

# Addiction 101 Impact Evaluation



2025

### **Acknowledgements**

The Addiction 101 Impact Evaluation is informed by the feedback from participants who completed surveys before and after attending the workshop, as well as those who participated in a focus group or wānanga. We thank all participants for their time and for sharing their valuable feedback.

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### **Executive Summary**

### Background

Addiction 101 is a short addiction literacy programme funded by Te Whatu Ora Health New Zealand and delivered by Blueprint for Learning (Blueprint), an NZQA accredited Private Training Establishment. It is designed to increase awareness and reduce the stigma associated with addiction. The programme's learning outcomes are to:

- use Te Whare Tapa Whā to understand addiction and recovery
- > recognise impacts of addiction issues
- relate brain and body responses to addiction and recovery
- respond supportively to people experiencing addiction issues.

The programme is delivered both as a one-day, in person workshop and an online workshop series delivered over three short sessions of 2 to 2.5 hours each. It is suitable for anyone without formal training or qualifications in the addiction sector who is interested in learning about addiction and recovery.

The programme is grounded in evidence-based practice and adult learning principles, offering a range of interactive activities and opportunities to engage throughout. Workshops are co-facilitated by a facilitator with lived experience of addiction and recovery, and a facilitator who has clinical experience. Attendees are also sent an interactive e-learning module after the workshop to reinforce their learning.

### **Evaluation Aim**

This is the third impact evaluation of Addiction 101, covering January 2023 to November 2024. The aim is to assess the impact of Addiction 101, identify any programme changes since 2023, and explore how these changes have impacted participants. The key evaluation questions are:

- 1. What recommendations from the 2022 evaluation, if any, have been incorporated into Addiction 101?
- 2. To what extent have Addiction 101 attendees used their learnings, e.g. changed their behaviours, after the workshop?
  - a. How well have attendees maintained their increased understanding and confidence in relation to the learning outcomes, including around their own wellbeing?
  - b. In what ways, if any, have attendees applied their learnings, e.g. changed their behaviours, after attending Addiction 101?
    - i. How have workplace factors affected attendees' motivation and ability to apply their learnings?
  - c. How does the delivery of Addiction 101 affect attendees' motivation and ability to apply their learnings, e.g. change their behaviours?
    - i. How did the workshop facilitation affect attendees' motivation and ability to learn?

- ii. How did attendees respond to elements of the workshop based on adult learning principles?
- iii. How does the facilitators' use of storytelling add value to attendees?
- 3. In what ways, if any, has the Addiction 101 workshop incorporated Māori cultural values and traditions?
  - a. In what ways, if any, has Addiction 101 aligned with or benefitted the aspirations of Māori?
- 4. To what extent have programme participants changed their attitude towards someone who is experiencing addiction?

Data collection included surveys, focus groups, and wānanga.

### **Findings**

We heard that Addiction 101 workshops were highly valued. Evaluation participants rated each workshop aspect that we asked about highly. They had high praise for facilitators, and many said the facilitation and sharing of lived experience stories were the most impactful aspects of the workshops.

In reviewing documents and speaking with staff we found that all recommendations from the 2022 Addiction 101 evaluation were incorporated into the programme. This included reducing the time to send e-learning to attendees to two weeks and conducing follow-up surveys.

Participants told us their confidence and understanding under each of the four learning outcomes increased after attending the workshop. Follow-up surveys showed that this confidence and understanding did reduce somewhat after two months but remained high.

Lessons from Addiction 101 were used in a wide variety of ways. Participants told us in detail how they used what they had learned in Addiction 101 to support people, such as engaging in conversations with people they were concerned for, educating people around them, and changing their approach to working with people experiencing addiction. Most notably it emerged that participants took what they had learned in Addiction 101 and used it to impact their communities.

We heard from many Māori participants that their experience of Addiction 101 was positive. They felt safe to engage, felt the workshop incorporated Māori values and traditions well, and that it was relevant to and supportive of them. We also heard from wānanga attendees a variety of areas we can focus on to further improve cultural safety for Māori attendees.

Finally, we identified a measurable shift in attitudes towards someone experiencing addiction. We adapted a validated scale to measure stigma before and after workshop attendance and despite some limitations, we identified a measurable reduction. This shows that Addiction 101 makes a real difference in the stigma that attendees hold towards those with addiction.

### **Conclusions and Recommendations**

Addiction 101 is achieving its goals of educating attendees and reducing stigma, creating a safe environment for learners. Facilitators are praised highly and the insights and stories they share are valuable to attendees. The impacts of Addiction 101 extend beyond learners and out to their communities.

Māori attendees also rate Addiction 101 highly, suggesting that Addiction 101 provides a safe environment for Māori learners. Wānanga participants also shared some ways in which cultural safety could be further improved.

Based on the findings of this evaluation we recommend that Blueprint:

- provide a digital copy of the workbook to in-person workshop attendees, considering how to make it as accessible as possible
- conduct a survey, focus groups, user testing, or other data collection with attendees to examine why use of the e-learning module is so low and make changes based on that feedback
- read the report provided by Mary-Kaye Wharakura of Wā Time and Space, and consider how recommendations from wānanga participants might be implemented, in consultation with Māori cultural advisors
- continue pre- and post-workshop measurement of stigma, either regularly or in future evaluations, making changes to improve its reliability and increase response rates.

### **Background**

Addiction 101 is a one-day addiction literacy programme designed to increase awareness and reduce the stigma associated with addiction - both in the workplace and in everyday life. The programme's learning outcomes are to:

- ) use Te Whare Tapa Whā to understand addiction and recovery
- > recognise impacts of addiction issues
- relate brain and body responses to addiction and recovery
- respond supportively to people experiencing addiction issues.

Addiction 101 has been designed for people working in organisations and communities. It is also suitable for anyone without formal training or qualifications in the addiction sector who is interested in learning about addiction and recovery.

The programme is delivered by Blueprint for Learning (Blueprint), an NZQA accredited Private Training Establishment.

Funded by Te Whatu Ora Health New Zealand, Addiction 101 was first delivered in September 2019 as a one-day, in person workshop. In April 2020, the workshop was adapted into an online workshop series delivered over three short sessions of 2 to 2.5 hours each.

Both the in-person and online workshops are currently delivered with the same learning outcomes, content, and activities. Each session is co-facilitated by a person with lived experience of addiction and recovery, alongside a registered health professional with experience working in the addiction sector.

The programme is grounded in evidence-based practice and adult learning principles. Blueprint uses a framework informed by self-directed learning (Knowles, Self-directed learning, 1975) and andragogy (Knowles, Holton, & Swanson, 1998) to ensure that workshops incorporate:

- ) why adults are learning,
- the relevance of the learning to them,
- self-directed learning opportunities,
- ) problem solving,

- acknowledgement of their previous experiences, and
- ) motivational goals.

Adult learning principles are embedded throughout Addiction 101; in the content, its delivery, and in training facilitators in the principles. In practice, this includes establishing a safe and inclusive environment that acknowledges learner's experiences and supports them to participate, offering a range of interactive activities to cater to different learning styles, and providing opportunities for direct engagement during both online and in person workshops.

Participants are also encouraged to complete a short, interactive e-learning module two weeks after attending the workshop. This module is designed to reinforce learning, strengthen participants' ability to recognise a range of substance, gambling, and other problematic behaviours, explore perceptions of harm associated with these behaviours, and highlight the value of the Te Whare Tapa Whā model of wellbeing.

### **Evaluation of Addiction 101**

Blueprint for Learning has undertaken a third impact evaluation of Addiction 101, building on previous evaluations to document programme changes, assess their impact, and explore how participants are applying what they learned. Data collection took place between January 2023 and November 2024, with a report completed in early 2025.

The primary aim of this evaluation is to assess the impact of Addiction 101, identify any programme changes since 2023 and explore how these changes have impacted participants. Blueprint for Learning seeks to understand the extent to which participants have maintained and applied their increased confidence and understanding of the course content, including around their own wellbeing, and any self-reported reduction in stigma and discrimination, as a result of attending the workshop.

### **Evaluation questions**

We developed these questions to guide the evaluation:

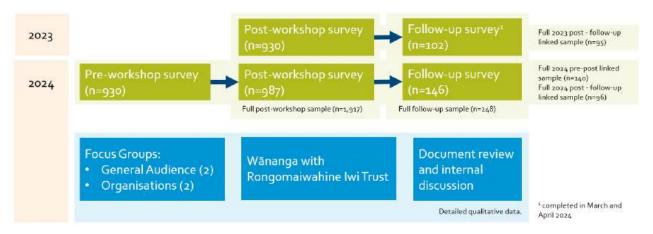
- 1. What recommendations from the 2022 evaluation, if any, have been incorporated into Addiction 101?
- 2. To what extent have Addiction 101 attendees used their learnings, e.g. changed their behaviours, after the workshop?
  - a. How well have attendees maintained their increased understanding and confidence in relation to the learning outcomes, including around their own wellbeing?
  - b. In what ways, if any, have attendees applied their learnings, e.g. changed their behaviours, after attending Addiction 101?
    - i. How have workplace factors affected attendees' motivation and ability to apply their learnings?
  - c. How does the delivery of Addiction 101 affect attendees' motivation and ability to apply their learnings, e.g. change their behaviours?
    - i. How did the workshop facilitation affect attendees' motivation and ability to learn?
    - ii. How did attendees respond to elements of the workshop based on adult learning principles?

- iii. How does the facilitators' use of storytelling add value to attendees?
- 3. In what ways, if any, has the Addiction 101 workshop incorporated Māori cultural values and traditions?
  - a. In what ways, if any, has Addiction 101 aligned with or benefitted the aspirations of Māori?
- 4. To what extent have programme participants changed their attitude towards someone who is experiencing addiction?

### Methodology

This evaluation used a mixed methods approach, drawing on a range of data sources including survey responses, feedback from focus groups and wānanga, interviews, and programme documentation. Figure 1 illustrates the data collection processes. It shows the post-workshop and follow-up surveys conducted with 2023 workshop attendees and the pre-workshop, post-workshop, and follow-up surveys conducted in 2024. These make up our quantitative survey data sets and include some qualitative data. It also shows the four focus groups, one wānanga, and internal document review and discussion which make up our detailed qualitative data set.

Figure 1. Overview of data collection methods for this evaluation of Addiction 1011



To help interpret our findings we also extracted some administrative data. We looked at how attendees heard about Addiction 101 (provided in course registrations) and use patterns from our e-learning platform throughout 2023 and 2024.

### Focus groups

We asked all learners who completed the Addiction 101 follow-up survey if they would like to participate in a focus group. Those who opted in were contacted by email and invited to join one of two general focus groups held via Zoom. To better understand the impact of Addiction 101 for workplaces, we held two focus groups with an organisation who had had a whole organisation Addiction 101

<sup>&</sup>lt;sup>1</sup> Here 'n' shows the number of respondents to each survey or group of surveys.

workshop. One focus group consisted of staff and the other included two managers from the organisation.

Focus groups were facilitated by Paula Parsonage, a contractor external to Te Pou and Blueprint. Copies of the focus group Participant Information Sheet and Consent Form are included in Appendix 2 and 3.

Seventeen people participated in these focus groups. Focus group data were analysed descriptively in relation to the evaluation questions (Sandelowski, 2000).

### Wānanga

A wānanga was held with 10 participants recruited from staff at Te Rongomaiwahine Iwi Trust, grounded in kaupapa Māori principles as described by Mahuika & Mahuika (2020). The purpose of the wānanga was to explore the impact of the Addiction 101 workshop and deepen understanding of its relevance for whānau and communities.

The wānanga was facilitated by Mary-Kaye Wharakura, a kairangahau Māori (Māori researcher) independent of Te Pou and Blueprint. She led the engagement process with the organisation, adapting Participant Information Sheets, Consent Forms, and topic guides to ensure cultural relevance and responsiveness. In keeping with kaupapa Māori practice, wānanga was conducted kanohi ki te kanohi (face-to-face), beginning with whakawhanaungatanga (relationship building through personal introductions) and the sharing of kai.

The wānanga encouraged open discussion, reciprocal learning, and collective reflection between facilitators and participants. It fostered co-construction of knowledge, drawing on the lived experience and professional insights of kaimahi. Participants were encouraged to kōrero freely and were also offered the option to record their reflections privately through written responses. Discussions were wide-ranging, extending beyond the content of Addiction 101 itself to include the impact of addiction on the wider community, effects on whānau, and the relevance of Te Whare Tapa Whā as a model in supporting wellbeing in the context of addiction.

A summary of wānanga findings was prepared by Mary-Kaye and incorporated into the broader qualitative analysis (see Appendix 0). She also contributed to the collective sensemaking session and supported the interpretation and reporting of the wānanga findings.

### Surveys

We conducted surveys with workshop attendees throughout 2023 and 2024. Attendees were invited to complete a post-workshop survey, which asked them to rate various aspects of the workshop, their understanding of the content, and their confidence to apply what they learned. Between two- and 14-months later participants were sent a follow-up survey. This survey included an assessment of stigma and asked participants to rate their understanding of the content and confidence to apply what they learned, attitudes and beliefs, and any behaviour changes since attending the workshop.

To measure the impact of Addiction 101 on stigma, we adapted the Shatterproof Addiction Stigma Index (SASI) Public Stigma Scale (Shatterproof, 2021). The full adapted scale is included in Appendix 4. From 2024 a pre-workshop survey was added with the adapted SASI scale, enabling a clearer comparison of changes over time.

Table 1: Surveys included in the Addiction 101 Impact Evaluation

Survey	Contents	Response rates
2023 Addiction 101 Post-workshop Survey 9 February 2023 – 2 February 2024	Workshop Ratings Self-assessed understanding Self-assessed confidence ratings Demographic Questions	930 (67%)
2023 Addiction 101 Follow-up Survey 14 March 2024 – 16 April 2024	Adapted Shatterproof Addiction Stigma Index Self-assessed understanding Self-assessed confidence ratings Attitudes and beliefs Behaviour change Workshop Ratings	102 (7%)
2024 Addiction 101 Pre-workshop Survey 30 January 2024 – 1 February 2025	Adapted Shatterproof Addiction Stigma Index	930 (70%)
2024 Addiction 101 Post-workshop Survey 1 February 2024 – 13 January 2025	Workshop Ratings Self-assessed understanding Self-assessed confidence ratings Demographic Questions	987 (74%)
2024 Addiction 101 Follow-up Survey 26 April 2024 – 13 January 2025	Adapted Shatterproof Addiction Stigma Index Self-assessed understanding Self-assessed confidence ratings Attitudes and beliefs Behaviour change Workshop Ratings	146 (11%)

In 2023, 1380 people attended Addiction 101. Of these, 67 percent completed the post-workshop survey and seven percent completed the follow-up survey. In 2024, 1333 people attended Addiction 101. Of these, 70 percent completed the pre-workshop survey, 74 percent completed the post-workshop survey, and 11 percent completed the follow-up survey. While there is no universal ideal number for response rates, our response rates of 65-75 percent for pre- and post-workshop surveys are often considered very good.

