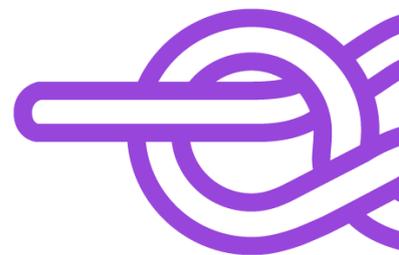


tūturu.

Workshop Facilitation Guide

How to raise alcohol and other drugs in conversations with young people

This facilitation guide provides a structure and resources for alcohol and other drug professionals to deliver a practical workshop to enable participants to feel confident raising alcohol and other drugs in conversations with young people.



Background

Knowing someone cares is extremely important for young people. 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.

Schools have well established approaches to identify when a student's attendance or achievement is slipping; provide support; and monitor to ensure the student is reengaging. School staff feeling confident to raise alcohol and other drugs in these conversations and link students in with the relevant support is a small change that can have wide and long-lasting benefits for students.

Learning objectives

Learning objectives	Knowledge	To be able to describe how to raise alcohol and other drugs in conversations with young people when their attendance and achievement is slipping.
	Attitude	To appreciate that: <ul style="list-style-type: none">- School staff can have a powerful and supportive influence on a young person's life- Early identification and provision of support can support students with slipping attendance and achievement to reengage and achieve.
	Skill	Develop skills in having factual conversations about alcohol and drugs that are relevant for young people.
Key points	<ul style="list-style-type: none">• For young people having an adult that cares about them is a strong protective factor. This can be a parent but also includes family members, family friends, sports coaches, or teachers.• Young people need boundaries and early communication when they might be starting to head off track. While it can feel like young people are pushing back against them, many appreciate these boundaries in the long run and see this as an indication that someone cares about them.• Raising alcohol and other drugs in conversation with a young person when their attendance or achievement is slipping creates an opportunity for them to reflect. It may be the first step in them making changes. Providing support and building their motivation to make changes can happen at another time, and with support from the pastoral care team.• Having a conversation is more important that what is covered and the outcome. It signals to the young person that you care and that they can approach you in the future around this topic.• It is much easier to discuss an issue if asked about it rather than putting it forward independently and if prompted in a compassionate way.• A tone that communicates partnership, acceptance, and compassion, with an enquiring attitude that evokes curiosity is the foundation for these conversations. Using conversation starters can support a young person to open up and increase their likelihood to access support if needed.	

Additional resources

- Matua Raki (2017). *Bridging the Gap: Young people and substance use*. Wellington: Matua Raki.
- Did You Know series and conversation planner www.drugfoundation.org.nz/didyouknow
- Auckland Council (2016). *Knowing Someone Cares*. Auckland: Auckland Council

- Substances Overview Poster www.drugfoundation.org.nz/resources
- Substance brief advice pocket cards www.drugfoundation.org.nz/resources

Underpinning principles

The core skills of tone and attitude are already a part of teacher training and are reinforced through restorative approaches. This workshop is complemented by others in the workshop series and aims to highlight the context of alcohol and other drugs to enable it to be seen as just another lifestyle issue, and not a taboo subject.

The structure of this workshop aims to highlight the importance of initiating a conversation, build on this with a structure to support existing skills to be applied, and reinforce that this conversation is a beginning point and that the provision of support and building motivation can occur at a later stage.

References back to school procedures and opportunities to hear different viewpoints give an opportunity for common understandings and expectations among school staff to be developed. These can create momentum for a review or rewriting of school procedures for greater shared understanding across all school staff if it is identified as a need.

