

# **Promoting Student Health and Wellbeing**

**A guide to drug education in schools**

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# Introduction

*Promoting Student Health and Wellbeing: A Guide to Drug Education in Schools* is intended for school Boards of Trustees, principals, and teachers of drug education within the context of the health and physical education curriculum.

The guide provides information and guidance for schools on developing and implementing drug education programmes. It also outlines how these programmes are supported by a whole-school approach to promoting health and wellbeing that links to wider school communities.

While readers are encouraged to become familiar with the full resource, it has two sections, of which one may be more relevant to a particular audience than the other.

**Section 1, on pages 4-23**, is primarily for those concerned with school governance and strategic planning – that is, Boards of Trustees and principals. It:

- describes the need for drug education and schools' potential role in helping to reduce harm from drug use
- outlines how schools can use drug education to achieve the vision and goals of the national curriculum
- discusses the importance of promoting student health and wellbeing through a whole-school approach, developed in partnership with the wider community
- provides an overview of suggested procedures for managing specific drug-related incidents.

**Section 2, on pages 24-44**, is primarily for classroom teachers and curriculum planners. It:

- focuses on the place of drug education within the health and physical education curriculum
- provides guidance for teaching and learning programmes
- includes the 'Drug Education Matrix of Learning Outcomes', which outlines the knowledge, understanding and skills that students should develop at Levels 1-8 of the national curriculum.

# Section 1

## Promoting healthy, confident young people

Schools, teachers and the whole school community have a role in providing a safe and supportive environment for young people – so that they can develop appropriate attitudes, knowledge, skills and competencies to make positive, healthy choices about the use of drugs (including alcohol and tobacco).

The behaviour, values and beliefs of parents, families/whānau and other members of their community have a powerful influence on young people's developing attitudes to drugs. Young people are also influenced by the messages they receive from the media and marketing campaigns. Pop culture, music and music videos, online media and electronic messaging services, television and advertisements can all portray powerful, positive, glamorous images of drug use. Young people are particularly susceptible to these images, and as they grow up will need to make decisions about drug use away from the help of trusted adults.

Young people need support to be able to make responsible, informed decisions about drugs for themselves.

Evidence shows that a range of behaviours, including those associated with drug use, can be positively affected by strengthening families/whānau and relationships between parents and their children, empowering communities to identify risk and protective influences, and building individual resiliency<sup>1</sup>.

Reducing harm from drug use is a collective responsibility between young people, schools, parents, families/whānau and communities. As part of the communities in which young people grow up, schools contribute through developing competent and confident young people who are healthy of mind, body and soul, secure in their identities and sense of belonging.

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<sup>1</sup> Midford, R. & Munro, G. (eds) (2006). *Drug Education in Schools: Searching for the silver bullet*. Melbourne: IP Communications, Chapter 5.

## Drug use among young people

Drugs use affects all school communities in New Zealand. It is associated with health risks, including injury, problem behaviours, depression and other risk-taking activities, and affects students' welfare and safety, social relationships and identities, and their ability to learn and achieve their full potential.

Problems arising from drug use among young New Zealanders are primarily associated with alcohol, tobacco and cannabis. While the use of these substances is evident in all communities in New Zealand, the extent of youth drug use is often portrayed in the media in sensational terms, with the potential for popular myths to develop that may not reflect reality.

Schools need to understand the actual situations and students' needs in their communities, and use robust, verifiable evidence to support their decision-making.

Data on drug use among primary school students is not available owing to ethical constraints, but data from secondary school students indicates that alcohol and tobacco use is commonplace and that many young people have been exposed to cannabis use. Recent results from the Youth07 survey showed that:

*- 72% of students had tried alcohol. The majority (61%) currently drank alcohol. One-third reported that they had engaged in binge drinking (five or more drinks in four hours) in the previous four weeks. 16% had been told by friends or family that they needed to cut down their drinking*

*- almost 8% of students reported smoking cigarettes weekly or more often. Many of these students said they had tried to cut down or give up smoking*

*- 27% of students had tried cannabis and approximately 5% took cannabis weekly or more often. Among students currently taking cannabis, about one in four had done so before or during school. Almost one-third taking cannabis had tried to cut down or give up.*

The survey also showed that, overall, secondary students' intake of substances such as alcohol, tobacco and cannabis had fallen in the period 2001-2007. Despite this encouraging trend, it is important to acknowledge that the incidence of drug use remains too high among young people in New Zealand, and that schools and others should not become complacent but work together to ensure that this downward trend continues.

Adolescent Health Research Group (2008). *Youth07: The Health and Wellbeing of Secondary School Students in New Zealand. Initial findings*. Auckland: The University of Auckland

## Definition of a drug

There are a number of definitions of 'drug' that are used in a variety of contexts. In general, schools should consider that:

*"A drug is a substance that when taken, changes the way the mind and/or body functions".*

Emily Chen (2007). *Primary Pathways: An integrated approach to drug education* NZ Drug Foundation

Another definition, found in 'Guidance for Teaching and Learning Programmes in Drug Education' on page 32, provides further detail:

*"The term drug includes legal drugs (such as tobacco, alcohol, and caffeine found in coffee, tea, and some energy soft drinks), illegal drugs (such as cannabis, ecstasy, amphetamines and magic mushrooms), volatile substances (such as petrol, solvents and inhalants), other substances used for psychoactive effects, recreation or enhancement ('legal highs'), culturally significant substances (kava), as well as prescription and pharmacy-only drugs used outside medical or pharmaceutical advice".*

The Government defines drugs in the National Drug Policy 2007–2012:

*"Reference to 'drugs' in this policy is intended to cover a broad base of substances with psychoactive effects. These substances are divided into four categories: tobacco, alcohol, illegal drugs, and other drugs. Tobacco and alcohol are self-explanatory.*

*'Illegal drugs' are those that are classified as controlled drugs under the Misuse of Drugs Act 1975, including some pharmaceuticals that can be used for psychoactive purposes. 'Other drugs' include medicines that are diverted from their legitimate purpose, restricted substances listed in the Misuse of Drugs Act, and products (eg, volatile substances) that are manufactured and marketed for domestic or industrial purposes but are capable of being used to achieve a psychoactive effect."*

Ministerial Committee on Drug Policy (2007). *National Drug Policy 2007–2012*. Wellington: Ministry of Health, p7

Teachers need to consider these definitions when discussing drugs with their students, for example when an inquiry considers topics covering legal and illegal, helpful and harmful, prescribed and non-prescribed substances.

## Harm minimisation

Research has shown that, for many young people, 'just say no' is not an effective message. Often the range influences in their lives, such as peers and families and online media, are more powerful than the abstinence message and a range of strategies is needed to prevent harm from drug use\*. Drug education in the health and physical education curriculum is therefore based on the principle of harm minimisation. This is the policy of the World Health Organisation and the New Zealand Government, as stated in the National Drug Policy 2007–2012:

*“Drug policy in New Zealand is based on the principle of harm minimisation. The aim of harm minimisation is to improve social, economic and health outcomes for the individual, the community and the population at large.*

*A harm minimisation approach does not condone harmful or illegal drug use. The most effective way to minimise harm from drugs is not to use them. The harm minimisation approach does recognise that where eliminating high-risk behaviours is not possible, it remains important to minimise the personal, social and economic costs associated with those behaviours. Harm minimisation encompasses a wide range of approaches, including abstinence-oriented strategies and initiatives for people who use drugs. It also considers the impact of the illegal status of some drugs on the people who use them.*

*Strategies that support harm minimisation can be divided into three groups or ‘pillars’:*

- *supply control*
- *demand reduction*
- *problem limitation.*

*All three pillars will be used in various combinations.”*

Ministerial Committee on Drug Policy (2007). *National Drug Policy 2007–2012.*

Wellington: Ministry of Health, p5

The harm minimisation approach acknowledges that:

- some students currently use alcohol or possibly other drugs, and others will do so in the future
- even non-using students can be subjected to potentially harmful situations caused by users' behaviour
- drinking alcohol, smoking tobacco, and using cannabis may be sanctioned by parents or other adults significant in students' lives.

Strategies are needed that reduce the risks and harm to those continuing to use drugs and to the wider community, but that do not condone or encourage drug use.

\* see Alan & Clarke Policy and Regulatory Specialists (2003). *Effective Drug Education for Young People: Literature review and Analysis* . Ministry of Youth Development

## Schools can make a difference

While drug use by young people is influenced by a wide range of factors, schools can help young people to develop and strengthen protective skills and attributes that can mitigate against the risk factors in their peer groups and the wider community.

Young people are more likely to be able to overcome challenges and lead successful lives when they:

- are socially competent
- have a positive sense of self-worth and personal identity
- have the ability to identify and solve problems related to their own and others' health and safety
- are able to set and achieve goals<sup>2</sup>.

Schools can help by:

- actively pursuing initiatives in partnership with others in the community who share an interest in young people's health and wellbeing. 'Partnership' means schools finding a way to work with their communities and taking different points of view into account at each step of the way
- developing school policies on health and wellbeing, including drug education
- providing effective drug education programmes for students within the context of the national curriculum.

Drug education programmes in the classroom can<sup>3</sup>:

- help students to acquire knowledge and understanding of the complex issues involved in drug use
- provide opportunities for students to practise skills such as assertive communication and refusal skills
- help students to develop attitudes and values that promote healthy lifestyles
- enable students to make informed decisions on drug use and not be at risk of harm through ignorance.

Classroom programmes provide opportunities for students to build resiliency protective factors, ie social competence: a positive sense of self-worth and personal identity, problem solving and decision making skills, goal setting and a strong sense of hope.

