

SECTION

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SECTION ONE.  
**JUNIOR HIGH ALCOHOL AND  
OTHER DRUG EDUCATION:**  
LAYING THE FOUNDATION  
THE IMPORTANCE OF SCHOOL DRUG EDUCATION



A QUESTION OF INFLUENCE: CURRICULUM SUPPLEMENT





## THE IMPORTANCE OF SCHOOL DRUG EDUCATION

Substance abuse exacts a very significant toll in Nova Scotia<sup>1</sup>. In addition to the considerable physical and emotional trauma associated with substance-use problems in the lives of individuals, families, and communities, the burden on the public purse in terms of health, social, productivity, and criminal justice costs are very large<sup>2</sup>. To avoid these costs, an array of programs-spanning health promotion, prevention, early intervention, treatment, enforcement, and harm reduction-have been established in this province. Among these various options, primary or universal prevention looms large. In fact, due to the potential inherent in the educational process, expectations may be greatest for school drug education. Are these expectations fair? The answer is, “yes and no.”

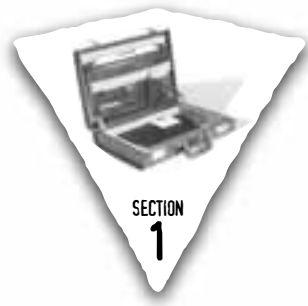
Educators have a definite role to play in preventing substance abuse, but they cannot be expected to carry the whole load. This is because many of the factors that can influence youthful substance use lie beyond the school grounds. Today’s young people are growing up in a world that tolerates more forms of substance use, both medical and non-medical, than at any other time in history.

As a society, there is a need to establish health-promoting policies governing the control, promotion, and availability of the various legal and illegal substances. At the local level, many others need to play a role in preventing substance-use problems among youth. Parents have perhaps the largest role to play, and definitely need to be involved in finding solutions. So also do youth groups such as Girl Guides, Scouts, boys and girls clubs, and cadets, which engage youth in alternative activities and are in a position to deliver evidence-based preventative programming. Fully comprehensive prevention needs to involve many who have not traditionally been seen as players, such as media outlets, urban planners, housing authorities, shopping mall management, and employment policy makers.

Nevertheless, school drug education can have an important impact on community substance-use problems. On the basis of thousands of studies over the past 30 years, “best practices” are now clearer than ever. It can now be said with some confidence that ongoing delivery of evidence-based drug education programs through the junior high school years can, when delivered as intended, clearly delay use of substances and quite possibly reduce associated problems through a critical period of development when substance use tends to escalate. Because of this effectiveness, school drug

<sup>1</sup> Because tobacco use is addressed in *Smoke-Free for Life, Grades Seven to Nine: A Smoking Prevention Curriculum Supplement*. (1992; updated 2002), this supplement does not address tobacco use.

<sup>2</sup> The most recent cost estimate was \$1.2 billion per year in Nova Scotia (Canadian Centre on Substance Abuse, 2002).



education represents a sound public investment. A recent cost analysis of a school drug education program (Caulkins, 2002) found that for every \$150 USD invested per participant in a program, \$840 USD is saved in health-care, economic, and social costs.

School drug education is an important element in the overall response to Nova Scotia's substance-use issues, and it is the intent of this supplement to empower teachers and students to actively contribute to this response.

### References

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- Single, E. et al. (1996). *The costs of substance abuse in Canada*. Ottawa, ON: Canadian Centre on Substance Abuse.
- Caulkins, J. et al. (2002). *School-based drug prevention: What kind of drug use does it prevent?* Santa Monica, CA: RAND Corporation.
- Rehm, J., Baliunas, D. Brochu, S. Fischer, B., Gnam, W., Patra, S., et al. (2006). *The cost of substance abuse in Canada – Full report and tables*. Ottawa, ON: Canadian Centre on Substance Abuse.



## BACKGROUND

The Nova Scotia Department of Health Promotion and Protection (NSHPP) in collaboration with the Nova Scotia Department of Education has prepared this curriculum supplement to replace the 1994 publication *Making a Difference: Curriculum Supplement, A Teacher's Drug Prevention Resource for Junior High Personal Development and Relationships*. In doing so, NSHPP was guided closely by

- Nova Scotia Department of Education curriculum requirements described in *Learning Outcomes Framework, Health/Personal Development and Relationships, Grades 7-9* (2007)
- the most recent statistical information available on student drug use (*Nova Scotia Student Drug Use Survey, editions 2002 and 2007*)
- suggestions stemming from student-teacher consultations
- best practices arising from a review of the scientific literature

### Links to the Nova Scotia Department of Education Curriculum Outcomes

Following are the curriculum outcomes requirements for Health/Personal Development and Relationships (Health/PDF), grades 7-9, that most closely pertain to drug education<sup>3</sup> and are addressed in this supplement.

#### GRADE 7

- Identify positive and negative reasons for taking risks. (B3.1)
- Identify and practise strategies for making decisions that involve risk. (B3.4)
- Describe the effects of alcohol, cannabis, and tobacco on the body systems. (B3.5)
- Identify factors that influence the risk level of alcohol and cannabis use. (B3.6)
- Identify personal, social, and cultural influences related to alcohol, cannabis, and other drug use. (B3.7)
- Demonstrate the ability to set and maintain personal limits in a variety of decision-making situations involving peers. (B4.2)
- Identify and practise assertive ways of refusing a ride with a driver who is under the influence of alcohol or cannabis. (B4.3)
- Demonstrate an awareness of adolescents as a target population for consumer marketing. (C3.2)

<sup>3</sup> Learning themes and activities in this supplement address those departmental outcomes in the context of alcohol, cannabis, and other drug use and exclude specific references to tobacco and gambling. Teachers may refer to the two additional curriculum supplements (*Smoke-free for Life* and *Drawing the Line*) described on pages 25–26 for information on these topics.

**GRADE 8**

- Evaluate the role of the media in promoting alcohol and other drug use. (B3.4)
- Demonstrate knowledge of laws related to alcohol, cannabis, other drugs, and gambling. (B3.5)
- Demonstrate an understanding of the risks associated with the use of alcohol, cannabis, and other drugs. (B3.6)
- Identify personal, social, and cultural influences related to alcohol, cannabis, other drug use, and gambling. (B3.7)
- Demonstrate an understanding of the effect in the family of harmful involvement with alcohol, cannabis, other drugs, and gambling. (B3.8)
- Identify and practise strategies for avoiding potentially dangerous situations. (B4.2)
- Compare their families' values and attitudes with their own. (C1.2)
- Evaluate the impact of the media on self-image and lifestyle choices. (C3.1)

**GRADE 9**

- Identify high-risk behaviours related to alcohol, cannabis, and other drug use. (B3.1)
- Identify risks of alcohol, cannabis, tobacco, and other drug use during pregnancy. (B3.3)
- Identify risks associated with use of alcohol, cannabis, and other drugs. (B3.6)
- Identify social costs related to harmful involvement with alcohol, cannabis, other drugs, and gambling. (B3.7)
- Identify signs and stages of dependence on a substance or behaviour. (B3.8)
- Demonstrate an awareness of ways that attitudes and laws related to alcohol and drugs have changed over time. (C3.2)
- Identify and practise strategies for helping a friend who is having problems with alcohol, other drugs, gambling, or other behaviours. (D2.1)
- Identify ways that community-based services support the prevention and treatment of addictions. (D2.2)
- Identify and practise strategies for dealing with the challenges of peer relationships. (D3.2)
- Demonstrate an ability to teach or mentor others. (D6.1)



## Nova Scotia Student Drug Use Survey 2002<sup>4</sup>

It is critical that drug education programming be based on the most accurate data available. To obtain the most current statistical information on student drug use, the Technical Report of Nova Scotia Student Drug Use Survey 2002<sup>5</sup> was consulted. Following is a summary of findings from that report. To view the Highlights report, visit <http://www.gov.ns.ca/hppp/addictionPrevention.html>.