Suggested approach

Welcome and introductions	Slide One <ol style="list-style-type: none">1. Welcome the workshop participants and introduce yourself.
Outline of training	Slide Two <ol style="list-style-type: none">1. Outline that this workshop will provide examples and a suggested structure for raising alcohol and other drugs in conversation with young people. This is a practical workshop, and there will be opportunities for everyone to practice using these structures.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.
Setting boundaries and coaching	Slide Three <ol style="list-style-type: none">1. Explain to the group that this workshop will start with a quick activity that they can use with students as well if they like.2. Place 25 sheets of A4 paper on the floor in a five-by-five grid.3. Ask the group to line up with the person at the front of the line at one corner of the grid. Explain that this is the start point.4. Explain that this grid is a maze, and you have a sheet of paper that has the pathway through the maze written on it. From a sheet of paper (start point), they can take a step to the piece of paper directly forward, backward, or to either side (no diagonal steps, and no skipping over papers). The maze will end on one of the other three corners. They are not allowed to speak and will watch the person in front take their steps to figure out how to get through the maze. If someone takes a step that is not on the route of the maze, they will hear you say a buzzer noise and must go to the back of the line. The next person has their turn.5. Run the activity until the group completes the maze.6. Ask the group to reflect on a few points:<ol style="list-style-type: none">a. How did they make it through the maze?b. What could have made it quicker?c. How did they feel when they heard the buzzer?d. If the buzzer sounded after they had taken three wrong steps, how could they find their way through the maze?7. Invite the group to be seated again.8. Explain that young people tend to like this activity, particularly if they repeat the exercise as a timed challenge. Some young people like to experience variations of being able to talk to each other, and only hearing the buzzer when they have taken two or three wrong steps.9. Explain that this activity highlights the importance of early identification of potential issues and having conversations about them. We may get a push back from the young person when we raise it, just as we may have felt annoyed or irritated when we heard the buzzer sound (or like it was an unfair or stupid game). However, it helped us to navigate through the maze.10. Explain that if we run this activity with young people, we can highlight that our role as supportive adults in their life is to coach them. We can try to make our 'buzzers' nicer to hear but hearing that we have gone off track can hurt. It can also feel like we have done everything wrong and need to start from scratch,

however, like we noticed in this activity we know the right steps that we took earlier, and we could learn from each other's mistakes. This can be one way to support students to appreciate that mistakes are treated as learning opportunities and appreciate a support seeking culture.

Slide Four

1. 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.

Slide Five

2. Explain that the second key point is that this is a hard conversation for young people to initiate. We know that young people in New Zealand (and probably around the world also) do not think that people their age can have problems with alcohol and other drugs (Rescue, 2016). In addition, even though 11 percent of NZ secondary school students were found in the Youth 2012 survey to be using substances in a way that was likely to be causing them significant current harm and could cause long term problems, two thirds of that 11 percent did not have any worries about their use. They would not raise it in conversation as a concern. We also know that we tend to socialise with people who are doing similar things to us. This means that young people who are using may find it harder to see that their use is causing them problems. We will come back to this point later but will highlight now that this is why keeping young people engaged in other extracurricular activities, which increases their exposure to different peers, can help them to identify and make changes.
3. Explain that another example that highlights how difficult it can be for young people to raise difficult concerns is by looking at medical settings. Research has shown that doctors are much more uncomfortable asking about lifestyle factors like diet, drinking or smoking than a patient is answering them. This is due to the power imbalance and is much easier for patients to respond to the questions once the topic is brought up. Saying 'yes, I have been drinking most days' when asked, rather than raising that they may have concerns about their drinking when talking about general health. This power imbalance can be similar to a teacher/student dynamic.
4. You might like to ask the group to reflect on any examples where a young person has proactively raised worries about their alcohol and other drug use with them, and what enabled that young person to do so.

Slide Six

5. Explain that the third key point is that knowing someone cares is a strong protective factor for young people. This can be parents, teachers, family friends, another trusted adult, or 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.

When to have the conversation

Slide Seven

1. Explain that we will continue to explore what a young person's perspective may be and explore when to have a conversation.
2. Divide the group into smaller groups and give each a set of **Experience and conversation cards**. (Facilitators can pre-print sheets of paper with the exercise questions or use an example template found in the "[Experience and conversations sheet](#)" if preferred. (The resource sheet can be found on the "How to raise alcohol and other drugs in conversations with young people" page on the Tūturu website)

