



# Skills for Drug Education in Schools



**The Colombo Plan  
Drug Advisory Programme**



**A Manual for  
Teachers and Trainers**

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A Manual  
for  
Teachers and Trainers

Supported by the Australian  
Government



Produced by  
The Colombo Plan  
Drug Advisory Programme

This publication was developed by the Colombo Plan Drug Advisory Programme under the Project 2001-5: *Enhancing Life Skills/Social Competence Skills in Prevention Drug Education in South East Asia*. The presentations herein, are the views of the editors and do not necessarily reflect the official policy or position of the Colombo Plan Drug Advisory Programme.

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Recommended Retail Price : US\$ 20.00

First Print September 2001

Second Print November 2009

## FOREWORD

Today, our young people live in a more complex and challenging world. To succeed in this world and effectively cope with the numerous problems encountered, requires a specific set of social competence skills. Research has found that young people without these skills were more vulnerable to drug abuse.

The Colombo Plan through its Drug Advisory Programme (DAP) remains committed to the development of an effective drug prevention programme to support member countries in preventing their young generation from succumbing to drug abuse. Hence, the DAP developed a comprehensive training manual suitable for teachers and trainers to support the implementation of a skills-based drug education programme in schools. This manual is based on evidence-based principles of drug education in schools. It was developed through a consultation process involving school education authorities and drug implementing agencies of participating countries to ensure its relevance to the target group. The focus of the manual is on the training of teachers and trainers on the skills for drug education, utilizing experimental learning approaches. A section on drug counseling and referral is also included to aid teachers and schools to assist students with drug related problems.

Since the manual was first developed in 2001 with funding from the Government of Australia, countries have widely adopted the manual and successfully integrated the life skills into the preventive drug education curriculum in their schools. With this reprint, it is hoped that more teachers and trainers will be empowered and incorporate the set of life skills into the drug prevention programme in schools.

The Colombo Plan Secretariat wishes to express its sincere gratitude and appreciation to all the resource persons who have contributed immensely to the development of this manual. Lastly, I would also like to specially thank the Government of Australia for funding this initiative.



**Dato' Patricia Yoon-Moi Chia**  
Secretary-General  
The Colombo Plan Secretariat

9 November 2009

## **ACKNOWLEDGEMENTS**

The Colombo Plan Drug Advisory Programme  
recognises with appreciation  
the valuable contributions of the following:

The Government of Australia – AusAID  
for its funding of the development  
of the training manual and training programmes.

The Office of the Narcotics Control Board of Thailand  
for secretarial assistance.

The Panel of Editors  
for their untiring efforts in reviewing this manual.

Mr. Rod Ballard and Mr. David Curd  
for their expertise and skills in developing this manual.

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# **SECTION ONE**

## **INTRODUCTION**



## SECTION ONE

## INTRODUCTION

**Purpose of the Manual**

The purpose of this manual is to train teachers and trainers on practical skills and knowledge in the area of enhancing personal and social competence related to preventing drug abuse. This is achieved through the development of personal and interpersonal skills, the acquisition of situation specific skills and strategies and the provision of knowledge relevant to decisions being made about drug issues.

This manual will introduce teachers and others working with young people to a way of teaching drug education, based on the development of values and skills. It is not a skills approach or a drug education programme, but a way of teaching and interacting with young people that has the potential to lead to better drug education outcomes.

The approach is activity based using experiential learning and small group work. It is the intention to model the techniques at training seminars, so participants learn in the way that they will be encouraged to facilitate the learning of their students.

The acquisition of social skills, such as assertiveness, is best taught in small groups. Small group work provides opportunity for a free and thorough exchange of ideas and increases individual participation. The processes that occur in small groups are more appropriate for facilitating the analysis of attitudes to drugs and drug education. Small groups provide an environment conducive to attitude change by encouraging trust and reducing obstacles to change such as egocentrism and defensiveness.

The consequences of drug abuse is affected by three factors:

- **personal/individual factor** – the reasons for using the substance
- **social/environmental factor** – the context in which the substance is used
- **drug/substance factor** – the nature and effect of the substance

A skills approach addresses directly the first two factors with personal and interpersonal skills and, through the use of a decision making process, addresses facts about drugs in a meaningful and relevant way.

A skills approach to drug education must balance the provision of information with the opportunity to develop values and skills in young people to enable them to cope with their problems, and to resist influences to use drugs. This includes skills for building self-esteem, setting realistic goals, coping with anxiety, resisting pressures, communicating effectively, making decisions, managing conflict and dealing assertively with social situations in which drugs may be offered.

The learner should be actively involved in the learning process and encouraged to reflect on the learning experiences in terms of how and why activities contributed to the objectives and how activities may be applied to drug education. The process of reflection is a vital component of the learning process.

To effectively facilitate skills development, teachers and other school personnel need to have training to provide a base of general drug information and knowledge of health related topics as well as opportunities to practise and reflect.

The ability of school personnel, including administrators, teachers and counsellors, to address drug issues with confidence and expertise contributes markedly to the way in which students respond to drug education in schools and their capacity to effectively and safely manage drug use issues as they arise. It is for this reason that information on drugs, drug abuse and counselling form part of this manual.

Skills and values addressed in a skills based programme should have general applicability to all aspects of a young person's life. However, the skills must be applied and practised in potential drug use situations that are

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relevant and meaningful to the students if better educational outcomes, which lead to a change in drug use behaviours, are to be demonstrated.

The effectiveness of a skills approach to drug education will be enhanced if it is part of a comprehensive and ongoing health education programme that has sequence and coordination over a number of years of schooling and allows for different legal, cultural and social considerations.

### **Drug Education in Schools**

Drug education in schools may be defined as the educational programmes, policies, guidelines and procedures that contribute to the achievement of broader public health goals of preventing and controlling drug abuse and drug-related consequences to individuals and society.

Drug education in the classroom may be described as the lessons, programmes, activities and practices that lead to the achievement of learning outcomes that relate to drug abuse prevention and control among individuals and in communities.

Drug education should be considered in relation to both the formal and informal curricula in health, the creation of a safe and healthy school environment, the provision of appropriate health services and the involvement of the family and the wider community in the planning and delivery of programmes.

Schools cannot accept sole responsibility for changing student health behaviours, including the abuse of drugs. It is the primary role of the school to impart knowledge, and develop skills and sound values in relation to health and drug use. To effect behavior change, the school needs the positive influence of other sectors of society such as the homes and communities.

Schools cannot make the changes in health behaviours of students alone, particularly drug abuse behaviours, nor attempt to reliable measures of their successes or effectiveness. Schools can and should report to the community on the attainment of educational objectives identified as contributing to the achievement of the broader public health goals of preventing and controlling drug abuse.

School policies and procedures that address the abuse or possession of drugs at school, are based unquestionably on prohibition. It should be made out clear to students that drug abuse and possession of drugs at school is strictly prohibited. Also, it should be made clear that any disclosure about drug abuse or possession by students or others will be conveyed to authorities and acted upon.

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**Actions for schools to create a positive learning environment**

Research indicates that schools wishing to prevent and control drug abuse should consider the following elements when planning and implementing their programmes:

1. Establishing a learning environment where the school administrators, including the principal, are committed and informed about effective drug abuse prevention education involving a significant mass of committed school personnel.
2. Training teachers/facilitators on drug education approaches and strategies is vital to the programme.
3. Developing teacher/facilitator skills on the selection and use of suitable resource materials for drug education.
4. Providing adequate curriculum time to permit access to drug education for all students.
5. Ensuring immediate access to school-based intervention programmes or referral to treatment agencies, for students who are regular or problematic drug abusers.
6. Developing an educational climate and policies, which support health-promoting behaviours; and are responsive to the reality of students' lives. Programmes need to extend range of student health-promoting behaviours, personal and social skills, recreational pursuits and information.
7. Developing a clear understanding of how and why young people start abusing drugs; and the establishment of programmes that are student-oriented rather than drug-oriented.
8. Involving parents and the wider community in the school programme through awareness programmes, community action groups, involvement in the implementation of the school programme and extra-curricular activities such as camps, dances and entertainment.
9. Introducing outside resource personnel can be productive if they are part of the planned ongoing programme, but only if they are fulfilling specific aims which should be clearly stated. The idea that an isolated presentation, by even the most well-intentioned doctor, police officer or other expert, can stop drug abuse must be questioned.

**A safe school environment**

Strategies designed to improve the health of students have been shown to be more successful if they are delivered in the context of a whole school approach. This means developing, implementing and reviewing policy, consulting and working with parents, leaders, elders and the school community, accessing community resources and involving students.

A whole school approach means more than the implementation of the formal curriculum. It means ensuring that the messages students learn through the informal curriculum, are supported by policy and practices in the student welfare and pastoral care areas. For example, it is of limited use for students in one class to be encouraged to communicate openly and be assertive, if in another class, they observe or experience lack of respect for their rights and feelings during sport, or in any of the schools and communities.

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Similarly, there needs to be an integration of formal programmes within an adequate student welfare and support structure, so that linking students to community health agencies complements education programmes.

The school system is often a close reflection of the culture in which they are located. Because of this, schools may find it difficult to change behaviours which are prevalent in a culture because they, themselves, are strongly influenced by that culture, and because students are influenced by forces outside the school.

When messages transmitted by schools are consistent with those of society at large, they are likely to succeed. The best way to introduce change via school programmes is by coordinating them with parallel interventions provided by government agencies, community groups, and the media.

In this model, a school, promoting health as a goal for all students, would create a supportive learning environment by catering for the needs of students and staff through the provision of information, services and developing and maintaining an atmosphere built on mutual respect and individual empowerment. It would also create policy designed to provide staff and students with clear codes of ethics, provide information and resources to prevent drug abuse.

This model would also develop the skills of school personnel and students in relation to health and consequent decision-making. Health services would be reorientated to ensure a partnership between health and education and such a school would strengthen community action by involving parents and outside agencies in the school.

The school has a significant role within a comprehensive community-wide strategy to develop innovative and creative education methods to address the problem of harm caused by drug abuse in a way that does not arouse curiosity, glamorise drug abuse or lead to increased experimentation.

The impact that schools can have on drug abuse prevention must be determined in terms of their effectiveness in achieving educational outcomes. The task for schools and researchers is to identify the educational outcomes that lead to preventing drug abuse.

An understanding, by teachers, of how and why young people start using drugs will help to avoid adopting well-meaning but ineffective strategies, such as scare tactics, in the belief that they will influence decisions about drug. Good practice, based on research, suggests that programmes that are teacher facilitated and student oriented rather than those which are drug oriented, one-off, or information based, are more likely to achieve productive educational outcomes.

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## INTRODUCTION

**Incorporating Knowledge, Attitudes/Values and Skills**

Schools have been successful in providing effective drug education that assists students to acquire the knowledge, develop the attitudes and skills to avoid drug abuse. A range of activities that maintain a balance between accurate, easy to understand information; exploration of their own as well as others' values and attitudes; and opportunities to learn and practise specific skills, should be selected.

**Knowledge**

For any subject, the teacher must possess a level of basic knowledge and skills to be an effective facilitator of learning. The following knowledge competencies describe a teacher/facilitator who understands the needs and concerns of the students; and feels comfortable handling class discussions and student questions:

- understanding of human growth and development;
- knowledge of the general composition of the most common drugs, their common names and effects;
- knowledge of current policies and laws governing drug use;
- understanding of current issues and trends in drug use and abuse and their impact; and
- drug-related community resources and their functions.

**Attitudes and values**

Each society holds differing values surrounding drug related issues. Societal opinion about drug abuse is not constant and may change as issues arise. Individual values and attitudes towards these issues vary greatly; and students need the opportunity to explore their values and attitudes with respect to their peers, family, religion, community and country. The attitudes of the teacher/facilitator towards students and health education will influence the acquisition of knowledge and development of appropriate skills among the students.

The values and attitudes of an effective drug education teacher/facilitator include:

- conviction that they serve more as a facilitator of learning than the giver of information;
- acceptance of limitations as a drug educator/counsellor and willingness to seek assistance;
- belief in the worth and dignity of all individuals;
- respect for and trust in the student's family regardless of personal preference for a particular family lifestyle;
- realisation that personal decisions and opinions regarding drug use are legitimately held;
- respect for the human body, human rights and dignity;
- recognition that drug issues are legitimate issues for the learning environment.

**Skills**

Skills are the techniques and methods that the teacher uses to attain educational objectives. Good teaching and interpersonal skills are critical to effective drug education.

The teacher needs skills in:

- recognising and working with student concerns around drug issues;
- selecting effective strategies and resources to support the learning experience;
- modelling effective communication, problem-solving, decision-making and assertion skills;
- managing small groups and working with students individually, when necessary; and
- promoting full, non-judgmental discussions, building mutual respect and understanding.



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## INTRODUCTION

**Principles of good practice for drug education in schools**

Principles for good practice in drug education provide policy makers, school principals, teachers, parents, community organisations and providers of drug education with a framework upon which they can make decisions about the selection, design and implementation of drug education programmes for students. These *Principles for Drug Education in Schools* are the bases of the *Australian National School Drug Education Strategy*, and are presented as a guide for education systems that wish to develop their own principles.

1. **Drug education is best taught in the context of the school health curriculum.**  
Ongoing, comprehensive, developmentally appropriate school health programmes support effective learning and have the capacity to take into account the complex and changing nature of drug-related behaviour. Separate, isolated programmes do not usually reflect coordination, continuity and context that can be provided by programmes with a sound curriculum base.
2. **Drug education should be conducted by the teacher of the health curriculum.**  
The classroom teacher, with specific knowledge of the students and the learning context, is best placed to identify and respond to the needs of students and to integrate drug education with other classroom activities.
3. **Drug education programmes should have sequence, progression and continuity over time throughout schooling.**  
Messages must be regular, timely and come from a credible source. These messages need to be addressed at relevant ages and/or stages of the development of the learner. Complex social skills then build on and reinforce existing skills.
4. **Drug education messages across the school environment should be consistent and coherent.**  
School policies and practices that reinforce the objectives of drug education programmes maximise the potential for success.
5. **Drug education programmes should be selected to complement the role of the classroom teacher, with external resources enhancing not replacing that role.**  
The credibility of the teacher's role in meeting student needs may be compromised where externally developed programmes or resources are imposed on schools.
6. **Approaches to drug education should address the values/attitudes and behaviours of the community and the individual.**  
Student decisions about drug abuse tend to be easier to make where peer and community groups demonstrate responsible attitudes toward drug abuse.
7. **Drug education needs to be based on research, effective curriculum practice and identified student needs.**  
Unilateral approaches, such as providing information only about the harmful long-term effects of drug use, have failed in many cases because they ignored local needs and were based on unevaluated assumptions.
8. **Drug education strategies should be related to the achievement of programme objectives.**  
Some strategies are used because they are popular, enjoyable or interesting, but, unless they are linked to the objectives, the value of these approaches is questionable.

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## INTRODUCTION

9. **The emphasis of drug education should be the prevention of drug abuse among students likely to occur in the target group, and on the drugs that cause the most harm to the individual and society.**  
Some drugs attract media attention and public concern but may not be the most used nor cause the most harm.
10. **Effective drug education should reflect an understanding of characteristics of the individual, the social context, the drug, and the interrelationship of these factors.**  
Programmes that address just one of these components neglect other significant influences and are likely to have limited success.
11. **Drug education should respond to developmental, gender, cultural, language, socio-economic and lifestyle differences of the students.**  
Attention to how these factors contribute to drug abuse will make programmes more relevant and meaningful to the target group, and can help to address the motivations for drug abuse derived from influences such as culture and gender.
12. **Mechanisms should be developed to involve students, parents and the wider community in the school drug education programme at both planning, implementation and evaluation stages.**  
A collaborative approach will help to reinforce desired behaviours through providing a supportive environment for school programmes.
13. **The achievement of drug education objectives, processes and outcomes should be evaluated.**  
Evaluation will provide formal evidence of the worth of the programme in contributing to short and long-term goals as well as to improving the design of future programmes.
14. **The selection of drug education programmes, activities and resources should be based on an ability to contribute to long-term outcomes in the health curriculum and the health environment of the school.**  
A coordinated series of short-term programmes linked with longer term outcomes should be given priority over the superficially attractive stand alone, one-off or quick fix alternatives.

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## INTRODUCTION

## Approaches to Drug Education

## Ineffective Approaches

**Information-based programmes** give students the facts about drugs and their effects, focussing on illegal drugs with fear-arousing and sensationalising messages developed from a need to provide drug education programmes quickly. These programmes do increase student knowledge about drugs, but do not appear to be effective in either developing negative attitudes towards drugs or producing the desire to use drugs.

**Evidence suggests that telling students about drugs can increase curiosity and subsequently experimentation.**

Information-based programmes typically involve:

- exaggerating negative consequences leading to students rejecting the message and the source;
- failing to address the links between knowledge, attitudes and behaviour;
- focusing on older adolescents who had already developed patterns of drug use, thus being less receptive to drug education; and
- overlooking the influences of parents, peers, advertising and social mores on drug abuse.

**Individual deficit model** programmes focus on the person and are based on an assumption that adolescents who begin using drugs lack some essential traits or abilities such as self-esteem or the ability to solve problems and make decisions. This model was influenced by observation of adolescents or adults who were drug users, usually in treatment settings.

It was thought that the low level of social skills exhibited by the group was a precursor to drug abuse. However, as drug abuse usually causes a skills deficit, it is difficult to demonstrate a causal relationship. Some of the programmes reported improvements in personal and social skills, while reductions in drug use were vague or non-existent. This was not surprising; as the model was not based on an understanding of the reasons why adolescents begin using drugs.

Programmes based on the deficiency model typically involve:

- no drug information,
- social skills training in communication, decision-making and assertiveness,
- personal skills training in self-esteem enhancement and coping skills, and
- values clarification; and group methods.

It would seem reasonable to suggest that information and deficit approaches when used alone fail because they do not address the single most important reason for the abuse of drugs by individuals - social influence.

## Effective Drug Education Approaches

**Social Influence Approach** includes correction of normative expectations about drug abuse, teaching to identify and resist peer group, family and media pressure and emphasising non-use.

There are two types of social influence programmes:

1. teaching resistance to the social pressures of drug abuse, and
2. skills-based programmes combining social influences training with a range of general coping skills.

**This manual focuses on the second type of program.**

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## INTRODUCTION

**Essential elements of an effective drug education programme****1. Curriculum based on educational theory**

Effective curricula are based on theory and researches on drug abuse prevention. Curricula have tended to focus on a narrow range of educational aims, such as factual knowledge and attitudes. Recent educational and psychological theories suggest that the focus of school programmes should be broadened to promote skills that can protect young people from drug abuse.

**2. Curriculum should include developmentally appropriate information about drugs**

Effective programmes recognise that young people are more interested in concrete information for the present, than long-term possibilities. Effective curricula contain accurate and relevant information about drugs with emphasis on short-term, negative, social and personal consequences. Included also should be the long-term effects of drug abuse on health but a heavy emphasis on these may not be beneficial.

**3. Interactive social learning**

Programmes most successful at preventing drug abuse include skills to resist social pressures to use drugs and normative education, which emphasises the fact that most young people do not use drugs. Findings from good quality evaluation research suggest that the training should include interactive teaching techniques where students develop skills in decision-making, goal setting, communication, assertion and general social skills. Social learning theory emphasises the importance of social role models and suggests that resistance to peer persuasion will be greater if arguments are developed in advance to counter social pressures to use drugs.

**4. Teacher training and support**

Programmes are most successful when teachers receive training and support from programme developers or prevention experts. To help teachers become familiar and comfortable with using interactive teaching techniques, teacher trainers should model these behaviours during training sessions. In addition, teachers should be given ample opportunity to practice these new skills, and receive feedback and reinforcement during practice sessions.

**5. Adequate coverage and follow-up**

Many programmes tend to be brief and most experts agree that such programmes are ineffective. Effective drug education programmes tend to be intense, with a large amount of in-school time. Eight of ten effective programmes had ten or more sessions on drug education.

**6. Cultural sensitivity**

Experts agree that drug abuse prevention strategies must be sensitive to the ethnic and cultural backgrounds of the youth they target if they are to be successful.

**7. Extra-curricular activities**

Educational researchers agree that effective programmes should include input from parents, other families and the community, although the effects of these additional components have not been evaluated rigorously.

**8. Evaluation**

An important question for educators is whether they can demonstrate educational outcomes. The quality of evaluation studies is important so that there can be confidence in the findings. Evaluation designs should include pre-test and post-test and a control group, as well as outcome measures of drug abuse behaviour. The most convincing evidence comes from studies where knowledge, attitudes and behaviour are assessed immediately after the programme, and again at a later time.

**SECTION ONE**

**INTRODUCTION**

**SECTION TWO**

**SKILL ONE**

**GROUP  
FACILITATION**



**SECTION TWO - SKILL ONE****GROUP FACILITATION****Group facilitation defined**

Group facilitation is a process in which participants are guided by a facilitator through a sequence of learning activities, encouraged to reflect on the experiences and provided with opportunities to lead and be led by their peers through the learning process. This is appropriate to school drug education where student drug use choices are often made within a social group context.

In this process, the facilitator is not the primary source of knowledge and does not predetermine the outcome of the learning experience. To be most effective, facilitation of learning activities is done best in small groups where group members are provided with opportunities to assume different roles including observer, leader and participant.

Students who are actively engaged in group facilitation processes can enhance their access to information, be exposed to different views and perspectives and develop effective interpersonal skills. These experiences and skills are essential elements of drug education where individuals can review and confirm their values and beliefs in relation to their own behaviour and the behaviour of others.

Well-facilitated small group work creates a supportive learning environment whereby individual opinions are valued, personal differences are accepted and empathy is shared. This results in openness, trust, confidence and support between the student and the teacher or facilitator. One aim of this process is to create a sense of shared learning where the teacher/facilitator assumes a role within the group rather than instructing students in a more traditional didactic role.

Learning activities also aim to provide participants with insight into how group dynamics operate and how they can influence individual attitudes and behaviours. This process can highlight the qualities of effective and positive groups in contrast to ineffective and negative groups.

The objectives of group work must be clearly defined before selecting and facilitating a learning activity. The environment in which group work is facilitated is critical to the success of this process. Ideally, the room or area should be comfortable, well lit and flexible enough to accommodate a number of small groups in addition to the total number of participants.

**Role of the facilitator**

The role of the facilitator is different from that of an instructor or expert. The facilitator should promote an atmosphere of trust, support and encouragement for the group and intervene only when ineffective group behaviour is evident and impacting negatively on group outcomes. Ideally, the facilitator becomes one of the learners in the group, creating two-way communication and learning processes within the group.

**Characteristics of an effective group facilitator**

• Being non-judgemental	• Participating
• Being honest	• Being flexible
• Fostering trust	• Being firm and fair
• Observing	• Being sensitive
• Being supportive	• Communicating effectively



SECTION TWO - SKILL ONE

GROUP FACILITATION

**Activity One - Developing Group Rules**

Time - 30 minutes

Small Group Size - 5

Additional Resources: Information Sheet - Elements of an Effective Group

Objectives for participants

- **Knowledge**  
Identify problems that can cause ineffective operation of groups.
- **Attitudes/values**  
Accept that strategies can be used for preventing problems within a group.
- **Skills**  
Develop agreed ground rules for effective group work.

Group activity	Notes
<ol style="list-style-type: none"> <li>1. Small groups discuss an ineffective group in which participants have been members. List the reasons why it was an ineffective group.</li> <li>2. Consider an effective group they have been a member of and list reasons why it was an effective group.</li> <li>3. A reporter is nominated from each group and reports back to the large group on the points discussed. Reporters are asked not to repeat issues identified by other groups. Written feedback is displayed.</li> <li>4. Referring to the feedback, the facilitator leads group discussion on the key factors that contribute to effective group work. These are highlighted.</li> <li>5. Distributes copies of <b>Information Sheet - Elements of an Effective Group</b>.</li> <li>6. Review the elements of an effective group. The group then develops a list of <i>Ground Rules</i> that will be referred to in all future group work.</li> <li>7. The <i>Ground Rules</i> will be displayed where they can be viewed in all future group work. Ground rules can be amended if the need arises.</li> </ol>	<ul style="list-style-type: none"> <li>• The development of ground rules provides a reference for future group work.</li> <li>• The group itself may determine that the ground rules need to be modified as work proceeds.</li> <li>• The facilitator should continue to refer the group to the ground rules for their consideration and possible amendment based on further group work experience.</li> </ul>

Process questions

What did we do? What did we learn?  
 How did you feel? Why did we do this activity?  
 How would you use this?

*N.B. An ideal group size is 12-15 participants, however, where this is not possible, group size should be no larger than 25 participants.*

## *Information Sheet - Elements of an Effective Group*

An effective group:

1. has a clear understanding of its purpose and goals;
2. is flexible in selecting its strategies to work towards its goals;
3. has effective communication and understanding among members;
4. is able to initiate and carry on effective decision-making, considering all viewpoints and obtaining the commitment of all members for important decisions;
5. achieves a balance between group productivity and the satisfaction of individual group member needs;
6. shares leadership responsibilities with all group members so that members contribute ideas, elaborates and clarifies the ideas of others, tests the feasibility of potential decisions and maintains itself as an effective working group;
7. has a high degree of cohesiveness but not to the point of restricting individual freedom;
8. makes effective use of the different members' abilities;
9. is not dominated by the leader or other members;
10. can be objective about reviewing its own processes and face its problems;
11. **maintains a balance between emotional and rational behaviour, channelling emotions into productive group effort;**
12. communicates personal feelings and attitudes, as well as ideas, in a direct and open way because they are considered important to the effective operation of the group;
13. shares responsibility for group outcomes; and
14. allows and encourages participation by all members

## SECTION TWO - SKILL ONE

## GROUP FACILITATION

*Activity Two - Group Goals**Time - 30 minutes**Small Group Size - 5*

## Objectives for participants

- **Knowledge**  
Recognise relevant and attainable group goals.
- **Attitudes/values**  
Agree to work towards accepted group goals.
- **Skills**  
Operate effectively in a group to experience setting group goals.

