

Alcohol and other drugs

Health Education activities to support teaching
and learning for Levels 4-8 in *The New Zealand
Curriculum*

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Alcohol and other drugs: Health Education activities to support teaching and learning for Levels 4-8 in The New Zealand Curriculum

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SECTION A

Introduction

About this resource

❖ Purpose

As a contribution to the ongoing development and support of the health education community, NZHEA has revised and updated this compilation of teaching and learning activities to support alcohol and other drug (AoD) education in the NZC.

The resource covers alcohol and other recreational 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 minor changes to the scenario or naming of the drug.

'AoD': *The use of 'AoD' as shorthand or 'alcohol and other drugs' is used across this resource.*

One of the reasons for the revision of this resource in 2021 was to update law-related information and statistical data, as far as this was possible. However, AoD related law changes are ongoing and new survey reports are available periodically which will render some of the information contained within this resource out-of-date at some point in the future. Teachers are encouraged to check for updates prior to using law and statistically-based activities.

❖ Audience

The main audience for this resource is Year 7-8 primary school and year 9-13 secondary teachers of health education, as well as initial teacher education students and educators, and professional learning and development (PLD) providers.

❖ AoD as an aspect of mental health education

Substances with psychoactive properties used for recreational or ritualistic purposes have been part of the human experience for millennia. Humans probably evolved knowing how to use naturally occurring substances for what contemporary society would call 'getting high', among many other terms. Preparing young people to live in a world where alcohol and drugs exist (to use the New Zealand Drug Foundation catch phrase) acknowledges that AoD are a part of our society, they always have been and foreseeably always will be. Consequently, any efforts to educate young people need to acknowledge this reality, and educate them accordingly. For NZC curriculum purposes this means positioning AoD education within a wellbeing framework of understanding.

Mental health education is a key area of learning (KAL) in HPE provides an umbrella for a broad range of health education topic matter. AoD education falls under this KAL and includes knowledge and understandings about, and skills for managing situations related to, alcohol and other drug (non)use.

The scope of what is meant by 'mental health education' was established with the previous curriculum document, *Health and Physical Education in the New Zealand Curriculum* (Ministry of Education, 1999). While this document is no longer policy, it remains a useful resource to explain the intended scope of 'mental health education' and the framing of this within a wider holistic understanding of health and wellbeing.

Although dominant social discourses around the term 'mental health' and alcohol and drug use often focus attention on harm and risk; deficits and problems; disorders and mental illness, mental health education focuses most attention on wellbeing NOT harm and disorder. That said, the nature of AoD education inevitably means paying

attention to matters involving risk or harm. When this is the case, the learning focus is not so much about the negative aspects of these AoD-related situations, but on complex interplay of factors that may contribute to them. Importantly, the learning includes consideration of what can be done to support people to maintain and support, or restore and enhance their wellbeing, as well as create inclusive communities that are supportive of all people in life contexts that involve AoD.

❖ AoD knowledge in the NZC

Teaching and learning about mental health and therefore AoD in *The New Zealand Curriculum* is underpinned by four underlying concepts. These concepts provide a framework for all curriculum knowledge in health education. This means that factors related to AoD are explored in consideration of:

(1) Hauora as a concept of holistic wellbeing, described using Durie's (1994) model of te whare tapa whā.

- **Taha hinengaro** - ideas related to mental and emotional wellbeing
- **Taha whānau** - ideas related to social wellbeing
- **Taha tinana** - ideas related to physical wellbeing
- **Taha wairua** - ideas related to spiritual wellbeing – noting that in a curriculum context this refers to ideas about people's sense of belonging and connectedness, their values and beliefs, having a sense of purpose in life, and identities.

(2) A socio-ecological perspective (SEP) contributes to health education subject knowledge by providing a way to view and understand the interrelationships that exist between the individual, others, and society. An SEP diagram is usually shown as a series of concentric circles representing different levels of social organisation and relationships between individuals, others, groups, communities, and all of society.

(3) As a concept, **health promotion** provides the subject of health education with extensive subject knowledge and skills for understanding the processes that help to develop and maintain supportive environments for the promotion of wellbeing. For curriculum purposes this involves students learning skills for participating in personal and collective action.

(4) Attitudes and values add to the other three concepts to focus health education subject knowledge on understandings that show a positive, responsible attitude on the part of students to their own wellbeing, respect, care, and concern for other people and the environment, and a sense of social justice (especially ideas to do with fairness and inclusiveness). Arguably, attitudes and values of themselves are not a concept. It is when certain attitudes and values are selected and used as a lens to analyse and evaluate the way people think and act on health and wellbeing matters, that they become a concept. That is, respect, care and concern for other people and the environment, and a sense of social justice, become the ideas by which we come to make meaning about what is going on in a wellbeing related situation, why people think and act this way and how to act ethically and responsibly.

❖ 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 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>

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 wellbeing 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 wellbeing, 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.

❖ Critical thinking in alcohol and other drug education

In health education it is essential that teachers are able to provide rich learning experiences that enable and develop students' ability to think critically about the wellbeing contexts they are studying, including AoD. In health education, thinking critically involves cognitive skills like analysing, assessing and evaluating, asking questions to challenge assumptions and taken-for-granted beliefs, seeing different perspectives on an issue, and reconstructing knowledge.

Critical thinking requires students to respond to questions like the following. Examples of these questions are incorporated across the activities.

- What do I know about the wellbeing of the person/people in this AoD situation? How do I know this? What knowledge(s) do I draw on to understand this situation? What information is missing? What's the bigger socio-cultural, socio-economic or socio-political context surround this AoD situation?
- Whose voices are being heard? Whose voices are not being heard?
- Who holds the power and authority in this situation? What are the values and beliefs of the person/people who hold this power and how is it impacting people's wellbeing?
- What is fair or unfair about this wellbeing situation? (Or what is (not) inclusive, (un)ethical, (un)just, (un)equal, or (in)equitable?)
- Who is advantaged or whose wellbeing is benefited in this AoD situation? Who is disadvantaged or whose wellbeing is harmed in this AoD situation?
- What needs to change to enhance people's wellbeing in this AoD situation? What could be done – what actions could be taken to make these changes? What can I do to contribute to these actions?

Adapted from the questions in Ministry of Education (2004). *The Curriculum in Action Making Meaning Making a Difference*, page 27
<https://health.tki.org.nz/Key-collections/Curriculum-in-action/Making-Meaning>

❖ Balancing harm and risk messages with a learning area focus on wellbeing

The nature of AoD education cannot help but be associated with notions of risk and harm which may bring it into conflict with the premise that the HPE learning area focus is on wellbeing.

Health education acknowledges that people do not have equal or equitable access to health and wellbeing and that to understand the reasons why, and what can be done about it, means considering the factors that get in the way of achieving wellbeing. 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 thinking critically about AoD as a wellbeing 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 wellbeing for self and others.

❖ Whole school approaches to the promotion of student wellbeing (in relation to alcohol and other drug education)

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 wellbeing: A guide to drug education in schools* (2009). 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 wellbeing is at risk because of AoD use;
- Partnership with community – parents and whānau;
- Engagement with other stakeholders in the community.

The **Tūturu** project provides a comprehensive account of promoting student wellbeing in relation to AoD. Find the growing suite of resources and research produced for this project at <https://www.tuturu.org.nz/>.

The **New Zealand Drug Foundation** also provides guidance around whole school approaches to AoD education <https://www.drugfoundation.org.nz/>.

❖ 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. At secondary level the learning focus tends to be those drugs used recreationally for their psychoactive effects.

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 some different critical insights, compared to 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.

Tobacco smoking

A focus on tobacco smoking tends to be more of a primary school-intermediate level AoD programme focus. The annual ASH surveys of year 14-15 students show that smoking among young people has reached an all time low over the past decade (noting this was interrupted in 2020). If teachers in junior secondary programmes require tobacco resources, the Cancer Society, ASH and 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 is provided in other resources. See the Tūturu resource hub for the health education resource '*Thinking critically about the marketing of vaping products and young people's wellbeing*' (2019).

❖ 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*) 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 Our code Our Standards: *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 wellbeing.

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.

❖ **Digitally produced, text-based resource**

In addition to the pdf detailing the teaching and learning activities, a separate Word document of the copy templates in the resource is provided.

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 visual resources is an integral part of the learning process for some activities.

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 in a programme with PE? Integrated or connected 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 wellbeing?
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>What do students already understand about the HPE underlying concepts from other learning contexts?</p> <p>What do students already know from previous learning in AoD education?</p>				
<p>Which drugs to focus on and at which year levels (Years 7-13)?</p> <p>Alcohol, cannabis, tobacco, other drugs?</p>				
<p>To develop the building blocks required for health education learning pathways across the NZC, programme coverage should consider a combination of:</p>		The big ideas		
		<p>Developing understanding of hauora and wellbeing in relation to AoD use</p>	<p>Knowledge about factors leading to AoD use and misuse – people’s knowledge, attitudes, values, behaviours, etc.</p>	<p>Strategies for supporting wellbeing in relation to AoD use</p>
The HPE strands	<p>Personal or individual aspects of AoD use <i>Personal health and physical development</i></p>			
	<p>AoD use and interactions with others <i>Relationships with other people</i></p>			
	<p>Wider societal considerations of AoD use e.g. cultural, legal, media, advertising <i>Healthy communities and environments</i></p>			
<p>What sorts of teaching and learning strategies will best support students’ learning of these big ideas in an AoD education context?</p>				
<p>Given the central importance of critical thinking for learning in health education, which activities will be selected to develop this key competency in AoD education?</p>				
<p>How will the AoD programme support students to develop and use the remaining key competencies?</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 and visual language for communicating AoD education learning? (subject specific literacy development)</p>				
<p>How will the AoD programme help students to develop digital fluency and become responsible digital citizens?</p>				
<p>How will evidence of learning be collected? What learning artefacts will provide evidence of learning?</p> <p>How will the level of learning achievement in the NZC be judged?</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** or assessment *for* learning – evidence that learning (intended or incidental) is occurring.

Ideas of learning artefacts for **students' learning journals** are included with each activity. In combination, evidence from these activities can be used to make an overall judgement about the level of learning individual students have achieved, using the guidance provided by the indicators of progression (mapped onto the HPE Level 4-8 Achievement Objectives) provided with Sections B&C.

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 NZC Levels 4-5 (Years 7-10)

Indicators of learning and progression for NZC Levels 4-5

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.

It is expected that students in Years 7&8 will be working towards achieving NZC Level 5 and in years 9&10 they will be working towards achieving NZC Level 5. However it is more important to be designing learning programmes that reflect students learning needs as indicated by their level of achievement, and provide opportunity for students to make progress in their learning.

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.

NZC Level 4 NZC Achievement Objectives	Areas for learning focus	Suggested Learning intentions	Indicators of learning progression linked to the activities in this resource
Students will: A1 Personal growth and development: Describe the characteristics of pubertal change and discuss positive adjustment strategies. A3 Safety management: Access and use information to make and action safe choices in a range of contexts. A4 Personal identity: Describe how social messages and stereotypes, including those in the media, can affect feelings of self-worth. C1 Relationships: Identify the effects of changing situations, roles, and responsibilities on relationships and describe appropriate responses. C2 Identity, sensitivity, and respect: Recognise instances of discrimination and act responsibly to support their own rights and feelings and those of other people. C3 Interpersonal skills: Describe and demonstrate a range of assertive communication skills and	Effects on wellbeing choices and consequences	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 wellbeing. (Activity 18)</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>
	Communication and relationships	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 35)</i>
	Problem solving: Strategies to support and protect self and others	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 wellbeing of people in	<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>processes that enable them to interact appropriately with other people.</p> <p>D1 Societal attitudes and values: Investigate and describe lifestyle factors and media influences that contribute to the wellbeing of people in New Zealand.</p> <p>D2 Community resources: Investigate and/or access a range of community resources that support wellbeing and evaluate the contribution made by each to the wellbeing of community members.</p> <p>D3 Rights, responsibilities, and laws; D4 People and the environment: Specify individual responsibilities and take collective action for the care and safety of other people in their school and in the wider community.</p>		relation to AoD use. (D2) (A3)	
	Rights, responsibilities, policies and laws	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 wellbeing 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 27)</i>
	Critical thinking about societal issues and social action	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 13-14)</i>
		Participate in collective action to promote safety in situations where AoD may be used. (D4)	<i>After learning about pouring standard drinks (Activity 39) and 'host responsibility' students can describe the features of planning a safe party and why these features are needed to support wellbeing. (Activity 40)</i>
NZC Level 5 NZC Achievement Objectives	Areas for learning focus	Suggested Learning intentions	Indicators of learning progression linked to the activities in this resource
Students will: A1 Personal growth and development: Describe physical, social, emotional, and intellectual processes of growth and relate these to features of adolescent development and effective self-management strategies. A3 Safety management: Investigate and practise safety procedures and strategies to manage risk situations. A4 Personal identity: Investigate and describe the ways in which individuals define their own identity	Effects on wellbeing choices and consequences	Examine the influence of AoD on wellbeing 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 wellbeing. (Activities 17-19)</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 34)</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</i>

<p>and sense of self-worth and how this influences the ways in which they describe other people.</p> <p>B4 Challenges and social and cultural factors: Investigate and experience ways people's physical competence and participation are influenced by social and cultural factors.</p> <p>C1 Relationships: Identify issues associated with relationships and describe options to achieve positive outcomes.</p> <p>C2 Identity, sensitivity, and respect: Demonstrate an understanding of how attitudes and values relating to difference influence their own safety and that of other people.</p> <p>C3 Interpersonal skills: 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>D1 Societal attitudes and values: Investigate societal influences on the wellbeing of student communities.</p> <p>D2 Community resources: Investigate community services that support and promote people's wellbeing and take action to promote personal and group involvement.</p> <p>D3 Rights, responsibilities, and laws: Identify the rights and responsibilities of consumers and use this information to evaluate health and recreational</p>			or different to their own attitudes and values. (Activities 28-29)
	Communication and relationships	Demonstrate an understanding of how different attitudes and values relating to AoD can influence safety in relationships. (C3) (C2)	<i>After hearing about or reading a recent article about teenage AoD use and how this affects their relationships with other people,</i> 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. (Activities 13-16)
		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</i> students can demonstrate all of the features of an assertive response in at least one AoD 'pressure' situation. (Activity 35)
	Problem solving: Strategies to support and protect self and others	Examine strategies for minimising risks in social situations involving drugs. (A3) (C1)	<i>After creating static images/photos of risky AoD situations,</i> students analyse each other's images to identify the nature of the risk and recommend how the situation could be safely managed. (Activities 21-22)
		Investigate community services that support and promote people's wellbeing, and take action to promote personal and group involvement. (D2)	<i>After investigating a range of support systems within school, community agencies, and websites,</i> 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. (Activities 12 and 38) <i>After examining an example of a current AoD-related health promotion campaign (TV advertisement),</i> 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 41)
	Rights, responsibilities, policies and laws	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,</i> students can describe a range of ways to stay sexually safe in situations involving AoD use. (Activity 23)
		Investigate rights and responsibilities, school policies, laws and legislations in relation to alcohol and other	<i>After developing understanding of the school policy (or policies) related to alcohol (and other drugs) at school,</i> students participate in an aspect of policy review e.g. carry out a survey, or write a proposal to the BoT about a

<p>services and products in the community.</p> <p>D4 People and the environment: Investigate and evaluate aspects of the school environment that affect people's wellbeing and take action to enhance these aspects.</p>		<p>drug use and misuse. (D3)</p>	<p>situation that needs to be included in policy or the way policy needs to be communicated to students and parents. (Activity 60).</p>
	<p>Critical thinking about societal issues and social action</p>	<p>Investigate how societal attitudes, values and practices influence the wellbeing of student communities in relation to AoD use. (D1) (A4)</p>	<p><i>After examining the way alcohol is advertised and promoted through the media</i>, students can identify the mixed and inconsistent messages about alcohol use. (Activities 28-29)</p> <p><i>After viewing a recent documentary/video highlighting issues related to teenage AoD use</i>, students can analyse the video to describe how societal attitudes and values (cultural, media etc.) can influence teenage AoD use (or non-use). (Activity 15)</p>

Overview of the NZC Level 4-5 teaching and learning activities

- ❖ **PART 1** includes activities for getting an AoD unit started, checking students' prior knowledge, as well as formative assessment-type activities for checking on learning progress, and strategies for use across all learning.
- ❖ **PART 2** activities focus on learning about the relationship between AoD use and wellbeing.
- ❖ **PART 3** activities develop students' understandings of the many factors that influence people's AoD use and non-use.
- ❖ **PART 4** activities then focus on knowledge and skills for taking individual, shared and collective action to promote wellbeing in relation to AoD situations.

Each activity includes a relevant combination of:

- A **purpose statement** which briefly 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 wellbeing, socio-ecological perspective, attitudes and values and/or health promotion) and key messages that are integral to the activity.
- **Which drug(s)** the activity applies to.
- A **learning intention** that links to 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.*
- 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.
- 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 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 artefact or **learning journal entry**.
- 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?'*

It is expected that teachers will adapt these activities to meet learner needs, and in consideration of their local curriculum.

PART 1

Teaching and learning activities for:

- getting an AoD unit started,
- checking students' prior knowledge, and/or
- formative assessment-type activities for checking on learning progress, and
- strategies for use across all learning.

Note: The last four activities in this section provide strategies that can be applied to any content matter:

- Expert jigsaw
- Reciprocal reading
- Using documentaries
- Guest speaker

Activity number 1.

Programme planning – providing 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.

Key competencies: Participating and contributing

Activity applies to: all drugs

Time: 30 minutes

Resources:

- A list of suggested themes or topic headings – see copy template for ideas

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?

Possible topics for alcohol and other drug education
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 wellbeing?
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?
Are the issues the same for smoking (tobacco) and vaping?
What's the issue around cannabis and should it stay an illegal substance or should be decriminalize or legalise it? (And what about medicinal cannabis?)
Is drink driving as bad as or worse than driving under the influence of other drugs?
How do we know what additives are in some drugs? How do I avoid/ how do I know if my drink has been spiked?
Why do some people not use alcohol or other recreational drugs?
What are the trends in teenage AoD use in New Zealand?
How can I make goals and stick to them in AoD situations?

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

Activity sequence: Student activity

- Students contribute ideas about *physical safety*, *social safety* (e.g. effective listening, respectful communication, no bullying or harassment), *spiritual safety* (e.g. 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.

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 wellbeing 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 e.g. values continuum, being assertive, decision making and problem solving.

Class safety guidelines

Possible classroom situation	What sort of class safety guideline would be required?	Do our class safety guidelines state this? Add new guidelines if needed
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 (e.g. 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 (e.g. 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.

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'.

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

Key competencies: Using language, symbols and texts

Activity applies to: all drugs

Time: 30 minutes

Digital fluency: Access accurate information

Resources:

- Definition of a drug from the Ministry of Education Drug Education guide (2004) – text provided
- 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.

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' – e.g. 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 (e.g. 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.
- 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 following. 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'?

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?
- 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?

<ul style="list-style-type: none"> 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. 	<ul style="list-style-type: none"> Extra: Students locate 3 items of information that they did not know before reading them on this webpage.
<p>Student learning journal entry: Bookmark the New Zealand Drug Foundation (NZDF) website and in particular the 'drug information' page for future use.</p>	<p>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?</p>
<p>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.</p> <p>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.</p>	<p>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?</p> <p>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?</p>

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 4.

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?
 - Are there terms that we have heard but don't know or are not sure what they mean?
 - Do all these words (e.g. 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?

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?

<p>Student learning journal entry: (See homework activity)</p>	<p>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?</p>
<p>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 (e.g. when being offered or pressured to take drugs).</p>	<p>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 e.g. scenarios for skills demonstration when learning about decision making and assertiveness?</p>

Activity number 5.

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 wellbeing-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)

Key competencies: Critical thinking, participating and contributing

Activity applies: to all drugs

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

Teacher's evaluation of the activity: Which opinions provided insight into students' thinking and understanding that would be 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

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 wellbeing
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

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 6.

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: 30-60 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.
- 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 e.g. 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.

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.
- Students present their summary to the class.
- A digital record of each summary is filed in the student's learning journal.

<p>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.</p> <p>Postbox has the benefit of allowing students to contribute ideas anonymously but the process takes longer.</p>	<p>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.</p> <p>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?</p>
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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 e.g. 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 2019 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.

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

<p>1. What are the benefits for teenagers who:</p> <ul style="list-style-type: none"> • Do not drink alcohol • Do drink alcohol 	<p>2. What are the disadvantages for teenagers who:</p> <ul style="list-style-type: none"> • Do not drink alcohol • Do drink alcohol
<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>

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 before</u>, 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 before</u>, <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 before</u>, 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 7.

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 8.

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	
	<i>... and so on ...</i>
	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.

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?
Drug Help, 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 Class B drugs (which means they have more serious penalties)	What parts of cannabis are used in marijuana that is smoked?

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 9.

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 2000 series 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 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?

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

<p>Method 2: ‘Doughnut circles’</p> <p>Organise the class into two evenly sized groups. Each group forms a circle, one inside the other, students in the outer ring look in, and students in the inner ring look out, so that each person has a partner opposite them in the circle.</p> <ul style="list-style-type: none"> • 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. <i>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.</i> 	<ul style="list-style-type: none"> • 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.
<p>Teacher knowledge and pedagogy: Teachers will require some AoD content knowledge for this activity. If not sure, use the 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.</p>	<p>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.</p>

True or false statements

Question – true or false?	Answer
1. Teenage males smoke tobacco (cigarettes) more often than females	True and False – Youth19 data indicates that of the 2.6% of all teenagers that currently smoke tobacco weekly (or more often) - 2.3% were female and 2.9% male. However, of the 4.7% of young people who said they smoked tobacco monthly (or more often) - 5% were female and 4.4% male.
2. Teenagers living in rural (country) areas are more likely to use cannabis	True – Youth19 data showed that, 26% of teens who live in cities and 19% of teens who live in rural areas have used cannabis.
3. New Zealand's drinking problem is getting worse	False - One in five adults (20.9 percent) were hazardous drinkers in 2019/20, with no significant change since the time series began in 2015/16.
4. Most hazardous drinking is by young people	True - The highest prevalence of hazardous drinking was among those aged 18–24 years, at 32.4 percent. The prevalence of hazardous drinking was also high in those aged 25–34 (23.8 percent), 35–44 (21.5 percent) and 45–54 (27.7 percent). Of those aged 15–17 years,
5. Most young people attending school have tried cannabis	False – Youth19 reported that 23% of all students completing the survey had ever tried cannabis.
6. Speed is a main cause of more fatal crashes than alcohol and drugs	False – Based on the 2019 Ministry of Transport crash statistics driver's use of alcohol/drugs was recorded as a contributing factor in 137 fatal traffic crashes (160 people died), 286 serious injury crashes and 1,409 minor injury crashes. Speeding was a contributing factor in 78 fatal crashes (87 people died), 403 serious injury crashes and 1,450 minor injury crashes.
7. Young teenagers are more likely to smoke tobacco (cigarettes) than older teenagers	False – Youth19 data reported that among teenagers who currently smoke weekly or more often, 0.6% were 13 years old or less, 1.7% were 14 years old, 3.1% were 15 years old, 3.4% were 16 years old, and 3.7% for 17 years and older.
8. Most people in New Zealand have tried cannabis by the age of 21	True - By the age of 21, 80% of New Zealanders have tried cannabis at least once (Dunedin and Christchurch Longitudinal Studies).
9. 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.