As in the past, and as is the case in all jurisdictions in the western world, alcohol, cannabis, and tobacco were the substances adolescent students most commonly reported using in Nova Scotia in 2002. Among students in grades 7, 9, 10, and 12, about half reported consuming alcohol, more than one-third reported using cannabis, and almost one-quarter reported cigarette use in the 12 months before the survey. About 12 percent of students reported using psilocybin or mescaline, and about 13 percent of students reported using amphetamines or methylphenidate (Ritalin) without a prescription.

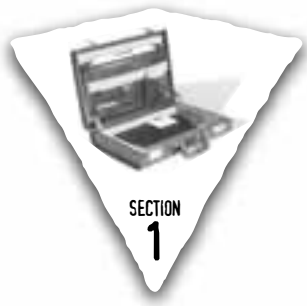
No other substance was used by more than 6 percent of the student population in the year before the survey (i.e., LSD: 5.5; inhalants: 4.9; non-medical tranquillizers: 4.7; MDMA (Ecstasy): 4.4; cocaine or crack: 3.9; anabolic steroids: 2.7; PCP: 3.2; and heroin: 1.6.

**Table 1.** Any substance use in the year before the survey, as percentages of all students, 2002.

Alcohol	51.7
Cannabis	36.5
Cigarettes	23.2
Psilocybin or mescaline	12.2
Non-medical amphetamines	9.3
Non-medical methylphenidate (Ritalin)	7.5
LSD	5.5
Inhalants	4.9
Non-medical tranquillizers	4.7
MDMA (Ecstasy)	4.4
Cocaine or crack	3.9
Anabolic steroids	2.7
PCP	3.2
Heroin	1.6

<sup>4</sup>At the time of original publication of this supplement, the Nova Scotia Student Drug Use Survey 2002 provided the most current data on student substance use in the province. In 2007, a new survey was distributed and analyzed. Alcohol, cannabis, and tobacco remain the three most commonly used drugs by Nova Scotia students. While the 2007 results showed a significant decrease in tobacco use among the students, alcohol and cannabis use remained relatively stable. Alcohol continues to be the most commonly used drug among Nova Scotia students. Throughout the Question of Influence curriculum supplement, the Nova Scotia Student Drug Use Survey statistics have been updated to reflect the 2007 survey results. Where the 2002 data served to inform the development of the curriculum supplement, we retained the reference to the 2002 data. To view the complete 2007 report, please go to <http://www.druged.ednet.ns.ca>, or check out the summary in the What's New section of the website [druged.ednet.ns.ca](http://www.druged.ednet.ns.ca)

<sup>5</sup>The 2002 Nova Scotia Student Drug Use Survey was administered in spring 2002 in 205 randomly selected classes throughout the province and features responses from 4,247 public school students from grades 7, 9, 10, and 12.



It is important to bear in mind that, aside from inhalant use, the prevalence of substance use climbs steadily through the grades. For instance, 16 percent of students in grade 7 report using alcohol in the past year, but by grade 9, 52 percent report past-year use. With cannabis, 10 percent of grade 7 students report past-year cannabis use, while 38 percent report having used cannabis in grade 9. Clearly, many grade 7 students could be more accurately considered “not yet users” rather than “non-users.”

**Table 2.** Any use of substance in the year before the survey, as percentages of all students, 2002.

	<b>Grade 7</b>	<b>Grade 9</b>	<b>Grade 10</b>	<b>Grade 12</b>
Alcohol	16	52	65	81
Cannabis	10	38	45	57

There were small gender differences with the use of alcohol and cannabis according to the 2002 report, and these differences were age-related. Slightly more males than females used these substances in grades 7 and 12, while the reverse was the case in grades 9 and 10.

**Table 3.** Any use of substance in the year before the survey by gender, as percentages of all students, 2002.

	<b>Grade 7</b>		<b>Grade 9</b>		<b>Grade 10</b>		<b>Grade 12</b>	
	<b>M</b>	<b>F</b>	<b>M</b>	<b>F</b>	<b>M</b>	<b>F</b>	<b>M</b>	<b>F</b>
Alcohol	18	14	48	55	62	67	83	79
Cannabis	12	8	38	38	45	45	61	53

In terms of use that is clearly hazardous:

- Frequent use of any substance is a sign that it is becoming more important in a person’s life. Among grade 7-12 Nova Scotia students, 30 percent of students reported drinking at least monthly in the past year; while 16 percent reported they had used cannabis more often than once a month.
- Drinking to the point of drunkenness is potentially harmful in any context; 28 percent of students reported drinking to the point of drunkenness in 2002.
- Any non-medical substance use (and some pharmaceutical drug use) in combination with driving poses serious risks. In 2002, 15 percent of Nova Scotia students with a driver’s licence drove a motor vehicle within an hour of having used alcohol, while 26 percent did so after cannabis use.



- Among all students, 22.8 percent reported being a passenger in a car driven by an impaired driver.
- Any non-medical substance use in combination with sexual activity poses serious risks. Of the 29 percent of adolescent students who had engaged in sexual intercourse, 35 percent had unplanned sexual intercourse while under the influence of a substance at least once during the course of the year.
- In all cases, the prevalence of these hazardous behaviours increases through the grade levels. With the exception of “being in a car with a drinking driver,” males are more likely to engage in these behaviours than females.

**Table 4.** Hazardous use of substances as a percentage of students in Grades 7, 9, 12, &12, 2002.

<b>Hazardous use</b>	<b>Gr. 7</b>	<b>Gr. 9</b>	<b>Gr. 10</b>	<b>Gr. 12</b>
Frequent drinking (> once a month)	7.7	27.8	37.6	51.7
Past month drunkenness	6.2	25.8	34.0	49.6
Being a passenger with drinking driver	12.4	25.4	25.7	28.8
Driving after drinking (among those w/ licence)	-	5.0	5.4	15.9
Frequent cannabis use (> once a month)	2.5	15.3	20.3	25.7
Driving after cannabis use (among those w/ licence)	--	5.0	9.1	26.0
Unplanned sex under the influence (among those who had sexual intercourse)	28.2	35.5	35.1	35.4

Hazardous use of substances increases the likelihood of adverse consequences or harms. As a result of the hazardous substance-use behaviours mentioned above, Nova Scotia students experienced a number of physical, social, legal, and academic harms. The proportions of males and females who reported having one or more drug-related harms were essentially the same. The proportions of students who reported one or more drug-related harms increased from grade 7 to 12.



**Table 5.** Alcohol and other drug-related harms, as percentages, 2002.

<b>Alcohol-use harm</b>	<b>Among all students</b>	<b>Among students who used in past year</b>
Damaged things when drinking	12.8	24.3
Drinking caused one to injure oneself	11.6	21.8
Drinking caused tensions or disagreement with family or friends	8.6	16.0
Cost of alcohol prevented buying other things	7.5	14.3
Trouble with the police as a result of drinking	3.6	6.6
School work or exams affected by drinking	2.6	4.9
Motor vehicle accident as driver after drinking in the previous 2 hr	<1.0	1.0
<b>Other drug-use harm</b>		
Drug use caused tensions or disagreement with family or friends	8.3	19.3
Cost of drugs prevented buying other things	7.1	16.9
School work or exams affected by drug use	6.7	15.9
Damaged things when using drugs	4.3	10.2
Drug use caused one to injure oneself	4.2	9.9
Trouble with the police as a result of drug use	2.4	5.7

### Reference

Poulin, C. (2002). *Nova Scotia student drug use 2002: Technical report*. Halifax NS: Nova Scotia Department of Health and Dalhousie University. <http://www.gov.ns.ca/hpp/addictionPrevention.html>



### **Suggestions stemming from student-teacher consultations**

Following are suggestions received during consultations with a small sample of teachers and students conducted prior to development of the supplement.