Group activity	Notes
<ol style="list-style-type: none"> <li>1. Ask participants to write what they believe to be an important group goal. Explain that for goals to be useful they need to be stated in terms that can be measured or evaluated. As a guide, the goal should state who is expected to achieve which behaviour, in what manner and by when.</li> <li>2. Share group goals and attempt to reach consensus, which will be shared with the other groups. Compare goals in terms of suitability, similarity and whether or not they can be achieved and evaluated.</li> <li>3. Each group reports back to the large group with the facilitator seeking clarification and consensus from each small group and the large group. The final list of agreed group goals will be written and displayed in the room for future reference.</li> <li>4. Ask the group if the goals have been achieved to date? Which were not? Why not?</li> </ol> <p><i>N.B. The review of group goals using the above questions should be conducted regularly throughout the workshop.</i></p>	<ul style="list-style-type: none"> <li>• Having considered why groups can be effective or ineffective, participants are now beginning to work together and define the goals of how their group will operate.</li> <li>• This is a critical learning process for adolescents who will be working in groups to discuss sensitive and personal issues.</li> <li>• Where individual participants speak or behave in an offensive manner, the facilitator can now refer the individual and the group to agreed ground rules and goals, which will effectively modify the offensive actions.</li> <li>• Learning to work together in groups can be a positive influence on drug taking behaviour.</li> </ul>

## Process questions

What did we do? What did we learn?  
 How did you feel? Why did we do this activity?  
 How would you use this?

## SECTION TWO - SKILL ONE

## GROUP FACILITATION

**Activity Three - Observation of Roles in Groups**

Time - 30 minutes

Small Group Size - 10

Additional resources: *Information Sheet - Group Member Role**Activity Sheet - Group Observer Feedback*

## Objectives for participants

- **Knowledge**  
Identify roles that help and hinder effective group work.
- **Attitudes/values**  
Appreciate different roles and how they relate to group development processes.
- **Skills**  
Observe group behaviour and provide feedback on the roles taken on by group members.

Group activity	Notes
<ol style="list-style-type: none"> <li>1. Hand out <b>Information Sheet - Group Member Roles</b> and outline the different roles that can be observed within a group. Discussion and demonstration may be necessary for explanation and will provide opportunities for role-play.</li> <li>2. In groups of ten, ask three or four in each group to be <i>observers</i>. Remaining participants form a discussion circle with <i>observers</i> standing outside the circle.</li> <li>3. The observers are briefed privately and provided with <b>Activity Sheet - Group Observer Feedback</b>. They will make notes on the activity sheet about participants as they engage in a group discussion. Each observer observes a different group.</li> <li>4. The facilitator provides a discussion topic for the group and explains that the observers are to be ignored by the participants involved in the discussion. Suggested topics include: <ul style="list-style-type: none"> <li>• What role do parents play in a child's education about drugs?</li> <li>• Should scare tactics be used to prevent drug abuse?</li> <li>• Should children under 12 years old receive education about drugs?</li> </ul> </li> <li>5. Following the discussion, observers report back on what they observed. Participants also can make comments on observer's comments.</li> </ol>	<ul style="list-style-type: none"> <li>• Topics may need to be changed or generated to suit cultural situations.</li> <li>• The summary of the different possible roles that can exist within groups forms a useful reference for participants seeking to understand how groups can operate at different levels.</li> <li>• For drug education, participants should have the opportunity to participate and share their thoughts in a non-threatening environment.</li> </ul>

## Process questions

What did we do? What did we learn?

How did you feel? Why did we do this activity?

How would you use this?

**SECTION TWO - SKILL ONE**

**GROUP FACILITATION**

*Information Sheet - Group Member Roles*

**Task Roles within a Group**

1. **INITIATING:** Suggesting new ideas or a changed way of dealing with a problem or goal.
2. **SUMMARISING:** Bringing together related ideas from various group members.
3. **CLARIFYING:** Explaining ideas or suggestions from other members.
4. **EXPEDITING:** Encouraging groups to take an action/decision sooner?
5. **INFORMATION GIVING:** Providing additional information for the group.
6. **INFORMATION SEEKING:** Requesting additional information from the group.
7. **OPINION GIVING:** Providing an opinion to the group.
8. **OPINION SEEKING:** Requesting an opinion from group members.

**Maintenance Roles within a Group**

1. **ENCOURAGING:** Being respectful and understanding towards others points of view.
2. **HARMONISING:** Attempting to reconcile disagreements and conflict.
3. **OBSERVING:** Offering perceptions as to how the group is operating and suggesting strategies to improve relationships.
4. **GATEKEEPING:** Attempting to keep communication open while encouraging passive members to become involved.
5. **STANDARD SETTING:** Suggesting standards to help improve the quality of group work by emphasising group rules and goals.
6. **FOLLOWING:** Accepting and supporting the ideas and actions of others.
7. **TENSION RELIEVING:** Relieving tension by the responsible use of humour.

**Inhibitors to Group Effectiveness**

1. **BEING AGGRESSIVE:** Arguing your viewpoint or opposing and attacking other participants' viewpoints.
2. **BEING DEPENDENT:** Identifying with strong individuals and being unwilling to take a stand.
3. **DOMINATING:** Attempting to assert authority/superiority, trying to control/manipulate others.
4. **BLOCKING:** Resisting stubbornly, disagreeing unreasonably and attempting to return to issues the group has already resolved.
5. **SYMPATHY SEEKING:** Seeking sympathy by expressions of insecurity, or self-depreciation.

## SECTION TWO - SKILL ONE

## GROUP FACILITATION

*Work Sheet - Group Observer Feedback*

## Different Group Roles

Task role	Names of group members exhibiting role	
1. Initiating		
2. Summarising		
3. Clarifying		
4. Information seeking		
5. Information giving		
6. Opinion seeking		
7. Opinion giving		
8. Expediting		

## Maintenance roles

1. Encouraging		
2. Harmonising		
3. Observing		
4. Gate keeping		
5. Standard setting		
6. Following		
7. Tension relieving		

## Group inhibitors

1. Blocking		
2. Sympathy seeking		
3. Dominating		
4. Being aggressive		

**SECTION TWO - SKILL ONE**

**GROUP FACILITATION**

**Activity Four - Effective Facilitation of Groups**

Time - 20 minutes

Small Group Size - 10

Additional resources: Work Sheet - Key Facilitation Skills and Processes

**Objectives for participants**

- **Knowledge**  
Identify the key skills and qualities required for effective group facilitation.
- **Attitudes/values**  
Value the processes of effective group facilitation.
- **Skills**  
Adopt the skills and processes utilised by facilitators to create effective group work.

Group activity	Notes
<ol style="list-style-type: none"> <li>1. Prior to the session or workshop, distribute multiple copies of <b>Group Facilitation Sheet - Key Facilitation Skills and Processes</b> to participants.</li> <li>2. Ask participants to note and record the key facilitation skills and processes that were utilised by the facilitator during a lesson or workshop. Advise participants that it is best if they note and record these observations throughout a number of workshops so that there are a number of observations available to review at an appropriate time at the end of the programme.</li> <li>3. At the appropriate time in the programme, ask participants to share their observations with the group and invite other participants to comment on these observations.</li> </ol>	<ul style="list-style-type: none"> <li>• A key component of experiential learning is to experience not only the facilitation and group work process, but to critically observe and analyse the process as it is being conducted.</li> <li>• This requires the person to step out of the role of participant and become an active observer.</li> <li>• This experience provides an understanding of how groups influence behaviour of individuals and how individuals influence behaviour of groups.</li> </ul>

**Process questions**

- What did we do? What did we learn?  
 How did you feel? Why did we do this activity?  
 How would you use this?

## SECTION TWO - SKILL ONE

## GROUP FACILITATION

*Work Sheet - Key Facilitation Skills and Processes*

Effective use of facilitation techniques will develop a climate and interaction style suited to the exploration of the relevant facts, attitudes and behaviours related to drug use. It will allow students to more comfortably examine the social and personal factors from their own environment associated with drug use.

Consider each of the following headings and note factors that you feel assisted in the functioning of this group, both at a task and a maintenance level.

**1. Physical considerations**

List things you feel that are important about the physical setting for effective group work.

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**2. Facilitator characteristics**

List behaviours or characteristics demonstrated by the facilitator that you felt helped the group function better.

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**3. Advantages of small groups**

While the principles for group facilitation apply to groups of all sizes, there is good reason to work in small groups of between 6 to 12 participants when possible.

What advantages do you see in small groups?

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SECTION TWO - SKILL ONE

GROUP FACILITATION

**Activity Five - Managing Problem Group Behaviour**

Time - 30 minutes

Small Group Size - 5

Additional resources: *Information Sheet - Managing Problem Group Behaviour*  
*Work Sheet - Managing Problem Group Behaviour*

Objectives for participants

- **Knowledge**  
Identify strategies and skills for dealing with problematic group behaviour.
- **Attitudes**  
Agree that problematic group behaviour can and should be prevented.
- **Skills**  
Implement a range of facilitation strategies to deal with problem group behaviour.

Group activity	Notes
<p>1. Distribute <b>Activity Sheet - Managing Problem Group Behaviour</b> to all participants and review each of the problem behaviours to ensure that everyone in the group has a common understanding. Allow the group to debate varying interpretations of the behaviour.</p>	<ul style="list-style-type: none"> <li>• Individuals are responsible for their own behaviour; not the facilitator.</li> </ul>
<p>2. In groups of five, use <b>Activity Sheet - Managing Problem Group Behaviour</b>, review the problem behaviours and develop a range of facilitation strategies to deal with the behaviour. This is best done with one person in each group selecting a behaviour and describing it in detail, with another member required to recommend a facilitation strategy to deal with it. Other members of the group can be observers and provide feedback. All participants should have an opportunity to take on each role.</p>	<ul style="list-style-type: none"> <li>• This activity is designed for facilitators so that they have a range of strategies available when dealing with problem behaviour.</li> <li>• The task of the facilitator is to intercede when ineffective group behaviour is evident.</li> </ul>
<p>3. Report to the large group on the facilitation strategies that were developed to deal with each problem behaviour. Note the different approaches and their relative effectiveness. Refer to <b>Information Sheet - Managing Problem Group Behaviour</b> to compare strategies.</p>	<ul style="list-style-type: none"> <li>• Referral to group ground rules can also be utilised to address problems.</li> </ul>

Process questions

What did we do? What did we learn?  
 How did you feel? Why did we do this activity?  
 How would you use this?

## SECTION TWO - SKILL ONE

## GROUP FACILITATION

*Information Sheet - Managing Problem Group Behaviour*

Sign/Behaviour	Intervention
Dominance by individual(s)	Refer to the group rule on equal participation.
Talking over one another	Use a process that allows all members to contribute only one statement.
Interrupting	Confront the person if it continues. Use an 'I' statement.
Side conversations	Restate ground rules with regard to side conversations. Wait until members are ready and ask them to share.
Withdrawal	Check with the person after the session and confront them if the behaviour continues to be dysfunctional.
Hidden agendas	Restate and if necessary reset goals.
Red herrings (irrelevant issues)	Confront the behaviour if it continues. Be open.
High frustration levels	Approach individually outside the group. Use reflective listening to expose purpose of the person's behaviour.
Lateness	Check you are starting on time. Don't wait. Start at scheduled time. Have enjoyable activities at beginning of session. Restate ground rules. Confront person individually, in private.
Put downs	Harmonise; build empathy. Restate ground rules. Confront behaviour as socially unacceptable.
Blocking, negativity, knocking	Paraphrase to identify the aim of the blocker. State what is good first of all. Confront behaviour in private.

SECTION TWO - SKILL ONE

GROUP FACILITATION

*Work Sheet - Managing Problem Group Behaviour*

Sign/Behaviour	Intervention
Dominance by individual(s)	
Talking over one another	
Interrupting	
Side conversations	
Withdrawal	
Hidden agendas	
Red herrings (irrelevant issues)	
High frustration levels	
Lateness	
Put downs	
Blocking, negativity, knocking	

**SECTION TWO**

**SKILL TWO**

**COMMUNICATION**



**SECTION TWO - SKILL TWO****COMMUNICATION****Communication defined**

Communication is the process of sending and receiving messages, either verbally or non-verbally, between people. As this is a dynamic process, it will affect the relationships that exist between people who are communicating with each other.

Developing effective communication skills cannot be left to chance. It requires structured learning experiences that provide opportunities to observe, practice and to provide and receive feedback from others.

**Effective communication:**

- is fundamental to developing informed and responsible behaviours in relation to drug abuse, and positive participation within social groups, school life and the general community;
- enhances personal relationships and self-esteem;
- is necessary between students and teachers if the complex and sensitive issues associated with drug abuse is to be discussed in an open, honest and non-threatening way;
- will be enhanced in a supportive and accepting educational environment where students can practise and develop communication skills through role-play, discussion and group activity; and
- will encourage students to openly discuss drug issues with a parent, peer or teacher. The student will become aware of a wider range of ideas and values relating to these issues thus assisting them to build resilience and make informed decisions about their own drug abuse .

**Ineffective communication:**

- can result in personal and professional dissatisfaction, loneliness, conflict and estrangement from peers in social, family, school and work settings;
- may, over time, diminish an individual's level of self-esteem and increase their dependence on drugs or others to make decisions and resolve problems for them; and
- may severely impair an individual's ability to cope with drug and other health issues.

**The Role of the Facilitator:**

- model effective communication as a facilitator
- identify the necessary elements of sending and receiving messages
- provide learning activities that allow practice in active listening and reflective listening
- highlight the importance and use of non verbal communication
- identify possible barriers to communication
- focus on personal responsibility in effective communication.

For students, drug abuse can occur as a result of an inability to relate to peers and family members in a range of social settings, to express individual ideas, interests and values and to resist unhealthy group and social pressures. An individual can abuse drugs, as a means of coping with social situations; however, effective communication skills can provide people with confidence to relate to other people and situations without the use of drugs.

**SECTION TWO - SKILL TWO**

**COMMUNICATION**

**Activity One - Whispers**

Time - 25 minutes

Small Group Size - 6

Additional Resources: Short simple messages (3), Long complex messages (3)

**Objectives for participants**

- **Knowledge**  
Understand the role of speaking and listening in communication.
- **Attitudes/values**  
Recognise how verbal messages can change or be misinterpreted.
- **Skills**  
Reflect on how barriers to effective communication can be avoided or reduced.

Group activity	Notes
<p>1. In groups of six, stand in a straight line.</p> <p>2. Give each group the same verbal message, whispered to the person at the front of the line. The first person whispers to the next person, repeat this until the message reaches the end of the line. It is important that the messages are whispered and only said twice between sender and receiver.</p> <p>3. Once the last participant in each group has received the message, they are to repeat the message out loud for the whole group to hear.</p> <p>4. Compare the final message with the original message. Repeat for the remaining <i>short simple messages</i> and the <i>long complex messages</i>.</p> <p>5. Discuss why the messages were changed or became confused. Make a list of effective verbal communication strategies that could be used when facilitating drug education, to obtain a better result.</p> <p><b>Possible Short Simple Messages</b></p> <ul style="list-style-type: none"> <li>* Many children have tried and failed to attend school daily.</li> <li>* Women and children work hard to improve communities.</li> <li>* People can achieve academic excellence in the midst of poverty</li> </ul> <p><b>Possible Long Complex Messages</b></p> <ul style="list-style-type: none"> <li>* Many women from the countryside, helped make mantels of magnificent colours to celebrate the joyous occasion and give thanks.</li> <li>* Some sleepy summer days are good for sleeping in a cool hammock in the wideopen spaces to make the most of the soothing breeze.</li> <li>* Handbags and handkerchiefs are useful when accompanying children, but and men are hardly ever seen carrying them, except to help their women folk.</li> </ul>	<ul style="list-style-type: none"> <li>• Can be used as a warm up activity, with a whole group discussion.</li> <li>• Use to create much laughter and interaction to develop group cohesion and enthusiasm.</li> <li>• Highlight how misunderstandings and conflict can arise when information is conveyed verbally between individuals or groups. This may cause conflict through misunderstanding.</li> <li>• In social settings where drug abuse and sexual activity occur, poor communication can lead to uninformed decision making and unsafe behaviours.</li> </ul>

**Process questions**

- What did we do? What did we learn?
- How did you feel? Why did we do this activity?
- How would you use this?

## SECTION TWO – SKILL TWO

## COMMUNICATION

*Activity Two – Picture This*

Time - 35 minutes

Small Group Size – Pairs

## Objectives for participants

- **Knowledge**  
Identify the elements and effectiveness of two-way communication.
- **Attitudes/values**  
Understand feelings related to one-way and two-way communication in social, school, family and work settings.
- **Skills**  
Demonstrate basic listening skills.

Group activity	Notes
<ol style="list-style-type: none"> <li>1. In pairs, sit back to back. Allocate roles; one person is the sender and the other one is the receiver.</li> <li>2. Have the sender draw a picture that is made up of a square, triangle, rectangle and circle with each shape touching another shape to form a picture of touching shapes. The sender must then describe the shape to the receiver who will draw the same shape on their piece of paper.</li> <li>3. The receiver is not allowed to ask questions or seek clarification. Communication is to be strictly one way from the sender to the receiver. After a few minutes the pair can view the original picture and the receiver's copy.</li> <li>4. Ask each pair to briefly share their experience and consider the effectiveness and barriers of one-way communication, feedback to the whole group.</li> <li>5. The sender and receiver then swap roles and repeat the activity. They can ask questions and seek clarification in order to improve the accuracy of the copy.</li> <li>6. Discuss, in the large group, the effectiveness of two-way communication and compares this with the one-way communication activity.</li> </ol>	<ul style="list-style-type: none"> <li>• Highlight that effective communication must be a two-way process with information giving, questioning, clarification and agreement.</li> <li>• Understanding communication is critical for students, parents and teachers when discussing drug issues and decisions.</li> <li>• Effective communication will determine the appropriateness of behaviour choices and the quality of relationships.</li> </ul>

## Process questions

- What did we do? What did we learn? •  
 How did you feel? Why did we do this activity?  
 How would you use this?



**SECTION TWO - SKILL TWO**

**COMMUNICATION**

**Activity Three - Back-to-back**

Time 25 minutes

Small Group Size - Pairs

Additional Resources: Information Sheet - Information on Active Listening

**Objectives for participants**

- **Knowledge**  
Identify the skills necessary for effective active listening and barriers to effective communication.
- **Attitudes/values**  
Understand the feelings and influences in decision-making.
- **Skills**  
Demonstrate how messages can be changed and misinterpreted.

Group activity	Notes
<ol style="list-style-type: none"> <li>1. In pairs, have people engage in a one-way conversation about one participant's family, hobbies and where they live. This will consist of one participant asking questions and the other participant answering the questions. There is not to be follow-up questions asked in relation to individual points. After five minutes, form groups of eight with each participant introducing their partner to other members of the group.</li> <li>2. The activity is repeated with the pairs engaging in two-way conversation with one participant asking questions and using active listening skills refer to <b>Notes</b> to confirm information that is being provided by the other participant. The active listening involves the listening participant providing the other participant with feedback and clarifying questions in order to check the accuracy of the information that is being received. After five minutes, in the same groups of eight, each participant introduces their partner to other members of the group.</li> <li>3. Form the large group and invite feedback on how effective it was to introduce a participant having used an active listening process as opposed to using a one way communication process. Ask what type of questions or listening skills were used and how and why were they effective.</li> <li>4. <i>Information Sheet - Information on Active Listening</i> can be distributed to participants as a reference for further information on active listening</li> </ol>	<ul style="list-style-type: none"> <li>• People spend at least 50% of their communication time as a listener. However, most only remember 50% of what they hear, and only 50% of this 8 hours later. This is an information retention level of about 25%.</li> <li>• Active listening is a process that involves the listener providing the talker with feedback to check on the accuracy of what has been heard.</li> <li>• Can be used as a warm up activity to ensure participants are familiar with other participants.</li> </ul>

**Process questions**

- What did we do? What did we learn?
- How did you feel? Why did we do this activity?
- How would you use this?

## *Information Sheet - Information on Active Listening*

Active listening is an essential element of an effective communication process. Communication becomes ineffective when the following occur:

- People are so pre-occupied with what they are going to say that they do not pay attention to what the other person is saying.
- People wait for an opportunity to focus on an issue being discussed by another person so that they can express their point of view.
- People listen selectively – they only hear what they want to hear.
- People interrupt and finish the other person's statement changing it for their own purposes.

The following listening skills are essential to effective communication.

**Attending Skills:** Giving your physical attention to another person. Looking involved by adopting an open body position. Maintaining eye contact and showing facial expressions and other signs that you are interested in what the person is saying.

**Following Skills:** Not interrupting and diverting the speaker. Using minimal encouragers – simple responses that encourage the speaker to tell their story. Asking relevant questions, which allow for more of a response than yes or no. Not taking on the role of inquisitor and asking too many questions. Maintaining attentive silence.

**Reflecting Skills:** Telling the other person what you think they are feeling.

- “You're obviously happy about this project.”
- “Sounds like you are angry.”
- “It seems to me that you feel annoyed.”

**Paraphrasing Skills:** Putting in different words what the other person said and checking you have heard it correctly.

- “If I understand you correctly.”
- “So you're saying that...” “So you think that..”
- “Sounds like you're saying that...”

**Focusing Skills:** You politely ask the other person to focus on their main concern.

- “I know that all these matters concern you greatly but is there one of these in particular that we can do something about?”
- “Of what you've mentioned, what concerns you the most?”

**SECTION TWO - SKILL TWO**

**COMMUNICATION**

**Activity Four – I’m not Listening**

Time - 25 minutes

Small Group Size -3

Additional Resources: *Work Sheet - Non-Verbal Communication, Information Sheet Understanding Non-Verbal Communication*

**Objectives for participants**

- **Knowledge**  
Identify components of active listening skills and non-verbal behaviour process.
- **Attitudes/values**  
Experience feelings involved with ineffective communication.
- **Skills**  
Demonstrate active listening skills and acceptance of personal responsibility in communication.

Group activity	Notes
<p>1. Use a group divider to form groups of three. Allocate roles of:</p> <p><b>speaker</b> – talk about the topic, “<i>Drug education is important for children</i>”,  <b>non-listener</b> – non-verbally, do everything to show the speaker you are not listening, and  <b>observer</b> – using <i>Work Sheet - Non-Verbal Communication</i> record what you see.</p> <p>2. The observer provides feedback to sender and the receiver and the whole group.</p> <p>3. Return to the group of three and develop a list of do’s and don’ts for effective communications. Individually identify 2 or 3 points from the list and set short-term goals for self-improvement.</p> <p>4. In the same group of three, with all participants sending and receiving, conduct a conversation on “<i>Drugs and how they affect our youth</i>”, using their active listening skills and awareness of non-verbal communication. Provide participants with <i>Information Sheet – Understanding Non-Verbal Communication</i> for future reference.</p>	<ul style="list-style-type: none"> <li>• Active listening skills require constant practice and review.</li> <li>• In a comprehensive skills-based program, communication should be done prior to detailed activities on drug related knowledge and attitudes.</li> <li>• Effective communication processes, are critical to discussions on drugs and the establishment of healthy relationships with friends, peers, family and others.</li> <li>• Exaggerating the barriers can be fun and help emphasise the impact.</li> </ul>

**Process questions**

- What did we do? What did we learn?
- How did you feel? Why did we do this activity?
- How would you use this?

## SECTION TWO – SKILL TWO

## COMMUNICATION

*Information Sheet - Understanding Non-Verbal Communication*

1. Some say that ... in normal two-person conversation verbal components are responsible for less than 35% of the message while non-verbal components make up more than 65%.
2. Non-verbal communication is ambiguous. For example, anger can be expressed by a lot of movement and fist shaking or by complete stillness. Blushing can mean anger, embarrassment, nervousness or pleasure.
3. If the non-verbal actions contradict the verbal message confusion will result. For example, telling people you trust them but at the same time not looking them in the face.
4. When communicating 'liking' and 'acceptance' the following non-verbal actions are congruent with the verbal message:
  - Maintaining eye contact;
  - Keeping an upright posture;
  - Standing close to the person but not invading personal space;
  - Having a warm tone of voice and speaking clearly, not whispering or shouting.

**Non-verbal communication can lead to assumptions on the basis of:**

- The distance we stand from others.
- The way we structure the physical environment in which we work and live.
- The way we sit, stand, walk, and make eye contact.
- Our environment at home, work, car, family, friends.
- The way we look – hair, face, body.
- The colour of clothes we choose to wear
- Masculinity /Femininity.
- Gestures.
- Sighing, crying, frowning, clowning, smiling, laughing.

This list is a mix of what can be conveyed, what can be assumed and how it might be done.

SECTION TWO - SKILL TWO

COMMUNICATION

*Work Sheet - Non-Verbal Communication*

**NON-VERBALS**

**What behaviours did you observe?**

Eye contact

Facial expressions

Proximity

Body gestures

**VERBALS**

**What did you hear?**

Volume

Speed of talking

Tone of voice

Words

## SECTION TWO - SKILL TWO

## COMMUNICATION

**Activity Five – Barriers to Communication**

Time - 30 minutes

Small Group Size - 3

*Additional Resources: Information Sheet - Barriers to Effective Communication.***Objectives for participants**

- **Knowledge**  
Identify verbal behaviours that become barriers in the communication process.
- **Attitudes/values**  
Identify feelings related to situations involving barriers to communication.
- **Skills**  
Demonstrate sensitivity to personal responsibility in the communication process.

Group activity	Notes
1. In groups of three, two of the three will be involved in a discussion on any topic. The third person is to use any verbal behaviour to disrupt the discussion. The pair in discussion must attempt to ignore the disruptive behaviour and continue the discussion. Possible topics: "Youth need adult support to make informed decisions"/ "Youth are easily led into drug use"/ "Parents are responsible for drug education"/ "Early drug use leads to problems in later life"	<ul style="list-style-type: none"> <li>• Self-reflection is critical to the process of improving effectiveness in communication.</li> </ul>
2. In the small group, describe the disruptive verbal behaviours that were used and the impact that they had on the communication process. Feedback this information to the whole group and list them for future reference.	<ul style="list-style-type: none"> <li>• Awareness of what causes anxiety and frustration can develop empathy for the listener and foster openness and trust for effective drug education.</li> </ul>
3. Have participants describe how it felt to be involved in a conversation where there were disruptions or barriers to effective communication.	
4. Distribute the <i>Information Sheet - Barriers to Effective Communication</i> , discuss barriers listed and whether any small groups experienced them in their initial discussion. Discuss also, to what extent these barriers affected the communication process.	
5. Reform the small group, with pairs role-playing barriers to communication, with an observer noting the barriers. Participants swap roles and discuss the effect of different barriers.	
6. Individually, reflect on a time when they experienced difficulty communicating with another, identify one barrier and write two strategies they might use if they encountered this barrier again.	