10. 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.
11. Binge drinking is getting worse among NZ teenagers	False – Youth19 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% and in 2019, 21.8%.
12. Using drugs other than alcohol and cannabis is common among teenagers	False - Youth19, 3.7% of students reported ever trying any other drugs such as P, huffing, synthetics
13. More young people vape than smoke tobacco	True – Youth19 reported that weekly (or more often) use of tobacco by secondary school students was 2.6% whereas a vaping was 7.8%.
14. Synthetics are a 'growing concern'	True – BUT there isn't good data on the prevalence of synthetics use (such as synthetic cannabinoids), and although the fatalities from use have dropped off in 2019 as compared to previous years, what is growing cause for concern is a large group of newer psychoactive substances (cathinones) about which there is little evidence of short or long term effects.

Activity number 10.

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.

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 (but could be adapted for other drugs)

Time: 15 minutes

Resources:

- Prepare two sets of cards (see copy template)

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.
- 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

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 wellbeing and binge drinking', their idea might be '*being seen as cool by mates*', or '*getting into fights from being drunk*'.
- 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.

<p>the objective is to highlight and draw out the more thoughtful and critical intentions of the learning).</p> <p>For Year 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).</p>	
<p>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.</p>	<p>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 wellbeing seem weak, these could be revisited in future AoD activities or in other units of work using different learning area contexts.</p>

Year 7-10: Make multiple copies - about 30 cards in total for each set

Set 1.

Physical wellbeing <i>Taha tinana</i>	Mental and emotional wellbeing (thoughts and feelings) <i>Taha hinengaro</i>
Social wellbeing <i>Taha whanau</i>	Spiritual wellbeing <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 11.

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 e.g. 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 wellbeing seem weak, these could be revisited in future AoD activities or in other units of work using different learning area contexts.

Activity number 12.

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.

Learning intention

Students will investigate community services that support and promote people's wellbeing and take action to promote personal and group involvement. (5D2)

Key competencies: Thinking critically

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

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 wellbeing 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...
 - The first thing you could do is.....
 - This is a good strategy to try because....
 - This would promote wellbeing by...
 - The second action I suggest is....
 - This would promote wellbeing by...
 - Overall....

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 wellbeing at personal and interpersonal levels and explain how or why taking these actions would enhance/ promote/ benefit the wellbeing of people involved.

<p>Student learning journal entry: The Agony Aunt reply to the letter is filed in the learning journal.</p>	<p>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.</p>
<p>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.</p>	<p>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.</p>

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 13.

Expert jigsaw - reading about AoD issues - *supporting student literacy*

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 Youth19 report, or an article from a recent HPA alcohol journal available through 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?

<p>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’.</p>	<p>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.</p>
<p>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.</p>	<p>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?</p>

Activity number 14.

Reciprocal teaching - AoD and the media - *supporting student literacy*

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?

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.]

Critical thinking questions	Your responses
Thinking about the person or people in the alcohol-related article you read:	
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 15.

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 wellbeing 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.

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 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 e.g. impacts on physical, social, mental and emotional and spiritual wellbeing, personal, interpersonal and (at a basic level) societal factors.

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 wellbeing 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 **wellbeing 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 wellbeing? Give an example of these obvious impacts.
4. Which aspects of **wellbeing were less obvious** or absent in the video? What could you *assume* would be an impact on this aspect of wellbeing 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 16.

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.
- 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

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.
- 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.

<p>their area of expertise e.g. law, health promotion, medical or clinical support etc.</p> <ul style="list-style-type: none"> • 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? 	<ul style="list-style-type: none"> • 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.
<p>Student learning journal entry: A copy of the class Q&A are filed in the learning journal indicating the one they were responsible for.</p>	<p>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.</p>
<p>Teacher knowledge and pedagogy: Teachers need to be aware that the ‘ex-drug addict’ type speaker is <u>not</u> 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 (<i>and so what’s wrong with it?</i>). Similarly, overly moralistic, scare-tactic, fear-mongering type approaches are not recommended as they do not reflect the values of HPE or the NZC.</p>	<p>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?</p>

<p>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.</p>	
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PART 2

Teaching and learning activities focusing on learning about the relationship between AoD (non)use and wellbeing.

Activity number 17.

Rights, responsibilities and wellbeing in AoD situations

Purpose: As most children grow older and become adolescent's they are more likely to experience situations where alcohol and other drugs are present. These may be situations they had never encountered as younger children, or situations they were unaware of the AoD use occurring. With growing awareness of AoD come further rights and responsibilities for young people as well others, to support the wellbeing of everyone.

Learning intention: Students will identify roles and responsibilities in AoD situation's and describe appropriate responses that will support wellbeing. (A4) (C1)

Key competencies: Thinking critically, participating and contributing

Activity applies to: all drugs

Time: 60 minutes

Resources:

- Copies of the situation cards – allow 2-3 situations for each pair or group

Activity sequence: Teacher activity

- Ask students the following questions – but on the condition they will NOT be answering these out loud. They will only answer the questions in their head and focus on how they feel or what they think about the situation.
 - Do you have alcohol in your house? Do you go to other people's places, or places where alcohol is being used?
 - Have you seen your parents drunk? OR Have you see other adults drunk? If so, how did this make you feel at the time?
 - Has someone else's drinking ever made you feel uncomfortable or unsafe?
- Focus on what you thought or what you felt at the time. Ask for a range of thoughts and feelings to be shared – without divulging the details of the situation they are reflecting on.
- Ask students what they understand about 'rights' and responsibilities in situations like these. What do they think their 'rights' are? What do they think the 'responsibilities' of other people are in the situation? Do they think they have any responsibilities in situations like these? Accept a

Activity sequence: Student activity

- Students initially reflect on these questions without giving verbal answers.
- Students share a range of thoughts (e.g. funny, amusing, stupid, dangerous, irresponsible etc.) and feelings (e.g. scared, unsure, no specific feelings).
- Using a dictionary if required, students establish meanings like rights = something that is morally correct, something a person has justifiable claim to, something a person is entitled to; responsibilities = something a person is required to do as part of their position, job or role, an obligation.

<p>range of responses before focusing attention on the situations provided in the copy templates.</p> <ul style="list-style-type: none"> • If required, model how to work through the framework of prompts to provide a response to each section. Provide each group with 2-3 different situations and allow time to work through the ideas. • Provide the opportunity for sharing some of these ideas • Debrief with feedback around the wellbeing question for each situation. Draw attention to the way rights and responsibilities tend to go hand in hand with each other. • Ask the students what they think is easier – to lay claim to their ‘rights’ or to ‘take responsibility’? Why do they think this is the case? Where prior learning allows, link back to effective communication skills and self-management skills that enable people to assert their rights and take responsibility, or signal future learning about this. 	<ul style="list-style-type: none"> • In pairs or small groups students decide on a range of rights and responsibilities in the situations they see it. • Students share some of these rights and responsibilities ideas with the class. • Students share some of these wellbeing ideas with the class. • Students share their ideas about what they consider to be ‘easier’.
<p>Student learning journal entry: Students complete one of the situation cards not completed by their group, as an independent written activity. Alternatively, they may make up their own situation for this.</p>	<p>Extending this activity to meet NZC Level 5: Students identify named skills needed to manage situations like these.</p>
<p>Teacher knowledge and pedagogy: Understanding ‘rights’ and ‘responsibilities’ of self and others requires students to be able to see situations from different perspectives or points of view. Consider other learning that has helped to develop these cognitive skills and draw on them as needed.</p>	<p>Teacher’s evaluation of the activity: How well did the students get the point about rights and responsibilities? Which situations were more problematic e.g. where the responsibilities of self or others were not readily seen by the students? What are the implications of this for future learning where situations need to be viewed from different perspectives?</p>

Situation 1:

Max and his friends find a small plastic bag with some pills (or powder) in it. They don't know what it is.

Max's rights in this situation

Max's responsibilities in this situation

Responsibilities of other people in this situation

How or why will this combination of rights and responsibilities support the wellbeing of Max?

Situation 2:

Ana is at a friend's party. Her friend's dad, who has been drinking (and is obviously drunk), insists on driving her home 'so she gets home safely'.

Ana's rights in this situation

Ana's responsibilities in this situation

Responsibilities of other people in this situation

How or why will this combination of rights and responsibilities support the wellbeing of Ana?

Situation 3:

Sam is at party. His friends are pressuring him to drink beer. He's never drunk before and promised his parents he wouldn't drink alcohol.

Sam's rights in this situation

Sam's responsibilities in this situation

Responsibilities of other people in this situation

How or why will this combination of rights and responsibilities support the wellbeing of Sam?

Situation 4:

Kit's little brother has found a glass of alcohol left by a parent and starts to drink it.

Kit's rights in this situation

Kit's responsibilities in this situation

Responsibilities of other people in this situation

How or why will this combination of rights and responsibilities support the wellbeing of Kit?

Situation 5:

In Ami's social group there is an 'unsaid' expectation that everyone will do what the other members of the groups will do. One of the group brought some cannabis to the park where the group meet and starts to smoke it.

Ami's rights in this situation

Ami's responsibilities in this situation

Responsibilities of other people in this situation

How or why will this combination of rights and responsibilities support the wellbeing of Ami?

Situation 6:

Jay's older sister often has her friends over when their parents are at work. They often smoke cannabis in his house. They think it's fun to pressure Jay into smoking with them and tease him when he refuses.

Jay's rights in this situation

Jay's responsibilities in this situation

Responsibilities of other people in this situation

How or why will this combination of rights and responsibilities support the wellbeing of Jay?

Situation 7:

Jax's parents always have plenty of alcohol available in the house. His friends know this and when they come over after school they ask if they can have some.

Jax's rights in this situation	Jax's responsibilities in this situation	Responsibilities of other people in this situation
How or why will this combination of rights and responsibilities support the wellbeing of Jax?		

Situation 8:

Lea's local convenience store sells alcohol. It's the same place the local primary and secondary school students go after school to buy snacks and drinks. They have to walk past all of the shelves of alcohol and alcohol advertising to get to the fridge containing non-alcoholic drinks.

Lea's rights in this situation	Lea's responsibilities in this situation	Responsibilities of other people in this situation
How or why will this combination of rights and responsibilities support the wellbeing of Lea?		

Situation 9:

Luc is attending a sports event with his family. All around the event are large displays of alcohol advertising. In the area where they are seated they are surrounded by people drinking large amounts of alcohol and they are becoming louder and more aggressive.

Luc's rights in this situation	Luc's responsibilities in this situation	Responsibilities of other people in this situation
How or why will this combination of rights and responsibilities support the wellbeing of Luc?		

Situation 10:

Nat's parents have had friends over for dinner and afterwards it's quite clear that one parent is quite drunk. They are getting louder and louder, singing and dancing, then falling over and at one point this results in knocking over some furniture that caused lots of things to break.

Nat's rights in this situation

Nat's responsibilities in this situation

Responsibilities of other people in this situation

How or why will this combination of rights and responsibilities support the wellbeing of Nat?

Activity number 18.

Effects of alcohol on the body

Purpose: This activity involves using 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.

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 wellbeing and use this knowledge to develop effective self-management strategies. (5A1) (5A3)

Key competencies: Thinking critically, participating and contributing

Activity applies to: alcohol

Time: 30 minutes

Resources

- Access to the website: 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.

Activity sequence: Teacher activity

- Direct students to 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.

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 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.

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 19.

Alcohol, cannabis and wellbeing

Purpose: Applying understanding of the concept of hauora and wellbeing 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 wellbeing.

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

Key competencies: Thinking critically, participating and contributing

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)
- If the focus is on cannabis, source information about effects of cannabis from the New Zealand Drug Foundation www.nzdf.org.nz
- Copy templates of the dimensions of wellbeing chart and the list of situations (separate examples are provided for alcohol and cannabis).

See also *Thinking critically about cannabis* (Tūturu, 2020) <https://www.tuturu.org.nz/assets/uploads/Thinking-critically-about-cannabis.pdf>

- **Activity 1. Cannabis use as a health and wellbeing issue**
To establish the wellbeing focus for all of the activities in this resource, students revisit learning about the impacts of cannabis on wellbeing. This section contains 3 activities for teachers to select from.
- **Activity 2. Are all cannabis products ‘the same’?**
This activity requires students to check their understanding about the various forms in which cannabis is used and the implications of this for health and wellbeing.

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 wellbeing 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 wellbeing does their information - collected in the previous activity – relate to? Acknowledge that most information is related to physical wellbeing.

Activity sequence: Student activity

- Students contribute previously learned ideas about hauora and wellbeing 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.

<ul style="list-style-type: none"> • Explain that this task is to look at the ways other dimensions of wellbeing 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 wellbeing 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. 	<ul style="list-style-type: none"> • Students complete the chart by identifying how each dimension of wellbeing 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 wellbeing). • Main ideas are shared with the class.
<p>Student learning journal entry: Students include a copy of their group's 'Dimensions of wellbeing chart' in their learning journal.</p> <p><i>Assessment option:</i> students select another situation and individually repeat the exercise filling in the dimensions of wellbeing chart which can be used to assess the development of student knowledge of the concept of hauora.</p>	<p>Extending this activity to meet NZC Level 6 / NCEA Level 1: For assessment with Achievement Standard AS90975 (Health 1.6) <i>Demonstrate understanding of issues to make health-enhancing decisions in drug-related situations</i>, students may require some detailed knowledge of the effects of alcohol or cannabis on the body and the interconnections between the dimensions of wellbeing.</p>
<p>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.</p>	<p>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 wellbeing? What are the implications for the way a conceptual understanding of hauora will need to be developed in future learning?</p>

Alcohol situations	
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
Cannabis situations	
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)

Dimensions of wellbeing chart

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

Activity number 20.

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 wellbeing. (5A3)

Key competencies: Thinking critically, participating and contributing

Activity applies to: all drugs

Time: 30 minutes

Resources:

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

The Ministry of Transport provides usefully organised statistical information about road safety and AoD. For further information see <https://www.transport.govt.nz/statistics-and-insights/safety-annual-statistics/alcohol-and-drugs/>.

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.
- Once time is up, students count up how many different types of people they have named. Ask

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.

<p>each group for 2-3 that they thought were particularly 'clever' ideas.</p> <ul style="list-style-type: none"> • Ask each student to select one person from the brainstorm whose wellbeing is likely to be impacted by the incident (check to see if they think there are people whose wellbeing would not be impacted – make a distinction between having a job to do because of the incident (for example) and having their wellbeing affected). • Provide opportunity to share ways various people's wellbeing is impacted. • Conclude by summarising the students' ideas about the wide reaching impact just one poor AoD use decision can lead to. 	<ul style="list-style-type: none"> • Working in groups, each student selects a different person from their brainstorm whose wellbeing is affected by the incident. Using the wellbeing chart provided in the previous activity, students discuss and document the impacts on wellbeing 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 wellbeing with the class.
<p>Student learning journal entry: Students take a photo of their group brainstorm and file it in their learning journal along with the wellbeing chart or their selected person.</p>	<p>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.</p>
<p>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.</p>	<p>Teacher's evaluation of the activity: How readily did students see how the situation impacted multiple people and how their wellbeing is affected by AoD use by others? What are the implications of this for later decision making and problem solving activities?</p>

Activity number 21.

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.

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 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

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 wellbeing. Some of these ideas may have already been discussed in previous lessons.
- Discuss safety guidelines specific to this activity:
 - 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 (e.g. 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.).

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 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

<ul style="list-style-type: none"> ○ 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. <p>Part two – understanding and responding to unsafe situations</p> <ul style="list-style-type: none"> ● 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. 	<p>another group to ensure that the 'unsafe' aspects of the image are understood by others.</p> <ul style="list-style-type: none"> ● Contribute the image to the class resource in accordance with the agreed safety guidelines. <p>Group discussion and analysis (see also copy template):</p> <ol style="list-style-type: none"> 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 wellbeing 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?
<p>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.</p>	<p>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 wellbeing of all involved in the scene and not only the person intentionally placed in the unsafe situation.</p>
<p>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.</p>	<p>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 (e.g. 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)?</p>

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 wellbeing 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 22.

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).

Learning intention: Students will investigate and understand reasons for and consequences of the choices people make that affect their wellbeing and social norms. (5A3/6A1)

Key competencies: Thinking critically, participating and contributing

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.

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.....
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.....
- 5.

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.

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?

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						
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?	(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 23.

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 wellbeing. 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 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).

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 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.

<ul style="list-style-type: none"> • Allow time for groups to work through the questions. Once the 'focus group' interviews are complete, de-role the students (e.g. screw up their profile and bin it, reorganise the seating etc.) and summarise the main points of the lesson with the following questions: <ol style="list-style-type: none"> 1. In what ways can alcohol use influence young people's sexual behaviour? 2. How does this relate to wellbeing? 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? 	<ul style="list-style-type: none"> • Once complete, students contribute to the class summary discussion.
<p>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.</p>	<p>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) <i>Demonstrate understanding of strategies for promoting positive sexuality.</i></p>
<p>Teacher knowledge and pedagogy: <i>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.</i> 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.</p>	<p>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.</p>

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 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.

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 24.

Investigating drugs and sport – what’s the wellbeing 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 wellbeing issue for people other than athletes and sports people.

Learning intention: Students will investigate and understand reasons for and consequences of the choices people make that affect their wellbeing and social norms. (5A3/6A1)

Key competencies: Thinking critically, participating and contributing

Digital fluency: Locating good quality information quickly and efficiently

Activity applies to: all drugs

Time: 60 minutes

Resources:

- Copy templates for the quiz and wellbeing 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 <https://natlib.govt.nz/schools/topics>

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?
 - 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.

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.

<ul style="list-style-type: none"> • 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 wellbeing 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 wellbeing 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. 	<ul style="list-style-type: none"> • 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 'wellbeing effects' copy template. • Students participate in the neutral chair debate.
<p>Student learning journal entry: File the completed quiz and wellbeing effects copy template in the learning journal.</p>	<p>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 <i>Demonstrate understanding of ways in which wellbeing can change and strategies to support wellbeing</i> (Health 1.3).</p>
<p>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.</p>	<p>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?</p>

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.

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"> • Prohibited at all times • Prohibited in-competition • Prohibited in particular sports 	
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?	

Effects of performance enhancing drugs (or methods) on wellbeing	
1. How might each dimension of the wellbeing 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 wellbeing as a direct effect of the drug, or as a result of the physical effects
Possible effects on social wellbeing as a result of the physical or mental effects	Possible effects on spiritual wellbeing 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 wellbeing communities (e.g. a sports community, a local geographic community – town or city), or the wellbeing of a nation is affected by sportspeople's use of performance enhancing drugs? Why or why not?

PART 3

Teaching and learning activities develop students' understandings of the many factors that influence people's AoD use and non-use.

Activity number 25.

Personal influences on AoD use

Purpose: Young people's experiences with AoD, or the way they manage situations involving AoD, can be a reflection of their overall state of health and wellbeing, their personal disposition, and life circumstances. This activity foregrounds later learning about risk and protective factors and asks students to consider how personal circumstances may influence the way stressful life events are managed, especially when AoD-related factors are added into the picture. The activity firstly requires students to make assumptions about a character's life situation, based on other knowledge they have from similar situations. They then reflect on how fair or unfair it is to make such assumptions without actual evidence about the person. In addition to this, the activity encourages students to see the complexity of factors that contribute to whether or not a person decides to use AoD, and the circumstances that may lead to AoD use becoming risky or harmful. *Note: The activity is based on the HPA 'Play your best card' game.*

Learning intention: Students will identify the way personal dispositions and life circumstances may lead to AoD behaviours that do/do not support wellbeing. (5A4)

Key competencies: Thinking critically, participating and contributing

Activity applies to: all drugs

Time: 60 minutes

Resources:

- A copy of the three sets of cards from the copy templates – one set for each group. Photocopy these onto different coloured card or use some other means to differentiate between the 3 sets of cards.
- Instruction sheet and script for each student or pair – see copy template.

See also

- *Thinking critically about wellbeing and support* teaching activities under 'health education' at the Tūturu resource hub. This helps students to think about health promoting actions and what support a person could access. <https://www.tuturu.org.nz/resource-hub/>
- *Play your best card* from HPA – box of cards and accompanying resources <https://www.hpa.org.nz/education/play-your-best-card>

Activity sequence: Teacher activity

- Explain to the students that they are going to play a type of card game. The instructions for this are provided on the copy template. The aim of the activity is to think about possible connections

Activity sequence: Student activity

<p>between a person's 'character' (their disposition, values, beliefs and feelings of self-worth, their actions and behaviours, etc.) and whether or not risky alcohol or cannabis use might become a way of coping with challenging life situations.</p> <ul style="list-style-type: none"> Initially organise students into groups of 4-5 pairs. After successively turning up three cards – one from each set of the character cards, life situation cards, and access to AoD cards, each pair of students will need to respond to the questions on the template to build a scenario around their person. <i>Note the option to be able to swap cards to get their stories to work.</i> <p>Debrief:</p> <ul style="list-style-type: none"> Ask students to focus on the assumptions they made when deciding whether their character would use AoD in a risky way. Do they think it is fair or unfair that we judge people based on ideas learned elsewhere and not on actual evidence about the person? Why or why not? Acknowledge that we sometimes need to make assumptions when trying to make initial sense of a situation (e.g. why a person behaves the way they do and whether or why they use), but to then act only on the basis of these assumptions and not evidence, may result in making a situation worse, not better, especially if the assumptions are incorrect. 	<ul style="list-style-type: none"> Students working in pairs respond to the questions in consideration of their character and build a scenario about them using the questions provided. Students respond to the debrief question drawing conclusions that it can be unfair to judge a person's circumstances and their likely (AoD) behaviours based only on assumptions, and that more information about a person's situation is needed to be able to analyse what is going on for them.
<p>Student learning journal entry: Students write up one scenario based on a selection of cards, using the scenario builder questions. These can be compiled into a resource for the class to use as a source of ideas.</p>	<p>Extending this activity to meet NZC Level 6 / NCEA Level 1: Add further ideas about building resilience as well as risk and protective factors – see Section C.</p>
<p>Teacher knowledge and pedagogy: This activity requires students to make assumptions about the character based on ideas they have learned elsewhere. Be prepared to challenge ideas that are overly judgemental or where assumptions are seen as certainty or 'fact'.</p>	<p>Teacher's evaluation of the activity: How readily were students able to piece together a fictional account of their character and make assumptions about them, based on prior learning and existing knowledge? How readily could students also see the limitations of working only from assumptions? Where else in the learning programme could an activity like this – making assumptions and then needing to reconsider the situation based on evidence – be included?</p>

