Drug Land

Alcohol and other drug use

Students will be expected to:

- 9.13 analyze the role of alcohol in the decision making process related to increased risk of unintended pregnancy, STIs, Impaired driving and injury.
- 9.14 practice speaking about concerns regarding substance use and gambling in self or others.

Background and Materials

- Clear a space on the floor large enough for the group to sit or stand in a circle.
- Arrange the six drinking categories on pieces of paper in the middle in a circle with a space large enough for someone to stand in the centre (see Appendix).
- Consequences of alcohol misuse (see Appendix)

Activity

Refer to the community standards and remind everyone about the importance of confidentiality and remaining non-judgmental. Arrange the six drinking categories in a circle in the middle of the space in the following order: Non Drinker, Social Drinker, Weekend Drinker, Regular Drinker, Regularly Trashed and Alcohol Dependent.

Check-in: Can you describe a commercial for alcohol that sticks in your head?

The facilitator should begin by saying that the class is not designed to demonize alcohol, in fact many people have a healthy and low-risk relationship with alcohol, but there are concerns about the drug, especially how many Nova Scotians choose to drink (i.e. binge drinking).

Activity Part One

Define each category of drinkers with the students:

1. Non Drinker – this means exactly what it says. For whatever reason you’ve chosen not to drink. Maybe you used to drink and decided to stop. Maybe there are religious or cultural reasons why you don’t drink.
2. Social Drinker – this is as close as you can get to being a non-drinker because you’re only having a handful of drinks each year and never all at once. You’re never getting trashed.
3. Weekend Drinker – this is someone who generally has a few drinks on the weekend, for example, having a couple of beers while watching sports. They never get drunk and it’s not even every weekend.
4. Regular Drinker – this is a person who drinks every day, but never gets drunk. They may have a drink or two after work or school.
5. Regularly Trashed – this is a person who when they drink, they drink to get drunk. There's no such thing as a couple of drinks, it's all about excess and for youth it might happen on a Thursday, Friday or Saturday night.
6. Alcohol Dependent – this is a person who has an addiction to the drug. They need to drink every day.

Participants may not feel they fit into just one category, so it's okay to describe your relationship with one or more categories. For example, you may generally be a weekend drinker, but a few times a year you get regularly trashed. Just describe the alcohol use in a way that makes sense to the participant.

Ask for a volunteer to stand on their representative category. Participation is voluntary. Again, explain that students can position themselves in more than one category. Once they have disclosed their position at their present age ask them to move where they think they will be when they are legal drinking age and if they've moved, to explain why they've moved. The facilitator can ask the student to keep going and ask where they might end up if they’re in college or university, or established in their first job. Keep going and ask them about when they're independent and/or have a spouse/family.

The exercise encourages participants to think about what conditions drive their drinking behaviors. Facilitators are encouraged to probe with some follow-up questions if they feel the space is safe. For example, if they know a youth is heavily involved in sports, or music or some other passion ask them if the activity impacts their drinking habits now and into the future.

When a participant finishes they can choose the next person they want to step into the circle, remembering that it’s a voluntary exercise. Facilitators are encouraged to participate as well, if they're comfortable. They may choose to limit their answers to the same age as their youth when they reached the legal drinking age.

Thank the students for their participation and their honesty. Remind them that the point of the exercise is not to say alcohol is bad, but there are consequences from alcohol misuse and it’s time to surface some of those negative aspects of alcohol.

Activity Part Two

Explain that the average age Nova Scotians have their first alcoholic drink has dropped from 15 to 13, and that it’s becoming more important for younger students to consider the consequences of substance misuse. Ask a volunteer to read the consequences of alcohol use one by one. Quickly explain each as they are laid on the floor inside a circle of sitting or standing students.
Ask the group to order the consequences from what they perceive to be the least harmful to the most harmful. Students will develop their own rationale for what constitutes “harm.” Discuss how often they see these in their community. For example, hangover might happen frequently, but is it the most harmful consequence? Are they consequences they see as most harmful actually happening in their school community? If you have a large class, consider splitting the groups into two and giving each group a separate set of consequence slides.

