

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

Lead writers: Jenny Robertson and Rachael Dixon

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Email: admin@healtheducation.org.nz

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| **Activities for NZC Levels 4-5** (Years 7-10) |

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| **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.

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| **Activity number 1.** **Programme planning – providing students choice in their learning**  |

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| **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?  |

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| **Activity number 2.****Class safety guidelines for AoD education**  |

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Class safety guidelines

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| **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.
 |  |  |
| 1. 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.
 |  |  |
| 1. A student starts to tell the class about some of their personal experiences with alcohol or another drug which had damaging results for them.
 |  |  |
| 1. Some students in the class don’t use alcohol or other drugs for personal reasons (e.g. health reasons, personal values and beliefs).
 |  |  |
| 1. A group of students in the class thinks alcohol and drug education is bit of a joke and are making unhelpful and disrespectful comments.
 |  |  |
| 1. 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.
 |  |  |
| 1. Students in the class have family members who have alcohol or other drug-related health problems (*but you don’t know this*).
 |  |  |
| 1. Students in the class have friends or family who have been seriously hurt (or have died from) alcohol-related causes.
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| 1. *Add ideas relevant to class and community.*
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| **Activity number** **3.****Defining and classifying drugs**  |

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| ***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. |

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| **Activity number 5.****AoD knowledge and values continuum**  |

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| Absolutely agree | Unsure / don’t know |
| Neutral  | Completely disagree |

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Alcohol statements for values continuum

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| 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  |

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Cannabis statements for values continuum

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| 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 (*Cannabis sativa*) 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.**

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| **Activity number 6.** **Post boxes, graffiti sheets and pass-the-paper activities**  |

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

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| 1. What are the **benefits** for teenagers who: * Do not drink alcohol
* Do drink alcohol
 | 2. What are the **disadvantages** for teenagers who: * Do not drink alcohol
* Do drink alcohol
 |
| 3. Do you think alcohol use is a problem for some New Zealand teenagers? Yes/No Why/why not? | 4. Do you think teenage alcohol use is an issue for all New Zealanders? Yes/No Why/why not? |
| 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.  | 6. What do you think ‘binge drinking’ means? Do you think NZ teenagers have a binge drinking problem? Why or why not?  |
| 7. Why do you think some teenagers pressure their friends into drinking alcohol?What thoughts and feelings do you have about teenagers who pressure other teenagers to drink? | 8. Describe what you would do if you had a drunk person trying to make unwanted sexual advances (*come onto you*) at a party.  |
| 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). | 10. Describe what you would do if you got into a car with a driver who, at first, you didn’t realise was drunk. |
| 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?Why or why not?  | 12. Do you think that alcohol advertising should be allowed on billboards or on shop fronts near schools? Why or why not?  |

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Examples of questions more suited to an anonymous postbox activity.

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

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

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| **Activity number 8.****Dominoes**  |

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**Alcohol dominoes**

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| 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**

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| 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 (*Cannabis sativa*)  | 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?  |

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| 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?  |

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| 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? |

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| **Activity number 9.****True or false? AoD behaviours in New Zealand**  |

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**True or false statements**

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| **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. |
| 1. 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.  |
| 1. 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. |
| 1. 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, |
| 1. Most young people attending school have tried cannabis
 | False – Youth19 reported that 23% of all students completing the survey had ever tried cannabis.  |
| 1. 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. |
| 1. 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. |
| 1. 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). |
| 1. 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. |

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| 1. 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. |
| 1. 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%. |
| 1. 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 |
| 1. 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%. |
| 1. 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.  |

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| **Activity number 10.**  **Alcohol knowledge race**  |

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

Set 1.

|  |  |
| --- | --- |
| Physical wellbeing*Taha tinana*  | Mental and emotional wellbeing (thoughts and feelings)*Taha hinengaro* |
| Social wellbeing *Taha whanau* | Spiritual wellbeing*Taha wairua* |

Set 2

|  |  |  |
| --- | --- | --- |
| Not drinking alcohol | Drinking in moderation | Binge drinking |

**Year 11:** Make multiple copies - about 30 cards in total for each set

Set 1

|  |  |  |
| --- | --- | --- |
| Alcohol  | Tobacco  | Cannabis  |

Set 2

|  |  |  |
| --- | --- | --- |
| Personal  | Interpersonal  | Societal  |
| **Activity number 12.****Agony Aunt**  |