Slide Eight

3. Explain that their packs have a set of experience cards (as per facilitator preference) that will provide scenarios for the group to explore further.
4. Encourage each group to go through the experience cards and have a go at writing down their answers to the first question "How would a young person present at school after experiencing this?" (Provide examples if needed e.g., a young person would be feeling talkative, tired, excited etc)
5. Once they have completed this, ask each group to identify where and when a conversation could occur. Use the "**Conversation point**" cards to prioritise those moments.
1. Ask each group to answer the second and third questions "Who would be best placed at your school to ask if the student is ok?" and "Who would be best placed at your school to have a deeper conversation? (Provide examples if needed e.g., teacher, dean, social worker, guidance counsellor, youth worker etc)
2. Once they have completed this, ask each group to identify who would be best placed to initiate that conversation and ask if they are ok. Use the "**People**" cards to highlight that against these moments. Hint: There may be different opinions about who should be having these discussions. Expect this, and name it in the group if that occurs. Explain that finding a common understanding in their school can help foster consistency and promote support seeking earlier from students. Students and staff being unsure about when these conversations are appropriate and who is appropriate to have them with can act as a barrier to getting support and staying engaged in education.
3. Invite each group to reflect on when they felt it was appropriate for teachers or deans to initiate a conversation that included asking about alcohol and other drugs and share this with the wider group. Hint: Attempt to summarise where there is consensus. Reinforce that there are natural conversation opportunities when attendance or achievement is slipping.

Slide Nine

1. Explain that in general, there are opportunities to raise it in conversation when attendance or achievement is slipping and if there are noticeable changes in behaviour. Reinforce that the conversation is a starting point, and that it is like the buzzer sound, a few questions that explore whether further support is needed. Supporting a young person to access further support if needed is the next step.
2. Explain that if a young person is currently under the influence of alcohol or other drugs it is not appropriate to have this conversation, it should be revisited when they are no longer under the influence or experiencing any after-effects.

<p>What you need to know before having the conversation</p>	<p>Slide Ten</p> <ol style="list-style-type: none"> 1. Explain that these are not lectures, these are conversations, and we communicate that by being genuinely curious and showing compassion. 2. Explain that shadowing people who work with young people found that one of their big concerns that acted as a barrier to raising alcohol and other drugs in conversation with a young person was not feeling like they knew enough or how to say that information to young people. This is where the Did You Know series of short videos and posters from. 3. You might like to play some of the did you know videos. This can depend on whether many of the group attended the Introduction to alcohol and other drugs workshop. <p>Slide Eleven</p> <ol style="list-style-type: none"> 4. Explain that if they chose to share information about alcohol and other drugs, sharing accurate facts is important. For example, Youth 2019 found that 55% of secondary school students had tried alcohol but only 9% drank it weekly or more often. 23% had tried cannabis but only 4% used it weekly or more often. 15% of students had tried smoking but only 3% had smoked weekly or more often. Explain that these normative facts can support a young person to reflect more accurately on their behaviour. They also highlight that people tend to socialise with others who do the same activities and have the same values as themselves. 5. You might like to ask the group to identify where students get this learning from, and where opportunities to explore other social norms around them at school could happen. <p>Slide Twelve</p> <ol style="list-style-type: none"> 6. Explain that keeping young people engaging in supportive environments provides them with opportunities to be exposed to and engage with a different set of peers and ways of living. This also provides them with additional opportunities to gain a sense of competence in their own 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. 7. You might like to ask the group to identify what opportunities their school provides to support students who are beginning to disengage from school and the potential activities that could be offered to support re-engagement.
<p>How to have the conversation</p>	<p>Slide Thirteen</p> <ol style="list-style-type: none"> 1. Explain that we will share a simple structure for raising alcohol and other drugs in conversation. <p>Slide Fourteen</p> <ol style="list-style-type: none"> 2. Explain that this structure has five components overall: Prepare; Tone; Attitude; Conversation starters; and listening. 3. Explain that the three main components you will be exploring are: Tone; Attitude; and Conversation starters. 4. Give each group member the Conversation starter – Example structure. (Facilitators can print out slide 14) 5. Explore each of these sections with the group. 6. Invite the group to share other conversation starters or checks that they may use to identify if their tone or attitude is not matching what is most effective for the conversation. For example: if I notice my eyebrows are straining upwards mostly in the conversation, I know I'm talking in a condescending