**Strategic Considerations:**

This exercise has the potential to trigger emotions in participants. Make sure that there is support in the school on the day you facilitate this lesson (guidance, Schools Plus, youth health centre coordinator, mental health clinician, etc.) It’s not easy to disclose details about your alcohol use or the reasons why you use or don’t use in front of classmates. Teachers are reminded that this is an exercise that requires trust and respect – two community standards that should be identified at the beginning. As well, we remind students that the space is confidential – we don’t share people’s stories outside the class.

**Discussion**

Review the order and ask if the consequences they identified and validated as real ever appear in alcohol advertising. For example, do major companies put warnings on beer labels like, “Tastes great! May cause sexual assault!”

Let students know you could have done the same exercise with marijuana or prescription drugs, which we know some students use. Inform the group that prescription drugs are medicine. Doctors give them to patients who are sick or injured. If you’re not sick or injured and take a prescription drug it can hurt you. A drug can lead to a dependence or addiction, it can make you sick or increase your chances of an injury, and in some cases it can kill you. They’re especially harmful when mixed with other drugs, like alcohol. If you’re taking them be-cause you’re sad or upset there are healthier ways to deal with those feelings.

**Check-out:** How did this activity make you feel?

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**Super Powers**

Life skills, resilience and seeking help
Students will be expected to:

7.1 identify what they value and set personal goals that contribute to their health and value system

9.1 - Analyze their health needs in times of change and apply strategies that enhance their capacity to manage change in their lives.

Note: This is an anchor exercise in both grades that supports learning and teaching across many outcomes due to its expanse of reference to risk scenarios that students may find themselves in now and/or throughout their adolescent years and/or adult life. It also puts life skills (super powers) front and center as those protective factors that impact healthy living.

Materials

- Pieces of paper with “health issues” on them (see appendix)
- Pieces of paper with “super powers/life skills” on them (see appendix)

Check in (first grade seven class): If you could have one super power, what would it be and why?

If you’re doing this for grade seven classes you’ll be dividing the activity into two sessions. The first session will concentrate on the life skills/super powers. The second class – the longer and more interactive of the two – will bring the health issues into the conversation.

For both grades Explain that many students already have super powers – we call them life skills. These are things we have that help protect us from a range of health issues that may impact students during junior high school or during high school.

Create a large circle with all of the super powers or life skills facing up, with an inner circle with all of the health issues facing up.

For the grade seven classes go over each super power/life skill one-by-one explaining briefly how each one gives you power.

The interactive portion of this exercise is not compulsory, but students are encouraged to move into the circle and share with the group which of the super powers/life skills they feel they already have, and which of ones they feel would be useful to get while they’re in junior high. Facilitators may ask students why they feel they need certain powers and skills in the future. Facilitators are encouraged to ask some probing questions, for example: 1. Where do your
powers/skills come from? 2. How do you get new powers/skills? 3. What would prevent someone from using their power/skill? 4. When do you know it’s time to use a power/skill that you have? 5. Are there other super powers/life skills that we haven’t mentioned?

**Check out (first grade seven class):** Are you okay with the number of super powers/life skills you have now?

For the follow-up grade seven classes restore the large circle of super powers/life skills and create an inner circle of health issues. There should be enough space inside for a student to stand and move around a little bit. Begin with a new check-in question.

**Check-in (second grade seven class):** Think of a person you care about and name a super power/life skill you wish they had.

Name the health issues briefly, providing some elaboration if you think they students need some help understanding why it’s named. Take a moment and elaborate on the prescription drugs slide. Explain that prescription drugs are medicine. Doctors give them to patients who are sick or injured. If you’re not sick or injured and take a prescription drug it can hurt you. A drug can lead to a dependence or addiction, it can make you sick or increase your chances of an injury, and in some cases it can kill you. They’re especially harmful when mixed with other drugs, like alcohol. If you’re taking them because you’re sad or upset there are healthier ways to deal with those feelings.

Ask for a volunteer to move into the circle and share with the class which health issues they’re worried about sticking to them during junior high school and then name the super powers/life skills they have that will help protect them; as well as the powers and skills they think they need to work on given the health issues they identified. Each youth that participates can identify the next student they want to hear from, remembering that it’s voluntary.

