# DARE

## REDUCING THE HARM

## IMPLEMENTATION WORKING BOOKLET

**An Action Plan** to help Secondary Schools
and their Communities Reduce Illicit Drug Harm

New Zealand POLICE
Nga Pirihimana O Aotearoa

THE DARE FOUNDATION
SKILLS FOR LIFE

PUB-L763

# Contents

# Foreword

***Reducing the Harm*** has been produced as an educational response to increasing concern in the community about the use of illegal drug substances.

This concern can result in pressures being placed on secondary schools. Sometimes these pressures are about student use but the reality is that many illegal drugs are costly and therefore out of the reach of most school students.

Pressures on a school can also come from over-reaction and unreasonable expectations by a local community. Before pressuring its school, a local community should first examine its own drug use and take steps to put its own house in order. By involving parents/caregivers ***Reducing the Harm*** can begin that process.

***Reducing the Harm*** has been designed to support the national harm minimisation strategy as promoted by the Ministries of Health, Youth Development and Education. Its approach and contents meet current best practice, such as those contained in the Ministry of Youth Development's *Strengthening Drug Education in School Communities* (2004). ***Reducing the Harm*** has been used as an exemplar of how best practice can be incorporated into an education programme.

***Reducing the Harm*** is set out as an action plan for schools to follow. While there is scope to choose and localise some parts, completing the action plan is important. This will require sufficient time and staff commitment to implement its different parts. The parts for teachers and for parents/caregivers are very important. Some experts argue that it is actually more important to work with teachers and parents than with students. ***Reducing the Harm*** takes a sensible middle ground by providing components of the action plan for teachers, for parent/caregivers, for senior school students and for younger students.

Schools attracted by quick fix solutions to drug misuse, such as an 'expert' speaker, reformed addicts, whole school presentations and travelling road shows, need to know that these approaches do not by themselves meet best practice and are unlikely to be effective.

Owen Sanders

Manager

Youth Education Service

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| | |
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# Harm Minimisation

New Zealand's National Drug Policy (Ministry of Health 1998) is based on the harm minimisation framework. The policy document states that:

***'The National Drug Policy's overall goal is to minimise harm caused by tobacco, alcohol, illicit and other drug use to both individuals and the community.'***

The policy aims to reduce the effects of harmful substance use through a balance of:

- supply control (limiting the availability of drugs through regulation and law enforcement)
- demand reduction (reducing people's desire to use drugs through education and primary prevention)
- problem limitation (reducing the negative consequences of drug use through treatment or social programmes.

Harm minimisation is an approach to drug policy which focuses on reducing the harm arising from drug use without necessarily eliminating drug use. Harm minimisation does not dictate a particular legal, preventative or treatment approach. Prohibition, legalistation, abstinence or responsible drug use are all legitimate harm minimisation approaches."

Taken from *Drug Policy Update* Volume 2 No.1 March 2003.

For more **information:http://www.npd.govt.nz**

## Effective Drug Education

As part of the Government's Action Plan on Alcohol and Illicit Drugs, the Ministry of Youth Development was directed in 2002 to identify and to encourage evidence-based best practice for drug education.

One of the best practice principles for drug education identified by the Ministry of Youth Development in *Strengthening Drug Education in School Communities* states:

***"Drug education aims to prevent and reduce drug related harm."***

The document continues:

"The approach to drug education recommends an inclusive approach where all young people, whether they use drugs or not, are able to access, enhance and gain knowledge and skills so they can make informed choices about drug use.

The approach is not permissive towards drugs, not does it normalise their use. The approach, in its inclusiveness, supports those young people who choose not to use legal or illegal drugs as well as providing young people who do use drugs with the opportunity to examine their current drug-use behaviour and to consider a range of options, including abstinence, which can reduce the potential harm associated with their drug use."

*Strengthening Drug Education in School Communities. Best Practice Handbook for Design, Delivery and Evaluation Years 7-13.* 2004 Ministry of Youth Development.

# Aim

To enable the secondary school and the local community to collaborate in a health promoting initiative designed to minimise the harm from illicit drugs.

# Rationale

Police has taken the initiative to develop ***Reducing the Harm*** as they are concerned about the harm caused by illicit drug use.

# General Objectives

- To assist schools, police and families to work together to help re-engage students who have come to notice because of illicit drug use.
- To assist the school to review its school drug education policy.
- To raise school staff and parent/caregiver awareness of illicit drugs available in the local area.
- To provide information about possible signs and symptoms of drug use and how to handle concerns about these.
- To empower parents/caregivers to build protective factors for young people within their families.
- To train peer leaders to help younger students look after friends in a social setting.
- To assist older students to make sensible choices about their use of drugs.

# Criteria on which Reducing the Harm is based

The document *Strengthening Drug Education in School Communities*, Ministry of Youth Development 2004 outlines the best principles for drug education.

***Reducing the Harm*** complies with the best practice criteria in the following ways.

## 1 Evidence Based

***Reducing the Harm*** has been developed in line with the best practice principles for drug education outlined by the Ministry of Youth Development in *Strengthening Drug Education in School Communities – Best Practice Handbook for Design, Delivery and Evaluation* 2004. It has used the findings from MYD's literature review to produce materials for students that are interactive and reflect their needs. It also contains awareness raising workshops and information for the adults (school staff, parents and caregivers) who support young people as they make sensible choices about their use of drugs.

Police have consulted widely over the development and the draft materials were trialled in three Police districts.

## 2 Aims to Reduce Drug Related Harm

***Reducing the Harm*** adopts a harm minimisation approach, with students, teachers, parents and caregivers being given information that will assist them to make sensible informed decisions about their use of drugs. Often the most sensible decision will be for non use.

## 3 Clear Realistic Objectives

***Reducing the Harm*** has clear general objectives designed to help secondary schools minimise harm from illicit drugs. Individual lessons have clearly stated easily measured learning outcomes to assist teachers determine changes in students' knowledge, attitudes and social skills. Senior students were involved in the setting of both the broad objectives and the learning outcomes.

## 4 Relevant to the Needs of Young People

Young people were part of the consultation process that determined the risks and needs of young people with regard to drugs. ***Reducing the Harm*** refers to statistics contained in the University of Auckland's report *New Zealand Youth: a Profile of their Health and Wellbeing* 2003.

## 5 Responsive to different Cultural Views and Needs

While in some activities students are given the opportunity to reflect on different cultural attitudes to drug use, most of the lessons are tied closely to Achievement Objectives of the National Curriculum Framework and are appropriate for all students. Parents and caregivers are given opportunities to consider cultural values in the parent/caregiver workshops.

## 6 Includes Family-Based Training

A framework is provided for three parent/caregiver workshops. Guidelines are included to make these attractive and culturally appropriate to the school community. While information about the local drug scene and the signs and symptoms of drug use is included, emphasis is placed on strengthening protective factors and resiliency within the family and encouraging adults to consider themselves as positive role models for drug use within the family.

## 7 A Community Initiative

In ***Reducing the Harm***, local Police are working with the school community to deliver the programme. There are roles for Police Education Officers, Youth Aid Officers and Drug Detectives. The school is encouraged to make links with other appropriate community groups, such as the public health nurse.

## 8 Interactive Teaching Styles

An integrated approach has been used for the classroom sessions for Year 11-13 students, with lessons provided for Mathematics, English, Arts, Health and Physical Education, Transition and Life Skills, Social Studies and Chemistry. In each, the teacher facilitates learning, using interactive teaching methods appropriate to the subject area. An interactive lesson is also provided for peer leaders to take with Year 9 students.

## 9 Teaching Social Skills

The peer lesson for Year 9 presents students with a scenario in which a young person is at risk and they must make decisions about how to reduce the risk. Similarly, a number of the lessons for senior students involve students making decisions about harm minimisation.

## 10 Relevant Factual Information

In ***Reducing the Harm***, both students and adults are referred to reliable sources of drug information. The book, *Drugs in Focus*, produced by the New Zealand Drug Foundation, is also used as a reference document for schools. Students are provided with information about The Misuse of Drugs Act 1975.

## 11 The Use of Media

Newspaper articles have been used to help students analyse the various issues around drug use within New Zealand, which will in turn help them to make sensible choices about their use of drugs.

## 12 Safety Guidelines

***Reducing the Harm*** provides a programme outline for whole school staff training. As part of this, the school staff is reminded about what makes effective drug education and what safety guidelines need to be in place before any teaching takes place. This is particularly important, as a range of teachers from different subject areas will be delivering drug-related lessons.

## 13 A Whole School Approach

***Reducing the Harm*** provides schools with an Action Plan to use to manage incidents of illicit drug use in schools. An integral part of the plan is an examination of the School Drug Policy, including procedures for managing drug related incidents from the perspectives of health, safety, discipline, pastoral care and school management. Inservice training for staff, and workshop outlines for parents and caregivers, are an integral part of the programme. ***Reducing the Harm*** should be set within the context of the school's ongoing drug and health education programme.

Drug education in the secondary school is most likely to take place in Years 9-10, the compulsory years for health education. ***Reducing the Harm*** will assist schools to extend this through into Year 11-13 students, when more young people are likely to be exposed to drugs. It does this with an interactive, integrated series of lessons. Senior peer leaders are also used to relay important messages to Year 10 students.

