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| NCEA Level 1 External Assessment Planning Framework 2021 *(no substantial changes from 2020)***AS90972 (Health 1.2)** Demonstrate understanding of influences on adolescent eating patterns to make health-enhancing recommendations *and***AS90975 (Health 1.6)** Demonstrate understanding of issues for making health-enhancing decisions in drug-related situations |  |

This document is to support teachers of health education to make planning decisions about teaching units leading to assessment by the externally assessed **Level 1 Achievement Standards**. Please note that this is NOT a planned unit, but a **guide to support teachers** to plan programmes that meet the unique needs of their learners. The framework leaves open the opportunity for teachers to add locally relevant and topical material to the learning programme.

NZHEA provides **practice exams** for teachers who are NZHEA members who wish to make use of them. These become available during term 1 of the school year. Notification of these is via the NZHEA Facebook page and our newsletters. Teachers are of course encouraged to develop their own practice exams to help prepare students for the end of year examinations.

The Assessment Specifications for 2021: (see <https://www.nzqa.govt.nz/ncea/subjects/assessment-specifications/> for original and full text).

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| **AS90972 (Health 1.2) Demonstrate understanding of influences on adolescent eating patterns to make health-enhancing recommendations** | **AS90975 (Health 1.6) Demonstrate understanding of issues for making health-enhancing decisions in drug-related situations** |
| **Format of the assessment**Candidates will be required to analyse a scenario to:• describe influences on adolescent eating patterns• describe impacts on wellbeing• make health-enhancing recommendations.**Content/context details**Candidates should be familiar with adolescent eating patterns.**Special notes**• Candidates are required to use the scenario(s) and information provided to support their answers.• Candidate responses should provide evidence of their own thinking.• For more guidance, refer to Explanatory Note 3 of the standard. | **Format of the assessment**Students will apply health-knowledge to a scenario provided in a resource booklet. Candidates will be required to:* describe the issues presented in the resources
* make a health-enhancing decision in a drug-related situation.

**Content/context details**Candidates should be familiar with health issues related to young people. The focus will be **on one or more of** the following:* Vaping
* Alcohol
* Cannabis

**Special notes*** Candidates are required to use the resources provided to support their answers.
* Candidate responses should provide evidence of their own thinking.
* For more guidance, refer to Explanatory Note 2 of the standard.
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| **Extra notes:**Please keep an eye out for the **Youth2019 data**. The first summaries of this huge data set should be available early 2020 from <https://www.fmhs.auckland.ac.nz/en/faculty/adolescent-health-research-group/publications-and-reports.html> Some survey questions relate to adolescent eating patterns and behaviours. NZHEA will endeavour to make resources using data relevant to 2020 external assessment contexts available as soon as possible.  | **Extra notes:**The NZHEA December 2019 newsletter article about vaping resources has been reproduced here. It provides many links to other sources of information. Please keep an eye out for the **Youth2019 data**. The first summaries of this huge data set should be available early 2020 from <https://www.fmhs.auckland.ac.nz/en/faculty/adolescent-health-research-group/publications-and-reports.html> This survey has historically asked quite a number of questions about substance use. NZHEA will endeavour to make resources using data relevant to 2020 external assessment contexts available as soon as possible.  |

**With no significant changes to the specifications in 2021, this document is a slightly adapted version of the 2019 & 2020 planning frameworks.**

Planning framework for:

**AS90972 (Health 1.2) Demonstrate understanding of influences on adolescent eating patterns to make health-enhancing recommendations**

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| **Using this planning framework**  |
| **As a planning framework this is NOT a developed unit plan. The purpose of the following information is to provide teachers with a series of prompts and ideas to initiate planning discussions.*** Make use of department or regional cluster meetings develop this into a unit plan reflecting learning needs, local knowledge, and specific interests of students.
* Locate and share resources to use as evidence or to support the learning

Note: When teaching about health issues that have their roots in biomedical and scientised understandings of ‘health’ – like food and nutrition - but the learning focus is more about the psychological and sociological considerations related to ‘wellbeing’ (as is in HPE in the NZC) it presents something of a dilemma about what to teach and where to put the time and emphasis so that the learning programme is meaningful. It is difficult to teach about food and nutrition without some of this biomedical health information as background for understanding ‘wellbeing’. However, it is important that students realise that for health education purposes, this biomedical information by itself is not the learning outcome. That said, it is required for understanding the connection of food and nutrition to physical wellbeing, but from this, students then need to extrapolate ideas and make connections with mental and emotional, social and spiritual wellbeing.  |
| **Resources – Curriculum specific resources** | **Food and nutrition related agencies and organisations**  |  **… cont ….** |
| The educational resource material in this area is still dominated by scientised understandings of food and nutrition as it relates to biomedical ‘health’. While this information is still useful background knowledge, much of it doesn’t relate to a HPE understanding and will need to be developed to meet curriculum AOs that contribute to the NCEA criterion. * Curriculum in Action series on the MoE Te Kete Ipurangi website – see the H&PE community section at [www.tki.org.nz](http://www.tki.org.nz)
* The HPE learning progressions (based on the food and nutrition key area of learning) - while Year 1-10 provide some useful direction for understanding F&N in the NZC <http://hpeprogressions.education.govt.nz/>

The ESA Year 9&10 and Year 11 (NCEA Level 1) Learning Workbooks also contain learning activities. The Food, nutrition and wellbeing title for year 9&10 was published in 2019. <https://esa.co.nz/collections/learning-workbook/subject_health-education> For personal and interpersonal skills that can be applied to food and nutrition contexts: * *Mental health education and hauora: Teaching interpersonal skills, resilience, and wellbeing* (Katie Fitzpatrick, Kat Wells, Melinda Webber, Gillian Tasker, Rachel Riedel, NZCER, 2018) <https://www.nzcer.org.nz/nzcerpress/mental-health-education>