**Suggestion 1:** Place a greater emphasis on alcohol throughout the entire supplement.

**Suggestion 2:** Identify and profile the drugs that junior high students are most likely to encounter, using the prevalence data from the most recent Nova Scotia Student Drug Survey.

**Suggestion 3:** Provide opportunities to foster critical-thinking skills in the higher grades by looking at broader social and economic issues surrounding substance use, including beneficial prescription use and possible misuse, international drug trafficking and local markets, community attitudes towards alcohol use, and international and cultural differences in alcohol use.

**Suggestion 4:** Incorporate current material on cannabis that addresses the proposed (as of February 2005) reduced penalty options for simple possession, increased penalties for grow operations and trafficking, and the use of marijuana for medicinal purposes.

**Suggestion 5:** Make each lesson plan as complete as possible to minimize teacher preparation time.

**Suggestion 6:** Ensure that drug education lessons can be delivered through in-class activities, using overheads, videos, or DVD resources. (Computer-based learning could be included as an option, but don't assume this technology is sufficiently available for core lessons.)

**Suggestion 7:** Incorporate group and peer-to-peer hands-on activities for the students wherever possible.

**Suggestion 8:** Incorporate visual resources into the supplement. This may consist of web links to existing materials rather than the development of new materials.



### Contextual suggestions

**Suggestion 9:** Post the curriculum supplement update on a website that teachers can access to download materials. Use the website as a means of adding to and adapting the supplement as new materials become available.

**Suggestion 10:** Provide all materials in French and English to support French-language and French immersion junior high students and teachers.

**Suggestion 11:** Develop an annual distribution process for the resource so that first-time teachers are as likely to use it as their predecessors. Providing web-based access to the materials will facilitate the process.

**Suggestion 12:** Provide annual professional development opportunities to equip Healthy Living teachers to deliver alcohol and other drug education. In the longer term, a teacher self-training component could be part of the previously mentioned website.

### Best practices arising from the scientific literature

Following are best practice statements arising from a review of the scientific literature evaluating junior high school drug education conducted to support the development of this supplement. For the full literature review, visit <http://www.gov.ns.ca/hpp/addictionPrevention.html>.

**Best Practice 1:** Drug education needs to be age and developmentally appropriate, to focus on risk and protective factors, and to address local substance-use patterns.

**Best Practice 2:** Key features of the provincial and, where possible, the local situation should be compiled and analysed through formative research at the program design stage.

**Best Practice 3:** Address only those substances for which there is a pattern of use in a population.

**Best Practice 4:** Units that focus on a single drug appear more effective after 14 years of age than units that address a number of substances.

**Best Practice 5:** Focus on short-term, preferably social consequences, rather than long-term effects when providing drug-specific information.

**Best Practice 6:** Ensure that information is accurate and balanced, acknowledges the benefits that users perceive from their use, and highlights the fundamental relationship between the user, the substance, and the context of use.



**Best Practice 7:** Drug education programs need to give priority to behavioural, rather than knowledge or attitudinal, outcomes.

**Best Practice 8:** Accurate and balanced information is important, and it needs to take the form of “utility knowledge,” which helps students build relevant and useful skills.

**Best Practice 9:** Sessions need to emphasize “student-to-student” rather than “student-to-teacher” interactivity, employing role-plays, Socratic questioning, simulations, service-learning projects, brainstorming, co-operative learning, and peer-to-peer discussion. Teachers need to establish an open, non-judgmental atmosphere in order to effectively process these activities.

**Best Practice 10:** Social influences programming can be effective. It can create a greater awareness of media and social influences and help students develop skills to analyse and minimize their impact.

**Best Practice 11:** Normative programming, highlighting the percentage of students not using, and correcting misperceptions, can be effective, particularly in the early junior high years.

**Best Practice 12:** Adding general competency enhancement, or life skills training, (e.g., developing skills such as communication, assertiveness, goal orientation, decision making, and stress management) may strengthen program effects when it is tied to drug-related situations or scenarios.

**Best Practice 13:** At, or just prior to, the point where significant numbers of students are using a particular substance (e.g., greater than 40 percent have used in past year), provide messages that promote safety and ways for minimizing harm within an overall message emphasizing abstinence as the safest option.

**Best Practice 14:** To sustain behavioural effects, drug education needs to provide adequate coverage from year to year, with approximately 10 sessions per year. If this cannot be achieved, 3-5 booster sessions per year following an initial 10-session module can be effective.

**Best Practice 15:** All in all, teachers who have been trained in interactive instructional methods are best able to deliver a drug education program as intended.

**Best Practice 16:** Guest presenters invited to deliver a drug education session need to be able to address curricular goals and work interactively with the students, rather than present an isolated session unconnected with the curriculum.



## GETTING THE MOST OUT OF THIS SUPPLEMENT

To help maximize the use of the supplement and drug education classes, this section presents summarized information on the following topics:

- creating a safe environment for open discussion and activity
- effective use of external resource people
- guidelines for conducting substance abuse-related online research
- advice on early identification and referral processes

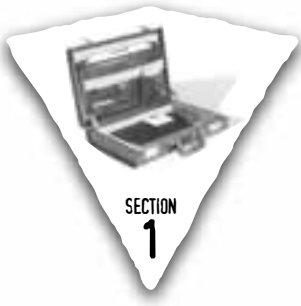
### **Creating a safe environment for open discussion and activity**

Drug education depends on open discussion to be effective. However, drug issues can be sensitive to discuss in a classroom environment. So, it is important for a teacher not only to set a tolerant atmosphere (free of moralizing and judgment), but also to set boundaries for discussions. The best way to arrive at this balance is through a group agreement, established and reviewed periodically through discussion with students. This will help foster mutual respect and establish an environment in which students feel comfortable and ready to listen to and discuss one another's opinions.

Ground rules should address the basic mechanics of conducting a discussion (e.g., don't interrupt when someone is speaking), but also cover issues such as teachers' and students' right to privacy and respect, and the boundaries of discussion. Students and teachers should be discouraged from revealing any personal information that may incriminate themselves or others or that they wish to keep confidential. Some information, for example, any indication that a person is at risk of being harmed, may need to be shared with authorities. Examples of ground rules for discussions could include the following:

- Everyone who wishes gets a chance to speak.
- It's okay not to speak.
- When someone speaks, everyone listens-no interruptions.
- No one person should dominate the discussion.
- Do not share your own or anyone else's private or confidential information.

Another way to handle potentially sensitive topics is to use techniques to depersonalize the discussion: for example, use third-person case studies, role-plays or improvised skits, hypothetical discussions, and anonymous question boxes.

**A QUESTION OF INFLUENCE**

Discussing and agreeing on ground rules provides a chance to remind students of ways to ask for help, the support available, the school's drug and confidentiality policies, and what may happen should information be disclosed. It is best to deal with difficult questions on an individual basis (e.g., seeing a student outside the classroom or referring the student to the school guidance counsellor). If a student's comment or question leads a teacher to suspect that the student may be at risk, the teacher should consult with guidance personnel and/or follow school policy regarding early intervention and/or referral to outside agencies. (See Advice on early identification and referral processes, p. 20.)

