

What You Get:

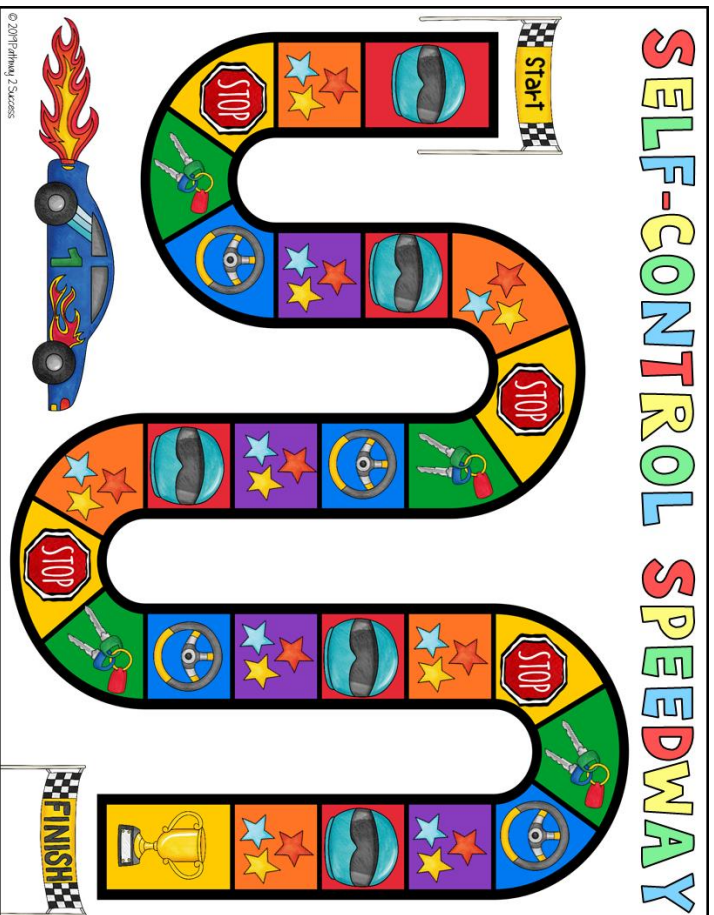
Self-Control Board Game!



Game Includes:

- Self-Control Speedway Game Board
- Dice
- Game Pieces
- Coping Strategies List
- Educator Guide
- Student Directions
- Over 160 Scenario and Discussion Cards

Self-Control Speedway Game



How to Play:

- Students roll the dice to move through a game board.
- When they land on a space, they must pick up the corresponding Self-Control Card and answer!

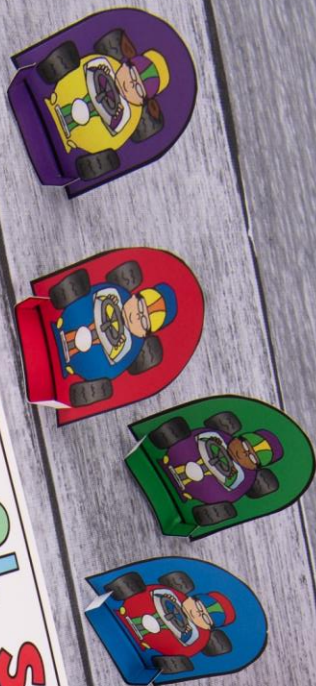
• Cards focus on:

- Driver's Ed: Test your own self-control knowledge
- Check Your Engine: Think about your emotions and reactions
- Stop & Think: Stop, think, and practice self-control with real-life situations
- Road Test: Decide how others do with self-control skills



Self-Control Speedway Game

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Over 160 Questions to Discuss and Learn About Self-Control

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Self-Control Speedway Game

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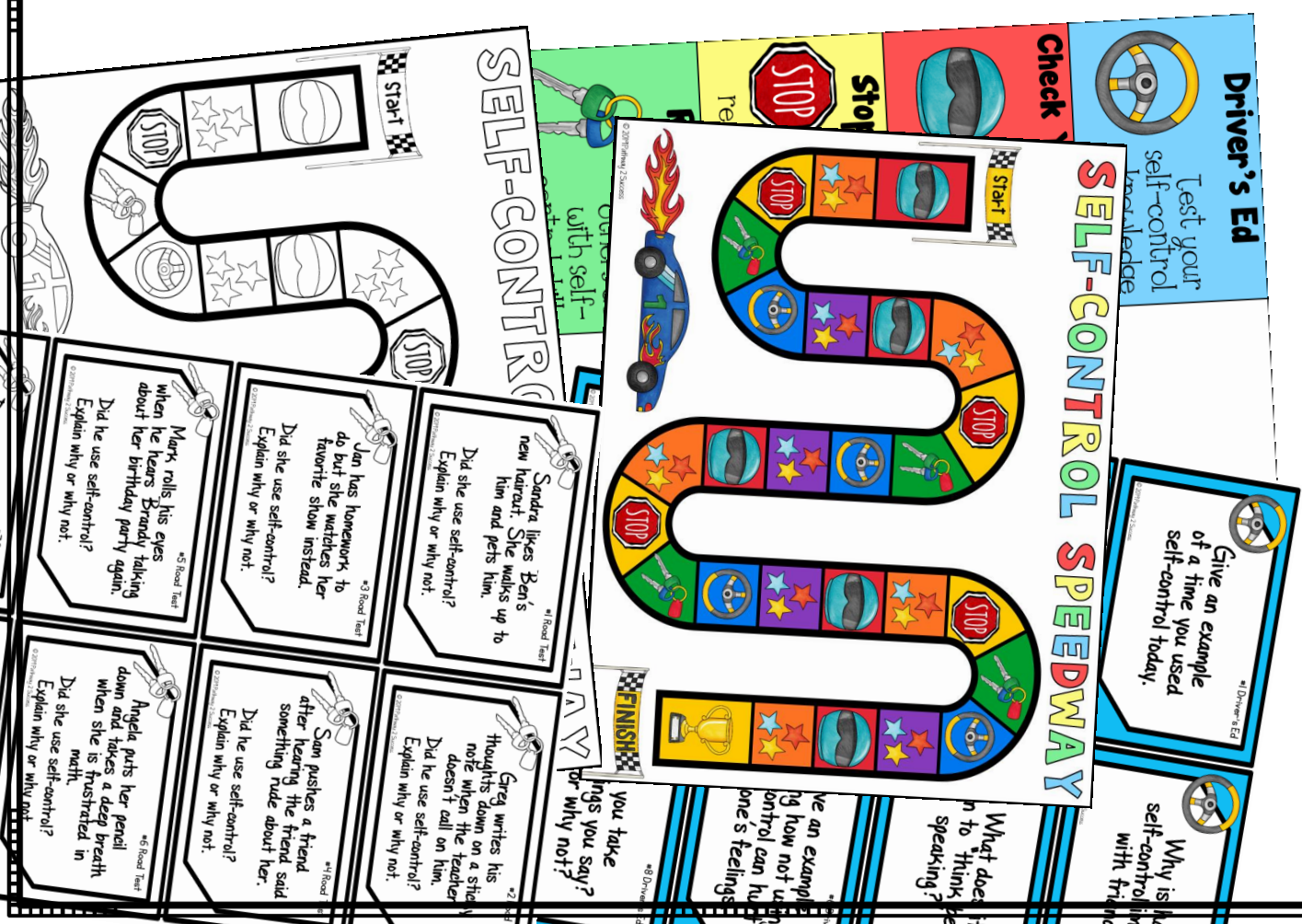