## 14 Long Term Drug Education

***Reducing the Harm*** is an Action Plan, rather than just a drug education programme. The school is provided with a framework for minimising the harm from illicit drugs, which, once put in place, becomes an ongoing plan. It is recommended that the school put in place drug education for Year 9-10, using programmes such as *Caring for Yourself and Others.* ***Reducing the Harm*** provides lessons for Year 11-3 which will reinforce learning for senior students.

## 15 Training and Ongoing Support for Teachers

The whole school staff is given the opportunity to examine their own attitudes and practices of using legal and illegal drugs, as well as being provided with up to date information about local drugs. Training is provided for peer leaders who take a lesson with Year 10 students.

## 16 Evaluation

Tools are provided to assist the school to determine the effectiveness of the Action Plan in minimising drug harm.

# The Action Plan

The Action Plan is a series of steps that the school works through to minimise the harm from illicit drugs in its school community. It will be most effective if a key person, such as the Health Coordinator or Guidance Counsellor, is identified to manage the Plan.

## Step 1 Making the Commitment

- The school receives a copy of ***Reducing the Harm*** from the New Zealand Police Youth Education Service and decides to implement the plan.
- Contact is made with the local Police Education Officer who can assist and support the school.

## Step 2 School Drug Policy Review

- The Board reviews the School Drug Policy.
- Any necessary changes are made after consultation.

## Step 3 Inservice Training for Whole School Staff

- Inservice training is carried out with the whole school staff.
- Teachers become familiar with what makes effective drug education and the local drug scene.

## Step 4 Parent/Caregiver Workshops

- Parents, caregivers, family and whānau are invited to three workshops.
- Parents/caregivers, families and whānau are enabled to build protective factors around their children and deal appropriately with drug problems that may arise.

## Step 5 Peer Leader Involvement

- Peer leaders are trained to take a drug education lesson with Year 10 students
- Peer led lesson carried out with Year 10 students

## Step 6 Integrated lessons with Year 11-13 Students

- Subject teachers take drug education lessons.
- Students have raised awareness of the negative consequences of using illicit drugs.

## Step 7 Evaluation

- School reviews the number of drug-related incidents that have come to notice and how these were handled.
- Evaluation Forms completed by students and parents/caregivers.

# Action Plan Checklist

| Action Plan Steps | Notes/Comments | Date Completed |
|---|---|---|
| **Step 1**<br>Making the Commitment | | |
| **Step 2**<br>School Drug Policy Review | | |
| **Step 3**<br>Inservice training for the whole school staff | | |
| **Step 4**<br>Parent/Caregiver Workshops<br>- Session 1<br>- Session 2<br>- Session 3 | | |
| **Step 5**<br>Peer Leader Involvement | | |
| **Step 6**<br>9 Integrated lessons for Year 11-13 students taken by different subject teachers | | |
| **Step 7**<br>Evaluation | | |

# Support from the New Zealand Police

A range of Police staff can assist and support the school as they implement ***Reducing the Harm***. These are:

### Police Education Officer

- Can support and advise the Health Coordinator and/or Guidance Counsellor throughout the implementation of the plan, for example assisting with policy development
- Can provide extra resources, such as parent/caregiver certificates
- Can assist the school access other Police staff
- Can assist with the inservice training for the whole school staff as required
- Can assist with parent/caregiver workshops as required
- Has been trained to assist with integrated lessons if required
- Can take part in whole school evaluation

### Drug Detective

- Delivers power point presentation on illicit drugs at teacher and parent/caregiver workshops
- Can answer queries about the local drug scene

### Youth Aid Officer

- Can discuss Police role in handling illicit drug related incidents
- Can assist schools with legal aspects of the school drug policy

# Community Involvement

It is recommended that, as part of the plan, the school also considers using the expertise of appropriate community groups, giving special consideration to the cultural makeup of the school. These could include:

- public health nurse
- social worker in schools
- counselling services
- Māori and Pacific Island Health Services
- local alcohol and drug treatment agencies
- local initiatives working with youth

# Implementing the Action Plan

# Step 1:

*Making the Commitment*

## Purpose

- To offer the school an action plan that they could put in to place to help them and their communities reduce illicit drug harm.
- To offer the school support from Police in putting the plan in to action.

## Personnel

Senior school managers

Police Education Officer

## Action

- The school receives a copy of ***Reducing the Harm*** from the New Zealand Police. They examine the resource, decide if it is appropriate to their school community and if they want to implement it in their school.
- If yes, contact is made with the local Police Education Officer who can assist and support the school with the implementation.

## Resources

The items contained in the ***Reducing the Harm*** Kit are:

- The Implementation Working Booklet- this outlines the action plan and provides detailed frameworks for the teacher and parent/caregiver workshops
- The Teaching Guide - this contains outlines for a peer-led lesson, and 9 integrated lessons for Year 11 -13 students
- CD ROM -power point presentation on illicit drugs - for adults
- Parent/Caregiver Workbook sample included; bulk supplies available from the PEO; also available on www.police.govt.nz/service/yes
- Parent/Caregiver Certificate sample included; bulk supplies available from the PEO
- Booklet *Drugs in Focus* - 5 copies provided for reference

*Note: additional reliable information on drugs is available from the following websites:*
*The Australian Drug Foundation www.adf.org.nz*
*Alcohol Drug Association of New Zealand www.adanz.org.nz*

# Step 2:

## *Review of School Drug Policy and Strategies for Managing Drug Related Incidents*

## Purpose

- To review the School Drug Policy to ensure it still meets the needs of the school and its community.
- To review procedures for managing drug related incidents from the perspectives of health, safety, discipline, pastoral care, and school management.

## Personnel

The Board of Trustees has a responsibility to ensure that policies are reviewed on a regular cycle. They will decide who should undertake this review.

The local Youth Aid Officer may be able to offer assistance over the legal aspects of the policy. The Police Education Officer may be able to share policies from other schools.

## Action

- Review the section on school drug policies in *Drug Education – a Guide for Principals and Boards of Trustees.* Ministry of Education 2000 pages 11-18.
- Obtain feedback on existing policy from students and other stakeholders.
- Identify any new needs that have arisen and incorporate them into the policy document.
- Ensure liaison has been carried out with local police for advice on law enforcement issues. The procedures to follow when illegal incidents involving young people 16 years of age or under occur need to be understood by all members of the school community. Refer to Copysheet 1 on page 32. If the incident involves young people 17 or over, the Youth aid Officer will still be able to advise on an appropriate course of action.
- Rewrite the policy as required.
- Complete the relevant section of the Community Action Checklist.

## Resources

Existing School Drug Policy

*Drug Education – a Guide for Principals and Boards of Trustees.* Ministry of Education 2000

*Guidelines for Principals and Boards of Trustees on Stand-downs, Suspensions, Exclusions, and*

*Expulsions* Ministry of Education June 2003

*Copysheet 1* ***Police role in incidents involving drugs*** page 32

*Note: If the school has recently reviewed its drug policy and ensured that everyone in the school community is familiar with it, this step can be checked off as complete.*

# Issues to consider

- How will minor adjustments to the policy be communicated to parents, caregivers community, school staff and students?
- What is the current drug use among young people in the local area?
- Inviting Police staff to provide associated information such as:

  - information on the local drug scene

  - Police powers of search and seizure

# Step 3:

*Inservice Training for School Staff*

## Purpose

- To review National Administration Guideline 5.
- To provide information about illicit drugs, especially their availability and use in the local community.
- To ensure that participants are familiar with the school policy on drugs and know how to handle suspected cases of drug use.
- To provide a briefing on ***Reducing the Harm*** and its Action Plan.

## Participants

Deans, form teachers, teaching and ancillary Staff

## Personnel

Training led by the Principal or members of the Senior Management Team, assisted by the police education officer and other Police staff such as the Youth Aid officer or Drug Detective.

## Duration

An hour to an hour and a half

## Resources

- CD ROM Power Point Presentation – *Illicit Drugs – the New Zealand Scene* and associated script. Prepared by the National Drug Policy Team of the Ministry of Health
- *Copysheet 1* ***Police Role in Incidents Involving Drugs*** page 32
- *Copysheet 2* ***The Action Plan*** page 33
- *Copysheet 3* ***What is My Stand on Drugs?*** page 34 – one for each staff member
- *Copysheet 4* ***Definition of Drugs*** page 35
- *Copysheet 5* ***Signs and Symptoms*** page 36 - one for each staff member
- *Copysheet 6* ***What makes Effective School Drug Education?*** page 37
- Booklet *Drugs in Focus – a guide to alcohol and other drugs* NZ Drug Foundation 2003 - reference

# Programme

## 1 Introduction

The principal or member of the Senior Management Team welcomes staff and explains that their school has opted to implement ***Reducing the Harm*** to help their school address the issue of illicit drug use. It is important that the school does this because:

**a) National Administration Guideline 5**
Each Board of Trustees is required to:
***Provide a safe physical and emotional environment for students and comply in full with legislation currently in force or that may be developed to ensure the safety of students and employees.***

**b) All school staff are significant others in the lives of students.**

**c) Schools have an important pastoral role to play.**

**d) Consistent student drug use or misuse may affect academic achievement or the well-being of students**

The Action Plan is outlined for staff, using Copysheet 2 (made into an OHP transparency).