**Reference**

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United Kingdom. Department for Education and Skills (2004). *Drugs: Guidance for schools*. London: Department for Education and Skills.



### **Effective use of external resource people**

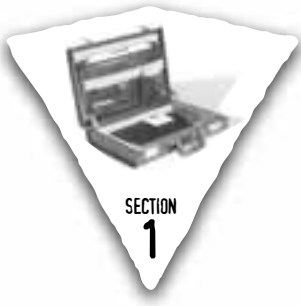
Research indicates that trained and supported teachers are in the best position to deliver effective drug education. There are, however, agencies and resource persons in the community that have the expertise and the mandate to augment the junior high school drug education program: e.g., Prevention staff from Addiction Services; RCMP and municipal police officers; Drug Awareness Committee volunteers; Mothers Against Drunk Driving (MADD) volunteers; and volunteers from community recovery groups, such as Alcoholics Anonymous (AA), Al-Anon, Narcotics Anonymous (NA), and Gamblers Anonymous (GA). Teachers are advised to consult their school or board policy and guidelines on the use of a resource person from the community.

In considering use of an external resource person, the teacher should have a clear understanding of the curriculum need and how a resource person will satisfy the need. This means being clear about the desired learning outcomes before deciding who is best able to help achieve them.

As well, resource people need to be clear on their role in supporting your desired curriculum outcomes—this will require discussion and negotiation to ensure a good curricular fit. Equally important is that an external contributor needs to be a competent educator and facilitator, recognizing that effective drug education is activity based, rather than didactic.

If you are unfamiliar with a resource person or agency, you may wish to ask for references from that person or from other educators. It is important that the person not only has a clear understanding of their objectives and role in supporting the Healthy Living curriculum, but they should also be aware of the school's approach to drug education, the school's drug policy, and other relevant policies (e.g., confidentiality, disclosure, and child protection). This will help to ensure that the person's approach is consistent with that of the school and that they avoid delivering incompatible messages. Outside resource people should be free of charge.

It is critically important that resource people be aware of their roles, responsibilities, and their relationship with the teacher while in the classroom. They need to be clear on their area of competency and the professional boundaries, and not overly dramatize substance abuse. Involving individuals in recovery in drug education should be considered very carefully. Without sensitive handling they may arouse interest or glamorize drug use or describe experiences that young people have difficulty relating to. In some instances they may unwittingly imply that their own



drug use represents a “safe limit” that can be copied. If they are to be involved, it should be because they are skilled in facilitating student learning and not simply by virtue of their status as a recovering person.

Here are some other ways of maximizing the involvement of a resource person:

- Consider involving students in the preparatory and follow-up work (e.g., writing invitation and thank you letters).
- Request a written session plan, outlining planned outcomes, curriculum links, and methods.
- Assess the value of the external contribution through student feedback and evaluation. This information could be shared and used to inform future work.

Having considered these points, a classroom teacher can ensure that the contribution of an external resource person will be well integrated into the drug education program and will truly augment it, rather than being simply an isolated event with limited value.

## References

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United Kingdom. Department for Education and Skills (2004). *Drugs: Guidance for schools*. London: Department for Education and Skills.

New Zealand. Ministry of Youth Development (2004). *Strengthening drug education in school communities: Best practice handbook for design, delivery, and evaluation, years 7-13*. Wellington, NZ: Ministry of Youth Development.





## Guidelines for conducting substance abuse-related online research

The internet provides a range of information which may or may not be credible. This is certainly the case when it comes to substance abuse-related information. To use the Internet for research on substance abuse, students need to learn two things: first, how to conduct an effective online search; and second, how to critically evaluate the information they find.

### SEARCHING FOR SUBSTANCE ABUSE INFORMATION ONLINE

Generally, government or university health and addiction websites are the best sites. They contain balanced (e.g., legal as well as illegal substances as drugs of abuse), accurate information, and they are not trying to sell you anything. There are several very good Canadian sites of this sort. Appendix E, p. 210 lists several reputable websites. If students are looking for Canadian survey results and fact sheets, they can go straight to one of these sites and find what they are looking for:

- Addictions Foundation of Manitoba (AFM): [www.afm.mb.ca](http://www.afm.mb.ca)
- Alberta Alcohol and Drug Abuse Commission (AADAC): [www.aadac.com](http://www.aadac.com)
- Canadian Centre on Substance Abuse (CCSA): [www.ccsa.ca](http://www.ccsa.ca)
- Canadian Health Network (CHN): [www.canadian-health-network.ca](http://www.canadian-health-network.ca)
- Centre for Addiction and Mental Health (CAMH): [www.camh.net](http://www.camh.net)
- Cyberisle (a health/drug site for teens from the University of Toronto): [www.cyberisle.org](http://www.cyberisle.org)
- Zoot2 (a health/drug site for teens from AADAC): [www.zoot2.com](http://www.zoot2.com)

If students need to do a broader search, here are some tips in using a search engine, such as Google.

- Use nouns as query keywords. Don't use articles ("a," "the"), pronouns ("he," "it"), conjunctions ("and," "or"), or prepositions ("to," "from") in your queries.
- Use six to eight keywords per query.
- Combine keywords into phrases using quotation marks, as in "solar system"-this will produce only references that include these words in that order.
- Spell carefully, and consider alternative spellings.
- Check the Help function of the particular search engine you're using, since they all have their own quirks and preferences.

**EVALUATING ONLINE INFORMATION**

When a student thinks they have found what they have been looking for, the next step will be for the student to evaluate the information. How can they determine if the source is legitimate? There are several questions that can be asked. For instance: What is the purpose of the website-has it been created to provide information, or promote its own products? The information found on a pharmaceutical company site concerning a particular product, for example, may differ from that offered by a government health agency. Some questions students can ask include, Where am I? Who is the source? What am I getting? When was it created or last updated?

Here are a couple of other ways to develop an opinion on the credibility of a site:

- **Use the “Link” Command:** Sometimes, seeing who links to-or talks or writes about-a particular web page can offer insights into its quality. Students can find out which sites link to a specific web page by going to a search engine and entering a “link:” command in the search box, followed by the web page’s address (URL). Meta search engines that integrate several different search engines will offer best results.

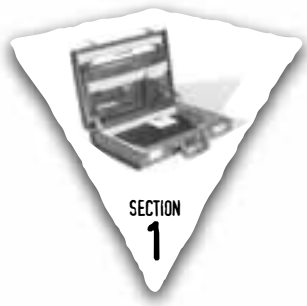
For example, a search using the URL for the Media Awareness Network in Ottawa (<http://www.media-awareness.ca>) brings up over 3,000 sites in the results. The fact that most of these sites are education or government resource pages supports the network’s claim that it is a non-profit, educational organization.

- **Do an Author Search:** It’s also possible to measure the quality of a website by conducting a background check on the author of a web page. Simply conduct a search for the author’s name, in quotation marks. Results may include other articles written by the author, articles written about the author, or websites that use the author’s work as examples.