Thank the class for their participation and honesty and wrap up with a check-out question.

**Check out (second grade seven class):** How did today’s exercise make you feel?

When using this exercise with grade nine students we collapse both sessions from grade seven into one class, moving quickly to explain the super powers/life skills and then quickly naming the health issues before asking for a volunteer to move into the circle and this time asking them to consider which health issues they’re worried about as they transition to high school. The check-in and check-out questions remain the same. Ask all of them if you have the time.

**Strategic Considerations:**

This exercise has the potential to trigger emotions in participants. Make sure that there is support in the school on the day you facilitate this lesson (guidance, Schools Plus, youth health centre coordinator, mental health clinician, etc.) It’s not easy to share your health issue worries
in front of classmates. Teachers are reminded that this is an exercise that requires trust and respect – two community standards that should be identified at the beginning. As well, we remind students that the space is confidential – we don’t share people’s stories outside the class. Teachers are encouraged to participate in the exercise as well, if they feel comfortable, and share with the class what they were worried about in grade seven and grade nine, and which super powers/life skills they had or wanted to develop. Teachers should also be aware of when they facilitate this exercise. There has to be a sense that the group is ready and able to participate in a mature manner.
My Back and my Brain

Students will be expected to:

8.1 analyze the relationship between values and personal health practices

8.16 examine the impacts of substance use

Background and Materials

While spinal cord and brain injuries can dramatically impact a person’s life, they do not always end life; and while these injuries are often devastating, many people with brain and spinal cord injuries can continue to function and do many of the activities they did pre-injury. This lesson has the potential to trigger strong emotions in some students who may know someone who has a brain or spinal cord injury. While the overall message is that these injuries are most often devastating and significantly limiting we should remember that some people continue to live meaningful lives; but the emotions that some students may feel remind us of the collateral damage of these injuries on family and friends.

One or two pairs of pyjama pants

One catheter (optional, but easily donated by a local hospital or long term care facility)

One pair of mittens (optional)

Each student will need something to write with during part of the exercise

Sheets of consequences from brain and spinal cord injuries (see appendix)

Activity Part One

Check-in Question: What’s one thing you’re looking forward to during the next six months? Examples – 1. Going on a trip 2. Being part of a sports team 3. Getting a pet

Explain that we’re going to talk about brain injuries and spinal cord injuries. These types of injuries are very serious because the consequences can last a lifetime. While a muscle injury or broken bone may heal, it’s not the same for the brain or spine.

The brain controls much of what happens to the body, and when it’s injured there are immediate changes depending on the part of the brain that is hurt.
Ask a student to stand up place their hand on their forehead, explaining that an injury in this area can impact personality. Ask the student to touch the sides of their head (the temples), explaining that an injury in this area can impact reading, writing and speech. Ask the student to touch the back of their head, explaining that an injury here can impact vision. Ask the student to touch the top of their head, explaining that an injury here can impact a person’s control over their body. Finally, explain that some injuries to the brain can be so severe that the person can die.

Let the students know that the spinal cord is like a long piece of spaghetti that runs from the brain and continues about two-thirds of the way down the back and is protected by a stack of small bones called the vertebrae.

Hand out a list the consequences from brain and spinal cord injuries to each student and ask them to pick the three consequences that they would be the least comfortable having. After they’ve done this on their own you can ask them to join two, three or four other students and each group has to agree on three consequences. Once the groups have finished ask them to report back. You may choose to ask students why certain answers were picked, “Why would that consequence be so bad for you?” If all the students do the exercise on their own you can have them report back “popcorn” style – whoever wants to speak can speak. Students may ask if people with spinal cord injuries and brain injuries can have sex and have babies. It depends on the injury, but yes, it’s possible. For a woman with a spinal cord injury conception is possible, but it would almost always require a Caesarean section – an operation to remove the baby from the mother.

After this part of the exercise is done explain that you want to do some role playing to make the subject come alive.