## 2 Drugs in the Local Scene

This part of the programme is taken by the police education officer and the drug detective.

- Give each participant Copysheet 3 and invite them to indicate on each continuum line their level of agreement with the statement. They could share their opinions with a partner at the end. If appropriate this activity could be done as a physical continuum exercise. This activity provides the opportunity for teachers to explore their own attitudes and values around drugs before the programme is implemented.

- Display Copysheet 4 *Drug Definition* as a transparency and go over this with the group.

- The drug detective shows CD ROM, *Power Point Presentation on Illicit Drugs* (see additional information in Appendix 1) to the group and gives an update of drugs currently being used in the local area. Some of the drug equipment, such as point bags, pipe, light bulb, that young people may use could be shown to teachers. It should be stressed that this is information for adults only.

Take questions from participants.

- Refer participants to the reference book *Drugs in Focus – a guide to alcohol and other drugs.* Remind them that the information contained is for adults and should not be given to students as it may heighten interest and encourage experimentation.

## 3 How do I recognise a student who is misusing drugs and what do I do about it?

This part of the programme is taken by a member of the school guidance network, supported by the drug detective/and/or youth aid officer if appropriate.

- Hand out *Copysheet 5* ***Signs and Symptoms***

  Explain that many of the signs and symptoms listed here are quite normal behaviour for teenagers and need not be related to drug use, and that teachers and /caregivers shouldn't be hasty in thinking the worst. Experts working in the drug field say that adults should be concerned if the child or young adult shows a **sudden change to quite uncharacteristic behaviour or moods.**

- The contents of the revised school drug policy on drug use is displayed and, in particular how suspected cases of drug use or misuse should be handled. The importance of discretion and of seeking the appropriate help for the young person should be covered.

## 4 Police Role in Incidents Involving Drugs

Youth Aid Officer explains the Police role in incidents involving drugs with young people 16 or under, using Copysheet 1 made in to a transparency. If the young person is 17 or over, the Youth aid Officer will still be able to advise on appropriate action.

*Notes:*

*1. Those under 17 must be held accountable for, and be encouraged to take responsibility for, their own behaviour. They should be dealt with in a way that acknowledges their needs and that will give them the opportunity to develop in a responsible and socially acceptable way. It should be clearly explained that the Police position on handling students involved with illicit drug use is diversion, unless there is a very good reason not to. 80% of young people who come to Police notice are warned or diverted, as opposed to being dealt with by Family Group Conference or the Youth Court. Police are interested in working with the parents/caregivers and the school on suitable diversion.*

*2. The document* ***Drug Education – a Guide for Principals and Boards of Trustees*** *Ministry of Education 2000 provides schools with comprehensive information on intervention procedures and guidelines on responding to specific drug-related incidents. It clearly states that police should be notified as soon as possible if any student is found in possession of illegal drugs.*

*See Appendix 2: Legal Requirements Relating to Controlled Drugs in Schools which is reprinted on page 53.*

*3. The document* ***Guidelines for Principals and Boards of Trustees on Stand-downs, Suspensions, Exclusions and Expulsion*** *June 2003 will prove useful in helping schools decide how to handle students who have raised concern because of drug use. As a general rule the school should endeavour to re-engage the student and help them sort out their problems, rather than remove them from the school. Schools can also take advantage of the many programmes offered by the community to help troubled young people, for example the Police Youth Development programmes.*

## 5 Effective Drug Education

The principal reminds staff about what makes for effective school-based drug education programmes using *Copysheet 6* ***What makes Effective School Drug Education?*** (see page 21 *Drug Education – A Guide for Principals and Boards of Trustees*) It is particularly important that all teachers consider this since lessons will be taught be teachers in a number of curriculum area.

When working with students the following should be remembered:

- Students should only be given information about drugs that is age-appropriate, accurate and relevant to their needs. Giving inappropriate information may encourage experimentation.

- Information should be factual and to the point.
- Positive effects of illicit drugs, such as causing weight loss or enabling a person to stay awake for long periods of time to party, should not be emphasised. This may encourage use.
- Drug use should not be sensationalised, glamorised or demonised, as this may make them attractive to young people.
- Information **should not be given** to students about how the drugs can be used, nor should drug paraphernalia be shown.
- Scare tactics and use of reformed drug addicts should be avoided.

The principal thanks the staff for their attendance.

The school completes the relevant section on the Action Plan Checklist. See page 10.

# Step 4:

*Inservice Training for School Staff*

## Purpose

- To provide information about illicit drugs, especially their availability and use in the local community.
- To provide information about the school drug policy and its relevance for parents and caregivers.
- To increase awareness of risk and protective factors for young people.
- To demonstrate how a risk factor can be changed to become a protective factor.
- To help parents/caregivers to consider what drug use they are modelling for their young people.

*Note:*

*1 It is assumed that the school will consult with parents/caregivers over its Health Education Programme in the usual way and that this would include consultation about* ***Reducing the Harm****. This Parent/Caregiver programme is additional to that in that it will help parents and caregivers to develop knowledge and skills to help keep their young people safe from drug misuse.*

*2 The school should consider the cultural make-up of its school community when setting up parent/caregiver workshops. It may, for example, be helpful to have different workshops for different cultural groups, led by a community leader.*

## Participants

Parents/caregivers of students attending the school

It is recommended that 20 people (minimum 12, maximum 24) would be an ideal number to attend the parent/caregiver programme. This may mean that the school will have to run the programme a number of times.

Advertisements could be placed in the local paper and a flyer sent home (see *Copysheet 7* page 38).

## Duration

Three workshops of approximately one and a half-hours. It is suggested that participants be given the option of attending Workshops 2 and 3

Workshop 1 **The Local Drug Scene**

Workshop 2 **Strengthening Protective Factors and Resiliency**

Workshop 3 **Role Modelling**

# Facilitation

The workshops would ideally be run by the Health Coordinator and Guidance Counsellor, supported by police staff as required.

# Resources

- CD ROM Power Point Presentation - *Illicit Drugs – the New Zealand Scene* and associated script (see Appendix on page 46).
  Prepared by the National Drug Policy Team of the Ministry of Health.
- Workbook for each parent/caregiver
- *Copysheet 4* ***Definition of Drugs*** page 35
- *Copysheet 3* ***What is My Stand on Drugs?*** page 34– one for each participant
- *Copysheet 5* ***Signs and Symptoms*** page 36
- *Copysheet 7* ***Sample Flyer/Advertisement for Parent/Caregiver Workshops*** page 38
- *Copysheet 8* ***Risk Factors*** (Adapted from Dr Steve Rollin) page 39
- *Copysheet 9* ***Protective Factors*** (Adapted from Dr Steve Rollin) page 40
  *(Note: Copysheet 8 and 9 should each be photocopied on to different coloured card. Enough sets of each should be made for group work)*
- *Copysheet 10* ***Making a Change*** page 41
- Booklet *Drugs in Focus – a guide to alcohol and other drugs* NZ Drug Foundation 2003 - reference
- Large sheets of paper and pens

# Programme

# Workshop 1

# Drugs in the Local Scene

## 1 Welcome and Ice Breaker

Welcome parents/caregivers.

Play *Fruit Cocktail* with parents/caregivers. Seat everyone in a circle, with the facilitator standing in the centre. Allocate one of the following names to each person in the circle – *pineapple juice, vodka, gin, bitters.* The facilitator starts the game by saying " My name is ___ and I like bitters." Everyone who has been given the name 'bitters' must get up and go and sit in another chair. The facilitator also tries to get a seat. One person will be left standing in the middle. They say "My name is ___ and I like ___ (one of the ingredients in the fruit cocktail) Repeat this process as long as interest is maintained. If the person in the middle says 'fruit cocktail' everyone must get up and find another seat.

Go round the room and ask everyone to introduce themselves.

## 2 Introduction

Talk about how drug use, especially alcohol use, continues to be one of the foremost problems affecting young people and their families. Parents/caregivers are expected to take a dominant role in preventing misuse of drugs in their children. Research confirms the importance of the role of parents. Numerous studies indicate that parental attitudes and practices related to alcohol are the strongest social influence on children's use of alcohol and other drugs, and that the nature of the interaction between parent and child is a key factor in predicting adolescent initiation into alcohol, tobacco, and other drugs.
It is also accepted that parents/caregivers need help with this task. The widespread availability of a greater range of drugs, and the greater freedom that young people enjoy, mean that they are more exposed to drugs than perhaps their parent/caregivers were. Parents/caregivers may feel that they don't know where to start. (Material taken from a presentation by Dr Stephen Rollin, EdD Professor of Psychological Services in Education at Florida State University)

Explain that the school, together with local Police, are offering local parents/caregivers these workshops to give them confidence to successfully manage family drug issues, just as they manage a whole range of other adolescent issues. Briefly explain the content of the three sessions with the parents, explaining that the last two are optional.

It is important that parents/caregivers are not frightened unnecessarily about drug use, so that they become suspicious about their children, searching their rooms and asking them questions. It is more important to build trust with young people and establish clear lines of communication and firm but fair guidelines.