**Note**

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Some of the above information has been adapted with permission from two Media Awareness Network articles: “Fact or Folly: Authenticating Online Information,” [http://www.media-awareness.ca/english/teachers/wa\\_teachers/fact\\_or\\_folly\\_teachers/index.cfm](http://www.media-awareness.ca/english/teachers/wa_teachers/fact_or_folly_teachers/index.cfm) (accessed September 2005), and “How to Search the Internet Effectively,” [http://www.media-awareness.ca/english/resources/special\\_initiatives/wa\\_resources/wa\\_teachers/tipsheets/search\\_internet\\_effectively.cfm](http://www.media-awareness.ca/english/resources/special_initiatives/wa_resources/wa_teachers/tipsheets/search_internet_effectively.cfm) (accessed September 2005).



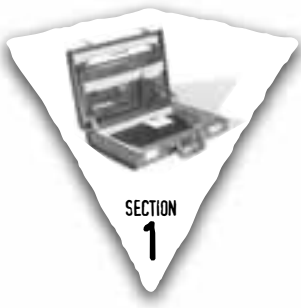
## Advice on early identification and referral processes

In 2007, 2 percent of Nova Scotia students surveyed indicated that they needed help with an alcohol-use problem, while 3 percent expressed a need for help with a drug other than alcohol. These students would benefit from early intervention, and schools are in a good position to provide that support.

### THE ROLE OF THE TEACHER

The classroom teacher is often in the best position to notice subtle changes in a student, such as increasing absenteeism, different moods, or declining performance at school. The teacher may otherwise be aware that a student has a known risk factor for substance-use problems (e.g., being socially excluded, having a low attachment to school, or experiencing mental health issues). These changes and factors may lead a teacher to suspect that a student is experiencing a substance-use problem (their own or that of a family member). These could, on the other hand, indicate that the student is experiencing another issue that would benefit from early intervention; so it is important not to “diagnose” or make assumptions. While the teacher’s role in these situations is limited, it could be crucial. The role can be summarized as follows:

- **Consult school policy:** If your school is like many in the province and has a school or board policy for intervening with student substance-use problems, consult the policy. If not, check with your student services department or school principal. In a similar vein, a teacher may learn of a student’s possession of alcohol or another substance on school premises, so it is important to be acquainted with school or board policy on these matters also.
- **Try talking:** By raising the issue in a respectful, non-judgmental way, you may be able to learn of the nature of the issue and whether the student would consider accessing help (e.g., I’ve noticed that your grades are slipping and heard you quit the soccer team; is anything wrong?). The aim of this conversation should be to move the student toward accepting a referral if appropriate.
- **Refer:** While you as the teacher may learn about the problem through this conversation, it is not the role of the teacher to assess the nature of the problem. This is the role of a guidance counsellor, nurse, or outside agency. If this is, for some reason, not possible, it will be important for a teacher to be aware of what early intervention help is available to students and their



## A QUESTION OF INFLUENCE

families in their community. By holding a conversation and encouraging a referral, a teacher has played an important role on behalf of a student.

### References

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Alberta Alcohol and Drug Abuse Commission. *What if my student has a problem?* [http://teacher.aadac.com/what\\_if/what\\_if\\_student\\_problem.asp](http://teacher.aadac.com/what_if/what_if_student_problem.asp). Accessed April 2005.

New Zealand. Ministry of Youth Development (2004). *Strengthening drug education in school communities: Best practice handbook for design, delivery, and evaluation, years 7-13*. Wellington, NZ: Ministry of Youth Development.



## PREPARING TO USE THIS SUPPLEMENT

### The approach to drug education taken with this supplement

The literature review associated with this supplement (<http://www.druged.ednet.ns.ca>) found that research and practice have brought the field of school drug education to the point where good practices can now be identified with greater confidence than ever. The school drug education practice for which evidence is strongest is interactivity among students. There is clearly no role for sessions that are predominantly didactic or where the bulk of the exchange is between teacher and students. There remains an important role for accurate, balanced, drug-specific information; however, this information needs to be brought out through the interactive sessions and needs to take the form of relevant, practical “utility knowledge.”

The approach to junior high school drug education best supported by the scientific literature is the Social Influences Model, which aims to furnish young people with the insights and skills to deal effectively with the various social and cultural messages promoting substance use. This model, which has been the subject of much research over the past 25 years, conceptualizes adolescent use of substances to be largely the result of social influences from peers and the media to smoke, drink alcoholic beverages, or use other drugs. This model aims to create greater awareness of peer and broader environmental influences and to develop skills to analyse and minimize their impact.

In this supplement, we have added “internal influences” (many of which stem from adolescent development) as an important factor and have, hence, conceptualized three levels of influence. Examples of some of the factors at play within each level of influence are<sup>6</sup>

- **internal influences:** (e.g., curiosity, emotional pressures, mental health problems, beliefs concerning risk and norms)
- **interpersonal influences** (e.g., social acceptance, celebrations and religious observances, difficult life experiences and family influences)
- **media and cultural or environmental influences** (e.g., media, community, and cultural norms)

We have tried to make the differences between these types of influences simple and easily understood by 12- to 14-year-olds. The three influencing factors are referred to as “how I influence myself,” “how others influence

<sup>6</sup> For discussion of these influences, see Appendix B: Influences Affecting Students’ Substance-use Decisions, p. 169.



me,” and “how I am influenced by the world around me” in the actual learning themes of this resource.

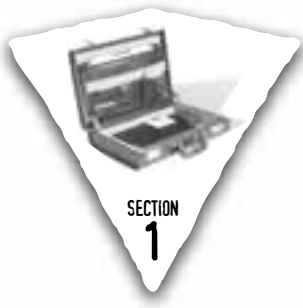
Adolescents have a tendency to overestimate how many of their peers engage in substance use. Consistent with the Social Influences Model, this supplement gives strong attention to clarifying for students how many of their peers are-and are not-using substances or using them in risky ways. Through this so-called “normative approach,” the supplement aims to correct these misperceptions of student use and provide support for these norms. A decision-making model is introduced in Healthy Living 7, and opportunities to practise making decisions and acting on them assertively are provided throughout the grades. As identified by the Department of Education requirements and the scientific literature, attention is given to reducing risk factors or increasing protective factors. Recognizing that a significant proportion of Nova Scotian students experience harms as a result of their own or someone else’s use of alcohol, students are given opportunities through the supplement activities to anticipate harmful situations and explore how alcohol-related harms can be avoided or reduced.

### **Links with related curriculum resources**

#### **MAKING A DIFFERENCE: ELEMENTARY SCHOOL CURRICULUM SUPPLEMENT FOR DRUG EDUCATION**

Many junior high students will already have been exposed to alcohol and other drug prevention education in elementary school. Elementary school teachers have access to *Making A Difference: Curriculum Supplement. A Teacher’s Drug Prevention Resource for Health Education. Grades Primary-6*, developed in 2003 by Addiction Services, Nova Scotia Department of Health, and English Program Services, Nova Scotia Department of Education. This junior high-level resource builds on the groundwork laid in the early years. To illustrate this connection, the elementary supplement is briefly described here.

The package contains three lesson plans for each grade (1-6) tied to the scope and sequence of the elementary school health curriculum. The lessons are concerned with the development of attitudes, knowledge, skill, and behaviour identified as contributing to drug prevention, with an emphasis on individual and social competency. The resource promotes the development of a healthy lifestyle, with appropriate drug information woven into the content at each grade level.