### **Data analysis**

We transcribed recordings from focus groups and wānanga using Microsoft Office transcription software alongside manual transcription. Transcriptions were annotated and collated for narrative analysis.

Survey responses were coded in MAXQDA against elements of the workshop, key points made by the respondents, what respondents found useful, critiques respondents had, other dimensions relevant to the question being analysed and the evaluation questions.

### Narrative analysis

Qualitative data, from wānanga, focus groups, and written survey responses, was analysed using a narrative methodology. Our process was:

- 1. **Scan the data:** we read through all the qualitative data to familiarise ourselves with it. We summarised the narrative each person brought to the dataset and related their narratives to the narratives of others.
- 2. **Relate to evaluation questions:** we wrote up the key evaluation questions and annotated each with how respondent's comments acknowledged the question.
- 3. **Identify emergent narratives:** we identified common emergent narratives, which were not specifically related to the evaluation questions but were important to respondents. We examined those narratives and how they fit into our understanding of Addiction 101 and other data we had from the evaluation.
- 4. **Select quotes:** we chose the most articulate, representative, and insightful quotes to illustrate the narratives we heard while ensuring that the data we used represented all participants rather than prioritising any singular voice.

### Statistical analysis

Quantitative data from surveys were extracted from Survey Monkey and cleaned in Excel and in Stata 15. We analysed the data using simple descriptive statistics including counts, percentages, and means.

To enable comparisons across survey points, responses were linked using participant names and email addresses. We conducted a probabilistic linkage and manually reviewed imperfect matches. We matched a total of 95 responses between the 2023 surveys, 96 between the 2024 pre-workshop and follow-up surveys, and 141 between the 2024 post-workshop and follow-up surveys.

Table 2: Linked datasets resulting from Addiction 101 surveys

Dataset	Number
2023 Linked Post-workshop and Follow-up Survey Responses	95
2024 Linked Pre-workshop and Follow-up Survey Responses	96
2024 Linked Post-workshop and Follow-up Survey Responses	141

We did not combine the 2023 and 2024 post-workshop and follow-up survey data sets, as there was a considerable time difference between the completion of the workshop and each survey in each year.

While the 2024 follow-up survey was sent approximately two months after workshop completion, the 2023 follow-up survey was sent in March and April 2024, resulting in a much longer average follow-up time.

For those who completed both the post-workshop and follow-up surveys in 2023, there was a mean of 250 days between survey completion with a minimum of 105 days and a maximum of 428 days. For those who completed both post-workshop and follow-up surveys in 2024, there was a mean of 79 days between survey completion with a minimum of 58 days and a maximum of 158 days. Table 3 shows measures of central tendency for the number of days between survey responses for the post-workshop and follow-up surveys for each year.

Table 3: Days between survey responses for the 2023 and 2024 post-workshop and follow-up surveys

Data set	N	Min	Max	Mean	SD	Median	Mode
2023 Linked Post-workshop and Follow-up Survey Responses	95	105	428	249.57	84.07	237	119
2024 Linked Post-workshop and Follow-up Survey Responses	141	58	158	78.93	12.31	78	83

### Limitations

While pre- and post-workshop survey response rates were high, follow-up response rates were low (seven percent in 2023 and 11 percent in 2024). This means that findings drawn from the follow-up surveys are less likely to represent all attendees of Addiction 101. This includes statistical findings about maintenance of understanding and confidence over time, use of learnings from Addiction 101, and preand post- measurements of stigma.

Additionally, there were inconsistencies between some post-workshop and follow-up survey questions. Questions asking about attendees' understanding in the 2024 post-workshop survey used a 5-point Likert scale from 'no understanding' to 'very good understanding', while the post-workshop survey 5-point Likert scale went from 'no understanding' to 'excellent understanding'. To analyse this data, given the time between each survey, we mapped responses on a 1-5 scale and analysed them as if the scale descriptors were the same.

Largely given changes to workshop content and its measurement over time, there were also differences in how some questions were worded. Some questions were similar enough between postworkshop and follow-up surveys that we felt they were comparable. These are shown in Table 4. Questions that were not similar enough could not be analysed at follow-up.

Table 4: Mappings between post-workshop and follow-up survey questions

Post-workshop	Follow-up
"My understanding of addiction and recovery using Te Whare Tapa Whā model"	"Please rate your current understanding of Addiction and recovery using Te Whare Tapa Whā model"
"My understanding of how stimulants, depressants and hallucinogens impact a person"	"Please rate your current understanding of how Different substance types affect the brain and body (stimulants, depressants and hallucinogens)"
"My understanding of how the language we use can impact on a person experiencing addiction issues"	"Please rate your current understanding of how values, attitudes and language can impact on someone experiencing addiction"
"My confidence in knowing a range of strategies to support my own self-care and wellbeing"	"Please rate your current confidence in knowing a range of strategies, such as Te Whare Tapa Whā, to support My own self-care and wellbeing"

Because of low response rates to follow-up surveys, only 96 responses could be matched across 2024 pre-workshop and follow-up surveys. As such, stigma reduction findings are based on a sample size of 7.2 percent of all Addiction 101 attendees for this period. Although this sample is smaller than desired, it provides early evidence of the programme's impact in reducing stigma. This limitation highlights an area for future improvement in surveys.

### Limitations on qualitative data

Most focus group participants attended Addiction 101 as part of their professional development. They are likely to see Addiction 101 in terms of their professional lives and workplaces. They may give different responses to participants who attended Addiction 101 for other reasons, such as to equip them to support a loved one or their community. Future evaluations may benefit from seeking out focus group participants who attended Addiction 101 for a variety of reasons.

The wānanga was an opportunity to prioritise Māori voices in this evaluation. It included kaimahi Māori from Te Rongomaiwahine lwi Trust, all of whom whakapapa to Māhia. Their insights were highly valuable, and it is important for us to acknowledge the diverse perspectives across Māori communities. We have woven in information and perspectives from Māori survey respondents and focus group attendees where possible. In evaluations we will continue to seek out the views of Māori participants from a variety of iwi.

### Results

A total of 2,713 people attended Addiction 101 throughout 2023 and 2024. Of those, 1,917 completed the post-workshop survey which includes demographic information, workshop ratings, understanding and confidence information which form the basis of our analysis.

Most learners (84 percent) attended Addiction 101 sessions in person. During registration we ask where the learner heard about Addiction 101. Across 2023-2024, for people who answered this question, the most common answer by a large margin was colleague or employer at 79 percent. The next most common answer was word of mouth at 13 percent. This suggests that most attendees intend to use what they learn in Addiction 101 in a professional context, although we did not measure this directly.

## Addiction 101 attendees come from many walks of life

Most respondents were of working age, with six percent under 25 and four percent over 65.

We asked participants about their gender, offering a variety of options including non-binary, takatāpui, and a free-text field (see Appendix 4). Most respondents were women/wahine; only 17 percent of attendees were men/tāne and less than one percent represented other genders. Because of the small number of people identifying with other genders we aggregated the data for reporting to protect respondents' privacy.

Table 5: Summary demographic information<sup>2</sup>

Age Group	Respo	onses
Under 25	110	(6%)
25 to 44	779	(41%)
45 to 64	855	(45%)
65 and over	83	(4%)
No response	89	(5%)
Gender		
Woman/Wahine	1,483	(77%)
Man/Tāne	317	(17%)
Another Gender	17	(0.89%)
Prefer not to say / No Response	99	(5%)
Ethnicity <sup>3</sup>		
Māori	582	(30%)
Pasifika	234	(12%)
Asian	117	(6%)
NZ European / Pākehā	1,026	(54%)
Something else	233	(12%)

Over half of respondents were Pākehā, 30 percent were Māori, 12 percent Pasifika, six percent Asian, and 12 percent from other ethnicities. These included other European, North and South American, Middle Eastern, and African.

In 2024 we introduced a new question to capture community affiliation and better understand the broader communities Addiction 101 may be supporting. Because it only covers 2024, this question has fewer responses. Some respondents belonged to rainbow communities (6 percent), a few were disabled (4 percent), 13 percent were rural, and seven percent belonged to other groups. These included urban, migrant, iwi and marae-based, faith-based, and neurodivergent communities. Five respondents said they experienced mental illness.

<sup>&</sup>lt;sup>2</sup> Some percentages do not add to 100 due to rounding.

<sup>&</sup>lt;sup>3</sup> Respondents could select multiple ethnicities.

Table 6: Community affiliation of 2024 survey respondents

Community affiliation	Responses <sup>4</sup>
Rainbow	63 (6%)
Disabled	35 (4%)
Rural	130 (13%)
Other	73 (7%)

### Attendees work in a variety of settings

We asked respondents about their workplaces. They told us that most of them (55 percent) work for Non-Government Organisations (NGOs), a large portion work for Government (27 percent) and only some work for private businesses (six percent). This may reflect the work that these organisations do, and the training needs of their employees.

<sup>&</sup>lt;sup>4</sup> Total sample size for this question was 987 and most did not select a community affiliation from the list.

Table 7: Summary employer information for Addiction 101 attendees

Employer type	Respo	onses
Government Agency	521	(27%)
NGO	1,055	(55%)
Private Business	116	(6%)
No response	224	(12%)
Sector		
Social services	567	(30%)
Health	552	(29%)
Corrections	194	(10%)
Education	120	(6%)
Rural	9	(0.47%)
Industrial	6	(0.31%)
Other	268	(14%)
No response	200	(10%)

Respondents told us they work across a variety of sectors, the most popular being social services at 30 percent, then health at 29 percent. Ten percent worked for Corrections and six percent worked in education. Other sectors included library, finance, employment, other justice sector, and housing.

## Participants specialised in supporting many communities, especially Māori and Pasifika

Most respondents told us the organisations they work for specialise in supporting specific communities. Most notably, 62 percent said they support Māori communities and 51 percent said they support Pasifika communities. Many respondents also support youth, rainbow communities, older people, disabled people, Asian communities, and rural communities.

Table 8: Specialisations of Addiction 101 attendees

Specialist support area	Number <sup>5</sup>
Māori people	1,196 (62%)
Pasifika peoples	970 (51%)
Children and youth	841 (44%)
Older people	768 (40%)
Rainbow communities	733 (38%)
Disabled people	682 (36%)
Asian peoples	627 (33%)
Rural communities	472 (25%)
Other communities	343 (18%)

When asked what other groups they specialised in supporting respondents included women, whānau, neurodivergent people, people experiencing mental health challenges and addiction, people facing homelessness, and prisoners.

## Blueprint has implemented recommendations from past evaluation

We reviewed the programme documentation and spoke with Blueprint staff to understand what changes had been made in response to recommendations from the previous evaluation. The recommendations were:

- review the post-workshop evaluation to ensure the indicators reflect the current programme, updating if required
- ) promote the current e-learning as follow-up support, reducing the distribution timeframe from six weeks to two
- review the literature to identify features of follow-up support and consider how well the current e-learning, other website tools, and resources demonstrate these characteristics. Update existing resources or develop new follow up tools to address any gaps highlighted through the literature review
- conduct regular follow-up surveys within two months after the workshop and analyse the data by demographics to understand any differences between groups and any emerging needs which could be addressed by follow-up supports.

<sup>&</sup>lt;sup>5</sup> Respondents could select multiple communities, so numbers will add to more than 100 percent.

All prior recommendations have been incorporated into the programme. This included continuing the successful co-facilitation model, maintaining the integration of storytelling, and maintaining the use of adult learning principles throughout workshop delivery. Post-workshop surveys were also reviewed and updated to ensure the indicators reflect the current programme, including current language and learning outcomes.

To more robustly measure stigma reduction, we adapted a scale from the SASI Public Stigma Scale (Shatterproof, 2021). The scale questions were reviewed by an Addiction 101 Lived Experience facilitator and the Principal Advisor Addictions at Te Pou to ensure appropriateness and accessibility. This measure was included in the pre-workshop survey and again in the follow-up survey two months later.

To address participants' desire for additional content and support in applying their learning, e-learning is now actively promoted as follow-up support tool. In March 2023 the distribution timeframe was reduced from six weeks to two. A literature review was conducted to identify features of effective follow-up support, and it found that the current e-learning approach already incorporates many best practice elements. As a result, no further changes were made. However, opportunities to enhance follow-up support are being explored, including regular six-monthly reviews of post-workshop and follow up data by demographic group to identify any disparities or emerging needs that could be addressed through further support.

## Attendees maintained their learning across four key areas

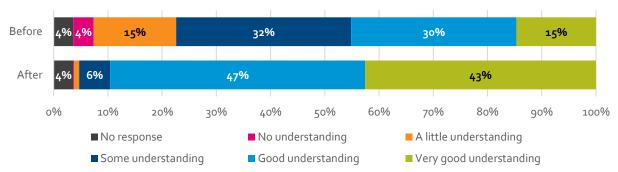
We asked participants about their understanding and confidence in applying what they learned from Addiction 101, through post-workshop and follow-up surveys as well as wānanga and focus groups. Our findings are presented here under each of the four Addiction 101 learning outcomes.

## Using Te Whare Tapa Whā to understand addiction and recovery

Te Whare Tapa Whā is a central organising framework in Addiction 101, helping attendees understand addiction through a holistic lens that spans multiple domains of health. The model is explained in more detail in the following section on impacts for Māori.

In the post-workshop survey, we asked participants about their understanding of addiction and recovery using Te Whare Tapa Whā. Figure 2 shows this before and after the workshop. Four percent said they had no understanding and 15 percent said they had a little understanding before the workshop. After the workshop fewer than one percent said they had no understanding or a little understanding. A total of 45 percent of respondents said they had a good or very good understanding of the model before attending the workshop, and 90 percent said they had a good or very good understanding of the model after attending the workshop – an improvement of 45 percent.

Figure 2: Self-rated understanding of addiction and recovery using the Te Whare Tapa Whā model postworkshop



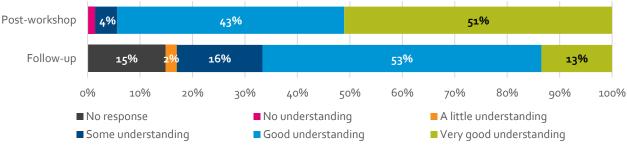
In focus groups, wānanga, and written responses Te Whare Tapa Whā was the most frequently recalled element of the workshop. For some participants, it was already a central part of their professional practice.

"Te Whare Tapa Whā, as a part of I guess a foundational framework that we use in life there for healthy Harold. As a team of educators [we], looked at the Te Whare Tapa Whā pages as well – so they're really valuable, great work."

"We're looking at holistic healthcare, that we can't separate mental health and addiction out of Te Whare Tapa Whā, that it all interconnects."