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| Dear Aunty,My friends and I have started to go to parties and sometimes I see others get really drunk and out of control. What kinds of things can others and I do to stay in control, enjoy ourselves and have a good time at parties?Yours truly, worried teenager. |
| Dear Aunty,My friend Sam’s brother recently offered to give us some of his synthetic cannabis to try. I am not interested in trying it, but I think Sam is quite keen to give it a go. What should I do?Yours, confused teenager. |
| Dear Aunty,At lunchtime recently at school, one of my friends pulled out a packet of cigarettes and started handing it around. A couple of others took one and lit up but I wasn’t interested. Ever since I have felt uncomfortable sitting with them in case they start pressuring me or if we are caught.Yours, anxious teenager. |

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| **Activity number 14.****Reciprocal teaching - AoD and the media - *supporting student literacy***  |

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**Cooperative Reading – Role Cards**

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| **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]* 1. 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?
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| **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.  |

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| **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.
 |

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| **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.]* |

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| **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?
 |  |
| 1. How do I know this?
 |  |
| 1. What do I assume about the people in this alcohol related situation?
 |  |
| 1. Why do I assume this?
 |  |
| 1. What do I feel about this situation?
 |  |
|  |  |
| 1. What information is missing from this article?
 |  |
| 1. Why do you think this information is missing from the newspaper article?
 |  |
| 1. Why do you think the newspaper reported the story this way?
 |  |
| 1. Who benefits (or gains something) from a newspaper story like this? How or why?
 |  |
| 1. Who might be hurt or somehow disadvantaged by a newspaper story like this? How or why?
 |  |
|  |  |
| 1. What sort of message might a teenager take from this article?
 |  |
| 1. Is it a helpful or healthy message or an unhelpful/unhealthy one?
 |  |
| 1. If the message is unhelpful/unhealthy, what could have been included in the article to give more helpful/healthy messages?
 |  |

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| **Activity number 15.** **Documentary evidence**  |

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| 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?
 |

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| **PART 2** Teaching and learning activities focusing on learning about the relationship between AoD (non)use and wellbeing.  |

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| **Activity number 17.** **Rights, responsibilities and wellbeing in AoD situations**  |

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| **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? |

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| **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? |

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| **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? |

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| **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?  |

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| **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 and 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? |

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| **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 home 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?  |

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| --- |
| **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? |

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| **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.  |
| Leas’ 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? |

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| **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? |

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| **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?  |

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| **Activity number 19.****Alcohol, cannabis and wellbeing**  |

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| **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) |

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**Dimensions of wellbeing chart**

|  |
| --- |
| **Selected situation:** |
|  |
| **Social wellbeing / Taha Whānau**  | **Physical wellbeing / Taha Tinana** |
| PositiveNegativeImmediate and short term (now, today, this week) Longer term (months or years) | PositiveNegativeImmediate and short term Longer term  |
| **Mental and emotional wellbeing / Taha Hinengaro** | **Spiritual wellbeing / Taha Wairua**  |
| PositiveNegativeImmediate and short term Longer term  | PositiveNegativeImmediate and short 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?**  |
|  |

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|  **Activity number 21.** **Recognising and unsafe situations** |

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| **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?
 |

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| **Activity number 22.****More or less risky?**  |

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

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| --- | --- | --- |
| **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
 |  |  |  |  |  |  |
| 1. Having a false ID to get into a bar or nightclub
 |  |  |  |  |  |  |
| 1. Going to a party with no adult supervision and where alcohol and drugs are being used
 |  |  |  |  |  |  |
| 1. A person is so drunk they pass out
 |  |  |  |  |  |  |
| 1. Being given alcohol by a friend’s parent at their house
 |  |  |  |  |  |  |
| 1. Being pressured to drink or smoke cannabis by others
 |  |  |  |  |  |  |
| 1. Going to a party without arranging transport home
 |  |  |  |  |  |  |
| 1. A parent comes home drunk
 |  |  |  |  |  |  |
| 1. Being caught in possession of cannabis by the police
 |  |  |  |  |  |  |
| 1. 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.*What do they think are the risks in these situations?  | (i) |
| (ii) |
| (iii) |
| What concerns you most about young people’s alcohol and drug use at the moment? |  |
| What were the concerns about alcohol and drug use when you were a teenager? |  |

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| **Activity number 23.****Alcohol and sex – what’s the concern?**  |

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| **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?
 |

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| **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.  |

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| **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  |
| 1. My experience with alcohol
 | Never drink or very little experience with alcohol  | Drink sometimes and in moderation  | Drink alcohol often and/or drink heavily  |
| 1. 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  |
| 1. 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  |
| 1. 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  |
| 1. 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  |  |

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| **Activity number 24.****Investigating drugs and sport – what’s the wellbeing issue?**  |

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| 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.   |

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| **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)?
 |  |
| 1. This organisation lists three categories of drugs. Find ONE example for each of the drugs that are:
* Prohibited at all times
* Prohibited in-competition
* Prohibited in particular sports
 |  |
| 1. What is ‘blood doping’ when used in sport?
 |  |
| 1. Why would a sportsperson take stimulants?