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<sup>2</sup> Ministry of Education (2008 *Drug Education Matrix of Learning Outcomes* p4.

<sup>3</sup> NSW Department for Education and Training (2006). *Guidelines for Managing Drug Related Incidents in Schools*.

*“Schools share responsibility for the education and welfare of young people with families and the wider community. The role of parents as primary educators can be recognized and supported by schools by working in partnership with parents. Partnerships with parents and the community help to generate a greater awareness of health issues among students and their families, ensure the integration of consistent and relevant health messages into the home and other community settings, and ultimately improve student health.*

*Drug education programmes that are planned and implemented in consultation with parents are not only more successful, but also empower parents. Parents often have difficulty discussing drug issues with their children, yet parents are often cited by young people as the most trusted and the preferred source of information about health issues.*

*Schools can assist parents by providing them with information about health and drug issues as part of their whole school approach. Schools working in partnership with parents can reduce some of the anxiety parents experience from the expectation that drug education is their sole responsibility. Outreach to parents can help them develop the knowledge and skills they need to initiate and carry out informed discussion with their children.”*

United Nations Office for Drug Control and Crime Prevention (UNODC) (2003). *School-based Drug Education: A guide for practitioners and the wider community*. Vienna: UNODC

## **Te Tiriti o Waitangi/The Treaty of Waitangi and healthy schools**

The Treaty of Waitangi embodies the obligation that schools, as agents of the Crown, work in partnership with Māori, enable the participation of Māori, and protect the rights of Māori. The three principles of partnership, participation and protection are central to the idea of promoting students’ **hauora**/health and wellbeing.

The table below illustrates these ideas<sup>4</sup>:

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<sup>4</sup> Taken from Mental Health Foundation of New Zealand (2001). *Guidelines for Mentally Healthy Schools. A resource to assist schools in the implementation of Mental Health initiatives in the school community.*

The Treaty of Waitangi	Promoting Health and Wellbeing
<b>Partnership</b>	
<p>The principle of partnership - between Māori and Pākehā reflected in the Treaty being a developing social contract, provides a basis for both parties to focus on achieving equity on health and education for Māori as tangata whenua, through equal sharing of opportunities, resources, decision-making and linking and networking with all concerned groups.</p>	<p>Students, staff and school community consult and work together in partnership to enhance learning and health, through the development of school policies, practices and procedures.</p>
<b>Participation</b>	
<p>The principle of participation, in a spirit of mutual respect and responsibility, as reflected in the partnership perspective of the treaty, emphasises the need for continuing consultation and negotiation in the recognition of and action on Māori concepts of health in political, social and economic areas.</p>	<p>School policies, practices and programmes are developed and/or reviewed in consultation with students, staff and school community.</p>
<b>Protection</b>	
<p>The principle of protection grounded in the treaty promise to Māori of the same rights and privileges of British subjects, provides for the recognition of tino rangatiratanga and of things Māori, which requires health services for Māori by Māori.</p>	<p>Appropriate health services which are sensitive to and respectful of cultural needs, are accessible within and/or outside the school.</p>

## Alignment with the National Curriculum

The New Zealand Curriculum (for English medium) and Te Marautanga o Aotearoa (for Māori medium) together form the national curriculum. This curriculum emphasises a vision for students in New Zealand that can help school communities that are considering providing drug education programmes.

### The vision

Effective drug education builds students' **confidence**, helping them to live proudly within their identities and become better able to overcome challenges.

Effective drug education practice promotes **connectedness** and engagement for all students. Current research<sup>5</sup> shows that students who can **connect** to their families/whānau, friends and other people, such as teachers, develop resilience and are able to cope with adversity more successfully than those who feel a sense of isolation.

Drug education learning experiences are meaningful when the students are **actively involved** and are at the centre of teaching and learning.

By creating opportunities for all students to succeed and by encouraging positive relationships within schools, drug education programmes help to build students' sense of self-worth and resilience<sup>6</sup>. Students who are resilient and make such connections are prepared to meet life's challenges, supporting others and accepting help when necessary<sup>7</sup>.

Effective drug education helps to ensure students can reach their full **potential**, **contribute** to and **participate** positively in the community, and become **lifelong learners**.

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<sup>5</sup> For example, see:

[www.womenshealth.vcu.edu/education/wh\\_2006/Articles/Resnick\\_ProtectiveFactors.pdf](http://www.womenshealth.vcu.edu/education/wh_2006/Articles/Resnick_ProtectiveFactors.pdf).

<sup>6</sup> New Zealand Drug Foundation (2007). *Primary Pathways: An integrated approach to Drug Education*, p22.

<sup>7</sup> Ministry of Education *Curriculum in Action: Making Connections – Years 9-10* and [http://www.tki.org.nz/r/health/cia/make\\_connections/index\\_e.php](http://www.tki.org.nz/r/health/cia/make_connections/index_e.php).

## The principles

Schools' health curricula incorporating drug education are underpinned by the principles of the New Zealand Curriculum and Te Marautanga o Aotearoa. These principles support students, schools and families/whānau to achieve their full potential.

Effective drug education places students **at the centre** of the teaching and learning process. Programmes are student sensitive, responding to and inclusive of the student voice in the process<sup>8</sup>.

Teaching and learning programmes should ensure students have high levels of **personal awareness** and are supported to reach their potential.

Effective drug education programmes are **inclusive** of and responsive to all students, building on the strengths of individuals and communities to support students in making positive, health-enhancing decisions. Drug education offers valuable opportunities for communities and schools to **work together**, to connect to parents and families/whānau to ensure community expectations and values are incorporated.

*“Youth development is triggered when young people fully participate, providing opportunities for young people to increase their control of what happens to them and around them, through their advice, participation and engagement.”*

Ministry of Youth Development (2004). *Strengthening Drug Education in School Communities: Best practice handbook*

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<sup>8</sup> For information on improving the engagement of and with Māori students, see <http://tetereauraki.tki.org.nz/>.

## **The values**

Values and attitudes are key parts of student learning through their experiences in their wider environment. The values of the school community will be reflected in the school-based curriculum.

Among other values, the national curriculum highlights the importance of enhancing students’:

- sense of personal identity and self-worth
- integrity and respect for themselves and others
- willingness to aim high and persevere in the face of difficulties
- empathy for and co-operation with peers and the school family and whānau
- understanding of the diversity that characterises our communities
- sense of community and willingness to participate for the common good
- understanding of the whānau, hapū and iwi values that enable access to the Māori world and beyond.

These values support and can be promoted through effective drug education programmes. School programmes can help students to analyse critically their own and others’ values and the actions based on them, including how to deal with temptation, peer pressure and risk-taking behaviours. Students should be encouraged to consider disagreements on values and able to negotiate solutions to those disagreements.

It is important that the values underpinning any programme are informed by ongoing, meaningful dialogue between schools and their communities.

## **Key competencies and graduate profiles**

The New Zealand Curriculum describes the key competencies that young people need to be successful in the 21st century. They are ‘competencies’ or capabilities that all people “use... to live, learn, work, and contribute as active members of their communities” (Ministry of Education (2007). *The New Zealand Curriculum*, p12).

Drug education, set within the broader health and physical education curriculum, provides rich opportunities to develop these competencies in ways that are relevant and meaningful to students’ lives.

Te Marautanga o Aotearoa describes the important characteristics of a graduate student of Māori-medium education (the ‘graduate profile’) as being:

- high levels of educational and socio-cultural success
- a wide range of life skills
- a wide range of career choices.

Schools develop graduate profiles for all their students through implementing their local curricula, including drug education programmes.

E tipu ai te pakiaka tangata,  
Me te whakatō he purapura wairua.  
Whakahaukūtia te whenua ki te waiora pūmau,  
Kia puta ai ko te Hauora.

For the roots of humanity to grow well,  
Spiritual seeds must first be sown.  
Irrigate with the enduring waters of life,  
And Hauora will result.

The most precious gift we are given is life itself. Our duty is to nurture and care for this precious inheritance. Our children are the leaders of the future. By caring for them and fostering their learning, we assure future life for all. Within Te Marautanga o Aotearoa, students have the opportunity to explore personal health and development. Through an effective drug education programme, students have the opportunity to describe, consider and analyse aspects of personal growth and development, safety and safe practices. They will develop an understanding of Hauora by describing, explaining, trialling and evaluating its many facets.

