

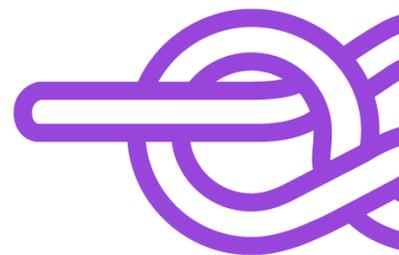
tūturu.

Workshop Facilitation Guide

Introduction to Alcohol and other Drugs and how to talk about it



This facilitation guide provides a structure and resources for alcohol and other drug professionals to deliver an introduction workshop.



Background

We know that a “Drugs are bad, just say no” approach does not work. However, decades of that approach being used in practice has shaped a common narrative about alcohol and other drugs that is based on highlighting extreme effects and risks and generating fear with emotionally captivating stories. This has led to many myths, misinformations, and conflicting advice about what to do to reduce alcohol and other drug related harm.

This workshop will give participants an opportunity to learn accurate information about alcohol and other drugs that is relevant to their work with young people.

Learning objectives

Learning objectives	Knowledge	To understand how key substances work, what their effects are, how they interact with other substances, and some strategies for safer use of them.
	Attitude	<p>To appreciate that:</p> <ul style="list-style-type: none"> - Each person’s individual context can shape their views around alcohol and other drugs. This can influence how they interpret information about alcohol and other drugs and what messages they see as relevant for them. - The risks from alcohol and other drug use vary across different patterns and levels of use. Sometimes there is lower risk from substance use and sometimes there is much higher risks. - The decision on whether or not to use substances will be made by every young person, many will try it, some will have short term harms, and a few will have longer term patterns and associated harms. - Enhancing protective factors for young people is beneficial.
	Skill	To recall accurate information about alcohol and other drugs and know where to get further information.
Key points	<ul style="list-style-type: none"> • Each person’s individual context can shape their views around alcohol and other drugs. This can influence how they interpret information about alcohol and other drugs and what messages they see as relevant for them. • The risks from alcohol and other drug use vary across different patterns and levels of use. Sometimes there is lower risk from substance use and sometimes there is much higher risks. • Every young person will decide whether or not they use substances, many will try it, some will have short term harms, and a few will have longer term patterns and associated harms. • Most people who use substances are not dependent on them. • Many secondary school students who are currently experiencing harms from substance use have not had any worries about their substance use. They are unlikely to proactively identify there are problems and independently seek support. (two thirds of the 11 percent that were likely to be experiencing significant current harm which may cause long term problems in Youth 2012) • Enhancing protective factors for young people is beneficial. • There are three categories of substances: depressants (slow down body functions); stimulants (speed up body functions); and hallucinogens (alter perceptions of reality). • Using different substances at the same time can produce unpredictable and unpleasant effects. • There are resources for different audiences. These all have harm minimisation tips that are relevant for that audience and substance. • Talking to students about alcohol and other drugs does not require you to be an expert on the topic. The most important thing is that you are listening and that you care. 	

Additional resources

- Matua Raki (2017). *Bridging the Gap: Young people and substance use*. Wellington: Matua Raki. pp. 10 – 26
- Did You Know series and conversation planner www.drugfoundation.org.nz/didyouknow
- Substances Overview Poster www.drugfoundation.org.nz/resources
- Substance brief advice pocket cards www.drugfoundation.org.nz/resources
- The Level www.thelevel.org.nz

Underpinning principles

This workshop is a broad introduction to the series of workshops offered as part of Tūturu. Personal views, experiences, and exposure to information that highlights the extreme effects of alcohol and other drugs can often influence what messages about alcohol and other drugs that people will interpret as accurate and relevant to them.

This workshop is structured to enable participants to reflect first on their own morals, and then progressively explore elements of youth development, environmental factors, and specific information about substances. This progression of information aims to support participants to engage with accurate information in a gradual non-threatening way without directly challenging the views that have built up over time, which could prevent participant engagement with the learning. This can enable views to shift towards an appreciation that harm is often caused by the interaction between substances and other environmental and risk factors in a wider life context, away from fear-based responses created by overemphasis on the extreme risks of alcohol and other drugs.