**Process questions**

- What did we do? What did we learn?  
 How did you feel? Why did we do this activity?  
 How would you use this?

## SECTION TWO - SKILL TWO

## COMMUNICATION

*Information Sheet - Barriers to Effective Communication*

## 1. JUDGING

Judging involves imposing your values on another person and formulating solutions to their problems. When you judge you don't listen to what someone is saying because you are appraising their appearance, the tone of their voice and the words they use. Examples include:

- Criticising – “You don't understand anything?”
- Name-calling – “That's because you are lazy”
- Diagnosing – “You are not really interested in this subject”.
- Praising to manipulate a person – “With a little more effort you could do a lot better”.

## 2. SENDING SOLUTIONS

Interrupting before the speaker has finished or giving your idea of a solution before being asked can be irritating for the speaker and can prevent them from conveying their original message. It may also encourage individuals to become dependent on us to solve problems for them and deny them the opportunity to practise decision-making skills. This type of communication may convey to them that their feelings, values and problems are not important. Examples include:

- Ordering – “You will study two hours a night”
- Threatening – “If you don't do this”
- Moralising – “You should do this ... ..”
- Excessive/Inappropriate Questioning – “Where did you go? What did you do? Who were you with?”
- Finishing sentences for the speaker

## 3. AVOIDING THE OTHER'S CONCERNS

In 'Avoiding the Other's Concerns' the problem is never addressed by the listener.

The individual's feelings and concerns are not taken into account. The listener does not want to deal with the fears, anxieties and worries of the individual. Examples include:

- Advising                      “It would be best if you ... .”
- Diverting                    “What sport are you playing this term?”
- Logical argument         “The only way to improve your results is to study more”.  
The emphasis is on facts and feelings are avoided.
- Reassuring                 “It will all work out”. Make the person feel better but not deal with the problem.
- Discounting                “Yes, but... ..”

**SECTION TWO**

**SKILL THREE**

**DECISION-MAKING**





**SECTION TWO - SKILL THREE****GROUP FACILITATION****Decision-making defined**

Decision-making is a skill, able to be learnt and practiced. It supports the individual to look after themselves, others in the community and their environment. The inclusion of decision-making as a skill is to promote positive healthy behaviour and acceptable social activity, which is relevant to drug education.

Facilitators or trainers do not need to be experts to facilitate the learning of decision-making. The facilitator can learn and develop their decision-making skills along with their participants.

**A Role of the facilitator**

- Provide a process that can be used in a variety of situations and assist participants to realise they have control over the types of decisions they make.
- Plan carefully and gather accurate information from many sources
- Weigh up the pros and cons (positives and negatives) including possible consequences for themselves and for others.
- Identify factors that influence options and choices before an accurate assessment of the situation can be made.
- Allow a number of options to be considered.
- Explore feelings and values associated with the various options and plan to take responsibility for their actions - before a choice is made.
- Re-evaluate the choice and adapt to new situations.
- Develop and practise, prior to assertion, as it is critical to have made an informed decision before asserting the choice.

**SECTION TWO - SKILL THREE**

**DECISION-MAKING**

**Activity One – Noughts and Crosses/Tic Tac Toe**

*Time - 20 minutes*

*Small Group Size: Up to 20*

*Additional Resources: 9 chairs set in 3 rows of 3 facing the one direction. See below.*

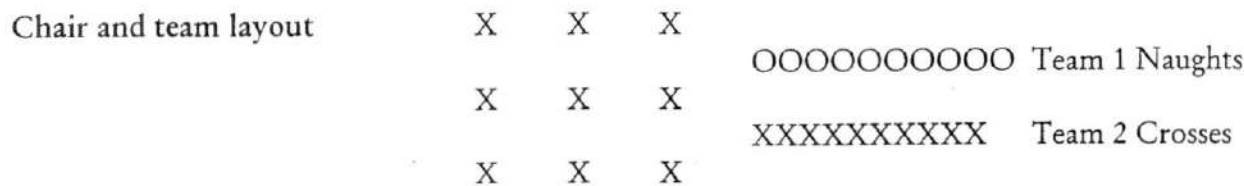
**Objectives for participants**

- **Knowledge**  
Explore components of decision-making.
- **Attitudes/values**  
Identify feelings and influences in decision-making.
- **Skills**  
Participate in a team making decisions.

Group activity	Notes
<ol style="list-style-type: none"> <li>1. Set up the nine-chair formation and divide the group in half.</li> <li>2. Line up two teams facing the chairs and allocate names to the teams. Team1-Naughts (hands on heads) Team2-Crosses (arms crossed on chest)</li> <li>3. The aim of the activity is for each team line up team members into 3 consecutive seats, either a vertical, horizontal or diagonal line, first. The team to do this first wins 1 point. Commence with one participant from Team 1 selecting a seat to sit on and showing their sign. One participant from Team 2 then has a turn to select a seat. This continues with alternative teams taking seats until one team has their team members on 3 consecutive seats. Ensure that teams have alternative turns and at the end of each game, persons who are sitting in the chairs, return to the end of the line.</li> <li>4. Continue through the activity allowing the team to assist the participant to make their decision about which chair to select. Consider changes:                         <ul style="list-style-type: none"> <li>• individual decides and no other team member can talk,</li> <li>• no time limit on taking positions,</li> <li>• facilitator claps to show pace to take a position.</li> </ul> </li> </ol>	<ul style="list-style-type: none"> <li>• Encourage active participation but allow 'right to pass'.</li> <li>• Explore feelings involved in participating in teams and how they felt making a decision.</li> <li>• Decision - making is a detailed process of gathering information and often involves pressure from self and others.</li> </ul>

**Process questions**

- What did we do? What did we learn?  
 How did you feel? Why did we do this activity?  
 How would you use this?



## SECTION TWO - SKILL THREE

## DECISION-MAKING

**Activity Two – Making a Personal Choice***Time – 30 minutes**Small Group Size – up to 30**Additional Resources: Large cards 'AGREE' and Large card 'DISAGREE'***Objectives for participants**

- **Knowledge**  
Recognise the components of the decision-making process.
- **Attitudes/values**  
Identify personal values, feelings and influences in decision-making.
- **Skills**  
Reassess decisions in the light of more information and others opinions

**Group activity**

1. Place **Agree** sign at one end and **Disagree** sign at the other end.
2. Read out a statement from the facilitator notes. Participants indicate how they feel about the statement by choosing to stand at either **Agree** or **Disagree** card. If they are undecided they can choose to stand in the centre between **Agree** and **Disagree**.
3. Encourage participants who **Agree**, to talk with each other about the statement and encourage those who **Disagree**, to do the same.
4. Request participants to share discussion with the whole group. After discussion encourage participants to alter their position if they wish.

**Other possibilities**

- \*Draw a line on the ground with **Agree at one end and Disagree** at the other
- \*Show thumbs up (agree), thumbs down (disagree) or hand flat (undecided).
- \*Participants stand in a line, Step Forward – **Agree**, Step Back – **Disagree**, Stand still with arms crossed – **Undecided**
- \*Discuss and allow for people to change their mind.

**Facilitator Statements**

Select no more than 3 or 4 of these statements to discuss in detail.

- The law is too easy on young people caught using drugs
- Advertising is causing girls to start smoking
- Increasing the penalty for using drugs will stop people using
- Smoking should be banned in public places
- We don't need to worry about students using cigarettes and alcohol
- Adults are responsible for the drug taking of the young
- Medicines can do you no harm

**Notes**

- Start with non-threatening, non-controversial questions then move to sensitive issues.
- There is no right or wrong answer. It is not a test situation.
- Encourage participants to discuss things they value.
- Highlight the need to gather as much information as possible but also raise the awareness that people may think the same or differently to them, using the same or different information.

**Process questions**

What did we do? What did we learn?

How did you feel? Why did we do this activity?

How would you use this?

**SECTION TWO - SKILL THREE**

**DECISION-MAKING**

**Activity Three – Making a Decision in Role**

*Time - 30 minutes*

*Small Group Size – Large*

*Additional Resources: Large card ‘AGREE’ and large card ‘DISAGREE’*

**Objectives for participants**

- **Knowledge**  
Recognise decision-making components, what influences decisions of others.
- **Attitudes/values**  
Understand the feelings and influences in decision-making and respect other opinions.
- **Skills**  
Practise listening to a range of opinions, initiate and maintain conversations and justify choices.

Group activity		Notes
<ol style="list-style-type: none"> <li>1. Place cards at either end of the room. <i>AGREE</i> on one wall and <i>DISAGREE</i> on the other.</li> <li>2. Participants respond to a statement from the list below, in that role or from that point of view of that type of person.</li> <li>3. They indicate how they feel about the statement by standing at either <i>Agree</i> or <i>Disagree</i>. If they are undecided they can choose to stand in the centre between Agree and Disagree.</li> </ol>		<ul style="list-style-type: none"> <li>• Encourage those who <b>Agree</b> to talk with each other about the statement, and the same for those who <b>Disagree</b>.</li> <li>• Share items with the whole group. After discussion, allow participants to alter positions if they wish.</li> <li>• Encourage active participation but allow the ‘right to pass’.</li> <li>• Discuss opinions that reflect stereotyping of particular groups.</li> <li>• Decision-making is a process of gathering information and often involves pressure from self and others.</li> </ul>
<b>Role</b>	<b>Statement</b>	
As a 15 year old	<ul style="list-style-type: none"> <li>* Drug users should not be allowed to go to school</li> <li>* Drugs can make you sick</li> </ul>	
As an army officer	<ul style="list-style-type: none"> <li>* Using drugs is dangerous for your health</li> <li>* Alcohol is not a harmful drug</li> </ul>	
As a teacher	<ul style="list-style-type: none"> <li>* There is no place for drugs at school</li> <li>* All teachers should have a drug test regularly</li> </ul>	

**Process questions**

- What did we do? What did we learn?  
 How did you feel? Why did we do this activity?  
 How would you use this?

## SECTION TWO - SKILL THREE

## DECISION-MAKING

**Activity Four – Influences on our Lives****Time - 20 minutes****Small Group Size – Pairs****Additional Resources: Work Sheet – Influences on Our Lives****Objectives for participants**

- **Knowledge**  
Explore decision-making components and identify who and what influences their decisions.
- **Attitudes/values**  
Acknowledge feelings and influences in decision-making.
- **Skills**  
Accept the importance of self.

Group activity	Notes
<ol style="list-style-type: none"> <li>1. Brainstorm and list what are things that affect our decisions.</li> <li>2. Divide the list into 'people' and 'other'.</li> <li>3. Distribute <b>Work Sheet - Influences on our Lives</b> and have participants complete it individually</li> <li>4. Working in pairs, participants compare their responses and then share them with the whole group.</li> </ol>	<ul style="list-style-type: none"> <li>• The decision making process is complex with many aspects that affect what decision is made.</li> <li>• Gender, religious and cultural aspects need to be explored.</li> <li>• It is important that men and women have the opportunity to discuss the influences from their gender and from perceptions of the other gender.</li> <li>• Discuss the reality of making the decision, what causes them to ignore influences they are aware of.</li> <li>• Encourage the use of a broad range of feeling words.</li> </ul>

**Process questions**

- What did we do? What did we learn?  
 How did you feel? Why did we do this activity?  
 How would you use this?

### Work Sheet - Influences on Our Lives?

Place a tick in the appropriate box. You can tick more than one box.

SITUATION Decision on:	No - One	Partner	Best Friend	Brother	Sister	Children	Grand Parents	Work Colleague
1. where to go on holidays?								
2. whether to do more study?								
3. going to work today or not?								
4. whether to change your hairstyle?								
5. going overseas?								
6. how to spend US\$100?								
7. buying some new clothes?								
8. whether to buy new transportation?								
9. moving to another town?								
10. how to spend your leisure time?								

## SECTION TWO - SKILL THREE

## DECISION-MAKING

*Activity Five – Making a Decision**Time – 30 minutes**Small Group Size – 4**Additional Resources: Work Sheet - Decision Making Grid***Objectives for participants**

- **Knowledge**  
Understand the steps in the decision-making process.
- **Attitudes/values**  
Appreciate the feelings and values related to decision-making.
- **Skills**  
Apply the framework to real-life situations.

Group activity	Notes
<ol style="list-style-type: none"> <li>1. Distribute <i>Work Sheet - Decision-Making Grid</i></li> <li>2. Model an example for participants:               <ul style="list-style-type: none"> <li>• Select a situation relevant to participants and brainstorm for possible alternatives,</li> <li>• Identify actual positive and negative consequences,</li> <li>• Explore feelings and clarify values relating to the consequences.</li> </ul> </li> <li>3. Working in pairs, identify a decision they have had to make recently or one they may need to make in the future.</li> <li>4. Complete the <i>Decision-Making Grid</i>, in groups of four, then discuss thoughts with the whole group and identify what is the most suitable alternative for them.</li> </ol>	<ul style="list-style-type: none"> <li>• The decision-making skill should be clearly outlined and understood in relevant real life situations before using drug related situations.</li> <li>• Using real life issues, or situations, allows participants to use prior experience and skills as a basis on which to develop further, their decision-making skills.</li> <li>• Identifying exactly what it is that has to be decided upon is a very important part of the decision-making process.</li> </ul>

**Process questions**

What did we do? What did we learn?  
 How did you feel? Why did we do this activity?  
 How would you use this?



**Work Sheet - Decision-Making Grid**

Identify the Problem

Possible Alternatives	Alternative 1	Alternative 2	Alternative 3
Positive Consequence (of the Alternative)s	→	→	→
Negative Consequence (of the Alternative)s	→	→	→
Feeling associated with the Alternatives	→	→	→
Values affecting the Alternatives	→	→	→

## SECTION TWO - SKILL THREE

## DECISION-MAKING

*Activity Six – Consequences of Decisions**Time - 20 minutes**Small Group Size – 4*

## Objectives for participants

- **Knowledge**  
Become familiar with the decision-making process.
- **Attitudes/values**  
Identify personal qualities and values that are important to them and associated feelings.
- **Skills**  
Apply the decision-making process to real-life situations and identify possible positive and negative consequences.

Group activity	Notes
<ol style="list-style-type: none"> <li>1. Using a particular problem or situation identified by participants, have the whole group brainstorm possible options. In groups of four, select one of the possible options.</li> <li>2. Using the option chosen, record on a large sheet of paper, the possible positive and negative consequences as identified by the small group.</li> <li>3. Include on the paper, possible personal risk involved with the consequence.</li> <li>4. Set up a gallery walk, where all the large sheets are displayed on the wall and the whole group can look at the possible positive and negative consequences, as well as potential risk to themselves and others.</li> <li>5. After allowing a short time, encourage the participants to stand beside the choice that has the best positives and the least negatives.</li> </ol>	<ul style="list-style-type: none"> <li>• An important part of decision-making is considering possible positive and negative consequences and weighing up their potential impact.</li> <li>• Decision-making is a detailed process but the number of positives or negatives may not be relevant, but rather the weighting given to each may be more important.</li> </ul>

## Process questions

- What did we do? What did we learn?  
 How did you feel? Why did we do this activity?  
 How would you use this?

**SECTION TWO - SKILL THREE**

**DECISION-MAKING**

**Activity Seven – Decision - Making Process**

*Time - 45 minutes*

*Small Group Size -2*

*Additional Resources: Work Sheet - Decision - Making Grid (Refer to Activity Six)  
Information Sheet – Problems to Solve*

**Objectives for participants**

- **Knowledge**  
Develop competence and confidence in using the decision-making process.
- **Attitudes/values**  
Understand feelings and influences in decision-making.
- **Skills**  
Apply the framework to drug related personal and social situations.

Group activity	Notes
<ol style="list-style-type: none"> <li>1. Distribute <b>Work Sheet - Decision-Making Process</b></li> <li>2. Select a drug incident known to participants.                             <ul style="list-style-type: none"> <li>• Brainstorm for ideas on possible alternatives.</li> <li>• Identify actual consequences.</li> <li>• Explore feelings and clarify values relating to the consequences.</li> </ul> </li> <li>3. In pairs, select a problem from <b>Information Sheet- Problems to Solve</b></li> <li>4. Complete the <i>Decision-Making Process</i>, in pairs, and then share options, consequences and choice with the whole group.</li> </ol>	<ul style="list-style-type: none"> <li>• Identification of what is to be decided upon is a very important part of the decision-making process.</li> <li>• In the framework, there are spaces for three options. This is not done purposely to limit the options but only as a result of the available space.</li> <li>• After the options have been chosen, the feelings related to the options should be clarified.</li> </ul>

**Process questions**

What did we do? What did we learn?  
 How did you feel? Why did we do this activity?  
 How would you use this?

## SECTION TWO - SKILL THREE

## DECISION-MAKING

*Information Sheet Problems to Solve*

Participants can select one problem or the facilitator can allocate these problems to different groups so that a variety of problems and solutions will be available to discuss.

**Problem 1**

A person has some marijuana in their school bag and offers you some to try.

**Problem 2**

You see a stained syringe and needle outside the school gate.

**Problem 3**

You see some older school children passing around a bottle of alcohol at lunch time.

**Problem 4**

Older school children are smoking in a park at lunch-time and you have to walk past them.

**Problem 5**

You are studying for exams and someone offers you some pills to help you stay awake.

**Problem 6**

Your best friend offers you heroin to try when you are out at a celebration.

**Problem 7**

You have a very bad headache and someone offers you an unmarked pill from a strange looking bottle or packet.



**SECTION TWO**

**SKILL FOUR**

**SELF-ESTEEM**



**SECTION TWO - SKILL FOUR****SELF-ESTEEM****Self-esteem defined**

Self-esteem may be described as a person's view of their worth and may be influenced by performance, abilities, appearance and the judgment of significant others. It is likely to change depending upon the situation or company in which young people find themselves. People develop ideas about how adequate and effective they are from reactions of other people. They see themselves in light of the attitudes, comments and other reactions expressed towards them by parents, teachers and friends and, increasingly with age, in the light of their own reactions to themselves as individuals.

High self-esteem can contribute to good decision-making and the ability to act appropriately in a conflict situation, because it helps to make decisions more independent of what others think or expect. Self-esteem, being influenced by the feedback of others, will flourish in an atmosphere that is positive and supportive. Small group work supports that process by respecting everyone's contribution and fostering two-way communication.

Self-esteem is not something that can be taught like a skill but it can be nourished in the classroom, school and community in many ways. One way is through structured activities designed to develop self-awareness, encourage goal setting and promote sensitivity to others. This section presents suggestions for schools and teachers as well as activities that can contribute to building high self-esteem. High self-esteem describes personal feelings that are not influenced by set backs, insults or negative views about our abilities or appearance.

It is not intended that all of the self-esteem activities be presented in a session, but would be spread over a workshop program. That way they also serve as useful icebreakers or energisers.

**Self-esteem and drug abuse**

Low self-esteem has for many years been associated with troubled young people and particularly has been said to be a crucial factor in drug abuse. Yet, level of self-esteem is often very difficult to determine, as some young people seem to have high self-esteem while others do not.

Self-esteem can be high or low according to events and circumstances in our lives. It is largely based on feelings that are generated by these events and is something we can exercise some control over. To control self-esteem, we need to understand what things make us feel good about ourselves and why, and plan to ensure those things happen in our lives. On the other hand we must learn to avoid the negative influences or people or learn to think differently about how they affect us.

**Resilience and self-esteem**

Building resilience is a process of developing emotional strength in response to successfully dealing with the challenges that family, school and community life present. Inherent in resilience are protective factors, including those that contribute to low risk of involvement in drug abuse. Resilient children are socially competent, they communicate well, have empathy with others, good problem solving skills, autonomy and sense of purpose.

There is no particular way of learning to be resilient as it is not a defined skill like assertion, neither is it a program that can be delivered. It is a whole set of skills, attitudes and values that may be developed in the home, school and community that contribute to a person's way of handling stress, challenge and adversity. As resilience is based on factors such as social competence and communication, personal and social skills have a significant role in its development.



**SECTION TWO - SKILL FOUR**

**SELF-ESTEEM**

**Activity One – Increasing Self-Esteem**

Time - 30 minutes

Small Group Size – 3

Additional Resources: *Work Sheet - Self-Esteem Inventory of Positives*

**Objectives for participants**

- **Knowledge**  
Understand the concept of self-esteem.
- **Attitudes/values**  
Appreciate how people, events and circumstances influence self-esteem.
- **Skills**  
Explore their personal sense of self-esteem and self-worth.

Group activity	Notes
<ol style="list-style-type: none"> <li>1. In the large group, brainstorm definitions of self-esteem and write them on the white board.</li> <li>2. Individually, participants complete <i>Work Sheet - Self-Esteem Inventory of Positives</i> with the first positive thoughts that come to mind.</li> <li>3. In groups of three, discuss the worksheet.</li> <li>4. Discuss their responses and have them consider the following question:                             <ul style="list-style-type: none"> <li>• <i>Is the way you see yourself the same or different from how you think others see you?</i></li> </ul> </li> <li>5. Have the other members of the small group suggest what they would actually put in the right hand side column for the other members of the group.</li> </ol>	<ul style="list-style-type: none"> <li>• The purpose of this is to analyse individual feelings about self. So, this activity should occur after feelings of trust have been developed within the group.</li> <li>• The facilitator needs to be aware of participants' feelings and be sure that it is a safe and supportive environment.</li> <li>• Drawing attention to the established group rules may be necessary and allow the opportunity for participants to pass.</li> <li>• Reinforcement of positive behaviour in the group can be a powerful influence on self-esteem.</li> </ul>

**Process questions**

- What did we do? What did we learn?  
 How did you feel? Why did we do this activity?  
 How would you use this?

## SECTION TWO - SKILL FOUR

## SELF-ESTEEM

*Work Sheet – Self-Esteem Inventory of Positives*

	How I positively see myself	How others positively see me
How I look in general	_____ _____ _____ _____	_____ _____ _____ _____
My body	_____ _____ _____ _____	_____ _____ _____ _____
My intelligence	_____ _____ _____ _____	_____ _____ _____ _____
My relationships	_____ _____ _____ _____	_____ _____ _____ _____
Talents and abilities	_____ _____ _____ _____	_____ _____ _____ _____
My personality	_____ _____ _____ _____	_____ _____ _____ _____

## SECTION TWO - SKILL FOUR

## SELF-ESTEEM

**Activity Two – Influences on Self-Esteem**

Time - 45 minutes

Small Group Size - 4

Additional Resources: *Work Sheet - Self-esteem Barometer***Objectives for participants**

- **Knowledge**  
Identify influences on how people feel about themselves.
- **Attitudes/values**  
Understand how self-esteem is influenced by events and circumstances.
- **Skills**  
Cope with positive and negative influences on how we feel about ourselves.

Group activity	Notes
<ol style="list-style-type: none"> <li>1. Working individually, using the <b>Work Sheet - Self-esteem Barometer</b>, participants identify ten things, places, people or events that make them feel good about themselves and ten that cause them to feel not so good about themselves.</li> <li>2. In groups of four, discuss how the things, places, people and events, that you have identified, affect you in positive and negative ways. Work out ways you can maximise the positive things and play down the negative things.</li> <li>3. Write two things that you can do that will make you feel good about yourself.</li> <li>4. In small groups consider: "How would you feel about the following circumstances?"               <ol style="list-style-type: none"> <li>a. You get suspended from your job for abusing drugs.</li> <li>b. You steal money from your family and friends to buy drugs.</li> <li>c. A friend you introduce to drugs becomes addicted.</li> <li>d. Your parents find out you have used illegal drugs.</li> <li>e. Your partner leaves when he/she finds you abusing drugs.</li> </ol> </li> <li>5. Have small groups share the contents of their discussion.</li> </ol>	<ul style="list-style-type: none"> <li>• Gender and personal differences are affected by self-esteem as well as attitudes and values.</li> <li>• Be sensitive to participants' feelings and ensure a safe and positive environment.</li> <li>• Drawing participants' attention to the established group rules may be necessary. Allow the opportunity for participants to pass, if required.</li> </ul>

**Process questions**

What did we do? What did we learn?  
 How did you feel? Why did we do this activity?  
 How would you use this?

**SECTION TWO - SKILL FOUR**

**SELF-ESTEEM**

*Work Sheet - Self-Esteem Barometer*

**RAISES SELF-ESTEEM**

10 things, people, places, events that make us feel good about ourselves

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10

**LOWERS SELF-ESTEEM**

10 things, people, places, events that make us feel not so good about ourselves

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7
- 8.
- 9.
- 10

NB: A subsequent activity can consider the effect that using drugs would have on the points listed here.

**SECTION TWO - SKILL FOUR**

**SELF-ESTEEM**

*Activity Three – Animals and Good Features*

*Time – 60 minutes*

**Objectives for participants**

- **Knowledge**  
Develop self-awareness and awareness of others' good features.
- **Attitudes/values**  
Experience and value feelings of worth and belonging.
- **Skills**  
Exchange positive comments among the group.

**Group activity**

1. Working individually, participants draw themselves as their favourite animal that has similar characteristics to themselves. Do not write anything about the animal.
2. Fold the drawing to ensure confidentiality and place it in the middle of the room.
3. Now each person chooses a drawing from the pile.
4. On the drawing each person now lists all the good things that they can think of about that animal; it is important only positive things are listed.
5. Taking turns, each animal is shown and the good things are read out about the animal. The pictures can be displayed or returned to the individual.

**Notes**

- The sharing of positive comments between participants promotes a sense of worth, belonging and develops trust.
- This is designed to encourage participants to consider their own positive qualities and consider how others may perceive them.
- A sense of belonging is recognised as a protective factor against drug abuse among young people.
- If a good level of empathy and trust has been built up, everyone might guess whom that animal represents.

**Process questions**

- What did we do? What did we learn?  
 How did you feel? Why did we do this activity?  
 How would you use this?