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Note that a black/white version is included!

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About the Author

Kristina Scully has been a special educator for over 10 years. She has a bachelor's degree in special and elementary education from the University of Hartford, along with a master's degree in special education with a specialization in autism from the University of St. Joseph. She has worked extensively with kids and young adults with behavioral challenges, learning disabilities, autism, ADHD, anxiety, and other needs.

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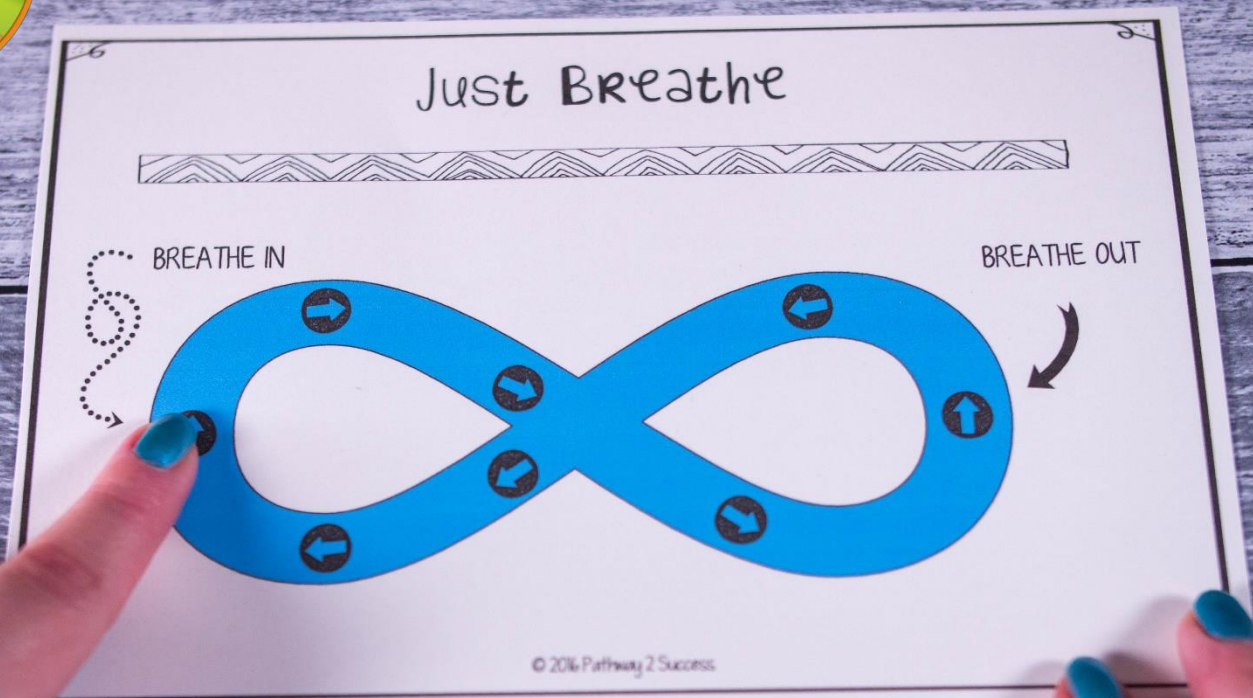
Photo Clipz

Sarah Pecorino

Kate Hadfield



Mindfulness Breathe Boards



Mindfulness Breathe Board • Educator Guide

What is Mindfulness?

Mindfulness is a growing trend with very old roots. Based off of ancient meditation techniques, mindfulness encourages one to be present in the moment with thoughts and feelings, but without making judgements. It allows people to give their brain a break, something kids and young adults so often need.

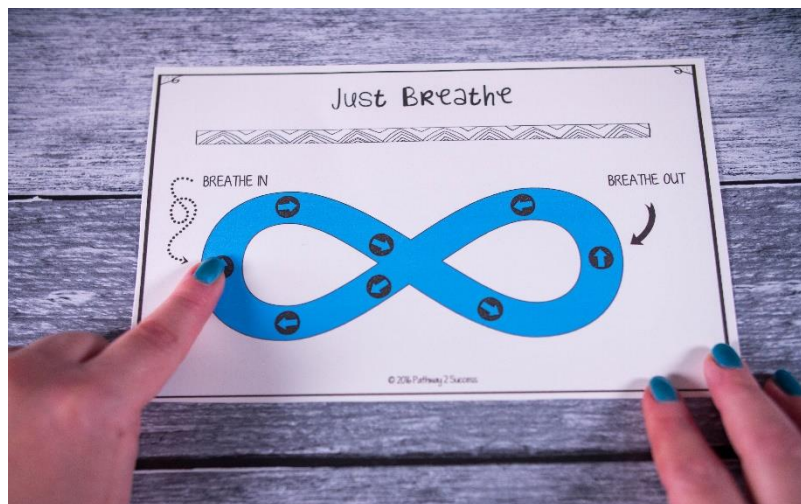
Practicing mindfulness on a regular basis encourages a number of positive health effects, including more positive emotions, stress reduction, stronger immune system, increased focus and attention, greater empathy and compassion for others, decreased levels of anxiety/depression, and greater emotional control.

Mindfulness is a great strategy for kids and young adults of all ages! It can be helpful to practice mindfulness before a big test, after a transition, or just in the morning to start the day on a more positive and calm note.