Three substances can be picked by the school to be covered in this training. The information provided about these substances focuses on the experiences from the less severe end of the spectrum of use, which is more relevant to what young people may perceive for themselves and each other.

Suggested approach

1 Welcome s and introduct ions	Slide One 1. Welcome the workshop participants and introduce yourself. Slide Two 2. You may like to present the Tūturu introduction video that highlights why thinking about alcohol and other drugs as one part of wellbeing, and working as a school community to prepare students to live in a world where alcohol and other drugs exist is the way forward.
2 Frame up for the worksho p	Slide Three 1. Outline that this workshop will: cover the Aotearoa/NZ context for young people and substances; explore protective factors, connection and the development of longer term patterns; and highlight relevant facts about three substances. 2. Explain that as we work through the different slides and activities, we may remember situations that have happened to us or people around us in our own lives. Some of the information in this presentation reflects our new knowledge about alcohol and other drugs and what effective messages are, which may appear different to what we have been told before. We are happy to talk to people afterwards to clarify or provide extra information as needed.
3 The New Zealand Context	Slide Four 1. Explain that we will start by looking at the context in Aotearoa/New Zealand Slide Five 2. Explain that we know that people learn through progressive exposure to new ideas or skills, but that alcohol and other drugs are commonly treated differently. An example to highlight this is how we teach skills in many other subject areas. This could follow a pattern of: identifying a concept; recalling it; understanding it; applying it; comparing and contrasting it; and critiquing it. However, when we teach about alcohol and other drugs, we used to believe that a “it’s harmful, don’t do it” approach would work. For some reason even though we know about effective pedagogy, we don’t apply it when it comes to alcohol and other drugs. The same can apply to coaching around behaviour. If we picture a young person who struggles to pay attention in class, we might follow a pattern of: raising it as a problem; exploring strategies; shifting their seats in class; discussing it with their parents; and monitoring progress. However, with alcohol and other drugs, we commonly bypass those steps and use an “it’s harmful, don’t do it approach.” Again, for some reason we are not applying what we know works. And the problem is that this gap in learning is filled with what an individual learns from experience, movies, myths, social media, friends and fear. That is highly varied between people. We now know that the “drugs are bad, just say no” approaches do not work, and it is time to move past the moral panic and utilise our knowledge and skills about what does work for effective teaching. Slide Six 3. Explain that we have all been exposed to the “drugs are bad, just say no” approach, and in the first part of this workshop, we are going to look at our own opinions about alcohol and other drugs. 4. This slide has six different scenarios that are relevant to a school environment. Read these scenarios out loud and ask each attendee to reflect on these and rank them from one (less bad) to six (more bad). Give each attendee the worksheet so they can write their rankings down. 5. After they have done this, explain that you will read out each scenario again and ask everyone at the same time to put their hands up showing what rank they gave that scenario with the number of fingers they are holding up.

6. Read each scenario and ask each group member to hold up their hands with the number of fingers representing the ranking they gave that scenario from one to six. Once they have done that, reflect back to the group that the group had a range from x to y (e.g. "in this room, we range from one to six"). Hint: The majority of groups have very wide ranges for most of the scenarios.
7. Reflect to the group that even in this room, which contains people who work with a lot of teenagers and probably overall have similar morals, that there is a wide range of views around what is better or worse than others. These different opinions can lead to many different messages being given to students, adding to the confusion they may have around alcohol and other drugs.

Slide Seven

8. Explain that we can help students by moving past the moral panic to focus on what will give students the best opportunities for success in a modern world where alcohol and other drugs exist.

Slide Eight

9. Explain that here are some statistics from New Zealand secondary school students

Slide Nine

10. Explain that we often get asked whether experimenting with substances is a normal part of adolescent development, and that it can be helpful looking at it with the following lens. Every young person will decide whether or not to use substances, and some will revisit that decision many times. Many young people will try substances. Some will use it regularly with some short term harms, and a few will use substances regularly and potentially develop long term patterns and associated harms. We know it's easy to worry that each student who we see using a substance will end up with a long term pattern, but we know that a lot of substance use is occasional and does not develop into a long term pattern. You might like to highlight the statistics from Youth 2019 that showed that 23% of secondary school students said that they had tried cannabis.