The end of this file also contains a generic list of P-IP-S influences and actions/strategies that can be applied to the activities.  | * **Ministry of Health** Current Food and Nutrition Guidelines <https://www.health.govt.nz/our-work/eating-and-activity-guidelines/current-food-and-nutrition-guidelines> including Eating for Healthy Vegetarians
* *Food and Nutrition Guidelines for Healthy Children and Young People (Aged 2–18 Years) – A background paper* (Aug 2012) – with updates 2015 <https://www.health.govt.nz/publication/food-and-nutrition-guidelines-healthy-children-and-young-people-aged-2-18-years-background-paper>
* **Health Promotion Agency** <https://www.hpa.org.nz/programme/nutrition-and-physical-activity> - includes resources such as the HPA posters ‘*How much sugar is in that drink?*’ <https://www.hpa.org.nz/sites/default/files/How-much-sugar-in-that-drink.pdf>
* HealthEd - see the ‘healthy eating’ and ‘physical activity’ sections <https://www.healthed.govt.nz/>
* Healthy kids <https://www.healthykids.org.nz/eat>
* Health Navigator New Zealand (Eating & Drinking section) <https://www.healthnavigator.org.nz/healthy-living/eating-drinking/>
* **5+ a day** <http://www.5aday.co.nz/>
* **New Zealand Heart Foundation** – see ‘eating for a healthy heart’ <https://www.heartfoundation.org.nz/wellbeing/healthy-eating/eating-for-a-healthy-heart>
* Healthline <https://www.healthline.com>
* Other NZ reports e.g. <https://royalsociety.org.nz/what-we-do/our-expert-advice/all-expert-advice-papers/sugar-and-health/how-much-sugar-should-we-eat/>
* Nutrition Foundation <https://nutritionfoundation.org.nz/nutrition-facts>

Māori and Pasifika health (related to food and nutrition): * Toi tangata <https://toitangata.co.nz/>
* Health Promotion Forum [www.hauora.org.nz](http://www.hauora.org.nz)
* Pacific Heartbeat Programme <https://www.heartfoundation.org.nz/your-heart/pacific-heartbeat>
 | * Information about food labelling <https://www.mpi.govt.nz/food-safety/food-safety-for-consumers/food-labelling/>
* Understanding the NIP (nutrient information panel) can be found at <http://www.foodstandards.govt.nz/consumer/labelling/panels/Pages/default.aspx> and <http://www.foodstandards.govt.nz/consumer/labelling/PublishingImages/170314-interactive-labelling-poster.pdf>
* Advertising techniques, marketing of food products through social media, - see the Tūturu resource ‘*Thinking critically about the marketing of energy drinks and the wellbeing of young people’,* (2018) <https://www.tuturu.org.nz/assets/uploads/Marketing-energy-drinks.pdf>
* Children and Young People’s Advertising Code <http://www.asa.co.nz/codes/codes/new-children-young-peoples-advertising-code/>

Look out for a new Nutritional Guidelines document coming out as part of the Healthy Active learning Toolkit later in 2021 (delayed from 2020) <https://sportnz.org.nz/get-active/ways-to-get-active/physical-education/healthy-active-learning/>  |

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| **Explanatory notes** |  |
| **EN2*** Understanding of influences includes consideration of the personal, interpersonal and societal factors that influence adolescent eating patterns, and the impact of eating choices on adolescent well-being.
* Adolescent eating patterns refer to behaviours and practices related to food consumption that apply either to individual adolescents or adolescents as a group.
* Health-enhancing recommendations include the identification of personal, interpersonal and societal actions. Societal actions may include advocacy strategies that have the potential to bring about change by supporting, promoting, or encouraging adolescents to make health-enhancing changes to their eating patterns. Recommendations may be presented in different formats as applicable to the assessment context, for example in an action plan.
 | **EN3*** **Demonstrate understanding** means to describe influences on adolescent eating patterns and the impact of these on well-being, and to describe health-enhancing recommendations related to a specific situation.
* **Demonstrate in-depth understanding** means to explain the influences on adolescent eating patterns and the impact of these on well-being, and to explain health-enhancing recommendations for a specific situation. An in-depth understanding requires explanations to be justified with reasons.
* **Demonstrate comprehensive understanding** means to explain with insight the influences on adolescent eating patterns and the impact of these on well-being. Insightful explanations consider the connections between the influences, or between the impacts. A comprehensive understanding requires explanations of critical health-enhancing recommendations for a specific situation. Critical recommendations are those clearly related to the influences.
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| **Classroom safety considerations**  |
| We place a lot of attention and importance on making our classrooms safe when considering teaching and learning around mental health and sexuality issues. Teaching and learning about food and nutrition issues is no different. *At the risk of preaching to the converted* …**1 The languaging of F&N education** * Avoid referring to foods as being ‘good’ and ‘bad’ in favour of ‘foods we eat should eat more/less of’.
* Try to avoid making absolute claims about what is ‘healthy’ as the meaning of this will vary between individuals and (cultural and other) groups – sometimes ‘health-enhancing’ might be a better term to use than saying that certain eating or dietary practices/behaviours are ‘healthy’ which may assume a right/wrong one-size-fits-all answer. Sometimes the term ‘nutritious food’ is useful as it can be justified in relation to the nutrient content of the food.
* Also that some food is more ‘nutritious’ than healthy – and so refer to the nutrient content of the food without making a judgement based on other factors.
* ‘Diet’ simply refers to all the food a person eats as distinct from ‘going on a [named/specified] diet’ to change size or shape or manage a health condition.

**2 Keeping the focus on making health-enhancing food choices and the complex interplay of factors that influence this – NOT the health problems** * **The issue of obesity (and related health conditions like diabetes):** The issue of obesity as a biomedical condition is seemingly unavoidable when learning about food and nutrition given the substantial and pervasive focus of the issue in the global media, and the way poor quality food choices (like fast food and junk food) and over-eating are a feature of this. As a matter of medical definition, some of your students, or their family members, may be obese and a focus in class on the issue may not feel safe for some students who are sensitive to their size and weight and perhaps experiencing negative body image and bullying. If the issue is raised, avoid making the issue one about personal choices and focus on issues like the obesogenic environment in some communities. This is a really complex issue and it warrants consideration of the determinants of health (especially links to lower socio-economic status) which is covered more at years 12&13. Generally try and avoid the issue as such and keep the focus on the many interconnected factors that influence individuals and communities to make health-enhancing food choices.
* **The issue of eating disorders:** For many years the guideline about eating disorders (and increasingly body or muscle dysmorphic disorders) is not to focus on EDs as such as it tends to glamorise and normalise them (many girls especially are seemingly fascinated by images of extreme thinness). The factors that contribute to the development and management of mental health problems like bulimia and anorexia nervosa are also very complex. Again, if the topic is raised, bring the focus back to the many interconnected factors that influence people to make health-enhancing food choices (noting also that media has a big part to play in the way that images of slim people dominate media, and the differential treatment of thin and large bodies in the media – although this is slowly changing in places). An updated statement about eating disorders in provided in the 2019 NZHEA resource *‘Mental health education in The New Zealand Curriculum: NZHEA position statement’* – see the resources NZHEA website for this.