## A QUESTION OF INFLUENCE

The lesson plan components are similar to those in the junior high supplement and include

- peer support and peer influence, including refusal skills
- relationships-family and friends
- self-concept
- responsibility-individual and social
- decision making and problem solving
- influence of the media
- health-enhancing lifestyle development, including dealing with stress

This junior high school supplement is closely tied to the curriculum outcomes, and lessons for grades 5 and 6; the objectives of the lessons for these two grades follow:

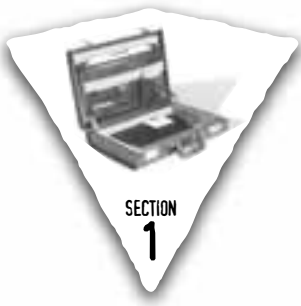
### **Grade 5**

#### Lesson One – Each Individual Is Unique and Special

- develop a stronger sense of self
- examine ways others influence how we feel about ourselves by considering compliments made and responsibilities taken
- affirm ability to make decisions and take responsibility
- develop an understanding of self within the community and of how we can affect others
- recognize in ourselves some of the traits others view as worthwhile
- encourage positive relationships with others
- provide an opportunity to share ideas about health-enhancing alternatives to drugs

#### Lesson Two – Exploring Media Messages and Influences

- critically examine messages given by the media and society
- develop questioning skills in looking at advertising
- recognize influences on our decisions, while realizing that we are responsible for our decisions
- develop confidence in our ability to assess the influences on our lives and to make responsible decisions based on this knowledge



## A QUESTION OF INFLUENCE

## Lesson Three – Risks and Consequences

- examine risks and consequences of using drugs
- develop skills necessary to refuse drugs
- recognize and develop behaviours that discourage drug use
- explore optional ways to spend free time

**Grade 6**

## Lesson One – Myths and Truths

- clarify myths and truths about drugs and drug use
- encourage students' questions
- encourage problem solving
- provide an avenue for exploring values
- continue to build self-worth through encouraging creative, independent work
- provide accurate information about drugs and their effects in the body

## Lesson Two – Examining the Issues

- provide for practice of problem-solving and decision-making skills
- examine consequences, both for self and others, of involvement with drugs
- provide for recognition of individual and community responsibility
- build competence and confidence in handling difficult situations
- provide accurate factual information about drug terms

## Lesson Three – Developing Goals

- explore creative and innovative healthy ways to have fun
- develop short-term goals
- consider and explore possible long-term goals in a non-stressful way
- encourage building on individual strengths as a way to spend free time
- consider the possible effects of drugs on these activities and goals.

Available online from <http://www.gov.ns.ca/hpp/addictionPrevention.html>.

**SMOKE FREE FOR LIFE: TOBACCO USE PREVENTION CURRICULUM SUPPLEMENT  
(GRADES P-9; ENGLISH AND FRENCH)**

As indicated earlier in this supplement, tobacco is not addressed within this resource because of the availability of a resource on this topic. *Smoke-Free for Life* is a series of three curriculum supplements designed to help prevent the use of tobacco. They contain grade-specific lesson plans, overheads, and





masters. Published in 1996 and revised in 2002, the manuals cover grades primary-3, 4-6, and 7-9. The content is designed to mesh with the Nova Scotia Elementary School Health Education Curriculum and the Junior High School Healthy Living Curriculum.

The resource is teacher-friendly and has been evaluated by teachers at all three grade levels. Lessons require minimum preparation time. Detailed, easy-to-follow lesson plans include masters and overhead transparencies. Background “infosheets” prepare teachers to lead discussions. Suggestions for lesson variation assist in adapting lessons for the needs of the class. Ideas for extension activities invite continuation of learning across the curriculum.

Available from the Nova Scotia School Book Bureau at <https://w3apps.ednet.ns.ca/nssbb/>.

#### **DRAWING THE LINE: PROBLEM GAMBLING CURRICULUM SUPPLEMENT (JUNIOR AND SENIOR HIGH SCHOOL)**

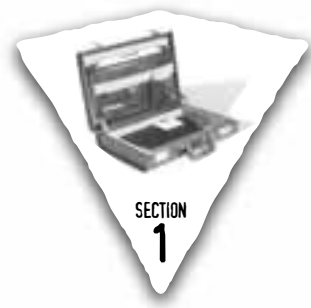
*Drawing the Line* (1997), a resource for the prevention of problem gambling, is available to Nova Scotia’s junior and senior high schools. *Drawing the Line* introduces students to the risk of gambling through group exercises, games, class discussions, and other activities. Students explore the nature of risk taking and become familiar with the signs and stages of problem gambling. The program is intended to prepare students to “draw the line” when confronted with opportunities to gamble, both now and later in their adult years.

Packaged as two spiral-bound manuals for junior and senior high school teachers, *Drawing the Line* includes user-friendly information such as a history of gambling, gambling in Nova Scotia, the economics of gambling, and the effect of problem gambling on the family. Printed versions of *Drawing the Line: Volume 1 Junior High* are no longer available, however the resource is available for downloading at <http://www.gov.ns.ca/hppp/gambling/pg-resources.asp>.

#### **CAUTION:**

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Teachers are advised that some of pages in the 1997 *Drawing the Line* curriculum supplement are out of date. Plans have been made to revise and update the resource in the future, and the Department of Health Promotion and Protection will be seeking advice and feedback from teachers during this process.



**MATCH BETWEEN SUPPLEMENT ACTIVITY PLANS AND CURRENT DEPARTMENTAL REQUIREMENTS (2007)**

**GRADE 7 INTRODUCTORY SESSION**

Healthy Living Curriculum Links	Activity Objective(s)	Activities	Time Frame
<b>Identify</b> personal, social, and cultural influences related to alcohol, cannabis, and other drug use (B3.7)	<b>To introduce</b> students to the entire unit and set the stage for an ongoing discussion on alcohol, cannabis, and other drugs	<b>Activity 7.1</b> <i>Circles of Influence</i> —The teacher introduces the concept of multiple types of influences on student decision making and describes upcoming activities.	Up to 20 minutes
<b>Describe</b> the effects of alcohol, cannabis, and tobacco on the body systems (B3.5)	<b>To lay the foundation</b> for a discussion of the immediate physical, psychological, and social effects of alcohol and cannabis use in Learning Theme One by looking at the students' preliminary knowledge level	<b>Activity 7.2</b> <i>What We Know about Alcohol and Cannabis</i> — Students participate in a brainstorming session in which they complete graffiti walls around the room to identify what they know about the effects of alcohol and cannabis.	Up to 20 minutes

**GRADE 7 LEARNING THEME ONE—HOW I INFLUENCE MYSELF**

Healthy Living Curriculum Links	Activity Objective(s)	Activities	Time Frame
<b>Describe</b> the effects of alcohol, cannabis, and tobacco, on the body systems (B3.5)	<b>To identify</b> some of the effects of alcohol or cannabis use	<b>Activity 7.3</b> <i>Separating Fact from Fiction</i> —Working in small groups, students respond to a series of true or false statements that provide accurate information on alcohol and cannabis effects.	Up to 45 minutes
<b>Identify</b> factors that influence the risk level of alcohol and cannabis use (B3.6)	<b>To identify</b> some of the risks associated with the use of alcohol and cannabis	<b>To begin</b> to look at what makes some patterns of use higher risk than others	
<b>Identify</b> and practise strategies for making decisions that involve risk (B3.4)	<b>To identify</b> the things students value so that this can be used as a strategy to weigh the drawbacks or benefits with respect to taking alcohol and other drug-related risks	<b>Activity 7.4</b> <i>What Is Important to Me?</i> —Students discuss their personal goals and complete a list of what is important to them.	Up to 20 minutes
<b>Identify</b> positive and negative reasons for taking risks (B3.1)	<b>To apply</b> a series of decision-making steps to potential situations involving alcohol and drugs	<b>Activity 7.5</b> <i>A Decision-Making Model</i> —Students are presented with the WHOA decision-making model and discuss how it can be applied to their lives.	Up to 15 minutes