Slide Ten

11. Explain that this slide highlights the same information as on the previous, but uses statistics from NZ secondary students to make it more concrete. Outline the different statistics on the slide.

Slide Eleven

12. Explain that this continuum of use is another one that is commonly used, and that again, most people who use substances are not dependent on them. You may like to use some of the methamphetamine statistics from NDARC in Australia that highlight the vast majority of methamphetamine users in Australia used it every few months or less frequently with only 9.3% using weekly or more frequently
(<https://ndarc.med.unsw.edu.au/sites/default/files/ndarc/resources/Drug%20Trends%20Methamphetamine.pdf>)

Slide Twelve

13. Explain that the rates of substance use among secondary school students is reducing and other drug use is uncommon. You might like to read out each of the graphs.
14. You may want to explain to the group that the law around drugs does not reflect their levels of harm. For example, alcohol is more harmful than cannabis despite it being legal and cannabis being illegal.
15. Explain that as we have seen the rates of cigarette smoking decrease, there is an emerging trend of vaping. However, the rate of vaping amongst students may not be as high as they think.

Slide Thirteen

1. Explain that although 42.7% of year 10 students have tried vaping, only 9.6% of them are vaping daily. This means that many people try it, but only a few go on to use it regularly. While vaping has some harms (and we don't know what the long-term impacts are) it is 95% less harmful than cigarettes. This includes harms to themselves, harms to others and the economic cost (how much they spend).
2. 3% of year 10 students that had never smoked tobacco, now vape daily. From what we know, most of the young people that are vaping appear to be using it as an alternative to smoking cigarettes. Vaping causes harm, but is a safer alternative for people that are already smoking cigarettes.
3. You may like to ask the group what they can do if they find out their young person has tried cigarettes or a vape for the first time.

Slide Fourteen

16. Explain that while for the most part we are doing well, there are still young people that we are not reaching. The Youth 2012 survey analysed the responses from students and found that 11 percent of them were using substances at levels that were likely to cause significant current harm and may cause long term problems. The bigger concern is that of those 11 percent, two thirds had not had any worries about their substance use. This means that they wouldn't be likely to proactively seek support. The other statistic that is concerning is that half of the people in NZ who will develop alcohol dependence would have developed it by the time they were 19 years of age. That shows how influential those teenage years are in setting up life long patterns.

4 Protective Factors

Slide Fifteen

1. Explain that we know more about how to encourage positive youth development now than we did when the "Drugs are bad, just say no" approach was created. Understanding protective and risk factors can help us set up students for success.

Slide Sixteen

2. Give each group member a copy of the **Protective and Risk Factors worksheet**. Explain that Risk Factors increase the likelihood of difficulties in life and poor health and wellbeing. However, they are not predictive – just because a person has a risk factor does not mean that they will have negative outcomes. Protective factors enhance life opportunities, promote good health and wellbeing, and buffer the impact of these risk factors on someone's life. Focusing on strengthening protective factors can have powerful consequences for a student's life.
3. Explain that while protective factors are not issue specific and can benefit across a person's life in relation to substance use, there are some key protective factors that you would like to focus on relating to alcohol and other drugs. For individual protective factors, developing an internal locus of control is important. This is the belief that we have an influence on our life, how we feel, and what happens to us. All young people are supposed to be developing this, however, substance use interrupts the development of this. Instead it reinforces that this substance has more influence over me and how I feel than I do over myself. You might like to ask the group to identify how their school supports students to develop an internal locus of control as this is something that schools do well.
4. Explain that there are also several whānau and peer protective factors that are proven to work. These include: family connectedness (one of the strongest whānau protective factors that is a key feature across successful prevention programmes); social competence; and decision making skills. Also, feeling

connected to just one positive adult outside of the family can buffer the impact of several risk factors. Young people commonly name school teachers, form teachers, deans, school guidance counsellors and sports coaches, as people who have a big support influence – and also as the first people who might notice when things are not going right. A quick conversation asking how they are can go a long way, and one study in New Zealand found that the young people who were interviewed said that this conversation occurring could have prevented a lot of negative occurrences in their lives – *Knowing Someone Cares* (CAYAD, 2016).