## 3 What is my stand on drugs?

**Either:** Choose one of the statements from Copysheet 3. Read the statement aloud and ask participants to position themselves on a continuum line across the floor, one end of which is **Strongly Agree**, and the other **Strongly Disagree**. Each person will position themselves

somewhere along the line according to their level of agreement with the statement. Ask them to talk to parents/caregivers near them on the line to check they are in the right place. Ask people from different places on the line to share their opinion with the rest of the group.

Repeat this process with other statements.

**Or:** Give each participant Copysheet 3 and ask them to complete it. They could then discuss their opinions with a partner. This may be a safer option if the facilitator feels that participants would feel uncomfortable doing the physical continuum.

Explain to participants that this was an activity to allow them to think about their own stand on drugs and to show that we all have different opinions.
Hand out the parent/caregiver workbooks. Refer to page 3 *What is My Stand on Drugs*. Parents/caregivers can complete this at home with other adults if they wish.

## 4 Presentation on illicit drugs

Show the Power Point Presentation to the group (see additional notes in Appendix 1 page 46). Following this, the Drug Detective talks to participants about the drugs that are being commonly used by young people in the local area and shows drug taking apparatus. It should be stressed that this is information for adults only.
Take questions from participants.

Show participants the booklet *Drugs in Focus – a guide to alcohol and other drugs*, which is available for them to borrow. Remind them that the information contained is for adults and should not be given to students as it may heighten interest and encourage experimentation. Stress that although the information they have been given tonight is about illicit drugs, alcohol is still the main drug of harm in New Zealand.

## 5 How do I, or the school, know if my child is misusing drugs and what do we do about it?

Explain that you are going to look at some of the signs that a young person may be misusing drugs. Put parents/caregivers into small groups. Give each group the following scenario:

*You are watching TV quite late one evening, when Kelly comes home from an evening out with friends. You are concerned about Kelly's behaviour.*

Ask each group to list the things Kelly could be doing that might make a parent concerned, for example staggering.
Take a report from each group and build up on the board a list of behaviour that might concern parents/caregivers. Share any stories from your experience. Some participants may also like to share experiences. Cultural differences could be discussed.
Refer parents/caregivers to page 4 in their workbook, *Signs and Symptoms*.

*Ask:* *How would most parents/caregivers react to Kelly?*
(Most normal reaction is to shout, make belittling comments, order them to their room...)
*What might be a better way of responding?*
(staying calm, speaking quietly, not accusing, waiting until the morning to talk about it...)

Invite participants to go back into their group and prepare a role play to show a positive way of handling the situation with Kelly. Groups perform their role plays to the group, who give positive feedback.

## 6 School Drug Policy

The Health Co-ordinator or other suitable school staff member, outlines the contents of the revised school drug policy on drug use and, in particular, how suspected cases of drug use or misuse should be handled. The importance of discretion and of seeking the appropriate help for the young person should be covered. Information should be provided about the school's pastoral care programme and how this can be of help to parents who are concerned about possible drug misuse by their child. The contact details of helping agencies outside the school should also be provided, as some parents may prefer this option.
Take questions from participants.

## 6 Conclusion

Thank participants for attending. Remind them of the dates for the next two workshops and how they go about enrolling for those.

# Workshop 2

# Keeping Your Kids Safe from Drug Harm

## 1 Welcome and Ice Breaker

Welcome parents and caregivers.

Play the *"I went to a party"* ice breaker. Seat participants in a circle. The facilitator stands in the middle and say *" I'm ------. I went to a party and I took* --- (some item that starts with the same letter as their name. For example *"I'm Charlie. I went to a party and I took chips."* The next person goes into the centre, says their name, that they went to a party, what Charlie took and what they took. (eg I'm Val. I went to a party. Charlie took chips and I took vodka.' Repeat until everyone has had a turn, with each person repeating what everyone before them has taken to the party.

## 2 Introduction

Talk about how teenagers feel almost immortal. Although they worry about what their friends think of them and what peers might say about them, they don't believe they are ever in much physical danger. Because one of their growing up tasks is to become individuals and separate from their families they often become involved in risk-taking behaviour. It is almost inevitable that for most young people these risks will involve drug use, and possible misuse.

This risk-taking behaviour may get them into trouble, but it also helps them learn to set their own boundaries of acceptable and unacceptable behaviour.

Share any examples of this sort of behaviour that you may know of. Some participants may also like to share. Provide opportunities for participants to discuss differences that may exist between different cultural groups.

This presents parents and caregivers with a dilemma: how can they help their children to take the risks without encouraging dangerous – and even life threatening- behaviour? Within a harm minimisation model they should be promoting non-use of illicit drugs and tobacco, and safe use of medicines and alcohol.

Parents can minimise the risk of substance abuse by reducing the risk factors and building protective factors for their children.

(Adapted from an address by Dr Steve Rollin, EdD Professor of Psychological Services in Education at Florida State University)

## 3 The Family Risk and Family Protective Factors

Explain that **family risk factors are negative behaviours that occur regularly in some families which might encourage young people to misuse drugs, or to seek refuge in drugs to bolster confidence or overcome problems.** Examples could be parental misuse of drugs, especially alcohol and tobacco and parents having unreal expectations of their child.

**Family risk factors maximise the likelihood of young people misusing drugs.**

**Family protective factors are positive behaviours within some family which**

**minimise the likelihood of young people misusing drugs.** Examples could be setting clear behaviour guidelines for children and parents modelling sensible use of legal drugs and non-use of illegal drugs.

**a)** Put parents into small groups. Give each group a set of risk factors, a large sheet of paper and felt pens. Ask them to list what they consider to be the six greatest risk factors and to give an example of each. If desired, each group can report back, share their examples and see what level of consensus there was about the greatest risk factors. You may also choose to share examples.

Give each group a set of protective factors. Ask each group to discuss them and to rank the factors according to which they think are most important. Ask each group for their top and bottom response and their reasons for the ranking.

*Note: There is no right or wrong order for the ranking activity. The discussion that has occurred between parents/caregivers is the important learning.*

**b)** Explain that you are going to explore how a risk factor can be turned into a protective factor. Refer them to page 7 *Making a Change* in their workbook.

Work through this with the group using the 'family conflict' risk factor. An example of what this might look like is given on page 26.

Ask participants to form new groups. Give each group Copysheet 10 as an A3 page. Each group chooses a risk factor and a scenario and works through the steps on Copysheet 10. Ask groups to share their results.

Talk to the group about how change is difficult, and how under stress we tend to revert to our normal way of reacting to difficult situations with our children, which in turn makes them react in often undesirable ways. If parents/caregivers can change the way they respond to their children, this will bring a positive change in children's behaviour as well.

## 3 Conclusion

Walk a continuum line across the floor. Explain that one end is **Feeling Very Confident** and the other is **Not Feeling Very Confident**. Invite participants to position themselves along the line according to how confident they feel about reducing risk factors for their children. Invite some people to share their feelings.

Remind the group of what an important job they are doing and that by just attending this programme it shows that they wish to keep their children safe from harm.

Thank participants and remind them of the details for the next session.

# Making a Change: Sample

***Risk Factor*** *Family Conflict*

***Scenario*** *Your daughter is going out. She has appeared in a very short skirt and an off the shoulder top that leaves her midriff bare. Her navel piercing is clearly seen.*

***Behaviours that contribute to the risk factor***

***You might:***

*shout*
*argue with her*
*tell her she looks like a tart*
*order her to go to her room*
*tell her friends are a bad influence*
*say you would be ashamed if anyone saw her looking like that*

***How this makes you feel***

*- Guilty*
*- Angry*
*- As though you have no control*
*- Feel you are a bad parent*

***Your daughter might:***

*shout back*
*tell you she hates you*
*say you are always making her feel bad*
*go out and slam the door*
*say she wishes she (or you) were dead*

***How this makes your daughter feel***

*- Angry*
*- Unloved*
*- Unworthy*
*- Defiant*

***How could you handle the situation positively?***

***You could:***

*Use an "I" statement to say how you feel*
*Talk about the situation quietly and reach a compromise*
*Listen to her reasons for what she is wearing*
*Accept that you are behind the times and you hope she has a great night*
*Tell her she looks good*

***How this makes you feel***

*- In control*
*- As though you've handled the situation well*
*- Calm*

***How this makes your daughter feel***

*- Loved*
*- Listened to*
*- A worthwhile person*

***What protective factor/s have I just put in place?***

*Everyone in the family gets on well and communicates clearly*

***How can I make sure I behave this way next time?***

*Think before reacting*

# Workshop 3

# Breaking down the Double Standard

## 1 Welcome and Ice Breaker

Welcome parents and caregivers. Seat participants in a circle. Tie one end of a ball of wool or string to your arm. Say your name and throw the ball of wool to someone across the circle, saying their name at the same time. That person says their name, holds onto the wool while throwing the ball to another person who they name. Keep repeating this until everyone in the circle is holding the string. Now repeat the process backwards until the ball of wool is wound up and back with the facilitator.

Make a comment about how important it is that parent/caregivers build up their own networks for support, especially with families of their children's friends.