We asked respondents again at follow-up about their understanding of addiction and recovery using Te Whare Tapa Whā. The people who responded to both the post-workshop and follow-up surveys in 2024 reported a good understanding of Te Whare Tapa Whā. Only one percent reported no understanding prior to attending Addiction 101 and 51 percent reported very good understanding. At follow-up two percent said they only had a little understanding, 53 percent said they had good understanding, and only 13 percent said they had very good understanding, shown in Figure 3.

Figure 3: 2024 post-workshop and follow-up survey understanding of addiction and recovery using the Te Whare Tapa Whā model



After the workshop 94 percent said they had a good or very good understanding of addiction and recovery using Te Whare Tapa Whā, similarly to the full post-workshop survey sample. At follow-up, on average two and a half months later, 67 percent of respondents said they retained that good or very good understanding. No respondents said they had lost their understanding.

### Recognising the impacts of addiction issues

Participants reported increased confidence in recognising the impacts of addiction issues after attending Addiction 101. They rated their confidence before the workshop evenly distributed across confidence categories but rated their confidence after the workshop much higher, with fewer than one

percent saying they were not confident, two percent saying they were a little confident, and 79 percent of participants saying they were confident or very confident, shown in Figure 4.

Before 22% 32% 25% 9% After 14% 50% 29% 0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100% ■ No response ■ Not confident ■ A little confident ■ Somewhat confident ■ Confident ■ Very confident

Figure 4: Post-workshop survey self-rated confidence in recognising the impacts of addiction

We were unable to investigate whether respondents retained this confidence over time as there was no equivalent follow-up survey question for this evaluation.

Some focus group participants mentioned becoming better able to recognise impacts of addiction issues made them more aware that addiction may be an issue for someone, as a key outcome of participating in the workshop that benefitted their mahi.

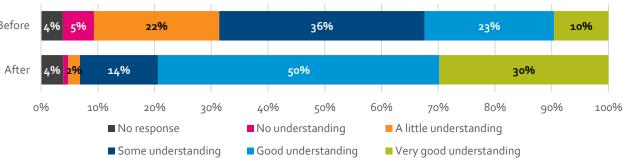
"[The benefits of investing in Addiction 101 are] Improved understanding so that HIPs (Health Improvement Practitioners) can better identify early warning signs and be confident. It might re-affirm some of the knowledge, or it may be new. Then they can offer more effective support."

"You can't read the signs if you don't know the signs."

#### Relating brain and body responses to addiction and recovery

Similarly, participants understanding of how brain and body responses are involved in addiction and recovery before the workshop was evenly distributed across understanding categories. They rated their understanding after the workshop much more highly, shown in Figure 5. It shows that only one percent said they had no understanding, two percent said they had a little understanding, and 80 percent said they had a good or very good understanding of how brain and body responses are involved in addiction and recovery.

Figure 5: Post-workshop survey self-rated understanding of how brain and body responses are involved in addiction and recovery Before 36% 23% 10% 22%



We did not measure understanding of how brain and body responses are involved in addiction and recovery in the follow-up survey for this evaluation.

For some participants, learning about the brain and bodily responses to different drugs not only deepened their understanding of how addiction works, but also increased their empathy for those experiencing addiction. One focus group participant shared how Addiction 101 prompted them to recognise the perceived positive effects some substances, increasing their empathy for those experiencing addiction.

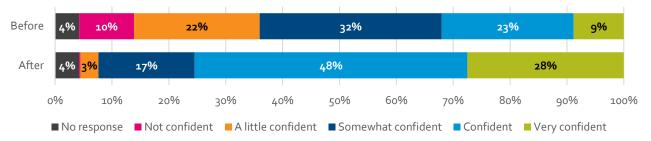
"I really liked... by showing what the positive effects that happened for those individuals that take it, how like it can boost confidence and stuff, you can see what makes it so appealing... Yeah, you can see the appeal when you see it in written form. This person might end up feeling more confident. This person might get the positive feelings of euphoria."

## Responding supportively to people experiencing addiction issues

For many participants, a key motivation for attending Addiction 101 was to gain practical tools to respond more effectively to people experiencing addiction.

We asked participants about their confidence in their ability to respond supportively. Confidence increased decidedly; only 32 percent said they were confident or very confident before the workshop, compared with 76 percent afterwards. Very few participants – just 0.21 percent, or four people – said they lacked confidence to respond supportively after the workshop, shown in Figure 6.

Figure 6: Post-workshop confidence in responding supportively to someone experiencing addiction issues

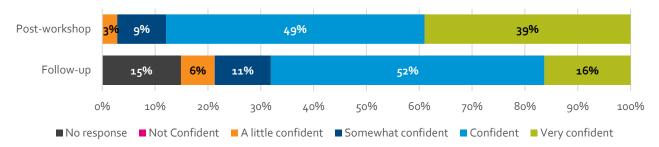


One focus group participant discussed how they use activities from Addiction 101 while working with clients, to help them recognise and identify their history of substance use.

"I really like that, and I use it today with the clients that I have, is that and because you've lost your loved one, you're trying to find something to mask the pain. So, you're trying to find anything, be alcohol, drugs, violence, anger, isolation, sleeping all day and not, and you know that darkness and that you're choosing to find those escape mechanisms. But let's look at a different way and so I use that quite a lot, of, 'where were you when you did the first thing'. So that's really helpful, I like that."

We asked respondents again at follow-up about their confidence responding supportively to someone experiencing addiction. Of the 2024 respondents who could be matched, 88 percent said they were confident or very confident after the workshop, see Figure 7.

Figure 7: 2024 post-workshop and follow-up survey confidence responding to someone experiencing addiction issues



After an average of two and a half months 68 percent of those people were still confident or very confident, 15 percent didn't respond to the question, and no respondents said they had lost their confidence to responding supportively. The reduction in confidence after two months is likely to be due to the passing of time as lessons from Addiction 101 are less fresh in learners' minds.

We also asked about participants' confidence in knowing when and how to seek professional support and in using the Stages of Change model to guide their response to people experiencing addiction. In the post-workshop survey, between 29 and 44 percent of participants said they were confident or very confident in each of these areas before the workshop. In contrast, 84 percent said they were confident or very confident in knowing when to seek help, 80 percent said they were confident or very confident in knowing how to seek help, and 79 percent said they were confident or very confident in using the Stages of Change model to guide their response after the workshop. These results reflect marked improvements of 37 to 50 percent across all three areas, see Table 9.

Table 9: Post-workshop survey respondents who selected confident or very confident for each item

Participants who said they were confident or very confident in	Before	After	Difference
knowing <b>when</b> to seek help from professional support	44%	84%	40%
knowing <b>how</b> to seek help from professional support	43%	80%	37%
using the Stages of Change cycle to guide my response to people	29%	79%	50%

We also asked respondents at follow-up about their confidence in knowing when and how to seek professional support, although we did not ask about the Stages of Change cycle. For those whose data could be linked, 93 percent and 91 percent respectively said they were confident or very confident at the post-workshop survey – higher than the full group who responded to the post-workshop survey, shown in Table 10.

*Table 10*: Post-workshop and follow-up survey respondents who said they were confident or very confident for each item

Participants who said they were confident or very confident in	Post-workshop	Follow-up
knowing <b>when</b> to seek help from professional support	93%	72%
knowing <b>how</b> to seek help from professional support	91%	70%

At follow-up their confidence had decreased to 72 and 70 percent respectively, a reduction of 21 percent for both. Despite the reduction over time, confidence in responding supportively to someone experiencing addiction, as well as knowing when and how to seek professional support, remained high overall.

#### Addiction 101 supports organisations

During one of our workshops we spoke with two managers whose primary healthcare service sent their staff to Addiction 101 together, to better understand the programme's impact in workplaces. The managers said that prior to the workshop staff lacked confidence in responding to people experiencing addiction, highlighting the need for professional development in this area.

"We did a survey across the workforce in January asking our people about their professional development, especially around addiction. And the feedback that came back was that we're all at different levels of knowledge."

"Our workforce is saying that some of them are not very confident when we're seeing people in primary healthcare come in with some addiction issues."

For these managers, the baseline knowledge provided by Addiction 101 was a key motivation for choosing it as professional development for their organisation.

"So, for [us], it was actually getting everybody at a baseline level. And I know that Addiction 101 is a training with people with a 'zero' knowledge base. And so, we wanted just to have an equal level playing field across our workforce."

They also cited the cost of the workshops and finding out they could get Addiction 101 funded through Te Whatu Ora as valuable.

"To be honest, we looked at other training providers and cost was a big thing for us... we can get this funded through Te Whatu Ora. So, as a workforce, to be honest it was a cheap way of upskilling our workforce quite quickly and the funding had a lot to play because... we're on fiscal constraints."

While these managers saw huge benefit in having their staff attend Addiction 101, for staff who already had expertise in talk therapy, attending the course may not have been good value for their time. This is to be expected as Addiction 101 is designed to support those without prior professional knowledge and experience, which we discuss further in the following section.

Still, for this organisation, the benefits of Addiction 101 went beyond the learning opportunities. The managers said that attending Addiction 101 together benefited their staff and energised their workplace.

"The stuff that people did get was - they got a huge benefit in terms of a day out of seeing clients, with their colleagues. We were well fed, well cared for. Everyone got to hang out together. Everyone really enjoyed the format, and they all said having the refresher was useful. Like, you know, it affirmed their knowledge, and it wasn't at a level where they were, it wasn't... I guess the presentation was so engaging and well done that it's not at a level where you're bored, thinking "ohh what am I doing here?", because it's actually really engaging material."

"They were buzzing about it, they'd had a really good day, they'd really enjoyed themselves. They'd, you know, checked off their acknowledge, or learned things, or had a good refresher. They felt energised and supported, I would say, from their comments."

### For some, Addiction 101 refreshes existing understanding

Addiction 101 is designed for, and marketed to, people without professional education in addiction. During this evaluation we heard from a small number of professionals who attended despite their existing expertise and learned that Addiction 101 still held value for them as a refresher.

One focus group participant talked about how their staff that attended Addiction 101 were qualified health professionals, such as a midwife, physiotherapist, and several therapists. For much of the team, the workshop served to reaffirm existing knowledge gained through their practice or studies:

"So, amongst our HIPs we have a physiotherapist, we've got a midwife, and so people who haven't come from a mental health background. Our talking therapists all have talking therapy training and they all tend to come from a mental health or counselling background. So, my perception from talking to them afterwards was that this was a great refresh, but they weren't doing new stuff.

Yeah, and they loved it. Everybody just loved going, even though it was a bit of a refresher kind of level. Like, everyone just totally enjoyed the day and thought it was really valuable."

One staff member from the same organisation discussed in another focus group, how one of their key-takeaways from Addiction 101 was the significance of continual support and structure for someone in their service who want to reduce their usage of a harmful substance. The participant noted that this approach to supporting someone with an addiction was something they would have done before the workshop. However, attending Addiction 101 taught them why it was important to continually support a person even after they had reduced using their substance:

"What I liked most, or the biggest thing I've taken away from the training, is the realisation - and I would probably have done that anyway - but the realisation that when we are working with people who want to reduce a substance, that it's not about reducing the substance. It's first of all to putting more skills in, so they, when you pull out the substance that the skills can kick in and support the person with maintaining that change. And I probably have done that anyway, but it just wasn't really clear to me, 'why am I doing this?' So that was really, really helpful."

## Attendees use what they learn in a variety of ways

A key focus for this evaluation was to understand how participants applied their learning from Addiction 101. We explored whether they used what they had learned, how they applied it, and whether any barriers affected their ability to use it in their workplace.

Follow-up surveys included detailed questions about how participants used what they learned in Addiction 101. Results strongly showed that many participants reported changing their behaviour. The most notable change was that 72 percent of respondents felt more confident talking about addiction and recovery.

Table 11: Self-reported behaviour changes because of attending Addiction 101 at follow-up<sup>6</sup>

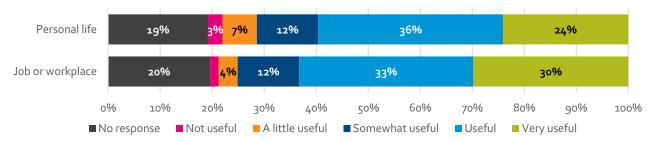
	Disagree	Neutral	Agree
I am doing more things to maintain my own wellbeing (e.g. using Te Whare Tapa Whā)	2%	19%	57%
I am suggesting self-help strategies to others more often	1%	17%	62%
I am more confident talking about addiction and recovery	0%	7%	72%
I have made more effective use of referrals to professional help options to friends, family, and wider community	2%	21%	50%
I have intervened more at an early stage to encourage people to seek help for their addiction before it got serious	3%	24%	44%
I am providing more support around addiction challenges to people I interact with at work	1%	20%	49%
I am providing more support around addiction challenges to friends and family	3%	17%	51%

Respondents also said they were suggesting self-help strategies to others more often (62 percent), providing more support around addiction to friends and family (51 percent), and making more effective use of referrals to professional help options (50 percent).

We asked how useful the things respondents learned in Addiction 101 were in their work and personal lives. Only three percent and two percent of participants said it was not useful in their personal or work lives respectively. It appeared to be slightly more useful in their work lives (63 percent said it was useful or very useful) compared with their personal lives (60 percent said it was useful or very useful), see Figure 8.

<sup>&</sup>lt;sup>6</sup> People who didn't answer this question are not included in this table, and so percentages do not add to 100.

Figure 8: Follow-up survey responses to, "How useful has what you learned in the workshop been for you?"



Later, when we asked respondents about conversations they initiated with people they might be concerned about, 23 people described the conversation in a work context and 16 described it in a personal context.

Some of our respondents (150) explained which parts of the workshop they found most useful in more detail. The most cited were the stories about lived experience of addiction shared in the workshop (22 respondents). For some this was about the facilitators' sharing their lived experience of addiction and for others it was the videos shared during the workshop.

"Having someone who has an addiction facilitate."

"Everything was useful, even the personal sharing of participants."

"The combination of the lived in experiences along with simplified language gave me tools for a better approach to address addiction."

Respondents found the videos shared in the workshop were particularly impactful:

"What I learned listening to the video from Dr Gabor Mate really stuck with me & it helps you to not judge anyone who has or is dealing with addiction."

Other respondents said the most useful elements were:

- The stages of change model (19 respondents)
- Te Whare Tapa Whā (17 respondents)
- The impact of language on those with addiction (15 respondents)
- The link between trauma or Adverse Childhood Experiences and addiction (14 respondents)
- The brain and bodily effects of different drug types (14 respondents)

One focus group participant described how they found the workbook and Te Whare Tapa Whā model useful in both their professional role and in their personal life.

"The book was really, really good. I've used the workbook both in my work environment, but also at home. Read some pages with my husband and then talked through some of the pages with our son, particularly the one that's got that cycle of addiction on it. It was really, really useful to look through and Te Whare Tapa Whā, as a part of I guess a foundational framework."