## SECTION TWO - SKILL FOUR

## SELF-ESTEEM

**Activity Four – Personal Goals**

Time - 45 minutes

Small Group Size – 5

## Objectives for participants

- **Knowledge**  
Identify issues that are important to them.
- **Attitudes/values**  
Express and share with others issues that are important to them.
- **Skills**  
Establish personal goals for future achievement.

Group activity	Notes
<p>1. Individually, participants write down their responses to the following statements:</p> <ul style="list-style-type: none"> <li>• <i>One thing that is really important to me is</i> .....</li> <li>• <i>One thing that is not important to me at present, but I have to do is</i> .....</li> </ul> <p><i>One obstacle I want to overcome, or problem I want to solve is</i> .....</p> <ul style="list-style-type: none"> <li>• <i>One thing about drug use that I believe is that</i> .....</li> </ul> <p>2. In groups of five, share and discuss the responses.</p>	<ul style="list-style-type: none"> <li>• The sharing of personal strategies for dealing with situations in life can provide assistance and alternative strategies to others.</li> <li>• Sharing promotes a sense of worth, belonging and develops trust.</li> <li>• This is designed to encourage consideration of their capacity to give help to others and get help from others.</li> <li>• Acknowledgement of personal achievement by others can have a significant impact on self-esteem.</li> </ul>

## Process questions

What did we do? What did we learn?  
 How did you feel? Why did we do this activity?  
 How would you use this?

SECTION TWO - SKILL FOUR

SELF-ESTEEM

**Activity Five – Life on the Line**

Time - 45 minutes

Small Group Size – Pairs

Objectives for participants

- **Knowledge**  
Identify significant achievement and events in their lives.
- **Attitudes/values**  
Feel comfortable sharing significant life achievements and events.
- **Skills**  
Reflect on and share significant aspects of their life to others.

Group activity	Notes
<p>1. Individuals draw a line on a piece of paper. Write at the start of the line <i>birth date</i> and at the end of the line <i>end of life date</i> and put today's date on a point somewhere in between.</p> <p>Advise participants that they will be asked to share their 'Life on the Line' with other participants, as this may affect what they record.</p> <p>2. On the line from birth to today, write/draw five significant events or achievements, such as starting school, getting a job, meeting a partner someone. On the line from now to death write five things they would like to achieve before they finish their life.</p> <p>3. Participants share in pairs the events and achievements they have recorded with as many other people as possible in the time.</p> <p>4. Participants can roam around the group and share with three other people of their choosing.</p>	<ul style="list-style-type: none"> <li>• The sharing of significant life achievements and events can contribute to both building self-esteem and group empathy building.</li> <li>• While this activity can lead to greater group empathy, it is best conducted when a good level of trust has been built in the group.</li> <li>• This can be an interesting follow up activity to use to consider the place of drugs in a person's life and where they may be if they continue using drugs.</li> </ul>

Process questions

- What did we do? What did we learn?
- How did you feel? Why did we do this activity?
- How would you use this?

## SECTION TWO - SKILL FOUR

## SELF-ESTEEM

**Activity Six – Personal Crest**

Time - 45 minutes

Small Group Size - Pairs

**Objectives for participants**

- **Knowledge**  
List and consider aspects of their own lives.
- **Attitudes/values**  
Develop personal feelings of worth in all participants and empathy with other group members.
- **Skills**  
Share personal positive qualities, values, hopes and dreams.

Group activity	Notes
<ol style="list-style-type: none"> <li>1. Participants develop a personal crest that reflects their current perception of themselves. On a piece of paper draw a triangle and divide it into six segments.</li> <li>2. Turn the triangle upside down so that the point of the triangle is at the bottom of the page. Number each of the segments from one to five and have them decoratively write their name at the top of the page outside the triangle.</li> <li>3. Participants complete their crest by including the following information in the individual segments of the triangle: <ul style="list-style-type: none"> <li>• someone important to you</li> <li>• a favourite place</li> <li>• a value or belief that you would never change</li> <li>• a value or belief you would like the world to live by</li> <li>• three things you would hope others say about you</li> </ul> </li> <li>4. Participants can draw or use words to represent the items. Advise participants they will be asked to share their <i>Personal Crest</i> with others. This may affect what they write.</li> <li>5. Encourage participants to select someone they have worked with previously and discuss their <i>Personal Crest</i>.</li> </ol>	<ul style="list-style-type: none"> <li>• Sharing personal aspects requires an atmosphere of trust and respect that will only occur as the group dynamics develop throughout the workshop.</li> <li>• This is an opportunity for participants to show empathy to others and practice listening.</li> <li>• Talking to others about problems with drugs can be the first step to getting help.</li> </ul>

**Process questions**

What did we do? What did we learn?  
How did you feel? Why did we do this activity?  
How would you use this?



## SECTION TWO - SKILL FOUR

## SELF-ESTEEM

*Activity Seven – Secret Friend**Time - 20 minutes at beginning and 60 minutes at end of workshop**Additional Resources: Basket or box*

## Objectives for participants

- **Knowledge**  
Develop a better understanding of group members.
- **Attitudes/values**  
Show appreciation of the qualities of others.
- **Skills**  
Demonstrate empathy for group and interact effectively with other group members.

## Group activity

1. Participants write their name on a small piece of paper and place it in a basket or box.
2. Everyone now, without looking, selects a name from the basket/box. The name should not be their name and they should not reveal the name they selected to any one.
3. Throughout their time together, participants seek out opportunities to get to know the person and observe their positive characteristics, and discuss with them their hopes and dreams.
4. On the final day, participants are asked to make a presentation to their *Secret Friend*. The person speaks of their *Secret Friend* and the group can try to guess who they are talking about. It is important to stress that the gift to their *Secret Friend* should not be bought and be positive in nature. It is critical to ensure that the activity is done at a time when all participants are present to ensure that no one misses out.

**Note:** Gifts could include: a poem, a song, a drawing, a work of art or craft, a description of a holiday, a shopping list of things you would like to get them.

## Notes

- This activity is best introduced early in the life of the group, as participants need to observe and get to know their person better.
- Participants should be encouraged to be sensitive with the information they gather from their person, remembering that it will be presented to all at the end of the workshop.

## Process questions

What did we do? What did we learn?  
 How did you feel? Why did we do this activity?  
 How would you use this?

## SECTION TWO - SKILL FOUR

## SELF-ESTEEM

**Activity Eight – Self-esteem Envelopes***Time – 15 minutes at beginning of workshop and then ongoing**Additional Resources: Envelopes, small pieces of paper***Objectives for participants**

- **Knowledge**  
Observe other participants and note positive qualities and abilities.
- **Attitudes/values**  
Develop feelings of belonging and a sense of worth in all participants.
- **Skills**  
Become competent in giving and receiving positive feedback.

Group activity	Notes
<ol style="list-style-type: none"> <li>1. Distribute an envelope to each participant. On the back of the envelope, all participants write their name in large letters and decorate it.</li> <li>2. On a wall in the training area, display all the open envelopes with the names facing out.</li> <li>3. At the completion of each activity or each session, participants are asked to write a positive comment about someone they have worked with or observed working, on a small slip of paper. These comments are anonymous but must be positive.</li> <li>4. At the completion of all activities, all participants are presented with their envelope, filled with positive comments for them to take home.</li> </ol>	<ul style="list-style-type: none"> <li>• This activity is best at the start of the workshop.</li> <li>• Ensure an envelope is provided for the facilitator as well.</li> <li>• Participants need to be aware of their responsibility in ensuring that all people in the group receive positive statements.</li> <li>• The comments in the envelope are to remain private. Participants are requested not to look in their envelope until the presentation on the last day.</li> <li>• The presentation of <i>envelopes</i> is best done as a final activity.</li> </ul>

**Process questions**

What did we do? What did we learn?  
 How did you feel? Why did we do this activity?  
 How would you use this?

**SECTION TWO - SKILL FOUR**

**SELF-ESTEEM**

**SECTION TWO**

**SKILL FIVE**

**ASSERTION**



## SECTION TWO - SKILL FIVE

## ASSERTION

## Assertion defined

Assertion is a specific way of communicating that can be learnt and practiced, which enables people to express their **thoughts, feelings and values** about a situation openly and directly with due regard for the other persons feelings and values. The skill focuses on the rights of the individual with consideration of the rights of others. As such, it is an important skill in social situations that involve pressure to use drugs or, use drugs in an unsafe manner, as well as dealing with many other real life situations.

## Assertion, aggression or submission

Assertion is one of three types of behaviours a person may choose to adopt in a conflict situation. The three types of behaviours may be described as **assertive, aggressive or submissive**. Below is a table outlining why people choose a type of behaviour and what the result of the choice may mean.

## Reasons why and result of being assertive

## Why people are aggressive

- afraid of failure
- lack of confidence
- success in the past with aggression
- to demonstrate power
- release anger
- to manipulate others

## Result of being aggressive

- conflict in relationships
- loss of self respect
- lose respect of others
- increased stress
- possible violence
- not achieve results

## Why people are submissive

- fear of disapproval
- fear of criticism
- out of politeness
- to avoid conflict
- to manipulate others
- unskilled in being assertive

## Result of being submissive

- loss of confidence
- feel angry, hurt, frustrated
- lose control in relationships
- lead to aggressive responses
- feelings of low self worth
- never get your own way

## Why people are assertive

- feel good about themselves
- feel good about others
- build mutual respect
- achieves personal goals
- minimises hurting others
- feel in control of situations
- honest to self and others

## Result of being assertive

- unpopular for expressing feelings
- labelled pushy/independent
- could threaten relationships
- strengthen relationships
- perceived as in control
- thought of as being decisive

## SECTION TWO - SKILL FIVE

## ASSERTION

## The United Nations Convention on the Rights of the Child

Assertion relies heavily on the understanding that all individuals, including children, possess basic rights. The *Convention on the Rights of the Child* is a United Nations agreement that spells out the range of rights that children everywhere are entitled, with basic standards for children's well-being at different stages of their development. The Convention is the first universally binding code of child rights in history.

The *Convention on the Rights of the Child* contains 54 articles, each of which details a different type of right. These can be broken into four broad categories.

- **Survival rights** convey the child's right to life and the needs that are most basic to existence; these include an adequate living standard, shelter, nutrition and access to medical services.
- **Development rights** include those things that children require in order to reach their fullest potential. Examples are the right to education, play and leisure, cultural activities, access to information, and freedom of thought, conscience and religion.
- **Protection rights** require that children be safeguarded against all forms of abuse, neglect and exploitation. They cover issues such as special care for refugee children, torture, abuses in the criminal justice system, the involvement in armed conflict, child labour, drug abuse and sexual exploitation.
- **Participation rights** allow children to take an active role in their communities and nations. These encompass the freedom to express opinions, to have a say in matters affecting their own lives, to join associations and to assemble peacefully. As their abilities develop, children are to have increasing opportunities to participate in the activities of their society, in preparation for responsible adulthood.

It is important to remember that many rights are extremely sensitive and personal. Learning for young people will be most effective when young people not only explore issues in their daily life but also practice the skills and experience the attitudes relating to the promotion of rights. The development of assertion, as a skill, improves the possibility of effectively dealing with a situation without loss of self-respect and dignity.

There is always a choice about whether an assertive response is appropriate or will lead to the desired result. Consideration of the following aspects may assist in deciding whether to be assertive or not.

1. **Situation** - how will you feel if you do nothing in this situation?
2. **Location** - best in a private situation, however, it can save face in front of others to act assertively. Ask to see the person privately if possible.
3. **Timing** - as soon as possible after the particular incident is best, before emotions and anxiety make an appropriate response more difficult.
4. **Relationship** - usually it is easier to be assertive with more distant relationships than with close friends, superiors or family, this is up to personal judgement.

Assertion does not have to be used in every situation and it will not always result in a perfect outcome. However, when used, a better outcome is more likely, the relationship may not be harmed as much and conflict may be resolved without one party feeling guilty, let down or emotionally dishonest.

This is significant in social situations where a decision to use a drug or not must be weighed against the young persons desire to be accepted by the individual or group using the drug.

## SECTION TWO – SKILL FIVE

## ASSERTION

**Activity One - Introduction to Assertion**

Time - 40 minutes

Small Group Size - 4

**Objectives for participants**

- **Knowledge**  
Understand the difference between aggressive, submissive and assertive behaviour.
- **Attitudes/values**  
Acknowledge the need to consider the feelings and values of individuals.
- **Skills**  
Communicate feelings assertively in a conflict situation.

**Group activity**

1. Describe the scenario below to the large group.  
*There is a new person at work. To make him/her feel welcome, you invite him/her to lunch and arrange to meet at the restaurant. The person arrives twenty-five minutes late. You have only forty minutes for lunch and must be back at work on time.*
2. Allow a few minutes to think about what you would say and how you would feel, then list examples of responses on a white board.
3. Form groups of four. Questions suggested below.
  - *How would you be feeling by the time the person arrived?*
  - *How do you think the other person would feel?* (about the responses listed)
  - *How would some of the responses affect your relationship with the person?*
4. On the white board mark *Aggressive* responses *A*, and *Submissive* responses *S*. Ignore the ones that do not fit these labels.
5. Ask: *What do we really want to communicate and what is actually communicated by some of the responses?*  
The answer may be:
  - what action caused the conflict?
  - your feelings about the situation and reasons for these feelings;
  - what you would prefer to have happened, or happen in the future? or
  - the result if the problem did not occur, or does not happen again.

**Notes**

- Assertion is an important skill in social situations that involves pressure to use drugs.
- In certain cultures, or in different countries, this skill may be unfamiliar and may require adaptations sensitive to the social, cultural and religious contexts.

**Process questions**

What did we do? What did we learn?  
How did you feel? Why did we do this activity?  
How would you use this?



SECTION TWO - SKILL FIVE

ASSERTION

**Activity Two – Basic Assertion**

Time - 40 minutes

Small Group Size - 4

Additional Resources: *Assertive Model Diagram*

*Information Sheet – Rights and Responsibilities Table*

Objectives for participants

- **Knowledge**  
Identify a range of responses for different situations.
- **Attitudes/values**  
Understand your right to choose to respond assertively to a situation.
- **Skills**  
Demonstrate basic assertive responses.

Group activity	Notes
<ol style="list-style-type: none"> <li>1. In groups of three or four participants generate a response that is neither aggressive nor submissive and better communicates what has been identified in the previous activity.</li> <li>2. Each group could demonstrate delivering the response in a role-play.</li> <li>3. Reflect as a small group or whole group on the range and effectiveness of responses used.</li> </ol>	<ul style="list-style-type: none"> <li>• It is important for people to accept that rights do come with responsibilities.</li> <li>• Associated responsibilities are given in <i>Rights and Responsibilities Table</i>.</li> </ul>

Process questions

- What did we do? What did we learn?  
 How did you feel? Why did we do this activity?  
 How would you use this?

**Assertive Model**

NON ASSERTIVE ACTION

*Aggressive Action*

respects own rights and feelings  
 ignores others' rights and feelings

*Submissive Action*

ignores own rights and feelings  
 respects others' rights and feelings

ASSERTIVE ACTION

respects own rights and feelings  
 respects others' rights and feelings

## SECTION TWO - SKILL FIVE

## ASSERTION

*Information Sheet - Rights and Responsibilities Table*

Assertable right - to:	Associated responsibility - to:
1. make your own decisions	1. allow others to make their decisions
2. be treated with respect	2. treat others with respect
3. refuse others' requests	3. refuse courteously and assertively
4. make mistakes	4. ensure mistakes don't harm others
5. change your mind	5. act reasonably
6. take time to consider requests	6. allow others this courtesy
7. make reasonable requests	7. do not impose upon others
8. hold personal opinions	8. respect the opinions of others
9. control your own destiny	9. allow others to control theirs
10. express your feelings	10. consider the feelings of others

## SECTION TWO - SKILL FIVE

## ASSERTION

**Activity Three – Steps to Assertive Action**

Time - 60 minutes

Additional Resources: STOP Model of Assertion as a handout or on a large sheet.

## Objectives for participants

- **Knowledge**  
Understand the STOP model for acting assertively.
- **Attitudes/values**  
Accept the value of using a formal model of assertive action.
- **Skills**  
Apply the STOP model of assertion to a personal situation.

Group activity	Notes
<p>1. Explain that a set procedure can be useful in the early stages of learning to act assertively, introduce the <i>STOP Model of Assertion</i>, shown below, explaining each step.</p> <p>2. As a large group, use the incident in <i>Activity 1</i> to develop a sample response using the STOP model, drawing on participant suggestions.</p> <p><b>Option:</b> Identify a drug commonly abused by young people and use a drug related incident.</p> <p>For example, an offer of a cigarette, pressure to have an alcoholic drink</p>	<ul style="list-style-type: none"> <li>• Assertion should not be confused with aggression, which seeks to win at the expense of another's rights and feelings.</li> <li>• Anger may be present while acting assertively, but is more likely to be contained through positive action.</li> </ul>

**STOP Model of Assertion**

STOP steps to Assertive Action	You might say:
1. State the action or behaviour that led to the conflict	When you (did, gave, said, forgot)...
2. Tell the person how it made you feel without blaming them	I felt (angry, disappointed, upset, hurt)...
3. Offer a suggestion of how you would like the person to act	In that situation I would like you to...
4. Propose a set of consequences or outcomes that could result	If that happens I/we (will, can, be)...

## Process questions

What did we do? What did we learn?  
 How did you feel? Why did we do this activity?  
 How would you use this?

## SECTION TWO - SKILL FIVE

## ASSERTION

**Activity Four – Steps to Assertive Action***Time - 90 minutes**Small Group Size - 4**Additional Resources: Work Sheet - Personal STOP Model***Objectives for participants**

- **Knowledge**  
Understand how to apply the STOP model to a personal situation.
- **Attitudes/values**  
Understand the role of feelings and values in using the assertive model of action.
- **Skills**  
Apply the formal model of assertive action.

**Group activity**

1. Ask participants to recall an incident where they were dissatisfied with the outcome because of how they acted or failed to act, or what they said and what they failed to say.
2. **Option:** Select a drug related situation that may be real for many students.
3. In groups of four, briefly discuss in smaller groups why they were unhappy with the result, noting some responses such as anger, resentment, unfairness, strained relationships.
4. Have individuals complete the *Work Sheet - Personal STOP Model* for their situation.
5. After everyone has completed the STOP model for their situation, the different responses may be shared in a number of ways. Consider factors such as timing the experience or level of group development.  
**Options:** Individuals describe what they wrote from the sheet, role-play the responses (before and after) either in the large group or among groups of three or four.

**Notes**

- The most important aspect of this activity is the expression of feelings about the situation.
- Being assertive does not mean you win every situation, but it means you have taken responsibility for your feelings and expressed what you see to be your rights.
- Understanding why people act in certain ways is useful in helping us to respond to them in a more productive manner.

**Process questions**

What did we do? What did we learn?  
 How did you feel? Why did we do this activity?  
 How would you use this?

SECTION TWO - SKILL FIVE

ASSERTION

*Work Sheet - Personal STOP Model*

STOP steps to assertive action	You might say:
1. State the action or behaviour that led to the conflict. <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	When you <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
2. Tell the person how it made you feel without blaming them. <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	I was feeling <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
3. Offer a suggestion of how you would like the person to act. <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	In that situation I would like you to <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
4. Propose a set of consequences or outcomes that could result. <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	If that happens I <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>

## SECTION TWO - SKILL FIVE

## ASSERTION

*Activity Five - When to Act Assertively**Time - 60 minutes**Small Group Size - 4***Objectives for participants**

- **Knowledge**  
Understand when assertive behaviour is appropriate.
- **Attitudes/values**  
Accept the appropriateness of being assertive in particular situations.
- **Skills**  
Apply a range of assertive responses to suit different situations.

**Group activity**

1. In small groups, brainstorm two lists:
  - people - with whom it is more difficult to act assertively
  - situations - in which it is more difficult to act assertively
2. In groups of four, discuss why these people and the situations are more difficult. Try to determine alternative strategies or particular ways of dealing with difficult scenarios or discuss ways of better dealing with unsatisfactory outcomes.
3. Some of the main issues and solutions could be shared among the large group.

**Option:** Practice a drug related incident where the person causing the conflict is:

- a stranger much older than you
- a stranger younger than you
- a person you knew vaguely
- someone you did not like
- a close friend
- a friend of your parents
- person of the opposite sex
- a person who is bigger and stronger

**Notes**

- Assertion need not be used in all situations and will not always result in a perfect outcome.
- Using assertion, a better outcome is more likely, the relationship is not harmed as much and conflict may be resolved without one party feeling guilty, let down or emotionally dishonest.
- Assertive action is significant in social situations where a decision to use a drug or not must be weighed against the desire to be accepted by the individual or group using the drug.

**Process questions**

What did we do? What did we learn?  
 How did you feel? Why did we do this activity?  
 How would you use this?

SECTION TWO - SKILL FIVE

ASSERTION

**Activity Six – Confident Assertion**

Time - 60 minutes

Small Group Size – 3

Objectives for participants

- **Knowledge**  
Identify a range of assertive responses to different situations.
- **Attitudes/values**  
Feel comfortable in the use of assertive responses.
- **Skills**  
Express confidence in a range of assertive responses to situations.

Group activity	Notes
<ol style="list-style-type: none"> <li>1. Brainstorm a list of personal or observed drug related situations where it would have been appropriate to act assertively, or use a list developed previously.</li> <li>2. In small groups, discuss assertive and non-assertive responses. Using the STOP model develop an assertive response and role-play it. The third person will be an observer and may act as a critical friend in subsequent role-plays.</li> <li>3. The observer reports back to the group on such things as:               <ol style="list-style-type: none"> <li>a. <i>How did the person react?</i></li> <li>b. <i>Were the rights of both parties respected?</i></li> <li>c. <i>What was the outcome?</i></li> <li>d. <i>Was it a satisfactory outcome, or the best that could be reached under the circumstances?</i></li> </ol> </li> <li>4. Using the same small groups, repeat the role-play using a number of variations.               <ul style="list-style-type: none"> <li>• The third person could be a support to the assertive person.</li> <li>• The third person could be a support to the aggressive person.</li> <li>• Change the level of aggression of the person causing the conflict.</li> <li>• Change level of power and influence of the aggressor, such as police, teacher, or manager/supervisor.</li> </ul> </li> </ol>	<ul style="list-style-type: none"> <li>• Using the STOP model is useful when learning this skill, however, people will ultimately develop a personal style of acting assertively with which they will feel comfortable.</li> <li>• Practice and seeing other people role-play assertive responses will help in building a repertoire of responses that can be used at the required moment.</li> </ul>

Process questions

- What did we do? What did we learn?  
 How did you feel? Why did we do this activity?  
 How would you use this?

## SECTION TWO - SKILL FIVE

## ASSERTION

**Activity Seven – Personal Values and Assertion***Time – 30 minutes**Small Group Size – 4**Additional Resources: Work Sheet - Being Aware***Objectives for participants**

- **Knowledge**  
Identify high-risk drug related situations and possible consequences and options for responding to situations.
- **Attitudes/values**  
Identify consequences that may cause conflict with personal values.
- **Skills**  
Develop assertive actions to assist maintenance of personal values.

Group activity	Notes
<ol style="list-style-type: none"> <li>1. As a large group identify situations where young people may find themselves pressured to use drugs.</li> <li>2. Form groups of four and select one of the drug related incidents where the use of drugs has lead to pressure on an individual to take drugs</li> <li>3. In groups of four, identify specific issues for males and specific issues for females. Share the issues with another group of four and develop a list of things that males and a list of things that females might value or think in these types of situations.</li> <li>4. As a large group, discuss some of the issues and highlight the male and female differences.</li> <li>5. Individually, select one of the situations and complete <i>Work Sheet - Being Aware</i>. Return to the initial group of four and discuss the responses.</li> </ol>	<ul style="list-style-type: none"> <li>• Awareness of situations and prior planning can help individuals to withstand peer pressure.</li> <li>• Appreciation of an individual's feelings and values will develop better relationships.</li> <li>• Body language and assertive action helps convey the message.</li> <li>• Communicate effectively and take personal responsibility in all situations.</li> <li>• Taking assertive action to claim your rights increases the chance of personal success with minimal offence to others.</li> </ul>

**Process questions**

What did we do? What did we learn?  
 How did you feel? Why did we do this activity?  
 How would you use this?



SECTION TWO - SKILL FIVE ASSERTION

*Work Sheet - Being Aware*

High Risk Behaviour

Options

Safe Option  
(Choose one from above)

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Helping Forces

Hindering Forces

## SECTION TWO - SKILL FIVE

## ASSERTION

**Activity Eight – Dealing with Resistance**

Time - 60 minutes

Small Group Size - 4

Additional Resources: *Work Sheet - Personal STOP Model (Refer to Activity Four)***Objectives for participants**

- **Knowledge**  
Identify strategies for an assertive response that is being resisted or ignored.
- **Attitudes/values**  
Understand that assertive behaviour can be met with resistance.
- **Skills**  
Utilise strategies to counter resistance to an assertive response.

Group activity	Notes
<p>1. As a large group, identify a drug related incident where the use of drugs has lead to pressure on an individual to do something they did not want to do.</p> <p>2. In groups of four, allocate roles.</p> <p style="margin-left: 40px;">First role-play                    a. Resist actively or aggressively. Second role-play                b. Resist passively. Third role-play                  c. Use <i>Work Sheet - Personal STOP Model</i> and develop an assertive response.</p> <p>3. Small group members observe and comment on what is happening. Note ways that are being used to counter the resistance. List on the whiteboard.</p> <p>4. In groups of four, repeat the third role-play using some points from the list that they had not used before.</p>	<ul style="list-style-type: none"> <li>• Techniques for responding to resistance include: <ul style="list-style-type: none"> <li>- Re-stating assertive response clearly.</li> <li>- Reframing response in similar terms.</li> <li>- Stating request calmly, remaining committed to it.</li> <li>- Giving a reason.</li> <li>- Pretending not to hear, moving to a new topic.</li> <li>- Complimenting, <i>It would be really nice of you not to persist.</i></li> <li>- Reversing the pressure, telling the person the danger of using the drug.</li> <li>- Joking: <i>You must be kidding.</i></li> <li>- Leaving the situation.</li> </ul> </li> </ul>

**Process questions**

What did we do? What did we learn?  
How did you feel? Why did we do this activity?  
How would you use this?