**GRADE 7 LEARNING THEME TWO—HOW OTHERS INFLUENCE ME**

Healthy Living Curriculum Links	Activity Objective(s)	Activities	Time Frame
<b>Identify</b> and practise strategies for making decisions that involve risk (B3.4)	<b>To familiarize</b> students with the concept of positive and negative peer influence	<b>Activity 7.6</b> <i>True-to-You Tools</i> —Through class discussion, students learn to distinguish positive peer influence from negative peer influence and acquire skills for resisting negative peer influence related to alcohol and cannabis use.	Up to 45 minutes
<b>Identify</b> positive and negative reasons for taking risks (B3.1)	<b>To provide</b> students with several ways of responding to negative peer influence		
	<b>To increase</b> students' options for responding to peer influence		
<b>Demonstrate</b> the ability to set and maintain personal limits in a variety of decision-making situations involving peers (B4.2)	<b>To provide</b> students with the opportunity to apply a series of decision-making steps to typical situations involving alcohol and drugs	<b>Activity 7.7</b> <i>Decision Stories Role-Play</i> —Working in small groups, students role-play several scenarios depicting real-life situations they may encounter. Students apply the tools they have learned to respond to the scenarios.	Up to 45 minutes
<b>Identify</b> and practise assertive ways of refusing a ride with a driver who is under the influence of alcohol or cannabis (B4.3)	<b>To provide</b> students with an opportunity to experience peer influence and to find ways of choosing how to respond		
	<b>To provide</b> students with skills to lower the risks associated with riding with an impaired driver		

**GRADE 7 LEARNING THEME THREE—HOW I AM INFLUENCED BY THE WORLD AROUND ME**

Healthy Living Curriculum Links	Activity Objective(s)	Activities	Time Frame
<b>Demonstrate</b> an awareness of adolescents as a target population for consumer marketing (C3.2)	<b>To expose</b> students to the multiple messages in alcohol advertising	<b>Activity 7.8</b> <i>Behind the Messages</i> —Using examples that they have been collecting, students discuss the messages in alcohol ads and their possible appeal to youth.	Up to 45 minutes
	<b>To foster</b> critical and evaluative skills in students for looking at alcohol advertising		

**GRADE 7 WRAP-UP SESSION**

Healthy Living Curriculum Links	Activity Objective(s)	Activities	Time Frame
<b>Identify</b> personal, social, and cultural influences related to alcohol, cannabis, and other drug use (B3.7)	<b>To assess</b> student learning and application of that learning about the factors that influence the use of alcohol, cannabis, and other drugs	<b>Activity 7.9</b> <i>What Influences My Decisions and Choices?</i> —Students complete a diagram of the factors that influence their decisions.	Up to 45 minutes



**GRADE 8 INTRODUCTORY SESSION**

Healthy Living Curriculum Links	Activity Objective(s)	Activities	Time Frame
<p><b>Identify</b> personal, social, and cultural influences related to alcohol, cannabis, other drug use, and gambling (B3.7 and reinforce Healthy Living 7 B3.7)</p>	<p><b>To introduce</b> students to the entire unit and set the stage for an ongoing discussion on alcohol, cannabis, and other drugs</p>	<p>If introducing Circles of Influence for the first time, it is recommended that students complete Activity 7.1 from Healthy Living 7</p> <p><b>Activity 7.1</b> <i>Circles of Influence</i>- The teacher reviews the concept of multiple types of influences on student decision making and describes upcoming activities</p> <p><b>Activity 8.1</b> <i>What Substances Are in Our Community?</i>— Through a brainstorming exercise, students identify the substances available to them in their community and consider the implications of the availability of these substances.</p>	<p>Up to 30 minutes</p> <p>Up to 45 minutes if introducing the <i>Circles of Influence</i> for the first time</p>

**GRADE 8 LEARNING THEME ONE—HOW I INFLUENCE MYSELF**

Healthy Living Curriculum Links	Activity Objective(s)	Activities	Time Frame
<p><b>Demonstrate</b> an understanding of the risks associated with the use of alcohol, cannabis, and other drugs (B3.6)</p> <p><b>Demonstrate</b> knowledge of laws related to alcohol, cannabis, other drugs, and gambling (B3.5)</p>	<p><b>To provide</b> students with an understanding of the legal implications of possessing or using alcohol, cannabis, or over-the-counter/prescription drugs at their age</p> <p><b>To provide</b> students with an understanding of the risks involved with the use of alcohol and cannabis, and the non-medical use of over-the-counter and prescription medications</p>	<p><b>Activity 8.2</b> <i>The Game Show—Knowing the Risks of Alcohol and Other Drugs</i>—By working as teams, students compete in a “Reach for the Top” type game show to decide the correct answer to a series of questions on alcohol and other drug-related risks.</p>	<p>Up to 90 minutes; two 45-minute classes</p>



**GRADE 8 LEARNING THEME TWO—HOW OTHERS INFLUENCE ME**

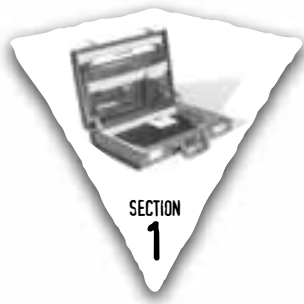
Healthy Living Curriculum Links	Activity Objective(s)	Activities	Time Frame
<b>Identify</b> and practise strategies for avoiding potentially dangerous situations (B4.2)	<b>To encourage</b> students to identify the rules and behaviour norms about alcohol and other drugs in their own homes and understand why the rules exist	<b>Activity 8.3</b> <i>House Rules</i> —Through class discussion, students will identify what they believe are the rules about alcohol and other drugs in their families.	Up to 30 minutes
<b>Compare</b> their families' values and attitudes with their own (C1.2)	<b>To enable</b> students to identify possible effects on the family when a member is experiencing problems with alcohol or other drugs	<b>Activity 8.4</b> <i>Effects on Family Members</i> —Students participate in a brainstorming activity about the things that can happen at home when a family member has a problem with alcohol or other drugs.	Up to 30 minutes
<b>Demonstrate</b> an understanding of the effect in the family of harmful involvement with alcohol, cannabis, other drugs, and gambling (B3.8)	<b>To help</b> students to identify some of the warning signs that a family member or peer may be experiencing a substance use problem	<b>Activity 8.5</b> <i>Family Stories—What Is Going On?</i> —Using five family scenarios, students discuss the specific problems in each scenario and talk about the ways the family member could be helped.	Up to 45 minutes
<b>Demonstrate</b> an understanding of the effect in the family of harmful involvement with alcohol, cannabis, other drugs, and gambling (B3.8)	<b>To enable</b> students to identify possible effects on the family when a member is experiencing problems with alcohol or other drugs	<b>To help</b> students to identify some of the warning signs that a family member or peer may be experiencing a substance use problem	

**GRADE 8 LEARNING THEME THREE—HOW I AM INFLUENCED BY THE WORLD AROUND ME**

Healthy Living Curriculum Links	Activity Objective(s)	Activities	Time Frame
<b>Evaluate</b> the role of the media in promoting alcohol and other drug use (B3.4)	<b>To encourage</b> students to be aware of and understand the negative consequences of alcohol use	<b>Activity 8.6</b> <i>Alcohol Myths and Parody Ads</i> —Working in small groups, students develop their own parody ads that expose some of the myths promoted in alcohol advertising.	Up to 90 minutes; two 45-minute classes to prepare and present their ads
<b>Evaluate</b> the role of media on self-image and lifestyle choices (C3.1)	<b>To help</b> students apply critical thinking to the false messages about drinking that are implied in advertisements		

