sup> edition (Mental Health Foundation, 2009) ideas for activities related to class safety guidelines (Activity 2), values continuum (Activity 5). <https://www.mentalhealth.org.nz/assets/ResourceFinder/Mental-health-matters-a-health-education-resource-for-junior-secondary-school.pdf>
- *The Curriculum in Action: Making Meaning Making a Difference* (MoE, 2004) – ideas for the Action Competence Learning Process (Activity 50).
- Alcohol.org.nz (part of Health Promotion Agency, HPA) – use of online tools for exploring effects of alcohol on the body (Activity 15), host responsibility (Activity 45), and pouring standard drinks (Activity 36).
- The Drug Education Matrix of Learning Outcomes are originally from the MoE *Drug Education Matrix of Learning Outcomes for Levels 1–8 within the New Zealand Health and*

*Physical Education Curriculum* that supported *Drug Education: A Guide for Principals and Boards of Trustees* (Ministry of Education, 2002).

- The Health and Physical Education Achievement Objectives are as stated in *The New Zealand Curriculum* (MoE, 2007)
- Goals setting (Activity 40) adapted from Hedges, K. & Robertson, J. (2019) *Food, nutrition and wellbeing*. ESA: Auckland.

**Data and information from the following documents and organisations was also used:**

- New Zealand Drug Foundation – for drug information used across a range of activities.
- The whole school approach information is from *Alcohol and Other Drug Education Programmes: Guide for schools* (MoE, 2014). <http://health.tki.org.nz/Teaching-in-HPE/Policy-guidelines/Alcohol-and-other-drug-education-programmes>
- Statistical data for Activity 35 is from the prevalence tables accompanying the Youth'12 document:  
Clark, T. C., Fleming, T., Bullen, P., Denny, S., Crengle, S., Dyson, B., Fortune, S., Lucassen, M., Peiris-John, R., Robinson, E., Rossen, F., Sheridan, J., Teevale, T., Utter, J. (2013). *Youth'12 Overview: The health and wellbeing of New Zealand secondary school students in 2012*. Auckland, New Zealand: The University of Auckland.
- Information about resilience for Activity 18 is from the *Youth Development Strategy Aotearoa* (Ministry of Youth Development, 2002) <http://www.myd.govt.nz/resources-and-reports/publications/youth-development-strategy-aotearoa.html>
- The Advertising Standards Authority code is used in Activity 49 <http://www.asa.co.nz/codes/codes/code-for-advertising-and-promotion-of-alcohol/>
- Te Kete Ipurangi ESOL Online and Literacy Online for literacy strategies (Activity 34) <http://literacyonline.tki.org.nz/> and <http://esolonline.tki.org.nz/>
- The NZQA Health Achievement Standards are at <http://www.nzqa.govt.nz/qualifications-standards/qualifications/ncea/subjects/health/levels/>
- The Ministry of Health Surveys from successive years have been used as a sources of examples of population data.

## Other resources and references

Each activity includes a list of resources specific to the activity. This list below highlights a number of other resources that teachers may find useful to support AoD education.

Resources to support:	Links and sources
Tūturu	Thinking critically about cannabis law reform (2019) Marketing energy drinks (2018) Thinking critically about the marketing of vaping products and young people's wellbeing (2019) <a href="https://www.tuturu.org.nz/resource-hub/">https://www.tuturu.org.nz/resource-hub/</a>
Understanding of models of health and well-being	Māori health models: <a href="http://www.hauora.co.nz/m%C4%81ori-health-models.html">http://www.hauora.co.nz/m%C4%81ori-health-models.html</a> <a href="http://www.health.govt.nz/our-work/populations/maori-health/maori-health-models">http://www.health.govt.nz/our-work/populations/maori-health/maori-health-models</a> Pasifika health model: <a href="http://www.hauora.co.nz/pacific-health-promotion-models.html">http://www.hauora.co.nz/pacific-health-promotion-models.html</a>
Key AoD readings and resources	<i>AoD Education Guide for Schools</i> (2014): <a href="http://health.tki.org.nz/Teaching-in-HPE/Policy-guidelines/Alcohol-and-other-drug-education-programmes">http://health.tki.org.nz/Teaching-in-HPE/Policy-guidelines/Alcohol-and-other-drug-education-programmes</a>  Drug use data and statistics: <a href="http://www.health.govt.nz/nz-health-statistics/health-statistics-and-data-sets/drug-use-data-and-stats">http://www.health.govt.nz/nz-health-statistics/health-statistics-and-data-sets/drug-use-data-and-stats</a>
Youth health and well-being data	Youth 2012 reports, articles on specific health and well-being issues: <a href="https://www.fmhs.auckland.ac.nz/en/faculty/adolescent-health-research-group/publications-and-reports/">https://www.fmhs.auckland.ac.nz/en/faculty/adolescent-health-research-group/publications-and-reports/</a>
NZ Drug Foundation	For a range of drug information, and video material <a href="https://www.drugfoundation.org.nz/">https://www.drugfoundation.org.nz/</a> The publication " <i>Matters of substance</i> " provides a range of articles suitable for senior programme and teacher PLD.
Health Promotion Agency (HPA)	<a href="http://www.alcohol.org.nz">www.alcohol.org.nz</a> including the AlcoholNZ magazine: <a href="http://www.alcohol.org.nz/resources-research/alcohol-resources/alcoholnz-magazine">http://www.alcohol.org.nz/resources-research/alcohol-resources/alcoholnz-magazine</a>
Youth mental health	Youth mental health: <a href="https://thelowdown.co.nz/">https://thelowdown.co.nz/</a> Mental Health Foundation
Older teaching and learning resources with useful activities	<ul style="list-style-type: none"> <li>Tasker, G. (Ed) (1998). <i>Caring for Yourself and Others</i>, Christchurch College of Education.</li> <li>Tasker, G., Hipkins, R., Parker, P. &amp; Whatman, J. (1994) <i>Taking Action: Life skills in Health Education</i>. Wellington; Learning Media.</li> <li>Ministry of Education (2004) <i>The Curriculum in Action: Making Meaning Making a Difference</i> <a href="http://legacy.tki.org.nz/r/health/cia/make_meaning/teach_learnappr_ecrire.php">http://legacy.tki.org.nz/r/health/cia/make_meaning/teach_learnappr_ecrire.php</a></li> <li>Tasker, G., &amp; Hipkins R. (2001) <i>Social Issues: Alcohol – A resource for health education teachers of Years 12 and 13</i>. Christchurch College of Education.</li> </ul>