**SECTION TWO - SKILL FIVE**

**ASSERTION**

## **SECTION TWO**

### **SKILL SIX**

## **PERSONAL SKILLS**



**SECTION TWO - SKILL SIX****PERSONAL SKILLS****Personal Skills Defined**

Personal skills are related to an individual's ability to take charge of their lives through the use of their knowledge, attitudes and skills, and are portrayed in healthy and sociable behaviour, their mental well-being and personality. Personal skills development empowers the individual to look after themselves, others and the environment. Inclusion of these skills reflects the holistic view of the individual in the skills approach and addresses the influence of social and environmental factors on an individual's behaviour.

Through the development of personal skills an individual can learn to actively interpret and respond to social and environmental influences on their behaviour. A positive self concept, being able to refuse others, cope with stress, manage their time, think positively and productively and set achievable goals all contribute to drug abuse prevention. Personal skills include goal setting, positive thinking, handling stress and managing time, asking for help and building support networks.

**Stress Management**

Stress management is not merely stress reduction but the management of situations that generate stress to the individual. Research shows that performance and efficiency actually improve with increased stress until performance peaks as the stress level becomes too great. Stress management involves finding the right type and amount of stress for the individual's personality, priorities and life situation, so that performance and satisfaction can be maximised.

**Signs of Stress****Physiological**

Headaches, chest pains, skin irritations, sweating, muscle aches and pains, indigestion, stomach problems, allergies, dry mouth, inability to sleep, frequent colds, blood pressure, muscle tension, increased heart rate.

**Mental and Emotional**

Becoming suspicious and unhelpful, mind blanks, loss of enthusiasm and sense of humour, becoming resentful, loss of self esteem, appetite changes, feeling withdrawn and alone, poor memory, making mistakes and inability to relax.

**Behavioural**

Accidents and clumsiness, talking and eating quickly, interrupting conversations, procrastination, irrational decisions, taking more time off work, being less co-operative, consumption of alcohol or prescribed drugs, nervous habits, obsessive, high pitched nervous laughter, grinding of teeth.

**Philosophical**

Hopelessness, depersonalising work and comments, questioning values, negative thoughts about self and others.

**SECTION TWO - SKILL SIX****PERSONAL SKILLS****Behavioural Effects of Stress**

Stress is a term, which to many means a negative influence on their lives. However, while excessive stress can cause concern, lack of stress can be a concern as well. There is a situation where there is optimal stress, which is where there is enough stress to prompt us into action without being excessive.

**Excessive Stress**

- Anxiety and mental confusion
- Inability to concentrate and think clearly
- Slower reflexes
- Poor co-ordination
- Rapid beating heart
- Dry mouth
- Heavy sweating
- Indigestion

**Lack of Stress**

- Lack of interest, enthusiasm and energy
- Feeling of depression
- Simple jobs become difficult tasks
- Carelessness
- Hopelessness
- Sleepy

**Optimal Stress**

- Relaxed but energetic and enthusiastic
- Alert and interactive
- Self-confident
- Willing worker
- Happy and feelings of well being
- Looking for new challenges

**Stress is a fact of every day life and can be managed by:**

1. Planning actions to set realistic goals and celebrating successes.
2. Managing time well.
3. Identifying what you can control and what cannot be controlled.
4. Learning to relax alone and with others.
5. Taking time to gather information and make decisions.
6. Reviewing how you feel about things and why.

Building feelings of self worth and making plans help us achieve things. Feelings of well-being improve when we achieve something and this can influence how we feel about others. This can create a positive influence in our lives and is reflected in our interactions with others. These feelings can encourage others to deal with us in a positive way and give an individual confidence in their own ability. It demonstrates how powerful positive thoughts can be to our lives.





SECTION TWO - SKILL SIX

PERSONAL SKILLS

**Activity Two – Health Goals**

Time - 20 minutes

Objectives for participants

- **Knowledge**  
Identify aspects of health over which there is some control.
- **Attitudes/values**  
Identify an aspect of their health they would like to change.
- **Skills**  
Prepare a structured plan to achieve their goal using a goal setting processes.

Group activity	Notes
<p>1. As a group, brainstorm and record aspects of personal health that you have some control over.</p> <p>2. As an individual, identify one aspect of your health that you want to change, obtain or achieve. For example, it could be stop smoking, lose some weight or exercise more. Write down the goal and the time when it could be achieved.</p> <p>3. Underneath the health goal:</p> <ul style="list-style-type: none"> <li>• List things that will be easy to do,</li> <li>• List things that will be more difficult to do,</li> <li>• Record the names of any people who might be able to help you, and</li> <li>• State when you expect to achieve the goal.</li> </ul> <p>4. Discuss in the large group the usefulness of this process and share some responses on a voluntary basis.</p> <p>5. Encourage participants to discuss their goals with family members and enlist their support or possibly join them in their strategies.</p> <p>N.B. : Goal setting can be linked to decision-making and assertion in drug education as the process for developing longer-term strategies for changing health behaviours.</p> <p><i>“Remember that most successful people have failed many times in their life.”</i></p>	<ul style="list-style-type: none"> <li>• Reinforce such areas as nutrition, exercise, drug use as things we would work hard to control.</li> <li>• Formally identifying what is desired, how it will be done and when it will be achieved, is critical.</li> <li>• Rehearsal of the desired outcomes is encouraged.</li> <li>• Practice actions needed to get what you want. Sometimes information, learning a new skill or seeking help to reach the goal is needed.</li> <li>• Put the decision into place, act on it and reward yourself for success. If not successful, evaluate the goal and process; make a new plan.</li> </ul>

Process questions

- What did we do? What did we learn?  
 How did you feel? Why did we do this activity?  
 How would you use this?

## SECTION TWO - SKILL SIX

## PERSONAL SKILLS

**Activity Three – Personal Goals***Time - 30 minutes**Small Group Size – 6**Additional Resources : Work Sheet – Goal Setting***Objectives for participants**

- **Knowledge**  
Involve participants in setting personal goals.
- **Attitudes/values**  
Accept that goal setting is a useful and productive strategy.
- **Skills**  
Learn strategies for setting goals and provide opportunity for practice.

Group activity	Notes
<ol style="list-style-type: none"> <li>1. Individually, participants think about what they will be doing one year from today.</li> <li>2. In groups of 6 discuss what they would like to be doing one year from today. Talk about:               <ul style="list-style-type: none"> <li>▪ How they want their life to be in the future,</li> <li>▪ What they would like to change in their lives,</li> <li>▪ How they may achieve some of the things they have listed.</li> </ul> </li> <li>3. In the large group reflect on what they have begun to do.</li> <li>4. Individually complete the Work Sheet - <i>Goal Setting</i> then discuss in the group of 6, any items you would like to share.</li> </ol>	<ul style="list-style-type: none"> <li>• Written goals are more likely to be achieved than goals that remain vague.</li> <li>• Lack of direction and planning for the future can have serious implications, particularly or at risk young people, making them more susceptible to drug abuse.</li> <li>• Goal setting helps people feel in control which can in turn lead to better self esteem. Long term goals need to be:               <ul style="list-style-type: none"> <li>- Positive</li> <li>- Have a time frame</li> <li>- Personal</li> </ul> </li> </ul>

**Process questions**

What did we do? What did we learn?  
 How did you feel? Why did we do this activity?  
 How would you use this?

SECTION TWO - SKILL SIX	PERSONAL SKILLS
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### Work Sheet - Goal Setting

What do I want?

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What needs to change for me to have what I want?

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What are the present limitations or things that are holding me back?

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For each item above list two things that you could do to take you closer to your goal or remove limitations on you achieving it.

a. This week:

1. \_\_\_\_\_

2. \_\_\_\_\_

b. This month:

1. \_\_\_\_\_

2. \_\_\_\_\_

c. This year:

1. \_\_\_\_\_

2. \_\_\_\_\_

d. Over the next three years:

1. \_\_\_\_\_

2. \_\_\_\_\_

Write down three other goals that you will plan to achieve in this way in the future.

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

## SECTION TWO - SKILL SIX

## PERSONAL SKILLS

**Activity Four – Are Drugs the Answer?***Time - 30 minutes**Additional Resources: small pieces of paper to paste on to poster size paper***Objectives for participants**

- **Knowledge**  
Understand the concept of self-management, which encourages a healthy lifestyle.
- **Attitudes/values**  
Identify sources of stress in their lives.
- **Skills**  
Plan a variety of drug free ways of managing stress.

**Group activity**

1. Whole group discussion on:
  - What is stress?
  - How do you know you are stressed?
  - What happens to your academic, physical, emotional, social and spiritual health when you experience too much stress?
2. Brainstorm the ways that people try to prevent or cope with stress. For example, sleep, play sport, holiday, relax with friends, drug use.
3. Discuss why people may think that drug use will help them to cope or prevent stress. Look closely at the influence of advertising, incorrect information and peer group pressure.
4. Ask individuals to consider a recent stressful situation and identify positive ways they did or could have used to cope with it. Write your strategy on a piece of paper
5. Paste all individual responses on a large piece of paper and use as a poster for positive approaches for dealing with stress.

**Additional/Optional Activity for Students**

1. Students could be encouraged to interview family and friends in regard to how they deal with stressors in their lives.
2. Students could be encouraged to share with their parents or family member a difficult situation they have been in and discuss the strategies they used to deal with the situation.

**Notes**

- Goals that are written and referred to regularly are more likely to be achieved than goals that remain just vague ideas.
- People often live in and for the *here and now* with the expectation that things will just work out in the future.
- This lack of direction and planning for the future can have serious implications for all, but particularly troubled or at risk young people, making them more susceptible to drug use and abuse.
- Goal setting is important in helping people to feel in control of their life, which can build self-esteem.

**Process questions**

What did we do? What did we learn?  
 How did you feel? Why did we do this activity?  
 How would you use this?

**SECTION TWO - SKILL SIX**

**PERSONAL SKILLS**

**Activity Five – Time Management**

Time - 30 minutes

Small Group Size - 4

**Objectives for participants**

- **Knowledge**  
Understand the concept of time management as a strategy to organise their life.
- **Attitudes/values**  
Prioritising daily activities is a worthwhile process.
- **Skills**  
Plan strategies to manage time better to achieve identified goals.

Group activity	Notes
<p>1. Brainstorm as many ideas as possible to manage your time well.</p> <ul style="list-style-type: none"> <li>• Prioritise time by listing activities from most to least important</li> <li>• Focus on immediate concerns not past failures or future problems</li> <li>• Do one thing at a time, as well as you possibly can</li> <li>• Divide large jobs into smaller manageable tasks</li> <li>• Allocate part of your day for relaxation, recreation and socialising</li> <li>• Work efficiently, not too fast or too slowly; be focused on the task.</li> <li>• Have a flexible schedule, allocate time for unforeseen problems</li> <li>• Keep a diary and plan tasks over longer periods of time.</li> <li>• Review your goals and achievements and revise as required.</li> <li>• Do not try to over achieve, the stress will make you less efficient</li> </ul> <p>2. In groups of four, discuss which strategies you use, why you chose them, why they are applicable for you and which ones you will try in the future.</p> <p>3. Ask participants to make three headings. <i>ESSENTIAL (e.g. Eating)    WORKING    RECREATION</i></p> <p>4. Individually list activities that you do regularly and in the small group of four, compare lists. Discuss questions such as:</p> <ul style="list-style-type: none"> <li>• Which activities are most enjoyable?</li> <li>• Which activities take most time?</li> <li>• Is there a balance between activities that achieve goals and social/recreational activities?</li> <li>• Where could you save time, or reprioritise?</li> <li>• Are you devoting enough time to your priority areas?</li> </ul>	<ul style="list-style-type: none"> <li>• Time management is an important strategy to keep us focused on our priorities, which should be the achievement of our goals.</li> <li>• It is easy for us all to be diverted into activities that are the most enjoyable or the easiest to do and neglect things that are more productive.</li> <li>• It should not be seen as a strategy that keeps us working all the time and having no fun or relaxation but a way of getting done what we have stated is important so we can enjoy more free time and the rewards of our achievements.</li> </ul>

**Process questions**

- What did we do? What did we learn?  
 How did you feel? Why did we do this activity?  
 How would you use this?

## SECTION TWO - SKILL SIX

## PERSONAL SKILLS

**Activity Six – Thinking Positively****Time - 45 minutes Small Group Size – 3****Additional Resources: Work Sheet - Negative Thinking Styles & Techniques for Changing to Positive Thinking Styles.****Objectives for participants**

- **Knowledge**  
Introduce the concept of positive thinking to achieve a goal of a healthy lifestyle.
- **Attitudes/values**  
Become aware of the influence of their thoughts on their achievements.
- **Skills**  
Practice changing negative thoughts to positive ones.

Activity	Notes
<p>1. State the example situation: You have just been refused a promotion. You could think: I'm hopeless; I will never get a better job. Might as well give up. OR You could change that thinking to: What can I do better next time in my application? How can I improve my skills so I am a better applicant? I will keep trying until someone recognises my skills and abilities. I have only lost when I stop trying to be better.</p> <p>2. In groups of 3, consider what their thoughts might be about the situation or people involved, in the situations listed below.</p> <ul style="list-style-type: none"> <li>• You greet someone on the street. They ignore you and walk on by.</li> <li>• Your mark for an assignment is not as good as you expected.</li> <li>• A friend calls you scared when you refuse to use drugs with them.</li> <li>• You have invited someone you like to your house and they refuse the invitation.</li> </ul> <p>3. Ask participants to reconsider their responses so that the thoughts about the situations and people are positive and write some of these next to the problems.</p> <p>4. Remind everyone that it is not what you actually experience that matters but what you tell yourself about experience. This will determine how you feel about both the experience and yourself. Have participants discuss this in relation to the situations discussed.</p>	<ul style="list-style-type: none"> <li>• It is often not what happens to us or how people treat us that determine the way we feel but the way we think about it.</li> <li>• Negative thoughts can barriers to achievement particularly when they are not based on facts but on fears, anxiety or imagined problems.</li> <li>• Once we are aware of these negative thoughts and the basis for them, we can work on strategies to change them to more positive thoughts that will support us in our attempts to achieve our aims or to have a happier life and more productive relationships.</li> </ul>

## SECTION TWO - SKILL SIX

## PERSONAL SKILLS

5. Individually, participants list 5 negative personal experiences and try to apply the changing negative thoughts to positive ones. Share ideas in the smaller groups and write them on large sheets of paper. Display the large sheets of paper for a gallery walk.

6. Recap on the concept of positive thinking using the information in the Work Sheet - *Negative Thinking Styles & Techniques for Changing to Positive Thinking Styles*.

**Additional/Optional Activity**

Participants could role-play situations demonstrating actions and statements that reflect the use of negative and then positive ways of thinking about the situation. Discussion would focus on the feelings that each scenario aroused and explore alternative responses.

**Process questions**

What did we do? What did we learn?  
 How did you feel? Why did we do this activity?  
 How would you use this?

## SECTION TWO - SKILL SIX

## PERSONAL SKILLS

## Work Sheet - Negative Thinking Styles & Techniques for Changing to Positive Thinking Styles.

Negative thinking	Positive thinking
1. <i>Unrealistic expectations</i> - everyone must like me all the time, I must be good at everything I do always	1. <i>Turn anxiety around</i> - change "I'm so worried I won't be able to do this" to "I can use this anxiety to make me do a better job".
2. <i>Exaggerating</i> - if I don't do this right I'll never have another chance.	2. <i>Stop and talk</i> - when a negative thought appears tell yourself "STOP" think again about this.
3. <i>Misreading situations</i> - thinking that every negative reaction is because of something you have done.	3. <i>Look at situations realistically</i> - there could be many explanations for this situation.
4. <i>Focusing on negatives</i> - I am no good at school because I get low assignment marks.	4. <i>Focus on positives</i> - I can handle this, I'll be OK. My next attempt will be better.
5. <i>Seeing events in isolation</i> - I didn't make the football team again, I am no good at anything.	5. <i>Putting things in context</i> - I have had some real successes, I'll build on my strengths.
6. <i>Using self-defeating statements</i> - It's no good me trying I'll lose again, I just have no luck at all.	6. <i>Using self-supporting statements</i> - I'll keep on trying, I have good skills and abilities and one day I'll succeed. A failure now and then won't stop me.



**SECTION TWO - SKILL SIX**

**PERSONAL SKILLS**

## **SECTION THREE**

# **PLANNING TEACHING AND EVALUATING**



**SECTION THREE****PLANNING, TEACHING AND EVALUATING****Teaching Strategies****Experiential learning**

The method of learning and teaching used in this training program is called experiential learning because it involves active participation in structured learning experiences or activities. The experiential learning theory is a combination of learning styles including:

- Concrete experience – doing things rather than learning from books;
- Observation and reflection – watching the facilitator and other participants and thinking about what they have seen and experienced;
- Abstraction and generalisation and concepts – understand the theory and purpose behind the activities and link these to the real life situation; and
- Testing out new ideas and seeking implications – using the safe learning environment to explore ideas and theories as well as hypothesise.

In the experiential learning method it is important that the facilitator :

- Is not influenced by the previous academic record or work history of the participant;
- Is sensitive to the humanity of the participants and try to create a successful learning outcome to develop their self-confidence and self-esteem;
- Is responsible for the rate of presentation of material and subsequent processing, ensuring that it does not proceed too quickly; and
- Acknowledges the huge reservoir of learning resources available from within the participants as a result of their personal and professional experiences.

There are other learning techniques that complement, or are part of, the experiential learning approach. Some of these are listed below.

**Learner-Centred Education**

This method focuses on the needs of the learner and encourages students to actively participate through questioning, challenging and exploring issues instead of being passive recipients of information. Learning has been shown to be more effective when there is a high level of participation.

**Cooperative learning**

Students are encouraged to work towards the achievement of education outcomes collaboratively and to use the skill of social co-operation in developing other skills. Students interact with each other, and sometimes with other resource people, including the teacher, to:

- |                      |                                      |
|----------------------|--------------------------------------|
| • debate;            | • solve problems;                    |
| • question;          | • consider different points of view; |
| • explore issues;    | • discuss;                           |
| • share experiences; | • clarify; and                       |
| • reach consensus;   | • build skills and knowledge.        |

**SECTION THREE****PLANNING, TEACHING AND EVALUATING**

Co-operative groups develop the social skills of sharing, leadership, communication, building trust and managing conflict, which are important skills in life, at work and in family and other personal relationships.

Effective group work does not happen as a matter of chance, but is a well-orchestrated, organisational strategy that requires planning in advance. The facilitator needs to carefully organise how the small groups are formed, group member roles and the process that the small groups will follow to achieve their goals.

**Inquiry Method**

This method is incorporated into experiential learning to draw issues and lessons from activities. Using this method, facilitators or teachers would:

- use a questioning mode that enables students to take responsibility for their learning, in terms of content and style, rather than being provided with information by the teacher;
- encourage student/student interaction as well as student/teacher interaction in a way that respects the ideas and opinions of everyone;
- develop lessons that respond to the needs, interests and concerns of students and not limited by a set curriculum; and
- engage students in exploring how and why they think in a particular way rather than advising them what they should think.

**Questioning Techniques**

Experiential learning and other methods of learning incorporate a variety of questioning techniques, including those listed.

- **Closed questions** are simple and require only a *yes* or *no* answer.
- **Define questions** are simple questions of definition and recall; establish a knowledge base on which the facilitator and participant can build.  
Question beginnings could be: What? When? Who? Which?
- **Personalise questions** build on the knowledge base so all participants can be involved and successful. They yield more information and aid comprehension and application.  
Question beginnings could be: Why do you? When do you? What is your experience?
- **Challenge questions** require clear, logical, creative thinking, analysis, synthesis and evaluation  
Utilising define and personalise questions encourages participants and build success. Question beginnings could be: How could we? Think of a way? Compare and contrast.

These questioning techniques are highly significant in drug education as they provide an opportunity for all aspects of an issue to be raised and considered before a decision is made or an attitude formed. For example, instead of asking - *Are drugs bad for you?* and expecting a *yes*, ask - *What good and bad aspects of this drug would we have to consider before making a decision to use it?* This allows a full and open discussion about the drug with due consideration of perceived good points as well as bad points.

**SECTION THREE****PLANNING, TEACHING AND EVALUATING****Responding to Questions**

When preparing to answer a question a facilitator should:

- acknowledge the significance of the question and inform the whole group if it is relevant for all to hear;
- admit if you do not know the answer, discuss how the information may be found; and
- decide whether it is necessary to give an answer. Some options are:
  - a. explore the nature of the question with the student or the group. For example, *that's a good question, I'd like to hear what you, or what everyone, thinks might be the answer;*
  - b. find out why the question has been asked if not clear; and
  - c. encourage all participants to assist in the development of a response.

Try always to give positive encouragement to the questioner, such as:

- *Thanks for asking that question.*
- *Good question!*
- *That raises an interesting issue.*
- *I'm glad you asked that question.*

**Self-disclosure and personal questions**

It is likely that at some time when teaching drug education you will be asked about your own drug use, including alcohol or tobacco, or your attitudes to and beliefs about drug use. It is useful to have thought about what your response would be and how much you would be willing to share with students.

One way to avoid personal issues being discussed in class is to ensure that a group rule about disclosure is incorporated into the general group rules established in the group facilitation session at the commencement of the program. A good rule is for no disclosure of personal drug use or drug use of friends in the classroom. It should also be made clear that if drug use is disclosed it may be necessary to be report it to the school administration. Students who wish to genuinely explore aspects of a drug use situation that they know of or are concerned about should use a fictitious character and a make-believe scenario to initiate discussion.

*NB: The facilitator should provide opportunities for participants to develop well thought out responses to personal questions and challenges. Participants need to be able to use their ability to clearly and confidently articulate their attitudes and beliefs on drug issues.*

*This can be of important educational significance particularly to young people who are still developing their values and attitudes on this topic. Participants may need to raise these issues with the school administration to ensure that their response reflects the ethos of the school and is compatible with other teaching staff.*

**SECTION THREE****PLANNING, TEACHING AND EVALUATING****Role-play**

Role-play is one of the most useful experiential learning techniques and is ideally suited to small group work. Through role-play young people can experience and explore the feelings and potential outcomes of a social situation without suffering the actual consequences of their decisions.

Role-play can provide an opportunity to:

- broaden a person's skills;
- practice and reinforce new skills without fear of failure or criticism;
- generate solutions to conflict situations in a safe environment;
- reflect a range of responses to particular situations;
- experiment with other roles and personalities in a non-threatening environment; and
- experience the feelings that may accompany decisions.

For a facilitator, teacher or health educator, role-play may be used to explore attitudes, values and skill levels of young people and as an evaluation tool to assess changes in each of these over time.

**Managing Role-Play Activities**

Role-play involves the adoption of a particular attitude, point-of-view or value stance for a particular purpose. It is essential that both the facilitator and the participants are aware of the purpose of the role-play. Good group empathy, established ground rules and experience in working cooperatively in groups will contribute to the success of role-play activities.

**Points for a productive role-play**

- Allow participants the right to withdraw at any time without explanation.
- Monitor feelings at all times and call *cut* if participants become anxious or disturbed.
- Use short scenarios to keep participants focused on the outcome and not the play acting.
- Encourage participants to create their own scenarios to reflect the purpose of the role-play.
- Utilise role-play in small groups to maximise involvement and avoid having an audience.
- Debrief participants after the role-play to ensure that anxiety or other feelings generated are calmed down. This may be done by some physical symbolic behaviour such as taking off the role as you would remove a shirt, or by discussion of the feelings that the role-play generated and why.

**Things to avoid when conducting role-play**

- Making judgments about the role-play, focus on eliciting alternative actions.
- Commenting on or inhibiting actions, wait until it is finished and then discuss desired changes or other options.
- Casting participants in roles too close to their real life role or family situations
- Scenarios with too many characters or which are too complex.
- Drunk or drug affected characters, this may glamorise the behaviour and distract from the purpose of the role-play.

## SECTION THREE

## PLANNING, TEACHING AND EVALUATING

## Steps for Conducting Role Play

**Introduction and Warm-Up**

Select a suitable Warm-Up/Energiser activity to focus the attention of the group and renew group empathy. Introduce the scenario and establish the purpose of the role-play. Scenarios could be drawn from previous lessons or suggested by students.

**Allocating roles**

The ideal situation is where everybody is engaged in the role-play. This may be done in groups of two, three or four as well as in the larger group if the role-play requires it. Everyone should have a role, although sometimes you may wish to use an observer to report on what actually happened.

**Setting the scene**

Players are informed of their role, the time, place and the situation to be enacted. An example is: *you are trying to persuade your friend to come to the movies when they should be home studying*. Four players could be you, your friend, your friend's sister and another friend of yours.

**Preparing the audience**

If there is an audience, set them tasks so they become active participants in the role-play. They could provide feedback on non-verbal communication, realism, skills and techniques used.

**Playing the role**

Once the scene is set, allow the role-play to proceed. It should be brief and focused on the purpose.

**Feedback and debriefing**

Following the role-play, discussion in the large group situation, or in the small groups, should be addressed using questions such as the following examples.

- What was the result of the role-play?
- How did you feel in your particular role?
- What attitudes were expressed?
- What could be other consequences of the role-play?
- What did you learn about the character you played?
- What did you observe about the characters? (If observer or secondary part)
- What would you do differently? (If in their place or if you had a second chance)

Debriefing refers to the process of leaving a role and returning to being themselves. The complexity and sensitivity of the role, that is, how much it stirred emotions, will determine how much debriefing is necessary. Participants who have become very involved in their role may take some time for emotions, like anxiety, to return to normal. Questions may be used to help shed the former role and diffuse any emotion associated with it.

- How do you feel about the role you played?
- What kind of person was your character?
- Did you like your character?
- Why did your character act the way they did?
- How would you react in that sort of situation?



## SECTION THREE

## PLANNING, TEACHING AND EVALUATING

In the event of a very demanding role the facilitator may say: *You are no longer (character name) you are now (players name) again. The character of (name) no longer exists.*

**Re-enacting role-plays**

- Roles may be switched, given to other people, to demonstrate other points-of-view, solutions and interpretations.
- Attitudes or reactions of characters can be changed as well as outcomes options limited.
- New skills such as assertion may be introduced into the role-play both to practice the skill and to explore the possible outcome of such a response.
- Many re-enactments are possible, interspersed with discussion, suggestions for change, introducing new skills or information or changing the attitude or reaction of one or more of the players.