## 2 Introduction

Talk about how kids who learn about the risks of drug use from their parents or caregivers are less likely to use drugs than kids who do not. One American study showed that kids are 36% less likely to smoke marijuana, 50% less likely to use inhalants, 56% less likely to use cocaine, and 60% less likely to use LSD. It is also true that parents and caregivers are their children's most important role models. If we don't want our children to misuse drugs we must all model safe sensible use of legal drugs and non-use of tobacco and illegal drugs. It is also a powerful deterrent for parents/caregivers to tell their children that they would be disappointed if they misused drugs. Most children want their parent/caregiver's approval.

*Note: A study by Keith Pickens revealed that tobacco was so harmful it should be classed as a non-use drug.*

## 3 What Messages are Adults giving?

Explain to participants that you are going to ask them their views on some drug use issues. Arrange the room with two rows of chairs facing each other. Place a group of chairs at one end. Explain that you will make a statement. If participants agree with the statement they sit in the chairs on the left. If they disagree they sit in the chairs on the right. If they aren't sure they sit in the chairs at the end. The first person on the left gives their opinion. The first person on the right can respond to that opinion. The next person on the left responds and so on. Only the person whose turn it is to speak can do so. At any time the Not Sure group can move their chair to either Agree or Disagree. People in both Agree and Disagree can also choose to change their minds and the side on which they are sitting.

Some sample statements could be:

- **Children should never see their parents drunk.**
- **Smoking and drinking on TV, particularly on Soaps, can encourage young people to use drugs.**
- **Sports and alcohol don't mix.**
- **Different cultural groups have different views about drug use.**
- **It's okay to drink and drive as long as you don't get caught.**
- **Smoking cigarettes is more harmful than using illicit drugs.**
- **If you only use P at weekends to keep awake to party it isn't a problem.**

*Ask:* *What is a double standard?*

*If our children think we have a double standard over drug use how might it make them behave?*

*What would be the most sensible stand for parents and caregivers to have about their own drug use?*

## 4 Talking about Drugs

Talk about how it is important to be able to talk to your children about drugs **before a problem arises.** This gives the parent/caregiver a chance to voice their opinions and an opportunity to talk about expectations in a calm, non-preachy way. Brainstorm with the group ideas about effective ways of talking to young people about drugs.

Put participants in to 'family' groups of about 3-4. Ask them to allocate parent/caregiver and children roles to group members. Explain that each group is going to have a positive conversation on a topic related to drugs. They must stay in role. They can choose their own topic or use one of the ones below:

Possible topics:

**Whether or not to have alcohol at the end of school party being held at home.**

**Setting family guidelines about the use of alcohol and drugs.**

**Is it okay for the teenagers to get drunk?**

**Use of alcohol within the family.**

Take presentations from each group.

## 5 Thanks and Farewell

Thank participants for attending and wish them well with implementing the new skills they have learned. Remind them of the importance of seeking help if they feel they need it – this may be talking to a friend, to someone at the school or to a professional person. You may like to seek the group's permission to give each participant contact details for the whole group.

# Step 5:

*Peer Leaders work with Year 10 Students*

## Purpose

- To enable peer leaders to take a session called *Be There for Your Mates* with Years 10 students, at peer support camps or form time.
- To raise awareness in Year 10 students of the need to take care of your friends in social situations.

## Participants

Year 12 and 13 students who are being trained to be peer leaders are trained to take this session with Year 10 students

## Duration

1 hour training for peer leaders (could be conducted as part of normal peer leader training)

1 hour session with Year 10 students

## Facilitation

The person within the school who has responsibility for peer leaders will be responsible for training the peer leaders to take the session with Year 10 students

## Resources

- ***Reducing the Harm Teaching Guide*** - this contains the lesson plans and related copysheets

# Step 6:

*Integrated lessons for Year 11-13 Students*

## Purpose

- To provide senior students with information to assist them to make safe choices about their use of drugs.

## Format

A series of stand alone lessons for different curriculum areas. It is recommended that these could all be undertaken within a two week period as a concentrated approach. Alternatively they could be taken individually when it suited the subject teachers.

## Facilitation

Appropriate subject teacher

## Resources

- ***Reducing the Harm Teaching Guide*** - this contains the lesson plans and related copysheets

*Note*

*It is important that drug education is appropriate to students' needs and designed to meet those needs. Students should not be given information that will arouse their interest or sensationalise drug use, such as how certain drugs are made and the equipment involved in their use. Teachers should also establish safety guidelines to create a positive and supportive learning environment.*

*The Ministry of Education publication* ***Drug Education a Guide for Principals and Boards of Trustees*** *states that the use of scare tactics in drug education is rarely appropriate, especially in isolation, as they have a short term impact and may actually be appealing to those students seeking risky experiences.*

*Research (Ballard, 1988; Dobson, 1992; Wragg. 1987 et al) has shown that the presentation of an ex-addict before an audience gives the obvious non-verbal message that "addiction is curable" and may increase the likelihood of the ex-addict being seen as a hero or role model." (page 19)*

*Teachers should all be familiar with the information on Copysheet 6* ***What makes Effective School Drug Education?***

# Step 7:

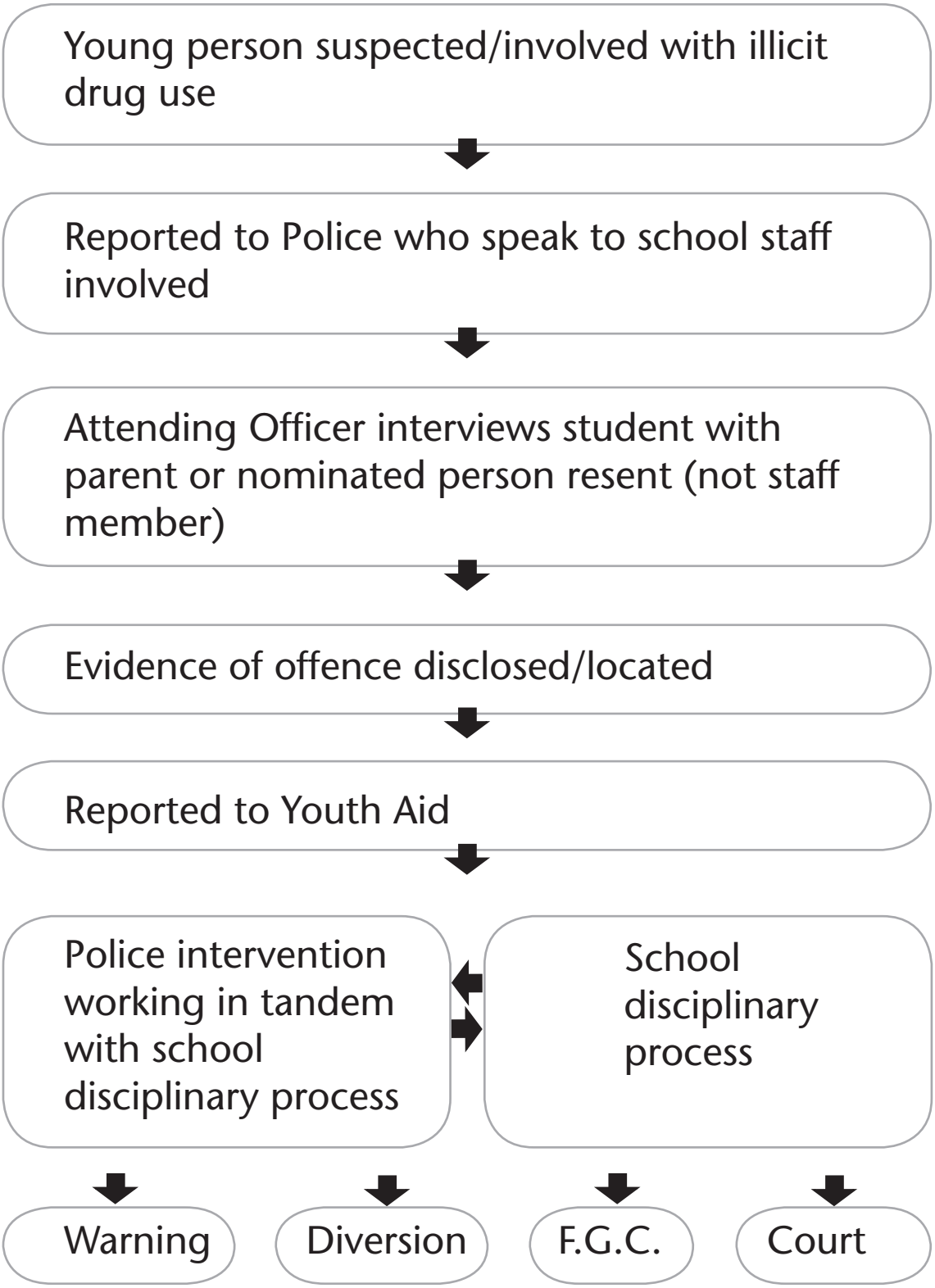
## *Evaluation*

Evaluation is essential to assess how effective ***Reducing the Harm*** has been and to indicate ways in which it could be improved in subsequent years on an ongoing basis. Because ***Reducing the Harm*** involves a whole school approach, the evaluation will need to be wider than pre and post tests of students to see if learning outcomes have been met. It will be important for schools to assess how well all the steps have been achieved and to consider questions such as:

- does the school have a robust drug policy that the whole school community knows about and supports?
- has the whole school staff considered their own attitudes and values relating to drug use; are they aware of possible signs and symptoms of drug use; do they know what to do if a drug related incident happens?
- Have the cross curricular lessons for senior students been implemented and the outcomes assessed?
- How well were peer leaders trained to take a session with year 10 students and how effective were they?
- Does the parent/caregiver community feel empowered to build protective factors around their children and deal appropriately with drug problems that may arise?
- What will we do differently in future years.