## Using key competencies in the context of drug education

<u>Key competency</u>	<u>Possible related outcomes in drug education</u>
Managing self	<ul style="list-style-type: none"><li>• Acquiring skills, knowledge and attitudes and developing respect for a wide range of social environments</li><li>• Knowing your limits and the need to look after yourself</li><li>• Planning for safety, understanding risk</li><li>• Knowing when to lead, when to follow and when to act independently</li><li>• Taking personal responsibility for self and others.</li></ul>
Relating to others	<ul style="list-style-type: none"><li>• Understanding peer pressure</li><li>• Understanding the need for buddies in social situations</li><li>• Understanding the importance of reassurance and co-operation in safety situations</li><li>• Ensuring the safety of others.</li></ul>
Participating and contributing	<ul style="list-style-type: none"><li>• Experiential learning – practising in safe, supportive environments (eg role-play scenarios)</li><li>• Sharing experiences</li><li>• Valuing and practising decision-making skills</li><li>• Knowing and balancing own rights, rules and responsibilities with those of others.</li></ul>
Thinking and critical thinking	<ul style="list-style-type: none"><li>• Decision-making</li><li>• Understanding consequences and predictive thinking</li><li>• Shaping actions around situations involving drugs to improve wellbeing and wellbeing of others</li><li>• Risk analysis</li><li>• Knowing about legal and illegal drugs.</li></ul>
Using language symbols and texts	<ul style="list-style-type: none"><li>• Understanding and interpreting label information</li><li>• Critically evaluate scientific information</li><li>• Understanding the language and impact of 'describe', 'explain', 'persuade' and 'evaluate'.</li></ul>

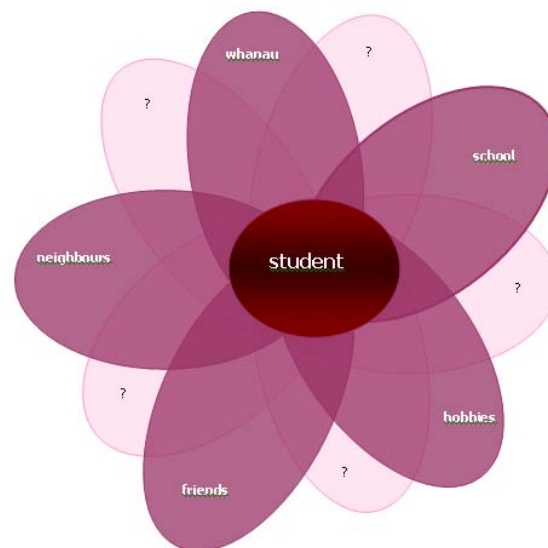
Note: The key competencies draw on the skills, knowledge, attitudes and values that lead to action. They are not separate or stand-alone. They are the keys to learning in every learning area.

## Developing and sustaining a school culture of health and wellbeing

Addressing the harmful effects of young people's drug use is a highly complex endeavour, and extensive research shows that successful approaches are multifaceted and evidence based<sup>9</sup>. School programmes are most likely to be effective when they integrate comprehensive curriculum implementation with whole-school community involvement.

A whole-school approach is about the way a school describes itself and the culture it seeks to develop. It is about the values it expresses explicitly and implicitly in the actions of the whole school community. It is about the curriculum, the school structures and organisational models, and the relationships and partnerships across the whole school community.

The whole-school approach to drug education moves beyond what we often think of as 'the school community' to consider the range of student relationships that occurs outside the school gate. The whole-school community seeks to develop active partnerships with other members of the students' community, such as extended family/whānau, church groups, sports clubs, shop keepers, employers, local bodies and peers who may no longer be at school. Such an approach means seeing the school as part of the community rather than the community as part of the school.



Model of student relationships, illustrating the range of partnerships schools could use.

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<sup>9</sup> For a contemporary overview, refer to Midford, R. & Munro, G. (eds) (2006). *Drug Education in Schools: Searching for the silver bullet*. Melbourne: IP Communications.

*“Resilience is the capacity to spring back, rebound, successfully adapt in the face of adversity, and develop social, academic, and vocational competence despite exposure to severe stress or simply the stress that is inherent in today’s world.”*  
Henderson, N. & Milstein, M. (1996). *Resilience in Schools: Making it happen for students and educators*. Corwin Press: California

Partnerships and whole-school approaches can be developed in many ways. The Ministry of Health’s ‘Health Promoting Schools’ model, developed by the World Health Organisation, is widely used in schools in New Zealand<sup>10</sup>.

*“In health and physical education, the focus is on the well-being of the students themselves, of other people, and of society...”*

Ministry of Education (2007). *The New Zealand Curriculum*, p22

*“Health promotion encourages both critical and creative thinking about alternative approaches and solutions to identified health issues. Active involvement in the implementation of their own strategies can empower students and support their own safe use of [drugs and] alcohol, while creating safer communities through shared responsibility.”*

Tasker, G. & Hipkins, R. (2001). *Social Issues: Alcohol – A resource for health education teachers of Years 12 and 13*. Christchurch College of Education

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<sup>10</sup> [www.hps.org.nz](http://www.hps.org.nz).

## Policies and procedures

School drug policies, including operating procedures and formal protocols, are part of an overall approach to student health and wellbeing. They need to be developed by, and widely supported across, schools' whole communities.

That means policies should:

- be aligned with school Charters and long-term plans for promoting student achievement, as well as annual curriculum planning and budgets
- establish clear educational outcomes, and indicators for reporting on them to senior staff, Boards of Trustees and the wider community
- highlight the schools' drug prevention and intervention strategies (refer to page 22 for more on managing drug-related incidents)
- be developed in partnership with the schools' wider communities to ensure that they reflect the communities' values, philosophies, ethos, goals and lived experiences.

When developing these policies, it is essential to include effective and meaningful consultation with the people who have a stake in their outcomes.

The Māori education strategy Ka Hikitia<sup>11</sup> sets out the Ministry of Education's expectations for improving outcomes for Māori students. Ka Hikitia takes an evidence-based, outcomes-focused Māori potential approach.

*"A Māori potential approach acknowledges and embraces the latent, creative and positive potential of a range of people and groups working together, and tapping into this to accelerate success for Māori.*

*This approach acknowledges and embraces that there are many important parties in Māori education – learners, parents, whānau, iwi, educators, providers, Māori communities, enterprises, and government. Each has a positive and distinctive contribution to make and a range of talents, skills, knowledge, and resources that are essential to support quality education outcomes."*

Ministry of Education (2008). *Ka Hikitia – Managing for Success: Māori Education Strategy 2008-2012*

Schools may also want to refer to the resource *Te Mana Korero*<sup>12</sup>, which shows principals, teachers, students, parents and other whānau talking about the importance of forging strong relationships and exploring ways that have worked well for them.

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<sup>11</sup> [www.kahikitia.minedu.govt.nz](http://www.kahikitia.minedu.govt.nz).

<sup>12</sup> Ministry of Education (2007). *Te Mana Korero, Relationships for Learning: A process for achieving better relationships between school and community*. Wellington, New Zealand.

## Involving the community

*“Broad approaches that integrate school, family, community and the media are likely to be more successful than a single component strategy. Strong relationships with families, external agencies and broader community can enhance students’ sense of connectedness and support access to relevant services.”*

Australian Government, Department of Education, Science, and Training (2004). *Principles for School Drug Education*

Processes for developing effective partnerships with communities to address drug education need to be planned, well organised and clearly communicated.

Representative groups should consider the following questions:

- What does the community/whānau/students want to achieve?
- What is it you want to achieve through the partnership (eg a school policy, or a classroom programme to support community initiatives to reduce young people’s drug use)?
- Who is going to be involved? Staff? The Board of Trustees? Students?
- What is drug use/drug education’s profile in the community and the school?
- What initiatives are already underway in the community? How can the people who run those initiatives be contacted?
- Which individuals or groups within the community might have a particular interest in drug education (eg youth workers, counselling services, police or church groups)? How can they be approached?
- Where and when would those people be most comfortable and most available to meet? (For example, if the community has strong ties to a marae or to a Pasifika church congregation, meetings might be more successful if representatives went to them rather than vice versa)
- What forms and processes will be used to develop partnerships (eg a series of community hui or a working group that reports back to the community through public meetings)?
- Is there an agency like a council office or Citizens Advice Bureau in the community that could already have accessible networks or contacts?
- How will the relationship remain active in the longer term?

*“Young people are most at risk of drug-related harm when they have poor relationships with their families, communities, school or peers. Improving these relationships is another element of effective drug education.”*

Ministry of Youth Development (2004). *Strengthening Drug Education in School Communities*, p9

## Meeting legal requirements

Under the Education Act 1989, expressed in the National Administration Guidelines (NAGs), New Zealand schools are required to meet National Education Goals (NEGs).

## **NAGs and NEGs**

The National Education Guidelines are defined by the Education Act 1989, and have four components:

1. NEGs
2. Foundation curriculum policy statements
3. National curriculum statements
4. NAGs.

For up to date information on the NAGs and NEGs refer to:

[www.minedu.govt.nz/educationSectors/Schools/PolicyAndStrategy/PlanningReportingRelevantLegislationNEGSAndNAGS.aspx](http://www.minedu.govt.nz/educationSectors/Schools/PolicyAndStrategy/PlanningReportingRelevantLegislationNEGSAndNAGS.aspx).

## **Education Act 1989**

Section 60B of the Education Act 1989, as amended by the Education Standards Act 2001, outlines state schools' legal requirements when delivering the health education components of the relevant national curriculum statements. It states that the whole school community should be involved in developing policies and procedures that support learning across all health education contexts, including drug education.

## **Other legislation**

Within the context of drug education and particularly in circumstances involving illegal substances, Boards of Trustees and principals need to be aware of legislation that protects students' rights.

This includes New Zealand and international legislation and conventions such as:

- the New Zealand Bill of Rights Act 1990
- the Privacy Act 1993
- the Education Act 1989
- the Treaty of Waitangi
- the United Nations Convention on the Rights of the Child.

# Learning opportunities across the school curriculum

While drug education has a specific place in the health and physical education learning area, it can also apply to other areas – such as in literacy through the use of picture books to help students consider risk-taking and decision-making<sup>13</sup>.

The advantage of a school-wide approach to health and wellbeing is that the social and decision-making skills that help students to make positive choices when confronted with opportunities to use drugs can be fostered and strengthened across the whole school curriculum.

It is important that classroom teachers make links across these learning areas explicit to both students and their colleagues.

## Assessment

The New Zealand Curriculum states:

*“The primary purpose of assessment is to improve learning and teaching as both teachers and students respond to the information it provides.*

*As a process that improves student learning, assessment is ongoing and arises out of the interaction between teaching and learning.”*

Effective assessment:

- benefits students
- involves students
- supports teaching and learning goals
- is planned and communicated
- is suited to the purpose
- is valid and fair<sup>14</sup>.