**3 The impact of poverty of food security in NZ and food choices:** ***Food security,*** *as defined by the United Nations' Committee on World Food Security, is the condition in which all people, at all times, have physical, social and economic access to sufficient safe and nutritious food that meets their dietary needs and food preferences for an active and healthy life.*Teachers working in low-socio-economic communities are generally aware of the impact of poverty on aspects of life like what it costs for families to make health-enhancing food choices. Be sensitive when engaging in learning where the learning focus is on the way poverty limits choices*. If need be*, focus attention on issues of poverty and food in an overseas context to distance students from their local situation. **4 Teacher’s own values and beliefs about food** Be aware of your own knowledge, values and beliefs about food. As teachers our messages about recommended food intake and nutritional balance for adolescents should reflect what is known from sound research evidence (see the MoH report *Food and Nutrition Guidelines for Healthy Children and Young People (Aged 2–18 Years) – A background paper* (Aug 2012, with updates 2015) - see link following). **5 Food advice** Related to (4) above, as teachers and not health professionals, be wary about giving any personal health advice to individual students. When students have particular dietary queries related to their own health, for your protection and theirs, recommend that they visit the school nurse or their GP.**6 Measure of success in food and nutrition education (and health education in general)** Remember, the outcomes of your health education programme - when you are a *teacher* and the student is a *learner* - are learning outcomes (learned knowledge, skills and understanding) ***not*** biomedical health outcomes or health behaviour outcomes. The success of your teaching, and your students learning progress and achievement, cannot be based on outcomes beyond the control of you and your students, or sit outside the education sector mandate for you *as a teacher. For example, think of the way poverty in some communities significantly impacts the food choices of your students and their families.*  |

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| **Some foundations – about food and nutrition, health and wellbeing** | **Focusing the learning to NZC Level 6 and NCEA L1 by applying all of the HPE underlying concepts****(presented as ideas for activities)**  | Keep in mind those **critical thinking questions** when examining any food and nutrition situation.  |
| * Basic nutritional knowledge about macronutrients (carbohydrates, protein and fats) and micronutrients (minerals like calcium and iron, and vitamins A-E) and *very basically* what they are used for in the body – plenty of online sites for this – see list above. (Make links with Science programme if/where possible).
* Develop an overall understanding of the NZ Ministry of Health recommendations for healthy eating for adolescents (pamphlet can be read online or order print copies – see the MoH webpage for Food and Nutrition Guidelines <https://www.health.govt.nz/our-work/eating-and-activity-guidelines/current-food-and-nutrition-guidelines> and navigate from there – includes Eating for Healthy Vegetarians.
* Help students to understand the distinction between biomedical physical health – as related to food and nutrition – and overall wellbeing of which physical wellbeing is but one part.

**Note:** making links with **spiritual wellbeing** in food and nutrition contexts can become contrived. Try to stick to what is meaningful e.g. food traditions that form part of family or cultural practices help people to have a **sense of identity** (who they are), and to be **connected and belong**; people have personal, family, religious or cultural **values and beliefs** about the food they choose to eat and/or not eat – food that they believe is important for them and relevant to their live and wellbeing; some peoples passions and interests about food that are an important part of who they are (**their identity, their purpose in life**) – think of people who grow and produce food, or cooks and chefs who prepare food, people who hunt or gather food from the wild; etc.  | Broad ideas:* Brainstorm a range of food related health and wellbeing issues in NZ and internationally – what do students understand about the nature of the issue/the problem and the causes of these (and what they think could be done)? Acknowledge these exist and that the focus for learning is about the many factors that influence whether or not people get to make health-enhancing food choices (see safety notes on front page).
* Explore their own values and beliefs about aspects of these issues in a values continuum.
* If not already done, **introduce basic ideas around personal, interpersonal and societal (P-IP-S) considerations** – make a large wall chart/collage of words and images to show examples of P, IP and S considerations related to food.

*Use some form of added coding system (colour or symbols) to highlight physical, mental and emotional, social and spiritual considerations.** This P-IP-S focus will require some added focus to highlight those factors that influence food choices. This added focus will need to be reapplied to many of the other activities. *See the generic list of influences on food choices at the end of this resource – a selection of these can be applied to F&N situations.*
* Where it arises, explore some of the contradictory information about the health claims around food and diet and food behaviours
* Explore a range of P-IP-S actions (things that people can do) or strategies (overall approaches) that people can use to enhance health and wellbeing when food and nutrition issues impact wellbeing. *See the generic list of actions at the end of this resource – a selection of these can be applied to F&N situations.*
* Investigate a particular issue in more detail by applying basic P-IP-S ideas to the situation e.g. sports and energy drinks, added/hidden sugar in food, myths about ‘healthy’ food’, whole foods vs processed foods, various food beliefs (types of diet), different cultural traditions around food, global trends like veganism or eating locally produced and seasonal foods, zero-waste polices etc, and how these influence food choices and what we eat

Activity ideas that to which the P-IP-S and hauora and wellbeing considerations can be applied *(noting that health promotion and attitudes and values are an integral part of these activities)* * Critique the NZ Ministry of Health recommendations for healthy eating for adolescents.
* Critique NZ and overseas health promotion models and campaigns related to various aspects of healthy eating.
* Learn how to read food labels.
* Analyse food advertising (TV, print, online etc) for compliance with Children and Young People’s Advertising Code.
* Investigate the ways food and beverage products are marketed to young people on social media – what do you need to learn to become a critical consumer and an informed digital citizen?
* (Briefly) Visit the Ministry of Primary Industries (MPI) food regulations online (these are mind bogglingly complex) – critique how helpful all this legislation is for helping people to have access to healthier food choices.
* Find out what ‘globalisation’ means in relation to food – debate is globalisation of food a good thing or a bad thing?
* What is ‘food security’ – do you think the issue of food security applies in New Zealand – take a position (yes or no) and make a case for your claim.
* What is an ‘obesogenic environment’ and how does such an environment influence food choices? Analyse whether or not your school, the local shopping mall, or other community venue is ‘obesogenic’. If so, what needs to change to support people and communities to have healthier food choices?
* Investigate a cultural food tradition and makes links between this tradition and all dimensions of wellbeing. Share these with the class.
* Investigate global food trends and whether or not these are of interest to adolescents.
* Reapply personal self-management and interpersonal communication skills learned previously to situations involving food choices e.g. problem solving and decision making, effective communication, goal setting etc.
* Learn what advocacy is and how it can be applied to situations where people and communities need to be supported to make healthier food choices.
* Expand the goal setting activity for AS90971 (Health 1.1) to a group action plan that maps out how to take action around a specific food issue in the school or local community (*see for example the Tūturu resource about energy drinks*)
 | 1. What do you know about this issue or situation?
2. How did you come to know this?
3. How do you feel about this issue or situation?
4. What is the evidence for this knowledge?
5. What are your beliefs about this knowledge? And why do you believe this?
6. What information is missing from this picture?
7. Why is this information missing?
8. Have the social, cultural, economic, political, and/or ethical aspects of this situation been considered?
9. Whose voice is heard in this writing, article, or classroom activity?
10. Whose interests are being served? Who has the power in this situation?
11. Who is being advantaged?
12. Who is not being heard or served?
13. Who is being disadvantaged?
14. What are the inequalities that exist in this situation?
15. What needs to change?
16. How can you contribute to this change?