Character cards

<p>Cora is known for being pretty chilled out and relaxed about things. She doesn't get flustered easily, and she's confident about herself and most things she does. She gets on well with people and can communicate her ideas, needs and wants assertively and with clarity. She's seen as someone who has 'got it together' and people like to be with her socially.</p>	<p>Hemi is known for being quite an anxious person. He doesn't respond well to changes and can get quite upset when things happen that he had no prior knowledge of. He is confident speaking only to a few people and gets very nervous and flustered when he has to talk with someone he doesn't know well and if he is asked to respond to a question in class.</p>
<p>Jake is known for being 'superficial'. To others he doesn't take anything seriously, he doesn't put much effort into anything he does, he gives the appearance of not really caring about anything. He communicates confidently but never really says anything that has much meaning or substance. Some people also consider him hard to get to know because he doesn't give away anything about himself.</p>	<p>Manu is known for over-reacting to situations. She will often get really angry or upset about a situation, or rave on and on about small things that don't bother other people. She doesn't get on well with people, not that she doesn't try, it's just that other people find her hard work when they aren't sure what her emotional response to a situation will be.</p>
<p>Beth is known for being bit of a 'drama queen'. To some this makes her fun and entertaining to be around because she's not shy about doing or saying anything. But for others it's seen as a cover for other things - either to draw attention to herself, especially when attention is on other people or it's when she's hiding the fact she doesn't know or isn't confident about something and her performance distracts people's attention away from this.</p>	<p>Liam is known for being 'pretty intense'. He gets wound up in issues, and keeps wanting to talk about the same few things all of the time – often things other people aren't particularly concerned about or don't see the point of. Although he's confident in telling people about the things that matter to him, they are often things other people don't want to hear about.</p>
<p>Theo is known for being bit of a 'good time boy'. He doesn't seem to take life seriously and everything he does is about fun and excitement. This means he also does some risky and dangerous things. Some people think he does it to show off, while others think he's just an extreme sports junkie in the making and he just does it for the 'rush' of feelings that come with doing something dangerous.</p>	<p>Losi is known for being socially withdrawn. She never starts a conversation and doesn't communicate unless spoken to, and then it's often just a brief reply. She's hard to get to know because she is seen as being so unwilling to join in, to open up about anything, or offer her thoughts and ideas.</p>

<p>Kama is known for being a bit devious and manipulative. She can say one thing to one person and then say completely the opposite to someone else, usually to make herself look good and to undermine others. She uses people's personal information against them to maintain 'her group' of friends and her position in the group. She communicates with confidence but her claims to being assertive are sometimes seen as being more aggressive by some people.</p>	<p>Brad is known for being really angry most of the time. No one really knows why. He is often very 'short tempered' with people – snapping at them, and getting angry that they even need to ask him things. He's not shy about speaking out but it's always done in an angry way. His anger is all verbal but others are still fearful of what he might do, so they avoid him if they can.</p>
<p>Aden is known for being untrustworthy with other people's information and property. People also see him as being disrespectful because of this. He doesn't seem to care that people think this of him and if anything, he says and does things that keep adding to this reputation. He communicates confidently but no one thinks of him as a friend because they can't trust him. When someone challenges him about his behaviour or what he says, he just shrugs it off saying he doesn't care, and 'not his problem if they can't take a joke'.</p>	<p>Aria is known for being easy to upset. She is regularly seen crying and will burst into tears when asked what seem to be very ordinary questions about something. No one really knows why – some people assume she's experienced a big upset in her life but no one knows or can find out what this is, while others think it's just who she is and that she's an 'overly emotional' person. She is very difficult to have a conversation with, partly because people don't want to say anything to upset her and partly because she won't say much anyway.</p>

Life situation cards

The have a big argument with their closest friend	They break up with their romantic partner who they have been going out with for several months
They are bullied or cyberbullied	They fail an important school assessment
They miss out on being selected for a team, performance group (or other group)	They have an accident resulting in a serious (but not permanent) injury OR develop a major illness (but one they will get better from)
Their parents break up	A grandparent or other important elderly relative dies
They aren't invited to the 'party of the year' being held by one of the popular students at school	A group of students at school 'gang-up' against them and will have nothing to do with them
They are being pressured by someone else to have sex	They are part of a group caught shoplifting – they didn't steal anything themselves but they are in trouble by association with the group
They are being pressured by someone else to drink alcohol	They are being pressured by someone else to use cannabis
They feel they are an outsider and they just don't fit in or belong anywhere	They feel like they are stuck and don't know what to do next to get on with their life
They feel like they have no control over what happens to them	They feel like the world owes them something, that nothing that happens to them is their fault, and everyone else needs to change

Access to alcohol or cannabis cards

Parents provide alcohol when it is asked for	Parents never provide alcohol when it is asked for
Friends never have access to alcohol	Friends always have access to alcohol
Older sibling (brother or sister) can always be relied upon to provide whatever alcohol is asked for	Older sibling (brother or sister) can always be relied upon to provide cannabis
A friend always has access to cannabis	Friends never have access to cannabis
Always has enough money to buy alcohol or cannabis	Never has enough money to buy alcohol or cannabis
Parents never have of alcohol in the house (and don't drink themselves)	Parents always have plenty of alcohol in the house
Knows where to buy cannabis without getting caught	Looks old enough and have fake ID to buy alcohol
Knows liquor outlets where you can ask an adult customer to buy your alcohol for you	Knows ways of stealing alcohol without getting caught
Adults at their home often use cannabis or other drugs	Adults at their home never use cannabis or other drugs and are strongly against the use of drugs

Scenario builder questions

STEP 1. In your large group, place the 3 sets of cards face down in front of everyone. Each person (or pair) needs to take **ONE 'character' card**.

Look at your own card. **Answer these questions:**

1. How do you think your character feels about themselves? Name some feelings that you think they might have, based on the information provided.
2. What do you think they value, or what do they believe about themselves?
3. How well do you think this character would cope if they experienced a big change or a big disappointment in their life? Why do you say this?

Share your character and the answers to these questions with your group.

STEP 2. Each person (or pair) now needs to take **ONE 'life situation' card**.

Read your new card and make an initial decision about whether or not you think the two cards will go together to make a story (*there may be some combinations where the information on the cards seems contradictory, or you can't see how you could make up a story around this*). You can swap ONE 'life situation' for another to put together two cards that seem to work together.

With this new information answer the following questions.

4. How do you think your character will respond to the life situation? *How will they feel? What do you think they will do?* Why is this?
5. Do you think they are likely to use alcohol or other drugs in a risky way given their situation? Why or why not?
6. What assumptions are you basing these ideas on?

STEP 3. Each person (or pair) now needs to take **ONE 'access to alcohol or other drugs' card**. Again, if the information on the card doesn't fit with the story so far, you can swap it.

- Repeat questions 4&5 above thinking about this added information.
- Share your story (your answers) about your character and their situation with the rest of your group.

STEP 4. Drawing conclusions

Discuss with your group these questions:

7. Why do you think some young people may use alcohol or other drugs as a way to 'cope' with challenging and stressful life events?
8. What is a healthier alternative to managing stressful life changes, other than using alcohol or other drugs?
9. What other wellbeing-related support might your character need based on their character profile?

Activity number 26.

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 wellbeing using a range of materials sourced from the media.

Learning intention: Students will examine how cultural attitudes and values influence AoD use. (5/6D3)

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?

<p>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.</p>	<p>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) <i>Demonstrate understanding of issues to make health-enhancing decisions in drug-related situations.</i> 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).</p>
<p>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.</p>	<p>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?</p>

Activity number 27.

Legal matters related to drugs and alcohol – and how these affect wellbeing

Purpose: The laws related to the supply, purchase and use of alcohol have a role in supporting the wellbeing 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 wellbeing.

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 applies to: alcohol

Time: 60 minutes

Resources:

- Access to websites with information about alcohol laws with relevance for young people e.g. 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.

Activity sequence: Teacher activity

- Guide the class in a quick brainstorm to identify situations involving young people and alcohol which have legal implications e.g. 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 e.g. 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 people's wellbeing'? Use the copy template provided to guide responses.
- Explain the requirements for the poster each group will produce.

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 situations and how wellbeing might be affected. See copy template. Where the legal situation is uncertain, use the websites suggested by the teacher.
- In small groups students select one alcohol-related situation that has legal implications and

<ul style="list-style-type: none"> • 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 e.g. 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. 	<p>locate legal information related specific to this situation. Make a copy of this.</p> <ul style="list-style-type: none"> • Each group of students makes a youth, alcohol and the law poster that includes: <ul style="list-style-type: none"> ○ 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.
<p>Student learning journal entry; Take a digital image of the group's poster and each student files this in their learning journal.</p> <p>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.</p>	<p>Extending this activity to meet NZC Level 6 / NCEA Level 1: See following activity.</p>
<p>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.</p>	<p>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?</p>

Situation	Who is breaking the law or in breach of school policy? <i>Not sure? Find out.</i>	Which dimension(s) – if any - of the young person's wellbeing are affected at the time of the incident? Why?	How might this lead to other effects on wellbeing for either the young person and/or other people in the situation?
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 28.

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.

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 applies to: all drugs

Time: 30 minutes

Resources:

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

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 wellbeing (or hauora).
- Once the class has a collection of headlines, these can be used to explore attitudes and values, and wellbeing 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 wellbeing be affected by the sorts of situations shown in the headlines? Think about the wellbeing of teenagers and others, as well as short-term and long-term effects.
 - What needs to happen to promote wellbeing 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.

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 knowledge and pedagogy: The use of Padlet or another app for online collaboration in a classroom context.

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 29.

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 to news reporting e.g. 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).

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).

<p>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.</p>	<p>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.</p>
<p>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.</p>	<p>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?</p>

Fact or opinion – what, so what, now what?	
What?	<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>
So what?	<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>
Now what?	<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 30.

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.

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?

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?			
Find out: (select ONE of the questions) <ul style="list-style-type: none"> 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? 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. 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? 			

Activity number 31.

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.*

Learning intention: Investigate how societal attitudes, values and practices influence the wellbeing of student communities in relation to AoD use. (5D1) (5A4)

Key competencies: Thinking critically, participating and contributing

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)

See also the Tūturu resource *Thinking critically about the marketing of energy drinks and/or vaping products* and *Marketing energy drinks and/or vaping products* <https://www.tuturu.org.nz/resource-hub/>

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.
- Explain that the class is now going to analyse the messages in an alcohol advertisement from different viewpoints.

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.)
- 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

<ul style="list-style-type: none"> • 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. 	<p>identify thoughts and feelings the person might have about alcohol.</p> <ul style="list-style-type: none"> • From the perspective of this person, answer the following questions about the advertisement. <ol style="list-style-type: none"> 1. Do you understand what this ad is about? Why or why not? 2. What is your opinion of this ad? <i>Or what do you <u>think</u> about this ad?</i> 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.
<p>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:</p> <ul style="list-style-type: none"> • 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? <p>Record responses in the learning journal.</p>	<p>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.</p>
<p>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.</p>	<p>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?</p>

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 32.

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.

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

Key competencies: Thinking critically, participating and contributing

Activity applies to: all drugs

Time: 30 minutes

Resources:

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

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?

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 wellbeing is the health promotion campaign trying to improve – what's your evidence for saying this?	
PART TWO – the support materials on the website <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.	

PART 4

Teaching and learning activities that focus on knowledge and skills for taking individual, shared and collective action to promote wellbeing in relation to AoD situations.

Activity number 33a.

Reflecting on my own wellbeing and identifying my learning needs

Purpose: To complement and support the Tūturu Support Plan Template, a number of the items from this intervention tool have been re-purposed and redeveloped as a learning activity. The aim of this is to help students to understand the language used in the tool, as well as provide teachers and students with data about students learning needs. It also provides students with an initial reflection of their learning upon which future reflections can be compared, as a way to determine learning progress. Activity 34 extends this reflection into a more detailed and formally structured goal setting process for year 11 (NCEA AS 90971).

Learning intention: Students will identify aspects of learning (knowledge or skills) required to support their own wellbeing. (5A1)

Key competencies: Managing self

Activity applies to: all drugs

Time: 30 minutes.

NOTE: There are two options for this activity. Version (a) requires students to draw on their own life experiences, whereas version (b) requires students to think critically about another person's wellbeing using the same tools and templates as option (a). Select the version that can be managed most safely with your group of learners, or use one version to introduce or strengthen the other.

The activity is intended to be used as preparation for the goal setting process in Activity 34.

Resources: Copy template for each student - printed or digital.

Teachers may like to modify the template to add in school-specific examples of values or other terminology.

Teachers, with their students, may also like to adapt the template to use culturally specific language for parts of the template.

The version of these tools for use in intervention settings can be found at <https://www.tuturu.org.nz/resource-hub/>

Activity sequence: Teacher activity

- Explain to students that in order to identify learning needs related to wellbeing requires a form of self-reflection to identify what those needs are. Explain that this task is personal to them, and you will be the only other person reading it (and anyone else the student chooses to share it with).
- Distribute a copy of the copy template to each student.
- **Optional:** add words and phrases from the cultures and languages of students in the class, especially for the 7Cs section of the reflection.
- Provide time for the students to complete Parts A-C of the activity. Provide as much support with the language as is required. Suggest to the students

Activity sequence: Student activity

- Students complete the template, asking for clarification of meaning from the teacher or peers as required.





















<p>they can discuss aspects of the reflection with their peers, but stress that what they write down will be personal to them.</p> <ul style="list-style-type: none"> Depending on the approach to goal setting, guide students through the brief version in the template and/or extend this to include a detailed account of goal setting in Activity 34. 	<ul style="list-style-type: none"> Students develop a simple goal and identify the actions required to meet this goal.
<p>Learning journal entry: Students file their completed reflection in their learning journal so they can use as a comparison for later reflections on their learning, and as a source evidence to show progress has been made. Also file any goal setting documentation.</p>	
<p>Teacher knowledge and pedagogy: This activity re-purposes an early intervention tool, shifting the focus from it being a reflection tool for students experiencing distress, to a learning tool that requires students to reflect on their wellbeing and therefore their learning needs. In order for this learning activity to complement and support students seeking pastoral support from designated pastoral care staff in the school, teachers are encouraged to develop an understanding of the interventions deans and other pastoral care personnel in the school use as part of their approach when they first engage with students. This is not about teachers knowing the personal details of students' situations beyond what the students agree their teacher should know (respecting the right to privacy and confidentiality), but instead a basic knowledge of the systems and procedures pastoral care staff at the school work with.</p>	<p>Teacher's evaluation of the activity: How well did the students understand the language of this reflection tool? What are the implications of this for future reflective tasks and how well students understand what they are being asked to reflect on and respond to? What language/literacy strategies may need to be included as part of future learning activities?</p>

Self-reflection: My wellbeing and my learning needs

PART 1. The 7C's Using the item bank of meanings provided below, and/or your own words, to explain the meaning of each of the 7Cs terms. Write these meanings in the boxes with each term in this column.	Reflective questions	Highlight the option that best reflects you at this time				
	At this time	1	2	3	4	5
Competence	Do you have the knowledge, skills and capability you need to manage changes and challenging or stressful situations in your life?					
Confidence	Do you feel confident that you have the knowledge and skills to manage your wellbeing, and can learn things you don't yet know?					
Connection	Do you feel connected to positive people, school, your family, and your community?					
Character	How well do you demonstrate the values of respect, integrity, service and personal excellence?					
Contribution	How well do you contribute to the wellbeing of others?					
Coping	How well do you use positive coping strategies (ones that support your wellbeing)?					
Control	How well do you think you can make choices that support your health and wellbeing?					

Item bank of 7C's word meanings: match the meaning with the word and write it in the table above	Having the power to influence my behaviour or the situation I am in.	The qualities that are unique and distinctive to me, my personality, my nature, my temperament	Being able to have role in bringing about a result or helping something to happen.
Being able to face and deal with problems or difficulties, or manage responsibilities.	Having a relationship with other people, or places, or things.	A feeling of certainty, or that you are sure about something.	Having the necessary knowledge, skills or capability to do something well or successfully.

PART 2. Support for you to grow	Highlight the option that best reflects you at this time					Identify one or two examples of things specific to you, for each of these items
	1	2	3	4	5	
I have positive activities that I enjoy doing and that I can participate in						
I have people who care about me						
I have places where I feel I belong						
I make positive contributions that benefit and support others						

PART C. Thinking about your overall wellbeing	Highlight the option that best reflects you at this time					If you scored 1-3, what is one aspect of this aspect of your wellbeing you would like to improve upon; if you scored 4-5, what is one aspect of your wellbeing that is particularly good at this time
	1	2	3	4	5	
Taha tinana or physical wellbeing						
Taha hinengaro or mental and emotional wellbeing						
Taha whānau or social wellbeing						
Taha wairua or spiritual wellbeing						

PART D. Thinking about the all of your responses to parts A-C in this reflection, what is ONE aspect of your wellbeing you could seek to improve over the next 2-3 weeks – something that would make small (or maybe a large) contribution to your wellbeing? Even if you gave all of the items high score, try to find one manageable and achievable thing you could focus on. It could be to learn a new skill, or find out some information that could help you now or in the future. Alternatively it could be to change the way you do something, or to do something consistently (instead of just some of the time).

Describe the aspect of your wellbeing you would like to improve on.	
Rewrite this as a goal. <i>Think about what will be different once you have achieved your goal and word your goal in a way that shows what will be different and better once you have achieved it.</i>	

What actions do I need to carry out to help me achieve my goal?	Who or what will help me?	When will I do this?

Activity number 33b.

Thinking critically about wellbeing

Purpose: In addition or as an alternative to Activity 33(a), the Tūturu Support Plan Template intervention tool has been re-purposed and redesigned as a learning activity. The aim of this is to help students to understand how reflection data might be used as part of a critical thinking approach to identify the actions needed to promote wellbeing. In the case of students using this tool as part of an early intervention process, it can also be used to help them to understand the meaning and intent of it. Instead of using the students own reflection (as in Activity 33a), this activity uses a scenario as the basis for the activity. This activity may support learning for goal setting in Activity 34

Learning intention: Students will develop understanding of the way information from personal reflection may be used to help identify actions to promote wellbeing. (5/6A1)

Key competencies: Participating and contributing

Activity applies to: all drugs

Time: 60 minutes

Resources: Copy template of critical thinking questions for each student and a scenario for each group. It may be helpful to cut the scenario into sections so that each person in a group can take responsibility for making sense of one part of the situation. *Teachers may adapt aspects of the scenario to reflect a locally relevant situation.*

Activity sequence: Teacher activity

- Explain to the students that this activity will use information from a scenario (and not their own reflection data – although they may still like to draw on their own experiences for ideas) to help decide what sort of support a young person needs to promote and improve their wellbeing.
- Provide each group of students with the scenario (cut into sections) and Effie's reflection on her wellbeing. Allow time for students to make sense of the scenario.
- Provide each student with a critical thinking framework sheet. As a group, students discuss the questions using ideas from the scenario, as well as their own understanding of the situation, to make a response to each question in the framework. They may decide some questions don't have an answer – but encourage them to think differently, or from other people's perspectives if that is the case.

Activity sequence: Student activity

- Students divide the sections of the scenario between members of the group and lead the group in discussion about their allocated section.
- Students respond to and record ideas from the group discussion in the critical thinking framework.

<p>Debrief:</p> <ul style="list-style-type: none"> • Ask students to share the ‘what needs to change’ section of their responses. What ideas are similar or different across the class? What other alternatives are possible having heard these ideas? • Why do you think some young people’s issues require ongoing support and take a long time to be resolved? 	<ul style="list-style-type: none"> • Students respond with own insights about the complexity of making changes when many people might be involved.
<p>Learning journal entry: Students file their responses to the critical thinking questions.</p>	
<p>Teacher knowledge and pedagogy: Making sense of complex situations to decide a course of action is hard. Help students to understand that the complexity of situations that undermine our wellbeing are often not easily ‘fixed’ and put right again through a simple one-off action, and often involve many people providing different forms of support. Emphasise the importance of the socio-ecological approach and how good quality health and wellbeing outcomes are dependent on a number of factors coming together to support and promote wellbeing in a sustainable way.</p>	<p>Teacher’s evaluation of the activity: How readily could students respond to the critical thinking questions? That is, taking ideas from the scenario and thinking about them in a way that required them to see the situation from multiple perspectives – especially the questions around who benefits/who has the power and who is disadvantaged. Given the importance of these questions for critical thinking in health education, what are the teaching and learning implications for students’ thinking critically in other contexts?</p>

Scenario





















Effie has been caught drinking alcohol at school.





















After a 'bad morning' (a fight with mum over her school uniform, a failed assessment, an argument with another student in her group, and being called names related to her bad mood) she had taken herself off to a quiet area of the school during lunchtime to drink the alcohol she had taken from her parent's drinks cabinet. When she was asked by a teacher why she was still out of class after the bell rang, it quickly became apparent how drunk she was so she was taken to see the nurse to lie down and sober up, and her situation was reported to her dean.

Last week Effie's best friend had hooked up with her boyfriend so she feels let down and cheated by two of the people most important to her. Things are pretty tough at home and mum and dad are always arguing about money and their jobs. She thinks she is failing at school and everything is getting on top of her. In the past she always gained really good levels of achievement in all of her subjects. She hasn't kept up with sports practice (she's a really good rugby player) and dropped out of the social choir who sing all sorts of different music – because they enjoy it and they are really popular when they sing at school events.

Next day, when Effie returned to school, the dean asked to see her to start the process the school uses when students find themselves in some sort of trouble, or they are experiencing distress that is affecting their wellbeing. The first thing Effie and the dean worked on was a self-reflection tool. Her results are shown below.

PART 1. The 7C's	Reflective questions	Highlight the option that best reflects you at this time					Comment
	At this time	1	2	3	4	5	
Competence	Do you have the knowledge, skills and capability you need to manage changes and challenging or stressful situations in your life?						<i>I think I have some skills but because everything bad is happening all at once I don't feel capable of doing anything for myself.</i>
Confidence	Do you feel confident that you have the knowledge and skills to manage your wellbeing, and can learn things you don't yet know?						<i>I know I can learn because I have always been good at school work.</i>
Connection	Do you feel connected to positive people, school, your family, and your community?						<i>I still have my connections with my music and I listen to music at home.</i>
Character	How well do you demonstrate the values of respect, integrity, service and personal excellence?						<i>I should be able to rate myself more highly and at other times I would, but right now I feel I can't do this as well as I could because of everything else I'm dealing with.</i>
Contribution	How well do you contribute to the wellbeing of others?						<i>Given how many arguments and fights I've had with my parents and friends I don't think I'm contributing much at all at the moment, but I know I have in the past.</i>
Coping	How well do you use positive coping strategies (ones that support your wellbeing)?						<i>Not very well! It's why I'm in trouble now!</i>
Control	How well do you think you can make choices that support your health and wellbeing?						<i>I know I can but right now I have so much going on I don't know where to start.</i>

PART 2. Support for you to grow	Highlight the option that best reflects you at this time					Identify one or two examples of things specific to you, for each of these items
	1	2	3	4	5	
I have positive activities that I enjoy doing and that I can participate in						<i>I like rugby and singing – even if I don't go to practice all of the time.</i>
I have people who care about me						<i>At the moment I don't think I have anyone who cares – mum and dad are always fighting and ignore me and my friend and boyfriend have stabbed me in the back. I suppose some of the others in my rugby team and singing group still talk to me but most of the kids in my class just pick on me for being in a bad mood and being a depressed 'downer' they don't want to be with or work with.</i>
I have places where I feel I belong						<i>Most of the places that are important to me are associated by my boyfriend and ex best friend and my family so although I've got some special places, at the moment they don't feel that special because of who I usually share them with.</i>
I make positive contributions that benefit and support others						<i>I like to think I do but I haven't had a chance lately.</i>

PART C. Thinking about your overall wellbeing	Highlight the option that best reflects you at this time					If you scored 1-3, what is one aspect of this aspect of your wellbeing you would like to improve upon; if you scored 4-5, what is one aspect of your wellbeing that is particularly good at this time
	1	2	3	4	5	
Taha tinana or physical wellbeing						<i>I do still get to some rugby practices so I am doing some physical activity, and despite everything, I still have a healthy nutritional balanced diet. I don't always sleep well. And I know I drink too much alcohol.</i>
Taha hinengaro or mental and emotional wellbeing						<i>Everything. I want to feel happier and for this heavy weight to lift off my shoulders. I can't decide on just one thing.</i>
Taha whānau or social wellbeing						<i>I need to stop having fights and arguments with people.</i>
Taha wairua or spiritual wellbeing						<i>I want to strengthen my connections with things that are important to me – like music and rugby. I hope if I can do that I can better build my connections with other people and places.</i>

Questions to help decide the details of Effie's Support Plan

The situation	What happened or what is happening for Effie?	
Reflection	How does Effie feel about the situation?	
	What aspects of this situation are acceptable or unacceptable? Why do you say this? <i>Think of Effie and others.</i>	
Values and beliefs	What are the values and beliefs of the various people involved in this situation?	
	What do you think has influenced these values and beliefs?	
Who benefits?	Who benefits or whose interests are being served in this situation?	
	Who has the power in this situation?	
Who is disadvantaged?	How are they being disadvantaged?	
	Who is not being heard or whose interests are not being served?	
Change	What needs to change for Effie?	
	How can Effie contribute to this change?	
	What support does Effie need from others? <i>Think about Effie's support network – those who will be highly involved and those less involved, and how they will support her.</i>	

Activity number 34.