In clarifying the learning intentions and objectives, the Drug Education Matrix of Learning Outcomes (refer to section below) also provides a framework for assessing personal, social and academic learning outcomes.

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<sup>13</sup> See article by Noreen Wetton- *Young Children Growing in a Drug Using World*  
<http://www.booksforkeeps.co.uk/issues/120/13634>

<sup>14</sup> Ministry of Education (2007). *The New Zealand Curriculum*. Learning Media, Wellington, pp39-40 – assessment.

# Managing drug-related incidents

For further information about managing student behaviour and stand-downs, suspensions and expulsions, refer to:

<http://www.minedu.govt.nz/educationSectors/Schools/SchoolOperations/StanddownsSuspensionsExclusionsExpulsions.aspx/>

[http://www.tki.org.nz/r/governance/positive\\_behaviours/](http://www.tki.org.nz/r/governance/positive_behaviours/)

## Reporting and managing incidents

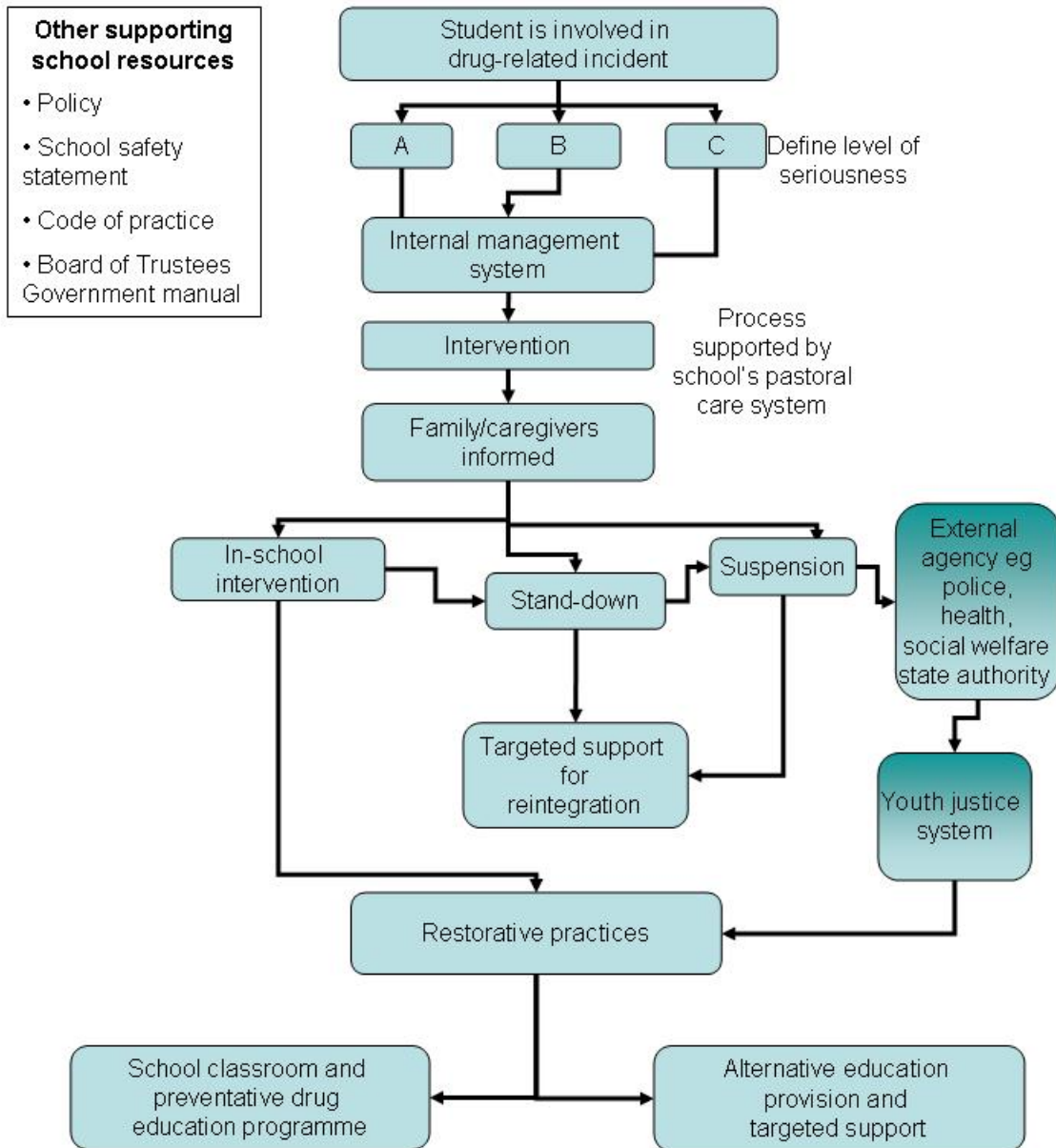
The way that schools manage drug-related incidents needs to be seen to align with, and reinforce, the messages promoted through school policies and drug education programmes.

When developing strategies and procedures for handling drug-related incidents, schools should:

- remember that students can influence outcomes. Students need to be made aware that any actions taken are a result of the choices they have made and are not simply being 'done to' them
- ensure intervention procedures focus on helping students to stay in, or return as quickly as possible to, an effective learning environment
- ensure interventions are part of a whole-school approach to drug education and provide for other pastoral care and support
- know how to recognise drug-related symptoms, including the range of reasons for young people using drugs
- recognise the need for privacy and confidentiality. The Privacy Act 1993 specifies the principles for gathering, storing and disclosing student information
- ensure that the strategies and procedures are well planned and understood, and based on collaborative and consultative processes that are clearly articulated to the whole school community, especially students.

The following flow chart describes possible steps for managing drug-related incidents. At all times students should be aware that school action is a result of choices they have made, and that they will be supported to make choices in the future to enhance their health, wellbeing and educational success.

## Managing drug-related incidents chart



## Section 2

### Drug education within the national curriculum

Drug education is located in the key learning area of mental health within the health and physical education learning area in the New Zealand Curriculum.

It is important that students engage in a range of learning opportunities to 'develop knowledge, understanding and skills to make informed health-enhancing decisions in relation to drug use and misuse'<sup>15</sup>. Through learning in this important context, students are able to think critically and take action to promote personal, interpersonal and societal wellbeing.

When planning effective drug education programmes, schools need to consider:

#### The learning environment

A safe, supportive learning environment built on respect and trust is essential for students participating in drug education learning opportunities<sup>16</sup>.

Teachers need to be aware of students' diverse values and beliefs. The New Zealand Curriculum encourages values that have widespread support and acknowledges the importance of individual schools developing their values in collaboration with their communities<sup>17</sup>.

The classroom environment, both physical and emotional, is a significant factor in achieving learning outcomes in drug education. Students and teachers both contribute to and are influenced by the classroom environment.

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<sup>15</sup> Ministry of Education (1999). *Health and Physical Education in the New Zealand Curriculum*. Learning Media, Wellington.

<sup>16</sup> Tasker, G. & Hopkins, R. (2002). *Social Issues: Alcohol – A resource for health education teachers of Years 12 and 13 students*. Christchurch College of Education, Christchurch.

<sup>17</sup> Ministry of Education (2007). *The New Zealand Curriculum*. Learning Media, Wellington, p10.

## Teachers as facilitators of learning

What teachers know and do is the greatest inschool influence on what students learn<sup>18</sup>. Teachers need to ensure they make the most of teaching opportunities in drug education to ensure improved outcomes for their students.

Evidence tells us that students learn best when teachers:

- create a supportive learning environment
- encourage reflective thought and action
- enhance the relevance of new learning
- facilitate shared learning
- make connections to prior learning and experience
- provide sufficient opportunities to learn
- enquire into the teaching and learning relationship.<sup>19</sup>

*Effective Pedagogy in Social Sciences Tikanga ā Iwi Best Evidence Synthesis Iteration (BES)*<sup>20</sup> focuses on four factors, or mechanisms, that influence valued outcomes through teaching in social sciences. By addressing these mechanisms in the context of drug education, teachers provide opportunities for, and encourage engagement for in, improved learning for students.

The four mechanisms are:

1. **Connections** – making connections to students' lives through content that is relevant and inclusive (see the 'Drug Education Matrix' on page 30 for relevant content).
2. **Alignment** – aligning experiences to important outcomes. This is achieved by identifying prior knowledge, aligning activities and resources to intended outcomes, providing opportunities to revisit concepts and learning processes, and attending to individual students' learning.
3. **Community** – building and sustaining a learning community. This is achieved by establishing productive teacher-student relationships, promoting dialogue and sharing power with students (eg students engaging other students in their learning through peer teaching).
4. **Intent** – designing experiences that interest students. This is achieved through meeting diverse motivational needs, maximising student interest and using a variety of activities (eg using collective action to implement an enjoyable drug-free event to enhance student wellbeing – Drug Education Matrix Level Four, Strand D).

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<sup>18</sup> Alton-Lee, A. (2003). *Quality Teaching for Diverse Students in Schooling: Best evidence synthesis*. Ministry of Education, Wellington.

<sup>19</sup> Ministry of Education (2007). *The New Zealand Curriculum*. Learning Media, Wellington, pp34-36.

<sup>20</sup> Aitken, G. & Sinnema, C. (2008). *Effective Pedagogy in Social Sciences Tikanga ā Iwi Best Evidence Synthesis Iteration (BES)*. New Zealand Ministry of Education.