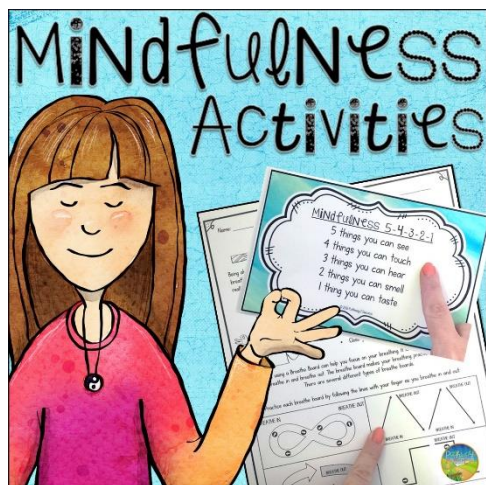
What is a Breathe Board?

A breathe board is a tool help students understand and practice mindful breathing in a more concrete and visual way.

Learners can use these Mindfulness Breathe Boards to start their mindfulness practice. Just have students follow their finger around the figure as they slowly breathe in and out. This should be completed several times. Note that these Breathe Boards can be placed on a student's binder, on their desk, in a calm down area, or anywhere the student might need.



How Else Can We Practice Mindfulness?

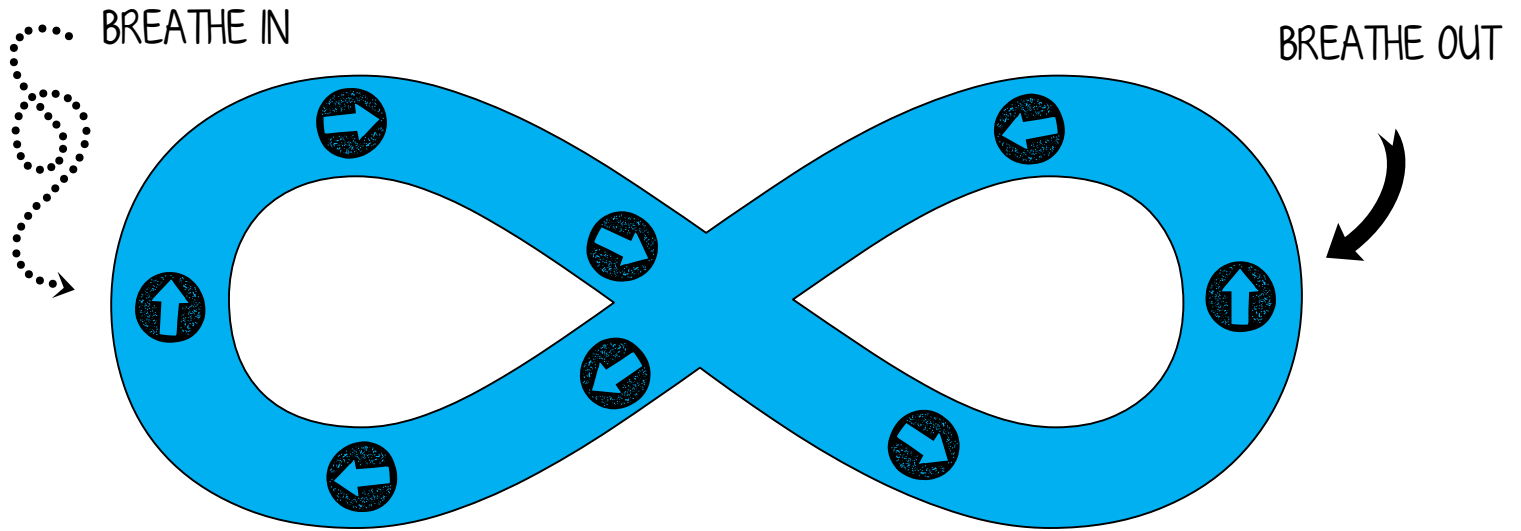


Use these [lessons and activities](#) to explicitly teach and practice mindfulness in a variety of ways!



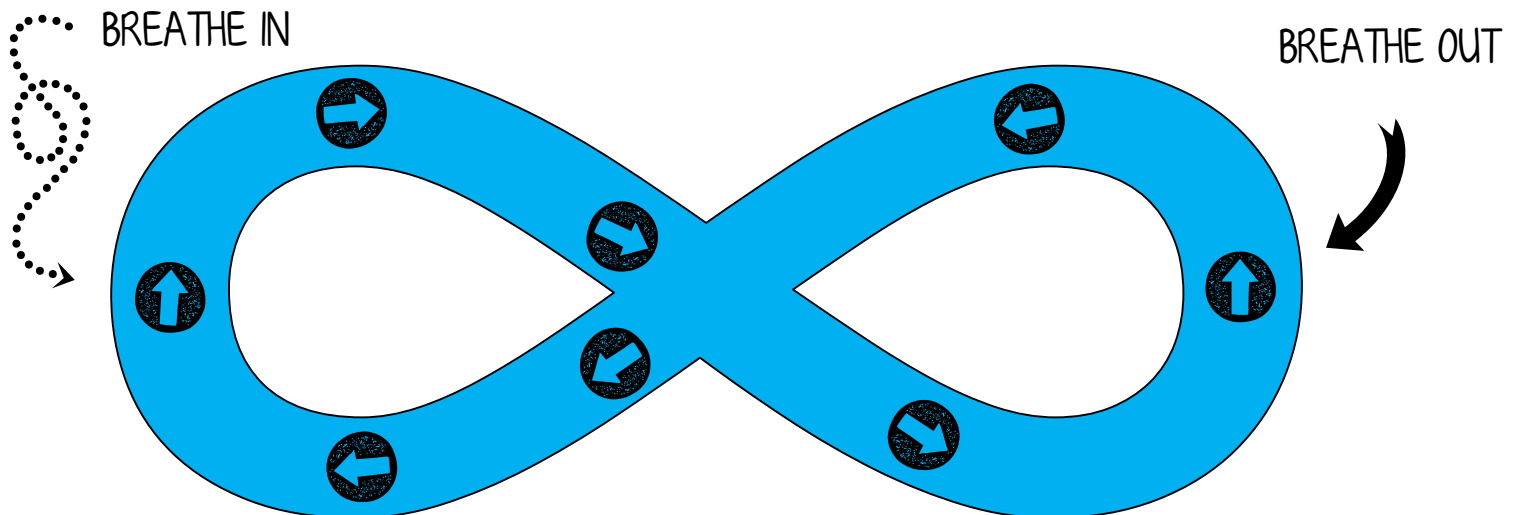
This huge set of activities, lessons, and crafts cover [mindfulness and coping strategies](#) for all learners.