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 part 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.

Learning intention: Students will plan, implement and evaluate a personal wellbeing goal. (4/5A3 or 4/5C3)

Key competencies: Managing self

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.

See also the *Reflecting on wellbeing* teaching activity under 'health education' at the Tūturu resource hub. This helps students reflect on their wellbeing, identify learning needs, and create change goals. It is aligned with the support plan template. <https://www.tuturu.org.nz/resource-hub/>

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 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

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).

<p>behavioural intervention, it should be supervised by a counsellor or other health professional.</p> <ul style="list-style-type: none"> • Build in various monitoring points throughout the process to check on progress. 	
<p>Learning journal entry: Students maintain a portfolio of evidence from the goal setting process – see copy templates.</p>	<p>Extending this activity to meet NZC Level 6 / NCEA Level 1: This activity can also be used for AS90971 <i>Take action to enhance an aspect of personal wellbeing</i>.</p>
<p>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 wellbeing, is a challenging task. All of these stages, along with the final evaluation of the process and outcome need to be learned and practised.</p> <p>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.</p>	<p>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?</p>

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 wellbeing 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).		

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 wellbeing by: spending a maximum of 30 minutes on social media every day for the next month, starting on Tuesday."*

- **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 Tuesday gives me time to get prepared.

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:

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 diary will help you to decide this.

Keep a diary 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.

State your goal:	
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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?	

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 barrier 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 enabler 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>	

Personal goal setting (6): Effects on wellbeing

Describe how two dimensions of your wellbeing will be positively affected by achieving this goal. *Select the two dimensions of wellbeing that you think will benefit the most.*

Dimensions of wellbeing that will be most affected	How this dimension of wellbeing will be affected

Describe how the remaining two aspects of wellbeing, not mentioned above could be positively affected.

Aspects of wellbeing that could be affected	How this aspect of wellbeing 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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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 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.	Every day 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.		

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 barriers to taking or implementing your actions	How these barriers could be overcome
1.	
2.	
Describe two possible enablers to achieving your goal	How these enablers could help you
1.	
2.	

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

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 wellbeing 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.	

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.

Self	
Explain an action (something you could do) to help yourself cope if you did not achieve your goal.	
Explain one 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?	
Others	
Explain an action you could do to help another person (e.g. <u>your friend</u>) to cope if they did not achieve their goal.	
Suggest one 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 35.

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.

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 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.

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') to represent aspects of what it means to be assertive: Suggested statements e.g. an assertive person...
 1. Is positive and friendly

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 assertiveness and include this in their learning journal with a copy (or digital image) of their drawings.

<ul style="list-style-type: none"> 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. <ul style="list-style-type: none"> • 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 wellbeing'? 	<ul style="list-style-type: none"> • 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.
<p>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.</p>	<p>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 <i>Demonstrate understanding of interpersonal skills used to enhance relationships</i> (Health 1.4), and/or Achievement Stand AS90974 <i>Demonstrate understanding of strategies for promoting positive sexuality</i> (Health 1.5).</p>
<p>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).</p>	<p>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?</p>

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.

Peer assessment sheet for demonstration of assertiveness skills		
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
Verbal skills		
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		
Non-verbal skills		
Use a confident tone of voice		
Make appropriate eye contact		
Upright posture		
Facial expression matches with what you are saying		

Activity number 36.

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.

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. (5A3)

Key competencies: Thinking critically, managing self

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.

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 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?

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 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.

<ul style="list-style-type: none"> • 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 wellbeing’? 	<ul style="list-style-type: none"> • 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.
<p>Student learning journal entry: The decision making template is filed in the learning journal.</p>	<p>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) <i>Demonstrate understanding of issues to make health-enhancing decisions in drug-related situations.</i> 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.</p>
<p>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.</p>	<p>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?</p>

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.

Steps to decision making

Name of character:			
Why (s)he might choose to drink		Why (s)he might choose NOT to drink	
1	2	3	4
Consequences of these choices		Consequences of these choices	
1	2	3	4
Feelings about these consequences		Feelings about these consequences	
1	2	3	4
Overall decision:			
Why was this a healthy choice?			

Activity number 37.

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 wellbeing 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.

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 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)

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).
- 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.

Activity sequence: Student activity

- Students recall examples of situations involving conflict from previous activities and contribute these to the class discussion.
- Working in pairs, students 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.
- Use the problem solving model provided to help the friends reach a resolution they can both agree to.

<ul style="list-style-type: none"> • 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 wellbeing we learning how to problem solve and try to solve conflicts? 	<ul style="list-style-type: none"> • 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.
<p>Student learning journal entry: Students file a copy of the completed problem solving process in their learning journal.</p>	<p>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 <i>Demonstrate understanding of interpersonal skills used to enhance relationships</i> (Health 1.4). See <i>Taking Action: Life Skills in Health Education</i> for examples of these other models. Understanding and application of these may be assessed in an AoD context.</p>
<p>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.</p>	<p>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 wellbeing?</p>

Example

Problem solving scenario

Two friends have been invited to a class party. Their names are [name] and [name]. 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.

[Name] (one of the friends) does not drink and isn't sure about going if there's going to be alcohol. [Name] (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.

Problem solving model	Your script to resolve the problem
<ul style="list-style-type: none"> 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. 	
<ul style="list-style-type: none"> The friends identify a range of possible solutions (<i>a bit like the first stage of a decision-making process</i>). 	
<ul style="list-style-type: none"> 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>). 	
<ul style="list-style-type: none"> The friends then agree to try out their decision and plan when or how they will do this. 	
<ul style="list-style-type: none"> 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). 	
<p><i>Q. Why do you think this is called a 'joint' problem solving model?</i></p>	

Activity number 38.

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).

Activity applies to all drugs

Time 60 minutes.

Learning intention

Students will identify a range of health and wellbeing support services in their area. (5D2)

Key competencies

Participating and contributing

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.

See also the Support in our area teaching activity under 'health education' at the Tūturu resource hub. This helps students to explore what social services are available in their area and what they offer to young people.

<https://www.tuturu.org.nz/resource-hub/>

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 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.

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? 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.

Support Services Map – information about organisations and support people

Link to map	
Name of organisation or support person providing the health or wellbeing service	
Contact details Address, phone, website (as applicable)	
The sorts of health and wellbeing issues this services provides support for	
Any other information that may be relevant*	
How does this service help young people to	
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 39.

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](https://www.alcohol.org.nz) website.

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 applies to alcohol

Time 10 minutes

Resources

- Access to <https://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.

Activity sequence: Teacher activity

- Guide students to the [alcohol.org.nz](https://www.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 (e.g. 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. 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 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.

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 40.

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 host responsibility resources and information.

Learning intention: Students will participate in collective action to promote safety in situations where AoD may be used. (4D4, 5A3)

Key competencies: Managing self, participating and contributing

Activity applies to: alcohol (and could consider other drugs)

Time: 60 minutes

Resources:

- Use the host responsibility resources and information on alcohol.org.nz for this activity
- Paper and marker pens

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, 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:

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 consider both a host's responsibilities and partygoers' responsibilities. They may use ideas from alcohol.org.nz - see the *Party Guide* and *Host Responsibility Guidelines*.
- To review whether or not this is likely to be a safe party, answer the questions at the bottom of the copy template.

<ul style="list-style-type: none"> ○ 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 wellbeing? ● 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. 	<ul style="list-style-type: none"> ● 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.
<p>Student learning journal entry: Student's own positive party drawing is filed in their learning journal (paper copy or as a digital image).</p>	<p>Extending this activity to meet NZC Level 6 / NCEA Level 1: Explore specifically the consequences for personal, interpersonal wellbeing 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).</p>
<p>Teacher knowledge and pedagogy: There are a range of support materials on 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.</p>	<p>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?</p>

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 both the host and partygoers?		
How do these features in combination create a positive party environment?		
How people can work together to ensure that this party will be safe and positive?		

Activity number 41.

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.

Learning intention: Students will investigate community services that support and promote people's wellbeing, and take action to promote personal and group involvement. (5D2)

Key competencies: Thinking critically, managing self, participating and contributing

Activity applies to: alcohol

Time: to be negotiated

Resources:

- For ideas using NZ advertisements, see the HPA <https://www.hpa.org.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.

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 wellbeing, 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.
- 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.

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 wellbeing.
- 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

	<ul style="list-style-type: none"> • 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?	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) <i>Demonstrate understanding of issues to make health-enhancing decisions in drug-related situations.</i>
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.	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 42.

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

Note that there is a senior version of this investigation in Section C Activity 63, which may provide ideas for this junior secondary activity.

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 e.g.:
 - How can teenagers stay safe when attending parties?
 - How can drug and/or alcohol use by teenagers affect wellbeing (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 wellbeing for New Zealanders?
 - 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.

<p>Student learning journal entry: The completed task is filed in the learning journal.</p>	<p>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 wellbeing.</p>
<p>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.</p>	<p>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?</p>

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 wellbeing (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 wellbeing for New Zealanders?	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

SECTION C

Activities for

NZC Levels 6-8

(NCEA Levels 1-3)

Indicators of learning and progression for NZC Levels 6-8

Activities in this section of the resource are specific to NZC Levels 6-8/NCEA Levels 1-3 or Years 11-13.

After considering a range of possible indicators of **learning progression**, an overview of the ways **AoD contexts could feature across the NCEA Level 1-3 Achievement Standards** is provided. This is followed by a **collection of activities that add to other AoD resourcing** for senior secondary learning programmes. The final activity in this section provides a framework of ideas for investigating an AoD issue, typical of the approach used at Year 12 or 13.

Note: This edition of the AoD resource is being revised at the start of the Review of Standards process which will considerably change the health education Achievement Standards matrix and place greater emphasis on curriculum teaching and learning. However, as this process is extended over several years, with full implementation of all NCEA Levels 1-3 not due until 2025, there is still a need to consider resourcing for the current versions of the Achievement Standards.

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.

Overall: At year 11 students learn to:	At Years 12-13 students learn to:
<ul style="list-style-type: none"> Identify the impact AoD use on wellbeing, Identify the factors that influence AoD use, and align these ideas with the actions required to promote wellbeing in AoD contexts. <p>As indicated with the Section B (NZC Level 4-5) activities, many of these will 'step up' to NZC level 6 with more attention paid to the way the underlying concepts feature in the activities. Also, the way learning from a related collection of activities is drawn together and connections are made between the various aspects of AoD issues shows increasing depth and complexity of understanding.</p>	<ul style="list-style-type: none"> 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. <p>Many teachers will still have access to the resource <i>Social Issues: Alcohol</i> (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.</p>

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.

See Section B for the discussion about the use of these indicators. Links to activities have only been provided for Level 1 where the learning intentions are more readily attached to individual activities. At Levels 7&8 the indicators tend to require a combination of several activities to achieve the broad learning intentions listed.

NZC Level 6 NZC Achievement Objectives	Areas for learning focus	Suggested Learning intentions	Indicators of learning progression linked to the activities in this resource
Students will: A1 Personal growth and development: Investigate and understand reasons for the choices people make that affect their wellbeing and explore and evaluate options and consequences. A3 Safety management: Demonstrate understanding of responsible behaviours required to ensure that challenges and risks are managed safely in physical and social environments. A4 Personal identity: Demonstrate an understanding of factors that contribute to personal identity and celebrate individuality and affirm diversity. C1 Relationships: Demonstrate an understanding of how individuals and groups affect relationships by influencing people's behaviour, beliefs, decisions, and sense of self-worth. C2 Identity, sensitivity, and respect: Plan and evaluate strategies recognising their own and other people's rights and responsibilities to avoid or minimise risks in social situations.	Effects on wellbeing choices and consequences	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)</i> students can describe the inter-related effects of AoD use on all dimensions of wellbeing, and how AoD use impacts not only the user but also people they interact with and communities. (Activities 17-19) <i>After accessing examples of statistical data about AoD use by young people,</i> students can infer possible impacts on wellbeing from data. (Activity 35)
		Investigate and understand reasons for and consequences of the choices people make that affect their wellbeing and social norms. (A1)	<i>After exploration of risk in AoD situations,</i> 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 22) <i>After an initial investigation into the use of performance enhancing drugs,</i> students can describe why drugs in sport is an issue for the wellbeing of sportspeople taking drugs, as well as others. (Activity 24)
	Communication and relationships	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,</i> 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. (Activity 25)
		Plan strategies and demonstrate skills required to act responsibly and ethically in AoD-	<i>After developing understanding about what it means to act ethically in a range of social and work situations involving AoD,</i> students can describe ethical actions that consider people's

<p>C3 Interpersonal skills: Plan strategies and demonstrate interpersonal skills to respond to challenging situations appropriately.</p> <p>D1 Societal attitudes and values: Analyse societal influences that shape community health goals and physical activity patterns.</p> <p>D2 Community resources: Advocate for the development of services and facilities to meet identified needs in the school and the community.</p> <p>D3 Rights, responsibilities, and laws: 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>D4 People and the environment: Investigate the roles and the effectiveness of local, national, and international organisations that promote wellbeing and environmental care</p>		related situations. (C1) (C2) (C3)	rights and responsibilities in a specific AoD context. (Activity 17)
	Problem solving: Strategies to support and protect self and others	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. (C2) (A3)	<i>After learning about different problem solving models</i> , student can select a joint problem solving model to solve 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 37)
		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</i> , 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 36)
	Rights, responsibilities, policies and laws	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)</i> , 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 27 and 50)
	Critical thinking about societal issues and social action	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'</i> 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 61)
		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</i> , 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 wellbeing. (Activity 26)
		Investigate the health promotion campaigns implemented by local	<i>After examining a current AoD health promotion campaign screening on TV</i> , students can identify the target

		and/or national organisations to promote the wellbeing of society in relation to AoD use. (D2) (D4)	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)
NZC Level 7 NZC Achievement Objectives	Areas for learning focus	Suggested Learning intentions	Indicators of learning progression linked to the activities in this resource
<p>Students will:</p> <p>A1 Personal growth and development: Assess their health needs and identify strategies to ensure personal wellbeing across their lifespan.</p> <p>A3 Safety management: Analyse the difference between perceived and residual risks in physical and social environments and develop skills and behaviour for managing responsible action.</p> <p>A4 Personal identity: Critically evaluate societal attitudes, values, and expectations that affect people's awareness of their personal identity and sense of self-worth in a range of life situations.</p> <p>C1 Relationships: Analyse the nature and benefits of meaningful interpersonal relationships.</p> <p>C2 Identity, sensitivity, and respect: Analyse the beliefs, attitudes, and practices that reinforce stereotypes and role expectations, identifying ways in which these shape people's choices at individual, group, and societal levels.</p> <p>C3 Interpersonal skills: Evaluate information, make informed decisions, and use interpersonal skills</p>	Effects on wellbeing choices and consequences	Identify possible patterns of alcohol or other drug use across the lifespan in contemporary New Zealand society and examine reasons for this.	<i>After analysing population data from the Ministry of Health Alcohol and Drug Use Survey and the Youth19 survey, students can suggest a range of reasons and ask further questions about the reported AoD use patterns and trends (e.g. by age sex, socio-economic status, geographic region) in preparation for further investigation.</i>
		Demonstrate understanding of health determinants beyond the personal that influence wellbeing in relation to drug use.	<i>After analysing a range of research materials and news items reporting AoD use, students can identify a range of cultural (social norms), political (laws and policies), and economic factors that contribute to people's AoD use and non-use.</i>
		Analyse how a person's beliefs, attitudes and experiences have shaped their choices and the consequences of these in relation to drug use.	<i>After analysing a range of research materials and news items reporting AoD use, students can identify and explain how a person's beliefs, attitudes and experiences have contributed to their AoD choices (use and/or non-use) and the consequences of these for their wellbeing.</i>
	Communication and relationships	Evaluate information, make informed decisions and use interpersonal skills effectively to manage drug-related situations.	<i>After revising previously learned personal self-management skills (e.g. decision making) and interpersonal communication skills (e.g. effective listening, assertiveness, problem solving), students can identify the range of skills needed to manage a complex AoD situation in a way that supports the wellbeing of all involved.</i>
		Analyse the beliefs, attitudes and practices around the use of alcohol that reinforce stereotypes and gender role expectations and the	<i>After examining the role of alcohol in New Zealand sporting culture, students can explain links between alcohol use, and stereotype(s) and expectations of masculinity in New Zealand.</i>

<p>effectively to manage conflict, competition, and change in relationships.</p> <p>D1 Societal attitudes and values: Analyse ways in which events and social organisations promote healthy communities and evaluate the effects they have.</p> <p>D2 Community resources: Evaluate school and community initiatives that promote young people's wellbeing and develop an action plan to instigate or support these.</p> <p>D3 Rights, responsibilities, and laws: Evaluate laws, policies, practices, and regulations in terms of their contribution to social justice at school and in the wider community.</p> <p>D4 People and the environment: Analyse ways in which the environment and the wellbeing of a community are affected by population pressure and technological processes.</p>		contribution of these to New Zealand social norms.	<i>After examining the patterns of female drinking behaviours, students can identify ways girls and women are being stereotyped in relation to their drinking habits and the expectations this creates for others.</i>
	Problem solving: Strategies to support and protect self and others	Analyse the risks in physical and social environments and develop skills for taking responsible action in situations involving drug use and misuse.	<i>After analysing the range of risks associated with AoD use in a social setting (e.g. an organised party, informal gathering, a bar or nightclub, or a music festival), students can demonstrate the use of a combination of skills, including problem solving, to manage an AoD-related situation safely.</i>
	Rights, responsibilities, policies and laws	Analyse how alcohol advertising practices and legislation are related to the promotion of healthy and safe communities.	<i>After learning about the Advertising Standards Authority alcohol advertising regulations, students can determine whether or not alcohol advertising visible to them and their community meets regulations, and advocate for change if they deem that a liquor outlet or advertiser is in breach of the code.</i>
		Analyse drug- related social justice issues in contemporary New Zealand society and recommend short and long term strategies to achieve equitable outcomes.	<i>After examining fair and unfair practices related to the way people can access clinical (and other) support for managing AoD issues in their local community, students can recommend ways that their community could better support all young people seeking support for AoD problems.</i>
	Critical thinking about societal issues and social action	Critically analyse the relationship between key determinants of health and the AoD using patterns of an identified group.	<i>After learning about a wide range of factors influencing teenage alcohol or cannabis use and the impact of this on health and wellbeing, students can identify the way the main determinants of health are contributing to the issue.</i>
		Devise and implement a health promotion action plan to encourage a safe approach to AoD for a targeted group in their community.	<i>After learning about the basic action areas of the Ottawa Charter (or other health promotion model), students can identify a range of inter-connected actions needed to promote alcohol or cannabis-related wellbeing for young people in their community.</i>

NZC Level 8 NZC Achievement Objectives	Areas for learning focus	Suggested Learning intentions	Indicators of learning progression linked to the activities in this resource
<p>Students will:</p> <p>A1 Personal growth and development: Critically evaluate a range of qualitative and quantitative data to devise strategies to meet their current and future needs for wellbeing.</p> <p>A3 Safety management: Critically analyse dilemmas and contemporary ethical issues that influence their own health and safety and that of other people.</p> <p>A4 Personal identity: Critically analyse the impacts that conceptions of personal, cultural, and national identity have on people's wellbeing.</p> <p>C1 Relationships: Critically analyse the dynamics of effective relationships in a range of social contexts.</p> <p>C2 Identity, sensitivity, and respect: Critically analyse attitudes, values, and behaviours that contribute to conflict and identify and describe ways of creating more harmonious relationships.</p> <p>C3 Interpersonal skills: Analyse and evaluate attitudes and interpersonal skills that enable people to participate fully and effectively as community members in various situations.</p> <p>D1 Societal attitudes and values: Critically analyse societal attitudes and practices and legislation influencing contemporary health and sporting issues, in relation to the need to promote mentally healthy</p>	Effects on wellbeing choices and consequences	Critically evaluate a range of qualitative and quantitative data to devise strategies to meet individual needs for wellbeing in relation to AoD use.	<i>After analysing population data from the Ministry of Health Alcohol and Drug Use Survey and the Youth19 survey to identify current areas of concern, students can suggest strategies that may need to be used by some individuals to support their wellbeing, as indicated by these data.</i>
		Critically analyse the impacts that conceptions of personal, cultural and national identity have on people's wellbeing in relation to AoD use.	<i>After examining the links between belonging to social groups and alcohol (or other drug) use, students can explain connections between personal identity, group identity, and AoD use, the tensions that may result from this, and how this impacts wellbeing.</i>
	Communication and relationships	Analyse and evaluate attitudes and interpersonal skills that enable people to participate fully and effectively as community members in AoD-related situations.	<i>After analysing social situations (e.g. in movies) where AoD use negatively impacts people's health and wellbeing, students can explain a range of skills/actions (and the attitudes implicit to these) that everyone needs to be responsible for in order to maintain social wellbeing – ensuring individuals take personal responsibility for using these skills, as well as encouraging others to do the same.</i>
		Critically analyse attitudes, values and behaviour in relation to AoD use that contribute to conflict and identify and describe ways of creating more harmonious relationships.	<i>After analysing a range of newspaper reports about AoD related incidents, students can draw conclusions about the impact of AoD use on relationships (and therefore wellbeing) within families, between partners, in workplaces, and in community situations (e.g. sports teams), and make recommendations for ways to minimise the negative impact of AoD use on relationships.</i>
	Problem solving: Strategies to support and protect self and others	Critically analyse dilemmas and contemporary ethical issues that influence their own health and safety and that of other people in AoD-related situations.	<i>After learning about and debating the arguments for and against the legalisation of cannabis, OR raising the age for purchasing alcohol to 20 years, OR establishing a 'legal drinking age' in New Zealand, students can explain the different viewpoints of the issue (and the values and beliefs that underpin these) in relation to whether the perspectives for and against reflect people's individual rights or if they are about serving a greater good.</i>

<p>and physically safe communities.</p> <p>D2 Community resources: Establish and justify priorities for equitable distribution of available health and recreational resources and advocate change where necessary.</p> <p>D3 Rights, responsibilities, and laws: Demonstrate the use of health promotion strategies by implementing a plan of action to enhance the wellbeing of the school, community, or environment.</p> <p>D4 People and the environment: Critically analyse the interrelationships between people, industry, technology, and legislation on aspects of environmental health.</p>	<p>Rights, responsibilities, policies and laws</p>	<p>Establish and justify policy priorities conducive to higher standards of health across the population in relation to AoD-related issues.</p>	<p><i>After considering which AoD-related policies seem to be working or not working, based on data and evidence from a range of sources, students can make recommendations for future policy changes e.g. parents supplying alcohol to young people under 18.</i></p>
		<p>Investigate and evaluate attitudes, practices and legislation in relation to the role of the hospitality industry in maintaining a healthy community.</p>	<p><i>After learning about the various laws required to be followed by the hospitality industry, students can explain how these different regulations aim to protect the health and wellbeing of people.</i></p>
	<p>Critical thinking about societal issues and social action</p>	<p>Critically evaluate the effectiveness of different models of health promotion for achieving equitable health outcomes in AoD-related situations, making links to determinants of health.</p>	<p><i>After evaluating the strengths and limitations of different health promotion models e.g. Ottawa Charter vs Te Pae Mahutonga, or behaviour change vs collective action, students can explain why some model(s) will be more responsive and fairer for all when promoting AoD-related health and wellbeing ...</i></p>
		<p>Apply their understandings of health promotion to specific contexts by planning for action, and critically evaluate the potential effectiveness of specific strategies for health promotion in AoD-related situations in these contexts.</p>	<p><i>.... and make recommendations about why selected model(s) will likely be more effective for promoting health and wellbeing in AoD situations.</i></p>

NZC Level 6 (NCEA Level 1) - Year 11

This section describes how learning about AoD can be assessed through the Level 1 Achievement Standards.