*“Culture counts – (effective) classrooms are places where students can bring ‘who they are’ to the learner interactions in complete safety, and where their knowledges are ‘acceptable’ and ‘legitimate’ (p.5). When teachers recognise this in their classroom practice, it is easier for whānau to be involved in their children’s learning.”*

Bishop, R. & Glynn, T. [(year?)] *Kaupapa Messages for the Mainstream*. Set: Research information for teachers, no. 1, pp4-7

## **Students as learners**

Students bring to their classrooms attitudes, values, beliefs and much knowledge from what they have experienced so far in their lives. Through learning experiences in drug education, they need to link their prior knowledge with changes in thinking through new knowledge and skills so that they are able to make responsible, informed choices now and in the future<sup>21</sup>.

For students to achieve this they need to:

- be motivated to learn – have a clear understanding of how and why drug education will support them in developing the values, knowledge and competencies they need to live full and satisfying lives<sup>22</sup>
- take part in designing drug education programmes with teachers’ support (see the New Zealand Curriculum and the Drug Education Matrix)
- be active in their learning, including in collaborative approaches that enable them to explore appropriate knowledge, attitudes, skills and strategies in a supportive environment
- be given opportunities to manage their own learning so that they will develop strategies for meeting challenges, and know when and how to act independently for their own and others’ good
- seek feedback for the ‘next steps’ in their learning<sup>23,24</sup>.

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<sup>21</sup> Tasker, G. (2001). *Students’ Experience in an HIV/AIDS-Sexuality Education Programme: What they learnt and the implications for teaching and learning in health education*. Victoria University of Wellington, New Zealand.

<sup>22</sup> Ministry of Education (2007). *The New Zealand Curriculum*, p8. Learning Media, Wellington

<sup>23</sup> Nuthall, G. (2007). *The Hidden Lives of Learners*. New Zealand Council for Educational Research. Wellington, New Zealand.

<sup>24</sup> Absolum, M. (2007). *Clarity in the Classroom: Using formative assessment. Building Learning Focused Relationships*. Hachette Livre. Auckland, New Zealand.

*"I am more understanding and have a deeper idea of thought. I think more about personal and social determinants that may affect Hauora (of a community or personally). For me health opened up a new world of understanding, decision making, judgement and has influenced my attitude immensely. I learnt how to analyse and critically think."*

Year 12 student<sup>25</sup>

## Community in partnership

Strong, collaborative partnerships with parents, family/whānau and the wider community can help students to make informed, healthy decisions about drug use.

Parents and families/whānau who feel a connectedness to schools are more likely to support the drug education curriculum and become involved in policy development, family drug education forums and activities<sup>26</sup>. The influence of families/whānau and communities is a key lever for high-quality outcomes for diverse children<sup>27</sup>.

There are many ways in which connectedness can be increased within school communities. *Te Mana Korero*<sup>28</sup> identifies eight key themes that contribute to sustaining strong and effective school-family/whānau links. The themes are also pertinent to supporting students in developing knowledge, skills and attitudes to make informed health-enhancing decisions on drug use.

The eight key themes are:

1. Making families/whānau welcome in the school setting (encouraging formal and informal opportunities for increasing connectedness).
2. Encouraging and valuing family/whānau involvement in drug education planning and policy/procedure development.
3. Fostering clear, open and honest communication with families/whānau, including communication on their learning.
4. Providing opportunities for families/whānau to contribute to students' learning (often by co-constructing knowledge with students).
5. Encouraging more family/whānau involvement in school activities as students get older.

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<sup>25</sup> Tasker, G. (2006). 'It makes you think outside the square' Examining the relationship between students' perceptions of their learning in senior secondary Health Education, the proposed Key Competencies, the Schooling Strategy 2005- 2010 and learning in the knowledge rich age of the 21<sup>st</sup> century. TKI/NZ Curriculum Marautanga Project/ Health and Physical Education, accessed from [www.tki.org.nz/r/nzcurriculum/draft-curriculumhealth\\_physical\\_e.php](http://www.tki.org.nz/r/nzcurriculum/draft-curriculumhealth_physical_e.php).

<sup>26</sup> Chen, E. ( 2007). *Primary Pathways: An integrated approach to drug education*. New Zealand Drug Foundation. Wellington, New Zealand.

<sup>27</sup> Biddulph, F., Biddulph, J. & Biddulph, C. (2003). *The Complexity of Community and Family Influences on Children's Achievement in New Zealand (BES)*. New Zealand Ministry of Education.

<sup>28</sup> Ministry of Education (2007). *Te Mana Korero, Relationships for Learning: A process for achieving better relationships between school and community*. Wellington, New Zealand.

6. Making students' intended learning outcomes clear to families/whānau so that they can support student learning more explicitly.
7. Bringing families/whānau into the school through extended learning opportunities for adults.
8. Going into the community as well as expecting the community to come into the school.

*"...particularly strong and sustained gains in student achievement (are) made when schools and families develop partnerships to support student achievement at school."*

Alton-Lee, A. (2003). *Quality teaching for Diverse Students in Schooling: Best evidence synthesis*. Ministry of Education, Wellington

### **Providing effective professional development for teachers**

Teachers need:

- opportunities to develop their skills and understandings, including the chance to explore their own beliefs, customs and attitudes on drug use
- comprehensive professional development that includes an awareness of the evidence base for effective drug education and knowledge of youth behaviour in the communities to which their students belong
- an understanding of effective classroom strategies and processes, assessment in this context, and wider school support structures that bring about quality learning for students.

Effective professional development takes place within robust, evidence-based communities of professional practice. External expertise should be used to support school-based professional learning communities<sup>29</sup>.

Boards of Trustees are responsible for ensuring that school budgets they approve (on advice from principals) provide adequately for schools' professional development priorities.

Best practice is for principals to provide Boards of Trustees with relevant evidence of students' needs, the effectiveness and 'fit' of the proposed programmes, the costs and benefits (including time, money and capacity-building) of professional development needed to enable staff to deliver the programmes effectively, and the indicators by which successful outcomes will be measured over time.

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<sup>29</sup> Timperley, H., Wilson, A., Barrar, H. & Fung, I. (2007). *Teacher Professional Learning and Development Best Evidence Synthesis*. Ministry of Education.

## Using external providers

While externally provided drug education programmes can potentially offer useful support to schools, recent research<sup>30</sup> has found them to be largely ineffective in reducing harm from drug use in New Zealand.

Schools should carefully consider the use of external programme providers to support drug education programmes. While many programmes approaches may appeal intuitively, it is vital that they can show evidence of effectiveness relevant to schools' local contexts. For example, other evidence does not support the use of one-off sessions, scare tactics or 'just say no' approaches to drug education<sup>31</sup>.

External providers' services should focus on the students' specific needs and align with the philosophy of hauora, health and physical education in the national curriculum. They should always support the classroom teachers, not act as substitutes for the ongoing health and physical education curriculum programme.

Schools should consider the following questions when engaging external providers to support their drug education programmes:

- What is the purpose of the provider's programme or resource? What is the evidence that the programme is effective for students?
- Is the provider's programme or resource relevant to New Zealand students and schools? Is it inclusive? Does it meet the targeted audience's needs and interests? Are its aims and objectives clearly defined, and can they be evaluated?
- Does the provider's goal or philosophy align with the school's health and drug education philosophy? Does it support the current learning programme and complement the goals/outcomes of the national curriculum?
- Do the provider's staff have the knowledge and expertise to work in an educational environment? Are they willing to collaborate with the relevant people and, if necessary, adapt the programme to meet the needs of individuals or the school?
- Is the material practical? Is it time and cost effective? Does any of the content have ethical implications for the school? Will materials be available when needed?

Pages 40-42 of the Ministry of Youth Development's resource *Strengthening Drug Education in School Communities: Best practice handbook for design*,

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<sup>30</sup> Casswell, S., Liggins, S. & Dickenson, P. (2007). *School Based Education on Alcohol and Drugs – what to do now the evidence is in?* Centre for Social and Health Outcomes Research and Evaluation (SHORE) Massey University, Auckland, New Zealand.

<sup>31</sup> Ministry of Youth Development (2004). *Strengthening Drug Education in School Communities: Best practice handbook for design, delivery, and evaluation, Years 7-13.*

*delivery, and evaluation, Years 7-13* provides more information and a useful checklist for schools to use when considering using external providers<sup>32</sup>.

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<sup>32</sup> [www.myd.govt.nz/uploads/docs/0.7.1.2%20handbook.pdf](http://www.myd.govt.nz/uploads/docs/0.7.1.2%20handbook.pdf).

# Guidance for teaching and learning programmes in drug education

## Drug education matrix of learning outcomes for levels 1–8 within the health and physical education areas of the national curriculum

### Rationale

The drug education matrix has been developed in response to requests from principals, teachers, Boards of Trustees and wider school communities, for a broad framework that outlines the knowledge, understandings and skills that students should develop through learning at levels 1–8 (years 1–13) within the context of drug education.

The development of this resource is collaboration between the Ministries of Health, Education and Youth Development. The overall goal is to contribute to building teacher confidence and capability to plan quality, needs-based, coherent drug education for their students throughout their years of schooling.

### Introduction

The matrix is intended to describe learning outcomes for drug education for years

1–13, closely aligned to the health and physical education statement in the New Zealand curriculum (2007)<sup>33</sup>. It should be read in conjunction with the rest of these guidelines to support teachers, schools and Boards of Trustees. Similarly there are a wide range of resources available that provide teachers with suggested activities and strategies for classroom programmes and units of work<sup>34</sup>. This resource can be used in conjunction with these to build classroom programmes that reflect the developmental learning needs of their students and which meet the requirements of research and evidenced-based effective drug education.