Activity Part Two

Ask one or two volunteers how long it takes them to put their jeans on in the morning, and then have them demonstrate by watching them put on a pair of oversized pyjama pants over their jeans with their shoes on or off. You’ll need one or two students to be timers.

Explain to the student or students that they are now paraplegic and have little or no movement from their waist down and time them to see how long it takes to put on the pyjamas with their injury without moving their legs (be strict on this rule).

Explain to the student or students that they are now quadriplegic, and have little or no movement from their neck down. Using the volunteer timer or timers again, see how long it takes to put the pyjamas on with that injury. It will be impossible, so after a few minutes ask for different volunteers to come forward to role play a mother or father and two siblings of the injured to help dress the other student(s).
Follow-up with a few short questions for the participants, asking them how different family members will feel if this injury happened, and how life would be different for the parents and siblings; and friends too.

Explain that spinal cord injuries and brain injuries are most commonly caused by car crashes and falls, and that very often drugs are a factor in the injury, particularly alcohol, but sometimes marijuana and prescription drugs. Prescription drugs are medicine that doctors give to patients who are sick or injured. If you’re not sick or injured the prescription drugs can harm you – and even kill you, especially when mixed with another drug, like alcohol.

Some brain injuries occur in children and youth because alcohol, marijuana and prescription drugs may interfere with the rapid brain development that is happening during childhood and adolescence.

If there’s time you can ask a student to put on a pair of mittens and ask them to text someone else in the class. The exercise should prove that texting with a brain injury or spinal cord injury can significantly impact a simple task that we take for granted. If there’s time you may also want to show students a catheter and explain that many people (of all genders) will require a catheter if they’re seriously injured. The catheter is inserted into the urethra for urine to drain out of the body. For spinal cord injured patients, and some brain injured patients, a catheter is something they will need for the rest of their lives.

**Check-out:** Ask students to think back to their examples of things they are looking forward to during the next six months, and consider whether or not they will still happen with a brain or spinal cord injury; and if they can, what extra challenges will they have. For a final check-out question ask the class what they are feeling after completed this lesson.
Angels and Demons

Safety, planning and risk-mitigation

Students will be expected to:

9.12 identify and practices negotiation, assertiveness, and refusal skills related to sexual activity, alcohol, tobacco, cannabis, other drugs, and gambling

Background and Materials

Parties can be an important part of teenage life, but like any party for a person of any age, they’re not without risks. There can risks of substances misuse and injury, risks to sexual health, a risk of bullying and other things that can impact physical, mental and emotional health. This exercise explores how going to a party can put a teenager into the centre of a situation where many health issues can intersect.

- Arrange chairs in two circles or separate spaces in a room
- Safety scenarios (see appendix)
- Chart paper
- Markers

Check-in: Describe a situation you might encounter in your life (school, community or home) that would make you feel unsafe.

Explain to the boys that we are going to talk about safety as youth, when trying new things and when doing things more independently.

Read the class the Angels & Demons scenario, and explain that while you are in the know about what to expect, in real life you really don’t know everything so they should expect the unexpected when thinking the scenario through.

Divide the class into angels and demons and explain their roles.

If you’re an Angel your mission is to think about what you can do together with the other Angels to make the environment healthier, but still fun. What will you do to protect the health and safety of your friends? What can you do in advance or during the party to make it safer?
If you’re a Demon your mission is to make things worse! What will you do at the party that will have a negative impact on the health and safety of your friends? How can you use/alter the information in the story to create a more risky environment?
Give the groups chart paper to record their strategy and inform them that they have some artistic license with the story and its details (e.g. the Angels may bring a box of condoms and the Demons may choose to alter the drinking game and make it happen in the water).

Have each side share the changes they made.

**Discussion**

- Would you want to be at the party? Why or why not?
- What was the single most worrisome thing at the party for you?
- If you thought the Demons won, would you want your kids going to the same party in the future?
- Do you think you’re going to be a Demon or an Angel at parties?
- What do you think influences some people to be the angel or a demon in these situations?
- Are there social consequences from being a demon, but also from being an angel? In other words, how do your friends react when you’re an angel or demon?