Many of the activities in Section 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 wellbeing can change and strategies to support wellbeing.*
- 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/>

Achievement 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
AS91097 (Health 1.3): <i>Demonstrate understanding of ways in which wellbeing can change and strategies to support wellbeing.</i>	<p>An AoD focus would align with the requirement that the <i>changes to wellbeing caused by one or more factors that: are potentially health harming, such as illness, injury, separation, discrimination, disappointment and grief.</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</i></p>	<ul style="list-style-type: none"> • Activity 18. Effects of alcohol on the body. • Activity 19. Alcohol, cannabis and wellbeing. • Activity 20. Who else is affected by AoD incidents? • Activity 25 and 47-48. AoD and resilience • Activities 35 (assertiveness), 36 (decision making), and 41 (problem solving) are all strategies that could be used for managing change. <p>If the change is focused on the use of performance enhancing drugs, Activity 24. 'Investigating drugs and sport – what's the wellbeing issue?' could be used as an introduction.</p>

	<i>feelings and responses of the individuals who have experienced the change, and other people they interact with.</i>	Further activities will need to be added to satisfy the overall scope and intent of Health 1.3.
AS90973 (Health 1.4): <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, assertiveness skills</i></p>	<p>Activity 35. Being assertive in AoD situations.</p>
	<p>(2) problem-solving skills for solving individual problems and joint problems</p>	<p>Activity 37. Resolving problems in AoD situations.</p> <p>Activity 36. 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.</p>
AS90974 (Health 1.5): <i>Demonstrate understanding of strategies for promoting positive sexuality.</i>	<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"> • <i>Strategies that enhance interpersonal (sexual) relationships which includes knowledge of rights, responsibilities and effective communication.</i> • <i>Strategies that consider ways schools, local communities, and/or the whole of society can support the promotion of positive sexuality for all people.</i> • <i>Strategies for the prevention of unplanned pregnancy and sexually transmissible infections. I.e. contraceptive and condom use</i> 	<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"> • Correct condom use (and remembering to use a condom); • That consent to sex is not compromised; • That effective communication is not compromised. • That the effects of excessive alcohol use – like aggression – do not compromise rights and responsibilities. • That the ability to make good decisions (Activity 36) and be assertive is not compromised. <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</p>

		groups in society about the way (e.g. boys who get girls drunk, have sex with them and post images on social media).
AS90975 (Health 1.6): Demonstrate understanding of issues to make health enhancing decisions in drug-related situations. External assessment	<i>Drug-related situations will cover an aspect (or aspects) of each of the following issues:</i> (1) <i>Personal, interpersonal and/or societal influences on an individual's drug use</i>	Activity 22: Understanding risk Activity 15: Documentary evidence (select a suitable video) Activity 26: Alcohol and culture Activity 45: Statistics (and what these reveal about influences on AoD use)
	(2) <i>The effects of drugs on dimensions of an individual's wellbeing, the effects of an individual's drug use on others, and/or the effects of the use of drugs on society</i>	Activities 18-20: Effects of alcohol on self and others
	(3) <i>Legal issues related to alcohol, tobacco or cannabis use by adolescents in New Zealand and/or advertising issues related to drug use.</i>	Activities 27 and 50: Legal issues Activity 39: Standard drinks (and legal limits) Activities 28-31 (advertising/ media issues)
		To support understanding of the issues above: Activities 13-14: Literacy development Activity 16: 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 36. Responsible decision making in AoD situations Activity 40: Host responsibility could contribute ideas to decision making

Years 12-13 (NCEA Levels 2&3)

This section describes how learning about AoD can be assessed through the Level 2&3 Achievement Standards.

Achievement Standard	Notes
Level 2	
AS91235 (Health 2.1) Analyse an adolescent health issue	Alcohol use in particular has been a popular option selected by the examiner and indicated in the assessment specifications. With changes in approach to the external assessments, AoD use remains a highly suitable topic for applying 'big ideas' to, and is well supported by New Zealand research data.
AS91326 (Health 2.2) Evaluate factors that influence people's ability to manage change	AoD use as a risk factor may feature when learning about resilience and associated risk and protective factors.
AS91237 (Health 2.3) Take action to enhance an aspect of people's wellbeing within the school or wider community	Student led actions may include consideration of AoD related matters e.g. extending SADD initiatives in a school community, or being safe at balls, parties, and music events.
Level 3	
AS91461 (Health 3.1) Analyse a New Zealand health issue	Methamphetamine (P) use is a popular choice for this standard but any substance use known to be causing concern in New Zealand would be suitable.
AS92462 (Health 3.2) Analyse an international health issue	Although it has never been selected, global drug issues impacting health could apply.
AS91463 (Health 3.3) Evaluate health practices currently used in New Zealand	The condition to be examined in relation to scientised, complementary/alternative and traditional medicine could be AoD addiction, OR the use of medicinal marijuana as a form of health practice for managing a condition like chronic pain (whether scientific or CAM would need to be based on the evidence used).
AS91464 (Health 3.4) Analyse a contemporary ethical issue in relation to wellbeing	Ethical issues could include the decriminalising or legalising of cannabis, or all drugs (and making drug use a mental health issue not a criminal one). 'Medicinal marijuana' in particular could be the focus for an ethical dilemma.
AS91465 (Health 3.5) Evaluate models for health promotion	As the context for the examination is never announced prior, learning how to apply models of health promotion could use AoD contexts.

For further senior secondary teaching and learning activities, please seek out this resource:

Social Issues: Alcohol – a resource for health education teachers of Years 12 and 13 students

By Gillian Tasker and Rose Hipkins (2002)

This resource is long out of print but copies of it can still be found in many school resource collections (*look for a white ring binder with a blue cover*).

Although some of the statistical data and policy/legislation has been replaced (with newer versions of these activities now in this NZHEA resource), and the nature of some AoD issues have changed, *Social Issues: Alcohol* (or SIA) still contains a range of relevant activities. In particular:

Theme One: Patterns of alcohol use in New Zealand

- Activity 4. Historical perspectives

This activity makes use of excerpts from *Te iwi Māori me te Inu Waipiro: He Tuhituhinga Hitori – Māori and Alcohol a History* by Marten Hutt (1999). Although no longer in print, sourcing a copy of this book is highly recommended as it contains a lot of historical information and photos about the impact of colonisation on alcohol use by Māori, and it offers insights into early New Zealand colonial drinking culture.

Theme two: Story telling

- Activity 1. Some personal stories
- Activity 2. Stories from other perspectives
- Activity 3. Telling our own stories

Theme three: challenging myths and assumptions

- Activity 1. Continuum
- Activity 2. Neutral chair debate

Theme four: Alcohol advertising

- Activity 1. From then to now

Useful for a historic look at advertising although the advertising standards part of the activity needs to be updated)

Theme five: Health promotion

- Activity 1. Health promotion in the school setting
- Activity 2. Surveying students about alcohol related issues
- Activity 3. Help seeking
- Activity 4. The role of the hospitality industry in health promotion

Activity number 43.

“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).

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.

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?

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 44.

Alcohol and other drugs: What's the (societal) issue?

Purpose: In preparation for a more focused investigation, this activity aims to explore the scope of current AoD issues in communities and across New Zealand. Using existing knowledge, and supported by newspaper and other media article headlines, as well as pages from organisations invested in AoD matters, students map out a range of AoD issues. Questions are posed about our 'societal' response to AoD issues to highlight the extent of the issues and to focus on the health wellbeing nature. Ideas from this activity may be used as a form of student voice to inform the selection of subsequent activities and the focus for the learning.

Learning intention: Students will identify a range of current AoD issues in their community and New Zealand. *(Contributes to various AOs across Strand A, C and D in preparation for other learning.)*

Key competencies: Participating and contributing

Activity applies to: all drugs

Time: 60 minutes

Resources:

- Large sheets of paper (or a digital solution to curate the information)
- Access to webpages from which headlines can be cut and pasted, or a screen shot taken – and either printed or used as digital images

Teaching and learning process:

- As an introduction to the activity, pose the following questions (add to or amend these in response to local situations and contexts). It is not the intention students answer all of these, instead the questions aim to set the scene for the broad scope of AoD issues to be considered later in the activity.
Why do we have:
 - A National Drug Policy?
 - The NZ Drug Foundation?
 - A Health Promotion Agency with a substantial focus on alcohol related health promotion (alcohol.org)?
 - AoD education in the school curriculum?
 - Waka Kotahi - NZ Transport Agency who provide a range of drink and drug-driving health promotion campaigns?
 - Advertising Standards Authority and specific alcohol advertising regulations?
 - Hospitality industry regulations about serving alcohol?
 - A range of age-related alcohol laws?
 - A school policy on alcohol use at school functions and no alcohol to be used on school trips? (Or as relevant to your school.)
 - A whole range of laws limiting the possession, growing/manufacturing, and sale and distribution, of substances like cannabis, methamphetamine, etc.?
- Seek an overall response to the questions with a view to developing the idea that the prevalence of AoD in local communities, and across New Zealand, means that many different groups and sectors of society

have a vested interest in AoD matters. Ask students to add to this list of agencies and organisations and their interest in AoD matters.

- With students working either as a whole class to produce one overall artefact, or in groups, assign the task of creating a type of mind map to identify the extent of AoD issues in NZ. They need to use sources of evidence such as recent newspaper or article headings, headers from website pages (the questions are prompts for these) etc. Recommend students bookmark useful sites like the .govt and NGO (.org) sites for later reference.
- Once a collection of headlines and page headers has been compiled, students need to decide how they are going to organise their map. For example, it could be a regular mind map where the branches from the central idea group together related ideas. Or it could be a series of concentric circles or a Venn diagram to show the relationship between the AoD wellbeing issues and the agencies that aim to reduce harm and risk.
- Allow time for students to create a paper-based or digital image of their map.
- If prepared in groups, allow time for sharing of ideas and reasons for the way the map was designed and organised.
- Acknowledge the broad scope of issues. As relevant to planning, seek feedback about areas of particular interest that students would like to learn more about/investigate further.

Student learning journal entry: Students record an image of the group or class map of AoD issues.

Teacher knowledge and pedagogy: Gathering student voice to guide possible areas of focus can be limiting when students are not grounding their ideas in what is meaningful and relevant to the topic at hand. An approach like this provides greater context for the conversation so that student voice is better informed about the breadth of ideas that may be possible to investigate further throughout their learning programme.

Teacher's evaluation of the activity: What aspects of the AoD issues did students show particular interest in, or alternatively, a lack of understanding about? How or where could these ideas be built into the learning programme?

Activity number 45.

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 2019 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, tobacco and vaping

Time: 60 minutes

Resources

- A selection of data from:
Fleming, T., Ball, J., Peiris-John, R., Crengle, S., Bavin, L., Tiatia-Seath, J., Archer, D., & Clark, T. (2020). *Youth19 Rangatahi Smart Survey, Initial Findings: Substance Use*. Youth19 Research Group, The University of Auckland and Victoria University of Wellington, New Zealand. found at <https://www.youth19.ac.nz/publications>
- 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.*

For year 12&13 see also *Thinking critically about cannabis* (Tūturu, 2020)

<https://www.tuturu.org.nz/assets/uploads/Thinking-critically-about-cannabis.pdf>

- **Activity 3. Reliable information or ‘fake news’ about cannabis?**
Some lobby groups and individuals who support one or other position (for or against) emotive and controversial social issues may resort to using misinformation to support their cause. For some years now social media has provided a platform from which to promote these misinformed messages and create ‘fake news’. This activity provides students with a range of tools and approaches to recognise misinformation and instead, identify reliable sources of information.
- **Activity 4. Causation or correlation?**

Claims about the risks or benefits of cannabis use based on research are inconsistently reported by media. Newspaper headlines and articles often sensationalise or misrepresent the actual findings. This activity requires students to make a distinction between causal factors (of cannabis use and harms) and statistical correlations, as a way to critique claims reported about risks or benefits of cannabis.

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 copy template if needing to differentiate the activity for groups within the class.
- Provide opportunity for each group to share findings with the class

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.
- 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.

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?

A. Vaping / e-cigarette use: Vaping and e-cigarette use by sex

	Vape / use e-cigarettes weekly or more often			Vape / use e-cigarettes monthly or more often		
Sex	N	N	%	n	N	%
Male	232	3,193	9.1	370	3,193	13.4
Female	191	3,953	6.6	353	3,953	11.5
Total	423	7,154	7.8	723	7,146	12.4

n=number of students saying they had vaped / used e-cigarettes

N=total sample size of all students in the survey

Questions

1. Overall, who vapes/uses e-cigarettes more often – males or females?
2. Why do you think this is the case?
3. Among students who vape, why do you think some students vape weekly or more often, while other vape less frequently?
4. Do any of these results surprise you? If so what? If not, why not?
5. What actions do you think will help reduce and eliminate vaping among young people who do it as a lifestyle habit (and not as an aid to smoking cessation)?

Data source: Fleming, T., Ball, J., Peiris-John, R., Crengle, S., Bavin, L., Tiatia-Seath, J., Archer, D., & Clark, T. (2020). *Youth19 Rangatahi Smart Survey, Initial Findings: Substance Use*. Youth19 Research Group, The University of Auckland and Victoria University of Wellington, New Zealand. Found at <https://www.youth19.ac.nz/publications>

B. Vaping / e-cigarette use: Vaping and e-cigarette use by age

	Vape / use e-cigarettes weekly or more often			Vape / use e-cigarettes monthly or more often		
Age	N	N	%	n	N	%
13 and under	26	1,269	2.2	53	1,269	4.7
14	61	1,620	4.3	130	1,620	8.0
15	102	1,551	8.9	171	1,551	13.7
16	111	1,378	9.5	189	1,378	15.9
17 and over	123	1,328	12.4	180	1,328	17.6
Total	423	7,154	7.8	723	7,146	12.4

n=number of students saying they had vaped / used e-cigarettes

N=total sample size of all students in the survey

Questions

1. Overall, which age group vapes/uses e-cigarettes more?
2. Why do you think this is the case?
3. Among students who vape, why do you think there are more students who vape less frequently than vape weekly across the age groups?
4. Do any of these results surprise you? If so what? If not, why not?
5. What actions do you think will help prevent younger students taking up vaping in the first place?
6. What actions will help reduce and eliminate vaping among young people who do it as a lifestyle habit (and not as an aid to smoking cessation) – not only but especially older students?

Data source: Fleming, T., Ball, J., Peiris-John, R., Crengle, S., Bavin, L., Tiatia-Seath, J., Archer, D., & Clark, T. (2020). *Youth19 Rangatahi Smart Survey, Initial Findings: Substance Use*. Youth19 Research Group, The University of Auckland and Victoria University of Wellington, New Zealand. Found at <https://www.youth19.ac.nz/publications>

C. Vaping / e-cigarette use: Vaping and e-cigarette use by urban/rural location

	Vape / use e-cigarettes weekly or more often			Vape / use e-cigarettes monthly or more often		
Location	N	N	%	n	N	%
Urban	252	4,875	7.0	428	4,875	11.4
Small towns	47	509	11.9	77	509	17.1
Rural	63	1,050	7.7	117	1,050	12.0
Total	423	7,154	7.8	723	7,146	12.4

n=number of students saying they had vaped / used e-cigarettes

N=total sample size of all students in the survey

Urban (population of 10,000 or more), Small towns (population between 1,000 and 9,999 people), Rural (population fewer than 1,000)

Questions

1. Overall, do urban, small town, or rural students vape/use e-cigarettes more?
2. Why do you think this is the case?
3. Do any of these results surprise you? If so what? If not, why not?
4. The Youth19 Rangatahi Smart Survey (Youth19) summary states (based on other data in the survey) regular vaping is more common in wealthier communities. Why do you think this is the case?

Data source: Fleming, T., Ball, J., Peiris-John, R., Crengle, S., Bavin, L., Tiatia-Seath, J., Archer, D., & Clark, T. (2020). *Youth19 Rangatahi Smart Survey, Initial Findings: Substance Use*. Youth19 Research Group, The University of Auckland and Victoria University of Wellington, New Zealand. Found at <https://www.youth19.ac.nz/publications>

D. Vaping / e-cigarette use: Comparing vaping with tobacco smoking

	Smoke cigarettes weekly or more often			Vape / use e-cigarettes weekly or more often		
Sex	n	N	%	n	N	%
Male	81	3,194	2.9	232	3,193	9.1
Female	110	3,960	2.3	191	3,953	6.6
Age	n	N	%	n	N	%
13 and under	10	1,267	0.6	26	1,269	2.2
14	26	1,614	1.7	61	1,620	4.3
15	54	1,554	3.1	102	1,551	8.9
16	42	1,388	3.4	111	1,378	9.5
17 and over	59	1,331	3.7	123	1,328	12.4
Location	n	N	%	n	N	%
Urban	111	4,876	2.2	252	4,875	7.0
Small towns	29	515	5.0	47	509	11.9
Rural	33	33	2.2	63	1,050	7.7
Total	191	7,154	2.6	423	7,154	7.8

Questions

1. The Youth19 Rangatahi Smart Survey (Youth19) summary states that there were very large declines in cigarette smoking for New Zealand secondary school students from 2001–2019. Why do you think this has been the case?
2. The Youth19 Rangatahi Smart Survey (Youth19) summary also states that most students do not smoke, vape, although vaping has emerged as a ‘new issue’. Why do you think vaping has emerged as a new issue in recent times?
3. Are there any categories (sex, age, or location) where more students smoke tobacco than vape?

Data source: Fleming, T., Ball, J., Peiris-John, R., Crengle, S., Bavin, L., Tiatia-Seath, J., Archer, D., & Clark, T. (2020). *Youth19 Rangatahi Smart Survey, Initial Findings: Substance Use*. Youth19 Research Group, The University of Auckland and Victoria University of Wellington, New Zealand. Found at <https://www.youth19.ac.nz/publications>

E. Alcohol use and binge drinking: Alcohol use and binge drinking by sex

	Drink alcohol at least once a week			Binge drinking at least once in past 4 weeks		
Sex	n	N	%	n	N	%
Male	268	3,166	10.2	620	3,135	22.9
Female	226	3,948	8.1	694	3,918	20.8
Total	494	7,114	9.1	1,314	7,035	21.8

n=number of students saying they have used alcohol

N=total sample size of all students in the survey

Note that overall, not many students are drinking regularly (at least once a week), but on the occasions students do drink, quite a few binge drink – which explains why the binge drinking data (%) is higher than the drink alcohol data (of any amount at least once a week).

Questions

1. Overall, who drinks alcohol more often – males or females?
2. Overall, who engages in binge drinking more often – males or females?
3. Why do you think this is the case?
4. Although rates of binge drinking have dropped over the years, there is still a persistent problem with it among some students. Why do you think it is the case that when about 1/5 of young people drink (even if they don't drink that often), they binge drink?
5. Do any of these results surprise you? If so what? If not, why not?
6. What actions do you think will help reduce binge drinking among young people, and thinking about possible differences between the drinking habits of males and females?

Data source: Fleming, T., Ball, J., Peiris-John, R., Crengle, S., Bavin, L., Tiatia-Seath, J., Archer, D., & Clark, T. (2020). *Youth19 Rangatahi Smart Survey, Initial Findings: Substance Use*. Youth19 Research Group, The University of Auckland and Victoria University of Wellington, New Zealand. Found at <https://www.youth19.ac.nz/publications>

F. Alcohol use and binge drinking: Alcohol use and binge drinking by age

	Drink alcohol at least once a week			Binge drinking at least once in past 4 weeks		
Age	n	N	%	n	N	%
13 and under	20	1,254	2.0	42	1,244	4.1
14	46	1,612	3.4	134	1,597	7.7
15	108	1,548	8.3	287	1,530	19.4
16	145	1,376	11.7	365	1,364	29.3
17 and over	175	1,324	17.7	486	1,318	42.1
Total	494	7,114	9.1	1,314	7,035	21.8

n=number of students saying they have used alcohol

N=total sample size of all students in the survey

Note that overall, not many students are drinking regularly (at least once a week), but on the occasions students do drink, quite a few binge drink – which explains why the binge drinking data (%) is higher than the drink alcohol data (of any amount at least once a week).

Questions

1. Overall, which age group drinks alcohol more often?
2. Why do you think this is the case?
3. Overall, which age group engages in binge drinking alcohol more often?
4. Why do you think this is the case?
5. Do any of these results surprise you? If so what? If not, why not?
6. What actions do you think will help prevent younger students' binge drinking in the first place?
7. What actions do you think will help reduce binge drinking among older students?

Data source: Fleming, T., Ball, J., Peiris-John, R., Crengle, S., Bavin, L., Tiatia-Seath, J., Archer, D., & Clark, T. (2020). *Youth19 Rangatahi Smart Survey, Initial Findings: Substance Use*. Youth19 Research Group, The University of Auckland and Victoria University of Wellington, New Zealand. Found at <https://www.youth19.ac.nz/publications>

G. Alcohol use and binge drinking: Alcohol use and binge drinking by urban/rural location

	Drink alcohol at least once a week			Binge drinking at least once in past 4 weeks		
Location	n	N	%	n	N	%
Urban	261	4,859	8.2	720	4,831	19.2
Small towns	53	509	10.5	142	497	26.1
Rural	109	1,047	10.6	252	1,035	25.8
Total	494	7,114	9.1	1,314	7,035	21.8

n=number of students saying they have used alcohol

N=total sample size of all students in the survey

Urban (population of 10,000 or more), Small towns (population between 1,000 and 9,999 people), Rural (population fewer than 1,000)

Note that overall, not many students are drinking regularly (at least once a week), but on the occasions students do drink, quite a few binge drink – which explains why the binge drinking data (%) is higher than the drink alcohol data (of any amount at least once a week).

Questions

1. Overall, do urban, small town, or rural students drink alcohol more often?
2. Why do you think this is the case?
3. Overall, do urban, small town, or rural students binge drink alcohol more often?
4. Why do you think this is the case?
5. Do any of these results surprise you? If so what? If not, why not?