**Processing**

This is extremely important as it develops an understanding of what happened and why and how it can apply to each person's life.

- What issue, problem or situation was demonstrated by the role-play?
- What solutions, options, suggestions were presented?
- What would be the consequences of each option?
- How can what we learned from the role-play help us in real life?

**Warm Up Activities for Role-play**

Allowing people to build up to more complex role-play situations through practicing simple, fun non-threatening role-play type activities can be very useful. The following three activities, as well as many of the energisers and empathy building activities, listed elsewhere in the manual, help in building a supportive environment and encourage the easy and spontaneous adoption of simple roles.

**1. Pass the Vase**

A prop (item or furniture used in play acting), such as a vase, is required. Seated in a circle, the larger group passes the prop from person to person. When the prop is handed to a person, they must explain why this particular object belongs to them by making up a simple but convincing story. Characteristics of the prop, life events or historical occasions may be elaborated on to make their story believable. The prop is passed to the next person who must argue why the article is actually theirs.

**2. The Chair**

The larger group sits in a circle with a chair placed in the centre. One person sits in the chair and another person approaches them and tries to persuade them to leave the chair. No physical contact is permitted. The person sitting on the chair has a neutral role but must leave when a reasonable argument is presented. The person who persuaded them to leave now sits on the chair and the game repeats itself.

**3. Information Giver/Seeker**

This exercise requires the exchange of information from one group to another using a question and answer technique. This is best done in groups of four, for example two teenagers seeking information from their parents about what life was like when they were young. Other possibilities could be:

- younger teenagers seeking information from older teenagers;
- journalists seeking information from young people on issues like drugs; or
- students seeking information from doctors on health matters.

## SECTION THREE

## PLANNING, TEACHING AND EVALUATING

## Role-play Situations

The following role-play situations are presented as examples only. Ideally, situations will be drawn from the experiences of the young people or situations that they are likely to encounter in the future. Be wary of using situations involving drugs that the students are not likely to encounter. This could have the undesirable of arousing curiosity or leading them to believe that its use is common among young people, which could contribute to experimentation.

## Situation One

Four young people meet in a park. Two of them have some drugs and are pressuring the other two to take some. Role-play possible ways of dealing with this situation. Variations that could be explored in which:

- one of the two being offered takes the drug;
- one of the two offering supports the two in their decision not to take it; or
- you introduce diversion tactics: *lets play football/pinball/computer games first.*

## Situation Two

A boy, 14 years, out with his brother who is 17. They meet two friends of the older brother one of whom is smoking marijuana.. He offers a taste to the younger brother. Role-play ways of addressing this situation with variations like the examples below.

- The older brother does not want to upset his two friends.
- The older brother is very upset by the offer.
- Both friends pressure both brothers to smoke the joint.
- One friend takes the older brothers side and supports his decision not to use.

Previous requirements: participants should know how to work in small groups and be familiar with the steps in *decision-making* and the *assertion model*.

**SECTION THREE****PLANNING, TEACHING AND EVALUATING****Brainstorming**

Brainstorming is a technique of generating lists of things using the combined knowledge and imagination of a group. It can be used to produce lists of solutions to problems, problems, situations, good things, bad things, things we like, things we don't like, things we should do and things we should not do.

It is a way to generate as many ideas as possible as quickly as possible by free association of thoughts without critically evaluating them. Some ideas may be excluded at a later stage depending on how the list is to be used, but initially all ideas, no matter how seemingly outrageous, are included.

**Procedure for brainstorming**

1. Select an issue and state it clearly and briefly.
2. Nominate a person to record responses on a board.
3. Remind everyone to contain critical judgments, negative comments and evaluation.
4. Keep the process informal, relaxed and motivated, high energy, also fun.
5. Encourage free flow of ideas no matter how unrealistic at the time.
6. Encourage building on ideas, combining or improving on them.
7. Make suggestions only to open new avenues of thought or to keep it active.
8. Close the session quickly, as soon as it is clear no more responses will be made.
9. Now consider all responses questioning are they realistic, acceptable or relevant.
10. Narrow ideas down through discussion and a process of elimination until one or some are suitable for use. Sometimes such a list may be used to draw from for other activities.

**Usefulness of brainstorming**

- everyone can participate, contribute to ideas
- by suspending critical judgment good ideas may emerge
- ideas can spark other and better ideas
- allows individuals to be creative and imaginative
- fun and cooperative spirit can build group cohesion
- responses beyond each individual's experience may be presented

**SECTION THREE****PLANNING, TEACHING AND EVALUATING****Activities for Forming Small Groups****Introduction**

During the workshop the facilitator will need to form different groups of different sizes, for different purposes and different activities. The small group sizes may range from pairs to half the large group. It is useful to prepare easy and fun ways of re-arranging participants that can also assist in the development of communication, trust and empathy. Several ways of dividing a group could be available over the time of the workshop so individuals will work with different people, or groups can be organised with a mix of gender, countries, regions, departments or other criteria.

As the workshop environment is extremely important, some issues to ensure the effectiveness of the groups are listed for consideration.

- **Number of participants in the group** – this is dictated by the activity being conducted; pairs, threes, fours, half the group are suitable sizes at different times.
- **Who is in the group** – it is good for participants to work with all other participants throughout the workshop in groups of various sizes.
- **Friendship groups** – often participants sit with people they know; it is important that participants are encouraged to work with the wide variety of people in the large group and that friendship groups are a deliberate choice by the facilitator, if they occur.
- **Mixed or similar ability groups** – this depends on the nature of the activity but there is an advantage of mixed ability groups in that participants with more knowledge or ability will be able to share with other participants.
- **Single sex groups** – there may be times and topics that the facilitator considers would be better dealt with in this kind of group.
- **Cultural sensitivity** – the facilitator should be aware that there may be a participant that, for cultural reasons, should not be in the same group.
- **Life of the group** – developing a good working relationship can take time; it may be necessary to work in a group for a series of activities to establish effective group dynamics.
- **Roles in groups** – it is important that group members are aware of the roles they may be required to take on and be conscious of their responsibility in developing an effective group.
- **Clear instructions** – participants need to be very clear about the task at hand and may need verbal and written prompts to focus their activity to achieve the desired outcomes.

In using group dividers the facilitator may clearly advise participants how to find the number of participants that are required to form the small group. Although, to develop communication and problem solving skills, they may choose to deliver limited instructions so that participants are required ask questions of other participants to establish a group with the required number of people.

**SECTION THREE**

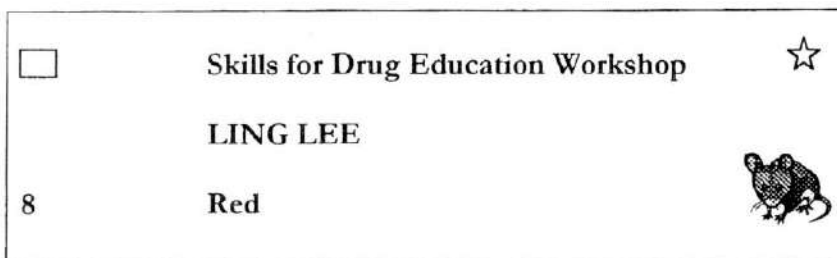
**PLANNING, TEACHING AND EVALUATING**

**Activities**

**1. Nametag Dividers**

A number of letters, symbols, numbers or pictures can be placed on the front or back of the nametags that are prepared for participants. Some examples, say for a group of twelve, are provided.

- Use a number from one to twelve on the tag.
  1. Two smaller groups - odds and evens
  2. Groups of three - 1,2,3, and 4,5,6, and 7,8,9, and 10,11,12.
- Use a coloured spot - three each of red, blue, green, yellow.
- Use an animal – four each of snake, dog, cat.
- Other examples: squares, triangles, circles, stars, and crosses, or car, truck, bus, train, boat.



**2. Jigsaw Puzzle Dividers**

Make simple jigsaws from coloured card or pictures, with two, three or four pieces according to how you want to divide the group. Hand them out and people seek out the other pieces to reform their picture and remain with those people for the activity.

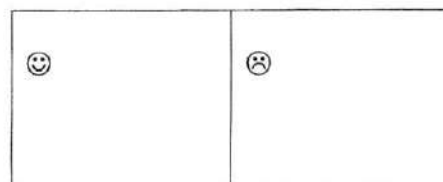
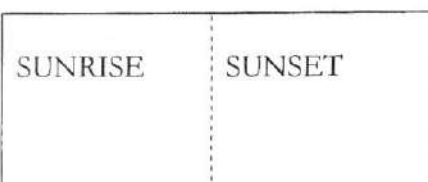
**3. Matching Symbols**

Make up cards with two, three or four matching symbols, cut them up and distribute them randomly or have participants select them from a box. When people have found their matching symbol, they form a new group.



**4. Opposite Symbols/Word**

Make up cards with symbols OR words that are opposite to each other. For example day/night black/white, sunrise/sunset, cut them up and distribute randomly or have participants select them from a box. When people have found their opposite symbol, they form a new group.



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## PLANNING, TEACHING AND EVALUATING

## 5. Common Objects

Make up cards with two, three or four common objects from a room.

For example:

Kitchen:- plates, cups, cooking utensils, eating utensils

Bedroom:- bed, pillow, sleeping clothes, sheets.

Work place:- desk, chair, books, computer.

Alternative locations such as home, work, school, laundry could be used. Be sure only familiar items are used and that they are reflective of the participants' lifestyle, culture and economic status. Cut them up and distribute them randomly or have participants select them from a box. When people have found all the items from the room or location, they form a new group.

## HOME



## 6. Find Your Other Half

Construct cards that have a question and an answer.

What is a drug?	A drug is something that when taken into the body, alters the way it functions.
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What is grass?	Grass is a name for marijuana.
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## 7. Match the facts

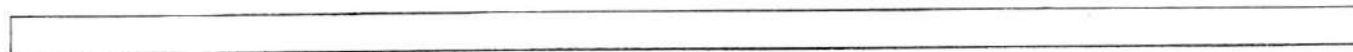
Choose a number of different drugs and make up a sheet of facts. Have the same number of facts about the drug as is require in the small group.

## ALCOHOL

Is a social drug	Is legal for adults	Is a depressant	Is not addictive	Slows down reflexes of the body
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## 8. Islands

Decide on the number of groups required. Place the same number of pieces of paper, an island, on the floor. Ask participants to fit as many participants on the island that they can. Be sure to insist that only one foot can go on the island and they are not allowed to touch any one else, other than holding their hand. This divider can be used when it is not critical to have the same number in each group, for example, role-play. Cultural sensitivity is required.



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**9. Free Choice**

Encourage the required number of participants to select someone they have not worked with before/ who is a friend/ who is a work colleague.

**10. Clumps**

Form groups using common items that represent different numbers. For example, number of:

- wheels on a motor bike;
- points on a triangle; or
- days in a week.

This activity should be done quickly and there should not be any focus on participants left out. Endeavour to use items that will ensure that no one is left out. Stop on the item that has the same number as is required in the group. Be sure to use familiar, culturally appropriate items.

**11. Playing Cards**

Playing cards have many attributes and groups can be formed using: colour / suite / same numbers / sequence / royalty. It is important that facilitators are clear about which attribute they are using to form the groups and distribute the cards accordingly. Detailed instructions may be given or participants may be advised of the number required in their group and then left to communicate, solve the problem and indicate what attribute they used to form their group

**SECTION THREE****PLANNING, TEACHING AND EVALUATING****Energisers**

Energisers are designed to enable the workshop facilitator to foster interaction, stimulate creative thinking, challenge basic assumptions, illustrate new concepts and introduce specific material. They are brief activities designed to raise the energy of the group, focus attention on a task or to enhance group cohesion and can also contribute to developing empathy within a group.

Energisers should be selected carefully and modified to account for the familiarity of the group members with each other or social and cultural habits of the group. This will ensure that participants are receptive to information and skills presented during the workshop. The energisers are learning tools designed to assist in the introduction of concepts as well as develop a safe and supportive atmosphere with an element of fun and enjoyment.

To effectively use energisers participants should never be forced to participate in an activity although full participation is encouraged. It is critical that the facilitator gives careful thought to the purpose and appropriateness, before using an energiser. The overuse or inappropriate placement of an energiser in the program can reduce the impact of the overall program and leave participants feeling unsure about the learning activities.

The facilitator should keep in mind that energisers are learning tools used to support the main activities and do not require formal processing. Although, during an energiser, the facilitator should monitor participants closely and remain sensitive to issues of disclosure, cohesiveness, trust, team building, risk taking, control and dependence. It is critical that the learning process is interactive, relevant and enjoyable.

The energisers are designed to be used without lengthy processing however if an activity does generate extensive discussion it may be necessary for the facilitator to ensure that there is some kind of closure and that unresolved issues are dealt with at the appropriate time.

Each energiser requires the facilitator to use their resourcefulness to establish a smooth link between the energiser and the experiential activity that follows.

**1. Thumb Wrestle**

In pairs, sitting or standing, join hands in a monkey grip, which is locking fingers with thumbs up. Thumbs first bow to each other, tap three times then wrestle until one thumb pins the other one down. Have a best out of three competition then change hands.

**2. Take a Rest**

Stand back-to-back with a partner of the same size (and perhaps gender) and lean against each other. Drop head back onto partner's shoulder and relax, close eyes and breathe deeply and slowly. By gradually moving feet further out and leaning back more.

**3. Quick Hands**

Divide the group into two teams sitting facing each other. Give a pack of cards to the team leaders and instruct them that their team has to pass the cards down the team, one by one until the whole pack is at the end of the line. Participants must take the card in the closest hand, pass it to their other hand and then hand it on to the next person in the line. As the card reaches the end person they can drop it on the floor. This activity can be made harder by having participants maintain eye contact with the person opposite them in the other team.



## SECTION THREE

## PLANNING, TEACHING AND EVALUATING

**4. Clumps**

While everyone is walking around the room freely greeting others in a friendly way, the facilitator calls a number: two, three, four or five. Participants must form a single joined group of that number of people, could be by holding hands or other creative ways. Those who are left over could be eliminated or could join in again depending on the purpose of the game. Numbers can be given in different ways such as *number of corners on a triangle*.

**5. The Invention**

Divide into groups of five and in ten minutes, using all five members, develop a human machine that has a unique noise for each moving part. Allow participants to work in a private place to maximise the impact of their machine. After ten minutes have all groups present their machine to the whole group. The audience can try to guess what the machine is.

**6. Whoosh**

In a circle facing inwards, everyone together raises their arms and takes in a deep breath. Then, while bending forward at the waist and dropping the hands, breathe out with a loud *whoosh* sound. This can be done several times and various sounds can be used for variety such as *ooh, aagh, whee*.

**7. Blind Cars**

Stand in pairs of people around the same height, one in front of the other, facing in the same direction. The person in front is a car with arms in front as bumpers and eyes closed. The person behind, as the driver, steers the *car* using words only as the steering wheel to guide the *car* through the *traffic*. Reverse the roles after a few minutes.

**8. Chairs**

Sit everyone in chairs arranged in a circle. One person is in the middle without a chair. This person calls out: *all those who are wearing green*, and those people must change chairs but not to the chair next to them. The person left in the middle repeats the process using different calls such as *black pants, black hair, who jogged this morning* being as creative and amusing as possible.

**9. Bases**

This activity can be done individually, in pairs or in groups of three. When the facilitator calls out a number, each person or group must form a structure that has that many bases. For example *three* could have two feet and a hand.

**10. Pass the Object**

Seat the group of not more than ten in a circle. An object, which can be anything that is handy like a cup, is used to represent a particular item. People decide what their item will be. When participants have the object, they must mime what they are pretending the object to be. Others try to guess what the object is and then it is passed on to the next person. Items could be a phone, iron, pen or anything of a similar size.

**11. Palm Finder**

In pairs, facing at arms length, partners raise their arms forward to touch each other's palms. They then close their eyes and turn around twice. Without opening their eyes, they try to find their partner's palms again.

**12. Spot the Initiator**

The group sits in a circle and one member is asked to leave the room. One person in the circle, the initiator, begins a slow movement, such as tapping the floor. Others must follow the movement but not reveal the identity of the initiator. The movement should be changed every half a minute or so. When well underway the person is brought back into the room and must try to find the initiator. Change initiator and finder and play again several times.

## SECTION THREE

## PLANNING, TEACHING AND EVALUATING

**13. Expressions**

Form a circle. On a slip of paper each participant writes an emotion. For example: hate, anger, terror, joy, sadness surprise, disgust, and anxiety. Place the piece of paper in the centre of the circle. Participants then select a piece of paper from the centre of the circle. Write, beside the emotion a body part that is not covered by clothing.

Repeat the process with all participants placing the paper in the centre of the circle. Shuffle the papers and then have participants select one piece of paper. Going around the group have each participant individually show the emotion using the body part. Have the rest of the group guess what emotion.

**14. Random Faces**

On a flip chart have a large circle drawn. Advise participants that they may be selected to place features on the large sheet of paper that will assist the group to construct a face. Identify five people and have them stand in a line facing the chart, three paces away. Have them concentrate on the location of the circle on the large sheet of paper. Allocate a feature to every person and give him or her a felt pen. The features to be added to the circle are *eyes, eyebrows, nose, mouth and ears*. Individually have the participants, close their eyes, turn on the spot three times and then step forward to the large sheet of paper. With their eyes closed have them draw on their feature. Repeat the activity until all participants have had a turn.

**15. Tell Them Off**

Participants sit apart from each other, randomly around the room. Participants think of a person they are having conflict with. Have them close their eyes and have a one-sided imaginary conversation with the person. Encourage them to think of all the things that they would really like to say but have not been able to say face to face as well as to use facial expressions and body language. Give only a short time for this and then have them reflect on a person they know and really like, for a couple of moments.

**16. Warm Fuzzies**

The whole group sits in a circle with a chair in the centre. Each participant has a small bundle of papers. A volunteer sits in the centre chair. When the individual is sitting in the chair the rest of the group, individually, write positive words on a small piece of paper. The facilitator then collects the pieces of paper and gives them to the person. They then thank the group and leave the chair. As they leave the chair have them identify the next person to sit in the chair. Each participant has a turn sitting in the chair and it is the responsibility of the group to ensure that all participants have a turn in the centre chair and receive the positive comments.

**17. A Pat on the Back**

Distribute a piece of card to all participants and have them decoratively place their name at the top of the sheet. Using sticky tape, attach the card to the back of each participant. Request that all participants write one positive comment on the card on the back of each person. Display these cards around the workshop area and distribute to participants at the end of the workshop. This activity may need to happen later in the workshop so people are aware of each other's abilities.

**18. Who and Why**

Participants place their hand on a piece of paper and trace around the outline of their hand. On each finger, write down the names of five people that they can trust. Be sure to write the name of the person you trust the most on your thumb. Outside each finger, write why they can be trusted. Be sure to advise participants that this is a personal list and that they will not be required to share the information on their hand with anyone. The facilitator could use this to start a discussion on what is trust and what does it mean to people.

**SECTION THREE****PLANNING, TEACHING AND EVALUATING****Planning and Evaluating the Learning Activities**

Teachers need to conduct a simple situation analysis asking:

- What is the prevalence of drugs?
- What drugs are used, aspects and form of those drugs and usage in their context?
- What age are children using which substances?
- What is the depth of use in particular age groups?
- What are the country laws and policies pertaining to drugs?

Teachers need to consider what:

- students already know and want to know, about drugs.
- values, attitudes and perceptions are held by students on this topic.
- skills students already have mastered and which skills need developing.

Teachers need to consider how to:

- challenge students to increase their knowledge, explore their attitudes and the attitudes of others and refine their skills?
- encourage students to reflect on what they have learned and consider how it can be applied to situations within the school, the wider community and their every day lives.

Teachers are in the best position to:

- Assess the needs and concerns of the students and evaluate the program;
- Know the social, emotional and intellectual development of the students;
- Plan an ongoing program that develops throughout the year and from year to year;
- Relate drug education topic to any subject area(s) in a relevant and meaningful manner;
- Teach the types of skills needed to resist influences to use drugs;
- Cover the social, cultural, health, safety and personal aspects of drug abuse;
- Deal with issues raised in the classroom in a sensitive, non judgmental way;
- Build trust and confidence to promote shared feelings and values related to drug use; and
- Involve students in the development of programs to foster a feeling of ownership.

Planning a learning sequence can be guided by:

- The key concepts in drug education.
- The skills the students will need to develop.
- The values, attitudes and beliefs students need to explore.
- Opportunities for students to demonstrate their knowledge, attitudes and skills.

Teachers should ask, when reflecting on the learning sequences developed:

- Is there a balance of knowledge, values, attitudes and skill development?
- Do the activities provide practice and can students demonstrate what they have learned?
- Will the activity contribute to the development of an environment that is non-threatening and non-judgemental of students' ideas, opinions and discussions?
- Are there a variety of activities to cater for the differing learning style of individuals?
- Have all issues of gender, religion, family and country been raised and discussed appropriately?
- Have I planned to draw links, where possible, between knowledge, attitudes and skills?

## SECTION THREE

## PLANNING, TEACHING AND EVALUATING

## Evaluation and Assessment

**Formative evaluation** is the gathering of data to help design and modify a new program. It refers to the process of gathering information to advise the planning and design stages and decisions about implementation. This information can be gathered using such methods as observation, individual and group interviews to gather feedback from students, teachers and other interested personnel.

**Process evaluation** is gathering information about what has been done and with whom. There needs to be ongoing monitoring so that it will be obvious what services have been delivered, to whom and when. This will help assess progress towards agreed goals and objectives of the program. Information can be gathered through written student diaries, school records and interviews with teachers, school administrators, parent and community leaders. Documentation of planning, development and implementation stages will assist others who want to replicate the success of the program.

**Outcomes evaluation** is gathering information about what has been done and whether it has made a difference. The reason this type of evaluation is carried out is to establish if any changes have occurred from before the intervention is implemented to after implementation and to demonstrate that the changes identified are the result of the intervention itself. It is important to measure outcomes that are directly tied to the objectives of the program.

## Teachers using evaluation

Evaluation must relate directly to the objectives or stated outcomes of the lesson or program. To give young people a drug education program and then use their level of drug taking as a measure of success of the program is a common mistake. Drug use is motivated by many factors including social situations over which the school has little or no control.

Drug education objectives or outcomes must be specific, measurable, achievable, realistic and timebound (SMART). The school can influence knowledge, values and attitudes, and skills that may in turn influence drug use. Evaluation of the program should focus on the classroom level of knowledge, attitudes and skills that reflect an immediate impact. Other agencies and organisations should be responsible for evaluating the short-term behavioural level and the long-term epidemiological levels in the community.

Indicators of a well-planned learning sequence are:

- enhanced teaching methodology;
- teacher confidence/satisfaction; and
- teacher effectiveness and this is evidenced by student learning outcomes of knowledge, attitudes, skills and behaviours.

Teachers, in addition to using formal assessment methods, may ask themselves the following questions.

- Was I comfortable with the way the lesson proceeded?
- Were intended lesson objectives achieved?
- Were resources and activities adequate and engaging?
- Was my knowledge of the subject matter sufficient?
- Did students remain interested and motivated?
- Did students contribute with questions and opinions?
- Was the discussion useful, structured enough to address lesson objectives?
- What would I change to make it better next time?

**SECTION THREE****PLANNING, TEACHING AND EVALUATING****Assessing attitudes towards drug use**

Interviews, informal discussions or questionnaires can be used to gain useful information from students and parents about values, beliefs and attitudes that may influence behaviours and conditions associated with drug use. Such information will enhance understanding among teachers and is also important in developing complementary educational efforts such as those carried out by mass media, health workers and other organisations.

Assessment process of students should:

- be consistent with the program goals and school goals;
- be based on student outcomes and reflect the program content;
- be gathered from everyday learning activities of the student;
- make a positive contribution to student learning;
- build the self esteem of students and provide motivation to achieve;
- recognise and value the diversity of the religious, social, cultural and family background;
- acknowledge the personal experiences of the student;
- inform the teacher of the student's ability and assist in the further development of learning activities; and
- provide a basis on which to plan for school improvement.

Collecting assessment information involves:

- observing, systematically, students actively participating in learning activities;
- interacting with students to gain a more in depth knowledge of what they know, understand and can do; and
- analysing student work.

Some examples of assessment tools include:

- tests, where specific questions relate to knowledge of drugs as well as items on attitudes and intentions;
- student folders, that show a sample of their work reflecting their knowledge as well as their attitudes;
- observation, when students are participating in role play preparation and presentation;
- item assessment, when students create a pamphlet, poster, song, debate that reflects their learning in the area of drugs ; and
- self assessment, where students identify risk situations and possible risk factors for themselves in their lives;
- peer assessment, where students compose questions to assess each other's knowledge and attitudes and well as construction situations where they can demonstrate their skills; and
- teacher interviews, where questions or discussions topics have been identified.

## SECTION THREE

## PLANNING, TEACHING AND EVALUATING

## Guidelines for evaluation of skills-based drug education resources

Resource: \_\_\_\_\_ Topic: \_\_\_\_\_

Target group: \_\_\_\_\_ Year produced: \_\_\_\_\_

**SUMMARY of criteria for the skills-based approach**

1. Is behavior change part of the objectives?
2. Is there a balance of knowledge, attitudes and skills in the content and activities?
3. Is it based on participatory methods?
4. Is it student-centred?
5. Is it relevant?

**Does it:**

- Include accurate information that is relevant to the objectives?
- Focus on the immediate, short-term effects and problems?
- Cater for all students?
- Respect differences – developmental, gender, cultural, socio-economic, life style?
- Recognise the importance of other strategies, such as policies, services etc?

**Is it:**

- Based on sound concepts of health education and health promotion?
- Relevant to the target group, where they live?
- Free from bias, stereotypes, and prejudices?
- Appealing to students?
- Easy to use and flexible?
- Value for money?
- Durable in terms of lasting over time, and the content remaining relevant over time?
- Of sufficient duration to achieve the objectives?