Source: <http://health.tki.org.nz/Key-collections/Curriculum-in-action/Making-Meaning/Teaching-and-learning-approaches/Engaging-students-in-critical-thinking> |

**Basic framework for a unit plan –** *use this as a guide only and consider the ordering of activities to build knowledge, and way learning can make links with other health education units, as well as links across subjects where curriculum design allows for this*

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| 1. **Prior knowledge**

Activities to identify what students already know about nutrition, what sorts of food issues they are interested in, opportunities for making links with local food-related experiences, students other subjects (biology/science, home ec etc) | 1. **Knowledge about nutrients in food** *- where this knowledge does not already exist*

Brief activities to build basic knowledge about macronutrients (carbohydrates, proteins and fats) and micronutrients (vitamins and minerals) – and what these do in the body to maintain ‘health’  | 1. **Ministry of health guidelines and NZ models for healthy eating**

A critique of the official documents that inform our food choices  | 1. **Food, nutrition and hauora**

**A MAIN LEARNING FOCUS**A series of activities that build knowledge of the way food relates to all dimension of wellbeing, and in an interconnected way.  |
| 1. **The language used in health education**

(Woven across activities) language to use when referring non-judgementally to food choices. | 1. **Knowledge about personal, interpersonal and societal influences on food choices** *- where this knowledge does not already exist*

Activities that provide a basic introduction to the socio-ecological perspective (P-IP-S). *Acknowledge that these influences on food choices can be positive leading to health-enhancing (related to all dimensions) and nutritious (related particularly to the physical dimension).* *To achieve sufficient breadth of topic coverage, watch that these activities are pitched at NZC Level 6/NCEA level 1 and don’t creep too far into the more detailed Level 2 understandings.*  | 1. **Knowledge about personal influences on food choices**

**A MAIN LEARNING FOCUS**A variety of activities that focus on the ways personal knowledge, attitudes values and beliefs, experiences, tastes, state of health etc influence the food choices an individual can make. Keep the focus here on adolescent eating patterns. | 1. **Knowledge about interpersonal influences on food choices**

**A MAIN LEARNING FOCUS**A variety of activities that focus on the ways a range of interpersonal situations involving family, and peers/friends influence the food choices an individual can make. |
| 1. **Knowledge about societal influences on food choices**

**A MAIN LEARNING FOCUS**A variety of activities that focus on the ways community and societal factors influence what an individual eats. *Keep this basic for NCEA Level 1 e.g.** Advertising on TV, print and in public spaces
* Social media - for targeted advertising that ignores advertising standards
* News media and the internet (for confusing and conflicting information about food
* Culture – ethnicity-based culture, youth culture etc
* Access to money and resources
* School policies, advertising policies, food safety polices
 | 1. **Personal actions and strategies that support people to make health-enhancing and nutritious food choices**

**A MAIN LEARNING FOCUS**Activities that relate to changing the negative influences / promoting the positive influences at a personal level that enable people to make health-enhancing and nutritious food choices. Be sure to include:* Building knowledge and skills for being a critical consumer

*See the generic list of personal actions in the following table – apply a relevant combination of these to F&N situations these.*  | 1. **Interpersonal actions and strategies that support people to make health-enhancing and nutritious food choices**

**A MAIN LEARNING FOCUS**Activities that relate to changing the negative influences / promoting the positive influences at an interpersonal level that enable people to make health-enhancing and nutritious food choices. Be sure to include:* Interpersonal skills like joint problem solving and assertiveness (link to AS90974 (health 1.4) interpersonal skills)

*See the generic list of interpersonal actions in the following table – apply a relevant combination of these to F&N situations these.* | 1. **Community and societal actions and strategies that support people to make health-enhancing and nutritious food choices**

**A MAIN LEARNING FOCUS**Activities that relate to changing the negative influences / promoting the positive influences at a community or societal level that enable people to make health-enhancing and nutritious food choices. Be sure to include:* Advocacy skills
* Action planning (based on AS90971 (Health 1.1 goals setting) applied to groups and community situations

*See the generic list of societal actions in the following table – apply a relevant combination of these to F&N situations these.* |
| 1. **Overview of online information sources**

(Woven across activities) Activities that support learning to think critically and select online sites with evidence based information that is relevant to young people, and those that contain ‘popular ‘views and opinion not based on reliable evidence. | 1. **Opportunities to practice responding to assessment-type questions**
* Use old exam papers or NZHEA practice exams
* Encourage peer review and feedback
* Use the schools online learning platform to share examples of quality answers and what makes these good quality responses
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**Summary template for AS90972**

Use the generic template following to gradually compile a framework of ideas that students could apply to a range of wellbeing situations related to food and nutrition

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|  | **Influences on wellbeing**  | **Consequences for wellbeing** *(each dimension and how these inter-relate)* | **Actions or strategies for promoting and supporting wellbeing**  |
| **Personal** |  |  |  |
|  | **Influences on wellbeing**  | **Consequences for wellbeing**  | **Actions or strategies for promoting and supporting wellbeing**  |
| **Interpersonal** |  |  |  |
|  | **Influences on wellbeing**  | **Consequences for wellbeing**  | **Actions or strategies for promoting and supporting wellbeing**  |
| **Societal** |  |  |  |

**BACKGROUND INFO: Thinking generically about influences and strategies – *prompts only – context relevant examples need to be selected, thought about, and applied to the situation or topic being examined*. Lists like this can be used when interpreting scenarios, newspapers articles (see following), documentaries and other sources of evidence.**