What are three health risks that might be experienced from taking stimulants to enhance performance?  |  |
| 1. 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.
 |  |
| 1. 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?
 |  |
| 1. Even with widespread drug testing, what are organisations that regulate drugs in sport concerned about for the future?
 |  |
| 1. 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.
 |  |
| 1. What is the web address of New Zealand’s ‘*national anti-doping organisation committed to protecting and promoting a culture of clean, drug-free spor*t’?
 |  |
| 1. What is one reason why sports bodies want to maintain the ban and remain concerned about the use of performance enhancing drugs?
 |  |

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| **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 |
|  |  |
| 1. 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.)
 | 1. 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?
 |
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| **PART 3** Teaching and learning activities develop students’ understandings of the many factors that influence people’s AoD use and non-use.   |

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| **Activity number 25.** **Personal influences on AoD use** |

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**Character cards**

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| **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.  | **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.  |
| **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. | **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.   |
| **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.  | **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.  |
| **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.  | **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.  |

|  |  |
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| **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. | **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.  |
| **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 keeping 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’.  | **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. |

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**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  |

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**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 |

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**Scenario builder questions**

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| --- |
| **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.**1. 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?
2. Do you think they are likely to use alcohol or other drugs in a risky way given their situation? Why or why not?
3. 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: 1. Why do you think some young people may use alcohol or other drugs as a way to ‘cope’ with challenging and stressful life events?
2. What is a healthier alternative to managing stressful life changes, other than using alcohol or other drugs?
3. What other wellbeing-related support might your character need based on their character profile?
 |
| **Activity number 27.****Legal matters related to drugs and alcohol – and how these affect wellbeing**  |

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| --- | --- | --- | --- |
| **Situation**  | **Who is breaking the law or in breach of school policy? *Not sure? Find out.*** | **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 ……. |  |  |  |
| *Add other situations suggested by students*  |  |  |  |
|  |  |  |  |
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| **Activity number 29.****AoD in the media - fact or opinion?**  |

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

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| **Activity number 30.****Who benefits from alcohol advertising?**  |

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| 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) 1. 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?
2. How much money do alcohol companies make from the sales of alcohol? What do they spend on advertising? Try to find one NZ example.
3. What are the rules about the time alcohol can be advertised on NZ TV? What are the rules about alcohol sponsorship at sports grounds?
 |

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| **Activity number 31.****Does alcohol advertising give mixed messages?**  |

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**Character cards**

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| 1. You are a 16 year old girl and all your friends drink a lot of alcohol at parties every weekend.
 | 1. You are the dad of a teenage boy. You were in a serious car accident because of a drunk driver.
 |
| 1. You are a 15 year old girl who has is worried about putting on weight and you have negative thoughts about your body.
 | 1. You are the mum of a teenage girl. You know what goes on at teenage parties because as a teenager you partied a lot.
 |
| 1. You are 14 years old and have only tried a small amount of alcohol at family gatherings.
 | 1. You are a teenager from a cultural group who don’t drink alcohol for religious reasons.
 |
| 1. 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.
 | 1. 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.
 |
| 1. 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.
 | 1. You are a young female who has recently immigrated to New Zealand from one of the Pacific Islands. Your family don’t drink alcohol.
 |
| 1. 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.
 | 1. 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.
 |
| 1. 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.
 | 1. 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.
 |
| 1. 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).
 | 1. 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.
 |

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| **Activity number 32.****Analysis of health promotion campaigns**  |

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| **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. View the TV advertisement* 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** *Navigate your way around the part of the organisation’s website related to the campaign*  |  |
| 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.  |  |

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|  **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.   |

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| **Activity number** **33a.****Reflecting on my own wellbeing and identifying my learning needs**  |

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Self-reflection: My wellbeing and my learning needs