Some other points that facilitators may wish to make:

Impairment increases risk. The primary drug used by teens in Nova Scotia is alcohol, followed by marijuana. A very small number of youth may access prescription drugs. Prescription drugs are medicine. Doctors give them to patients who are sick or injured. If you’re not sick or injured and take a prescription drug it can hurt you. A drug can lead to a dependence or addiction, it can make you sick or increase your chances of an injury, and in some cases it can kill you. They’re especially harmful when mixed with other drugs, like alcohol.

**Check-out:** Do you think it’s possible to party safely anymore?
Getting From Here to There

Impaired driving and decision making

Car crashes are the leading cause of death for teenagers in Nova Scotia. In many crashes involving youth some form of impairment has been a factor in the incident (alcohol or some other drug, impairment by fatigue or impairment by distraction).

Students will be expected to:

9.13 analyze the role of alcohol in the decision-making process related to increased risk of unintended pregnancies, STIs, impaired driving and injury.
9.14 practice speaking about concerns regarding substance use and gambling in self or others.

Background and Materials

Four sets of five – six chairs that create four cars facing each other at an imaginary four-way stop, with enough room in the middle and between cars for the teacher to move around and facilitate the exercise. The lesson can be facilitated with as few as five or six students or as many as 30. Additional chairs can be added to the cars if there are more students in the class. Each of the four cars will represent a different impaired driving scenario. The experience is designed to create a place for conversation and reflection around the every-day risks we take in cars around a number of road safety issues (impairment, distraction, speed and fatigue).

Check-in (Optional): Raise your hand if...

- You’ve ever driven any kind of motor vehicle while impaired, including a car, an ATV, a jet ski, a motorbike, a motorboat, or a snowmobile. (Impaired on alcohol or other drugs, or too sleepy)
- You’ve ever driven one of those vehicles recklessly, for example, too fast or in the wrong place.
- You’ve ever been on a bike, a skateboard or roller blades without a helmet.
- You’ve ever been in a car where the driver was talking on a cell phone (including hands-free, or was driving while distracted.
- You’ve ever dived into water without knowing how deep it was.
- You’ve ever fallen asleep in a chair or couch or in bed while smoking a cigarette or a joint?
- You’ve ever been in a boat without a life jacket or PFD.
• You’ve ever been in a car, boat or on an ATV or motorbike and were racing against someone else.

• You’ve ever climbed up on top of a roof or up some scaffolding, or even up a power pole or power line tower.

• You’ve ever gone swimming alone, with no one else around.

If lots of hands go up then you’ve proven that many of us are guilty of taking risks. Today’s exercise is not to tell people never to take risks, but to plan for risks and manage the risks in their lives.

Activity

Describe the first car (six students only, three in the front and three in the back). A driver is heading home with friends after an all-night party. The front seat is overloaded with one passenger on the lap of the passenger riding “shotgun.” In the back one of the students is stretched across the back seat trying to sleep. None of the passengers have seatbelts. All of the passengers are drunk and tired. The car crashes on a rural road traveling 80 kilometres per hour. The driver walks away unharmed. Three of the passengers are dead. One of the passengers has a spinal cord injury and the last passenger has a brain injury.

Describe the second car (five students in proper seats if it’s a car or up to eight students in proper seats if it’s a minivan or SUV). The second car has some similarities and differences with the alcohol car. There are still no seatbelts being used. There’s no alcohol or fatigue though, and it’s a different time of day – this time it’s late afternoon. In this case the driver is heading back to school with some friends to see a hockey game, basketball game or football game, but they’re late, so they’re speeding. Ask the driver to put both hands on the wheel, one foot on the pedal and make a funny speed face. Tell the front seat passenger that they’re having an argument with one of the back seat passenger – lots of yelling back and forth and finger pointing, but no physical contact. Tell the other passengers that they’re partying while driving – singing, yelling, and maybe even poking the driver. Tell everyone that at the count of three they have to play their role as described, but before they do give the driver a cell phone and ask them to pretend they’re texting at the same time. Instruct the driver that after a few seconds they should turn around and tell everyone to shut-up, and instruct the passengers that they should quiet down as soon as that happens.