Just Breathe



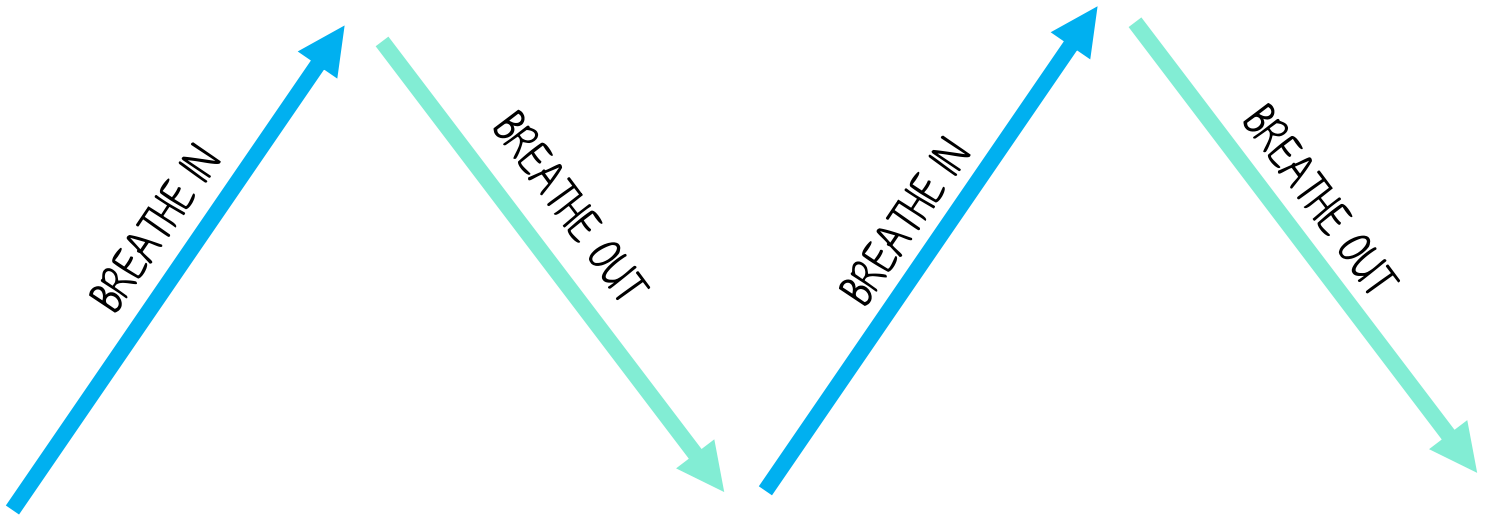
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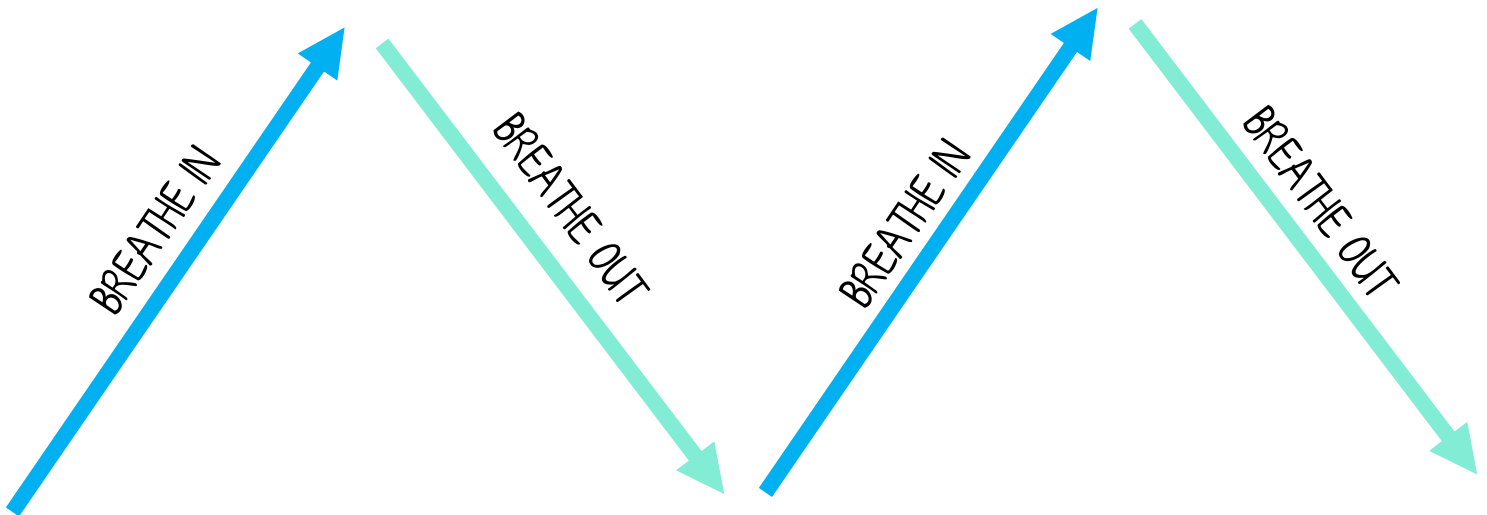
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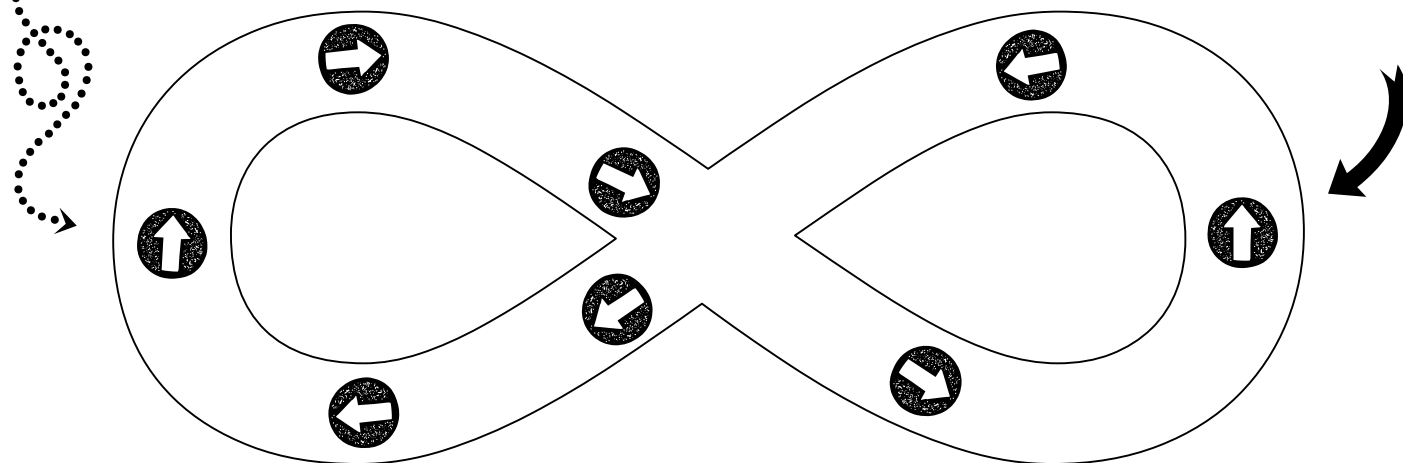