The following sample evaluation forms have been prepared. The school should consult over the appropriateness of these for their situation and adapt them accordingly.

# Police Role in Incidents Involving Drugs and Young People 16 and under



# The Action Plan

## Step 1: Making the Commitment

The school views ***Reducing the Harm***. They contact the Police Education Officer if they wish to proceed.

## Step 2: School Drug Policy Review

The school policy on drug use is reviewed and shared with the school community.

## Step 3: Inservice Training for the Whole Staff

Inservice training is carried out with the whole staff, to ensure they know what makes effective drug education and how to handle drug related incidents.

## Step 4: Parent/Caregiver Workshops

Workshops are offered to parents and caregivers to help them build protective factors around their children and manage drug related problems that may arise.

## Step 5: Peer Leader Involvement

Peer leaders are trained to deliver a lesson to Year 10 students.

## Step 6: Integrated lessons for Year 11-13 Students

A series of drug related lessons taken by subject teachers to raise awareness of negative consequences of using illicit drugs.

## Step 7 : Evaluation

A variety of surveys and evaluation forms have been provided to assist the school assess the effectiveness of ***Reducing the Harm***.

# What is My Stand on Drugs?

Put a mark on each line to indicate your level of agreement with the statement given.

It is okay for teenagers of any age to drink alcohol when they are out with friends.

***Strongly agree*** ***Strongly disagree***

The best way to deal with a headache is to take a painkiller.

***Strongly agree*** ***Strongly disagree***

All the hype about methamphetamine in the media just excites young people's interest.

***Strongly agree*** ***Strongly disagree***

The drinking age should be lowered to 16.

***Strongly agree*** ***Strongly disagree***

The law should be changed to allow people to take cannabis for medicinal purposes.

***Strongly agree*** ***Strongly disagree***

Teenagers will use party drugs like ecstasy anyway, so we might as well tell them how to do it with the least risk.

***Strongly agree*** ***Strongly disagree***

It's okay for parents to provide alcohol for a teenage party.

***Strongly agree*** ***Strongly disagree***

It is important to help young people have natural highs so they don't need to resort to drugs.

***Strongly agree*** ***Strongly disagree***

It is only young people with social problems who turn to drugs.

***Strongly agree*** ***Strongly disagree***

If a parent drinks alcohol it has no effect on their child's drug use behaviour.

***Strongly agree*** ***Strongly disagree***

Smoking and drinking on popular TV shows does affect young people's attitudes to drugs.

***Strongly agree*** ***Strongly disagree***

# Drug Definition

What are Drugs?

A drug can be defined as any chemical substance that alters the way a person's body or mind works. This excludes food, water and oxygen needed to maintain normal health. Drugs can be both beneficial and harmful.

Almost everyone takes some drugs. A lot of people depend on taking drugs to keep healthy, but drugs can be harmful if misused.

Because misusing drugs can be harmful, laws have been passed restricting their manufacture, distribution or use.

# Signs and Symptoms

Some of the signs and symptoms listed here are quite normal behaviour for young people and need not be related to drug use. Experts working in the drug field say that parents and caregivers should be concerned if their child shows a **sudden change to quite uncharacteristic behaviour or moods**.

## Possible behavioural signs and symptoms of general drug use.

- Personality changes (moodiness, bursts of anger, withdrawn)
- Get frustrated quickly (restless, agitated, aggressive)
- Not reliable
- Behave in an unexpected way
- Cancelled appointments
- Blaming others
- Secrecy
- Lying
- Missing meals or other family activities
- Attitudes to things change
- Absence from schools, especially after a weekend
- Wagging during school hours
- Showing less respect for authority than usual
- Sudden changes in school interest and achievement
- Lack of interest in sport and other activities
- Altered or delayed emotional development
- Lack of energy or drive
- An inability to get out of bed in the morning
- Not up front about friends and where they have been
- A sudden change in friends
- Money of other family members starts disappearing
- Can't explain how they have spent their money
- Unexplained frequent illness (colds, 'flu)
- Can't concentrate for long
- Less aware or has less common sense (especially while intoxicated)
- Very long periods without sleep
- Bruises (due to nutritional deficits or accidents while intoxicated)
- Abrasions (due to accidents)
- Unkempt appearance
- Acne of the face
- General tiredness and listlessness
- Staggering walk (intoxicated)
- Slurred speech (intoxicated)

# What makes Effective Drug Education

When working with students the following should be remembered:

- Students should only be given information about drugs that is age-appropriate, accurate and relevant to their needs.

- Information should be factual and to the point.

- Positive effects of illicit drugs, such as causing weight loss or enabling a person to stay awake for long periods of time to party, should not be emphasised. This may encourage use.

- Drug use should not be sensationalised, glamorised or demonised as this may make it attractive to young people.

- Information should not be given to students about how the drugs can be used, nor should drug paraphernalia be shown.

- Scare tactics and use of reformed drug addicts should be avoided.

# Sample Flyer/Advertisement for Parent/ Caregiver Programme

# Do you want to keep your teenager safe and healthy?

*Find Out More!*

_____ Secondary School and the local Police invite parents and caregivers to attend a parenting programme of three sessions:

**1) Drugs in the Local Scene**

**2) Keeping Your Kids Safe from Drug Harm** *(optional)*

**3) Breaking down the Double Standard** *(optional)*

At:

Dates:

Time:

**Please enrol by ringing _____**

# Family Risk Factors

| | |
|---|---|
| Parents use or misuse drugs, especially alcohol and cigarettes | Young person is not invited to be part of family tasks, decisions or activities. |
| Older brothers or sisters, especially brothers, use drugs. | Parents want their children to achieve unrealistic things. |
| Parents seem not to mind if their young people use drugs. | Don't expect the young person to do well at school. |
| The family doesn't listen to each and often shouts. | One parent is very close to the young person and one is distant. |
| Young people are disciplined very harshly or not consistently. | Parents doesn't notice how the young person is behaving. |
| Parents don't often praise their children for good behaviour. | Poor maternal-child relationships, such as a cold, unresponsive under protective mother. |
| Lack of warmth and support within the family. | Lots of family arguments Physical abuse and/or neglect. |

# Family Protective Factors

| | |
|---|---|
| A warm, happy home between ages 1-5 years. | Enough money. |
| Parents know, and check, where their children are and who they are with. | Parents model sensible use of legal drugs and non-use of illicit drugs. |
| Family members talk and listen to each other. | Knowing what your children like to do in their spare time. |
| Clear behaviour guidelines are set and young people know what will happen if they break them. | Knowing your child's friends. |
| Often praise good behaviour and hardly ever criticise behaviour. | Telling your young people about dangers of underage drinking, drugs and other harmful substances. |
| Parents expect their young person to do well. | Teaching your children right from wrong and always doing the right thing yourself. |
| Quality time for shared family activities. | |

# Making a change

***Risk Factor***

***Scenario***

***Behaviours that contribute to the risk factor***

***You might:***

***Your son/daughter might:***

***How this makes you feel***

***How this makes your son/daughter feel***

***How could you handle the situation positively?***

***You could:***

***How this makes you feel***
***your son/daughter feel***

***How this makes***

***What protective factor/s have I just put in place?***

***How can I make sure I behave this way next time?***

# Questionnaire for Year 11-13 Students

This questionnaire has been devised as part of the evaluation of ***Reducing the Harm***. Its purpose is to find out if the learning outcomes for the nine lessons for Year 11-13 students have been met.

It should be completed by all Year 11-13 students who will take part in all nine lessons.

The questionnaire should be completed again by the same students at the end of the eight lessons.

**1** Which drug is most likely to cause teenagers harm?

_____

**2** List 3 disadvantages of taking 'p' or methamphetamine.

i _____

ii _____

iii _____

**3** Write down one risk that young people your age might take that involves drug use. Suggest 3 things a young person could do to minimise this risk.

Risk: _____

Strategies to Minimise:

i _____

ii _____

iii _____

**4** Give one example of how each of the following aspects of a person's well-being could be affected by the misuse of drugs.

Physical well-being: _____

Mental and emotional well-being: _____

Social well-being: _____

Spiritual well-being: _____

***5*** What is the penalty for supply or manufacture of a class A drug such as methamphetamine or cocaine?

_____

***6*** What is likely to happen if contaminates are introduced into a chemical reaction, such as the manufacture of methamphetamine?

_____

# Questionnaire for Year 10 Students

This questionnaire has been devised as part of the evaluation of ***Reducing the Harm***. Its purpose is to find out if the peer led lesson meets its objectives.