Now ask the group a question: If we compare the alcohol car with the distracted car, do we think the distracted car is less risky, more risky or just the same? Canvas the students for their answers and rationale.

Describe the third car (five students if it’s a car, more students if it’s a minivan or SUV). The third car has some similarities and differences with the other cars. There are still no seatbelts. This time there are no distractions, no alcohol and no fatigue. Everyone is really chilled out. It
doesn’t matter what time of day it is either. In this case, the driver, and all the passengers are really stoned – on marijuana. Ask the driver to put both hands on the wheel, their foot on a the pedal and make their best stoned face.

Now ask the group a question: If we compare the alcohol car with the distracted car and the new driving while high car, do we think the stoned car is less risky, more risky or just the same? Canvas the students for their answers and rationale. Remind them that the space is confidential and to be honest.

In many classes a significant number of students will say that the stoned car is less risky. They may say this because they believe the high driver will be more paranoid, more focused/concentrated, and sometimes more relaxed and less stressed/anxious. Some students may even argue that the high driver is a better driver than someone somber. Some of the students may ask how high the driver was. Tell them that they smoke and drive all of the time. This information may increase the number of students believing the high car is less risky. All of these comments are good for the exercise and how it will evolve next.

Thank students for their honesty, but take the time for a reality check. Marijuana does impair the brain. It can affect the brain in some similar ways to alcohol and it can affect the brain in some different ways. In Nova Scotia a growing number of crashes have been investigated and marijuana was determined to be a factor in the crash.

Describe a fourth car with the remaining students. It’s a car being driven by someone impaired on prescription drugs. Prescription drugs are medicine that doctors give to patients who are sick or injured. If you’re not sick or injured and take a prescription drug it can hurt you and severely impair driving skills, and they’re especially harmful when mixed with other drugs, like alcohol. For the driver of a vehicle taking a prescription drug the impact can be unpredictable – the drug could make the driver sleepy or extremely anxious.

Return to the high car if there were students who felt it was less risky. Ask if there are any students who would be okay being passengers in the car driven by the high driver and move them to the high car. Any passengers who are uncomfortable with the idea should take a seat in one of the other three cars. This will be a bit chaotic, but essential for the next step. Tell the class that the car is no longer a car. It’s now a large passenger jet and the pilot and co-pilot are stoned – they like to smoke before they fly because it chills them out and helps them concentrate. Canvas the students that chose to travel with the high driver and ask them if they are not okay being passengers in a plane where the pilots are stoned. If some students stay on the plane ask them to explain why.

If there are any students left on the plane pick a volunteer to lie on the ground on their back and another volunteer to stand up beside them. Explain that this is no longer a car or a plane, but it’s the operating room of a hospital. The student on the ground is the patient and the student standing up is the surgeon. Tell the patient that the doctor likes to operate while high
because their hands are steadier and they’re more focused and relaxed. Ask the patient if they’re okay being operated on by a stoned surgeon.

If the patient agrees to the surgery it might be a good time to check in with the other students for their opinion. Was this a good idea or bad idea?

There’s one more step you can take. Ask the “patient” to stand up and take a seat, and ask two other students to pull a chair up on either side. The student is no longer a patient, but they’re the parent of the two kids on either side of them. The parent is about to put the kids in their car seats and take them to the doctor for a routine vaccination. They are a single parent and just before the appointment there’s a message for them to report to work and they can’t get out of their shift. So, the only person who can drive their kids to the doctor is the parent’s pothead brother or sister. Ask them if it’s okay if the sibling drives the kids to the doctor while stoned.

Discussion

The scenarios may seem very different (car vs plane vs operating room, etc.) but the principle of impairment when doing a task that requires attention is the same. Impairment by alcohol increases the chance of injury. Distraction increases the chance of injury. And, impairment by marijuana also increases the risk of injury in the context of road safety. This lesson is not meant to demonize any one drug, rather to give students information that will help with their decision making. Youth (and adults) have a great deal of power over when and where they choose to be impaired and distracted, and it is helpful to have a conversation about avoiding impairment and distraction in situations that require a high level of skill and attention.

Check-out: What’s on your mind after going through this experience today?