Three decades of extensive research into the effectiveness of school-based drug education has highlighted the complexity of addressing the harmful use of drugs by young people and the need for a multifaceted evidence-based approach.<sup>35</sup> A wide range of factors influence drug taking at the personal, interpersonal, family, community, societal and global levels. Schools have a contribution to make in addressing this important issue in society. Programmes that integrate comprehensive curriculum implementation with

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<sup>33</sup> Ministry of Education. (2007). *The New Zealand Curriculum*. Wellington. Learning Media.

<sup>34</sup> Guidance for the use of resources and outside providers is described in both these and the Ministry of Youth Development Guidelines.

<sup>35</sup> For a contemporary overview, refer to Midford, R. & Munro, G.(eds) (2006). *Drug Education in Schools: Searching for the silver bullet*. Melbourne: IP Communications.

whole-school approaches and community involvement are most likely to be successful in reducing drug-related harm amongst young people.

### **Definition of a drug**

The term drug, as used in this Matrix, includes legal drugs (such as caffeine found in coffee, tea, and some energy, soft drinks, tobacco, and alcohol), illegal drugs (such as cannabis, ecstasy, amphetamines and magic mushrooms), volatile substances (such as petrol, solvents and inhalants), other substances used for psychoactive effects, recreation or enhancement ('legal highs'), culturally significant substances (kava), as well as prescription and pharmacy-only drugs used outside medical or pharmaceutical advice<sup>36</sup>. It will be important for teachers to choose drugs that are relevant to the age and circumstance of the students.

### **Harm minimisation**

Drug education in the health and physical education curriculum is based on the principle of harm minimization. This is the policy of the World Health Organisation and the New Zealand Government's National Drug Policy 2007-2012 which states:

*"Drug policy in New Zealand is based on the principle of harm minimisation. The aim of harm minimisation is to improve social, economic and health outcomes for the individual, the community and the population at large.*

*A harm minimisation approach does not condone harmful or illegal drug use. The most effective way to minimise harm from drugs is not to use them. The harm minimisation approach does recognise that where eliminating high-risk behaviours is not possible, it remains important to minimise the personal, social and economic costs associated with those behaviours. Harm minimisation encompasses a wide range of approaches, including abstinence-oriented strategies and initiatives for people who use drugs. It also considers the impact of the illegal status of some drugs on the people who use them.*

*Strategies that support harm minimisation can be divided into three groups or 'pillars':*

- *supply control*
- *demand reduction*
- *problem limitation.*

*All three pillars will be used in various combinations"*<sup>37</sup>

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<sup>36</sup> Adapted from Ministry of Youth Development (2004). *Strengthening Drug Education in School Communities*. Wellington, p2.

<sup>37</sup> Ministerial Committee on Drug Policy (2007). *National Drug Policy 2007–2012*. Wellington: Ministry of Health, p5.

## Key concepts underpinning the matrix

### 1. Drug education within health and physical education in the New Zealand Curriculum:

Health education within the *New Zealand Curriculum (2007)* has a wellness focus and adopts a strength-based approach designed to build resilience in young people. Drug education is situated within the key learning area of **mental health** within the health and physical education learning area.

The learning outcomes in the matrix are built on the integration of the four underlying concepts of health and physical education:<sup>38</sup>

- **Hauora (H)** – a Māori philosophy of well-being that includes the dimensions, taha wairua, taha hinegaro, taha tinana, and taha whānau, each one influencing and supporting the others.
- **Attitudes and values (AV)** – a positive and responsible attitude on the part of the students to their own well-being, respect, care and concern for others and the environment, and a sense of social justice.
- **A socio-ecological perspective (SEP)** – a way of viewing and understanding the interrelationships that exist between individuals, others and society.
- **Health promotion (HP)** – a process for developing and maintaining supportive physical and emotional environments that involve students in personal and collective action.

**These are identified in the matrix at each level as, H, AV, SEP, HP.**

### 2. Key competencies of the curriculum:

“Key competencies are the capabilities people need in order to live, work, and contribute as active members of their communities.”<sup>39</sup>

While the competencies are applicable to all learning areas, drug education set within the broader health education curriculum provides rich opportunities for these competencies to be developed in ways that are relevant and meaningful to students’ lives.

The competencies are:

- Thinking
- Using language, symbols and text
- Managing self
- Relating to others
- Participating and contributing

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<sup>38</sup> Ministry of Education (2007). *The New Zealand Curriculum*. Wellington. Learning Media, p22.

<sup>39</sup> Ibid. p12.

### 3. Resilience:

“Resilience is the capacity to spring back, rebound, successfully adapt in the face of adversity, and develop social, academic, and vocational competence despite exposure to severe stress or simply the stress that is inherent in today’s world.”<sup>40</sup>

An environmental approach to drug education recognises there are many factors in family, cultural, economic, political, social and physical environments that influence drug taking (including smoking and drinking). While schools can do little about mitigating risk factors in the wider environment, they can strengthen protective factors for the individual in the school environment through adopting whole school policies and practices that support an ethos of care and high expectation, are responsive to the cultural and social needs of the community and where students feel valued, secure and connected. Young people who develop social competence, a positive sense of self-worth and personal identity, the ability to problem solve and make healthy decisions, who have a sense of hope, purpose and are able to set goals, are more likely to meet the challenges they face and lead successful lives.<sup>41</sup> The drug matrix identifies learning outcomes at all levels designed to enhance these aspects of resilience in students.

### Teaching and learning approaches

The learning outcomes described in the matrix will be most successfully achieved when teachers use highly interactive cooperative processes that engage students in exploration and clarification of their own ideas, asking and finding answers to their own questions, making links to contexts which are meaningful and relevant, recognising choices they can make and potential consequences for self and others, development of effective relationship building and communication skills, problem solving, critical thinking, opportunities to practice the skills they are learning, and opportunities to take personal and social action to enhance well-being of themselves and others in their communities.

The matrix also provides a framework for assessing personal, social and academic learning outcomes. Teachers require comprehensive professional development that includes an awareness of the evidence base for effective drug education and knowledge of youth behaviour in the communities their students belong to. They need an understanding of effective classroom strategies and processes, assessment in this context, and wider school

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<sup>40</sup> Henderson, N. & Milstein, M. (1996). *Resilience in Schools: Making it happen for students and educators*. Corwin Press, California.

<sup>41</sup> Additional useful resources about resiliency include:

Peters, J. & Thurlow, I. (2002). *Building Resiliency in Schools and Introductory Handbook. Essential resources*.

Peters, J. & Thurlow, I. (2003). *Building Resiliency in Youth: A handbook. Essential Resources*

support structures that bring about quality learning for students. Creation of a safe supportive environment where students feel their ideas are respected and valued is vital. It is vital that positive relationships are also fostered between the students as well as between the teacher and students. Safety issues for teachers to consider are outlined on pg 24 of the Ministry of Education's *Drug Education Guidelines for Principals and Boards of Trustees* (2000).

## **Partnership with families and communities**

Drug taking occurs in a range of settings beyond the school. It is important that schools work collaboratively with student's families and the wider community. Community consultation about the health education curriculum, including drug education, is a requirement for all schools every two years. Section 60B of The Education Act 1989, as amended by the Education Standards Act 2001, outlines the legal requirements for state schools regarding the delivery of the health education components of the relevant national curriculum statements. It identifies that the whole school community should be involved in developing policies and procedures that support learning across all health education contexts including drug education.

Healthy school communities are those in which a commitment to the concept of hauora is consistently reinforced in the classroom, in the whole school environment, and in positive relationships with parents and caregivers.

## **The structure of the matrix**

Each of the eight learning levels of the curriculum has a set of learning outcomes organised under headings which represent key components of evidence-based drug education.

These are:

- effects on well-being, choices and consequences
- communication and relationships
- strategies to support and protect self and others
- rights, responsibilities, policies and laws
- critical thinking about societal issues, and critical action.

Each learning outcome shows links to the health and physical education curriculum achievement objectives considered developmentally appropriate at that level eg (A1), (D4). Links to the underlying concepts of the curriculum are also indicated (H, AV, SEP, HP).

The key competencies from the *New Zealand Curriculum 2007* are listed down one side of each matrix, and the key characteristics for personal resiliency down the other. This is to signal to teachers the need to be

consciously providing learning opportunities for building and reinforcing these within their units of work.