Data source: Fleming, T., Ball, J., Peiris-John, R., Crengle, S., Bavin, L., Tiatia-Seath, J., Archer, D., & Clark, T. (2020). *Youth19 Rangatahi Smart Survey, Initial Findings: Substance Use*. Youth19 Research Group, The University of Auckland and Victoria University of Wellington, New Zealand. Found at <https://www.youth19.ac.nz/publications>

H. Marijuana use: Marijuana use by sex

	Ever used marijuana			Marijuana use weekly or more often		
Sex	n	N	%	n	N	%
Male	675	3,107	25.7	150	3,099	5.1
Female	750	3,889	21.1	129	3,882	3.1
Total	1,425	6,996	23.4	279	6,981	4.1

n=number of students saying they have used marijuana

N=total sample size of all students in the survey

Questions

1. Overall, who has 'ever used marijuana' the most – males or females?
2. Overall, who uses marijuana more often – males or females?
3. Why do you think this is the case?
4. Do any of these results surprise you? If so what? If not, why not?
5. What actions do you think will help reduce marijuana among young people, and thinking about possible differences between the marijuana habits of males and females?
6. The Youth19 Rangatahi Smart Survey (Youth19) summary states that weekly marijuana use has been relatively stable over time, and is now more prevalent than weekly cigarette smoking. Why do you think marijuana use hasn't changed much but tobacco smoking has decreased?

Data source: Fleming, T., Ball, J., Peiris-John, R., Crengle, S., Bavin, L., Tiatia-Seath, J., Archer, D., & Clark, T. (2020). *Youth19 Rangatahi Smart Survey, Initial Findings: Substance Use*. Youth19 Research Group, The University of Auckland and Victoria University of Wellington, New Zealand. Found at <https://www.youth19.ac.nz/publications>

I. Marijuana use: Marijuana use by age

Age	Ever used marijuana			Marijuana use weekly or more often		
	n	N	%	n	N	%
13 and under	84	1,239	6.0	20	1,237	1.3
14	174	1,580	11.3	35	1,578	2.5
15	336	1,522	24.1	83	1,518	6.4
16	389	1,355	31.2	71	1,353	5.2
17 and over	442	1,300	38.8	70	1,295	4.6
Total	1,425	6,996	23.4	279	6,981	4.1

n=number of students saying they have used marijuana

N=total sample size of all students in the survey

Questions

1. Overall, which age group who has 'ever used marijuana' the most?
2. Why do you think this is the case?
3. Overall, which age who uses marijuana more often?
4. Why do you think this is the case?
5. Do any of these results surprise you? If so what? If not, why not?
6. What actions do you think will help prevent younger students' using marijuana in the first place?
7. What actions do you think will help marijuana use among older students?

Data source: Fleming, T., Ball, J., Peiris-John, R., Crengle, S., Bavin, L., Tiatia-Seath, J., Archer, D., & Clark, T. (2020). *Youth19 Rangatahi Smart Survey, Initial Findings: Substance Use*. Youth19 Research Group, The University of Auckland and Victoria University of Wellington, New Zealand. Found at <https://www.youth19.ac.nz/publications>

J. Marijuana use: Marijuana use by urban/rural location

	Ever used marijuana			Marijuana use weekly or more often		
Location	n	N	%	n	N	%
Urban	781	4,777	20.7	138	4,769	3.5
Small towns	145	497	26.5	32	494	6.2
Rural	274	1,037	28.2	61	1,033	4.5
Total	1,425	6,996	23.4	279	6,981	4.1

n=number of students saying they have used marijuana

N=total sample size of all students in the survey

Urban (population of 10,000 or more), Small towns (population between 1,000 and 9,999 people), Rural (population fewer than 1,000)

Questions

1. Overall, have urban, small town, or rural students ever tried marijuana?
2. Why do you think this is the case?
3. Overall, do urban, small town, or rural students use marijuana weekly or more often?
4. Why do you think this is the case?
5. Do any of these results surprise you? If so what? If not, why not?

Data source: Fleming, T., Ball, J., Peiris-John, R., Crengle, S., Bavin, L., Tiatia-Seath, J., Archer, D., & Clark, T. (2020). *Youth19 Rangatahi Smart Survey, Initial Findings: Substance Use*. Youth19 Research Group, The University of Auckland and Victoria University of Wellington, New Zealand. Found at <https://www.youth19.ac.nz/publications>

K. Alcohol and marijuana use comparisons – 2019: Alcohol and marijuana use by sex

	Drink alcohol at least once a week			Binge drinking at least once in past 4 weeks		
Sex	n	N	%	n	N	%
Male	268	3,166	10.2	620	3,135	22.9
Female	226	3,948	8.1	694	3,918	20.8
Total	494	7,114	9.1	1,314	7,035	21.8

	Ever used marijuana			Marijuana use weekly or more often		
Sex	n	N	%	n	N	%
Male	675	3,107	25.7	150	3,099	5.1
Female	750	3,889	21.1	129	3,882	3.1
Total	1,425	6,996	23.4	279	6,981	4.1

n=number of students saying they have used alcohol or marijuana

N=total sample size of all students in the survey

Questions

1. Compare the alcohol and marijuana use by sex. What is more common for each of males and females - binge drinking or heavy use of marijuana?
2. Why do you think this is the case?
3. Are the patterns of use the same across males and females (ie. are the highest and lowest rates for each substance the same in every category)?
4. Have you got any ideas that might explain the patterns in these data?

Data source: Fleming, T., Ball, J., Peiris-John, R., Crengle, S., Bavin, L., Tiatia-Seath, J., Archer, D., & Clark, T. (2020). *Youth19 Rangatahi Smart Survey, Initial Findings: Substance Use*. Youth19 Research Group, The University of Auckland and Victoria University of Wellington, New Zealand. Found at <https://www.youth19.ac.nz/publications>

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L. Alcohol and marijuana use comparisons – 2019: Alcohol and marijuana use by age

	Drink alcohol at least once a week			Binge drinking at least once in past 4 weeks		
Age	n	N	%	n	N	%
13 and under	20	1,254	2.0	42	1,244	4.1
14	46	1,612	3.4	134	1,597	7.7
15	108	1,548	8.3	287	1,530	19.4
16	145	1,376	11.7	365	1,364	29.3
17 and over	175	1,324	17.7	486	1,318	42.1
Total	494	7,114	9.1	1,314	7,035	21.8

	Ever used marijuana			Marijuana use weekly or more often		
Age	n	N	%	n	N	%
13 and under	84	1,239	6.0	20	1,237	1.3
14	174	1,580	11.3	35	1,578	2.5
15	336	1,522	24.1	83	1,518	6.4
16	389	1,355	31.2	71	1,353	5.2
17 and over	442	1,300	38.8	70	1,295	4.6
Total	1,425	6,996	23.4	279	6,981	4.1

n=number of students saying they have used alcohol or marijuana

N=total sample size of all students in the survey

Questions

1. Compare the alcohol and marijuana use by age group. What is more common - binge drinking or heavy use of marijuana?
2. Why do you think this is the case?
3. Are the patterns of use the same across the different locations (ie. are the highest and lowest rates for each substance the same in every category)?
4. What does this suggest about substance availability and the social habits of students of different ages ... or have you got other ideas about the patterns in these data?

Data source: Fleming, T., Ball, J., Peiris-John, R., Crengle, S., Bavin, L., Tiatia-Seath, J., Archer, D., & Clark, T. (2020). *Youth19 Rangatahi Smart Survey, Initial Findings: Substance Use*. Youth19 Research Group, The University of Auckland and Victoria University of Wellington, New Zealand. Found at <https://www.youth19.ac.nz/publications>

M. Alcohol and marijuana use comparisons – 2019: Alcohol and marijuana use by urban/rural location

	Drink alcohol at least once a week			Binge drinking at least once in past 4 weeks		
Location	n	N	%	n	N	%
Urban	261	4,859	8.2	720	4,831	19.2
Small towns	53	509	10.5	142	497	26.1
Rural	109	1,047	10.6	252	1,035	25.8
Total	494	7,114	9.1	1,314	7,035	21.8

	Ever used marijuana			Marijuana use weekly or more often		
Location	n	N	%	n	N	%
Urban	781	4,777	20.7	138	4,769	3.5
Small towns	145	497	26.5	32	494	6.2
Rural	274	1,037	28.2	61	1,033	4.5
Total	1,425	6,996	23.4	279	6,981	4.1

n=number of students saying they have used alcohol or marijuana

N=total sample size of all students in the survey

Urban (population of 10,000 or more), Small towns (population between 1,000 and 9,999 people), Rural (population fewer than 1,000)

Questions

1. Compare the alcohol and marijuana use by location. What is more common - binge drinking or heavy use of marijuana?
2. Why do you think this is the case?
3. Are the patterns of use the same across the different locations (ie. are the highest and lowest rates for each substance the same in every category)?
4. What does this suggest about substance availability, social habits of students in these regions ... or have you got other ideas about the patterns in these data?

Data source: Fleming, T., Ball, J., Peiris-John, R., Crengle, S., Bavin, L., Tiatia-Seath, J., Archer, D., & Clark, T. (2020). *Youth19 Rangatahi Smart Survey, Initial Findings: Substance Use*. Youth19 Research Group, The University of Auckland and Victoria University of Wellington, New Zealand. Found at <https://www.youth19.ac.nz/publications>

N. Trends in alcohol and marijuana use 2000-2019

Binge drinking at least once in past 4 weeks – males and females

	2001 N = 8,720		2007 N = 8,301		2012 N = 8,179		2019 N=6,850	
	n	%	n	%	n	%	n	%
Male	1,241	34.4	1,566	37.8	845	25.7	579	22.8
Female	1,304	31.9	1,263	34.7	995	24.9	642	20.7
TOTAL	2,545	34.4	2,829	36.2	1,840	25.3	1,221	21.8

Marijuana use weekly or more often

	2001 N = 8,720		2007 N = 8,301		2012 N = 8,179		2019 N=6,850	
	n	%	n	%	n	%	n	%
Male	297	7.8	249	5.9	166	5.0	141	5.1
Female	261	5.2	125	3.5	93	2.1	105	3.1
TOTAL	558	6.5	374	4.7	259	3.6	249	4.1

Questions

1. What do you notice about the overall (and male and female) trends in binge drinking across the years from 2001-2019? Why do you think this has happened?
2. Are these differences for regular marijuana use across 2001-2019 as large as they are for alcohol? Why do you think this is the case?
3. The Youth19 Rangatahi Smart Survey (Youth19) summary states (based on other data in the survey) that the pattern of binge drinking is common across all socioeconomic groups whereas regular vaping is more common in wealthier communities, and tobacco smoking and marijuana use is more common in poorer communities. Why do you think this is the case?
4. In past years of the survey, students in school from around the country were included. The Youth19 survey was conducted in the Auckland, Waikato, and Tai Tokerau (Northland) education regions. These three regions contain 47% of the total New Zealand youth population and are the most ethnically diverse areas of the country. Do you think this could mean that the data in the 2019 survey may not apply to all regions (for example, the South Island)? Why or why not?

Data source: Fleming, T., Ball, J., Peiris-John, R., Crengle, S., Bavin, L., Tiatia-Seath, J., Archer, D., & Clark, T. (2020). *Youth19 Rangatahi Smart Survey, Initial Findings: Substance Use*. Youth19 Research Group, The University of Auckland and Victoria University of Wellington, New Zealand. Found at <https://www.youth19.ac.nz/publications>

Activity number 46.

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:

- Youth19 <https://www.youth19.ac.nz/>
- 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).

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 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.*
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.*
- 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.

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 47.

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.

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 applies to: all drugs

Time: 60 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

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.

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.

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 wellbeing 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 48.

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.

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

Key competencies: Participating and contributing

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)

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*' cypsheets 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 think their AoD use 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?'

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.

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.

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?

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
1. Risk factors		
Personal attitudes, values, beliefs, behaviours		
Interpersonal (relationships and interactions with others)		
Community or societal factors		
2. Protective factors		
Personal attitudes, values, beliefs, behaviours		
Interpersonal (relationships and interactions with others)		
Community or societal factors		

Summary: To reduce possible AoD related harm in future	Your response – describe the action and why this would enhance the protective factors and support Renee/ Laura/ Asher's wellbeing
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 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.*

Other mental health education activities not specific to AoD may also be used useful to support learning. For senior secondary students see the selection of activities in *Mental Health and Resilience: Teaching and learning activities for NZC Levels 6-8* (2021) produced by the New Zealand Health Education Association (NZHEA). Available from <https://healtheducation.org.nz/resources/>

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.

Student learning journal entry: Students file all materials documented as they complete the activity.

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.

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).

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 applies to: all drugs

Time: 60 minutes

Resources:

- <https://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)
- <https://www.police.govt.nz/advice-services/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.

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?

<ul style="list-style-type: none"> • The scenarios can be retained for future use, for example for use when exploring problem solving/decision making processes. 	<ul style="list-style-type: none"> ○ How are the teenagers being influenced at a personal, interpersonal and societal level? ○ How might the teenagers' wellbeing be affected by the situation they are in?
<p>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.</p>	
<p>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.</p>	
<p>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?</p>	

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	

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 51.

Legalising cannabis or not? Setting the scene

Purpose: This activity introduces students to some of the language and terminology they will encounter in the following activities about the issue of cannabis legalisation. Although the 2020 referendum resulted in no changes to New Zealand cannabis laws, the issue of whether or not cannabis should be legalised still persists. In addition to this, some understanding of the many terms (many of them slang terms) associated with cannabis and its use may be useful for ‘being informed’ about contemporary cannabis issues.

Learning intention: Students will develop understanding of the cannabis related language. *(Required in preparation for the following activities.)*

Key competencies: Participating and contributing, Using language, symbols, and (visual) texts

Activity applies to: cannabis

Time: 30 minutes

Resources:

- Copy template of cannabis and other drug-related terms

Teaching and learning process:

- Ask students to recall any understanding they have of the 2020 cannabis referendum. Acknowledge all responses whether well informed or not, and that the outcome of the referendum meant that although cannabis laws did not change, the issue of whether or not cannabis should be legalised still persists.
- Explain to the students that understanding legalisation, and other issues to do with cannabis requires knowledge of terminology that they may or may not already know. Also, the ‘culture’ around cannabis means there is also a long list of terms associated with the form in which it is used (and the many slang terms for different forms of cannabis), the ways of using cannabis (inhaling, eating etc.), how it is bought, and so on.
- Distribute a copy template to each student and working in pairs or small groups. Allocate each pair a small selection of the listed terms assing the task to find the differences in meaning. Where possible, use the school’s digital learning platform for this and develop a shared document so that all students can access a completed copysheet at the end of the activity.
- In the blank spaces, invite students to think of different terminology (proper terms and slang terms) for the different forms of cannabis, different ways it is used, and ways it is bought or obtained. Try to think of pairs of words where there is potential confusion or uncertainty of meaning. Don’t be limited by the size of the table – add more cells if students have more words than will fit.
- Students share the final sentence(s) with another group and make further adjustments if/where the reviewing group decides greater clarification is needed. Add all of these sentences to the table in the copysheet.
- Discuss and clarify any terminology that was more challenging or confusing. If they come up with many words related to types of cannabis, ways of using etc., ask why they think this is the case and why they think these terms change over time. Ask further ‘reasons why’ questions about any language they come up with.

- Ask students whether or not they think they need a 'good vocabulary of cannabis language as part of their knowledge for supporting wellbeing? Why or why not?

Student learning journal entry: For ongoing use, students file the list of terms prepared by the class. If paper based, make a photocopy of the compiled list of meanings available to all students.

Teacher knowledge and pedagogy: Cannabis-related language is substantial. While teachers and students are not expected to have encyclopaedic knowledge of current cannabis terminology, for the purpose of 'being informed' there is some value in having knowledge of current terms and phrases used locally. The New Zealand Drug Foundation lists some of these and students themselves will likely have knowledge of a range of terms.

Teacher's evaluation of the activity: Did this activity provide any insights into students' knowledge and understanding of cannabis related wellbeing issues that could be incorporated into future activities? If so, what was this and where could these ideas be further developed?

	Words		Differences in meaning
1.	Decriminalisation	Legalisation	
2.	Medicinal use	Recreational use	
3.	Referendum	Election	
4.	Pro	Anti	
5.	Moral panic	Common good	
6.	Regulation	Control	
7.	Law reform	Policy	
8.	Harm	Risk	
9.	Values and beliefs	Morals	
10.	Facts	Opinions	
11.	Rights	Responsibilities	
12.	Harm reduction	Prevention	
13.	Harm minimisation approach	'Say no to drugs' approach	
14.	Cannabis	Marijuana	
	Add in other cannabis terms here referring to the different forms in which it is used, terms used by different groups or generations, etc.		
15.			
16.			
17.			
18.			
19.			
20.			

Activity number 52.

Cannabis, health and wellbeing

Purpose: To expand on year 7-10 activities about the impacts of cannabis use on wellbeing, students revisit earlier learning about cannabis harms with the added consideration of the harm reduction goals of a harm minimisation approach. This activity also makes connections with the legalisation debate, a substantial part of which focuses on reducing health impacts of cannabis use. Three activities are provided – select one or more of these in response to learning needs.

Learning intention: Students will demonstrate understanding of the harms to personal health that may be caused by cannabis use and how to reduce health-related harm from cannabis use. (7/8A1 & 7/8A3.)

Key competencies: Thinking critically, participating and contributing

Activity applies to: all drugs

Time: 30 x 3 minutes

Resources:

- Mental Health Foundation and World Health Organisation definitions of wellbeing – see copy template.
- Graphic from *Regulation: The Responsible Control of Drugs*, Global Commission on Drug Policy (2018). <http://www.globalcommissionondrugs.org/reports/regulation-the-responsible-control-of-drugs/> see copy template.
- New Zealand Drug Foundation website pages <https://www.drugfoundation.org.nz/info/drug-index/cannabis/> – and see also past editions of the 'Matters of Substance' magazine.

See also the *Thinking critically about cannabis* teaching resource under 'health education' at the Tūturu resource hub. <https://www.tuturu.org.nz/resource-hub/>

Teaching and learning process:

- Ask students to recall learning about the potential harms for young people from cannabis use. If needed, visit the NZ Drug Foundation website for information.

Activity A. Protecting youth from harm

Explain that part of the debate around the legalisation of cannabis focuses on whether or not legalising cannabis would reduce health and wellbeing-related harms for young people. A feature of the pro-legalisation debate is deciding the age at which people should be legally able to purchase and use cannabis. This debate tries to balance known cannabis-related harms with laws around other age restricted activities and other such factors.

This activity is using the health-related aspects of the cannabis legalisation debate to think critically about the nature of cannabis related harm.

- Head up 6 'graffiti sheets' with the following headings. Each of the three headings below requires two separate sheets - one clearly marked 'FOR' and the other 'AGAINST'
1. Legal use and purchase age should be 18 (the same as tobacco and alcohol)

2. Legal use and purchase age should be 20 (the same as the zero tolerance drink driving limit and access to casinos)
3. Legal use and purchase age should be older than 20
 - Using ideas from the prior learning, as well as their own views on the matter, students contribute ideas to each of the graffiti sheets. (This could be done in an orderly way by passing each paper around the groups in a time-bound way).
 - Once students have exhausted their ideas, allocate one sheet to each of six groups. The group is responsible for summarising all of the comments on that sheet and to write a short 2-3 sentence statement in response to being for/against the age restriction noted on the sheet.
 - Share these final summaries with the class.

Debrief:

- As appropriate, ask students for any further comments about whether or not they think this approach to legalisation of cannabis will reduce cannabis-related harms for youth. Why or why not?
- Indicate where this learning is leading to next (see other activities about cannabis legalisation following).

Activity B. Cannabis use and mental health

- Ask students to recall learning about the various models of health and wellbeing. OR if this learning is yet to be covered, explain to students that there are many more definitions and models of health and wellbeing than te whare tapa whā. Provide students with the copy template of the NZ Mental Health Foundation and World Health Organisation definitions of 'mental health', and the health-focused extracts about cannabis law reform.
- Instruct students, working in pairs, to imagine they are representing a group viewing a proposed law change to legalise cannabis. They are focusing on the issue from a mental health perspective. They need to decide if their group is for or against the issue of legalisation.
- Their task is to prepare a one page promotional flier to promote how cannabis-related law aims to have a positive impact on mental health (whether for or against). They need to base their ideas on either the MHF or WHO definition of mental health, as well as data about the current cannabis-related harms. Students can also use other materials from previous activities. The flier will be mainly words – illustrations are optional.
- Once completed, students share their flier and their rationale for their selection of ideas.

Debrief:

- What are the main arguments for and against legalising cannabis, in relation to promoting mental health and wellbeing? What evidence is being used to justify this for each perspective?

Activity C: Regulation as a way to respond to drug harms

This activity makes use of the 2018 report Regulation: *The Responsible Control of Drugs, from the Global Commission on Drug Policy*. Students may like to access this document for ideas. Although this activity is specifically focused on the context of cannabis, it could also be applied to other drug-related topics at senior secondary school, such as methamphetamine use.

- Ask students why they think that in a growing number of countries, laws and policies are saying that legalising and responsible regulation of drugs is the only way to reduce drug-related, social and health harms. Prompts: consider the differences between an illegal drug market and a heavily regulated one in relation to criminal activity (especially around the economic factors that sustain drug-related crimes when drugs are illegal substances), the role of law enforcement, opportunities for health promotion and health care, and protecting the interests of children and young people through prevention approaches and education. Accept all ideas, asking for further reasoning where this is not clear.
- Provide students with the copy template for this activity. Explain the diagram using the text provided. Check that students know how to 'read' the diagram, paying attention to the axes labels and how to interpret the "U" line showing 'high' and 'low' levels of social and health harm.
- Check that students understand what is meant by social harms and health harms.

- Either as a class, or in groups, students work through the questions on the copy template.

Debrief:

- Ask students to reflect on the idea that legalising drugs will reduce social and health harms and whether or not they think this seemingly counter-intuitive way of approaching the problem will work. Why or why not?

Student learning journal entry: Students file an image or a copy of group-generated artefacts in their learning journal, along with reflective comments based on the debrief questions.

Teacher knowledge and pedagogy: Although the 2020 cannabis referendum did not result in a law change, the debate still exists and provides a useful 'vehicle' for thinking critically about cannabis harms. The intent is not to promote one view of the issue over the other, but to use it as a context in preparation for understanding cannabis legalisation as an ethical dilemma (see following activity)

Teacher's evaluation of the activity: How useful was it to add in another layer – in this case the cannabis legalisation debate – to encourage students to think more critically about the relationship between cannabis use and health-related harms? For example, what did this approach add beyond the focus at junior levels that relates health impacts of drugs to each of the dimensions of hauora? Where else could an added layer of material be added (a legal consideration or policy statement, a definition, a set of principles, a model, etc.) that requires students to engage more critically and in more depth with the topic matter being studied?

Activity B. Cannabis and (mental) health

Resource 1. Definitions of mental health and cannabis use

The Mental Health Foundation defines mental health as *the capacity to feel, think and act in ways that enhance our ability to enjoy life and deal with the challenges we face. It is a positive sense of emotional and spiritual wellbeing that respects the importance of culture, equity, social justice and personal dignity.*

<https://www.mentalhealth.org.nz/home/glossary/>

The World Health Organisation defines mental health as *being a state of wellbeing in which the individual realises his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community.*

https://www.who.int/features/factfiles/mental_health/en/

Resource 2. Primary objectives for cannabis reform

- Address the wellbeing of all New Zealanders and harm reduction – the model should minimise harms associated with cannabis, such as health related harm, social harms, and harm to youth.
- Lower the overall use of cannabis over time through education and addiction services - with a particular focus on lowering the use amongst youths by increasing the age of first use. Revenue raised through the regulation of cannabis should contribute to relevant health-related measures.