One focus group participant told us about how the Addiction 101 workbook prompted a conversation with a co-worker about the language around addiction. They were able to use what they learned in Addiction 101 to further educate their colleague:

"After the training I put the book that we got in our staff room and the team knew that I'd got on addictions training, and I said this was the material we got if anybody wanted to look through it. And one of the nurses was really interested and had a flick through and she

commented on how, you know, there's so much in here about the way that we talk about people with addictions and using affirming language, not derogatory, kind of, yeah. And she kind of recognised in herself that often when we have people at the practise with addictions that her go-to is, you know, not remembering that it's actually... it's an illness. And so, we had a bit of a conversation around the stigma and the stereotypes and the language that we use."

Another participant talked about the usefulness of the gambling and gaming section of the workshop. They talked about how learning about the reward mechanics that addictive games rely on and shared this information with their friends and whaiora.

"So, something that I learned was helping the parents understand it's a reward system. It's like the lights, everything, they're attracted to that. And so, it's we just did like sort of things where it's like, 'okay, what can we do to kind of dim those lights down?' – just small little steps like that. And they did find it helped, even just blue light glasses that they invested in.

It's just educating parents to understand what sort of things can draw to the addiction... I found it just really good to be able to educate people around, like, just 'reward systems are activated through, like, what is drawn to it; the colours, the bonus round you're getting."

## Respondents committed to change their use of stigmatising language

When we asked learners what they had used most from Addiction 101, a common response was that they had changed their language when talking about addiction.

Of the 150 responses to the question 'Which parts of the workshop do you still find most useful in your work and / or personal life?', 15 respondents mentioned the language section of the workshop, and 14 respondents mentioned learning about the brain and bodily effects of different drug types. Some of the focus group and wānanga participants discussed how these sections of the workshop highlighted the stigmas around addiction, and how they had changed their behaviours since the workshop.

One participant talked about how he doesn't use the term 'crackhead' anymore, a decision which came directly from one of the activities in the workshop. This person also recognised the stigmas and harm associated with the use of terms like this.

"I stopped using the word crackhead as much. I stopped using the word, ahh what was the other word that I said; that I stopped using it because it was like, 'I don't need to use that word I can use something else... our korero the ways that we say it are powerful... the language helps perpetuate the stigma that comes along with the addictions. And that was one of those key things that I took away from that [workshop] was to change that."

One focus group participant said their key takeaway from attending Addiction 101 was around the language they use when talking to their child about addiction.

"For me, it was feeling so much guilt about the language I use, particularly on a personal front with our son. And talking through, I guess, better ways to say things that are not judgmental and, I guess, tagging him as a certain thing, so you know, talking about him being an alcoholic instead of someone who's struggling with an alcohol addiction. Subtle changes but it did make me make me think really hard."

## Respondents initiated conversations with people they were concerned about

We asked if respondents had initiated a conversation with someone whose substance use or gambling they were concerned about since they attended Addiction 101. Of those who responded to the follow-up survey, 60 percent (110 people) said they had. Of those, most had initiated a conversation 1-3 times (37 percent) or 4-6 times (30 percent). A few had initiated many more conversations, with 19 respondents starting conversations 11 or more times.

Respondents told us about a broad variety of things that prompted them to start these conversations:

"The person I talked to was behaving erratically and was paranoid. [They] told me had taken meth and I asked if [they] wanted to do rehab. I also gave [them] a drug kit so [they] can use safely."

"Approached by a staff member who was feeling disconnected/ isolated. Under financial stress, not meeting his payments. I asked, 'what did he want to change?' Did a referral to gambling service."

"Whaiora was withdrawn tired and teary. We talked about what was happening for them right now. They admitted to overuse of medications/weed. We discussed reasons why this was happening right now, and I asked permission to contact whānau on their behalf. This happened, and whānau intervened, and we got the help required along with whānau support."

"Trying to support someone close to me that is gambling. So, the conversation was about this addiction and to find other further support and resources."

Other reasons for initiating conversations included conflict, missing work, disconnection from whānau and community, financial stress, erratic behaviour, poor physical health, isolation, lack of motivation, depression, and irritability.

A focus group participant shared how the activities included in Addiction 101 gave them the confidence to have a conversation with someone they were concerned about:

"It was actually how to start the conversation. And I think that was for me really positive that you know, because not only did we go over it, but then we practised it. Though it was just actually helping you to embed, and it was really nice. I was working with my colleague and they were going through all the types of reactions. You know, the horrified and everything else [laughing while telling this story] you may get, but it was actually working through that to actually say, how you can do this? Sometimes you just need to start that conversation."

Overall respondents told us these conversations were received well, with 60 percent having a positive response and 28 percent having a neutral response, see Figure 9.

 6% 2% 4%
 28%
 52%
 8%

 0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

 ■ No response
 ■ Very negatively
 ■ Neither positively or negatively
 ■ Positively
 ■ Very Positively

Figure 9: How the other person responded to the concerns being raised

One focus group participant told us how they initiated a conversation with a friend about gaming addiction, specifically about the reward mechanisms in games and how they can support their children who may experience gaming addiction.

"One of my mates in my book club or with some of my children and their friends who were sort of 13, 14. They might have a gaming addiction and think learning about dopamine and how it works and trying and having a good chat even at the end with [my friend] about how I might deal with that as a mum or a friend to support them and they just keep showing up, keep asking the questions and being there for people really. And you hit home for me that you said don't give up on people or stop asking, that there might be a time when they are open to the help."

## Attendees take the lessons of Addiction 101 to their communities

We heard from both the focus groups and wananga about how Addiction 101 created impacts beyond attendees themselves, as attendees took what they had learned into their communities.

One person spoke at length about how much of an issue addiction is in their community, how they are working with other organisations to educate people on addiction around their community, and how Addiction 101 has helped their staff in their challenge.

"Addiction in this town. It it's rife. We run a food bank here and we see those clients, day in day out. What it did do is it sort of like opened our eyes... These people are victims as well. That's what opened our eyes to a deeper picture and a broader picture about what was happening around town...

And we work with the other agencies... it's a holistic approach to a very serious issue that we've got, but it's actually helped us understand, the underlying reasons of; What creates addiction and why? Why it's so rife in this town?... We've got a long way to go in this town... we're really fighting together to get a AOD councillors here on site and that's our struggle. But this course actually brought us back to reality... but it's a long way to go, but Addiction 101 has been a big step in the right direction; it's been great."

This participant discussed how they organised their staff to register for Addiction 101 online workshops, and how they have organised more workshops for their wider community.

"So, I've got few of their staff booked on the next ones on the online, but we're really looking forward to March to happen, and we want it to happen here a couple of times a year publicly up here. And we've got community right behind us, 'cause It's gonna take the community to fix it. We're never we never gonna get rid of it. We know that, but if we can reduce it, makes our jobs a lot easier."

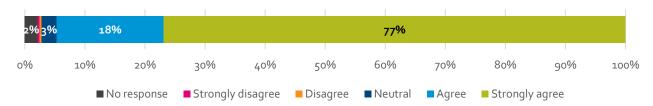
### The workshop delivery supports learning

We wanted to understand how the delivery of Addiction 101 influences participants' learning. The workshop is designed and delivered in accordance with adult learning principles, as described in the introduction.

### Facilitators' lived experience was powerful

One of the most frequently praised aspects of the workshop was the way facilitators shared their lived experience of addiction. It is a key part of Addiction 101 based on the Power of Contact, an evidence-based practice that is shown to reduce stigma among learners (Case Consulting Ltd., 2005). Fewer than one percent of people disagreed or strongly disagreed that facilitators' stories it added value to the workshops, while an overwhelming 95 percent of post-workshop survey respondents agreed or strongly agreed, shown in Figure 10.

Figure 10: Agreement with "the facilitators' stories added value to the workshop/s"



Many focus group and wānanga participants spoke about the power hearing the facilitators share their lived experience of addiction. They described how these personal stories brought the content of the workshop to life and helped cement their understanding. One participant reflected on how impactful it was to hear the facilitator's story:

"We had one of the presenters who presented their lived experience. And she told us how deep she had sunk, and everything that had happened to her just quite openly and honestly. But then you actually saw her presenting the material, and that, and she didn't present her story until after lunch... you already thought she was a good presenter up to that stage and then she told you her story.

And I think everyone was just sitting there, absolutely gobsmacked that 'Oh my gosh' ... But she was open and honest about it being a daily struggle and things like this, and I think that's what connected with me and the whānau that I work with...

So that made the biggest impression on me the same as [other participant] ... the presenters you have on the programme have that life experience and are willing to share it. And I think that Is really powerful and telling the story and getting the material across."

One focus group participant said they were aware of the facilitator's lived experience before attending the workshop, but still found hearing them share their experience profoundly moving. They reflected on how it affected the other learners in the room and said that the combination of having a facilitator with lived experience and a fellow learner who shared their own experience supporting a family member with addiction created a well-balanced dynamic within the workshop.

"I really like the personal story of the facilitator. I had spoiled that one for me... because I read up on the facilitators on the [Blueprint] home page. So, I wasn't surprised when he shared his story because I think it says something around the workshops there so. But I really found that really, really powerful and I could tell that people in the room were really touched by what he said. Also, by this lady who came from, whose family member was suffering with or living with

addiction. And that was such a good mix. It wasn't only professionals coming from one perspective, so I really enjoyed it."

Some learners initially struggled to see how the facilitator had the authority to speak about addiction until they shared their lived experience. One participant described watching other attendees question the facilitator's credibility until the facilitator shared their lived experience. This personal disclosure provided important context, helping attendees to relax and build trust in the facilitator.

"One of the [facilitators] I had. I heard that I heard a comment from the floor to ask, 'what experience did she have?' Because she was kinda coming from a textbook and that's when... she said that she needed to, she felt that she needed to clear the air. And she spoke about her life of being a seller, oh she was a dealer.

And that really sort of made us all take a breath like 'Oh, OK' [joyfully shocked]. It's sort of made us stop and take a breath... But it was really good that she shared that because it put everything that she was saying into context and in perspective because of, her life that she had...

But then seeing the changes that she's made with her lifestyle of what she's done, and even to the point of going to prison and being bankrupt and all of that. She still came out to the point where she wants to help people... So, that was a great insight, and we thanked her for sharing that."

## A few participants questioned if lived experience should be shared earlier

During the focus groups, two or three participants suggested that the facilitators introduce their lived experience stories of addiction earlier in the workshop. Facilitators are provided with support and guidance to build their stories, as well as guidelines for how to share them in line with the Power of Contact methodology. These guidelines include:

- > sharing must take place after rapport has been built with participants
- > sharing is linked to content and learning outcomes
- lived experience facilitators have equal status to clinical facilitators
- Iived experience facilitators share their stories in a way they are comfortable with

While there is no specific time at which facilitators are recommended to share, enough time must have passed in a workshop for these conditions to be met. We heard from evaluation participants that this could occur part way through the day, or after lunch, or during the second session in online workshops.

One participant thought if the facilitator had established their background at the start of the workshop, instead of halfway through, those learners would have felt safer to engage in discussions and share their own experiences.

"It would have made everybody feel a bit more comfortable and safer to share... and that's when after lunch, she came back and she said that she felt like the room was unsure of where she got, where she was coming from. Her experience and all of her perspective. And she said, 'I come from a person. I this was what I did. This is why I'm here.' And that's when everybody started opening up and the stories started coming out... But had that been done at the beginning it would have made everybody feel a bit more at ease, I felt. And then people would have started sharing, because the conversations changed after lunch."

When the idea of the facilitators sharing lived experience earlier was raised, other focus group participants agreed.

"Yes... if it was early on, I think I would be more open myself. That's just kind of how I am. And the recent addictions thing we had, there was, we had people sharing from their lived experiences and it was so amazingly generous. And it made an atmosphere for the whole day right from the beginning. I recall. So yes, I like that idea, actually, that [focus group participant] brought up."

Another focus group participant felt it would have been more in line with whakawhanaungatanga at the start of the workshop for facilitators to share their lived experience up-front.

"I wonder about the opportunity to, like, bring that a little bit earlier, almost in the whakawhanaungatanga process? ... that [is]the role of whakawhanaungatanga and, pepeha from my understanding, like that's the essence of it, is about connection and doing that by whatever means feels meaningful. And considering the kaupapa, that would be quite a cool thing to bring up a little bit earlier, maybe?"

However, not every focus group participant agreed. Some argued that the sharing of lived experience would not have been as impactful if it had occurred earlier in the workshop, because the learners had time to get to know their facilitator.

"You know, addiction so common and you never know who struggles with it. And it's actually really common, and it's really normal. And so, for me, it was quite a powerful way to adjust the balance in the room. From being, 'I'm a teacher, I'm gonna teach you about this', to actually, 'I've got a lived experience of this and I'm a teacher'.

So, from my perspective, it was one of the helpful things about doing it later was we'd already started the course, so we'd already formed a picture in our minds of our facilitators. And then for the facilitators to share a very personal experience of having a lived experience. It just shifted the, I think it was something about addressing the stigma that I picked up on, doing it that way."

This perspective was shared by another focus group participant, who suggested that hearing the story halfway through the workshop was crucial to its power.

"I was actually gonna say that I thought that was a real success factor. That main story wasn't shared until after lunch because we got to know [facilitator] is a presenter and had no idea about his background. And then came the story, which, I mean, reduced many of us to tears and it. I think the power of the placement of the storytelling after lunch was crucial."

For the Power of Contact to be effective in reducing stigma, it requires the following conditions (Case Consulting Ltd., 2005):

- ) equal status
- the opportunity for individuals to get to know each other
- ) information which challenges negative stereotypes
- **)** active cooperation
- pursuit of a mutual goal.

For Addiction 101, this is implemented through establishing the lived experience facilitator as being equal to the clinical facilitator and giving time for learners to get to know them before the story is revealed. Facilitators are cooperating in pursuit of their mutual goal of learning. Then, by revealing the

information while competently leading a workshop, the facilitator challenges stereotypes about people with experience of addiction.

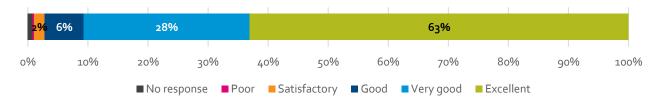
This feedback highlights a tension between the Power of Contact methodology and the comfort of some attendees. Some attendees may not feel comfortable to be open about their experience or may not recognise the expertise of the lived experience facilitator before their story is revealed. When the story is revealed, others may feel that the practice of whakawhanaungatanga was not complete and become uncomfortable.

While this feedback reflects on the comfort of some attendees, the comfort and safety of lived experience facilitators in sharing their own experience is paramount. It is ultimately the facilitator's decision when, and if, their lived experience is shared during a workshop. This feedback may provide information for facilitators to support their decisions, which we will discuss further in the discussion section.

#### Workshop facilitation was praised by participants

In our post-workshop survey respondents rated the workshop facilitation highly. Fewer than one percent rated the workshop poor, two percent rated it satisfactory, and 91 percent rated it very good or excellent as shown in Figure 11.