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Just Breathe

BREATHE IN

BREATHE OUT

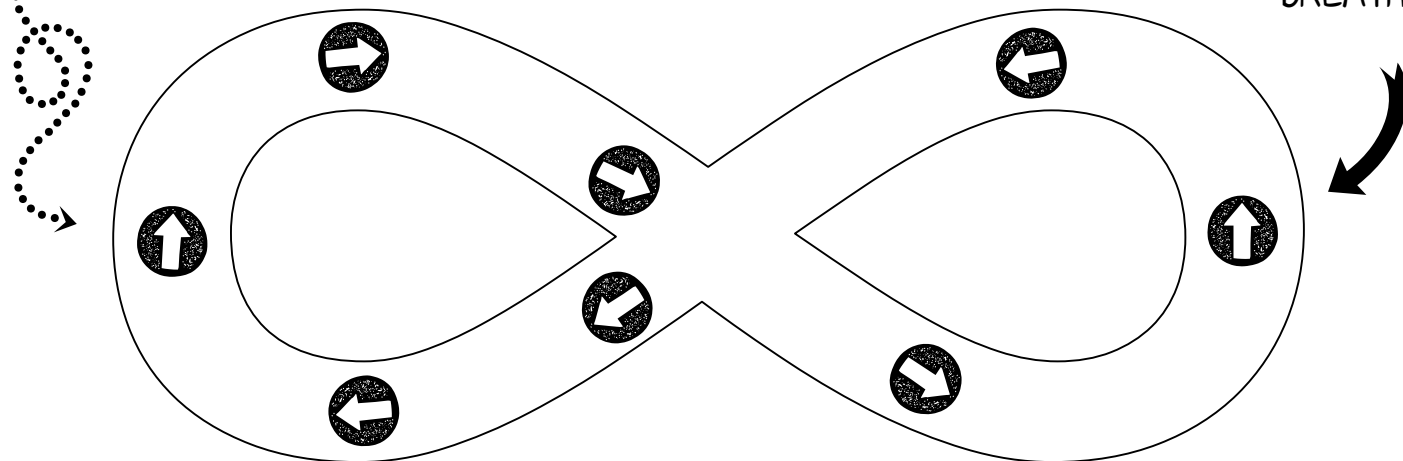


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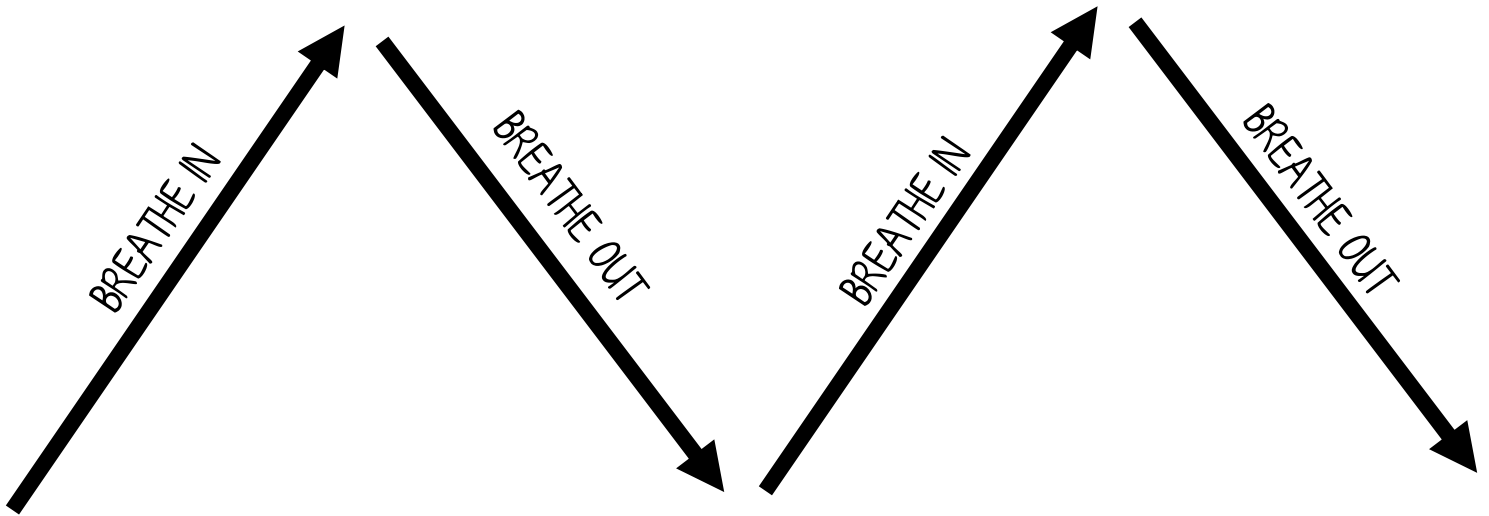
BREATHE IN