It should be completed by all Year 10 students who will take part in the programme *Be There for Your Mates.*

The questionnaire should then be completed by Year 10 students again after the lesson.

**1** List three things you and your friends could do when you are out partying to make sure you all stay safe.

**i** _____

**ii** _____

**iii** _____

**2** Do ambulance or hospital emergency staff have to report a drug over dose to Police?

**3** What would you do if a friend collapsed after drinking or taking drugs?

# Questionnaire for Parents/Caregivers

This questionnaire has been devised as part of the evaluation of ***Reducing the Harm***. Its purpose is to find out if the parent/caregiver workshops meet their objectives. It is not testing parents/caregivers' knowledge. It should be handed out at the end of the last workshop.

**Which drug is likely to cause the greatest harm to young people attending this school?**

**What are the most common illicit drugs being used by students at your school?**

**What does the school's drug policy say will happen if a student is suspected of using illicit drugs?**

**List 4 risk factors that might occur in a family that might increase the likelihood of young people in the family misusing drugs.**

**i**

**ii**

**iii**

**iv**

**List 4 protective factors that might occur in a family that might protect young people in the family from misusing drugs.**

**i**

**ii**

**iii**

**iv**

**Do you think the way parents and caregivers use drugs has any effect on the way their children will use drugs?**

**Put a mark on the line at the place that best shows what you think.**

|----------|----------|
*Definitely* *A bit* *Not at all*

# Evaluation of the Reducing the Harm Action Plan

This staff perception survey should be carried out one year after the implementation of the ***Reducing the Harm*** Action Plan

1 In your opinion, how much has the Action Plan reduced problems related to illicit drug use within the school?

Not at all ○
Slightly ○
A Great Deal ○

Give a reason for your choice.

2 Do you think that the school has been more successful in re-engaging students who have raised concern over drug use, and in helping them to deal with their problems?

YES ○
NO ○

Give a reason for your choice.

3 Do you think the school staff is more aware of issues surrounding illicit drug use by students and how to manage these?

YES ○
NO ○

Give an explanation to support your choice.

4 Do you think the parent/caregiver community is more aware of issues surrounding illicit drug use and how to manage these?

YES ○
NO ○

Give an explanation to support your choice.

5 How easy was it for the school to implement the integrated lessons for the senior school?

not easy at all ○ a bit difficult ○ very easy ○

6 How effective do you think the reviewed school drug policy is?

not effective ○ effective ○ very effective ○

Explain your answer.

# Appendix 1

Information for Power Point presentation - Illicit Drugs.

Prepared by Matthew Andrews, National Drug Policy Team, Ministry of Health.

## Very Brief History of drugs:

Drugs have been part of life for centuries, modern day drug 'epidemics' are not new. Opium use was widespread in Britain around the end of the 18th century, with many wealthy people using laudanum.[1] In the late 19th century the United States entered a prolonged period of cocaine use in the population, initially drunk mixed with red wine – known as French wine – and later as a cola drink - Coca Cola – many people soon came to snort and/or inject cocaine causing it to be made illegal a number of years later.[2] There have been many drug epidemics in the 20th century, including the post World War II methamphetamine epidemic in Japan where stocks of methamphetamine used by the military during the war were released into the black market. During the late 1970s and early 1980s New Zealand experienced problems with heroin and later home-made opiates.

*I would imagine that this introductory part of a presentation would vary depending on the audience. I thought the information above might be useful to add to an introduction to give a context feel and highlight that this is part of an ongoing considered response to drug issues rather than a 'one-off' response to an 'epidemic'.*

---

*(Footnotes)*

*[1] Samuel Coleridge was reputed to have been under the influence of laudanum initiated hallucinations when he wrote most of Kublai Khan*

*[2] It is interesting to note that it has often been claimed that an early Surgeon-General of the United States was a cocaine addict before taking office, he was helped to quit cocaine by friends and as a consequence developed a heroin addiction that lasted the rest of his life.*

# Methamphetamine

Methamphetamine is a strong stimulant that effects the central nervous system. Typically it is a white, odourless, bitter tasting powder. However, it comes in a variety of forms, including clear crystals (ice). Methamphetamine is commonly known by a number of names, including 'meth', 'speed', 'crank', 'go' or in a smokable form known as 'ice'. P or "Pure" is crystal methamphetamine. It is the form of crystals that are easy to smoke or inject.

## Short Term Effects

The effects of Methamphetamine depend on how much is taken, but generally users can expect to experience:

- increased heart rate
- increased activity
- agitation
- decreased appetite
- euphoria
- sense of well-being
- reckless or violent behaviour.

## A large single dose may also cause:

- damage to nerves (particularly in the brain) although the extent to which these regenerate is not yet known
- elevated body temperature
- convulsions.

## Long Term Effects

The long term effects of Methamphetamine use are pronounced:

- mental and physical dependence
- anxiety
- confusion
- insomnia
- repetitive behaviours
- a variety of mental health problems including anxiety disorders (paranoia), hallucinations, dramatic mood changes and delusions
- increasing reckless or violent behaviour
- damage to organs, in particular heart, kidneys and liver
- stroke.
- Loss of appetite

Heavy or long-term users often experience the feeling of insects creeping on or under their skin. This leads people to attempt to scratch the bugs out, cutting up their arms and body in the process. Intravenous drug users (people who use needles to inject drugs) also risk exposure to blood-borne diseases like hepatitis B and C and HIV/AIDS.

## Dependence

Methamphetamine produces strong psychological dependence.

# Ecstasy

Ecstasy is the name given to a range of drugs that are similar in structure to MDMA *(Methylene dioxymethamphetamine)*. It has both stimulant and hallucinogenic properties - in other words it can rev you up and distort your perceptions and senses.

Ecstasy is also known as 'E', 'XTC', 'eccy' and 'the love drug'.

## Effects

The effects of any drug (including Ecstasy) vary from person to person. It depends on many factors including a person's size, weight and health, how much and the way the drug is taken, whether the person is used to taking it and how they are feeling at the time. It also depends on the person's environment and whether or not they have taken other drugs.

Because Ecstasy is commonly taken prior to, or during, dance parties, the stimulant effects are likely to increase. What that means is that people taking Ecstasy may dance more energetically and for longer than usual, which may increase some of the drug's more negative and possibly dangerous effects (such as dehydration). People who take Ecstasy who have hypertension, heart disease, diabetes, liver problems, epilepsy, or a history of mental illness or panic attacks are at greater risk of physical and psychological harm.

## Immediate Effects

Many people have experienced the following effects soon after taking Ecstasy:

- increased heart rate, body temperature and blood pressure
- increased confidence
- jaw clenching, teeth grinding
- euphoria
- feelings of well-being
- nausea
- feelings of closeness to others (hence the term 'love drug')
- anxiety
- loss of appetite
- sweating
- distorted perception ('visuals').

## In Greater Quantities

Higher quantities of Ecstasy don't appear to enhance the desirable effects, but they can bring about some nasty side effects including:

- convulsions (fits)
- vomiting
- floating sensations
- irrational or bizarre behaviour
- frightening hallucinations.

## Ecstasy and Other Drugs

Even if you aren't mixing your drugs (that is, even if you are only taking Ecstasy and nothing else at the time) it may have been mixed before you've even got your hands on it. Manufacturers can easily mix other drugs into the Ecstasy.

**The consequences of mixing Ecstasy with other substances are often unpredictable.**

- combining Ecstasy with amphetamines increases heart rate, blood pressure, and anxiety
- taking Ecstasy with other hallucinogens (such as LSD) can result in a person experiencing severe mental disturbances
- taking Ecstasy while using some antidepressant medications can result in an extreme adverse reaction.
- overall, the health risks increase when mixing Ecstasy with other drugs, includin alcohol,

  especially when large quantities are taken.

## Long-term Effects

There isn't much conclusive information about the long-term effects of Ecstasy use. However, some research indicates that mood and memory functions may be damaged by Ecstasy, which could, in turn, lead to depression and anxiety.

## Dependence

There is pretty solid evidence that people can become psychologically dependent on Ecstasy - it can be very difficult for them to stop or decrease their use. However, there is no conclusive evidence to show whether or not people can become physically dependent on Ecstasy.

# Cannabis

Cannabis comes from the *cannabis sativa* plant grown in many parts of the world, including New Zealand. There are several forms of this drug:

**Marijuana:** the most common form in New Zealand. It's made from the cannabis plant's dried leaves and flowering tops (i.e. buds). Marijuana is usually smoked, often in hand-rolled joints (like cigarettes), but it may also be eaten in foods (e.g. baked into cookies).

**Hash:** made from the resin and flowers of the plant, which are dried and pressed into a block.

**Cannabis oil:** a sticky, concentrated liquid made from the leaves and flowering tops of the plant.

The most important ingredient in cannabis is a chemical known as THC (delta-9-tetrahydrocannabinol). This is what can change your behaviour and make you feel stoned. It can stay in the body for several weeks. Usually, there's more THC in hash oil or hash than marijuana, but often it varies from one batch to the next. The more THC, the stronger the effect it will have on you.

## Other Names

Other names for marijuana include pot, weed, smoke, ganja, dak, grass.