Figure 11: Workshop facilitation ratings



Focus group participants also praised the facilitation of the workshops, especially how varying the presentation of the content kept it interesting. This kept them motivated and enabled them to focus and learn.

"I really appreciated the diverse options of learning, like ways that we learn. So, there were videos, there was the book, there was interactive activities. So, I really appreciated the range of ways that it was delivered."

"My favourite thing about it was that every single lesson within the day... had a different means of presentation. So, you are engaged with the material differently throughout the day. Whether it was a video, or you had different exercises and that, it was changing all the time. So that's why it didn't get ever, ever get dull or boring. It didn't matter that the content wasn't that new, because it was so engaging."

Learners said that they enjoyed the workshops even when they had existing knowledge and experience in addiction.

### Workshop activities and resources were well received

Addiction 101 includes a range of activities and resources designed to engage learners and accommodate different learning styles. We asked participants to rate the usefulness of these components. The feedback was very positive: fewer than one percent rated each element as poor, 90

percent of respondents rated the resources as 'good' or 'very good' and 84 percent gave the same rating for the activities, shown in Figure 12.

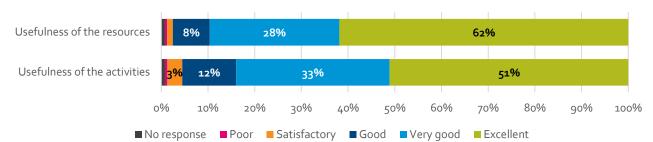


Figure 12: Ratings of how useful workshop resources and activities were

One focus group participant talked about how the continuum of change activity prompted them to reflect on how prominent smoking was throughout their lives and how normalised certain substances and addictions can be.

"The other thing I took was, there was a time they played, where you had to stand all in the line and then you had to... You had age groups of certain things and you had to go stand in the age group where you became addicted to something and that was really amazing because there was quite a few of us, majority of us actually, that stood in the age group of smoking at the age of 10! Because we all grew up with smokers and you had to light their cigarettes while they're driving. So we will started smoking real young. And so that was a real-life lesson of how quickly something that is normal can create an addiction."

They also praised the ease of access of the resources provided:

"The other thing was providing all the resources. You know everything is in one place. Yes, you can find them online, but they're never in one place, whereas you guys have put them all in one place in the booklet which made it so easy just to be able to pick that up and find them at your fingertips, which was brilliant. So, thank you."

One participant, however, asked for the workbook to be made more easily accessible:

"Digital versions of the resources, there's resources on your website but, I want a digital copy of my book that I filled in. Because I hate books, hate carrying them around. That thing is lost somewhere, and I know that it's gone, but I would have loved to have seen that. Because I love resources, but I am not good at keeping them."

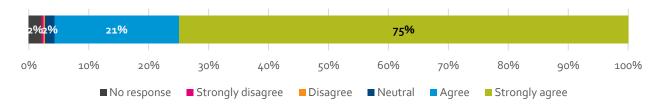
Currently online workshop attendees receive a PDF version of the Addiction 101 workbook, and inperson workshop attendees receive a physical copy. Providing access to a digital, text-readable version of the workbook for all attendees would make it more accessible, especially for those with disabilities.

After the workshop attendees are emailed a link to an online learning module which includes a variety of resources. We examined data from our e-learning platform and found that during 2023 and 2024 the Addiction 101 e-learning was accessed by 1,655 people. Of those, 89 percent made an account to access the e-learning but did not start the module. If most of those people attended Addiction 101 in the same period, this would mean approximately 61 percent of attendees accessed the e-learning and only six percent started the module. These numbers seem inconsistent with participants' expressed desire for more Addiction 101 resources. We will discuss this further in the discussion section.

#### The respectful environment helped learners feel safe

Addiction 101 aims to create a respectful learning environment where attendees feel safe to engage fully. Survey feedback indicates that this goal is being met. Across 2023 and 2024, fewer than one percent of respondents disagreed or strongly disagreed that the workshop provided a respectful environment, while 96 percent agreed or strongly agreed as shown in Figure 13.

Figure 13: Agreement with "The workshop provided a respectful environment to fully participate in"



Focus group participants echoed this strong sentiment in their discussions:

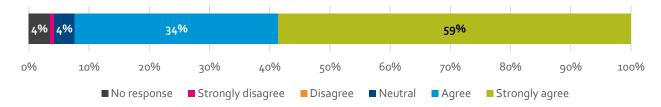
"In the facilitators creating that safe space for people and just that really calm, calm space and welcoming space, and you know, judgmental free space. Really kind of like was a demonstration kind of, of how would be nice for us to operate."

One wananga participant talked about how, while the continuum of change activity prompted reflection, they liked that facilitators didn't ask people to reveal personal details. They felt this made the space safer.

"The yo-yo thing for me was really cool... But they didn't say, 'Oh what were you taking,' you know... You know they didn't do that, I appreciated that, it wasn't like 'Oh okay, I enjoyed that korero. No, 'what were you on?' or 'where did you live then?' or 'How'd you get that job?'"

Additionally, we asked learners who attended online workshops for Addiction 101 if their workshops provided opportunities for them to actively participate. They also overwhelmingly said yes, with one percent strongly disagreeing and 92 percent of respondents agreeing or strongly agreeing shown in Figure 14.

Figure 14: Agreement with "The online workshops provided opportunities for interactive participation"



# Addiction 101 is relevant and beneficial for Māori

For this evaluation, we sought to understand how well Addiction 101 incorporates Māori cultural values and traditions and how, if at all, it aligns with or supports the aspirations of Māori. These objectives are important to Blueprint, which intends for Addiction 101 to incorporate tikanga and te ao Māori in culturally appropriate ways that meet the needs of Māori learners.

<sup>&</sup>lt;sup>7</sup> The full sample size for this question is 303, because of the smaller number of online workshop attendees.

Addiction 101 explores addiction through the lens of Te Whare Tapa Whā, a widely recognised Māori model of health described in 1985 by Tā Mason Durie (Durie, 1985). The model frames health as a wharenui, with four walls representing four interconnected dimensions of wellbeing:

- Taha Tinana physical wellbeing
- Taha Wairua spiritual health and identity
- Taha Whānau family and community health
- Taha Hinengaro mental and emotional health.

To explore how well Addiction 101 supports the needs and aspirations of Māori, we engaged a Māori researcher, Mary-Kaye Wharakura, who facilitated a wānanga with an iwi trust. We also examined our survey data through two lenses; the experience of Māori attendees and changes by attendees who work directly with Māori communities.

# Māori attendees told us Addiction 101 creates a safe learning environment

Wānanga participants shared several ways in which Addiction 101 fostered a safe learning environment for them. The inclusion of te ao Māori through Te Whare Tapa Whā, tikanga such as karakia, and the vulnerability and authenticity of facilitators were all highlighted and praised. Many also emphasised the importance of strengths-based, culturally safe discussions about addiction; particularly given its prevalence in their communities.

Of our post-workshop survey respondents, 30 percent (582 people) said they are Māori. We found that Māori rated Addiction 101 similarly to non-Māori participants, with fewer than one percent of both groups rating the workshop poor and 91 percent both of Māori and non-Māori rating the workshop very good or excellent as shown in Figure 15.

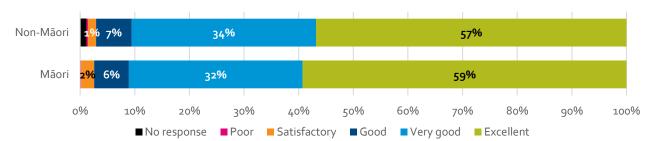


Figure 15: Overall workshop rating for Māori and non-Māori post-workshop survey respondents

When asked about the environment created in Addiction 101 workshops, Māori participants answered similarly to non-Māori. In total, fewer than one percent of Māori and non-Māori disagreed or strongly disagreed that Addiction 101 provided a respectful environment in which they could fully participate while 95 percent of non-Māori and 98 percent of Māori agreed or strongly agreed as shown in Figure 16.

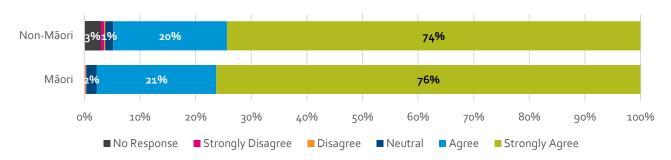


Figure 16: Environment ratings for Māori and non-Māori survey post-workshop respondents

This suggests that, broadly, Māori attendees feel welcome and able to engage with learning in Addiction 101 to the same degree as those who are not Māori.

One focus group participant spoke about the integration of Māori concepts in Addiction 101, describing the application of Te Whare Tapa Whā as thoughtful and nuanced. They appreciated the incorporation of tikanga, saying the delivery style was "generous and easy":

"I thought their style was really generous and easy. And you know, particularly on thinking about how they used the karakia through the day and how they used the model, Te Whare Tapa Whā... one of the things that I find drives me bit crazy is when that model's used, how kind-of its, that the categories are separated out so rigidly.

But as they went through the day, they acknowledged that and they were saying, "oh yeah, well, everything doesn't fit so nicely into those categories, does it?" So, I really liked how they just flowed with the Māori concepts throughout the day. And I was really pleased to be able to work with them on their use of those concepts through the day, yeah."

Another wānanga participant agreed, sharing that Te Whare Tapa Whā made the content relatable for Māori participants:

"Te Whare Tapa Whā module that was used within that Addiction 101, that what it was. Yeah, that's what I took out of that workshop. Because it was everyone being able to, just like what we did today, but we could relate. It was an easier way for people to relate to those spaces that we all get into. Than just, I don't know, having another module up there that we can't connect with."

The facilitators, and the way in which they were able to genuinely connect with their learners, was praised by wananga attendees:

"Its who is the facilitator, how they facilitate their programmes, that's the winner aye. And you are right, you got to have one that's done it or lived it or however, but it comes down to how they flow it out aye."

"And they made it very clear to us when we we're getting off topic, which I appreciated."

In her report (included in Appendix 0), Mary-Kaye concluded, "The facilitators' vulnerability and authenticity were crucial in modelling these reflective practices, underscoring the value of storytelling in educational and therapeutic settings."

Many wananga participants spoke to the value of both Addiction 101 and the wananga itself as forums for engaging in conversations about addiction and mental health – conversations that were particularly important to them as Māori.

"What is it, it's real. Like with Addiction 101, anything to do with that space probably mental health space is always a winner in a sense, if that makes sense. You get a lot."

A kuia attending the wānanga summed up the value of conversations around addiction, and Addiction 101, for Māori:

"This is life."

## Many attendees of Addiction 101 support Māori communities

We asked post-workshop survey respondents if the organisations they worked for specialised in supporting Māori, and 1,196 (62 percent) said they did. This suggests that, in addition to providing a safe learning environment for Māori, Addiction 101 may equip people from all backgrounds who work with Māori to engage more effectively with people experiencing addiction.

One focus group participant shared how Addiction 101 changed their thinking about addiction and its wider impact for whānau. They said hearing stories from facilitators changed their approach to reducing addiction in their community, focusing on supporting whānau alongside those experiencing an addiction.

"One of the other presenters presented her case as being a family member and how it was affecting her family. Her husband's addiction, his alcohol addictions and what it was doing to the family. It sorta realised, it made us realise as a centre that we've got. It's not just the ethics that we've gotta help, it's there's gotta be that assistance for the whānau as well because quite often they're suffering even more because they're still in reality. They don't have the addiction to take that reality away. And they're suffering just as much... it's really opened up our eyes to the bigger picture... It's not just the addict it's the whānau that comes out the other end as well. That's what we're aiming for."

## Wānanga attendees told us how Addiction 101 could meet their needs even more

While praising Addiction 101, wananga participants identified four areas they felt were most important to them, which might offer opportunities for improvement. These were summarised by Mary-Kaye (Appendix 0):

- 1. Increased duration and follow-up:
  - Participants suggested having more time for the workshop and a continuation or follow-up sessions to build on the learnings.
  - This would allow for more practice and application of the skills and knowledge gained, which could increase participants' confidence in implementing the learnings.
- 2. Digital resources and accessibility:
  - Participants recommended providing digital versions of the workshop materials and resources, such as editable PDFs or online access.
  - This would make the content more accessible and easier to reference and apply after the workshop.
- 3. Engaging younger generations:
  - Participants highlighted the need to design specific programmes or content to engage younger generations and address addiction-related issues they may be facing.

- This could involve using more relatable and youth-focused approaches, such as music or social media.
- 4. Culturally relevant and safe facilitation:
  - Participants emphasised the importance of having facilitators who have lived experience with addiction and a deep understanding of Māori culture and practices.
  - This cultural safety and relevance were seen as crucial for creating an environment where participants felt comfortable sharing their experiences and perspectives.

This participant wanted more time to learn and practice responding to people experiencing addiction:

"Because I know we can't do this forever, and I get that at the same time, if I had to offer a criticism, it's that...We need it more because well gives us more confidence... practice, exactly, how can we do it all in one day? You really can't.

But I get that there's constraints and I get that there's money constraints with you coming down here, because it costs money, it costs time, costs your time. So, I get that. But that's what I would want, if I could just tell you, 'this is what I would do'. 'Cause otherwise everything else was great, the whole workshop was great."

Another wananga participant shared how they could see tikanga being further incorporated into the workshop:

"Also, the holistic approach, where our whānau have options and access to rongoā Māori and things for their mental wellbeing and stuff like that. All these things have an impact on us.

And I felt like, oh, tikanga Māori being part of this would be really awesome is another feedback because it is to do with our mental wellbeing and that is part of our mental wellbeing too... Yeah in the design and everything like that. And that was the feedback that we had on this page from us."

These insights provide opportunity to further meet the needs and support the aspirations of Māori attending Addiction 101.

### Addiction 101 measurably reduces stigma

A key outcome for Addiction 101 is stigma reduction, achieved primarily through the sharing of lived experience – by facilitators using the Power of Contact methodology, in videos, and occasionally between learners.

This evaluation used a new, more robust approach to measuring how much Addiction 101 has shifted learners' attitude towards someone experiencing addiction. We included an adapted version of the Shatterproof Addiction Stigma Index Public Stigma Scale (Shatterproof, 2021) in the pre-workshop and follow-up surveys, which give us before and after measures for stigma change (see Appendix 4 to see the full adapted scale). The Public Stigma Scale uses a vignette and asks respondents questions based on it. We used the following vignette:

"John has always been a regular beer and wine drinker, usually on weekends or during special occasions. Over the past couple of years, following the breakdown of his marriage, the amount John is drinking has increased markedly, from around 12 standard drinks a week to approximately 30-40. He now regularly drinks alone at home and when he tries to have an alcohol-free day he experiences withdrawal symptoms. His workmates have noticed that he's

### been struggling to get to work on time and his family have noticed he is becoming irritable more regularly."

Because of the low response rate to follow-up surveys, the sample size for this data is 96 respondents. While the early findings are promising, the small numbers mean these findings may not accurately represent the experience of all Addiction 101 attendees.