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|  | **Personal factors that influence wellbeing include things like a person’s own:** | **Interpersonal factors that influence wellbeing include things like:** | **Societal factors that influence wellbeing include things like:**  |
| **Influences on wellbeing** | * Values and beliefs about the situation – and whether or not these support their wellbeing
* Feelings of self-worth, self-belief, self-confidence, etc
* State of mind – self-esteem, etc
* State of health – whether the person is physically or mentally well or not well
* Knowledge – *do they have knowledge to know how to deal with this situation?*
* Skills like …. being able to manage self (time management, set goals, plan, various stress management strategies and techniques, etc), communicate effectively (use I statements, give and receive feedback, listen effectively), be assertive, make decisions, problem solve, think critically and rationally … noting some of these become interpersonal skills when they are used but in a person has to have their own knowledge of these skills (and confidence/ability to use them) in the first place
* Life experiences – do they have experience of managing situations like this before – do they know what to do?
* Circumstances – what financial resources they have, where they live, how stable is their family life, do they have friends, hobbies, interests, etc.
* *Add others*
 | * The quality of people’s relationships with their friends, family and peers, and relationships with romantic/sexual partners
* The quality of communication between people
* The capabilities of people in relationships to communicate effectively – has everyone in the relationship got effective communications skills and other skills like problem solving and negotiation, etc
* The fact that a person has quality relationships with others
* How supportive and equal their relationships are – or if there is a power imbalance in the relationship.
* The values and beliefs of people about their relationships and how these are shown in their interactions
* Whether or not a people are being pressured or mistreated by those that they know (e.g. bullied, cyberbullied, harassed, abused intimidated, victimised, assaulted).
* *Add others*
 | * Cultural attitudes and values that are shown and impact people through things like:
* Media – news, film & TV, social media, music, etc
* Community events
* Social organisations (like schools)
* The provision of services in communities – what’s valued and available - and what isn’t
* Who communities ‘include’ (and celebrate or embrace) and who they ‘exclude’ (and discriminate against or marginalise)
* Globalisation (through multinational companies marketing of their goods, social media, internet, etc)
* The practices and traditions of ethnic and other cultural groups, or subcultures
* Political factors – how well laws and policies operate at national and local/community level (including school policy)
* People’s access to resources – financial and other (usually what money buys or needs money to pay for it so it can be provided), e.g. access to opportunities like education, health services and other community based facilities, access to recreational opportunities and community events, opportunities for meaningful employment etc.
* *Add others*
 |
|  | **Personal actions include having knowledge and skills for:** | **Interpersonal actions** **includes using interpersonal skills appropriate to situations to support the wellbeing of the other person and/or support the relationship between people, such as:**  | **Collective actions that contribute to local community or nationwide (‘societal’) health promotion strategies include using knowledge and skills when working collectively to take action such as:**  |
| **Strategies to support and promote wellbeing**  | * Self-management e.g. stress management, time management, self-nurturing
* Positive self-talk (rational thinking)
* Expressing feelings appropriately
* Effective interpersonal communication (*see the list of interpersonal actions below*)
* Decision making - taking personal responsibility for acting in ways that promote wellbeing
* Asking for help from trusted others
* Help seeking - accessing and using systems and agencies (e.g. at school or in community) that support wellbeing
* Personal goal setting, action planning, implanting, reflecting and evaluating (ACLP used for personal action)
* *Add others*
 | * Effective communication, effective listening, negotiation and compromise, using I statements, assertiveness, problem solving, giving constructive feedback
* Respectful communication
* Supporting and caring
* Showing empathy
* Valuing others - respecting the diversity of others – being inclusive
* *In other words, NOT to bully, harass, intimidate, abuse or discriminate against people*
* *Add others*
 | * Advocacy – letter writing, petitioning, protesting, campaigning for change
* Group processes for identifying issues to know where to target actions, e.g. questioning, surveying, interviewing …
* … Critical thinking to understand situations – e.g. who is advantaged/ disadvantaged, seeing different perspectives and using these understandings to make decisions about actions ….
* ….. Goal setting, action planning, implementing, reflecting and evaluating (ACLP used for collective action)
* Campaigning, presenting, advertising – making people aware of issues and what they can do about them
* Implementing existing laws, policies or other guidelines at local community level and more widely
* *Add others*
 |

Planning framework for

**AS90975 (Health 1.6) Demonstrate understanding of issues to make health-enhancing decisions in drug-related situations**

|  |  |  |
| --- | --- | --- |
| **Using this planning framework**  | **Classroom safety considerations**  | **Explanatory notes and assessment specifications**  |
| **As a planning framework this is NOT a developed unit plan. The purpose of the following information is to provide a series of prompts and ideas to initiate planning discussions.*** Make use of department or regional cluster meetings develop this into a unit plan reflecting learning needs and specific interests of students.
* Locate and share resources to use as evidence or to support the learning

Note: When teaching about health issues that have their roots in biomedical and scientised understandings of ‘health’ – like AoD harms on the body, but the learning focus is more about the psychological and sociological considerations related to ‘wellbeing’ (as is in HPE in the NZC) it presents something of a dilemma about what to teach and where to put the time and emphasis so that the learning programme is meaningful. It is difficult to teach about alcohol and other drugs without some of this biomedical health information as background. However, it is important that students realise that for health education purposes, this biomedical information by itself is not the learning outcome. That said, it is required for understanding the connection of alcohol and other drugs to physical wellbeing, but from this, students then need to extrapolate ideas to make connections with mental and emotional, social and spiritual wellbeing.  | We place a lot of attention and importance on making our classrooms safe when considering teaching and learning around mental health. Learning about alcohol and other drugs is a part of mental health education.**1 The harm minimisation approach. Keep the focus on supporting young people to live in a world where alcohol and drugs exist – NOT the risks misuse and deficits of people alcohol and drug problems.** Teachers are encouraged to become familiar with the information on the New Zealand Drug Foundation website. This information reflects the current national drug policy in NZ.<https://www.drugfoundation.org.nz/keeping-young-people-in-school/> and <https://www.health.govt.nz/our-work/mental-health-and-addictions/alcohol-and-other-drug-policy> **2 Teacher’s own values and beliefs about alcohol and other drugs** *At the risk of preaching* … be aware of your own knowledge, values and beliefs about alcohol and other drugs. As teachers our messages about AoD use by young people should reflect current laws and evidence based recommendations about safe use (including non-use) of substances. Make sure you know about the Teachers Council Code of Professional responsibility <https://educationcouncil.org.nz/sites/default/files/Code%20Guidance%20FINAL.pdf> **5 Health advice** Related to (4) above, as teachers and not health professionals, be wary about giving any personal health advice to individual students. When students have particular dietary queries related to their own health, for your protection and theirs, recommend that they visit the school nurse or their GP.**6 Measure of success in education (and health education in general)** Remember, the outcomes of your health education programme - when you are a *teacher* and the student is a *learner* - are learning outcomes (learned knowledge, skills and understanding) ***not*** biomedical health outcomes or health behaviour outcomes. The success of your teaching, and your students learning progress and achievement, cannot be based on outcomes beyond the control of you and your students, or sit outside the education sector mandate for you *as a teacher.*  | **EN2**The drugs are those widely recognised to be of societal concern including, but not limited to, alcohol, tobacco and cannabis.Drug-related situations will cover an aspect (or aspects) of each of the following issues:* personal, interpersonal and/or societal influences on an individual’s drug use
* the effects of drugs on dimensions of an individual’s well-being , the effects of an individual’s drug use on others, and/or the effects of the use of drugs on society
* legal issues related to alcohol, tobacco or cannabis use by adolescents in New Zealand and/or advertising issues related to drug use.