	<p>way that could be perceived as a lecture; if I notice that I am talking about how important it is that they change, I know I am not listening to their point of view or letting them think it through; or if I am getting frustrated at the young person, I am not listening to what they are thinking.</p> <ol style="list-style-type: none"> 7. Invite the group to identify what they could do if they start to notice that their tone, attitude, or conversation is getting off track. For example: pause and ask what they think about the situation; pause and ask what they would like to be different; pause and acknowledge that you care about them and want them to succeed, and you would like them to speak with the school counsellor to identify ways they can get back on track. 8. Remind the group that the important step is to raise it in conversation, providing support and motivating a young person to change is covered in other workshops and can be done by other staff such as the pastoral care team.
<p>Role play having a conversation</p>	<p>Slide Fifteen</p> <ol style="list-style-type: none"> 1. Explain that you will now practice raising alcohol and other drugs in conversation and divide the group into smaller groups of three. 2. Provide each group with Conversation reflection sheets. (The reflection sheet can be found on the “How to raise alcohol and other drugs in conversations with young people” page on the Tūturu website) 3. Explain that each group member will take turns of being the young person, being the adult leading the conversation and being the observer. The observer takes notes on the reflection sheet around: tone of the delivery; attitude; and how the conversation starters opened conversation. 4. Before getting into the exercise, play one of the persona videos of a young person talking (Workshop resources: Conversations with Asher, Laura, and/or Renee) and invite the group to picture that this young person used to be in the middle of the class for their achievements, and has slipped to close to the bottom of the class across two terms. 5. Ensure that in each group one is being the young person (who is reflected in the video), one is the adult, and one is observing. Allow 4 minutes to have a conversation based on something that was raised in the video. Ask the observer to provide feedback with a focus on improvement points for the next person. 6. You may like to play other persona videos for each participant to have a different persona or use the same persona for each person. Ensure that each group member has a turn in each role. 7. Ask the groups to reflect on: how they found that experience; what they noticed about their tone, attitude, and conversation starters; and how confident they feel to raise alcohol and drugs in conversation with a young person. 8. Explain that each group member is likely to have the skills to have these conversations already. Feeling confident to raise a more ‘taboo’ subject can take practice.
<p>When and how to have a conversation with families</p>	<p>Slide Sixteen</p> <ol style="list-style-type: none"> 1. Ask the group to identify what is in their school procedures to guide them on when it would be appropriate to have a conversation with a family member about alcohol and drug use. 2. Divide the whiteboard or a sheet of paper into three, and title the columns: Tone; Attitude; Conversation starters. 3. Invite the group to identify key components for each section. This is likely to be similar if not identical to what is on their conversation starter sheets.

	<p>Slide Seventeen</p> <p>4. Explain that there is a tool for parents and other family members to prepare for conversations with their young people about alcohol and other drugs. These use the same resources as we have included in all these workshops, helping us to be confident that there can be some consistency in the messages that a young person hears. Highlight that these are in print form as well, and that the link to the online module can be shared by a school or the files provided to enable it to be hosted on another website.</p> <p>5. Ask the group to reflect on how their school engages with whānau to support shared messages and enable students to remain engaged in their school.</p>
Summarising	<p>Slide Eighteen</p> <p>1. Summarise the key points at the start of this facilitation guide. These are also summarised on the final slide.</p> <p>2. You might like to hand out feedback forms.</p>

Workshop resource overview:

Resource item/s	Quantity	Checklist (if needed)
Paper (various sizes)	Warm-up maze activity (25 x sheets).	
	Experiences and conversations activity (as needed for participants and/or preferred approach)	
Pens/markers etc	As per workshop requirements	
Experiences and conversations cards 1 x set per small group. Each set of cards should include the following:	12 x experience/scenario cards (check breakdown of scenarios below table for list of all scenarios)	
	8 x Conversation point cards	
	16 x people cards (4 x each for Parents, Teacher, Dean, and Close Adult)	
Conversation starter sheet (Can be printed from slide 14)	1 x per participant	
Conversation reflection sheet	1 x per group	