**Does it have:**

- Clear learning objectives and outcomes, related to knowledge, attitudes/values and skills?
- Clear, concise, accurate background information on the topics?
- A balance of knowledge, attitudes, and skills?
- Assessment or evaluation ideas or tools?

**Will it:**

- Encourage students to make responsible decisions?
- Encourage student action and interaction in the activities?

**Other considerations**

- How much training will be required for teachers to use the resource?
- Is the resource effective enough to justify replacing existing resource/s?
- Is the resource different enough to justify replacing existing resource/s?
- Does the resource 'fit' with existing resources, practices, or programs?

## SECTION THREE

## PLANNING, TEACHING AND EVALUATING

**Checklist for evaluating skills-based drug education programs**

A program, which is based on sound principles, is more likely to provide better outcomes for students. The following checklist is designed to provide schools with a method for determining standards for effective programs.

- Is behaviour change part of the objectives of the program?
- Do the teaching and learning strategies relate directly to the program objectives?
- Is the drug education program part of the formal school curriculum?
- Does an appropriately trained teacher teach the program?
- Does the program have appropriate sequence and progression across grades?
- Are the messages across the broader school environment consistent with the program objectives?
- Are programs and resources accurate and appropriate for the target group and the school level?
- Does the program address knowledge, attitudes/values, and behaviours of the community as well as the individual?
- Are participatory teaching and learning methods used in the program?
- Is the program based on research, effective teaching and learning practices, and student needs?
- Does the program address external (e.g. social, environmental etc) factors which can affect individual behaviour?
- Does the program consider other complementary strategies (e.g. policy, counselling/referral etc) that can reinforce drug education?
- Does the program respond to the differences among students with regard to the following aspects:
  - Developmental
  - Gender
  - Cultural
  - Language
  - Socio-economic
  - Lifestyle
- Are students, parents and the wider community involved in the following:
  - planning the program?
  - implementation of the program?
- Are objectives, processes and outcomes evaluated?
- Do the programs, activities and resources contribute to the long term positive outcomes in the health curriculum of the school?
- Has available support for the programme been utilised from government and community sources?

## **SECTION FOUR**

# **DRUG COUNSELLING AND REFERRAL**





**SECTION FOUR****DRUG COUNSELLING AND REFERRAL****Drug Counselling and Referral for Teachers, Counsellors and Health Workers in Schools**

The purpose of this section is to provide teachers, school counsellors and school health workers with practical and specific information on basic counselling for students experiencing drug-related problems. This material will complement/supplement other drug education and intervention initiatives that contribute to healthy lifestyle decisions and behaviours for young people.

It is aimed primarily at teachers who do not have access to trained drug counsellors or who need to take positive first steps to get a young person to the stage of accepting help for a drug related problem.

With the support of training through specialist services, school personnel are well-placed to offer students support and counselling on drug-related problems. As a result they have an important role in contributing to a practical, integrated and extensive drug intervention response.

The majority of young people who abuses drugs during adolescence find that they have gained control over this behaviour by their mid-twenties. This is largely due to drug use losing its attraction, and life becoming filled with pursuits that reduce the relative importance of drug use.

This does not mean that society should ignore these issues in the belief that the majority will be OK in the end. It simply means that, for the majority of young people, drug use reflects the characteristics of exploration and experimentation found in a variety of behaviours during adolescent development.

Young people, like adults, are susceptible to abuse drugs. Yet, it is young people who are often portrayed as finding drug use attractive and even rewarding, and as being incapable of non-problematic use of drugs. It is likely that the psychoactive qualities of alcohol and other drugs are not any less for young people than they are for adults. Therefore, the same continuum of consumption levels and the same continuum of potential harm exist in the same way for both young people and adults.

## SECTION FOUR

## DRUG COUNSELLING AND REFERRAL

**Possible Indicators of Drug Abuse by Young People**

Young people may from time to time exhibit some of the signs listed below, as they meet normal everyday challenges. It is therefore important to observe a combination of these factors before drug abuse is indicated, but even when all these factors are present, drug abuse should be considered as one possibility among a variety of things affecting young people.

- **Marked personality change**

A placid, softly spoken student suddenly becomes noisy and abusive. The change may be gradual and only apparent when you think about it. Sometimes, this may occur the other way around.

- **Mood swings**

From high to low and back again, seemingly, without reason. There may also be extreme outbursts, precipitated by the most innocuous events or statements.

- **Change in physical appearance or well-being**

A change in weight, sleep patterns and other signs, may be sudden or gradual. Other physical symptoms may include slurred speech, staggering gait, sluggish reactions, pinpoint or dilated pupils, sweating, talkativeness, euphoria, nausea and vomiting.

- **Change in school performance**

A significant deterioration in performance, especially when the student has been diligent, may be an indicator of difficulties. Equally, a rapid change from poor performance to diligence may be important.

- **An increase in secretive communication with others**

Often seen as cryptic telephone calls. Remember that some of this may just be typical behaviour of adolescence.

- **Intuition**

Call it that, or guesswork, but this warning sign is based on the awareness you have of a young person you know well. You may not be able to be specific, or clearly verbalise your hunch, but you will know there is something wrong. You may find yourself telling others of the change observed in a student.

- **An excessive need for, or increased supply of money**

Buying drugs costs money, and the more drug dependent the person becomes, the greater their need for money to finance their "habit". Money, however, is not the only transferable commodity for young people. For example, baseball caps, sport shoes and sex are commonly traded for alcohol and other drugs.

**DON'T JUMP TO CONCLUSIONS!**

There may be a number of other reasons for these behaviours, which must be considered in the context of the person's whole life situation.

## SECTION FOUR

## DRUG COUNSELLING AND REFERRAL

**The Initial Approach**

A variety of general topics should be addressed in the initial approach to a young person's suspected drug use, such as signs and symptoms of abuse, communication issues, reasons for use, how to approach the subject, and factual information on drugs. Try to convey a relaxed and confident manner that encourages exploration of the problem rather than fixing of the problem at any cost.

- **Adopt a sensible reasoned approach**

You may render yourself ineffectual and risk doing more harm than good if you panic. A composed reaction on your part helps to create a similar reaction by the student with whom you wish to discuss the events. Panic tends to impede discussion, as the focus is intensely and singularly on the drug abuse behaviour rather than the total picture surrounding it.

- **Express only concerns that you can substantiate**

The tendency is to jump to conclusions, but you may be wrong. In a calm manner, express your concern and ask whether your concern is justified. Commenting on the student's behaviour without drawing conclusions is a helpful approach.

- **Spend time thinking**

Consider that the use of the drugs would do something "good" for the person which is worth risking the dangers. This will probably be more important to talk about than the actual abuse of the drugs.

- **Listen**

Hear the what, where, when, how, and why, to understand the exact situation.

- **Avoid being judgemental**

In judging, you risk alienating the student precisely when they most need you. Remember that the student has made a judgement that his using drugs has definite attractions.

- **Recognise that a crisis can be productive**

There is a common belief that with any crisis, like a young person abusing drugs, there is an opportunity for positive actions and outcomes. School personnel should keep this concept in mind when they are involved with a student who abuses drugs.

## SECTION FOUR

## DRUG COUNSELLING AND REFERRAL

## Approaching Young People

Often, young people are themselves reluctant to talk; believing that adults will attempt to persuade them to stop, or criticise their behaviour or even punish them. In this instance:-

- Convey your desire to understand and accept, but not condone, the reasons behind the person's behaviour;
- Be inquisitive and non-judgemental;
- Resist trying to change their thoughts or behaviour;
- Ensure confidentiality of the discussion and student access to counselling sessions; but inform students of the possible ramifications of disclosing certain information, before they compromise themselves;
- Generalise the behaviour without condoning or condemning it;
- Try to balance your view of the drug use itself against the reasons behind it. Concentrate on discovering what the young person finds attractive about the drug use, rather than assuming they must believe it is a problem;
- Increase open communication and resist playing the private detective;
- Consider who is the best person to broach the subject. It does not have to be you, perhaps another member of the staff knows the student better, and could help;
- Gather all the facts first, including information on the drugs being used/abused;
- If the use is only suspected, discuss the "observable facts" (these cannot be denied) and ask the student what conclusions they would draw from these facts, and avoid accusations;
- Explore reasons behind the use. Weighing up the benefits and costs is useful;
- Make sure the person is drug-free when you approach them, so that their perception and memory of the discussion are not distorted;
- Ensure that you are in the appropriate frame of mind to respond effectively;
- Select a time when you think there will be a minimum of interruptions and sufficient time so that you can both discuss the issues as fully as possible;
- Take advantage of opportunities to open up a conversation on the topic. For example; relevant news piece on the television or an inquiry into your own drug use;
- Be aware of the appropriateness of the environment. Are there people around whom you would prefer were kept from hearing about this?
- By being respectful and amiable, construct an atmosphere where future discussion is likely;
- Show a caring attitude and manifest your intention to understand the nature and context of the situation, rather than focusing on disciplinary consequences;
- Convey a sense of genuine interest in the reasons behind the student's decision to use/abuse drugs, rather than a determination to change behaviour.
- Discuss the issue as a *concern* not a *problem*. The student may negatively perceive a problem label, thus diminishing their motivation to address the issue.

## SECTION FOUR

## DRUG COUNSELLING AND REFERRAL

## Six Basic Drug Counselling Principles

1. *Ensure confidentiality*

Confidentiality contributes to openness and trust, which are essential ingredients in any helping relationship. Confidentiality has to be total, or school personnel must make students aware of the ramifications of disclosure beforehand. Students are likely to refrain from engaging in counselling opportunities where confidentiality cannot be guaranteed.

2. *Know your strengths and limitations*

Consider your level of skill and knowledge in intervening with young people, remembering that limitations also relate to issues such as available time, confidentiality, energy and student acceptance. Be prepared to refer if you need to, or seek the advice of a drug counsellor.

3. *Separate counselling from discipline*

At some schools, particularly small or remote schools, it may not be possible to have a different staff member providing counselling from the person responsible for discipline. Where possible however, this role separation is ideal, because undertaking these roles simultaneously, tends to reduce the effectiveness of intervention in both areas.

4. *Normalise without condoning drug use*

Avoid trying to force the student to change, as this may increase their resistance to change. Similarly, condoning or condemning the student's behaviour is counter-productive. Instead, treat the student as a decision-maker who has certain reasons for their choices, based on how he or she sees the world, and work on balancing the costs and benefits of his or her decisions. Therefore, getting students to convince themselves that they should address their drug use has the greatest potential for success.

5. *Address your own drug/substance use*

School personnel who work with student drug issues need to consider their own drug/substance use because their acceptability by and credibility with students is based on consistency between words and action. For instance, it is advisable to have thought of a response to possible student questions about your own use of alcohol.

6. *Concentrate on rapport and empathy*

Drug use is a sensitive topic which young people are often reluctant to talk about. Some believe that adults will attempt to convince them to stop, or criticise their behaviour or even punish them. Gaining a solid rapport and expressing empathy is vital to a healthy helping relationship, which can be initiated by:

- conveying your desire to understand and accept, but not necessarily agree with, the reasons behind the young person's behaviour;
- being inquisitive and non-judgemental;
- resisting any temptation to convince them to change their thoughts or behaviour.

## SECTION FOUR

## DRUG COUNSELLING AND REFERRAL

**Assessing the Drug Problem**

The extent of a drug problem can be assessed by the depth and complexity of responses to the following areas, which have been selected and outlined to provide a framework for an initial assessment with students who present with any concern or who specifically want to discuss their drug use or abuse:

**Pattern of use**

Try to get an overall picture of the level of drug use by quantifying the amount of each drug used. Ask about use of drugs by addressing when, where, with whom, which drugs, what route of administration, oral, intravenous, or inhalation, how much, how often and the effects of the drugs being used.

**Style of use**

Examine the student's style of drug use, be it intoxication, regular use, dependent use or a combination of these. The style of use will provide an insight into the types of drug related problems likely to be experienced if the young person continues to use.

**Level of safety**

Enquire about the safety of the environment and manner in which the young person is using. Examine the potential for drug related problems. Drug related disabilities fall into four main categories: physical, social, vocational, and legal.

**Combining drugs**

Ask if the student uses any drugs in combination like alcohol and cannabis or alcohol and medicines. The risk of dangerous adverse reactions is significantly increased from the interaction of two or more drugs.

*The safest way of handling these situations is to seek professional advice immediately.*

**Level of dependency**

Look for evidence of physical or psychological dependency. Questions related to tolerance and withdrawal symptoms need to be asked. It is advisable to seek medical advice or refer students who show signs of physical dependence, because detoxification may be required.

- *Dependency* occurs when the presence of a drug is necessary for normal psychological and physiological functioning. Psychological dependency relates to the behavioural and cognitive urge to use. Physical dependency is determined by the evidence of tolerance and withdrawal symptoms.
- *Tolerance* is the reduced sensitivity to a drug resulting from adaptation of the body to repeated exposure to that drug. Thus, higher doses become necessary to maintain the original effect.
- *Withdrawal* refers to the physical and psychological state which occurs when the intake of a drug, to which an individual has become dependent, is suddenly ceased. Signs and symptoms are generally a mirror image of the intoxicated state.

**Associated health problems**

Ascertain if the student has any health problems, physical and mental, that could be contributing to, resulting from or exacerbating the effects of their drug use. Examples may include acute or chronic pain management following surgery or trauma, menstrual cramps, depression, headaches, anxiety and asthma.

## SECTION FOUR

## DRUG COUNSELLING AND REFERRAL

## Referral Options

**Which student should be referred?**

The decision to refer requires the careful consideration of the needs of the person and the competence, confidence and context of the helper. Where issues are particularly complex, referral should be made to a specialist counsellor who has the time and experience to provide appropriate assessment and intervention. Referral is suggested in cases where a student exhibits possible indicators for drug use. The parent should be informed of the problem.

*School personnel should consider informing and involving parents during the referral process in accordance with school and/or department policy and with due regard for the needs of the student.*

**To whom should the student be referred?**

In different countries, the range of issues related to student drug use, and the availability of local resources and their philosophical basis, are very diverse. Therefore, the easiest way of dealing with referral is to phone the relevant health authority or NGO in your region/state/country to help you determine the most appropriate referral option for your situation, as well as how you might facilitate the referral.

**Seeking professional help**

Wanting to refer a young person as opposed to actually getting them in to see someone are vastly different propositions. Even if the referral is successful, there is the added challenge of getting the most out of the counselling session when the young person might be reluctant to be there. Parents and other helpers can use a variety of strategies to encourage the young person to seek help. Here are a few:

## 1. Visit the counsellor first yourself

Helpers who do this can describe their experience of the counsellor and the counselling process to the young person to give them a picture of what to expect, thereby reducing any anxiety about referral. Most counsellors will provide initial strategies that the helper can try before suggesting that the young person might need to attend for specialist counselling.

## 2. Offer mutual support

Offering to attend a counselling session with the young person is helpful.

## 3. Highlight the positives

Weighing up the costs and benefits of continued drug use can provide a positive motivational influence toward change. Treatment can help the young person find some clarity in their life, particularly if they feel they are losing control over their drug use. Suggest that the young person doesn't necessarily have to discuss *drug issues*, they can talk about any concerns they may have. Emphasising the independence, professionalism and neutrality of the counsellor can be helpful.

## 4. Discuss confidentiality

Strict confidentiality is a major plus because it really means 'you've got nothing to lose by seeing this counsellor because no-one needs to know you've ever been'. This comforts most adolescents.

*Note: Treatment is only one option. Unfortunately, too many helpers see it as a last option. This means the referrer often has overly high expectations of the outcomes, at a point beyond where treatment was likely to be most effective.*



## SECTION FOUR

## DRUG COUNSELLING AND REFERRAL

**The Intoxicated Student****Assessing Intoxication**

Intoxication can be defined as the state resulting from the intake of a quantity of a drug that exceeds the individual's tolerance (what they are generally used to) and produces behavioural and/or physical abnormalities. Assessment of the intoxicated young person is important because of the physical risks associated with this state. You will need to decide whether the young person is safe and what other action is called for. Assessment involves gathering the following information:

- What are their immediate safety needs?
- What risk do they pose to themselves? (self-injury, alcohol poisoning)
- What risk do they pose to staff or other students? (class disruption, violence)
- Who needs to be notified of the situation? (parents, school principal)

**Assessing the danger to the intoxicated young person**Toxic effects

Always monitor intoxicated people. Call an ambulance to transport the young person to hospital if he or she develops any of the following:

- seizures;
- extreme confusion or delirium;
- lack of response to stimuli - not opening eyes when called, unresponsive to pain;
- complaints of persistent severe headache, particularly with recent head injuries; or
- loss of consciousness.

Behavioural effects

Behavioural effects of intoxication are not easy to control. .

- Adopt a calm and confident manner.
- Have a staff member stay with the young person to provide reassurance and support until a relative can escort them home.
- Inform appropriate people: parents, guardians, school principal.
- Refer to the local hospital or a health professional.

Emotional effects

If the young people are in immediate danger of harming themselves because of severe depression, suicidal thoughts, agitation or hallucination, a staff member should stay with them until the situation has settled. In severe cases, transport by ambulance for a psychiatric assessment and/or hospital admission may be required.

**Monitoring**

Monitoring is essential for many reasons, none more so than that some young people inaccurately estimate the quantity of what they have taken. Also, drugs can have different effects on different people, particularly if more than one drug is taken at a time. The golden rule, therefore, is never to accept on face value the stated drug or alcohol intake of anyone without monitoring them over time. Students who are kept on the school premises and who do not appear to be fully oriented and fully conscious, should be checked at regular intervals, quarter-hourly or as applicable to condition, until such time as a relative or support person can escort them safely home.

## SECTION FOUR

## DRUG COUNSELLING AND REFERRAL

**Drug Overdose**

Overdose can be defined as the state that occurs when a person has taken a drug quantity higher than the recommended therapeutic dose and that also exceeds his/her tolerance. Staff should be encouraged to have current basic first-aid skills. Opportunities for students to develop first aid skills or gain certificates are valuable. Current knowledge and regular practice of taking a pulse, mouth-to-mouth resuscitation and cardio-pulmonary resuscitation are essential.

**Intoxication or overdose?**

Signs that may indicate a young person has overdosed or is progressing towards an overdose include:

- Suspicion or confirmation that a drug has been taken;
- Any signs of deterioration in general functioning which are not consistent with the quantity of a drug the young person claims to have taken;
- Decreased level of consciousness;
- Difficulty with breathing;
- Abnormal pulse rate (racing, slowed, irregular);
- Seizures, fits, convulsions; and
- Hallucinations, extreme anxiety, depression.

*Moreover, overdoses can be fatal. Remember that alcohol poisoning amounts to a drug overdose. If you are concerned about a possible overdose, RESPOND IMMEDIATELY.*

**Responding to an Overdose****1. Initial Assessment**

- Clear airways.
- Check for regular breathing. If breathing has stopped, start mouth-to-mouth resuscitation and have another staff member or student immediately call for an ambulance.
- Check pulse rate. If there is no pulse, start CPR (cardio-pulmonary resuscitation) and have another staff member or student immediately call for an ambulance.
- If the young person is awake and their breathing and pulse are normal, place them in a comfortable position and arrange for an ambulance to take them to the accident and emergency section of the local hospital for a medical assessment.

**2. Further Assessment**

- What drug(s) were taken?
- When or how long ago?
- How much was taken?
- How much is normally taken? and
- How was the drug(s) taken?

**3. Continuous Monitoring of the Young Person**

While waiting for the ambulance to arrive, constantly monitor the young person and inform the ambulance officers of any changes when they arrive.



## **SECTION FIVE**

# **WORKSHOP ORGANISATION**



## SECTION FIVE

## WORKSHOP ORGANISATION

## Planning Considerations

The manual accepts that the application of the principles of adult learning to drug education provides the basis of sound teacher training. Adult learning processes should incorporate experiential and multi-directional techniques, rather than one-way learning processes, to enable the use of the skills and experiences of participants. Experience has shown that multiple sessions of 2-3 hours involving active participation promotes the acquisition of skills.

The learning model used in the workshop should require participants to identify information relevant to students of different age levels and social backgrounds. Drug education information should be introduced gradually in small amounts and in conjunction with the development of skills such as effective communication, decision-making and problem solving, assertiveness and development of personal resilience.

Finally, drug education workshops should not be aimed at training participants in the use of a specific set of resource materials, but should provide an orientation, enabling them to select and use a wide range of resources appropriate to student needs.

The major processes used in teacher training programs in drug education include:

- small group discussions
- independent study
- simulation and role-play
- guided practice
- curriculum development
- large group discussion and lecturing
- experiential learning
- structured learning experiences

## Selection of Participants

The selection of participants should occur well before discussions on the aims of the workshop as their input is should be used in the workshop program preparation.

The selection criteria for participants in the workshop should be based on finding persons who:

- are interested and involved in and committed to the school drug education program,
- have good rapport with and are respected by peers,
- have the opportunity to include drug education in the school curriculum,
- are likely to be in the same role for two to three years, and
- have attitudes, values and behaviour compatible with the principles for drug education.

## Selection of Venue

Consideration must be given to the selection of the venue because of its significance in setting the atmosphere for a productive workshop. A suitable live-in venue is one that:

- has a conference room that will accommodate all participants and be suitable for group activities,
- is isolated from local and normal work distractions,
- is peaceful and free from other residents as much as possible,
- is able to provide healthy food and beverages, on time and responsive to participants needs, and
- reflects the value of the program and the regard in which the participants are held.

**SECTION FIVE****WORKSHOP ORGANISATION****Needs Assessment**

Before the workshop, nominated participants are surveyed to find out their needs, concerns and interests in drug education. While the facilitators believe that some things are essential and others not as important, it is vital to address all of the needs and concerns that are expressed by the participants. Personal experiences, alcohol and drug related situations, issues raised in the needs assessment and resources are used to provide the context in which the skills are developed.

Some teachers/facilitators say and believe they need the following, to teach about drugs:

- personal experience .... "If you have not tried drugs, how can you teach about it?"
- information on recognition of drugs, users and pushers,
- posters, slogans, films and other simple solutions to complex behaviours,
- treatment skills for crisis intervention, and
- "experts" to come in and teach about drugs

What may be more beneficial for teachers is:

- administrative support, resources, training, curriculum, policies and procedures,
- parental support,
- community support and involvement,
- a planning committee in the school, which includes students, and
- reassurance about their own competence.

**Aims and objectives**

- provide information on the extent and consequences of drug abuse, reasons for drug use and their physical effects,
- develop values/attitudes conducive to effective skill-based drug education,
- promote ability and confidence to deliver drug education within curriculum areas,
- increase participants' ability to assess the drug education needs of the student population in relation to the community and the school environment.
- improve participants' personal and social skills,

**Workshop Format****Introductory Session**

- Address the philosophy, rationale and aims of skills-based drug education.
- Present country and local statistics on the use, abuse and damage to society caused by the various drugs. The content of drug education programs should be initially directed to drugs, which are most used and cause most harm to society. It is recommended that a local expert be used to provide the country profile.
- Provide some drug information, which is usually requested in the needs analysis. This specific information is also woven throughout activities in the workshop.
- Give drug information resource material for participants' personal use and encourage interested participants to research relevant facts.
- Discuss recognition of a drug user and appropriate action. If this information and the drug facts are not dealt with adequately the acceptance of the rest of the program by many teachers can be affected.
- Raise the idea of volunteers. Participants are asked throughout the workshop to volunteer in pairs to present a short activity relating to a skill. This provides a chance to practice what is being modeled and receive feedback from peers and the facilitator.

**SECTION FIVE****WORKSHOP ORGANISATION****Small Group Learning Sessions**

Participants work in small groups, dealing with:

- theory and practical experience in group facilitation
- communication and decision making
- problem solving and creative thinking
- assertion and values
- personal on coping skills
- stress and time management

These sessions are designed to incorporate:

- prevention of drug abuse, which utilizes behavioral science research and practice where knowledge is considered necessary but not sufficient.
- modeling of the skills-based drug education by the facilitator,
- sequencing and progression in learning activities appropriate to the audience,
- building on and linking to participant knowledge, values/attitudes and skills,
- modeling of a standardised lesson plan framework,
- encouragement to make links on a personal and professional level,
- individual, small group, large group and community orientated approaches,
- context of a healthy lifestyle, respect for self and health education,
- integrated approaches to drug education with substantial coordination across subjects,
- evaluation of resources/materials and teaching,
- fun as a component of effective teaching and learning,
- supportive environment and opportunities for participants to practice their new knowledge, values/attitudes and skills,

**Planning Session**

At the end of the five-day workshop it is suggested that a further five days be used where participants work in groups, pairs or individually review the current curriculum framework in which drug education is taught. A curriculum framework, including skill3based drug education, can be developed with the thought of extending and enhancing the learning environment.



## SECTION FIVE

## 'WORKSHOP ORGANISATION'

## Sample Training Program

	Day 1	Day 2	Day 3	Day 4	Day 5
Session 1	Registration Opening Ceremony Welcome	Communication	Decision Making	Personal Skills	Prepare/Care and Share Country Action Plan
Session 2	Orientation and Introduction	Group Facilitation Small group work	Assertion	Self Esteem	Gallery Walk Country Action Plan
Session 3	Country Drug Situation	Group Facilitationl Small Group Work	Assertion	Self Esteem	Evaluation/ Closure
Session 4	Communication	Decision Making	Personal Skills	Prepare and Care (Country Action Plan)	Closing Ceremony

## SECTION FIVE

## WORKSHOP ORGANISATION

## Workshop Evaluation

Evaluation is able to establish whether the training provided has met the needs of the individual participants as well as the sponsoring group. Information gathered should be collated and communicated to the organizing group to provide evidence of the effectiveness of the program and be used to inform and enhance future planned activities.

Evaluation is necessary to answer such questions as:

- Are the components of the training reaching the right individuals?
- Are individual needs being met in the training?
- Are participants confident in their ability to incorporate the new teaching methodologies?
- Are participants confident in their role at the completion of the training?
- Are there adequate structures in place to ensure follow up support to participants?
- Are the activity materials and supporting documentation adequate and are they presented in clear easy to understand format?