**GRADE 8 WRAP-UP SESSION**

Healthy Living Curriculum Links	Activity Objective(s)	Activities	Time Frame
<b>Identify</b> personal, social, and cultural influences related to alcohol, cannabis, other drug use, and gambling (B3.7 and reinforce Healthy Living 7 B3.7)	<b>To assess</b> student learning and application of that learning about the factors that influence the use of alcohol, cannabis, and other drugs	<b>Activity 8.7</b> <i>What Can I Do about the Things That Can Influence Me?</i> —Through class discussion and individual thinking and writing, students will assess how they can have an impact on the factors that influence them.	Up to 30 minutes



## A QUESTION OF INFLUENCE

## GRADE 9 INTRODUCTORY SESSION

Healthy Living  
Curriculum Links

**Identify** personal, social, and cultural influences related to alcohol, cannabis, other drug use and gambling (reinforce Healthy Living 7 and 8 B3.7)

## Activity Objective(s)

**To introduce** students to the entire unit and set the stage for an ongoing discussion on alcohol, cannabis, and other drugs

## Activities

If introducing *Circles of Influence* for the first time, it is recommended that students complete Activity 7.1 from Healthy Living 7.

**Activity 7.1**

*Circles of Influence*—The teacher reviews the concept of multiple types of influences on student decision making and describes upcoming activities.

## Time Frame

Up to 15 minutes

Up to 45 minutes if introducing the *Circles of Influence* for the first time

## GRADE 9 LEARNING THEME ONE—HOW I INFLUENCE MYSELF

Healthy Living  
Curriculum Links

**Identify** high-risk behaviours related to alcohol, cannabis, and other drug use (B3.1)

**Identify** risks of alcohol, cannabis, tobacco, and other drug use during pregnancy (B3.3)

**Identify** risks associated with use of alcohol, cannabis, and other drugs (B3.6)

**Identify** social costs related to harmful involvement with alcohol, cannabis, other drugs, and gambling (B3.7)

**Identify** ways that community services support the prevention and treatment of addictions (D2.2)

## Activity Objective(s)

**To increase** students' knowledge of the short- and long-term physical, psychological effects of specific substances

**To enhance** students' knowledge of high-risk situations involving alcohol and other drugs

**To identify** ways of communicating alcohol and other drug-related information that is appropriate for adolescents

**To foster** an understanding of the challenges of developing prevention resources that are relevant to teenagers

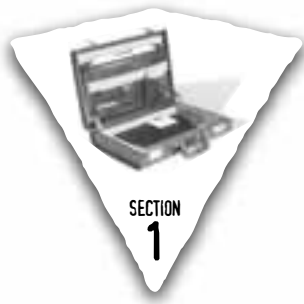
## Activities

**Activity 9.1**

*Prevention Education—Product Research and Development*—Working in small groups, students conduct research on a variety of assigned topics to prepare a prevention education resource appropriate for teens. The activity concludes with in-class presentations of the resources developed by the groups.

## Time Frame

Up to 2 hours and 15 minutes: four and a half 30-minute classes or three 45-minute classes



## A QUESTION OF INFLUENCE

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**GRADE 9 LEARNING THEME TWO—HOW OTHERS INFLUENCE ME**


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**Healthy Living  
Curriculum Links**

**Identify** signs and stages of dependence on a substance or behaviour (B3.8)

**Identify** and practise strategies for helping a friend who is having problems with alcohol, other drugs, gambling, or other behaviours (D2.1)

**Identify** ways that community-based services support the prevention and treatment of addictions (D2.2)

**Identify** and practise strategies for dealing with the challenges of peer relationships (D3.2)

**Identify** high-risk behaviours related to alcohol, cannabis, and other drug use (B3.1)

**Identify** and practise strategies for helping a friend who is having problems with alcohol, other drugs, gambling, or other behaviours (D2.1)

**Identify** high-risk behaviours related to alcohol, cannabis, and other drug use (B3.1)

**Identify** social costs related to harmful involvement with alcohol, cannabis, other drugs, and gambling (B3.7)

**Identify** and practise strategies for dealing with the challenges of peer relationships (D3.2)

**Activity Objective(s)**

**To teach** students how to identify different degrees of alcohol and other drug use and signs of harmful involvement and potential dependence

**To support** students in developing strategies for encouraging a peer to seek help for their substance use

**To enhance** students' ability to recognize and respond to physical health dangers and emergency situations related to alcohol and other drug use among their peers

**To teach** students how to recognize harmful or potentially harmful situations involving alcohol and other drug use by young people

**To support** students in identifying strategies or options for dealing with risky situations when they occur, including avoiding them in the first place

**To enable** students to identify elements of peer relationships that have positive and negative influences on substance use choices

**To provide** students with an opportunity to practise strategies for helping peers who are in trouble

**Activities**
**Activity 9.2**

*Are You In Over Your Head?*—Encouraging a Friend to Seek Help—Through a class discussion, students consider the degrees of substance use from none at all to being dependent on a substance. Students learn about signs that their friends might be getting into trouble with alcohol or another drug and brainstorm ideas for helping that friend.

**Activity 9.3**

*When a Friend Needs Emergency Treatment*—Working in small groups, students respond to an emergency scenario and apply basic principles of emergency response.

**Activity 9.4**

*The Party*—Using either small-group role-plays or a class play, students act out risky situations that could occur at a party. Through class discussion, students identify the risks encountered and options for reducing the risks.

**Time Frame**

Up to 30 minutes

Up to 45 minutes

Up to 60 minutes; two 30-minute classes

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**GRADE 9 LEARNING THEME THREE—HOW I AM INFLUENCED BY THE WORLD AROUND ME**

Healthy Living Curriculum Links	Activity Objective(s)	Activities	Time Frame
<p><b>Demonstrate</b> an awareness of ways that attitudes and laws related to alcohol and other drugs have changed over time (C3.2)</p> <p><b>Identify</b> ways that community-based services support the prevention and treatment of addictions. (D2.2)</p> <p><b>Identify</b> risks of alcohol, cannabis, tobacco, and other drug use during pregnancy. (B3.3)</p>	<p><b>To encourage</b> students to identify and understand real situations where laws and community attitudes affect the development of new intervention approaches</p> <p><b>To support</b> students in developing an appreciation for the complexities of addressing substance use issues and the possibility of a “middle ground” on issues</p> <p><b>To enhance</b> students’ ability to develop arguments to support their attitudes and reactions to a situation</p>	<p><b>Activity 9.5</b> <i>Society’s Attitudes and Laws about Drug Use</i>—Through class discussion and consideration of three case studies, students consider how laws and attitudes towards drug use affect the development of new laws and new services and treatment approaches.</p>	<p>Up to 45 minutes</p>

**GRADE 9 WRAP-UP SESSION**

Healthy Living Curriculum Links	Activity Objective(s)	Activities	Time Frame
<p><b>Identify</b> personal, social, and cultural influences related to alcohol, cannabis, other drug use, and gambling (Reinforce Healthy Living 7 and 8 B3.7)</p> <p><b>Develop</b> an ability to teach or mentor others (D6.1)</p>	<p><b>To assess</b> student learning and application of that learning about the factors that influence the use of alcohol, cannabis, and other drugs</p>	<p><b>Activity 9.6</b> <i>How Do I Influence Others and the World around Me?</i>—Through class discussion, students consider a fourth type of influence on alcohol and other drug decisions—the way they can individually influence others.</p>	<p>Up to 30 minutes</p>