BREATHE OUT



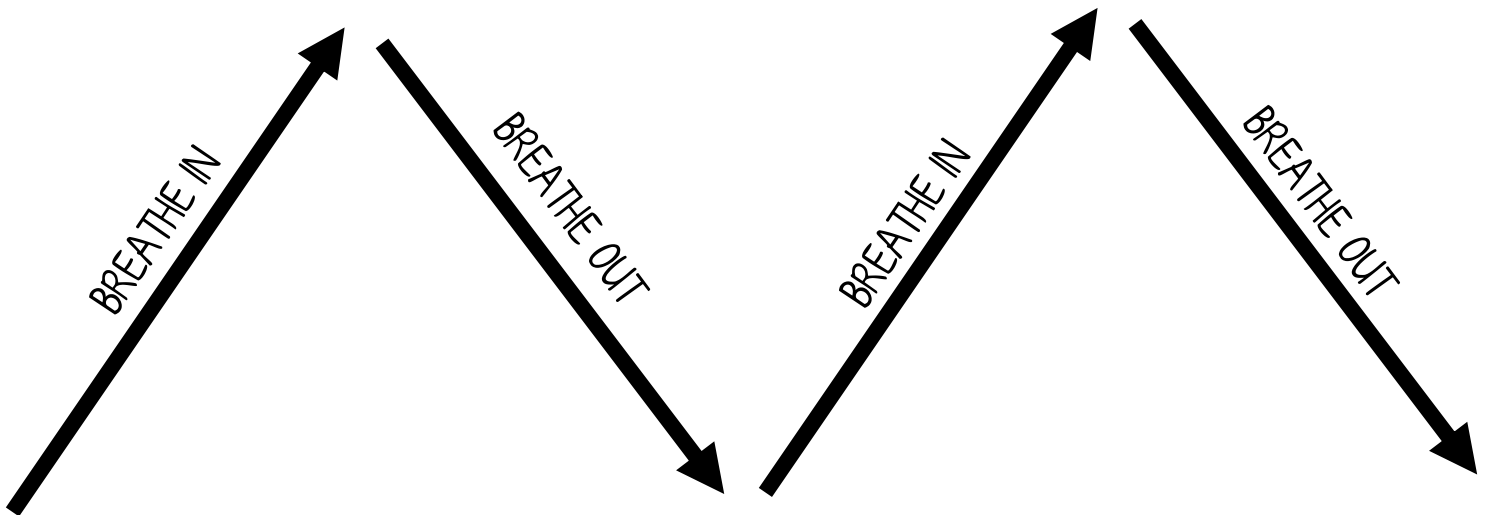
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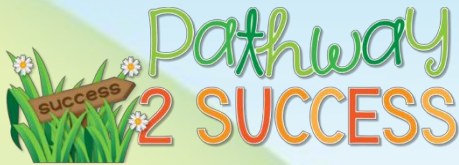
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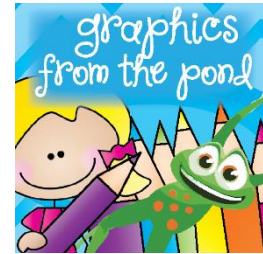
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Role Playing Scenarios

Based on your anticipated audience and number of attendees, you will want to select from the following scenarios to make your workshop more engaging and interactive. This activity will help give attendees a chance to translate what they are learning into practice by exploring how they would respond to different situations. It gives them the opportunity to develop effective strategies to educate teens about the dangers of abusing prescription drugs, dispel myths and help move teens toward positive decision-making and healthy behaviors.



Pediatrician/family doctor. Your 15-year-old patient asks you about getting a prescription for a stimulant that can help him perform better in school. He says that he's tried his brother's ADHD medication a few times and that it really made a difference in how much he was able to get done. Based on your history with this patient, you know that he does not have ADHD or any other condition that makes this drug medically necessary.



Parent. Your teen comes home after school and doesn't know you're there. You overhear him talking casually with his friends about prescription drugs.



Parent. You notice on your Internet site history that someone has visited several web sites that advertise easy access to prescription medications like pain relievers. Neither you nor your partner has researched this information. Your kids have access to the family computer after school.



Parent/grandparent. You have a chronic pain condition, and you've been keeping your prescription pain medication in your home medicine cabinet for several years. Recently, you've noticed that some pills have been disappearing from the bottle. You have two teenagers living in your home.



Parent/other adult. You are watching a popular movie or TV show with your teen. Some of the characters are joking about celebrities who abuse prescription drugs (for example, Rush Limbaugh, Michael Jackson, Heath Ledger, Elis or Anna Nicole Smith).



Parent/teacher. Your child or student makes a comment that a prescription drug that was just advertised on television sounds “really cool.”

Parent/teacher. It’s nearing the end of the term. Your child/student is very anxious about upcoming final exams and papers, not to mention other school and family pressures. You recall that she recently mentioned one of her close friends sometimes takes a medication to help stay awake and concentrate.

Teacher/school counselor. A student who typically performs well at school seems to be having concentration problems and low energy. You overhear her in the restroom telling a friend she’s been taking some of her mom’s pills to help her relax. When her friend tells her that’s not a good idea, she responds by saying that “it came from a doctor, so it’s totally safe.”

Coach. You’re aware that one of your star athletes has been trying to lose a little weight. You notice that he has a prescription (in his name) for a medication that commonly causes weight loss. He is losing more weight than necessary and seems uncharacteristically moody and irritable. You overhear from his friends that he is taking the medication more than once or twice a day. Some of his teammates are concerned about him, while others have expressed interest in getting similar help to lose or gain weight.

Coach. On the bus ride home from your latest match you hear several players talking about a raging party this weekend. It’s expected that many of the partygoers will be bringing whatever prescription medications they can find at home or from the medicine cabinets of older relatives or their friends’ parents.

Any. A group of teens at a local high school get caught selling prescription drugs to kids in the community. You mention it to your child/student and they respond by saying, “I don’t see what the big deal is. They’re legal...it’s not like you can’t just buy them at the pharmacy.”

Any. You notice that your usually even-keeled child/student has become hyperactive, lethargic or exhibits other significant behavioral changes.

Prevention strategies to reduce alcohol and other drug harm amongst young people.

Prevention is an important part of a comprehensive harm reduction approach to reduce alcohol and other drug (AOD) harms, particularly amongst young people.

This is because young people are going through significant social, physiological and developmental changes. In this phase of their life, prevention strategies have the potential to positively influence behaviour that will last through their adult years.

This resource provides an overview of the key elements of prevention, the important role of communities, and examples of where evidence-based prevention programs have been put into practice and shown success.

Why focus on primary prevention for young people?