## What Does Cannabis Do to You?

Cannabis affects people in different ways. Its effects depend on the strength and amount taken, your previous experience with cannabis, your personality and even your mood at the time. The effects can last up to four hours. In small amounts, while you're stoned, cannabis usually makes you:

- relaxed
- sociable
- slow
- clumsy
- not able to concentrate
- very hungry - 'the munchies'
- have bloodshot eyes
- have an increased heart rate
- sleepy

Cannabis may also cause feelings of worry, anxiety or panic if you are a new user.

In larger amounts, you may:

- feel confused or scared
- have a slowed sense of time
- see or hear things that aren't real.

**The larger the dose, the higher the risks of having a bad experience.**

## Can Cannabis Negatively Affect your Life?

**Yes. It can harm you in the followings ways:**

- **Health** You are more likely to have serious physical or mental health problems from using cannabis heavily (e.g. daily or near daily) over many years, rather than from occasional use. Most studies find that the vast majority of people who occasionally use small amounts of cannabis report few health problems.

Being stoned on cannabis can be risky in certain situations though, like driving a car, where the effect on your reaction time and co-ordination may put you or your friends at risk.

**Health risks from heavy, long-term cannabis use are:**

| | |
|---|---|
| **Physical** | • bronchitis or other diseases related to your breathing system, cancer of the lungs, mouth or throat, from smoking cannabis |
| | • a small loss of attention and memory ability, which may or not return to normal after you stop using cannabis. |
| **Mental** | • becoming mentally dependent on cannabis, finding it hard to give up |
| | • worsening the effects of mental illness such as schizophrenia or depression. |

- **Relationships** If you use cannabis regularly, it may lead to problems with friends, family or whanau. Other people may not understand or like your mood or behaviour while you're stoned. And if using cannabis causes problems in other parts of your life - like school - that can upset family and friends too.

- **Work** Cannabis can make you clumsy, forgetful and possibly less motivated, making it harder to do a good job. You could get sacked, or your career might not go as well as you'd like. If you're operating machinery while you're stoned, you run the risk of having an accident.

- **Study** Cannabis can make it hard to concentrate and remember things, and may make you less keen to work. So if you're studying, it could mean your grades or exam results suffer.

- **Sports and Recreation** If you like playing sports, cannabis can reduce your performance. If you're stoned, you probably won't be as quick or co-ordinated. And even if you're not stoned, you may find you're less interested in sport if you've been using cannabis heavily for a while. Swimming and water sports can be dangerous if you have taken cannabis.

- **Money** Cannabis isn't cheap. If you use if often it can cost a lot, and put a big strain on your wallet.

## When is Cannabis most Harmful?

**Using cannabis is especially risky if you are:**

- using it heavily, particularly over several years
- using machinery or driving
- using other drugs as well (especially alcohol)
- depressed or have a mental illness
- pregnant (the baby's health will be at risk)
- at risk of heart problems
- having problems doing well at school.

# LSD, Magic Mushrooms and other Hallucinogens

Hallucinogens are a group of drugs that can change a person's perception, making them see or hear things that don't exist. They can also produce changes in thought, sense of time and mood.

**Magic mushrooms** ('golden top' mushrooms) can be found in New Zealand and have the active ingredient *psilocybin.* Small quantities cause relaxation and slight changes in mood but larger quantities can cause stomach pain, nausea and vomiting, shivering, a numbing of the mouth and dizziness. People can mistake poisonous mushrooms for those containing psilocybin. Certain kinds of these poisonous mushrooms can cause death or permanent liver damage within hours of taking them.

**LSD** *(lysergic acid diethylamide)* is a man-made hallucinogen, also known as Acid. It is odourless, colourless or white, and tasteless. It is usually soaked into small, decorated squares of absorbent paper andswallowed. LSD is very potent - even small amounts cause strong effects.

Cannabis, Ecstasy and cocaine can cause hallucinations at very high doses, but strictly speaking, they are not hallucinogens.

## The Effects

The effects of hallucinogens depend on:

- the amount taken
- their expectations
- the way in which the drug is taken
- the person's experience with the drug
- the mood they are in
- the quality and purity of the drug.

The hallucinogenic experience, or "tripping" as it is often called, varies from person to person. The effects can range from feeling good to an intensely unpleasant experience commonly known as a "bad trip". This can include:

- feelings of anxiety
- sense of time passing slowly
- thinking about bad things in the past
- an inability to concentrate.
- fear of losing control
- feelings of unreality
- feelings of separation from the body

People who are tripping often have intense sensory experiences, from seeing much brighter colours to seeing still patterns moving (often called 'visuals'). Some people say colours are so intense they can "hear" colours. Both positive and negative feelings may be felt during the same drug experience.

## Tolerance and Dependence

Hallucinogens are rarely used daily or regularly but when they are, tolerance develops quickly. Tolerance means that higher amounts need to be taken to get the same effect as before. Some regular users develop a psychological dependence. They have a strong desire to continue to use hallucinogens because they have become important in their daily lives. If the drug is unavailable they may panic or become anxious. There appear to be no physical withdrawal symptoms from hallucinogens.

Some users experience unpredictable "flashbacks", where they relive the effects of the drug later, without actually using it at the time.

Deaths or accidents can occur as a result of tripping in unsafe environments, for example near water or bridges.

# Appendix 2

From Drug Education – *a Guide for Principals and Boards of Trustees* Ministry of Education 2000

### Appendix 2: Legal Requirements Relating to Controlled Drugs in Schools

*The Misuse of Drugs Act 1975 distinguishes between the seriousness of harm that could be caused by the misuse of different types of drugs, scheduling them as Class A, Class B or Class C controlled drugs.*

The *National Drug Policy* (in Part 2: Illicit and Other Drugs, page 27) classifies controlled drugs in the following ways:

- Class A controlled drugs, which include drugs such as heroin and LSD;
- Class B controlled drugs, which include substances with a high abuse potential, such as morphine and opium.
- Class C controlled drugs, which include some pharmaceutical drugs, such as codeine. Others in this class include cannabis plants and seeds.

There are some requirements that schools must follow when students are found dealing in or in possession of controlled drugs as defined in the Misuse of Drugs Act 1975. It makes no difference whether the student is found in possession of drugs or is dealing in or supplying drugs at school or in any other place. These procedures need to be clearly understood and agreed upon by the local police and the school's board of trustees and senior management team.

The following actions apply to all situations involving illegal drugs, but their timing and duration will differ from case to case.

- Whenever any student is found in possession of illegal drugs, the police should be notified as soon as possible. Schools should arrange with the local police which officer they will contact first. It is important to follow a standard procedure to ensure that all parties are protected if future legal action is taken.
- Schools then need to record the circumstances of the possession, including the time, the location and the names of others (including students and non-students) involved. This can be done on a standard form or on school stationery. It can be brief, but it should be signed and copied for filing.
- The confiscated material and/or equipment should be labelled with the details of the students involved, and this procedure should be witnessed if possible. Then the material and/or equipment should be stored in a secure place until it is collected by the police

#### SOME REASONS FOR THESE LEGAL REQUIREMENTS

**1** Until the plant material or substance has been analysed by the Institute of Environmental Science and Research (ESR) or an expert (in the case of plant material, a member of the Police Drug Squad or another experienced police office may be able to assist), there can be no guarantee that the substance or material is a controlled drug, even though a student may think it is. If the substance or material is not a controlled drug and the school takes disciplinary action against the student (especially if the student states that the substance or material is not a drug or says nothing), then there may be increased potential for legal against against the school.

**2** Section 7(3) of the Misuse of Drugs Act 1975 states:

In any proceedings for an offence against this section in respect of the possession of a controlled drug, in which it is proved that the defendant had a controlled drug in his or

(a) That, knowing or suspecting it to be a controlled drug, he took possession of it for the purpose of preventing another from committing or continuing to commit an offence in connection with that drug and that as soon as possible after taking possession of it he took all responsible steps to destroy the drug or to deliver it into the possession of a person lawfully entitled to have possession of it; or

(b) That, knowing or suspecting it to be a controlled drug, he took possession of it for the purpose of delivering it into the possession of a person lawfully entitled to have possession of it and that as soon as possible after taking possession of it he took all reasonable steps to deliver it into the possession of such person.

If a teacher seizes a controlled drug from a student and does not shortly thereafter secure it for collection by the police or deliver it to the police, that teacher may commit an offence against the Misuse of Drugs Act 1975. It is not recommended that schools destroy drugs if they intend to take disciplinary action against the student because an expert should be required to identify the substance as a controlled drug, within the meaning of the Misuse of Drugs Act 1975, before any action is taken.

## OTHER LEGISLATIVE REQUIREMENTS

Section 5 of the Smoke-free Environments Act 1990 requires all workplaces, including schools, to have a policy on smoking that includes a ban on smoking in any area of the workplace to which the public (including students) normally has access. Section 7(d) requires the implementation of this policy. Schools should also address the issue of having a smoke-free school policy for the students when the adults at the school smoke on or in close proximity to the school property.

# Reducing the Harm

# To Make a Choice

# To Be You

# Tēnā Kōwhiria

# To Support Your Kids

The New Zealand Police Youth Education Service