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.**EN3****Demonstrate understanding** means to describe the issues, and to make a health-enhancing decision in a drug-related situation.**Demonstrate in-depth understanding** means to explain the issues by giving reasons for the drug-related situation presented by the issue, and to make and justify a health-enhancing decision in a drug-related situation.**Demonstrate comprehensive understanding** means to critically explain the drug-related issues, and to make and justify, with insight, a health-enhancing decision in a drug-related situation. Critical explanations will include a relevant combination of (for example): the interconnected impacts of drug use on all aspects of well-being; how one person’s drug use impacts on many others; the way combinations of personal, interpersonal and/or societal factors influence drug use; the implications of drug-related laws, policies, practices or standards for a group in society. Insightful decision making considers the multiple possibilities presented by a drug-related situation and a justification of the final decision based on weighing up all these possibilities. In 2021 candidates should be familiar with health issues related to young people. The focus will be on **one or more of** the following: **Vaping, Alcohol or Cannabis** |
| **Resources – Curriculum specific resources** | **AoD related agencies and organisations – information**  | **… cont …**  |
| * NZHEA resource *Alcohol and other drugs: A resource of teaching and learning activities for teachers of students in Years 7-13*, Robertson and Dixon, NZHEA, 2021)
* Tūturu website – see the resource hub (also contains cross curricula resources) <https://www.tuturu.org.nz/>
* *Caring for Yourself and Others* (print resource from late 1990s, early 2000s that still has relevant activity ideas for alcohol education)
* *Social Issues Alcohol,* Gillian Tasker et al, (Christchurch College of Education, 2004) *NZC Level 7&8 (NCEA Level 2&3) useful detailed background information for teachers*
* The ESA Year 9&10 and Year 11 (NCEA Level 1) Learning Workbooks also contain learning activities. <https://esa.co.nz/collections/learning-workbook/subject_health-education>
 | * For all things alcohol related visit the HPA (Health Promotion Agency Alcohol.org <https://www.alcohol.org.nz/> - sign up for the occasional newsletter/magazine (has NZ articles suitable for use in class)
* See also the HPA site <https://www.hpa.org.nz/programme/alcohol> for a range of policy considerations and current alcohol safety and health campaigns
* Drug foundation <https://www.drugfoundation.org.nz/> - various articles that are relevant to NZC HPE and evidence based source of information about drug effects
* Tūturu <https://www.tuturu.org.nz/> for a range of teaching resources that contribute to a whole school approach
* See list at end of this file for vaping specific links.
 | For **legal matters**, a combination of the following is useful:* Youth law <http://youthlaw.co.nz/>
* LTSA - Alcohol and drugs <https://www.nzta.govt.nz/safety/driving-safely/alcohol-and-drugs/>
* NZ alcohol laws <https://www.alcohol.org.nz/alcohol-management-laws/nz-alcohol-laws>
* CAB (Citizens Advice Bureau) <http://www.cab.org.nz/Pages/home.aspx>
* Drug foundation <https://www.drugfoundation.org.nz/>

**Advertising:**Advertising Standards Authority (ASA) Code for Advertising and Promotion of Alcohol <https://www.asa.co.nz/codes/codes/code-for-advertising-and-promotion-of-alcohol/> *An online search for the impacts of alcohol advertising on young people will bring up many easily accessed articles and reports. Be selective.*  |

**Basic framework for a unit plan –** *use this as a guide only and consider the ordering of activities to build knowledge, and way learning can make links with other health education units, as well as links across subjects where curriculum design allows for this*

|  |  |  |  |
| --- | --- | --- | --- |
| **1. Prior knowledge**Activities to identify what students already know about AoD, what sorts of AoD issues they are interested in, opportunities for making links with local Issues (and what to be sensitive about) **Note that the Level 1 focus for 2021 is ONE OR MORE OF alcohol, vaping OR cannabis – don’t be phased by the fact that students are expected to do ‘one or more of’ these for the examination. They are all substances used recreationally and many of the same ideas apply - regardless of the substance. Support students to transfer ideas from one context to another.** | **2. Knowledge about the impact of alcohol, vaping and cannabis on health and wellbeing** *- where this knowledge does not already exist*Brief activities to build basic knowledge about the impact of AoD on the body.  | **3. Credible sources of AoD information in NZ** (Woven across activities) A review and critique of the official websites like HPA and alcohol.org, NZ Drug Foundation  | **4. AoD and hauora** **A MAIN LEARNING FOCUS**A series of activities that build knowledge of the way AoD relates to all dimensions of wellbeing, and in an interconnected way. Be sure to include:How AoD use affects the wellbeing of the person using AoD, others who know the person using AoD (friends and family), and communities.  |
| **5. Knowledge about personal, interpersonal and societal influences on AoD use** *- where this knowledge does not already exist*Activities that provide a basic introduction to the socio-ecological perspective (P-IP-S). *To achieve sufficient breadth of topic coverage, watch that these activities are pitched at NZC Level 6/NCEA level 1 and don’t creep too far into the more detailed Level 2 understandings.* | **6. Knowledge about personal influences on AoD use****A MAIN LEARNING FOCUS**A variety of activities that focus on the ways personal knowledge, attitudes values and beliefs, experiences, state of health etc, influence AoD use | **7. Knowledge about interpersonal influences on AoD use** **A MAIN LEARNING FOCUS**A variety of activities that focus on the ways a range of interpersonal situations involving family, and peers/friends influence AoD use. | **8. Knowledge about societal influences on AoD use** **A MAIN LEARNING FOCUS**A variety of activities that focus on the ways community and societal factors influence AoD use. *Keep this basic for NCEA Level 1 e.g.*Advertising on TV, print and in public spacesSocial media - for targeted advertising that ignores advertising standardsCulture – ethnicity-based culture, sport or other interest groups culture, national identity-based youth culture etcNational laws and local policies e.g. School policies, advertising policies, changes to advertising of vaping products.  |
| **9. Personal actions and strategies that support people to make health-enhancing AoD choices** **A MAIN LEARNING FOCUS**Activities that relate to changing the negative influences / promoting the positive influences at a personal level that enable people to make health-enhancing AoD choices. Be sure to include:**DECISION MAKING** *See the generic list of personal actions in the following table – apply a relevant combination of these to AoD situations. Some of this knowledge is useful to know in consideration of what decisions can be made, and what is the most health-enhancing decision in a given situation.*  | 10.**Interpersonal actions and strategies that support people to make health-enhancing choices related to AoD use**Activities that relate to changing the negative influences / promoting the positive influences at an interpersonal level that enable people to make health-enhancing AoD choices. *See the generic list of interpersonal actions in the following table – apply a relevant combination of these to AoD situations. Some of this knowledge is useful to know in consideration of what decisions can be made, and what is the most health-enhancing decision in a given situation.* | **11. Community and societal actions and strategies that support people to make health-enhancing choices related to AoD use**Activities that relate to changing the negative influences / promoting the positive influences at a community or societal level that enable people to make health-enhancing AoD choices. *See the generic list of societal actions in the following table – apply a relevant combination of these to AoD situations. Some of this knowledge is useful to know in consideration of what decisions can be made, and what is the most health-enhancing decision in a given situation.* | **12. Opportunities to practice responding to assessment-type questions**Use old exam papers or NZHEA practice exams. Encourage peer review and feedback. Use the schools online learning platform to share examples of quality answers and what makes these good quality responses. |