Many young people go through a developmental period where they experience an increase in freedom and a decrease in social monitoring.¹ This is also a time where some young people begin experimenting with alcohol and other drugs.¹ Primary prevention is a strategy that can address the risk factors associated with early age alcohol and other drug use, as well as enhance the protective factors.^{2,3}

Primary prevention can help people avoid the use of alcohol and other drugs, delay or reduce the use of alcohol and other

drugs, or avoid the harms associated with alcohol and other drugs.⁴ This is done through either influencing individuals' personal behaviours or changing environmental conditions to reduce the potential for certain behaviours to develop.⁴

Primary prevention strategies aim to support the safe and healthy development of young people.⁵ There are several primary prevention strategies that can be used to reduce harm from alcohol and other drug use among young people, including:

- evidence-based AOD education programs
- health promotion and community development initiatives, and
- reducing the supply of alcohol and other drugs through legislation, regulation and policy.⁴

It is crucial that communities follow evidence-based examples when implementing primary prevention strategies targeting young people.⁶ Research continues to identify the components that result in effective prevention strategies.⁵ This highlights the need for comprehensive and robust evaluation of programs where possible. When information is shared on the key elements of successful primary prevention programs, there will be a better understanding of what works best.²



Risk and protective factors:

Alcohol and other drug harms are influenced by a range of modifiable factors that are likely to predict or prevent substance use during adolescence.⁷

Risk factors

Risk factors can increase the likelihood of a young person using alcohol and other drugs or experiencing harm from alcohol and other drug use.⁷ Examples of risk factors are:

- living in a household or community where alcohol or other drugs are readily available^{8, 9}
- parental substance use^{1, 10, 11}
- favourable parental attitudes toward substance use^{1, 11}
- family dysfunction^{1, 7, 11}
- associating with peers who have favourable attitudes toward alcohol and other drugs^{12, 13}
- school failure.^{1, 7, 14}

Protective factors

Protective factors interact with risk factors in complex ways. They may moderate the influence of risk factors to reduce the likelihood of AOD use in young people, delay the uptake of AOD use in young people, and reduce harm should young people engage in AOD use.⁷ Examples of protective factors are:

- parental supervision and communication^{13, 15}
- participation in supervised leisure activities^{13, 16}
- social and emotional competence⁷
- sense of belonging/connectedness to community, school and family¹⁷
- participation in positive activities with adult engagement^{17, 18}

It should be noted that these risk and protective factors only indicate the likelihood of alcohol and other drug use and related harms occurring.⁷

Key components for success

Community involvement

The local community plays a significant role in facilitating or contributing to effective prevention strategies.

National and international evidence highlights the effectiveness and importance of community engagement in preventing harms from alcohol and other drugs. This is especially the case in high risk populations such as young people, Aboriginal and Torres Strait Islander communities, migrant communities, and low socioeconomic communities.¹⁹⁻²²

It is critical that community programs ensure the focus of the program is relevant to the needs of the community.^{6, 23}

Community engagement in program planning, design and implementation

helps to increase awareness of alcohol and other drug harms. This is an essential component for ensuring community support and participation.

Community ownership

Community-led programs strengthen the capacity of the community to identify, prevent, and respond to health issues in a population.⁷ Fostering a sense of community ownership is key to engagement and participation in community-led programs. It acknowledges that gathering resources and knowledge, as well as coordinating with multiple agencies or sectors, are elements for success.

This collaborative approach is important for long term effectiveness in programs.²³



Evidence-informed examples of primary prevention for youth

Numerous community prevention programs operate to reduce alcohol and other drug harms in youth. Two examples of evaluated youth prevention programs are outlined below (one local and one international).

Primary prevention in Yarrabah, Queensland

A program led by an Aboriginal community in far north Queensland identified an increase in risky alcohol consumption by young people in the community. Key stakeholders came together and sourced funding from the Australian Government's National Binge Drinking Strategy to organise a two-year program that targeted short term risky drinking amongst people aged between 18-24 years old.²⁴

The strategy focused on raising awareness of safe drinking practices, promoting alternative alcohol-free events, and providing diversionary supervised activities (e.g. sport, music and cultural events) to alleviate boredom and facilitate peer engagement.²⁴

The diversionary activities were a key focus, providing an opportunity for achievement and a sense of self-empowerment.²⁴ Stakeholders in the community planned a yearly program which involved two major events and 12 minor activities.²⁵ Larger events celebrated the history, culture and

achievements of Aboriginal and Torres Strait Islander peoples, and smaller activities involved sporting, music and cultural events.²⁵ All events involved harm reduction education about risky alcohol consumption.²⁵ Although the program was targeted toward young people, events were inclusive of all members of the community.²⁵ The program reached 1,880 people in the first year, and the average age of participants was 16 years old.²⁵

The program, named “Beat da Binge”, was found to reduce binge drinking in the community, providing an example of a successful prevention strategy.²⁶ The main strengths of the program were identified as:

- community-led
- used participatory strategies
- engaged young people in the design, implementation and evaluation
- created partnerships with researchers for evaluation.²⁴

The program was associated with a 10% reduction in the proportion of survey respondents who reported engaging in short term risky drinking, as well as an increased awareness of standard drinks and binge drinking.²⁴ The evaluation of the program emphasised that having access to community specific data is important for enabling communities to target local risk factors and produce robust evaluation.²⁴

Primary prevention in Iceland: Planet Youth

Planet Youth is a community-based model in Iceland that has been internationally recognised for its efforts in preventing alcohol and other drug use in adolescents through strengthening known protective factors.

The Planet Youth model was implemented in response to rising alcohol and other drug use by adolescents in the late 1990s.²⁷

Two key protective factors are emphasised by the Planet Youth approach:

- increasing parental monitoring and communication, and
- the promotion of alternative and diversionary supervised activities (e.g. participation in sports).^{15, 27, 28}

The program focuses on engaging parents and strengthening connections within the community.²⁷ There is an emphasis on parents spending more time with their

children, as well as providing increased support and monitoring.²⁷

Increased participation in sports has been made easily accessible by providing parents in Reykjavík (regardless of socioeconomic status) access to a leisure card which subsidises fees to encourage young people to participate in various organised activities.²⁹ The card gives families access to over 100 different organisations which provide access to dance, music, sport and other youth organisations.²⁹

Planet Youth has demonstrated that alcohol and other drug use may be reduced by increasing:

- participation in supervised activities
- time spent with parents
- support at school
- supervision during the evenings.¹⁵

As a result of its success, Planet Youth has been implemented in 20 countries.



Taking action

Community organisations:

Community organisations can support young people, parents, educators and other carers through the provision of evidence-based prevention programs and diversionary activities, such as organised leisure opportunities (e.g. sports or arts), and alcohol-free events.

Consider facilitating strategies such as positive parenting programs, mentoring programs, peer- support activities and education activities.