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| **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? | P:\Pictures\Icons\sad.png | P:\Pictures\Icons\unsure face.png | P:\Pictures\Icons\neutral face.png | P:\Pictures\Icons\smiling-emoticon-square-face_318-58645.png | P:\Pictures\Icons\smiley_very_happy-512.png |
| **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? | P:\Pictures\Icons\sad.png | P:\Pictures\Icons\unsure face.png | P:\Pictures\Icons\neutral face.png | P:\Pictures\Icons\smiling-emoticon-square-face_318-58645.png | P:\Pictures\Icons\smiley_very_happy-512.png |
| **Connection** | Do you feel **connected** to positive people, school, your family, and your community? | P:\Pictures\Icons\sad.png | P:\Pictures\Icons\unsure face.png | P:\Pictures\Icons\neutral face.png | P:\Pictures\Icons\smiling-emoticon-square-face_318-58645.png | P:\Pictures\Icons\smiley_very_happy-512.png |
| **Character** | How well do you **demonstrate the values** of respect, integrity, service and personal excellence? | P:\Pictures\Icons\sad.png | P:\Pictures\Icons\unsure face.png | P:\Pictures\Icons\neutral face.png | P:\Pictures\Icons\smiling-emoticon-square-face_318-58645.png | P:\Pictures\Icons\smiley_very_happy-512.png |
| **Contribution** | How well do you **contribute** to the wellbeing of others? | P:\Pictures\Icons\sad.png | P:\Pictures\Icons\unsure face.png | P:\Pictures\Icons\neutral face.png | P:\Pictures\Icons\smiling-emoticon-square-face_318-58645.png | P:\Pictures\Icons\smiley_very_happy-512.png |
| **Coping** | How well do you use **positive coping strategies** (ones that support your wellbeing)? | P:\Pictures\Icons\sad.png | P:\Pictures\Icons\unsure face.png | P:\Pictures\Icons\neutral face.png | P:\Pictures\Icons\smiling-emoticon-square-face_318-58645.png | P:\Pictures\Icons\smiley_very_happy-512.png |
| **Control** | How well do you think you can **make choices** that support your health and wellbeing? | P:\Pictures\Icons\sad.png | P:\Pictures\Icons\unsure face.png | P:\Pictures\Icons\neutral face.png | P:\Pictures\Icons\smiling-emoticon-square-face_318-58645.png | P:\Pictures\Icons\smiley_very_happy-512.png |

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| 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. |

|  |  |  |
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| **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 | P:\Pictures\Icons\sad.png | P:\Pictures\Icons\unsure face.png | P:\Pictures\Icons\neutral face.png | P:\Pictures\Icons\smiling-emoticon-square-face_318-58645.png | P:\Pictures\Icons\smiley_very_happy-512.png |  |
| I have people who care about me | P:\Pictures\Icons\sad.png | P:\Pictures\Icons\unsure face.png | P:\Pictures\Icons\neutral face.png | P:\Pictures\Icons\smiling-emoticon-square-face_318-58645.png | P:\Pictures\Icons\smiley_very_happy-512.png |  |
| I have places where I feel I belong | P:\Pictures\Icons\sad.png | P:\Pictures\Icons\unsure face.png | P:\Pictures\Icons\neutral face.png | P:\Pictures\Icons\smiling-emoticon-square-face_318-58645.png | P:\Pictures\Icons\smiley_very_happy-512.png |  |
| I make positive contributions that benefit and support others  | P:\Pictures\Icons\sad.png | P:\Pictures\Icons\unsure face.png | P:\Pictures\Icons\neutral face.png | P:\Pictures\Icons\smiling-emoticon-square-face_318-58645.png | P:\Pictures\Icons\smiley_very_happy-512.png |  |

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| **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 | P:\Pictures\Icons\sad.png | P:\Pictures\Icons\unsure face.png | P:\Pictures\Icons\neutral face.png | P:\Pictures\Icons\smiling-emoticon-square-face_318-58645.png | P:\Pictures\Icons\smiley_very_happy-512.png |  |
| Taha hinengaro or mental and emotional wellbeing | P:\Pictures\Icons\sad.png | P:\Pictures\Icons\unsure face.png | P:\Pictures\Icons\neutral face.png | P:\Pictures\Icons\smiling-emoticon-square-face_318-58645.png | P:\Pictures\Icons\smiley_very_happy-512.png |  |
| Taha whānau or social wellbeing | P:\Pictures\Icons\sad.png | P:\Pictures\Icons\unsure face.png | P:\Pictures\Icons\neutral face.png | P:\Pictures\Icons\smiling-emoticon-square-face_318-58645.png | P:\Pictures\Icons\smiley_very_happy-512.png |  |
| Taha wairua or spiritual wellbeing | P:\Pictures\Icons\sad.png | P:\Pictures\Icons\unsure face.png | P:\Pictures\Icons\neutral face.png | P:\Pictures\Icons\smiling-emoticon-square-face_318-58645.png | P:\Pictures\Icons\smiley_very_happy-512.png |  |

**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. *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.*  |  |

|  |  |  |
| --- | --- | --- |
| 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?  |
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| **Activity number** **33b.****Thinking critically about wellbeing** |