Slide Seventeen

5. Explain that helping students to engage in positive activities gives them opportunities to interact with a different set of peers, have exposure to different ways of living, and provides them with additional opportunities to feel good about themselves and their skills and abilities. This can be especially important for young people who are at risk of becoming disengaged with school, and tend to have a smaller group of peers who are also at risk of disengaging.
6. Explain that it's also important to avoid labeling students (e.g. calling a group of students the 'naughty' group). Young people are transient and will choose their group of friends based on how they see themselves at that point in time. This changes quickly. Helping new students engage in activities helps them to belong to multiple friend groups and avoid developing labels of themselves that impacts their behaviour later on.
7. You may want to ask the group what they do to engage their students in supportive environments and positive activities.

5 Alcohol and other drug categories

Slide Eighteen

1. Explain that we will now highlight some relevant facts about alcohol and other drugs.

Slide Nineteen

2. Explain that there are three main categories of drugs. These are: depressants (slow down body functions); stimulants (speed up body functions); and hallucinogens (alter perceptions of reality).
3. You might like to show the Substances Overview Table, Brief Advice Cards, Did You Know series, and Bridging the Gap to highlight that there are many national resources that provide this information and we have ensured that all the information and advice is consistent across them all.
4. Ask the group to name some of the substances under each category, you might want to provide them yourself to ensure that the conversation is more focused around drugs that are relevant (for young people – alcohol, cannabis, volatile substances, synthetic psychoactive substances. Substances that are unlikely to be used by young people at school are cocaine, methamphetamine, MDMA, LSD).
5. Ask the group to think of some reasons that young people or anyone might use drugs in each category. There is likely to be cross over but it is important to cover recreational aspects like fun, excitement, enjoyment, new experiences and as a coping mechanism like to deal with stress, to reduce mental health symptoms, to fit in with a peer group, to be rebellious. Ensure that there is a diversity of reasons and that they are linked to the substance type to show that this is a varied decision making process and not everyone will be the same.
6. Ask the group to name ideas for the general risks of each category. You might like to give examples of the substances in each category.
 - a. Depressants: Taking too many depressants can slow core body

	<p>functions (e.g. breathing) down to the point they stop.</p> <ul style="list-style-type: none"> b. Stimulants: Taking too many stimulants can put a lot of strain on the body, causing problems. c. Hallucinogens: Altered perceptions can have a long lasting impact on the brain, and also can affect someone's safety while they are under the influence (e.g. if they are next to a cliff, road, or other unsafe place). <p>7. Ask the group to name what the risks are in general for mixing substances.</p> <ul style="list-style-type: none"> a. Mixing drugs of the same category increase chances of the things occurring that were covered in the previous question. b. Mixing drugs of different categories can mask the effects of each other. This makes it difficult for a person to know if they have taken too much (they cannot feel the effects as much) and increases their chances of taking too much in an effort to feel the effects they are looking for. It also puts a lot of strain on their body and makes the effects unpredictable and usually unpleasant.
<p>6 Alcohol</p>	<p>Slide Twenty</p> <ol style="list-style-type: none"> 1. Explain that there is a series of short videos that highlights the most relevant facts for teenagers. 2. Play the Did You Know Alcohol video <p>Slide Twenty-One</p> <ol style="list-style-type: none"> 3. Explain that you will highlight some of the key facts that were in that video. <ul style="list-style-type: none"> a. Teenage bodies process alcohol differently from adults. While alcohol stays in their system for longer than adults, their bodies don't show the physical signs that too much alcohol has been drunk in the same way as adult bodies do. If a teenager is slurring, passing out, or losing their balance, it means they are in the later stages of drunkenness. For adults, this commonly happens earlier. If teenagers are 'learning how to drink' from watching adults, they may be looking out for physical signs that they won't see in themselves. b. Knowing about stages of intoxication is one way that people know what to aim for and when to slow down or stop. When asked, many people speak about enjoying the earlier stages of drunkenness, but not noticing the signs inbetween that and the later stages that they do not enjoy. <p>Slide Twenty-Two</p> <ol style="list-style-type: none"> 4. Explain that teenagers commonly look out for ways to avoid problems. Adults, especially parents, can help their children learn how to keep themselves safe and avoid problems by having conversations with them about it. This example shows a common progression of 'safe zones' for young people who attend parties (young people generally don't call them safe zones). Outline the safe zones in the slide, and explain that the young people who reported this pattern also said that they felt just as safe in the last stage as they did in the first because they were with the same people. However, they didn't take into account that the situation was a lot riskier, and if they were all drinking, they would not be thinking in a way that could keep them safe. We heard from these young people that they would have loved to have conversations to 'check their safe zones' and help them to learn the skills they would need for the future. 5. Explain that we hear from young people that even if they don't want to let their parents know that they are drinking, that they commonly use their parents to help mediate the level of alcohol they consume and what they do when they socialise. For example, parents picking them up from a party or an evening with