Local government:

Diversionary events and recreation are key protective factors for young people and the community, to promote peer engagement and encourage young people to develop resilience and life-skills.

Some states and territories have sport vouchers available for school students to subsidise sporting costs. Consider

making recreational sports and arts more accessible for local youth to increase participation.

Policy makers:

Exposure to alcohol advertising can impact on the drinking behaviours and attitudes of young people. Restrictions on alcohol advertising on public transport, social media and near schools may be beneficial.

Subsidised access to various diversionary activities can assist families in providing their children with the opportunity to participate in organised activities such as sport and art.

Local Drug Action Teams

Local Drug Action Teams (LDATs) are community primary prevention groups funded to implement activities that prevent the harms associated with alcohol and other drug use. The Alcohol and Drug Foundation has now supported the formation of 244 LDATs across Australia.



LDAT participants engage community stakeholders and partnerships, conduct a needs analysis based on community consultation and available data, and implement an action plan followed by evaluation.

The LDAT Program provides multiple resources available to the public on best practice for primary prevention strategies. community.adf.org.au

Good Sports

The Good Sports program is available at no cost to sporting clubs nationwide and has been shown to reduce harm, positively influence health behaviours, strengthen club membership and boost participation. goodsports.com.au

Climate Schools

CLIMATE Schools is an evidence-informed educational program for years 8-10 that addresses the issues of alcohol and other drug use from a health and wellbeing perspective. The program was developed by the National Drug and Alcohol Research Centre (NDARC), and has been evaluated and shown to reduce drug use. climateschools.com.au

School Health and Alcohol Harm Reduction Project (SHAHRP)

Developed by the National Drug Research Institute and Curtin University, SHAHRP is a classroom-based program aimed at reducing alcohol-related harm and risky consumption. ndri.curtin.edu.au/research/research-specific-sites/school-health-and-alcohol-harm-reduction-project



PREVENTING HARM IN AUSTRALIA

The Alcohol and Drug Foundation is Australia's leading source of alcohol and other drugs (AOD) information.

Find up-to-date information, articles and resources and access the Drug Information Directory.

Visit adf.org.au or call 1300 85 85 84

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Substance Abuse

Refusal Skills

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PURPOSE OF GROUP: to learn and practice drug/alcohol refusal skills

MATERIALS NEEDED: pens/pencils for each group member
piece of paper for each group member
print p. 4 of guide; cut out each scenario

1.

-Facilitator can open group by telling group members that they will be learning substance abuse refusal skills today.

-Refusal skills are strategies that help you say “no” when you are in situations in which you are offered or tempted by drugs/alcohol

-You can ask group members, “Why are refusal skills important to learn?”

-They are important because peer pressure can lead to relapse!

a. It’s imperative that you are **prepared for situations in which you are offered drugs/alcohol or you are surrounded by people who are using/drinking**

b. These types of situations are stressful, and you may experience cravings, so it is helpful to have a plan in place

c. The more you practice saying “no”, the more prepared you are for the “real world”!

-You’ll obviously want to do your best to avoid high-risk situations, but it’s inevitable that you are going to run into an old friend or be in a situation in which you are tempted...

2.

-The following are **drug refusal skills & techniques**:

-Say "no" immediately!

a. Do not stumble or hesitate. You can make it the very first word that comes out of your mouth!

-Be clear and firm- no means no!

a. Avoid statements such as, "Not today" or "Maybe later"

b. Avoid excuses, such as "My girlfriend will get upset" or "I have to get to work early tomorrow"

c. Be assertive (not aggressive!)

-Suggest an alternative, such as something else to drink

-Change the subject if you feel uncomfortable

-If the person persists with their offer, tell them to stop!

a. If you are uncomfortable with this, you can try repeating the same short statement (i.e. "No thanks, I don't want anything") - eventually, they will get the message!

-If you start to question yourself, just remember *why* you are saying no in the first place!

a. Why are you trying to remain sober? Who would you be letting down if you said "yes"? What could happen if you said "yes"?

*You can ask group members to come up with more refusal skills & techniques

-As mentioned earlier, it's very important to be firm. You don't want to leave the door open!

-For example, if you tell someone, "Maybe later" or, "I have to get to work early tomorrow", you are just leaving the door open for them to ask you about using/drinking the next time they see you...

3. Group members will now participate in **role-plays** to **practice refusal skills**.

*Ask for volunteers to participate in the role-plays. Scenarios are listed on p. 4 of this guide. You can choose the scenarios that are appropriate for your age group. The volunteers can add more details to the scenarios

*After each role-play, encourage group members to give feedback

3a. After the role-plays, you can ask the volunteers (who were using the refusal skills) the following questions:

- How did you feel during the role-play?
- How effective do you think you were? Did you feel like your message was being heard?

4. Group members will now participate in an activity in which **they will further practice refusal skills.**

*Give each group member a pen/pencil & piece of paper. Ask them to write down some situations in which they might be offered drugs/alcohol. Then, ask them to write down how they would respond to the situations

-Example:

a. Situation: My old drinking buddy, Mike, will likely call me to go to the bar with him when football season starts again

b. My response: I don't drink anymore. I'll be watching the game at my house- you are welcome to come over, but I won't be serving any alcohol

*Allow group members to share what they write down

*If you have time, you can do more role-plays using their scenarios

4a. After the activity, you can ask group members, "What do you think the biggest challenge will be when you try these refusal skills in the 'real world'?"

5. Facilitator can conclude group by encouraging group members to **come up with at least one "go-to" response they can use when declining alcohol/drugs.**

-It might help to have something prepared ahead of time, especially if you're not used to saying "no"

-It can be something short, such as, "No thanks. I don't want anything" or it can be something a little more detailed, such as, "No thanks. I've stopped completely for health reasons"

*Allow group members to share the "go-to" response(s) they've come up with

Role-Play Scenarios

*You're at a party, and some of your friends are playing a drinking game. Someone leaves the game, and one of your friends keeps asking you to come take their place.

*You're at a restaurant, and your date asks you to drink with them. Shortly after, the waiter reads the drink specials and asks what you two are having. Even after you just ask for water, your date tries to order you a drink.

*You're hanging out with some of your friends at a house. They're all smoking weed, and they want you to join.

*You run into someone you used to use with. They invite you to go out with them later.

*You're playing "truth or dare" with your friends. They dare you to take some of the pills in your parents' medicine cabinet.

*One of your classmates is telling you to ditch your last class and get high with him/her outside school.