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| **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  |  |
| **At this time ……**  | 1 | 2 | 3 | 4 | 5 | Comment  |
| **Competence** | Do you have the knowledge, skills and **capability** you need to manage changes and challenging or stressful situations in your life? | P:\Pictures\Icons\sad.png | P:\Pictures\Icons\unsure face.png | P:\Pictures\Icons\neutral face.png | P:\Pictures\Icons\smiling-emoticon-square-face_318-58645.png | P:\Pictures\Icons\smiley_very_happy-512.png | *I think I have some skills but because everything bad is happening all at once I don’t feel capapble of doing anything for myself.*  |
| **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? | P:\Pictures\Icons\sad.png | P:\Pictures\Icons\unsure face.png | P:\Pictures\Icons\neutral face.png | P:\Pictures\Icons\smiling-emoticon-square-face_318-58645.png | P:\Pictures\Icons\smiley_very_happy-512.png | *I know I can learn because I have always been good at school work.*  |
| **Connection** | Do you feel **connected** to positive people, school, your family, and your community? | P:\Pictures\Icons\sad.png | P:\Pictures\Icons\unsure face.png | P:\Pictures\Icons\neutral face.png | P:\Pictures\Icons\smiling-emoticon-square-face_318-58645.png | P:\Pictures\Icons\smiley_very_happy-512.png | *I still have my connections with my music and I listen to music at home.* |
| **Character** | How well do you **demonstrate the values** of respect, integrity, service and personal excellence? | P:\Pictures\Icons\sad.png | P:\Pictures\Icons\unsure face.png | P:\Pictures\Icons\neutral face.png | P:\Pictures\Icons\smiling-emoticon-square-face_318-58645.png | P:\Pictures\Icons\smiley_very_happy-512.png | *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.*  |
| **Contribution** | How well do you **contribute** to the wellbeing of others? | P:\Pictures\Icons\sad.png | P:\Pictures\Icons\unsure face.png | P:\Pictures\Icons\neutral face.png | P:\Pictures\Icons\smiling-emoticon-square-face_318-58645.png | P:\Pictures\Icons\smiley_very_happy-512.png | *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.* |
| **Coping** | How well do you use **positive coping strategies** (ones that support your wellbeing)? | P:\Pictures\Icons\sad.png | P:\Pictures\Icons\unsure face.png | P:\Pictures\Icons\neutral face.png | P:\Pictures\Icons\smiling-emoticon-square-face_318-58645.png | P:\Pictures\Icons\smiley_very_happy-512.png | *Not very well! It’s why I’m in trouble now!* |
| **Control** | How well do you think you can **make choices** that support your health and wellbeing? | P:\Pictures\Icons\sad.png | P:\Pictures\Icons\unsure face.png | P:\Pictures\Icons\neutral face.png | P:\Pictures\Icons\smiling-emoticon-square-face_318-58645.png | P:\Pictures\Icons\smiley_very_happy-512.png | *I know I can but right now I have so much going on I don’t know where to start.*  |

|  |  |  |
| --- | --- | --- |
| **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 | P:\Pictures\Icons\sad.png | P:\Pictures\Icons\unsure face.png | P:\Pictures\Icons\neutral face.png | P:\Pictures\Icons\smiling-emoticon-square-face_318-58645.png | P:\Pictures\Icons\smiley_very_happy-512.png | *I like rugby and singing – even if I don’t go to practice all of the time.*  |
| I have people who care about me | P:\Pictures\Icons\sad.png | P:\Pictures\Icons\unsure face.png | P:\Pictures\Icons\neutral face.png | P:\Pictures\Icons\smiling-emoticon-square-face_318-58645.png | P:\Pictures\Icons\smiley_very_happy-512.png | *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 have places where I feel I belong | P:\Pictures\Icons\sad.png | P:\Pictures\Icons\unsure face.png | P:\Pictures\Icons\neutral face.png | P:\Pictures\Icons\smiling-emoticon-square-face_318-58645.png | P:\Pictures\Icons\smiley_very_happy-512.png | *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 make positive contributions that benefit and support others  | P:\Pictures\Icons\sad.png | P:\Pictures\Icons\unsure face.png | P:\Pictures\Icons\neutral face.png | P:\Pictures\Icons\smiling-emoticon-square-face_318-58645.png | P:\Pictures\Icons\smiley_very_happy-512.png | *I like to think I do but I haven’t had a chance lately.*  |