**Planning template for AS90975**

Use the generic template following to gradually compile a framework of ideas that students could apply to a range of wellbeing situations related to alcohol and other drugs

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Influences on wellbeing***Personal knowledge, attitudes values and beliefs, experiences, state of health etc,* | **Consequences for wellbeing** *Think of all dimensions and the inter-relatedness of these effects on wellbeing*  | **Actions or strategies for promoting and supporting wellbeing** *Decision making – think about the knowledge about actions and strategies needed to know what decisions could be made* |
| **Personal** |  |  |   |
|  | **Influences on wellbeing** *Family, peers, friends*  | **Consequences for wellbeing**  | **Actions or strategies for promoting and supporting wellbeing**  *Think about ways personal decision making may require understanding of interpersonal actions and strategies*  |
| **Interpersonal** |  |  |  |
|  | **Influences on wellbeing** *Laws and policies, advertising and media, culture/subculture (groups)* | **Consequences for wellbeing**  | **Actions or strategies for promoting and supporting wellbeing**  *Think about ways personal decision making may require understanding of community or societal actions and strategies*  |
| **Societal** |  |  |  |

**BACKGROUND INFO: Thinking generically about influences and strategies – *prompts only – context relevant examples need to be selected, thought about, and applied to the situation or topic being examined*. Lists like this can be used when interpreting scenarios, newspapers articles (see following), documentaries and other sources of evidence.**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Personal factors that influence wellbeing include things like a person’s own:** | **Interpersonal factors that influence wellbeing include things like:** | **Societal factors that influence wellbeing include things like:**  |
| **Influences on wellbeing** | * Values and beliefs about the situation – and whether or not these support their wellbeing
* Feelings of self-worth, self-belief, self-confidence, etc
* State of mind – self-esteem, etc
* State of health – whether the person is physically or mentally well or not well
* Knowledge – *do they have knowledge to know how to deal with this situation?*
* Skills like …. being able to manage self (time management, set goals, plan, various stress management strategies and techniques, etc), communicate effectively (use I statements, give and receive feedback, listen effectively), be assertive, make decisions, problem solve, think critically and rationally … noting some of these become interpersonal skills when they are used but in a person has to have their own knowledge of these skills (and confidence/ability to use them) in the first place
* Life experiences – do they have experience of managing situations like this before – do they know what to do?
* Circumstances – what financial resources they have, where they live, how stable is their family life, do they have friends, hobbies, interests, etc.
* *Add others*
 | * The quality of people’s relationships with their friends, family and peers, and relationships with romantic/sexual partners
* The quality of communication between people
* The capabilities of people in relationships to communicate effectively – has everyone in the relationship got effective communications skills and other skills like problem solving and negotiation, etc
* The fact that a person has quality relationships with others
* How supportive and equal their relationships are – or if there is a power imbalance in the relationship.
* The values and beliefs of people about their relationships and how these are shown in their interactions
* Whether or not a people are being pressured or mistreated by those that they know (e.g. bullied, cyberbullied, harassed, abused intimidated, victimised, assaulted).
* *Add others*
 | * Cultural attitudes and values that are shown and impact people through things like:
* Media – news, film & TV, social media, music, etc
* Community events
* Social organisations (like schools)
* The provision of services in communities – what’s valued and available - and what isn’t
* Who communities ‘include’ (and celebrate or embrace) and who they ‘exclude’ (and discriminate against or marginalise)
* Globalisation (through multinational companies marketing of their goods, social media, internet, etc)
* The practices and traditions of ethnic and other cultural groups, or subcultures
* Political factors – how well laws and policies operate at national and local/community level (including school policy)
* People’s access to resources – financial and other (usually what money buys or needs money to pay for it so it can be provided), e.g. access to opportunities like education, health services and other community based facilities, access to recreational opportunities and community events, opportunities for meaningful employment etc.
* *Add others*
 |
|  | **Personal actions include having knowledge and skills for:** | **Interpersonal actions** **includes using interpersonal skills appropriate to situations to support the wellbeing of the other person and/or support the relationship between people, such as:**  | **Collective actions that contribute to local community or nationwide (‘societal’) health promotion strategies include using knowledge and skills when working collectively to take action such as:**  |
| **Strategies to support and promote wellbeing**  | * Self-management e.g. stress management, time management, self-nurturing
* Positive self-talk (rational thinking)
* Expressing feelings appropriately
* Effective interpersonal communication (*see the list of interpersonal actions below*)
* Decision making - taking personal responsibility for acting in ways that promote wellbeing
* Asking for help from trusted others
* Help seeking - accessing and using systems and agencies (e.g. at school or in community) that support wellbeing
* Personal goal setting, action planning, implanting, reflecting and evaluating (ACLP used for personal action)
* *Add others*
 | * Effective communication, effective listening, negotiation and compromise, using I statements, assertiveness, problem solving, giving constructive feedback
* Respectful communication
* Supporting and caring
* Showing empathy
* Valuing others - respecting the diversity of others – being inclusive
* *In other words, NOT to bully, harass, intimidate, abuse or discriminate against people*
* *Add others*
 | * Advocacy – letter writing, petitioning, protesting, campaigning for change
* Group processes for identifying issues to know where to target actions, e.g. questioning, surveying, interviewing …
* … Critical thinking to understand situations – e.g. who is advantaged/ disadvantaged, seeing different perspectives and using these understandings to make decisions about actions ….
* ….. Goal setting, action planning, implanting, reflecting and evaluating (ACLP used for collective action)
* Campaigning, presenting, advertising – making people aware of issues and what they can do about them
* Implementing existing laws, policies or other guidelines at local community level and more widely
* *Add others*
 |