friends was a common strategy that teenagers reported to help them drink less and stay more in control of their actions throughout an evening socialising.

Slide Twenty-Three

6. Explain that this is a list of harm minimisation tips for teenagers about alcohol. These are also on the accompanying resources.
7. Highlight the description of standard drinks. This must be on every alcohol container that is sold in New Zealand. One way of describing it, is explaining that this says how many hours it would take a typical adult to get that alcohol out of their body. Teenage bodies take longer than adults, and things like sleeping can slow it down. Other myths like eating bread and having a coffee are not true. These things can reduce some of the feeling of being drunk, but the alcohol cannot be removed from the body any faster than one standard drink an hour.

7 Cannab s

Slide Twenty-Four

1. Explain that you will now be talking about cannabis and will start off by watching another short video.
2. Play the Did You Know Cannabis video

Slide Twenty-Five

3. Explain that you will highlight some additional key facts about cannabis.
 - a. Teenage brains are developing. There is some research that says while cannabis has fewer long term risks for adults whose brains have finished developing, it appears to have a longer lasting impact on teenagers who use it while their brain is developing.
 - b. Cannabis use is most risky when used a lot, over a long time. Reducing frequency of use or how much is used each time are both beneficial strategies.
 - c. The safer way to consume cannabis eating cannabis infused products however the effect can be much stronger, highly unpredictable and takes at least an hour to be felt. The next safest way is using a vaporiser as the plant matter is only heated, not burnt so is much less damaging on the lungs. Discourage mixing cannabis with tobacco – tobacco is highly addictive and people can quickly develop cravings for the mixed product when it is the tobacco they craving and inadvertently use more cannabis than they intend to.
 - d. The THC in cannabis mixes with fat cells in the body. Metabolites (the breakdown products of THC) can be detected in urine weeks afterwards.

Slide Twenty-Six

4. Click through the different phases of the graph and explain that it highlights the limitations with using drug testing. The graph shows that if you are urine testing a student they could have stopped smoking cannabis, reduced use or only be smoking on weekends and still test positive. If a student has cut back, then depending on when they are tested, it could show a spike in cannabis use instead of a decrease.
5. Explain that this is where urine testing can be challenging. It indicates if someone has used in the past few days/weeks. It does not indicate if a person was impaired from cannabis at the time of the test.
6. You may like to play the drug testing video on the drug foundation website that further highlights the limitations and challenges of drug testing