## Sample Skills for Drug Education in Schools Workshop Evaluation Form

1. *Please circle :*

A. Has your knowledge of drugs improved? Yes  No

Please comment:

---

B. Has your knowledge of teaching methodologies increased? Yes  No

Please comment:

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2. *Please circle the number on the line, to mark your level of confidence.*

C. How confident are you about interacting and communicating with this group?

1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_ 5  
 not confident very confident

D. How confident are you about using skills for drug education?

1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_ 5  
 not confident very confident

E. How confident are you about training of other trainers in skills for drug education?

1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_ 5  
 not confident very confident

<b>SECTION FIVE</b>	<b>WORKSHOP ORGANISATION</b>
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F. How confident do you feel about using group facilitation methods to teach:

Communication	1 _____ 2 _____ 3 _____ 4 _____ 5 not confident	very confident
Decision-Making	1 _____ 2 _____ 3 _____ 4 _____ 5 not confident	very confident
Small Group Works	1 _____ 2 _____ 3 _____ 4 _____ 5 not confident	very confident
Assertion	1 _____ 2 _____ 3 _____ 4 _____ 5 not confident	very confident
Personal Skills	1 _____ 2 _____ 3 _____ 4 _____ 5 not confident	very confident
Building Self-Esteem	1 _____ 2 _____ 3 _____ 4 _____ 5 not confident	very confident

G. Which aspect of the training workshop was most useful to you?

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H. What more do you need?

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I. What other comments do you have about the training workshop?

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Note: Other items for evaluation may be included

SECTION FIVE

WORKSHOP ORGANISATION

UNFINISHED SENTENCES  
FOR GROUP CLOSURE

The activity I liked most was \_\_\_\_\_

The activity I liked least was \_\_\_\_\_

I plan to use \_\_\_\_\_

I learn that \_\_\_\_\_

I enjoyed \_\_\_\_\_

After doing (name of activity) I feel \_\_\_\_\_

I think the group \_\_\_\_\_

**SECTION FIVE**

**WORKSHOP ORGANISATION**

**SKILLS REVIEW AND PLANNING EXERCISE**

<b>What I have learned</b>	<b>How I plan to use What I have learned</b>

**SECTION FIVE****WORKSHOP ORGANISATION****Post-workshop follow-up**

A short time after the workshop it is important that participants receive some kind of contact and support. This may be on an individual basis or as a group to address problems to date, share successes and negotiate further assistance. This may take the form of an advisory visit or help with training initiatives. The follow up visits also play a major role in monitoring the outputs and outcomes of the workshop.

Where appropriate, participants are requested to:

- Report on the workshop to the administration, staff and curriculum committees or other appropriate interested or influential people.
- Initiate subsequent project and training activities.
- Discuss the introduction of the skills, strategies and resources into the school curriculum and outline the possible pathways.
- Publicise any resource material developed, their use and availability to other teachers/facilitators.
- Inform the various groups in the school community, including parents, of the learning school program, its philosophy and aims.
- Employ strategies to achieve the goals of drug education within their curriculum.
- Motivate other teachers/facilitators to incorporate drug education into their subjects.
- Co-ordinate the programs, resources and services of personnel involved in drug education in the school and community.
- Act as a resource person on drug education, particularly in relation to the organisation and conducting of further training programs.
- Encourage the development of policy dealing with drug abuse prevention programs.
- Liaise with other curriculum areas, parents, community members and drug authorities concerned with drug abuse prevention.

**SECTION FIVE****WORKSHOP ORGANISATION****Training Facilities and Materials Checklist****Venue**

In selecting the venue to conduct the training, the following factors should be considered :

- A private comfortable room conducive to group work and activities, size subject to the number of participants.
- Access to training support equipments including whiteboard, over head projector, screen, and flip chart board.
- A head table for facilitators, a table for resource materials and chairs only for participants.
- If residential, participants should be provided with comfortable accommodation and health meals.

**Materials**

The list of materials required for the training are:

- Papers - A4 paper, flip chart/mahjong/ butcher paper
- Markers - various colours - 24
- Pens for participants
- A4/A3 Manila/card board cards – various
- Write on transparencies/OHP/LCD
- Masking tape/blue tac/pins
- Scissors - 6
- Name tags appropriate for training
- Post it* note pads – 12 apparent sizes.
- Envelopes (4" X 9") – 1 per participant and 10 extra one)
- Mints
- Photocopy facilities/XEROX
- Certificates for participants
- Computer and printer

**SECTION FIVE**

**WORKSHOP ORGANISATION**

**Developing a Country Plan of Action**

Title : \_\_\_\_\_

Proponent : \_\_\_\_\_ (Name) \_\_\_\_\_ (Title)

Cooperator/  
Funding Agency : \_\_\_\_\_

Target Group/s : \_\_\_\_\_

Venue : \_\_\_\_\_

Date : \_\_\_\_\_

Rationale : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Objectives : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Strategies : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Expected Outcomes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**SECTION FIVE****WORKSHOP ORGANISATION****Tasks**

1. Select a team to be trained on the skills for drug education in schools - who and why?
2. Identify target groups – schools (teachers, counsellors, school supervisors and administrators), colleges, universities
3. Develop a schedule of training - who, what, when, where, why and how?
4. Administration issues:
  - secure funding and prepare budget
  - number of participants per workshop
  - number of participants for total project
  - venue, accommodation, food, evaluation of training, secretariat
  - evaluation, reporting and disseminate reports
  - providing follow up support
  - support materials - handbook, overheads, handouts, activity sheets
  - evaluation
  - travel Costs
  - school resource persons, facilitators, consultants
5. Conduct the training workshops
6. Initiate and monitor follow up - programme writing, subsequent mini-workshops, feedback, reporting, thank you letters

**Important Considerations**

- Secure approval of actions plan from higher authorities
- Political support - people, organizations, government departments, NGOs, patrons
- What groups need to be involved/informed?
- Allocate tasks for organisation: travel, venue, programme, resources, participants and funding/payments
- Identify outcomes - for participants, funding body, country, particular groups including schools, , facilitators/trainers
- Expectations of all involved
- What will happen after the initial training - goals, timelines, milestones?
- What is the rationale for what you are doing ?
- Is it supported by existing government or education department policy?
- How will sustainability be built into this programme?
- How can Skills for Drug Education be integrated into existing/future drug education programmes or related curricula in schools ?
- What is the role of the national drug education coordinating agency?
- How will the outputs be evaluated and by whom?

# **APPENDOX A**

## **DRUGS AND THEIR EFFECTS**



## APPENDIX A

## DRUGS AND THEIR EFFECTS

## Drugs defined

The World Health Organisation (WHO) defines a “drug” as “*any substance, solid, liquid or gas that changes the functions or structure of the body in some way. This excludes food and water, which are required to maintain normal body functioning*”. The drugs of most concern to the community are those that affect a person’s central nervous system. These are referred to as psychoactive drugs. They act on the brain and can change the way a person thinks, feels or behaves.

## Origins of drugs

Drugs are derived from a range of sources. Many are found in plants, for example nicotine in tobacco; caffeine in coffee; and cocaine from the coca plant. Morphine and codeine are derived from the opium poppy, while heroin is made from morphine or codeine. Marijuana is the leaf, buds and seed heads of the cannabis plant, while hashish and hash oil are the plant’s resin.

Alcohol is a product of the natural process of fermentation, which happens when fruit, grain or vegetables decompose. Certain fungi, such as magic mushrooms and cactus plants, are considered drugs because of their hallucinogenic properties. Medicines are manufactured from both natural and artificial chemicals.

There is a prevailing community fear that if a person uses drugs they will become dependent or *addicted*. No drug leads to an immediate physical or psychological dependence. However, drug-related harm can happen at all levels of use, including experimental, recreational and problematic use.

## Types of Drugs and their Effects on the Body

The three main types of drugs, classified by their effects on the central nervous system are:

- a. depressants
- b. stimulants
- c. hallucinogens.

### a. Depressants

Depressant drugs slow down, or depress, the central nervous system. They don't necessarily make the user feel depressed. Depressant drugs include:

- Alcohol;
- Opiates and opioids including heroin, morphine, codeine, methadone, and pethidine;
- Cannabis, including marijuana, hashish and hash oil;
- Tranquillisers and hypnotics, including Rohypnol, Valium, Serepax, Mogadon, and Euhypnos;
- Barbiturates, including Seconal, Tuinal and Amytal; and
- Solvents and inhalants including petrol, glue, paint thinners and lighter fluid.

In moderate doses, depressants can make users feel relaxed. Some depressants cause euphoria and a sense of calm and wellbeing. They may be used to *wind down* or to reduce anxiety, stress or inhibition. Because they slow the nervous system down, depressants affect coordination, concentration and judgement.

In larger doses, depressants can cause unconsciousness by reducing breathing and heart rate. Speech may become slurred and movements sluggish or uncoordinated. Other effects of larger doses include nausea, vomiting and, in extreme cases, death. When taken in combination, depressants increase their effects and the danger of overdose.

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**b. Stimulants**

Millions of people use stimulants every day. Coffee, tea and cola drinks contain caffeine, which is a mild stimulant. The nicotine in tobacco is also a stimulant, despite many smokers using it to relax. Other stimulant drugs, such as ephedrine, are used in medicines for bronchitis, hay fever and asthma. Stronger stimulant drugs include amphetamines speed and cocaine, which are illegal in most countries.

Stimulants speed up or stimulate the central nervous system and can make the user feel more awake, alert or confident. Stimulants increase heart rate, body temperature and blood pressure. Other physical effects include reduced appetite, dilated pupils, talkativeness, agitation, and sleep disturbance.

Higher doses of stimulants can *over stimulate* the user, causing anxiety, panic, seizures, headaches, stomach cramps, aggression and paranoia. Prolonged or sustained use of strong stimulants can also cause these effects. Strong stimulants can mask the effects of depressant drugs, such as alcohol. This can increase the potential for aggression, and poses an obvious hazard if the person is driving.

**c. Hallucinogens**

Hallucinogenic drugs distort perceptions of reality. These drugs include:

- LSD (lysergic acid diethylamide): trips, acid, microdots;
- Magic mushrooms (psilocybin): gold tops, mushies;
- Mescaline (peyote cactus);
- Ecstasy (MDMA/methylenedioxymethamphetamine): XTC, eccies;
- Cannabis: in stronger concentrations, such as in hashish and resin, cannabis can act as an hallucinogen in addition to being a central nervous system depressant;
- Ketamine: K, Special K.

The main physical effects of hallucinogenic drugs are dilation of pupils, loss of appetite, increased activity, talking or laughing, jaw clenching, sweating and sometimes stomach cramps and nausea. Drug effects can include a sense of emotional and psychological euphoria and wellbeing. Visual, auditory and tactile hallucinations may occur, causing users to see or hear things that do not actually exist. The effects of hallucinogens are not easy to predict. The person may behave in ways that appear irrational or bizarre. Psychological effects often depend on the mood of the user and the context of use.

Negative effects of hallucinogens can include panic, paranoia and loss of contact with reality. In extreme cases, this can result in dangerous behaviour like walking into traffic or jumping off a roof. Driving while under the influence of hallucinogens is extremely hazardous. It is common for users to take minor tranquillizers to help them come down from a hallucinogenic drug.

**Description of Drugs****Amphetamines**

Amphetamines belong to a group of drugs called psycho-stimulants, which speed up the messages going to and from the brain to the body. Most amphetamines are produced in illegal backyard laboratories and sold illegally. These laboratories are unhygienic and harm can result from impurities that remain in the drugs.

Amphetamines can be diluted in juice, snorted or injected into a vein. Due to the unknown strength of street amphetamines, some users have overdosed and died. Amphetamines can increase breathing and heart rate, raise blood pressure and dilate pupils. High doses can cause rapid or irregular heartbeat, tremor, loss of co-ordination and collapse. With increasing doses, users often can be aggressive and potentially violent. Withdrawal symptoms include fatigue, disturbed sleep, irritability, hunger and severe depression.

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**Cocaine**

Cocaine mainly comes in a white powder called cocaine hydrochloride. Cocaine in this form is usually snorted or injected. Cocaine is often mixed or *cut* with other substances such as mannitol or some other sugar to increase the profitability of a deal.

Effects of cocaine, which can last for minutes or hours, happen very quickly and can include an extreme feeling of wellbeing, increased heart rate, agitation, sexual stimulation, alertness, energy, unpredictability and aggressive behaviour. The inside of the nose is can be severely damaged if you regularly inhale cocaine through the nose. Cocaine or *coke* is highly addictive and, as with other stimulants, reduces hunger, thirst and natural needs such as rest, food and water. Death can occur as a result of overdose or an accident.

**Ecstasy**

The chemical Methylenedioxyamphetamine (MDMA) is a drug, which can cause users to see things that are not seen by other people and produces a feeling of tranquillity, increased confidence and feeling close to people which is why it's also known as *the love drug*. Users can also have jaw clenching, teeth grinding, dry mouth and throat, nausea and loss of appetite, anxiety, paranoia and confusion.

Ecstasy is regarded as a dangerous drug for people with heart or breathing conditions or with depression or psychological disorders. The next day a severe *hangover* may leave the user feeling *burnt out*.

Symptoms include: loss of appetite, sleep problems, aching and not thinking straight. Overdose can occur resulting in very high blood pressure, increased heartbeat and body temperature. Many people take ecstasy at *dance* or *rave* parties. Ecstasy can raise the body temperature to dangerous levels. Not much is known about the long-term effects of ecstasy but there is some suggestion that it may damage some types of brain cells. Few people seem to use ecstasy for long periods. Ecstasy is one of a growing number of 'designer drugs' and many new variations are already available with more anticipated.

**GHB**

Gamma-hydroxybutyrate (GHB), also known as liquid ecstasy, is a depressant drug, which works by slowing down the activity of the brain and central nervous system. That is, they slow down the messages going to and from the brain. GHB commonly exists as a colourless, odourless liquid usually sold in small bottles. It has also has been seen in powder and capsule form. It is mostly taken orally, however, it can be injected.

People have reported the following effects after taking GHB: euphoria, drowsiness, nausea, increased confidence, and dizziness. With increased doses, the initial euphoria is replaced by powerful sedative effects, which can include: confusion, agitation, hallucinations, seizures, vomiting/nausea, stiffening of muscles, disorientation, convulsions, unconsciousness/coma, and respiratory collapse. Users can become both physically and psychologically dependent on GHB.

Prolonged use of high doses of GHB may lead to withdrawal symptoms. Some people have experienced agitation/anxiety, insomnia and tremors after stopping regular use of GHB. Withdrawal symptoms are usually experienced for three to twelve days.

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**LSD(Lysergic Acid and Diethylamide)**

LSD, the best known of the hallucinogens and as a synthetic drug, is one of the most potent mind-altering chemicals. LSD is most commonly seen in tablet form or the tablet incorporated into some other dose form such as a tablet, capsule or occasionally confectionery. LSD appears to cause little or no physical dependence with no withdrawal symptoms having been observed, even after long periods of use. However users can develop psychological dependence.

**Heroin**

Heroin is derived from the opium poppy and usually comes in a rock or powdered form that is generally white or pink/beige in colour. The purity of heroin sold on the street can vary enormously from as low as 25-30% to 85-90% depending on fluctuations in the unpredictable illegal drug market.

Users say heroin, in the beginning, makes them feel warm, loved and safe. Heroin provides an extremely intense *rush* and a high that usually lasts for 6-10 hours. In its pure form, in controlled clinical conditions, heroin is relatively non-toxic to the body, causing little damage to body tissue and other organs. However, it is highly addictive and regular users are very likely to become dependent upon it. Some long-term effects include constipation, menstrual irregularity and loss of sex drive.

Impure street heroin is usually a mixture of pure heroin and other substances such as sugar. Sometimes other drugs like speed or sedatives are also mixed in. This is very poisonous. Impure heroin causes collapsed veins, tetanus, abscesses and damage to the heart, lungs, liver and brain. Because the user doesn't know the strength of the heroin he or she is using, it is easy to accidentally overdose and die.

Complications associated with heroin use can include tolerance, which means that the user needs more quantity to get the same effect. Using heroin can result in both psychological and physical dependence on the drug. Heroin addiction is extremely expensive and is a major reason for many crimes, as the addict needs more money to support the 'habit' and just feel normal. Life can become an endless circle of finding the money, obtaining the drug and usage.

**Inhalants**

Some drugs turn to gas in air and when the fumes are inhaled can cause the user to feel *high*. These are inhalants. Many household products are used such as glue, aerosol spray cans, lighter fluid, paint thinner, chrome based paint or petrol.

After a *high* the drug slows down the central nervous system or the messages going to and from the brain to the body. Most effects pass within an hour of use. Using many times may make users pass out, get bad cramps, not know what's going on or even die. The drug in some of these products can cause heart failure, particularly if the user is stressed or does heavy exercise. Some users have been known to pass out and suffocate in the plastic bag they inhale from. Like most street drugs, inhalants are addictive although almost all who try inhalants only use them once or twice.

**Cannabis**

Cannabis can have a slight effect on one person and a much greater effect on another person. The initial effect for a new marijuana smoker can be a strong *rush*. Some people say they feel nothing. For some people, cannabis use is a pleasant experience. For others there are unpleasant side effects. There are negative health effects which result from continued use.

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A *stone*, *bent* or *high* is caused by the compound called THC and can last for several hours. During this time most users feel relaxed and self-confident, and have altered perceptions of time and space. Some new users and heavy users experience confusion, anxiety and panic.

While the drug is active in the body, driving a vehicle or operating machinery puts the user and others at increased risk of accidents. Some new users, particularly adolescents and people who use a lot regularly, can experience psychosis. People with schizophrenia or those with a family history of psychosis are at increased risk. Long-term heavy cannabis use is likely to have a negative effect on your health. These effects include:

- Respiratory diseases such as bronchitis and cancers commonly associated with smokers;
- Some loss of memory and mental capacity;
- Potential risk to children when women use cannabis during pregnancy; and
- Users can become dependent on cannabis and have great difficulty controlling their use of the drug.

### Reasons young people use drugs

People, including young people, take drugs for their immediate and short-term effects. The most common reason why people use drugs is to change the way they feel. There is no simple reason as to why they might want to change the way they feel.

Young people use drugs for the same reasons as adults do, these include:

- to relax to have fun; for the euphoria;
- to feel less inhibited; to be part of a group;
- out of curiosity;
- to cope with problems;
- to relieve stress, anxiety or pain; and
- to overcome boredom.

Drug use by young people may be influenced by a number of factors that include the individual, family and friends, society and the environment.

#### The individual

Adolescence is a time of immense physical and emotional change. Young people often feel awkward and self-conscious. They may feel caught between conformity and the urge to be different.

Young people may not always have the skills to deal with the stresses and pressures of life to which they are vulnerable. Drugs may be seen as a way of dealing with these issues.

#### Family and friends

Young people learn about drugs at a very early age, for example, taking medicine for childhood illness. Parents and other adults may use tobacco, tea, coffee, aspirin, prescribed drugs and alcohol.



**APPENDIX A****DRUGS AND THEIR EFFECTS****Society**

Mixed messages from media, peers, parents, school and work often contradict or conflict with young people's experience of themselves. Different messages mean young people receive both encouragement and discouragement regarding drug use. Adolescent drug use often occurs in social settings with friends and is therefore perceived to have positive recreational outcomes amongst young people.

**Environment**

Environmental factors that influence drug use include:

- laws, which control supply and availability;
- advertising and promotion of alcohol and drugs, often targeted at young people; and
- availability; where drugs are grown or traded, young people have greater access.

The prevalence of drug use by young people is difficult to estimate for many reasons; drug use is not static, it is dynamic. The impact of a drug will vary from person to person and a person's use of a drug likewise will vary over time.

Most drug use by young people is experimental and will not develop into dependency. Lifestyle changes, such as finding a job or forming stable relationships, can affect how long someone engages in drug use.

**Young peoples' attitudes to drugs**

Youth is a time of experimentation and taking risks. Many young people experiment with drugs as they do with other things for example: sex, appearance, identity, how far they can stretch parental and other boundaries. Drug use is often perceived by young people as normal. It is practised by their peers, their parents and is a common societal behaviour.

The longer-term negative consequences caused by regular, prolonged or intensive drug use often do not seem as *real* to young people as the immediate effects, which are usually experienced as positive. Young people often give little consideration to the harm done by such use. Long-term impact seems a very long way away and legal drugs such as alcohol, tobacco, and prescription drugs are perceived as more dangerous. Young people's thinking on illegal drugs tends to change with time and age.

**Effects of drugs on people**

While the effects of drugs can be stated generally, it is impossible to predict exactly how a drug will affect any one person. Any given amount of a drug may have a slight effect on one person, but a much greater effect on another person. Drugs can affect people physically, psychologically or both.

**Social effects**

Research has found that drug use amongst young people is often experimental and/or recreational. Young people often use drugs with friends and peers. The social aspect of youth drug use has been found to be of considerable significance. It could be argued that young people find such settings supportive, non-judgemental and a buffer against a world that doesn't seem to understand them.

However, youth drug use can also have negative social impacts at home, at school, in the wider community, that is, outside a particular youth subculture. Young people can be vulnerable to the effects of other people's drug use; for example, family or friends. Such effects include abuse, violence and neglect.

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**Economic effects**

Drug use can be expensive to maintain, cause problems at school, and threaten employment prospects. Possible relationship effects include family problems and other personal problems may be related to drug use. Disagreements over drug use can cause family arguments and effect personal relationships.

**Legal effects**

Possession, use, growing/manufacturing, and selling of illegal drugs can lead to problems with the police and courts. Laws also bind legal drugs, for example, prescription drugs cannot be lawfully obtained without a prescription.

Effects depend on many factors including:

- how the drug is taken; and quantity of doses
- the physical characteristics of the user;
- whether the person is used to taking the drug;
- whether the person is using more than one drug;
- the mood the person is in when using the drug; and
- the environment they are in, when using the drug.

**Initiation and continuation of drug use**

The reasons young people initiate or commence drug use tend to be different from the reasons for maintaining their use. Some of the factors influencing attraction to and use of drugs by young people include, absence of social recreational alternatives, past experiences with risk-taking, existing self-esteem, history of family alcohol and drug use, school culture, societal views, advertising, emotional security, self-awareness, thinking skills, motivations, drug availability, and peer values and behaviours. There are, however, a few fundamental factors attracting young people to drug use, which are listed.

1. Drugs have psychoactive qualities that provide a different perception of the world and change the way we feel about it.
2. Adults use drugs and young people aspire to adult behaviours.
3. Experimentation and risk-taking are natural features of adolescence, and drug use provides excellent opportunities for such behaviour.

These factors help to explain the attraction that some young people have towards drug use. Finally, the question of why young people use drugs is less of a mystery when we realize that young people use drugs for largely the same reasons as adults.

**Initiation**

The initiation and early stages of drug use are largely the result of social influences. The most powerful social influences being peers, parents, other role models, advertising and social traditions. In addition to these factors, a number of personal characteristics correlate with the use of substances. For example, substance users exhibit more favourable beliefs and norms about drugs, and rebel against convention more than do non-users. While both social influences and personal factors are common elements in the initiation of the use of different substances by young people, some important differences exist between substances as well as groups of substance users.

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The factors involved in the initiation of drinking alcohol differ from those associated with the initiation of marijuana use. These drugs tend to be encountered sequentially and the social contexts in which they are offered and subsequently used, differ markedly.

Adolescents who start drinking at an early age place a lower value on achievement and a higher value on independence. In addition, they tend to be more tolerant of deviance and are less involved in formal social activities.

While these personal factors are significant, of greater significance are the social influences of parents and peers. The modelling of behaviour and the influence of parental attitudes are of greatest significance in childhood. The peer group, however, assumes more importance in adolescence and provides a social context for drinking behaviour. The influence of parental attitudes and behaviour is strongly related to initiation of smoking.

One view suggests that adolescents who develop favourable attitudes towards tobacco and other drugs are most likely to initiate use. Poor school performance, low grades and truancy, also correlate with smoking cigarettes.

The initiation of marijuana use tends to follow involvement with legal drugs such as alcohol and tobacco. Recent evidence shows a difference in the pathway to marijuana use for males when compared to females. For males the use of alcohol tends to precede marijuana use while for females the path is typically via tobacco smoking.

Adolescents who smoke or drink fairly heavily are more likely to use marijuana. Marijuana smoking is, in particular, a peer group activity. Peer attitudes and peer use are the most important predictors of marijuana use.

The young person's beliefs about the substance and its effects are also significant predictors. Believing that marijuana is harmless is a strong indicator of potential use, as are minor delinquency, low academic aspirations and rebellion against adult norms.

The majority of adolescents do not and will not use other illegal drugs, since these drugs are socially unacceptable, not promoted, expensive and sold in a restricted market.

Illegal drug use is often preceded by smoking tobacco, drinking alcohol, particularly spirits, and marijuana use. Group norms and attitudes regarding drugs are particularly important.

Another significant social influence is the quality of the parent-child relationship. Young people with attitudes favouring rebelliousness and involved in problem behaviours, including drug dealing and other major delinquent acts, are more likely to be illegal drug users.

Conflicting evidence surrounds the importance of personal characteristics such as low self-esteem, external locus of control and low social competence. Some research indicates that illegal drug use is often initiated to cope with the psychological distress caused by these characteristics. While this may be so, the evidence linking low self-esteem and the initiation of illegal substance use is minimal.

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**Continuation**

The continuation of drug use involves many of the factors that lead to initiation. However, continuation is usually complicated by additional social, personal and pharmacological factors. Continued use of alcohol is often reinforced by the social situation.

Another predictor of continuing use is the family environment. Stressful or poor parent-child relationships or heavy parent drinking are often evident in instances of problem drug use among adolescents.

Smoking, when dependence is established, is used to regulate internal emotional states. Also, the chemical properties of tobacco are factors in determining continued use. The eventual use of illegal drugs is most common in adolescents who initiate the use of alcohol and tobacco at a young age.

The use of drugs is commonplace in many countries. However, while most people can use drugs such as alcohol and medication responsibly, there can be harm associated with these and other drugs for the individual, the family and the wider community. Most youth are exposed to drug use through media peers or other family members and this exposure can lead to experimentation.

Experimentation is a normal part of growing up and this can include experimentation with drugs such as alcohol, tobacco, cannabis, pain suppressants or other drugs. It is important to remember that experimentation does not equal dependence or addiction.



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