**Vaping**

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| --- | --- |
| Check for the implications of the 2020 Law changes at <https://www.health.govt.nz/our-work/preventative-health-wellness/tobacco-control/vaping-smokefree-environments-and-regulated-products> - this MoH website contains links to many other sources. Research and information * The Youth19 data also considers vaping <https://www.youth19.ac.nz/publications>
* The NZ group ASH has been campaigning since 1983 to eliminate the death and harm caused by tobacco. They reported low levels of the use of vaping products among year 10 students in their 2018 survey. Anecdotal evidence would suggest this has now changed considerably <https://www.ash.org.nz/ash_year_10>
* **The Facts of Vaping** is a Health Promotion Agency (HPA), Ministry of Health, and auahikore Aotearoa New Zealand 2025 (smokefree NZ) sponsored website <https://vapingfacts.health.nz/>

As this is an evolving and changing issue be sure to check out the latest legal information on NZ websites and health-related information from reputable NZ and international websites, when planning to include consideration of vaping in your teaching and learning programme. | Health EducationMany health education teachers are responding to the rapid rise in the use of these substances by including lessons about reducing harms from the use of vaping products. As a nicotine containing substance, we can treat vaping products much like any other substance that would be included in teaching and learning programmes focused on reducing harm from the use of alcohol and/or other drugs. That is, we can use the same sorts of activities that are used for learning about AoD, and swap AoD for vaping products. The added emphasis however is to engage students in thinking critically about the ways they are currently being aggressively marketed to by the companies making these products. It would *appear* that without the marketing and deliberate design of many vaping products and merchandise as lifestyle products, that the issue would not have grown as quickly – if at all (given e-cigarettes have been around as smoking cessation aids for some time.) The follow table lists some ideas for teaching and learning activities. These are not fully developed as activities and teachers are directed to resources like those listed below for details about the teaching and learning process:* *Alcohol and other drugs: A resource of teaching and learning activities for teachers of students in Years 7-13* in the NZHEA resource <https://healtheducation.org.nz/resources/>
* *Thinking critically about energy drinks and vaping* on the Tūturu website <https://www.tuturu.org.nz/resource-hub/>
* Use the <https://vapingfacts.health.nz/>
 |

An overview of ideas for teaching and learning about vaping.

|  |  |
| --- | --- |
| For junior secondary students or where only a small amount of teaching and learning time is available  | With more time, or stepping the learning up to senior levels  |
| *What’s the health and wellbeing concern about vaping?** Use te whare tapa wha to unpack why the harms from vaping are cause for concern.
* Include some brief consideration of what vaping is and how an e-cigarette works (and why they were first developed).
 | * Access up to date research from reputable online sources (see previous lists) to check out myths about vaping harms and benefits, and what effects are supported by research.
* Consider including information about the claimed benefits of e-cigarettes as smoking cessation aids.
* Review NZ and international data about the rates of vaping product use by young people.
* Critique the NZ Ministry of health statement about vaping in consideration of the issue that has emerged in relation to young people.
* Conduct own school survey about the use of vaping products, students attitudes to vaping, and if they use vaping products, why do they use them?
 |
| *Why has the use of vaping products by young people increased so dramatically in the past year?* * Analysis of advertising online, on TV and radio, in dairies and service stations (etc), placement of vaping product shops near the school/in local shopping areas etc.
* What does the imagery and the advertising messaging suggest about who these products are being marketed to, and for what purpose?
 | * Critical thinking activities to investigate how vaping products are being marketed to young people *– a Tūturu resource to parallel the energy drinks resource is in development for this.*
* Investigate who owns the companies producing vaping products (it’s often the tobacco companies – why are they producing vaping products?)
* Add to the survey (noted above) questions about vaping advertising that the students are aware of, where the see advertising, and if they use vaping products, where they buy them.
 |
| *Vaping laws and regulations** Use the NZ ‘The Facts of Vaping’ website to find out about current NZ laws and regulations.
* What are your school’s regulations?
* How well are these current regulations enforced?
* What’s your evidence for this?
 | * Find out about the proposed law changes in NZ.
* How easy do you think it will be to reverse the trend of vaping among young people in NZ? Why?
* Why can making new laws result become complicated? See for example ‘The Facts of Vaping’ website section on vaping law and policy and the variety of factors that need to be considered (and bearing in mind that e-cigarettes are also a smoking cessation aid to support NZ becoming smokefree).
* If new laws are about supporting people’s health and wellbeing, what do you think a revised law should say about vaping products? Why?
 |
| *Reducing harm*What action can we take: * Personally? (e.g. our own values and beliefs about substance use, our knowledge and skills for managing stress, reducing harm, and supporting our own health and wellbeing)
* Interpersonally? (e.g. how we communicate with and support friends and others)
* As a community/society? (e.g. laws and policies, support systems, promotion of attitudes and practices that support wellbeing)
* Critique ‘The Facts of Vaping’ website and its usefulness for young people in NZ.
 | * Design, plan, and implement a health promotion process for your school that includes a range of activities involving all students, as well as specific support for some students. Overall the aim is empower all students to take a stand against the use of vaping products (as lifestyle products) so they can take action personally and in their relationships with others, and to reduce the number of students currently using vaping products.
 |
| *The consequences of no action* * What do students see will be the consequences for wellbeing if no action is taken against the use of vaping products as lifestyle products? E.g. overseas research shows that vaping is turning some young people back to tobacco smoking.
 | Thinking about the bigger picture of substance use and misuse (which may lead to harm) – that is, all AoD use - discuss or debate: * Why is it that communities or societies seldom, if ever, manage to sustainably reduce (or eliminate completely) substance abuse issues?
* Debate who is ‘at fault’. Individual people? The law? The people who produce and market alcohol and other drug products? Others?
* Is the issue a legal matter or a health and wellbeing matter?
 |
| Keep in mind those **critical thinking questions** when examining any health and wellbeing situation. Source: <http://health.tki.org.nz/Key-collections/Curriculum-in-action/Making-Meaning/Teaching-and-learning-approaches/Engaging-students-in-critical-thinking>  |
| 1. What do you know about this issue or situation?
2. How did you come to know this?
3. How do you feel about this issue or situation?
4. What is the evidence for this knowledge?
5. What are your beliefs about this knowledge? And why do you believe this?
6. What information is missing from this picture?
7. Why is this information missing?
8. Have the social, cultural, economic, political, and/or ethical aspects of this situation been considered?
9. Whose voice is heard in this writing, article, or classroom activity?
10. Whose interests are being served? Who has the power in this situation?
11. Who is being advantaged?
12. Who is not being heard or served?
13. Who is being disadvantaged?
14. What are the inequalities that exist in this situation?
15. What needs to change?
16. How can you contribute to this change?
 |