LEVEL ONE						
Key competencies	Effects on well-being choices and consequences	Communication and relationships	Problem solving: Strategies to support and protect self and others	Rights, responsibilities, policies and laws	Critical thinking about societal issues and critical action	Key characteristics of resiliency
<b>Managing self</b>  <b>Relating to others</b>  <b>Participating and contributing</b>  <b>Thinking</b>  <b>Using language, symbols, and texts</b>	<i>Students will:</i>  Describe the importance of staying healthy. <b>H AV (A1) (A4)</b>	<i>Students will:</i>  Describe ways to express feelings confidently when feeling sick or hurt. <b>H (C3)</b>	<i>Students will:</i>  Identify basic strategies to ensure their environment is safe. <b>H (A3) (D1/3)</b>	<i>Students will:</i>  Identify ways to act responsibly in relation to hazards arising from use of medicines or household products. <b>H AV SEP (A3) (D2/4)</b>	<i>Students will:</i>  Take individual and collective action to contribute to environments that are safe for everyone. <b>AV HP SEP (D1/3)</b>	<u><b>Social competence</b></u>  <b>Connectedness</b> <b>Empathy/caring</b> <b>Problem solving skills</b> <b>Communication skills</b> <b>Adaptability</b>  <u><b>Autonomy</b></u> <b>Self worth, self efficacy</b> <b>Internal locus of control</b> <b>Independence</b> <b>Help seeking skills</b> <u><b>Sense of purpose and future</b></u> <b>Goal directedness</b> <b>Health enhancing values</b> <b>Achievement</b> <b>Motivation</b> <b>Persistence</b>
	Describe simple health care and safety procedures for using medicines and household products. <b>H (A3)</b>	Listen carefully to others. <b>H (C3)</b>	Identify appropriate people from whom they can get help. <b>HP H (A3) (C1)</b>	Participate in the development of safety procedures relating to medicines or dangerous substances. <b>H AV HP (D2/4)</b>		
	Identify actions they can take when they feel unwell. <b>AV (A1) (A3) (A4)</b>		Identify strategies other than medicinal, to support others when they are feeling unwell. <b>H AV (C2) (C3)</b>			

LEVEL TWO						
Key competencies	Effects on well-being	Communication and relationships	Problem solving: Strategies to	Rights, responsibilities,	Critical thinking about societal	Key characteristics of resiliency

	<b>choices and consequences</b>		<b>support and protect self and others</b>	<b>policies and laws</b>	<b>issues and critical action</b>	
<b>Managing self</b>	<i>Students will:</i>	<i>Students will:</i>	<i>Students will:</i>	<i>Students will:</i>	<i>Students will:</i>	<b><u>Social competence</u></b>
<b>Relating to others</b>	Describe their responsibility for situations involving prescribed and non-prescribed medication. <b>H</b> <b>(A1) (A3)</b>	Set a personal goal and describe the benefits it will have for mental and emotional well-being. <b>H HP AV</b> <b>(A1) (A4) (C3)</b>	Identify and use safe risk management strategies in relation to drugs and other hazards in the environment. <b>H AV</b> <b>(A3)</b>	Describe the importance of respect, aroha and responsibility towards self and others in relation to drug use. <b>H AV HP</b> <b>(A4) (C1)</b>	Examine how people's values, attitudes and actions contribute to safety in the environment in relation to drug*use. <b>AV HP SEP</b> <b>(D1)</b>	<b><i>Connectedness</i></b>
<b>Participating and contributing</b>						<b><i>Empathy/caring</i></b>
<b>Thinking</b>	Recognise choices they can make and the consequences of these for keeping themselves and others safe. <b>H A/V</b> <b>(A1) (A3) (C1)</b>	Identify the feeling of being safe. <b>H</b> <b>(C3)</b>  Demonstrate how needs and feelings can be confidently expressed during unsafe situations. <b>H</b> <b>(C3)</b>  Explore and share ideas about being a friend. <b>H AV</b> <b>(C1) (C3)</b>	Identify appropriate people from whom they can get help.  <b>H HP</b> <b>(A3)</b>			<b><i>Problem solving skills</i></b>
<b>Using language, symbols, and texts</b>						<b><i>Communication skills</i></b>
						<b><i>Adaptability</i></b>
						<b><u>Autonomy</u></b>
						<b><i>Self worth, self efficacy</i></b>
						<b><i>Internal locus of control</i></b>
						<b><i>Independence</i></b>
						<b><i>Help seeking skills</i></b>
						<b><u>Sense of purpose and future</u></b>
						<b><i>Goal directedness</i></b>
						<b><i>Health enhancing values</i></b>
						<b><i>Achievement</i></b>
						<b><i>Motivation</i></b>
						<b><i>Persistence</i></b>

<b>LEVEL THREE</b>						
<b>Key competencies</b>	<b>Effects on well-being choices and consequences</b>	<b>Communication and relationships</b>	<b>Problem solving: Strategies to support and protect self and others</b>	<b>Rights, responsibilities, policies and laws</b>	<b>Critical thinking about societal issues and critical action</b>	<b>Key characteristics of resiliency</b>

<b>Managing self</b>	<i>Students will:</i>	<i>Students will:</i>	<i>Students will:</i>	<i>Students will:</i>	<i>Students will:</i>	<u><b>Social competence</b></u> <b>Connectedness</b> <b>Empathy/caring</b> <b>Problem solving skills</b> <b>Communication skills</b> <b>Adaptability</b> <u><b>Autonomy</b></u> <b>Self worth, self efficacy</b> <b>Internal locus of control</b> <b>Independence</b> <b>Help seeking skills</b> <u><b>Sense of purpose and future</b></u> <b>Goal directedness</b> <b>Health enhancing values</b> <b>Achievement</b> <b>Motivation</b> <b>Persistence</b>
	Identify and classify different types of drugs. <b>H (A3)</b>	Identify factors that can influence interactions with other people and demonstrate basic assertive strategies to manage these. <b>H SEP HP (C1) (C3)</b>	Describe safe practices to manage situations in which drugs might be used. <b>H (A3)</b>	Describe current school health and safety guidelines and practices that support student well-being. <b>HP SEP (D3) (D1)</b>	Take action to enhance the effectiveness of current school health and safety drug-related guidelines and practices for student well-being. <b>H HP (D3)</b>	
<b>Relating to others</b>						
<b>Participating and contributing</b>						
<b>Thinking</b>						
<b>Using language, symbols, and texts</b>	Identify appropriate and inappropriate use of drugs including medicinal, and describe the consequences on well-being. <b>H (A1) (A3)</b>	Describe their feelings, beliefs and actions in relation to drug use. <b>H AV (A4) (C1) (C2)</b>	Describe strategies and actions for managing stressful situations and set a personal goal in relation to this. <b>H HP (A3)</b>			

LEVEL FOUR						
Key competencies	Effects on well-being choices and consequences	Communication and relationships	Problem solving: Strategies to support and protect self and others	Rights, responsibilities, policies and laws	Critical thinking about societal issues and social action	Key characteristics of resiliency
<b>Managing self</b>  <b>Relating to others</b>  <b>Participating and contributing</b>	<i>Students will:</i>  Access and use information to make safe choices in relation to drug use. <b>H HP (A3)</b>	<i>Students will:</i>  Describe and demonstrate a range of assertive communication skills and processes that enable appropriate interaction with others. <b>H AV (C3)</b>	<i>Students will:</i>  Identify the effects of changing situations, roles and responsibilities and describe appropriate responses. <b>H (A4) (C1)</b>	<i>Students will:</i>  Describe ways of supporting the rights and responsibilities of self and others in relation to drug use. <b>H HP AV (A4) (C2)</b>	<i>Students will:</i>  Investigate and describe personal and societal factors that influence people's use and misuse of drugs. <b>SEP AV H (D1)</b>	<b><u>Social competence</u></b>  <b>Connectedness</b>  <b>Empathy/caring</b>  <b>Problem solving skills</b>  <b>Communication skills</b>  <b>Adaptability</b>  <b><u>Autonomy</u></b>  <b>Self worth, self efficacy</b>
	<b>Thinking</b>  <b>Using language, symbols, and texts</b>	Describe how social messages, including those in the media relating to drug use, can affect feelings of self-worth. <b>H AV SEP (A4)</b>	Identify their changing roles and relationships and describe the benefits and challenges of these. <b>H AV (C1)</b>	Investigate and/or access a range of community resources that support well-being of people in relation to drug use. <b>H HP (D2) (A3)</b>	Access information about laws/legislation relating to the use of legal and illegal drugs in New Zealand. <b>SEP (D3/4) (A3)</b>	Participate in collective action to implement an enjoyable drug-free event to enhance student hauora/well-being. <b>H HP (D3/4)</b>

LEVEL FIVE						
Key competencies	Effects on well-being choices and consequences	Communication and relationships	Problem solving: Strategies to support and protect self and others	Rights, responsibilities, policies and laws	Critical thinking about societal issues and social action	Key characteristics of resiliency
<b>Managing self</b>  <b>Relating to others</b>  <b>Participating and contributing</b>  <b>Thinking</b>  <b>Using language, symbols, and texts</b>	<i>Students will:</i>  Examine the influence of drugs on well-being and develop effective self-management strategies. <b>H (A1) (A3)</b>	<i>Students will:</i>  Demonstrate an understanding of how different attitudes and values relating to drugs can influence safety in relationships. <b>AV H (C3) (C2)</b>	<i>Students will:</i>  Examine strategies for minimising risks in social situations involving drugs. <b>HP (A3) (C1)</b>	<i>Students will:</i>  Identify rights and responsibilities for themselves and others in social situations involving drugs. <b>HP SEP (D3) (A1)</b>	<i>Students will:</i>  Investigate how societal attitudes, values and practices influence the well-being of student communities in relation to drug use. <b>SEP AV (D1) (A4)</b>	<b><u>Social competence</u></b>  <b>Connectedness</b>  <b>Empathy/caring</b>  <b>Problem solving skills</b>  <b>Communication skills</b>  <b>Adaptability</b>  <b>Autonomy</b>  <b>Self worth, self efficacy</b>  <b>Internal locus of control</b>  <b>Independence</b>  <b>Help seeking skills</b>  <b><u>Sense of purpose and future</u></b>  <b>Goal directedness</b>  <b>Health enhancing values</b>  <b>Achievement</b>  <b>Motivation</b>  <b>Persistence</b>
	Examine their own and others' attitudes, values and behaviour in relation to drug* use and the consequences of choices they make. <b>AV H (A4) (C2)</b>	Demonstrate a range of interpersonal skills and processes that help them to make safe choices for themselves and others in relation to drug use. <b>HP (C3)</b>	Investigate community services that support and promote people's well-being and take action to promote personal and group involvement. <b>HP (D2)</b>	Investigate rights and responsibilities, school policies, laws and legislations in relation to alcohol and other drug use and misuse. <b>SEP HP (D3)</b>		
		Describe the importance of family, friendships and communication in supporting their well-being. <b>H AV (C1) (C3)</b>				