|  |  |  |
| --- | --- | --- |
| **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 | P:\Pictures\Icons\sad.png | P:\Pictures\Icons\unsure face.png | P:\Pictures\Icons\neutral face.png | P:\Pictures\Icons\smiling-emoticon-square-face_318-58645.png | P:\Pictures\Icons\smiley_very_happy-512.png | *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.*  |
| Taha hinengaro or mental and emotional wellbeing | P:\Pictures\Icons\sad.png | P:\Pictures\Icons\unsure face.png | P:\Pictures\Icons\neutral face.png | P:\Pictures\Icons\smiling-emoticon-square-face_318-58645.png | P:\Pictures\Icons\smiley_very_happy-512.png | *Everything. I want to feel happier and for this heavy weight to lift off my shoulders. I can’t decide on just one thing.*  |
| Taha whānau or social wellbeing | P:\Pictures\Icons\sad.png | P:\Pictures\Icons\unsure face.png | P:\Pictures\Icons\neutral face.png | P:\Pictures\Icons\smiling-emoticon-square-face_318-58645.png | P:\Pictures\Icons\smiley_very_happy-512.png | *I need to stop having fights and arguments with people.* |
| Taha wairua or spiritual wellbeing | P:\Pictures\Icons\sad.png | P:\Pictures\Icons\unsure face.png | P:\Pictures\Icons\neutral face.png | P:\Pictures\Icons\smiling-emoticon-square-face_318-58645.png | P:\Pictures\Icons\smiley_very_happy-512.png | *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.*  |

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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? *Think of Effie and others.* |  |
| **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?*Think about Effie’s support network – those who will be highly involved and those less involved, and how they will support her.*  |  |
| **Activity number** **34.****Personal goal setting for wellbeing**  |

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**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). |  |  |

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**Personal goal setting (2): Information about developing SMART goals**

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| --- |
| **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.
 |

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**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:  |

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**Personal goal setting (4): Thinking about your own wellbeing goal**

Based on the previous activities, what are your initial thoughts about a wellbeing-related behaviour that you could change? Look back at your ‘*Reflecting on my own wellbeing and identifying my learning needs’* sheet for ideas. At this stage you might like to think about 2 or 3 possible ideas that could be developed into wellbeing goals – however you will only focus on one for the rest of this process.

|  |  |
| --- | --- |
| My ideas so far:  | Why these goals? What knowledge or evidence is this idea based on?  |
| 1.2.3. |  |

|  |
| --- |
| To ensure that your selected goal is a SMART goal suitable for learning in health education, and that it is manageable within the time allowed, select something wellbeing-related that:* You do every day or most days
* Doesn’t require additional or unreasonable cost
* Won’t take long to achieve
* Is something that you realise needs to change to help improve your wellbeing (ie. It is not something you already do well) – your dairy will help you to decide this.
 |

**Keep a 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.** |
|  |  |  |
|  |  |  |
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|  |  |
| --- | --- |
| Overall, what does the data in your diary indicate as the wellbeing-related behaviour most worth focusing on at this time? Why do you say this?  | What do you need to do differently 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:**  |  |

|  |  |
| --- | --- |
| **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? |  |

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**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 ✓). *If your table does not contain many enablers, you will need to identify other factors that could help you achieve your goal.* |

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**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 needs 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.  |  |  |

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**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. |  |

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**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*

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**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. |  |

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**Personal goal setting (11): Skills for managing achievement and non-achievement of goals**

Sometimes we don’t achieve our goals and there can be many reasons for this. Non-achievement of goals can leave us feeling disappointed. This is especially true if achieving the goal was important to us. Rather than feel down, or just give up, having a range of skills to manage situations where we don’t achieve our goals is necessary to support our wellbeing. Use ideas from your health education learning to describe how the strategies listed in the table below could be used to support the wellbeing of a person who did not achieve their goal.

|  |  |
| --- | --- |
| Strategies that could be used to cope with the achievement or non-achievement of your goals.  | Why the strategy it helps to cope with achievement or non-achievement of goals. |
| Self-talk |  |
| Acknowledging feelings |  |
| Re-assessment of goals (when the goal is not achieved) |  |
| Re-assessing goals (when the goal is achieved) |  |
| Seeking support |  |
| Self-affirmation |  |
| Sharing with others |  |

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**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. **your friend)** 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? |  |

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| **Activity number 35.**  **Being assertive in AoD situations**  |

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**Assertiveness scenarios**

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| 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.  |

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|  |
| --- |
| **Peer assessment sheet for demonstration of assertiveness skills** |
| Assertive communication skill that you as the ‘speaker’ need to demonstrate**Verbal skills** | 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 |
| 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  |  |

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| **Activity number 36.** **Responsible decision making in AoD situations**  |

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**Scenario – script (for the teacher)**