<p>8 Other substance</p>	<ol style="list-style-type: none"> 1. You will have decided what substances are most relevant to cover with the school before the session. They may like to stay focused on alcohol and cannabis. 2. The other Did you know videos cover: MDMA; volatile substances; methamphetamine; and synthetic psychoactive substances. 3. If discussing these other substances spend some time exploring why a young person may be using in the first place. When only looking at the harm profile of these substances it is hard to understand why anyone would use them and makes it easy to resort back to a 'just say no' mindset. If the motivations are acknowledged then relevant advice can be given - volatile substances are cheap and accessible; methamphetamine is a strong energy and mood booster and may be accessible in some communities; synthetics are cheap and have a very strong effect. It is important to remember that young people enjoy taking risks and pushing boundaries and some are led by the desire to try everything at least once.
<p>9 What we can all do</p>	<p>Slide Twenty-Seven</p> <ol style="list-style-type: none"> 1. Explain that young people are living in a world where they are constantly receiving conflicting information and messages from various different places (social media, school, friends, music etc.). We can't control the messages they receive, but we can make sure that they know they can speak to us about it and help them to think critically and make sense of what they see. 2. Explain that we will now share some practical tips for how someone can have these conversations about alcohol and other drugs. <p>Slide Twenty-Eight</p> <ol style="list-style-type: none"> 3. Explain that the first key point is that having the conversation is more important than the content or outcome. This provides an opportunity for people to reflect on their situation and identify if they would like to make changes. Once a topic is raised, it becomes much easier for a person to seek support. In addition, it lets them know that they can raise this topic in the future if any concerns arise. <p>Slide Twenty-Nine</p> <ol style="list-style-type: none"> 4. Explain that the another key point is that knowing someone cares is a very strong and important protective factor for young people. This can be parents, teachers, family friends, another trusted adult, and a coach. Interviews with young people who had disengaged with school found that many thought their behaviour and alcohol and other drug use was very visible, but was not raised with them. They interpreted this as people seeing the behaviour or alcohol and other drug use was not concerning enough to warrant a conversation, or that they weren't important enough for people to talk to them about it. They stated that having alcohol and other drug use raised in a conversation when their attendance and achievement started slipping at school would have let them know that someone cared, and been crucial in changing their life trajectory around. <p>Slide Thirty</p> <ol style="list-style-type: none"> 5. Explain that these are not lectures, these are conversations, and we communicate that by being genuinely curious and showing compassion. You don't need to know everything about drugs and alcohol, the main thing is to listen to what is going on for them. 6. Explain that this diagram outlines three easy steps for how they can have the conversation. It may seem very obvious but that just shows that you already have the skills needed to have effective conversations about alcohol and other drugs. 7. You may want to ask the participants to turn to the person next to them and

	<p>each do a roleplay where they practice using the questions to have a conversation about alcohol and other drugs.</p>
<p>10 Summarising</p>	<p>Slide Thirty-One</p> <ol style="list-style-type: none"> 1. Explain that there are several resources that are available free of charge: the Substances Overview Table, Brief Advice Cards, Did You Know series, and Bridging the Gap to highlight that there are many national resources that provide this information and we have ensured that all the information and advice is consistent across them all. These resources are most relevant for the groups outlined on this slide. <p>Slide Thirty-Two</p> <ol style="list-style-type: none"> 2. Highlight that these same resources are also available to parents, to help young people get the same information at home as they do at school and through the community. The did you know series has a conversation planning tool for people to use to prepare for a conversation with a young person about alcohol and other drugs (dyk.drugfoundation.org.nz). <p>Slide Thirty-Three</p> <ol style="list-style-type: none"> 3. Outline that we have covered some of the key facts about different substances in this session. However, as a reminder, we know that people do not solely make decisions to avoid risks in their life. People make decisions based on several different factors. As a school, the best way to prepare students for success in a modern world where alcohol and other drugs exist is to: <ol style="list-style-type: none"> a. Keep promoting a positive school environment that promotes student connectedness and help seeking. b. Give lots of opportunities for students to engage in school activities, and focus on keeping students engaged in school and with protective factors (e.g. sports teams, extracurricular activities). c. Identify students whose attendance or achievement is slipping and check if alcohol and other drugs are affecting them. d. Offer proactive school-based support for those that need it and have good links with professional treatment services. e. Provide several opportunities to develop critical thinking skills, and learning contexts that enable them to use these skills to explore alcohol and other drugs in their world around them. 4. You might like to hand out feedback forms.