LEVEL SIX						
Key competencies	Effects on well-being choices and	Communication and relationships	Problem solving: Strategies to support and protect self and	Rights, responsibilities, policies and laws	Critical thinking about societal issues and social action	Key characteristics of resiliency

	<b>consequences</b>		<b>others</b>			
<b>Managing self</b>	<i>Students will:</i>	<i>Students will:</i>	<i>Students will:</i>	<i>Students will:</i>	<i>Students will:</i>	<b><u>Social competence</u></b>
<b>Relating to others</b>	Access and use reliable sources of information about the effects of drug use and misuse on well-being. <b>HP H (A1)</b>	Investigate the value of support structures in drug-related situations, such as family and friendship groups. <b>SEP HP (C1)</b>	Demonstrate an understanding of responsible behaviours required to ensure that challenges and risks are managed safely in physical and social environments in relation to drugs. <b>H HP AV (C2) (A3)</b>	Compare and contrast personal values and practices in relation to use of a variety of drugs, with rights and responsibilities required by rules, policies and laws. <b>AV HP SEP (D3)</b>	Examine the enablers and barriers to seeking help and support for themselves and others in drug-related situations. <b>HP SEP (D1) (D2)</b>	<b><i>Connectedness</i></b> <b><i>Empathy/caring</i></b> <b><i>Problem solving skills</i></b> <b><i>Communication skills</i></b> <b><i>Adaptability</i></b> <b><i>Autonomy</i></b>
<b>Participating and contributing</b>						
<b>Thinking</b>						
<b>Using language, symbols, and texts</b>	Investigate and understand reasons for and consequences of the choices people make that affect their well-being and social norms. <b>HP SEP H AV (A1)</b>	Plan strategies and demonstrate interpersonal skills to respond to drug-related situations appropriately. <b>HP AV (C3)</b>	Examine the nature, causes and effects of stress and develop goals for drug-free self-management. <b>H (A1) (C3)</b>		Advocate for the improvement of services and facilities to meet drug-related needs in the school and community. <b>HP (D2)</b>  Investigate the health promotion strategies implemented by local and/or national organisations to promote the well-being of society in relation to drug use. <b>HP SEP (D2) (D4)</b>	<b><i>Self worth, self efficacy</i></b> <b><i>Internal locus of control</i></b> <b><i>Independence</i></b> <b><i>Help seeking skills</i></b> <b><u>Sense of purpose and future</u></b> <b><i>Goal directedness</i></b> <b><i>Health enhancing values</i></b> <b><i>Achievement</i></b> <b><i>Motivation</i></b> <b><i>Persistence</i></b>

<b>LEVEL SEVEN</b>						
<b>Key competencies</b>	<b>Effects on well-being choices and consequences</b>	<b>Communication and relationships</b>	<b>Problem solving: Strategies to support and protect self and others</b>	<b>Rights, responsibilities, policies and laws</b>	<b>Critical thinking about societal issues and social action</b>	<b>Key characteristics of resiliency</b>
<b>Managing self</b>	<i>Students will:</i>	<i>Students will:</i>	<i>Students will:</i>	<i>Students will:</i>	<i>Students will:</i>	<b><u>Social competence</u></b>
<b>Relating to others</b>	Identify possible patterns of alcohol or other drug use across the lifespan in contemporary New Zealand society and examine their own assumptions about	Evaluate information, make informed decisions and use interpersonal skills effectively to	Analyse the difference between perceived and actual risks in physical and social environments and develop skills for taking responsible action in	Critically analyse how drug advertising practices and legislation are related to the	Critically analyse the relationship between key determinants of health and the drug using patterns of an identified group.	<b><i>Connectedness</i></b> <b><i>Empathy/caring</i></b> <b><i>Problem solving skills</i></b> <b><i>Communication</i></b>
<b>Participating</b>						

<b>and contributing</b>  <b>Thinking</b>  <b>Using language, symbols, and texts</b>	this. <b>H SEP (A1)</b>	manage drug-related situations. <b>AV HP H (C3)</b>	situations involving drug use and misuse. <b>HP (A3)</b>	promotion of healthy and safe communities. <b>SEP (D1) (D3)</b>	<b>SEP (D1)</b>	<b>skills</b> <i><b>Adaptability</b></i> <u><i><b>Autonomy</b></i></u>
	Demonstrate understanding of health determinants beyond the personal that influence well-being in relation to drug use and misuse. <b>SEP H (A1)</b>	Analyse the beliefs, attitudes and practices around the use of alcohol that reinforce stereotypes and gender role expectations and the contribution of these to New Zealand social norms. <b>AV SEP (D1)(C2)</b>		Analyse drug-related social justice issues in contemporary New Zealand society and recommend short and long term strategies to achieve equitable outcomes. <b>HP SEP AV (D1) (D3) (D2)</b>	Devise and implement a health promotion action plan to encourage a safe approach to a specified drug for a targeted group in their community. <b>HP H (D2) (A3) (D3)</b>	<i><b>Self worth, self efficacy</b></i> <i><b>Internal locus of control</b></i> <i><b>Independence</b></i> <i><b>Help seeking skills</b></i> <u><i><b>Sense of purpose and future</b></i></u> <i><b>Goal directedness</b></i> <i><b>Health enhancing values</b></i>
	Analyse how a person's beliefs, attitudes and experiences have shaped their choices and the consequences of these in relation to drug use and misuse. <b>AV H SEP (A4)</b>					<i><b>Achievement</b></i> <i><b>Motivation</b></i> <i><b>Persistence</b></i>

LEVEL EIGHT						
Key competencies	Effects on well-being choices and consequences	Communication and relationships	Problem solving: Strategies to support and protect self and others	Rights, responsibilities, policies and laws	Critical thinking about societal issues and social action	Key characteristics of resiliency
<b>Managing self</b>  <b>Relating to others</b>  <b>Participating and contributing</b>  <b>Thinking</b>  <b>Using language, symbols, and texts</b>	<i>Students will:</i>  Critically evaluate a range of qualitative and quantitative data to devise strategies to meet their current needs for well-being in relation to drug use. <b>H HP (A1)</b>	<i>Students will:</i>  Analyse and evaluate attitudes and interpersonal skills that enable people to participate fully and effectively as community members in drug-related situations. <b>SEP HP AV (C3)</b>	<i>Students will:</i>  Critically analyse dilemmas and contemporary ethical issues that influence their own health and safety and that of other people in drug-related situations. <b>SEP HP (A3)</b>	<i>Students will:</i>  Establish and justify policy priorities conducive to higher standards of health across the population in relation to drug-related issues. <b>SEP (D3)</b>	<i>Students will:</i>  Critically evaluate the effectiveness of different models of health promotion for achieving equitable health outcomes in drug-related situations, making links to determinants of health. <b>HP SEP (D1) (D2)</b>	<b><u>Social competence</u></b>  <b>Connectedness</b>  <b>Empathy/caring</b>  <b>Problem solving skills</b>  <b>Communication Skills</b>  <b>Adaptability</b>  <b>Autonomy</b>  <b>Self worth, self efficacy</b>  <b>Internal locus of control</b>  <b>Independence</b>  <b>Help seeking skills</b>  <b><u>Sense of purpose and future</u></b>  <b>Goal directedness</b>  <b>Health enhancing values</b>  <b>Achievement</b>  <b>Motivation</b>  <b>Persistence</b>
	Critically analyse the impacts that conceptions of personal, cultural and national identity have on people's well-being in relation to drug use. <b>H AV SEP (A4)</b>	Critically analyse attitudes, values and behaviour in relation to drug use that contribute to conflict and identify and describe ways of creating more harmonious relationships. <b>AV SEP (C2)</b>		Investigate and evaluate attitudes, practices and legislation in relation to the role of the hospitality industry in maintaining a healthy community. <b>AV HP SEP (D1) (D4)</b>	Apply their understandings of health promotion to specific contexts by planning for action, and critically evaluate the potential effectiveness of specific strategies for health promotion in drug-related situations in these contexts. <b>HP SEP (D3)</b>	

## Where to go for further help/information

- TKI (Te Kete Ipurangi – Online learning centre) [www.tki.org.nz](http://www.tki.org.nz)
- New Zealand Drug Foundation [www.nzdf.org.nz](http://www.nzdf.org.nz)
- Australian Drug Foundation [www.adf.org.nz](http://www.adf.org.nz)
- ALAC (The Alcohol Advisory Council of New Zealand) [www.alcohol.org.nz](http://www.alcohol.org.nz)
- ASH (Action on Smoking & Health) [www.ash.org.nz](http://www.ash.org.nz)
- KidsLine [www.kidsline.org.nz](http://www.kidsline.org.nz)
- National Poisons Centre [www.poisons.co.nz](http://www.poisons.co.nz)
- Ministry of Health – National Drug Policy  
[www.moh.govt.nz/moh.nsf/.../national-drug-policy-2007-2012](http://www.moh.govt.nz/moh.nsf/.../national-drug-policy-2007-2012)
- New Zealand Police – [www.police.govt.nz/service/yes/](http://www.police.govt.nz/service/yes/)
- Quit/Me Mutu [www.quit.org.nz](http://www.quit.org.nz)