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| --- |
| **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.
 |
| 1. Mark is shy and not very assertive.
 | 1. Jimmy is socially very confident and popular.
 |
| 1. Mark really fancies Peter’s sister who is also at dinner
 | 1. Jimmy has got the most important game of the season to play next day
 |
| 1. Mark doesn’t like the taste of beer
 | 1. Jimmy has been really sick after drinking too much but has never admitted this to anyone
 |
| 1. Mark’s family don’t drink for personal, health and cultural reasons
 | 1. Jimmy and Peter are quite competitive and always try and outdo each other.
 |
| 1. Mark’s parents are expecting him to be driven home by Peter’s dad at 10pm – they don’t want him staying the night.
 | 1. Jimmy has arranged to stay the night at Peter’s.
 |

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**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**  |

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**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.  |

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|  |  |
| --- | --- |
| **Problem solving model**  | **Your script to resolve the problem** |
| * 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.
 |  |
| * The friends identify a range of possible solutions *(a bit like the first stage of a decision-making process).*
 |  |
| * Between them the friends decide upon one solution that suits both of them making sure they have thought through the consequences of their choice *(again like the way it is done in a decision-making process).*
 |  |
| * The friends then agree to try out their decision and plan when or how they will do this.
 |  |
| * 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).
 |  |
| * + 1. *Why do you think this is called a ’joint’ problem solving model?*
 |  |

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| **Activity number** **38.****Map of support services in our area**  |

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|  |
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| 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.* 1. 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.
2. 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.
3. Decide on a way to mark all of these organisations and people on the Service Support Map.
4. 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. 1. 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.
2. 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.
 |

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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’)
 |  |
| 1. Feel better
 |  |
| 1. Learn how to feel more in control
 |  |
| 1. Learn how to make changes
 |  |
| 1. 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 40.****Host responsibility: planning a safe party** |

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|  |  |  |
| --- | --- | --- |
| **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? |  |

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| **Activity number 42.****Investigating an AoD issue** |

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|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Step 1Decide how you want to work |  | Step 2Select a topic  |  | Step 3Decide 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  |

|  |
| --- |
| **Activities for NZC Levels 6-8** (NCEA Levels 1-3) |

|  |
| --- |
| **Activity number** **43.****“Preparing students to live in a world where alcohol and drugs exist”**  |

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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.
 |
| 1. ‘Some facts of life’ (p.2) – draw your own diagram to show the *‘every, many, some, few’* information.
2. Use a selection of the data (p.2) to explain what ‘many’ students means in relation to alcohol and cannabis use.
3. Use a selection of the data (p.3) to explain what ‘some’ and ‘many’ students means in relation to ‘harm’ and ‘impacts’.
 |
| 1. 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.
2. Give your triangle diagram a title.
 |
| 1. 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)?
 |
| 1. 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 45.** **What the statistics say - young people, alcohol and other drugs**  |

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**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>

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**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>

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**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>

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**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>

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**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>

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**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>

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**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>

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**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>

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**I. Marijuana use: Marijuana use by age**

|  |  |  |
| --- | --- | --- |
|  | **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 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>

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**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>

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**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>

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**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>

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**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>

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| **Activity number 47.****AoD and resilience** |

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| **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 of 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.
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Talking frame for the discussion activity

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| Read your scenario. 1. What happened - what is the change, loss or highly stressful situation the named person has experienced?
 |  |
| 1. 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).
2. 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?
 |  |
| 1. Overall, would you say the person is ‘resilient’? Why or why not?
 |  |
| 1. 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. (*You might need to add some of your own ideas into the scenario to answer this*).
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**Scenarios for the discussion activity**

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| **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 friends 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.  |

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| **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.  |

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| **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 though 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.  |

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| **Activity number** **48.****Risk and protective factors in AoD situations** |

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**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? |  |

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| **Activity number 50.****Influences on drug use – legal issues**  |

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| 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 |  |

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*Example scenario:*

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| 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.  |

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| **Activity number 51.** **Legalising cannabis or not? Setting the scene** |

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|  | Words | Differences in meaning  |
|  | Decriminalisation | Legalisation  |  |
|  | Medicinal use | Recreational use  |  |
|  | Referendum | Election  |  |
|  | Pro | Anti |  |
|  | Moral panic | Common good  |  |
|  | Regulation  | Control  |  |
|  | Law reform  | Policy  |  |
|  | Harm  | Risk  |  |
|  | Values and beliefs  | Morals  |  |
|  | Facts  | Opinions  |  |
|  | Rights  | Responsibilities  |  |
|  | Harm reduction | Prevention  |  |
|  | Harm minimisation approach | ‘Say no to drugs’ approach  |  |
|  | 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.  |
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| **Activity number 52.** **Cannabis, health and wellbeing**  |

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**Activity B. Cannabis and (mental) health**

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| **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/> |

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| **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).  |

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| **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).  |

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**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.

|  |
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| 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.