Proactive Release for the 2020 Cannabis Referendum <https://www.beehive.govt.nz/release/new-zealanders-make-decision-cannabis-referendum> (p. 13).

Resource 3. Cannabis causes harm

Regular use of cannabis increases the risk of developing depression, psychosis and schizophrenia. Use can be particularly harmful for under 25 olds as the brain is still developing. Additionally, consuming cannabis by smoking can increase the risk of developing breathing issues, lung damage and some cancers, and second hand smoke could have detrimental impacts on others. There is also a high risk of dependence among those who regularly use, including a one in six chance of young people developing a dependence.

Cannabis use also contributes to social issues. For example, cannabis use can be a factor in offending by some people, and family and friends can be affected by the user's behaviour and addiction issues. Cannabis impairment can be a factor on motor vehicle accidents (after alcohol, cannabis is the most common substance found in impaired drivers' systems) and health and safety incidents at work."

Proactive Release for the 2020 Cannabis Referendum <https://www.beehive.govt.nz/release/new-zealanders-make-decision-cannabis-referendum> (p. 12).

Activity C. Regulation as a way to respond to drug harms

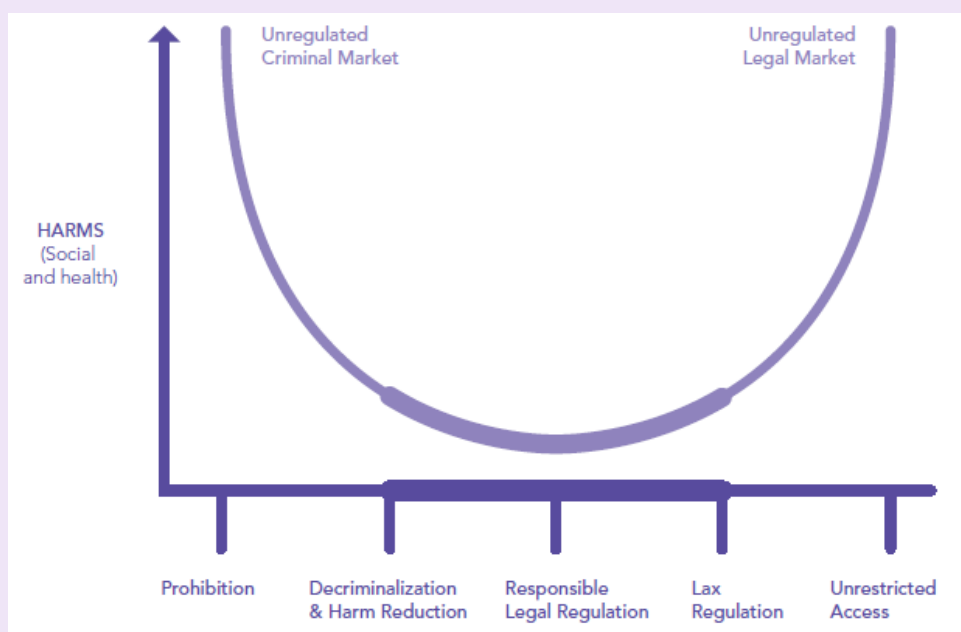
Read the statement below. Once you have worked out how to ‘read’ the diagram, discuss the following questions with your group.

The figure below ‘captures the essence of the case for regulation. The spectrum of policy options runs from:

- one effectively unregulated market – the criminal market under prohibition (left hand side),
- to the legal, commercialised free market (right hand side).

For both, **profit is the primary motivation**, and neither has to cope with the consequences in terms of potential health and social harms. **Between these extremes, an optimal level of government regulation can minimise overall harm and maximise benefits.** Strict government regulation can, therefore, reasonably lay claim to the pragmatic, centre-ground position.’

Source: Global Commission on Drug Policy (2018). *Regulation: The Responsible Control of Drugs*
<http://www.globalcommissionondrugs.org/reports/regulation-the-responsible-control-of-drugs/>



For Q1-3, keep your initial answers about cannabis. You may then consider other drugs that are the focus for your learning (e.g. methamphetamine).

1. Explain why you think an unregulated criminal market results in high levels of social and health harms from drug use – that is, where drugs are illegal/prohibited and are manufactured and sold through criminal activity. *(Left hand side of the diagram.)*
2. Explain why you think unrestricted access to drugs also results in high levels of social and health harms from drug use – that is, where drugs are ‘legal’ and the manufacture and sale is not regulated or controlled in any way. *(Right hand side of the diagram.)*
3. So how is it that responsible legal regulation (between the left and right hand extremes) claims to offer the most hope for minimising overall harm and maximising benefits. *(Middle section of the diagram.)*
4. Consider the current regulation of alcohol and tobacco in New Zealand. Where on the “U” would you say alcohol lies? What about tobacco? Do you think regulation has worked to reduce social and health harms from alcohol and tobacco use in NZ? Why or why not? Explain your thinking and the evidence you would point to that backs up your claim.

Activity number 53.

Values continuum – cannabis and the law

Purpose: A values continuum is a popular way to explore a diversity of values and beliefs that a group of students may have about a situation or an issue. Although prepared in preparation for the 2020 cannabis law reform referendum, this modified version of the activity provides a way to explore aspects of the issue as an ongoing debate and concern. To provide some 'distance' from their own views, this version of the activity requires pairs of students to create a 'character profile' and respond to the continuum statements from the perspective of their character.

Learning intention and NZC HPE link: Students will demonstrate understanding of the values and beliefs people have about cannabis use. (6A1)

Key competencies: Critical thinking, Participating and contributing, Relating to others

Suggested time: 60 minutes.

Resources:

- Character profile sheets – one for each pair of students
- A set of continuum statement cards
- AGREE - NOT SURE – DISAGREE cards.

See also the *Thinking critically about cannabis* teaching resource under 'health education' at the Tūturu resource hub. <https://www.tuturu.org.nz/resource-hub/>

Teaching and learning process:

Preparation:

- In preparation for responding to the values continuum statements, students working in pairs will develop a character profile (see the following copy sheet).
- Explain to the students that this is to 'distance' them from their own views because they will be responding to the continuum statements based on what their character believes, which may be similar or different to their own views – but no one will know that. They need to be able to imagine what it would be like to think like their character so they need to develop a character profile they have some familiarity with.
- Consider a range of safety considerations as students develop their character profile such as not being overly stereotypical, or selecting obvious characteristics of people in the school community.
- Provide sufficient supervision and direction for students to ensure a wide range of 'characters' across the class.

Facilitating the values continuum

There are many ways to facilitate a values continuum. This version provides pairs of students with a statement prior to placing it on the continuum in order to give them time to think about how they will respond to the statement. *Select another method if greater class engagement is achieved through other ways of facilitating a continuum.*

- Seat students in a circle with their partner.
- At opposite sides of the circle place the 'agree' and 'disagree' cards, and place 'unsure' in the middle.
- Distribute the statements one to each pair.
- Explain to the students that after they have had time to discuss their statement and decide a reason why their character would agree/disagree with the statement (or if they are not sure), they will, one at a time, put their statement at a place on the continuum reflecting their level of (dis)agreement and state their reasons for the placement.
- As each statement is placed (with reasons) the teacher asks further questions about why their character put their card in a particular place. If the reasons are unclear explore these further.
- The teacher then invites 2-3 other 'characters' (pairs) if they have similar or different views about the statement and why this is so.
- Continue until all statements have been considered.
- Leave the 'legalisation' statement until last so that it can be used as a summary for the activity. At this time, ask each 'character' for their response to the legalisation question and to give a reason why.

Debrief and reflection:

- What does an activity like this tell us about the (likely) range of values and beliefs about cannabis in a community?
- Why do you think things can get quite emotional or 'heated' when communities are asked to vote on social issues like cannabis?
- Did answering the statements from the perspective of a character make this activity easier or more difficult? Did you feel more confident to express a view that wasn't necessarily your own? Why was this?

Student learning journal entry:

- Students file their character profile.
- Ask students to each select two continuum statements. As far as possible, try to select one statement where their personal views are similar to their character, and one where their views differ.
- In their learning journal students record the statement, their personal view about the statement, and how or why this was similar or different to their character.
- What is the basis for their value judgement – what is it they believe or value in these situations, and for them, where do they think have these beliefs or values have come from?

Teacher knowledge and support resources: Teachers may need knowledge of different methods for facilitating a values continuum activity if the suggested process is not the most effective process for a particular group of students – see Section B.

Teacher reflection on and evaluation of the activity: How responsive were students to this approach to a continuum activity? Would you do again in future – and in what context? What would you change and why? What did this activity reveal about students' understanding of the values and beliefs that underpin their cannabis-related attitudes and behaviours (whether that's use or non-use)? Which comments and ideas will be useful to pick up on and use in later activities?

Character profile

Complete the following profile in pairs.

You will respond to the continuum statements based on the perspective of your character. You do not need to use your own views to respond to the continuum statements.

Age group	Under 18	18-25	26-40	41-65	65+
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Gender	Female	Male	Gender diverse
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Has your character ever used cannabis?	YES	NO
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If your character has ever used cannabis do they	No longer use it	Use it very occasionally	Use it often (at least weekly)	Heavy user (use it most days)
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Has your character ever used alcohol?	YES	NO
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If your character has ever used alcohol do they	No longer use it	Use it very occasionally	Use it often (at least weekly)	Heavy drinker (use it most days and drink a lot)
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Is your character a parent?	YES	NO
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What sort of work does your character do (if any) or are they a school, polytechnic or university student, or unemployed?	
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In general, what does your character think or believe about cannabis use?	
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Provide any other information about your character that may influence their view on whether or not to decriminalise or legalise cannabis (e.g. their state of health, the nature of their work, how much money they have, their other interests and hobbies, etc.)	
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Continuum statements

1. Legalising cannabis will help promote wellbeing about cannabis use.
2. Legalising cannabis will mean far more people will suffer from cannabis-related harms.
3. It makes sense to regulate the type of cannabis products that can be legalised, especially as it relates to the level of THC in the products.
4. If legalised, cannabis should only be allowed to be used in own homes or specifically designated places (e.g. some cafes) – *that is, it cannot be used in public places or workplaces.*
5. Cannabis should be ‘decriminalised’ and not ‘legalised’.
6. Legalising cannabis for personal use will not reduce harms to personal health.
7. Legalising cannabis for personal use will reduce social harms.
8. Legalising personal use of cannabis to reduce criminal convictions is a good idea.
9. Policing or controlling the type of cannabis products that can be used (as the law reform suggests) will be difficult.
10. Having a purchase age of 18 for alcohol and tobacco, and a purchase age of 20 for cannabis is contradictory (or doesn’t make sense)
11. Setting the purchase age at 20 will instead of 18 will avoid the problem of the supply cannabis to younger school-aged peers.
12. Under 20’s should not be allowed to vote for or against cannabis legalisation if the legal age for personal use is to be set at 20 years old.
13. Legalising cannabis is telling children and young people (under 20’s) that it’s OK to use cannabis.
14. The age of use should be even higher than 20 (like 25) given the information about the potential harm cannabis causes younger people.
15. Cannabis should be legalised OR Cannabis should NOT be legalised [*select one option based on discussion from other items*].

AGREE	NOT SURE	DISAGREE
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Activity number 54.

'In role' cannabis legalisation debate

Purpose and background:

Using 'in role' responses to cannabis related situations, this activity requires students to develop a 'profile' of a lobby group who are either for or against decriminalising or legalising cannabis and consolidate their learning through a debate. 'In role', the groups debate the reasons for and against the issue using ideas prior learning. The perspectives of the debate maintain a focus on the wellbeing considerations of the issue.

Learning intention and NZC HPE link: Students will demonstrate understanding of perspectives for and against cannabis law reform. (7/8 D1)

Key competencies: Critical thinking, Relating to others, Participating and contributing.

Suggested time: 60 minutes

Resources:

Copysheet for developing the organisation profile. *If the class is more interested in the implications of decriminalisation, adapt the materials accordingly.*

See also See also *Thinking critically about cannabis* (Tūturu, 2020)

<https://www.tuturu.org.nz/assets/uploads/Thinking-critically-about-cannabis.pdf>

- **Activity 5. Who is for and against cannabis use in New Zealand – and why?**
Controversial and divisive social issues inevitably brings together groups of like-minded people to lobby for the cause or the position they support. Campaigning and advocating by these lobby groups then tries to influence others. This activity requires students to investigate the groups in New Zealand for and against cannabis use, what these groups value and believe, and whether their position is backed up by credible and reliable information.

Teaching and learning process:

- Explain to students that they will use ideas developed in previous activities to summarise the issues for and against the legalisation of cannabis in the form of a debate. Like a formal debate with a moot that different teams argue for or against, they may be arguing a case that differs from their own opinion and beliefs.
- Divide the class into 4 and either by allocation or negotiation, assign each group a position 'extremely for' or 'slightly for' and 'extremely against' or 'slightly against' (see profile sheet). *If the size of the class means more groups are needed, double up on one or more of the extreme 'positions' or assign one group to be the adjudicators who will judge the performance of each group and decide a winner for the debate.*
- First, each group needs to complete their 'lobby group profile' (see copy template). All members of the group are expected to contribute to the profile and the ideas for the arguments in both the first and second rounds of the debate, but it may not be practical for everyone to speak – groups can decide who does the speaking.
- Explain the 'debate' process: in the first round each lobby group will present their case with no interruptions - and then in a second round someone can speak as a rebuttal to other cases.

- Seat the groups in four separate areas of the class.
- One group at a time will be asked to put their case (teacher to decide the order). It may be useful to allow time between the first and second rounds to give the groups the opportunity to decide their rebuttal arguments, in response to the other group's comments.
- Explain any further 'rules' and any safety guidelines e.g. one speaker/group at a time, no put downs, etc. and to remind students that in the nature of debating, the people speaking are not necessarily giving their personal beliefs on the matter – and not to judge the person for anything they say.
- Allow the debate to proceed.
- Either the teacher and/or a designated group can judge the debate, giving most points to groups who make a strong case around the wellbeing considerations of the issue. The judge(s) justify their decision.

Student learning journal entry / artefacts that provide evidence of learning:

- If useful, any notes that were made developing the profile (and the lobby group profile) could be filed in the learning journal for use with other activities.
- Students reflect on the process of the debate and answer this question in their learning journal: "How do (or how can) activities like debates help you to understand wellbeing issues?"

Teacher knowledge and support resources: Experience or knowledge of different ways to conduct a debate will be useful to accommodate different class dynamics, skills and willingness to engage in debate-type activities.

Teacher reflection on and evaluation of the activity: How responsive were students to debating like this where they may have needed to take a position contradictory to their own beliefs or opinion. What are the implications of this for other learning where students will need to be able to see situations from different perspectives? What other types of activity help students in this class to view issues from different perspectives?

Lobby group profile

Prior to the debate your lobby group needs to develop its 'profile'.

In consideration of the legalisation of cannabis, is your group (circle one):

Extremely in favour of the legalisation of cannabis	Somewhat in favour of the legalisation of cannabis	Somewhat against the legalisation of cannabis	Extremely against the legalisation of cannabis
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Give your group a name for promotion and identification purposes.	
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<p>ROUND 1. Arguments you will make to support YOUR group's position on the legalisation of cannabis. Include the points you will make with reasons WHY your group supports these ideas. <i>Make sure you focus on the wellbeing considerations.</i></p>	
<p>ROUND 2. Arguments you could make to counter the position of the opposing groups (since these will likely be the opposite of your group). <i>Be prepared to challenge them if their arguments do not relate to wellbeing in some way. You will get time to add to this between each round of the debate.</i></p>	

Activity number 55.

Who supplies young people with alcohol?

Purpose: New Zealand research (e.g. the Youth 2000 series) shows that many young people under the age of 18 who have access to alcohol have it supplied by their parents. After recapping the legal situation (Activity 27), students decide upon actions they could take to inform parents of their legal responsibilities and/or advocating for change in practice by adults at local liquor suppliers and other places where liquor is sold..

Learning intention: Students will plan actions to inform adults of their legal responsibilities regarding young people and alcohol. (7D2)

Key competencies: Thinking critically, participating and contributing

Activity applies to: alcohol

Time: 60 minutes

Resources:

- Printed or digital copies of news articles about drunk teenage behaviour by younger teens – under 18 (e.g. from New Year's celebrations or afterball events) – 4-5 recent articles is suggested.

Teaching and learning process:

- Without much deliberate introduction, distribute the news articles to students. Ask them to identify in the first instance which law(s) appear to have been broken by the people referred to in the article. Ask who else could have broken the law. Prompt as necessary to elicit ideas about adults (other than parents) providing alcohol, alcohol being sold to minors, etc.
- Check with students – does NZ have a 'legal drinking age'? Consider revising Activity 27 if students are unclear about current alcohol laws related to their age group.
- Within what is safe and ethical to ask the class, find out how easy they think it is to buy alcohol when you're under the age of 18. What makes it easier/harder to buy alcohol?
- Present the Youth 2012 data that said overall 60.1% of all school aged young people got their alcohol from their parents (that is parents buy, give, or let students take from home with permission). (NB. Youth19 data on this question was not available at the time this resource was being revised.) Breakdown by age group - at:
 - 13 years and younger 51.8% (why do they think parent supplying alcohol for this age group is lower than the others?)
 - 14 years 52.8%
 - 15 years 58.1%
 - 16 years 65.1%
 - 17 years or older 64.1% (why might there be a slight drop off for this age group?)If students wish to find out about other ways young people under 18 years obtained alcohol check out the Youth 2012 prevalence report (page 107) at <https://www.fmhs.auckland.ac.nz/assets/fmhs/faculty/ahrg/docs/Prevalence%20report.pdf>
- Ask students how else they think people under the age of 18 obtain alcohol for personal use e.g. friends buy it/have access to it, older siblings, other adults supply it, steal it from home.

- Return to the news articles: did any articles focus on the role of parents in these situations? If so, in what way? Regardless of the mention of parents, what information would it appear parents lack/need to be reminded of to help prevent situations like those reported in the news items?
- Although parents can provide alcohol for their own children, what messages do you think parents need to hear to help keep their children safe? What about parents who say things like *'well if I don't give it to them they will just get it from somewhere else'*, or *'my kids pressure me so much it avoid fights it I just let them have it [alcohol]'*.
- Similarly, if other adults are mentioned (e.g. other family members or friends, liquor sales outlets, what information would it appear these adults lack/need to be reminded of?
- Ask students how they think they could undertake an action to inform either parents of all students at the school, AND/OR other adults in their community. The action needs to focus on adults' legal responsibilities around supplying young people with alcohol AND the wellbeing related reasons for complying with these laws or recommendations.
- In groups, students choose one action and prepare a basic plan listing what would need to be done to inform an adult group of their responsibilities – pay particular attention to how the messages would be delivered and why these methods.
- Provide time for students to share their planning ideas, thinking particularly about the strengths and potential weaknesses of the plans (and ways these could be overcome). Ask if some of these problems can be overcome, especially in situations where parental attitudes and values need to change. In which case who else (which organisations) needs to step up and take further action?
- Additionally, pose the situation that some parents struggle to stick to what they know to be their responsibility and what they want to be doing in this situation. If students are saying that they just have to put pressure on their parents and threaten them with alternative behaviours if their parents don't supply them with alcohol, try and put the students in their parent's position and see it from the parent's perspective. Ask if it's fair and reasonable that teenagers treat their parents that way.

Student learning journal entry: Students file a record of their planning for future reference.

Teacher knowledge and pedagogy: This activity requires teachers to know their students well and how far the questioning about own behaviours can go and remain ethical and focused on the learning purpose of the activity.

Teacher's evaluation of the activity: Was there enough evidence from students that this situation could be developed into an actual action? If so, what opportunities are available through the school or the local community for promoting students ideas about this issue?

Activity number 56.

Being safer with drugs

Purpose: Safety around drugs has always been a focus of AoD education. In addition to synthetic cannabinoids there is growing concern about the many new synthetic substances (cathinones) being added to or substituting for other drugs. Currently there is little known evidence about the short and long term effects of these substances on people's health. These concerns have led to wider safety promotion and opportunities for drug checking at music festivals and events. This activity invites students to find out about the current 'cause for concern' associated with these substances and the actions to reduce harm from them. As this is a newer and changing issue, the activity provides a process to investigate the most current information about the matter. This learning can build on activities like being safe at parties and making sure people know what it is they are drinking.

Learning intention and NZC HPE link: Students will demonstrate knowledge of potential harms from synthetics and additives in drugs and actions to increase safety around drugs. (7A1, 7A3, leading to 7/8D1)

Key competencies: Critical thinking, Participating and contributing

Suggested time: 60 minutes

Resources:

- New Zealand Drug Foundation webpage <https://www.drugfoundation.org.nz/info/being-safer/> and use other links from this page.
- Know Your Stuff website <https://knowyourstuff.nz/> (supported by the Drug Foundation). NB. This is a changing issue so other websites may also become available.
- See other Drug Foundation links from <https://www.drugfoundation.org.nz/education-and-young-people/>

Teaching and learning process:

- Ask students what they know about the current cause for concern around synthetic drugs/substances.
- Search for recent newspaper articles reporting synthetic-related issues – what is the focus of these news items?
- Lead students to the NZ Drug Foundation website page(s) about being safer around drugs (see link in the resources list above).
- Working in pairs, students familiarise themselves with the main purposes of this safety information. If needed they can also look at the information about synthetic cannabinoids and synthetic cathinones. Ask them to summarise the information as follows (adapt this list in consideration of student learning needs):
 - 3 things that confirm what we know
 - 3 things we didn't know
 - 3 things we think it is important for all students at our school to know
- Provide the opportunity for students to share their ideas with each other and justify what they think is important for all students at the school to know.

- Use the links from the Drug Foundation page (or other search) to find out about drug checking at music festivals and events and the promotion of safety messages about drugs.

Debrief and reflection:

- Ask students about their understanding of drug checking services at music festivals is about, and what views on this are e.g.:
 - What are the views of the NZ government who introduced legislation to allow drug checking at festivals? What is your evidence for this?
 - What are the views of festival organisers? What is your evidence for this?
 - What is the view of the Drug Foundation? What is your evidence for this?
 - Do you think drug checking a good thing or not? Why or why not?
 - Do you think it condones drug use? Why or why not?
 - Do they think people take any notice of the messages/use the services provided to analyse substances? Why or why not?

Student learning journal entry: Students record a summary of their views in response to the debrief questions.

Teacher knowledge and support resources: At the time of writing this activity the 'Know your Stuff' website was very new, as was the legislation around drug checking. Update this material with new information as the situation changes.

Teacher reflection on and evaluation of the activity: What opportunity is there for developing this learning into a health promoting action for the school, or including links for students on the school intranet, or links to material for parents to read in the school newsletter?

Activity number 57.

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.

Learning intention: Students will plan strategies and demonstrate skills to act responsibly and ethically AoD-related situations. (7/A3)

Key competencies: Thinking critically, participating and contributing

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

See also *Thinking critically about cannabis* (Tūturu, 2020) <https://www.tuturu.org.nz/assets/uploads/Thinking-critically-about-cannabis.pdf>

- **Activity 6. Ethical thinking and cannabis use**
For senior students. Students are provided with an ethical thinking framework to think about the views for and against cannabis use.