The Public Stigma Scale is made up of three subscales – Home Life Social Exclusion, Workplace Social Exclusion, and Traditional Prejudice. To score the scales we coded responses from one (least stigmatising answer) to three (most stigmatising answer) and followed the Shatterproof approach of calculating mean scores by adding the responses for all scale items and dividing by the number of items in the scale (Shatterproof, 2024).

We have also included detailed qualitative feedback from focus group and wananga participants that speaks to the programme's impact.

Stigma reduced by 0.11 points across the whole Public Stigma Scale. The smallest reduction was in Traditional Prejudice and the largest reduction was in Workplace Social Exclusion, shown in Table 12. Because we used a different set of response options to Shatterproof, these results are not comparable to theirs. However, they do show a promising reduction in stigma which can be largely attributed to Addiction 101.

Table 12: Stigma scores for pre-workshop and follow-up surveys

	Pre-workshop	Follow-up	Difference
Public Stigma Scale	1.88	1.7	7 -0.11
Subscales:			
Home Life Social Exclusion	1.71	1.5	7 -0.14
Workplace Social Exclusion	2.11	1.9	-0.15
Traditional Prejudice	1.93	1.89	-0.04

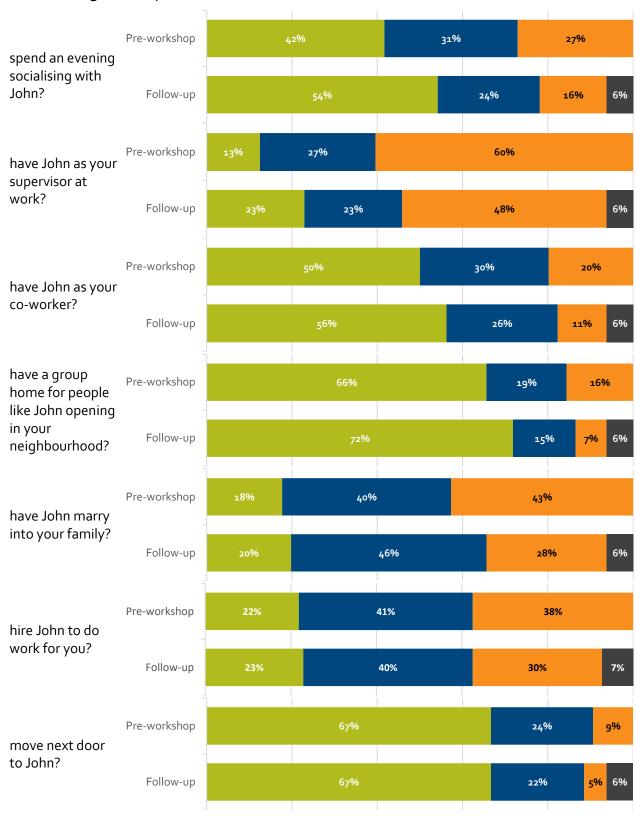
For clarity, and because of the small number of respondents, we also report the full results for each scale item. The graphs below show answers from the pre-workshop and follow-up surveys to each scale item for the Home Life Exclusion and Workplace Social Exclusion scales. Each question asks the respondent to report their willingness to engage with the person from the vignette, John, in different ways.

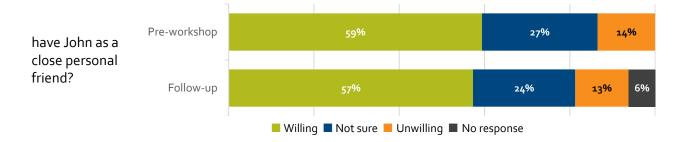
The greatest increase in willingness to engage with John was spending an evening socialising with him, from 42 percent before the workshop to 54 percent after the workshop. Across most questions there was a small 6-7 percent non-response at follow-up and a small reduction in respondents selecting the 'unsure' option.

Large reductions can be seen in some areas of unwillingness to engage with John. The number of people who would be unwilling to have John as a supervisor at work reduced from 60 percent preworkshop to 48 percent at follow-up. Similarly, the number of people unwilling to have John marry into the family reduced from 43 percent pre-workshop to 28 percent at follow-up, see Figure 17.

Figure 17: Responses to each SASI Home Life and Workplace Social Exclusion scale item in preworkshop and follow-up surveys

#### How willing would you be to...





Willingness to move next door to John and to have John as a close personal friend remained largely the same before the workshop and at follow-up.

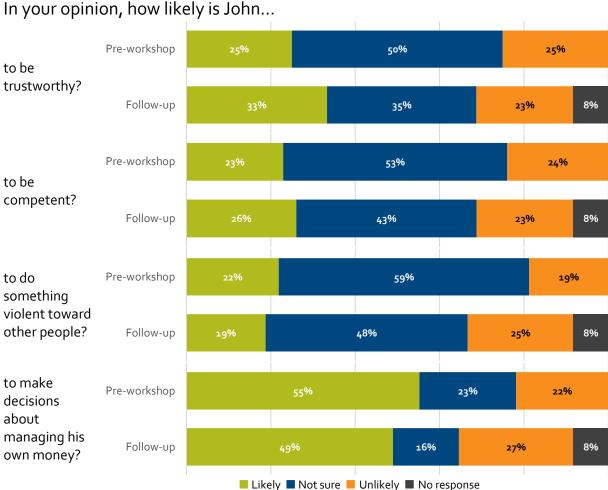
A focus group participant spoke about how hearing the stories of lived experience of addiction in the workshop challenged their assumptions about what it means to live with addiction. They reflected on how these stories prompted them to reconsider their own approach to work, learning to better relate to people experiencing addiction.

"Cause we have ideas in our head about what meth addicts look like or what alcoholics look like. And of course, so many people are functioning in their life with addiction. So, I think it's if you see somebody, like, that young man was with us [the facilitator]. And he was extraordinary, and to have such courage to share your experience...

But sometimes when you're within services, you can become a bit blase, you can become a little bit burnt out and it's really important to see the person not the issues that result from the addiction. And I think if we can help people like me, that's an old workhorse, if you can help me see it then that's an extraordinary achievement and a gift I think."

The Traditional Prejudice Scale also showed small but positive reductions in stigma at follow up. More respondents said that John was likely to be trustworthy, from 25 percent before the workshop to 33 percent at follow-up. There was a three percent increase in respondents saying John was likely to be competent and a three percent reduction in participants saying John was likely to do something violent. Counter to these findings, there was a six percent reduction in respondents saying John was likely to manage his own money. Because of the small numbers, these findings may not accurately reflect all Addiction 101 attendees. These results are shown in detail in Figure 18.

Figure 18: Responses to each SASI Traditional Prejudice Scale item in pre-workshop and follow-up surveys



One wānanga participant reflected on this change in stigma. They discussed how a facilitator's story of

lived experience challenged the stigma they held about who could be impacted by addiction.

"Some of the feedback from some of the other attendees, the stigma surrounding that workshop would have been, a lot would have had to be revolving around [the facilitator]. Because of the stigma culturally. You know pōhara [poor], rich, pōhara. Everyone had that stigma of you had to be low income, you're all on drugs. Māori, or Māori on drugs. So that's a cultural aspect... And I think with [the facilitator] facilitating that day, for ones that weren't aware, that it affects everybody in society. And that was the impact, he was one of the impacts that day with a lot of our attendees. And I'd put that down to stigma."

Future evaluations should continue to investigate stigma reduction using a validated scale before and after the workshop, to provide pre- and post-workshop data. We should consider how to increase response rates to make findings more reliable.

### **Discussion**

This evaluation shows that Addiction 101 is a very positive experience for attendees. They learn key information about addiction and gain confidence responding to people experiencing addiction while their stigma is reduced. They then take these lessons into their communities to impact the lives of people around them.

In document review and discussion with staff, we found that all recommendations from the 2022 Addiction 101 evaluation were incorporated into the programme. This included:

- a review of the post-workshop survey to ensure it reflects the current programme
- continuing promotion of the e-learning, reducing the distribution timeframe to two weeks
- a literature review to identify best practice features of follow-up support
- conducing follow-up surveys.

Throughout the survey data we saw meaningful increases in understanding and confidence under each of the key learning areas of Addiction 101. Follow-up survey data showed that this understanding and confidence was generally retained, reducing over time but remaining high. This reduction in understanding is likely due to the passage of time, as Addiction 101 becomes less fresh in learners' minds.

Attendees took what they learned and used it in a variety of ways, impacting their communities. The importance of the impact in communities emerged strongly in focus groups and follow-up surveys, and we discuss it in detail below.

All aspects of the workshop were well received by evaluation participants, but the facilitation and contributions of facilitators stood out as the most highly valued aspects of Addiction 101. We saw this in the post-workshop survey, where the most highly rated workshop elements were facilitators' sharing of lived experience stories, their facilitation styles, and the respectful and participatory environment they created. We saw this in the follow-up survey, where participants highlighted the sharing of lived experience as the most useful aspect of the workshop. The facilitation and environment created by facilitators was praised throughout the focus groups and wānanga.

"In the facilitators creating that safe space for people and just that really calm, calm space and welcoming space... Really kind of like was a demonstration kind of, of how would be nice for us to operate."

Addiction 101 facilitators can be proud of their work and the praise they have received from attendees.

As in previous evaluations, participants have told us they want more Addiction 101. We received feedback from surveys, focus groups, and the wānanga asking for 'more'. Specific requests included:

- ) longer workshops
- ) more advanced workshops
- ) more resources
- > resources available in more formats
- ) more opportunities for discussion
- **)** more opportunities to practice supporting people with addiction.

This reflects the positive experience attendees have and the value Addiction 101 provides for them, which is also reflected in the positive workshop ratings in our survey data. Beyond the learning and stigma reduction which are the intended outcomes of the workshop, benefits might include a break

from work, refreshing existing knowledge, time to discuss addiction in a safe environment, social contact, and a feeling of support.

We heard from wananga participants that the workshop was a valuable opportunity to discuss an important issue in their community and that they wanted more space for that discussion to continue. Some focus group participants also highlighted the importance of that opportunity for discussion.

Throughout the evaluation many Māori participants told us that their experience of Addiction 101 was also positive, that they felt safe to engage, that the workshop incorporated Māori values and traditions well, and that it was relevant to and supportive of them. We also heard a variety of areas we can focus on to further improve cultural safety for Māori attendees. We discuss that in more detail in a following section.

Finally, we identified a measurable shift in attitudes towards someone experiencing addiction. We adapted a version of the SASI Public Stigma Scale (Shatterproof, 2021) and included it in surveys before people attended Addiction 101 and again approximately two and a half months later. Despite the low response rate, this evidence is promising. It shows that Addiction 101 makes a measurable difference in the stigma that attendees hold towards those with addiction. This is a powerful finding, which can be made more robust in future evaluations. We discuss this further in a following section.

### Impacts go far beyond learners

Participants throughout this evaluation told us how they take the things they learn in Addiction 101 and use them to not only support others but also impact entire communities.

Through survey responses we heard that participants were more confident talking about addiction and recovery with others, they suggested self-help strategies to others more and make more effective referrals to professional support for those in their communities – both in their work and personal lives. Most follow-up survey respondents had initiated conversations with people they were concerned about and most of those conversations were well received.

Some participants told us they were using lessons and resources from Addiction 101 to educate others in the hopes that those people might also be better equipped to support people around them experiencing addiction.

Focus group attendees told us about the problematic substance use in their communities and what Addiction 101 did to help. One person said that Addiction 101 encouraged them to take a more holistic approach to addiction in their community, and that they were advocating for more workshops so others could also attend. Wānanga participants told us that the workshop was a place they could safely talk about the problematic substance use their community faced. It provided a sense of support as they work in their community.

"It's a long way to go, but Addiction 101 has been a big step in the right direction."

We could not measure these impacts in this evaluation, and some wider impacts may not be measurable. Future evaluative work could explore and measure community impacts beyond individual attendees to further understand their value to communities and funders. It is possible that the lessons of Addiction 101 impact not just attendees and the people they speak with directly but ripple out to their wider communities.

# Digital resources are provided but not used

Throughout the evaluation, we identified a tension between participants' expressed desire for more resources from Addiction 101 and the low proportion of attendees using the e-learning resources emailed to them after the workshop. Previous evaluation recognised the low uptake of the e-learning module and recommended a reduction in the time between workshop attendance and the email providing access to the e-learning. Despite this change, e-learning use remains low.

Some respondents asked for the Addiction 101 workbook to be provided in a digital format. Currently a PDF version of the Addiction 101 workbook is only provided to online workshop attendees. Emailing the existing PDF workbook to in-person workshop attendees could address this feedback simply, but more options could be considered. Blueprint could consider a more accessible digital format, providing opportunities for learners to make their own digital notes or making the workbook readable by an ereader. The digital copy of the workbook could be provided through the e-learning platform, either embedded in the platform or downloadable, creating an additional reason for learners to access the e-learning platform.

When we examined data from our e-learning platform, an interesting pattern emerged. Throughout 2023 and 2024, many people accessed the platform and made an account, about 61 percent of the number who attended Addiction 101 in the same period. But most of those people did not start the e-learning, about 89 percent. This suggests that there is interest in the e-learning, and attendees want to use it, but something is preventing them even after they make the effort to click the link and sign up. Some survey respondents told us they didn't have time to access it, despite the module being short.

Further data collection through survey, focus group, user testing, or other methods may help us understand why this is happening. This could help identify options to enable Blueprint to make the modules more accessible and help learners get more from them.

### Sharing lived experience is a taonga

During Addiction 101 workshops, a facilitator with lived experience of addiction shares their story with attendees. This sharing is aligned with the Power of Contact methodology (Case Consulting Ltd., 2005) and is done in line with guidance and support provided by Blueprint. It is a critical part of the workshop and is largely what creates the stigma reduction we have measured in this evaluation. This process is a taonga provided to Blueprint and workshop attendees through the openness and courage of facilitators with lived experience.

Evaluation participants consistently told us how much they value this sharing, how impactful it was for them, how it changed their perspectives, and how they could see it impact other learners. They regularly told us it was the most valuable part of the workshop for them.

Facilitators must be able to stand in their mana and determine how and when they share their experience. Guidance provided by Blueprint includes:

- > sharing must take place after rapport has been built with participants
- sharing is linked to content and learning outcomes
- lived experience facilitators have equal status to clinical facilitators
- lived experience facilitators share their stories in a way they are comfortable with

This guidance ensures that conditions are met for the Power of Contact and that facilitators are kept safe while sharing.

A small number of workshop attendees told us they would like facilitators to share their experience earlier, giving a few reasons. They felt that knowing about a facilitator's lived experience made them more credible and made it possible for learners to share their own experiences. One felt that delaying the sharing of this information conflicted with the practice of whakawhanaungatanga.