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| **Activity number 53.****Values continuum – cannabis and the law**  |

COPYSHEET

**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+ |

|  |  |  |  |
| --- | --- | --- | --- |
| Gender  | Female | Male  | Gender diverse  |

|  |  |  |
| --- | --- | --- |
| Has your character ever used cannabis? | YES | NO  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 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)  |

|  |  |  |
| --- | --- | --- |
| Has your character ever used alcohol? | YES | NO  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 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)  |

|  |  |  |
| --- | --- | --- |
| Is your character a parent?  | YES | NO  |

|  |  |
| --- | --- |
| What sort of work does your character do (if any) or are they a school, polytechnic or university student, or unemployed? |  |

|  |  |
| --- | --- |
| In general, what does your character think or believe about cannabis use?  |  |

|  |  |
| --- | --- |
| 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*].

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| --- | --- | --- |
| AGREE | NOT SURE | DISAGREE  |

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| **Activity number 54.** **‘In role’ cannabis legalisation debate** |

COPYSHEET

**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 |

|  |  |
| --- | --- |
| Give your group a name for promotion and identification purposes. |  |

|  |  |
| --- | --- |
| 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. *Make sure you focus on the wellbeing considerations*.  |  |
| ROUND 2. Arguments you could make to counter the position of the opposing groups (since these will likely be the opposite of your group). *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.* |  |

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| **Activity number 57.****Investigating ethical issues relating to alcohol and drugs** |

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| **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.
 |

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| **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?
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| **Activity number** **58.****Harm minimisation**  |

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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** |
| *“Supply control aims to prevent or reduce harm by restricting the availability of drugs.**For legal drugs, this will involve restricting the circumstances in which they can be sold, supplied or consumed.* *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.”* | *“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.”* | *“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.”* |

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| **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?
 |
| 1. 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)?
2. What sorts of jobs do people who contribute to actions within this pillar have?
 |
| 1. 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?** |
| 1. Liquor licensing and sales laws that state the minimum age for purchasing, and where alcohol can and cannot be consumed.
 |
| 1. School policy, rules and disciplinary procedures prescribe the non-use of alcohol and other drugs at school.
 |
| 1. Communities lobbying their council for a ban on liquor outlets near schools.
 |
| 1. Laws about illicit drugs and the illegality of supplying them.
 |
| 1. School policy that states the circumstances under which alcohol can be used on school premises, or at school and community-related functions.
 |
| 1. Community action groups that advocate rigorous compliance with sale of liquor laws by local liquor suppliers
 |
| 1. School policy and procedures that state the consequences for being caught under the influence, in possession of AoD, or dealing in drugs.
 |
| 1. 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** |
| 1. 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?
2. Does a harm minimisation approach include non-use of AoD? Give a reason for your answer.
 |

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| **Activity number 59.** **Promoting wellbeing and responding to needs in relation to AoD** |

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| **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>  |

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| 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>  |

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| **Activity number 61.****Advocacy and alcohol advertising** |

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**What – so what – now what?**

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|  | **Instructions**  | **Your responses**  |
| **What?**  | Using the information and principles outlined in Resource one: * 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?**  | If alcohol advertising or promotion doesn’t meet the code, who is likely 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?  |  |
| **Now what?**  | What advocacy actions can we take? 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. * Personal actions…
* Interpersonal actions…
* Societal actions…
 |  |

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| **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/> |

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| **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.   |

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| **Activity number 62.****Taking health promoting action using the Action Competence Learning Process (ACLP)** |

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| **Action Competence Learning Process (ACLP)** *The Curriculum in Action: Making Meaning Making a Difference*. Ministry of Education (2004).  |

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| **Activity number** **63a.****[Investigation] Personal and interpersonal influences on AoD use**  |

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

|  |  |  |
| --- | --- | --- |
| If the **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  |  |  |
| *(add your own ideas)* |  |  |
|  |  |  |
|  |  |  |
| 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)  |  |  |
| *(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 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.

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| **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.  |

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| **Activity number** **63b.****[Investigation] Social, cultural, political and economic influences on AoD use** |

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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 used as sources 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.  |

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|  **Activity number** **63c.** **[Investigation] Taking action – reducing harm from AoD use**  |

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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  |  |  |
| *(add your own ideas)* |  |  |
|  |  |  |
|  |  |  |
| 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)  |  |  |
| *(add your own ideas)* |  |  |
|  |  |  |
|  |  |  |
| If the **societal 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?  |
| 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  |  |  |
| *(add your own ideas)*  |  |  |
|  |  |  |