Teaching and learning process

- Introduce with a discussion about some key words, ideas and themes relating to ethics, attitudes, values and beliefs, and controversial issues. Decide on a class definition for an 'ethical issue'. Brainstorm a list of issues that could be regarded as ethical issues or dilemmas.
- Part one - Continuum activity: Use this definition to decide whether or not the issues identified in the brainstorm fall under this definition. Students take up positions along a line stretching from one end of the room (strongly agree) to the other (strongly disagree).
- 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. Students brainstorm 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 investigation to fit within the time available for the activity. 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.

- 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.

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, and 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 wellbeing 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 wellbeing for people in New Zealand?

Activity number 58.

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?

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 59.

Promoting wellbeing and responding to needs in relation to AoD

Purpose: This activity extends Activity 43 and the idea of “preparing students to live in a world where alcohol and drugs exist”. AoD education is for all students, regardless of own AoD use or non-use, because these issues in society have the potential to impact the wellbeing of all people. In preparation for considering the various strategies and models of health promotion, this activity introduces students to the ‘promoting and responding triangle’ model.

Learning intention: Students will apply a model for the promotion of wellbeing to organise ideas about actions to promote wellbeing in AoD contexts. (Level 7&8 Strand D)

Key competencies: Thinking critically, participating and contributing

Activity applies to: all drugs

Time: 30 minutes

Resources:

- Copy template printed or available digitally

Additional teacher references:

- Education Review Office (ERO) (2016) *Wellbeing for success: a resource for schools* <https://www.ero.govt.nz/publications/wellbeing-for-success-a-resource-for-schools/>
- NZCER (New Zealand Council for Educational Research) also have a range of reports about wellbeing at school <https://www.nzcer.org.nz/research/student-health-and-wellbeing>

See also *Thinking critically about cannabis* (Tūturu, 2020) <https://www.tuturu.org.nz/assets/uploads/Thinking-critically-about-cannabis.pdf>

- **Activity 7. Educating young people about cannabis**

In this activity students are asked what education should be provided for them. What education do they think they need that will support their wellbeing now and in the future, and help them to manage situations where other people may be using cannabis?

Teaching and learning process:

- Make reference to any prior learning about models of health promotion, *or if that learning is yet to happen*, indicate that when organisations aim to take action to promote wellbeing they often use a model, a template, or a set of principles developed by others to help guide the work they do. In this case, students will be introduced to the ‘promoting and responding triangle’ that features in a number of NZ education mental health and wellbeing promotion documents.

- Using either the example in the ERO document noted above, or the consultation version of the model in the copy template (which includes specific reference to health education), guide the students through an explanation of the various levels of the model. Ask for examples of systems, organisations, events etc. known to them/their (school) community that would seem to fit in each level – for the moment this can be about wellbeing in general. Emphasise the ‘promoting’ part of the triangle at the top, with the centre and bottom (narrow) part of the triangle being more the actions for ‘responding’ to students with particular wellbeing needs.
- As an introductory task for later use of the model, provide pairs of students with the copy template and the instruction that they are going to contextualise this for AoD situations, based on knowledge they have learned so far. That is, using the brief ‘all-many-some-few’ prompts provided by the NZ Drug Foundation, and their prior learning, they will redraw the triangle adding details specific to AoD. Provide as much prompting and guidance as is needed for this task.
- Acknowledge progress to date and that more may be added to the model with further learning. Indicate future use of this model once learning about strategies for promoting AoD-related wellbeing is completed.

Student learning journal entry: Students file their own version of the promoting and responding triangle, and return to it to adding further detail with learning from subsequent activities.

Teacher knowledge and pedagogy: This is a useful model for teachers to have knowledge of. For teacher purposes it is useful for explaining the overall approach to the promoting of wellbeing in schools and where curriculum teaching and learning fits into the bigger picture.

Teacher’s evaluation of the activity: How readily did students respond to the idea of using a ‘model’ to organise ideas about taking action to promote wellbeing? What is the implication of this for future learning about health promotion models?

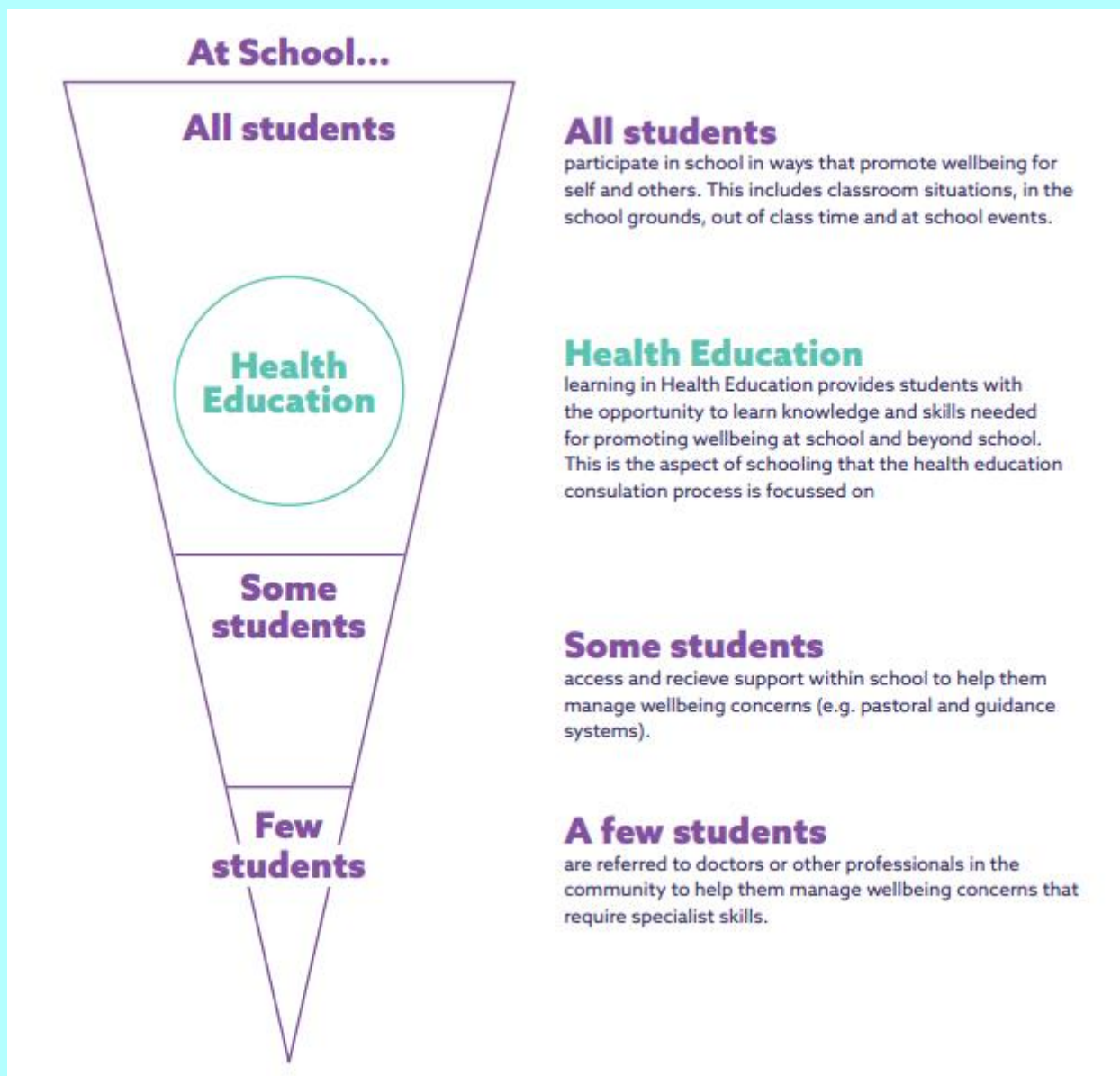
EVERY student will make a decision whether or not to use alcohol and other drugs.

MANY students will try alcohol and other drugs.

SOME students will suffer short-term harms.

A FEW students will develop long-term problems.

Extract from New Zealand Drug Foundation “Preparing students to live in a world where alcohol and drugs exist”
<https://www.drugfoundation.org.nz/assets/uploads/drugs-education-discussion.pdf>



Extract from *Community Consultation: Supporting schools to consult with their community about the health education teaching and learning programme*, Tūturu 2020, p8. <https://www.tuturu.org.nz/assets/uploads/Health-consultation-guide-and-activities2.pdf>

Activity number 60.

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.

Learning intention: Students will investigate rights and responsibilities, school policies, laws and legislations in relation to alcohol and other drug use and misuse. (7/8D1 & D2)

Key competencies: Critical thinking, participating and contributing

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.

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.
- 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

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, 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?

<p>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).</p>	<ul style="list-style-type: none"> • 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.
<p>Student learning journal entry: Students file a copy of any survey or proposal writing they engage in as a part of school policy review.</p>	
<p>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.</p>	
<p>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 (e.g. safe school/anti-bullying policy)?</p>	

Activity number 61.

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 <https://www.asa.co.nz/codes/codes/code-for-advertising-and-promotion-of-alcohol/>
- See <https://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

Please note: The new Alcohol Advertising and Promotion Code was adopted by the ASA in December 2020. The new Alcohol Advertising and Promotion Code will be effective for new ads from 1 April 2021 and for all ads from 1 July 2021. The resources for this activity will need to be updated with the introduction of the revised code. See <https://www.asa.co.nz/codes/codes/code-for-advertising-and-promotion-of-alcohol/> for updates.

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:

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

<ul style="list-style-type: none"> ○ speaking up ○ supporting a cause ○ influencing decisions ○ participating and contributing ○ seeking change ○ having my voice heard. <ul style="list-style-type: none"> ● Provide students with the ‘<i>what – so what – now what?</i>’ template (amended to suit), the ASA extract and scenarios – see copy templates. Guide students through the following process: 	<p>simple picture (use words only if absolutely necessary).</p> <ul style="list-style-type: none"> ● 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).
<p>(What?): Using advertisements:</p> <ul style="list-style-type: none"> ● 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. <p>(What?): Using scenarios (p.180) – students work in small groups to justify why these may not adhere to the requirements of the code.</p> <p>(So what?): Select from such prompts as:</p> <ul style="list-style-type: none"> ● 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 wellbeing? What social injustices are raised? <p>(Now what?):</p> <ul style="list-style-type: none"> ● 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 wellbeing? ● Consider actions that can be taken at personal, interpersonal and/or societal levels. 	
<p>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).</p>	
<p>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.</p>	
<p>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?</p>	

What – so what – now what?

	Instructions	Your responses
What?	<p>Using the information and principles outlined in Resource one:</p> <ul style="list-style-type: none"> • Explain why your advertisement may not adhere to the Code for Advertising and Promotion of Alcohol. • Choose one scenario and explain why the situation may not adhere to the Code for Advertising and Promotion of Alcohol. 	
So what?	<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 wellbeing?</p> <p>What social injustices are raised?</p>	
Now what?	<p>What advocacy actions can we take?</p> <p>For each action, describe 'what' is involved and justify 'why' this would enhance people's wellbeing and address the injustices you considered in the 'so what?' section above.</p> <ul style="list-style-type: none"> • Personal actions... • Interpersonal actions... • Societal actions... 	

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 from <http://www.asa.co.nz/codes/codes/code-for-advertising-and-promotion-of-alcohol/>

Advertising and promotion of alcohol scenarios

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 62.

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 wellbeing 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. **(LEVEL 6-8)**

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>)
- Data on alcohol and drug use, for example the Ministry of Health, www.alcohol.org.nz, Youth 2000 series, 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 wellbeing 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 wellbeing 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 wellbeing 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 wellbeing enhanced. Possible questions include:

- To what extent did we reach our SMART goal and enhance wellbeing?

- 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 wellbeing was improved and how?
- What will happen next?

Alternatively, students could write a letter to a key person (e.g. the principal or to a local newspaper) to explain what they did, why, how it impacted on the wellbeing 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.

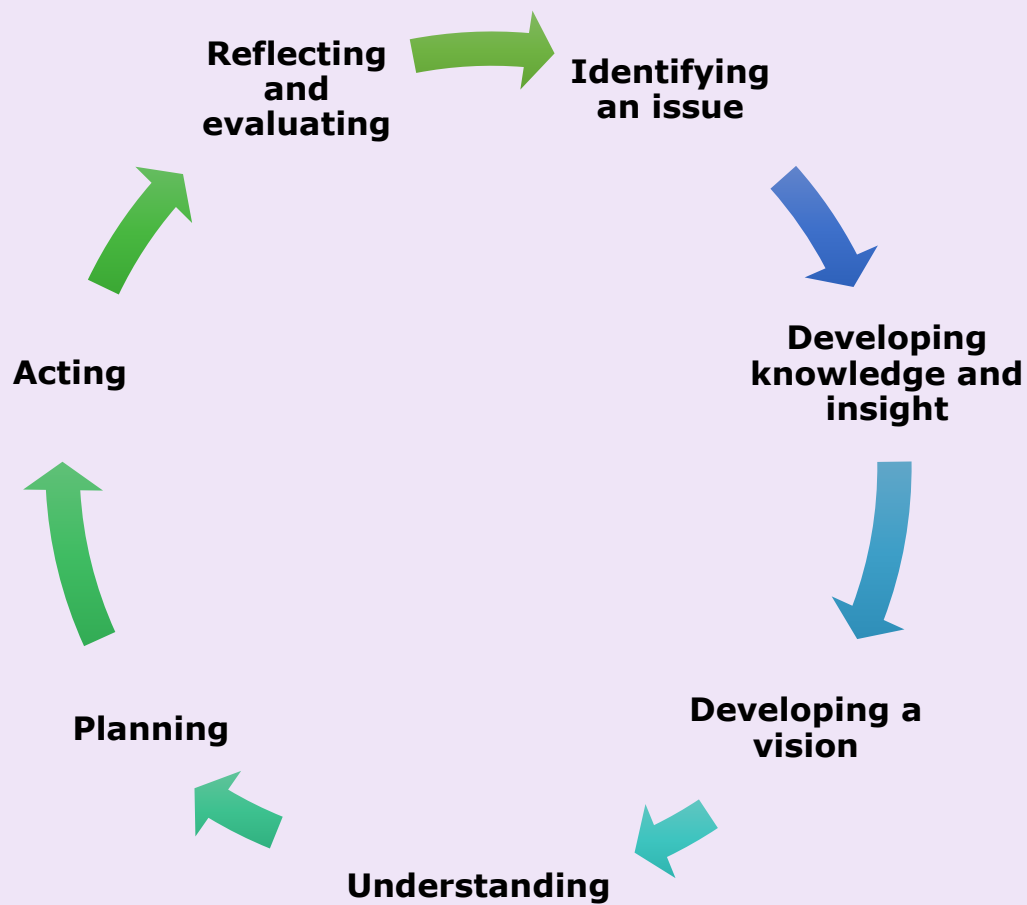
Student learning journal entry: Students document their ACLP in their learning journal. Students write a reflective statement about the process.

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 the process in order to think critically and take action to enhance wellbeing.

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 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?

Action Competence Learning Process (ACLP)

The Curriculum in Action: Making Meaning Making a Difference. Ministry of Education (2004).



Activity number 63.

Investigating AoD issues

The three activities following, 63a-c provide a planning framework to:

- (a) 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;
- (b) 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; and
- (c) (Following on from the previous two activities), identify a wide range of possible strategies and actions to promote wellbeing in AoD contexts that students could use when compiling a coherent account of their analysis of an AoD situation.

When senior students engage in learning about an AoD issue leading to assessment with the level 2 or 3 Achievement Standards, the topic matter typically and popularly focuses on a named substance such as:

- Alcohol use (by a selected age or other group)
- Cannabis use
- Methamphetamine ('P').

However, this is not the only way to approach an investigative or inquiry-based approach to an AoD issue. Think also about other approaches to AoD issues which may not be substance specific (but draw on examples across different substances) e.g.

- Promoting safe use (including non-use) of substances at social gatherings, parties, and events.
- Substance use as a mental health issue not a criminal issue (framed as an ethical dilemma).
- 'Preparing **all** young people to live in a world where AoD exist' – even when many young people do not use AoD.

Consider also situations where AoD may not be the main focus for the investigation, but where it is a feature of a broader issue or topic being studied e.g.

- Medicinal use of cannabis products for managing health conditions.
- AoD use as a risk factor when learning about factors that undermine resilience and ability to cope with adversity or major life changes.
- The relationship between alcohol use and sexual activity.

Activity number 63a.

[Investigation] 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?

Overview of data to collect that could provide evidence of personal and interpersonal influences on wellbeing in AoD contexts

If the personal influence 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		
<i>(add your own ideas)</i>		
If the interpersonal influence 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 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.

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 63b.

[Investigation] 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?

Overview of data to collect that could provide evidence of societal influences on wellbeing in AoD contexts

If the societal influence 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 (add your own ideas)		

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 wellbeing, 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 63c.

[Investigation] 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?

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 personal influence 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		
<i>(add your own ideas)</i>		
If the interpersonal influence 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 <i>societal influence</i> 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 to the original 2017 resource:

- Rachel Dickinson, Sacred Heart Girls' College: Ideas to supplement our prompts for taking health promoting action (Activity 62).
- 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 12).
- Kathryn Wells, Lynfield College: Investigating an AoD issue (Activity 42), Designing a health promotion advertisement (Activity 41).
- Cameron Smith, Scots College: Advocacy and alcohol advertising (61) 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 and information for teaching and learning activities:

- New Zealand Drug Foundation information was used for drug information used across a range of activities.
- *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 4), risk situations (Activity 22), legal issues (Activities 27 and 50), and assertiveness (Activity 35).
- *Taking Action: Lifeskills in health education* (G. Tasker, R. Hipkins, P. Parker & J. Whatman, MoE, 1994) – ideas for activities related to assertiveness (Activity 35), decision making (Activity 36), and problem solving (Activity 37).
- Mental Health Matters 2nd 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>
- Te Kete Ipurangi ESOL Online and Literacy Online for literacy strategies (Activity 13-14)
<http://literacyonline.tki.org.nz/> and <http://esolonline.tki.org.nz/>
- Activity 25 card game uses ideas from the Health promotion Agency (HPA) *Play your best card* resource
<https://www.hpa.org.nz/education/play-your-best-card>
- Goal setting (Activity 34) is adapted from Hedges, K. & Robertson, J. (2019) *Food, nutrition and wellbeing*. ESA: Auckland.
- Tūturu Support Plan Template have been repurposed (Activities 33a&b) and the Services Map (Activity 38) from <https://www.tuturu.org.nz/>
- Alcohol.org.nz (part of Health Promotion Agency, HPA) – use of online tools for exploring effects of alcohol on the body (Activity 18), host responsibility (Activity 40), and pouring standard drinks (Activity 39).
- Information about resilience for Activity 47 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>

- Data for Activity 45 is from Fleming, T., Ball, J., Peiris-John, R., Crengle, S., Bavin, L., Tiatia-Seath, J., Archer, D., & Clark, T. (2020). *Youth19 Rangatahi Smart Survey, Initial Findings: Substance Use*. Youth19 Research Group, The University of Auckland and Victoria University of Wellington, New Zealand.
<https://www.youth19.ac.nz/publications>
- The Ministry of Health Surveys from successive years have been used as a sources of examples of population data.
- Activity 52 uses the following resource material: The Mental Health Foundation definition of mental health <https://www.mentalhealth.org.nz/home/glossary/> ; The World Health Organisation definition of mental health https://www.who.int/features/factfiles/mental_health/en/ ; Proactive Release for the 2020 Cannabis Referendum <https://www.beehive.govt.nz/release/new-zealanders-make-decision-cannabis-referendum> ; : Global Commission on Drug Policy (2018). Regulation: The Responsible Control of Drugs <http://www.globalcommissionondrugs.org/reports/regulation-the-responsible-control-of-drugs/>
- Activity 59 uses an extract from the 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> and a version of the promoting and responding triangle from *Community Consultation: Supporting schools to consult with their community about the health education teaching and learning programme*, Tūturu 2020, p8. <https://www.tuturu.org.nz/assets/uploads/Health-consultation-guide-and-activities2.pdf>
- 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>
- The Advertising Standards Authority code is used in Activity 61 <http://www.asa.co.nz/codes/codes/code-for-advertising-and-promotion-of-alcohol/>
- *The Curriculum in Action: Making Meaning Making a Difference* (MoE, 2004) – ideas for the Action Competence Learning Process (Activity 62).
- The Health and Physical Education Achievement Objectives are as stated in *The New Zealand Curriculum* (MoE, 2007)
- 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 NZQA Health Achievement Standards are at <http://www.nzqa.govt.nz/qualifications-standards/qualifications/ncea/subjects/health/levels/>

Other resources and references

Each activity includes a list of resources specific to the activity. The 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 (2019) Thinking critically about the marketing energy drinks (2018) Thinking critically about the marketing of vaping products and young people's wellbeing (2019) https://www.tuturu.org.nz/resource-hub/
Understanding of models of health and wellbeing	Māori health models: http://www.health.govt.nz/our-work/populations/maori-health/maori-health-models Pasifika health model: https://hauora.co.nz/pacific-health-promotion-models/
Key AoD readings and resources	AoD Education Guide for Schools (2014): https://health.tki.org.nz/Teaching-in-HPE/Policy-Guidelines/Alcohol-and-other-drug-education-programmes Drug use data and statistics: https://www.health.govt.nz/nz-health-statistics/health-statistics-and-data-sets/drug-use-data-and-stats
Youth health and wellbeing data	Youth 2000 reports (especially for the Youth 2019 survey) - articles on specific health and wellbeing issues: https://www.youth19.ac.nz/
NZ Drug Foundation	For a range of drug information, and video material https://www.drugfoundation.org.nz/ The publication "Matters of substance" provides a range of articles suitable for senior programme and teacher PLD.
Health Promotion Agency (HPA)	Alcohol.org https://www.alcohol.org.nz/
Youth mental health	Youth mental health: https://thelowdown.co.nz/ Mental Health Foundation https://www.mentalhealth.org.nz/
Skills based health education activities	<i>Mental health education and hauora</i> . K. Fitzpatrick, K. Wells, G. Tasker, M. Webber & R. Riedel (2018, NZCER) or see the NZHEA website for a digital copy and resource to support planning https://healtheducation.org.nz/resources/mental-health-education/
Older teaching and learning resources with useful activities	Tasker, G. (Ed) (1998). <i>Caring for Yourself and Others</i> , Christchurch College of Education. Tasker, G., Hipkins, R., Parker, P. & Whatman, J. (1994) <i>Taking Action: Life skills in Health Education</i> . Wellington; Learning Media. Ministry of Education (2004) <i>The Curriculum in Action: Making Meaning Making a Difference</i> https://health.tki.org.nz/Key-collections/Curriculum-in-action/Making-Meaning Tasker, G., & Hipkins R. (2001) <i>Social Issues: Alcohol – A resource for health education teachers of Years 12 and 13</i> . Christchurch College of Education.
2007 New Zealand Curriculum	https://nzcurriculum.tki.org.nz/The-New-Zealand-Curriculum
1999 HPE curriculum statement	https://health.tki.org.nz/Teaching-in-HPE/Health-and-PE-in-the-NZC/Health-and-PE-in-the-NZC-1999
Teaching Council	<i>Our code our standards: Code of Professional Responsibility and Standards for the Teaching Profession / Ngā Tikanga Matatika Ngā Paerewa Nga- Tikanga Matatika mo- te Haepapa Ngaio tangā me nga- Paerewa mo- te Umanga Whakaakoranga</i> https://teachingcouncil.nz/professional-practice/our-code-our-standards/