While this view was not shared by most participants, with some even challenging the idea, it may provide helpful insight for facilitators. Knowing that some learners feel this way may help inform their facilitation and their thinking about when and how they choose to share. In this evaluation we make no specific recommendation based on this feedback.

# Wānanga participants shared how we can increase cultural safety

Across surveys, focus groups, and the Māhia wānanga, Māori participants consistently shared positive experience of the Addiction 101 workshop. They rated the overall quality of the workshop and the safe, inclusive environment created by facilitators as highly as non-Māori. This suggests that Māori generally feel welcome and able to engage fully alongside non-Māori. Participants spoke positively about the meaningful integration of Māori models and concepts, such as Te Whare Tapa Whā, which helped make the content more relatable and culturally grounded.

"I really liked how they just flowed with the Māori concepts throughout the day."

The korero also reinforced how important the learning and open discussion around addiction was for Māori participants, both professionally and personally. Broadly, this suggests that Addiction 101 is creating a safe and inclusive environment for Māori attendees.

At the same time, participants offered thoughtful and constructive ideas for strengthening cultural safety and relevance. In the Māhia wānanga, participants suggested increasing workshop duration, adding follow-up sessions and digital resources, engaging rangatahi affected by addiction, and enhancing culturally relevant and safe facilitation. These participants expressed a strong desire for more opportunities to meet and kōrero about addiction-related challenges in their community and to practice supporting those with addiction in culturally appropriate and effective ways.

In summary Mary-Kaye Wharakura, the Māori researcher who facilitated the wānanga, made several recommendations to Blueprint. Her report is included in Appendix 1. This report should be read alongside the main evaluation, as it captures key recommendations from participants on how Blueprint can further enhance cultural safety.

Specifically, the wananga attendees recommended that Blueprint:

- include more Māori facilitators and cultural advisors
- ) offer cultural competency training to facilitators
- allow facilitators to remain genuine while respecting cultural practices through collaborative practices with local iwi or cultural leaders.

Blueprint is encouraged to explore these recommendations and consider how they could be implemented in pursuit of its goal of improving cultural safety for Māori workshop attendees, in consultation with Māori cultural advisors.

### Stigma measurement can be improved

We identified a few limitations with this evaluation, most notably with our measurement of stigma. We had small response rates to follow-up surveys resulting in small numbers for measuring stigma. The adapted SASI Public Stigma Scale used a 3-point response scale rather than a 4-point response scale, making it less comparable with findings from research and potentially reducing its reliability.

To improve stigma reduction measurement, we recommend that Blueprint continue using the adapted SASI Public Stigma Scale, correcting the response options. This could be incorporated into future evaluation or regular administrative surveys. We should consider how to increase response rates for the Public Stigma Scale administered after workshop attendance. This could involve increasing follow-up survey responses or including the scale in the post-workshop surveys, which already have high response rates. This change would improve the robustness of our stigma measurement and more strongly show the value of Addiction 101 in reducing stigma.

### Recommendations

We make these recommendations to Blueprint based on the findings of this evaluation:

- provide a digital copy of the workbook to in-person workshop attendees, considering how to make it as accessible as possible
- conduct a survey, focus groups, user testing, or other data collection with attendees to examine why use of the e-learning module is so low and make changes based on that feedback
- read the report provided by Mary-Kaye Wharakura of Wā Time and Space, and consider how recommendations from wānanga participants might be implemented, in consultation with Māori cultural advisors
- continue pre- and post-workshop measurement of stigma, either regularly or in future evaluations, making changes to improve its reliability and increase response rates

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## **Appendices**

#### 1. Findings brief: Addiction 101 workshop



Wā - Time & Space

Tīhema 11th, 2024

Findings brief: Addiction 101 Workshop
Initial Findings from Te Rongomaiwahine lwi Trust ki Māhia Wānanga

This brief presents the initial findings from the wananga held at Te Rongomaiwahine lwi Trust ki Māhia, for the impact evaluation of Addiction 101 workshops. The wananga, guided by a te ao Māori perspective, is part of Blueprint for Learning's effort to assess the impact of the Addiction101 workshops. The evaluation aims to understand how well the workshop participants, particularly those from priority groups, have sustained and applied the knowledge gained from the workshops.

#### Participant Demographics:

The participants of the wananga were kaimahi from Te Rongomaiwahine lwi Trust, including Hapori health workers, Hauora health workers, Kuia, whanau and tangata whaiora. They upheld the Trust's core values of Rongomaiwahinetanga, manaaki tangata (caring for people), and manaaki taiao (caring for the environment). All participants were Maori who whakapapa to Mahia, reflecting a deep cultural connection to their whenua and community.

This group consisted of community members aged 20 years and older who regularly engage with individuals experiencing challenges with addiction. Their roles position them as key providers of support and intervention within their communities. With a shared background in community-based care, they collectively support tangata whaiora and whānau throughout the Māhia region.

Engagement: The level of engagement during the wananga was notably high. Participants actively contributed to korero and activities, fostering a dynamic and interactive learning environment. They confidently displayed their learning from the Addiction 101 workshop, applying previously gained knowledge and skills throughout the wananga. The interactions were meaningful, with participants openly sharing their experiences and insights. This openness enriched the collective understanding and facilitated a deeper exploration of the themes discussed during the workshop.

#### Thematic Insights:

The core themes that emerged from the wananga, offered a deeper understanding of participants' experiences and perspectives. The thematic insights highlight these critical areas:

- Spiritual and cultural aspects: Participants emphasised the importance of addressing
  the spiritual and cultural dimensions of addiction. There was a strong focus on the need
  for a holistic approach that integrates tikanga Māori; practices and perspectives.
- Mental health impacts: Participants discussed the deep connection between addiction and mental health, and the need for a comprehensive approach that addresses the psychological and physical aspects of addiction.
- Stigma and language: Participants highlighted the significant impact of stigma and language on addressing addiction, and the importance of using non-judgmental and culturally appropriate terms.
- Community support and resilience: Participants emphasised the crucial role of community support and building resilience in addressing addiction, both for those struggling with addiction and their loved ones.
- Confidence and implementation: Participants shared their varying levels of confidence in implementing the learnings from the workshop, with some feeling more prepared than others. The need for more time, resources, and ongoing support was highlighted.
- Engaging younger generations: Participants recognised the importance of reaching out to younger generations and providing them with the tools and awareness to prevent and address addiction.

These thematic insights are crucial for understanding the workshop's impact and guiding future enhancements to ensure the Addiction 101 programme continues to be relevant, inclusive, and effective.

#### Te Whare Tapa Whā

**Pātai**: How had Addiction 101 reinforced their understanding of each dimension of Te Whare Tapa Whā, in the context of addiction and their community or workplace?

The Addiction 101 workshop reinforced participants' understanding of the holistic dimensions of Te Whare Tapa Whā, deepening their ability to apply this model when supporting individuals affected by addiction in their workplaces and communities. Based on the korero during wananga, each dimension of Te Whare Tapa Whā intersects in meaningful ways to promote recovery and overall wellbeing.

#### Application of the Five Dimensions

- 1. Taha Wairua Spiritual Dimension:
  - Participants emphasised the significance of spiritual wellbeing in addiction recovery, highlighting the need to avoid "numbing out" spiritual aspects during recovery.
  - The workshop reinforced the integration of Māori cultural practices and spiritual healing into addiction recovery processes, emphasising the restoration of balance and meaning.

#### 2. Taha Hinengaro - Mental/Emotional Dimension:

- The connection between addiction and mental health was explored, stressing the need for a comprehensive approach that addresses both psychological and emotional impacts
- Participants gained a better understanding of how to provide compassionate, non-judgmental support to individuals experiencing addiction-related mental health challenges.

#### 3. Taha Tinana - Physical Dimension:

- The physical effects of addiction, such as sleep deprivation and its impact on overall health, were discussed
- The workshop emphasised supporting individuals' physical wellbeing through balanced health practices, such as rest, nutrition, and exercise.

#### 4. Taha Whānau - Family/Community Dimension:

- The central role of family and community support in fostering resilience and promoting recovery was highlighted.
- Participants learned how to engage families and communities in supportive, non-judgmental ways that reduce isolation and strengthen social bonds.

#### 5. Taiao - Environmental Dimension:

- Participants explored environmental factors affecting addiction, including the government's role in regulating substance availability through import licenses and border controls
- Community-driven environmental factors, such as family support, effective communication, and collective involvement, were identified as critical for fostering recovery
- The discussion emphasised creating open-minded, non-restrictive community environments to support sustained recovery.

The Addiction 101 workshop enabled participants to deepen their understanding of the interconnected dimensions of Te Whare Tapa Whā. By addressing spiritual, mental, physical, family, and environmental wellbeing, the workshop provided a culturally responsive, holistic framework for supporting individuals in addiction recovery. Participants gained practical insights into how to apply this model through policy advocacy, community engagement, and culturally grounded support services. The use of Te Whare Tapa Whā as both a learning and evaluation framework proved highly effective, offering a culturally meaningful and reflective approach for future workshops.

#### Discussion - Applying Te Whare Tapa Whā in the Addiction 101 Workshop

The 'Te Whare Tapa Whâ' activity during the wānanga provided a powerful framework for evaluating participants' learnings from the Addiction 101 workshop. Its holistic structure enabled participants to engage deeply with evaluation questions, generating comprehensive insights across all five dimensions of wellbeing. The activity design encouraged reflection beyond the prompts, leading to richly populated worksheets filled with diverse and meaningful responses—far exceeding typical evaluation outcomes

The success of this activity lay in its alignment with participants' lived experiences and worldviews, offering a culturally grounded and intuitive method for exploring addiction-related themes. Given its effectiveness, Te Whare Tapa Whā could serve as a foundational framework for learning in future workshops, promoting both participant engagement and deeper evaluation insights.

#### **Utilisation of learnings**

**Pātai:** To what extent have participants utilised their learnings, including changes in behaviours, from the Addiction 101 workshop?

Based on the körero, the extent to which participants have utilised their learnings and made changes in their behaviours from the Addiction 101 workshop varied:

- 1. Shifting Language and Reducing Stigma:Some participants reported making concrete changes in their language and the way they refer to people dealing with addiction. They stopped using stigmatising terms like "crackhead" and made a conscious effort to use more respectful and less judgmental language.
- 2. **Reinforcement of Existing Practices:** Other participants felt that while they were already quite confident and aligned with the spiritual and holistic approach in their practice, the workshop helped to reinforce and validate their existing beliefs and practices.
- 3. Ongoing Personal Development: A few participants acknowledged that they were still in the process of fully adopting the lifestyle changes and learnings from the workshop, as they were still grappling with their own experiences and relationships with addiction.
- 4. Personal Growth and Compassion: Some participants shared how the workshop had a profound impact on them, helping them to reflect on their own past experiences and make changes in the way they support others dealing with addiction, such as being more patient and less judgmental.
- 5. Confidence Gaps Due to Lack of Lived Experience: Some participants felt less confident in providing direct advice or support to those dealing with addiction, as they did not have personal experience with it. This lack of lived experience was seen as a potential barrier to fully implementing the learnings from the workshop.
- 6. **Need for Sustained Support and Follow-Up:** Participants highlighted the need for more accessible and continuous support, such as digital resources and follow-up sessions, to sustain the impact of the workshops.

The one-off nature of the workshops was seen as a potential barrier to long-term change.

Overall, the extent to which participants have utilised their learnings from the Addiction 101 workshop varied, reflecting different stages of personal and professional growth. While some participants demonstrated immediate changes, such as adopting non-stigmatising language and applying compassionate practices, others found the workshop reinforced their existing beliefs and validated their approaches. A few participants acknowledged they were still on their journey toward fully integrating the workshop's teachings into their lives.

The discussion underscored that learning is an evolving process, with participants benefiting from ongoing support, practical resources, and opportunities for continued practice. Providing these additional supports could enhance the long-term impact of the Addiction 101 workshop, enabling participants to fully apply and sustain their learnings in both personal and professional contexts.

#### Pürākau - Storytelling Circles and Facilitation impact

Pātai: How does the facilitators' use of storytelling enhance participants' learning?

Based on the korero, the facilitators' use of storytelling and sharing personal experiences seemed to enhance the participants' awareness of their own stigma and discrimination around mental health in the following ways:

#### Relatability and personal connection:

- Participants mentioned that the facilitators' personal stories and first-hand experiences with addiction were particularly impactful and helped them better relate to the content.
- The stories provided a human element to the workshop, allowing participants to connect with the facilitators on a deeper level.

#### • Deeper understanding of the lived experience:

- Hearing the facilitators' stories gave participants a more nuanced and empathetic understanding of the lived experiences of those dealing with addiction.
- This helped participants gain a better appreciation for the challenges and complexities involved in addiction recovery.

#### • Validation and normalisation:

- The facilitators' stories helped validate the participants' own experiences and struggles, making them feel less alone in their journeys.
- Hearing the facilitators' stories also helped normalise the experiences of those dealing with addiction, reducing stigma and judgment.

#### Inspiration and hope:

- Participants expressed feelings inspired by the facilitators' ability to overcome their challenges and share their stories openly.
- This sense of inspiration and hope helped motivate participants to continue their own healing and support efforts.

#### Cultural relevance and safety:

- The fact that the facilitators were Māori and had personal experiences to share helped create a culturally safe and relevant learning environment for the participants.
- This cultural connection and understanding enhanced the participants' engagement and trust in the workshop content.

Overall, the facilitators' use of pūrākau - storytelling was a powerful tool that helped bridge the gap between the workshop content and the participants' lived experiences, fostering deeper learning, empathy, and a sense of community. By sharing personal stories and lived experiences, the facilitators created a relatable, empathetic, and culturally safe learning environment. Participants connected deeply with the content, gaining a more nuanced understanding of addiction and its complexities. The facilitators' vulnerability and authenticity were crucial in modelling these reflective practices, underscoring the value of storytelling in educational and therapeutic settings.

#### Stigma reduction

**Pātai**:Following the workshop, what were your thoughts and feelings around stigmatisation, specific beliefs or biases?

Based on the korero, some key points were raised:

#### 1. Stigmatising language:

- Participants shared how the workshop made them realise they were using stigmatising terms like "crackhead" and made a conscious effort to change their language.
- They recognised how such language can perpetuate negative stereotypes and hinder efforts to support those dealing with addiction.

#### 2. Challenging preconceptions:

- Participants discussed how the workshop helped challenge their preconceptions about addiction being limited to certain demographics or socioeconomic groups.
- The workshop highlighted the universal nature of addiction and the need to approach it without judgment or bias.

#### 3. Empathy and understanding:

- Participants expressed a deeper sense of empathy and understanding for those dealing with addiction after hearing the facilitators' personal stories and experiences.
- This helped them recognise the humanity and complexity behind addiction, rather than relying on stereotypes or biases.

#### 4. Addressing cultural stigma:

- Participants acknowledged the cultural stigma surrounding addiction within the Māori community and the need for a more inclusive, culturally-relevant approach.
- The workshop provided a safe space for participants to discuss and challenge these cultural biases.

#### 5. Overcoming personal biases:

- Some participants shared how the workshop helped them overcome their own personal biases and preconceptions about addiction, leading to a more open and understanding mindset.

#### 6. Stigma and Judgment:

- Participants discussed the significant impact of stigma and judgment towards those dealing with addiction, both within the community and in broader society.
- This stigma was seen as a major barrier to seeking help and engaging with support services.

Overall, the korero revealed that the Addiction 101 workshop was effective in prompting participants to reflect on their own beliefs, biases, and stigmatising attitudes towards addiction, and to work towards a more empathetic and culturally-responsive approach.

#### **Key Enablers of the Addiction 101 Workshop**

The evaluation of the Addiction 101 workshop highlighted several key enablers that contributed to its success. These factors played a crucial role in fostering a supportive learning environment, enhancing participant engagement, and promoting meaningful outcomes.

#### Lived Experience of Facilitators

Facilitators' personal experiences with addiction were consistently praised by participants, who found their stories relatable, inspiring, and insightful. This lived experience helped break down stigma, making the content more accessible and authentic. Participants viewed this as a significant enabler for meaningful learning and practical application.

#### Community Support and Resilience

The workshop's emphasis on community involvement and strengthening family resilience was identified as a critical enabler. Participants recognised the workshops as a way to build stronger support systems within their whānau and communities, enhancing collective wellbeing and promoting sustainable recovery pathways.

#### Holistic and Integrated Approach

The workshop's holistic approach, grounded in the Te Whare Tapa Whā model, addressed the spiritual, mental, physical, and social dimensions of addiction. This integrated perspective allowed participants to explore the complexities of addiction through a culturally relevant and comprehensive lens. They considered this holistic approach crucial for supporting long-term recovery and wellbeing.

The enablers identified in the Addiction 101 workshop demonstrate its strength-based foundation, rooted in lived experience, community support, and a holistic approach. These key factors created a supportive and empowering environment where participants felt safe to learn, share, and grow. The workshop's alignment with real-world experiences fostered meaningful engagement and practical learning. By continuing to build on these strengths, the workshop can further enhance its impact, supporting participants in their personal and professional journeys toward greater understanding, resilience, and community wellbeing.

#### Whakapai - Areas for Improvement

Pătai: Are there any areas of improvements you would recommend for the Addiction101 programme?

Based on the korero, the participants provided the following recommendations for areas of improvement for the Addiction 101 programme:

#### 1. Increased duration and follow-up:

- Participants suggested having more time for the workshop and a continuation or follow-up sessions to build on the learnings.
- This would allow for more practice and application of the skills and knowledge gained, which could increase participants' confidence in implementing the learnings.

#### 2. Digital resources and accessibility:

- Participants recommended providing digital versions of the workshop materials and resources, such as editable PDFs or online access.
- This would make the content more accessible and easier to reference and apply after the workshop.

#### 3. Engaging younger generations:

- Participants highlighted the need to design specific programmes or content to engage younger generations and address addiction-related issues they may be facing.
- This could involve using more relatable and youth-focused approaches, such as music or social media
  - Engaging with rangatahi is crucial because they are at higher risk of experiencing challenges
    related to mental health and addiction, making early intervention essential for fostering
    resilience and positive life outcomes.

#### 4. Culturally-relevant and safe facilitation:

- Participants emphasised the importance of having facilitators who have lived experience with addiction and a deep understanding of Māori culture and practices.
- This cultural safety and relevance was seen as crucial for creating an environment where participants felt comfortable sharing their experiences and perspectives.
- -Participants emphasised the importance of a culturally grounded workshop that reflects Māori culture and practices. The integration of tikanga Māori, along with culturally safe facilitation, creates an environment where participants feel respected, understood, and comfortable sharing their experiences. This cultural relevance was seen as essential for building trust and ensuring deeper engagement.

Overall, the recommendations for improving the Addiction 101 workshop emphasise the need for a more comprehensive, accessible, and culturally responsive learning experience. Suggestions such as extending the workshop's duration, offering follow-up sessions, and providing digital resources reflect a desire for deeper engagement and practical application of knowledge. Additionally, tailoring content to younger generations and ensuring culturally safe facilitation underscore the importance of inclusivity and relevance. Implementing these enhancements would strengthen the workshop's ability to support participants and their communities more effectively, fostering lasting learning and meaningful change.

#### Findings brief: Addiction 101 Workshop

#### Findings from Te Rongomaiwahine lwi Trust ki Māhia interview

#### Participant Demographics:

The interview centres on the impact of addiction within the community, focusing on personal experiences and the effects of the workshop aimed at addressing these issues. Speaker 1 discusses their increased understanding and compassion towards those struggling with addiction, particularly methamphetamine, and how it has influenced their interactions and tolerance. The workshop led to self-reflection and awareness among participants, with some reducing their alcohol consumption. The importance of genuine, culturally respectful delivery in educational settings is emphasised, along with the need for authenticity in interactions. The discussion also touches on the broader implications of addiction and the importance of **personalised**, **non-judgmental** approaches.

#### Themes, Subthemes, and Recommendations:

This section presents a detailed analysis of the key themes and subthemes that emerged from the interview following the Addiction101 wānanga. The kōrero highlighted important areas for improvement and provided actionable recommendations aimed at enhancing the programme's cultural relevance, effectiveness, and overall impact. These insights are critical for informing future adjustments to the workshop.

#### 1. Impact of Addictions on Personal Life

#### Subthemes:

- Personal stories of addiction helped participants connect with the reality of addiction.
- Real-life examples provided deeper understanding of addiction's effects on individuals and whānau

#### Recommendations:

- Continue sharing personal narratives from facilitators to humanise addiction and reduce stigma.
- · Include more lived-experience speakers to deepen participants' empathy and understanding.

#### 2. Changes in Tolerance and Compassion

#### Subthemes:

- Increased tolerance and compassion for individuals experiencing addiction.
- Participants developed greater emotional resilience through facilitated discussions.

#### Recommendations:

- · Facilitate group discussions focused on compassion and supportive practices.
- · Create reflective exercises to help participants explore their own biases.

#### 3. Self-Reflection and Community Awareness

#### Subthemes:

- The workshop encouraged self-awareness about how addiction affects communities.
- Participants reflected on their personal and professional roles in reducing addiction-related harm

#### Recommendations:

- · Include more community-focused content that explores collective responsibility.
- Add follow-up resources for participants to continue reflective learning post-workshop.

#### 4. Stigmatisation and Language

#### Subthemes:

- The workshop helped participants recognise stigmatising language and reframe how they discuss addiction
- · Emphasis on person-first language improved how participants communicate about addiction.

#### Recommendations:

- · Incorporate more language-specific training modules, focusing on reducing stigma.
- Include scenario-based activities where participants practice using inclusive and respectful language.

#### 5. Cultural Integration and Authenticity

#### Subthemes:

- Integration of tikanga Māori was valued but needed to be authentic, not performative.
- Non-Māori facilitators should involve cultural leaders such as a Kaikarakia when needed but maintain their authentic facilitation style.

#### Recommendations:

- Strengthen cultural integration by including more M\u00e4ori facilitators and cultural advisors.
- Offer cultural competency training for non-Māori facilitators to ensure tikanga Māori is upheld respectfully and appropriately.
- Allow facilitators to remain genuine while respecting cultural protocols through collaborative practices with local iwi or cultural leaders.

#### **Overall Recommendations:**

- Expand Content and Depth: Include more in-depth content on addiction psychology, treatment options, and recovery journeys.
- Enhance Participant Engagement: Continue using interactive activities like the "yo-yo" exercise, while expanding reflective exercises and group discussions.

- Increase Cultural Integration: Respectfully incorporate tikanga M\u00e3ori and cultural practices, ensuring facilitators stay authentic while engaging cultural advisors when needed.
- Focus on Stigma Reduction: Strengthen content on person-first language, stigma reduction, and how to address addiction respectfully.
- **5. Sustain Genuine Delivery:** Maintain the workshop's authenticity through genuine facilitation, real-life examples, and culturally informed practices.

These themes, subthemes, and recommendations provide a framework for enhancing the Addiction 101 workshop by deepening its educational value, promoting cultural integrity, and fostering a more compassionate, reflective, and supportive learning environment.

# 2. Focus group participant information sheet Addiction 101 Impact Evaluation

#### **Participant Information Sheet**

Thank you for taking the time to join this impact evaluation. Blueprint for Learning is conducting this follow-up evaluation of participants who completed the Addiction 101 workshop in 2023/2024. The purpose of this evaluation is to understand how you have maintained and used your learning to help inform improvements of the workshop. This document outlines further information about the focus group, and the consent to take part in the survey.

#### What is involved?

You will be involved in an in-person focus	group which will run from <b>11a</b> r	n-1pm on Monday
<b>12<sup>th</sup> August at</b> . The session will be	e facilitated by Paula	(external
contractor) accompanied by	(Evaluator, Te Pou/Blueprint fo	r Learning).

Participation in this focus group is voluntary; it is up to you if you take part. If you do not want to participate or leave before the session is over, you do not have to give a reason, and it will not affect your relationship with Blueprint for Learning.

If you agree to take part, you will be asked to read the Consent Form on the last page of this document. You can keep a copy of this Information Sheet and the Consent Form for your records.

#### What will happen with the information I provide?

With your permission, the focus group will be audio recorded and transcribed. This recording and full transcription will not be shared outside the evaluation team.

Your name and information will not be shared with anyone outside the focus group and the evaluation team. Your responses and discussion in the focus group may be combined into a summary report by Blueprint for Learning for Te Whatu Ora. All individuals will remain anonymous in the summary report, and all efforts will be made to protect the identity of participants.

Summarised findings shared with Te Whatu Ora may be published on our website, as part of academic presentations or publications, and may also be used to promote the workshop in promotional materials such as the Blueprint for Learning website, printed information, and social media platforms.

All information will be stored securely and kept confidential for a period of six years before deletion. Names of all participants will be stored separately so they cannot be linked to focus group notes. Audio recordings are stored on a password-protected computer until

analysis and writings that contribute to the research project are complete. At which point after six years, all paper documents will be shredded, and all digital data erased.

#### Right to withdraw from participation

If you decide to take part, you have the right to withdraw from participating at any time up until the data has been analysed. You do not have to give a reason, and it will not affect your relationship with any organisation involved. You can tell us you do not want to take part at any time during the focus group and you need not answer every question.

#### Risks to participating

Addiction 101 workshops discuss sensitive topics, and it is possible that revisiting aspects of this content during your focus group may cause some distress. We encourage you to take time out during the focus group if needed and seek support from your contacts or through the number below

#### Who can I contact if I need support?

Call or text 1737 – free 24-hour phone or text support

#### If you agree to take part

Your participation in the focus group will be used as consent.

#### Who can I contact if I have any questions?

 If you have any questions about this focus group or how your information may be used, please contact Katie Palmer du Preez, Manager, Evaluation at <u>Katie.PalmerduPreez@tepou.co.nz</u> or phone 09 261 3429

#### Participant Consent

I have read, or had read to me, the Participant Information Sheet and I understand what it says.

- I have been given enough time to decide to participate or not in this focus group.
- I have had the opportunity to ask questions, so I know what I am agreeing to.
- I understand that participating in the focus group is voluntary (my choice) and that I may withdraw from the focus group at any time without this affecting my relationship with any organisation involved.
- I understand that if I take part in this focus group, my details will be kept anonymous, and all efforts will be made to remove potentially identifying information about individuals from reporting.
- I agree to keep the names of participants and information shared during the focus group confidential.
- I know who to contact if I have any questions about the focus group.
- I understand the focus group will be audio recorded.
- I understand the data will be kept for a period of six years then deleted.
- By participating in this focus group, I consent to the above points.

#### 3. Wānanga participant information sheet

# Addiction 101 Impact Evaluation Wānanga with Rongomaiwahine Iwi Trust

#### **Participant Information Sheet**

Nau mai, haere mai!

Tēnā koe,

Ngā mihi nui ki a koe mō tō whai wāhi atu ki tēnei aromātai pānga. Thank you very much for your participation in this evaluation.

Blueprint for Learning is conducting a follow-up evaluation of participants who completed the Addiction 101 workshop in 2024. The purpose of this evaluation is to understand how you have maintained and used your learning to help inform improvements of the workshop. This document outlines further information about the wānanga, and the consent to take part in the survey.

#### What is involved?

You will be involved in an in-person wānanga for participants who attended Addiction 101 through Rongomaiwahine lwi Trust. It will run from 11am-1pm on Tuesday 12<sup>th</sup> November in Māhia, at the Mokotahi Hall on Ratau Street.

The session will be facilitated by Mary-Kaye Wharakura (Kairangahau – Wā – Time and Space) accompanied by James Millington (Evaluator, Te Pou/Blueprint for Learning). Kai will be provided.

Your participation in this wananga is voluntary. It is your decision if you take part. If you do not want to participate or wish to leave before the session is over, you do not have to give a reason, and it will not affect your relationship with Blueprint for Learning.

If you agree to take part, you will be asked to read the Consent Form on the last page of this document. You may keep a copy of this Information Sheet and the Consent Form for your records.

#### What will happen with the information I provide?

With your permission, the wānanga will be audio recorded and transcribed. This recording and full transcription will not be shared outside the evaluation team.

#### Data Sovereignty:

We recognise that your data is a taonga – treasure and holds significant value, not just for you individually, but also for your whānau, hapū, iwi, and broader community. Your mana – authority as an individual, and as a member of your whānau, hapū, and iwi, as well as your role in upholding mana whenua (authority over land), mana wāhine (women's authority), mana tāne (men's authority), and mana Māori (Māori authority), is deeply respected in this kaupapa.

#### Confidentiality

Your privacy is of utmost importance to us. We assure you that we will treat your information with the highest care and respect, acknowledging its significance at multiple levels. Your data will be safeguarded and used solely for the purpose of the Addiction 101 Impact Evaluation, with aims to improve the programme and increase knowledge and understanding of addiction in Aotearoa."

Your name and information will not be shared with anyone outside the wānanga or the evaluation team. Your responses and discussion during the wānanga may be combined into a summary report by Blueprint for Learning for Te Whatu Ora. All individuals will remain anonymous in the summary report, and all efforts will be made to protect the identity of all participants.

Summarised findings shared with Te Whatu Ora may be published on our website, as part of academic presentations or publications, and may also be used to promote the workshop in promotional materials such as the Blueprint for Learning website, printed information, and social media platforms.

All information will be stored securely and kept confidential for a period of six years before deletion. Names of all participants will be stored separately so they cannot be linked to wānanga notes. Audio recordings are stored on a password-protected computer until analysis and writings that contribute to the research project are complete. At which point after six years, all paper documents will be shredded, and all digital data erased.

#### Right to withdraw from participation

If you decide to take part, you have the right to withdraw from participating at any time up until the data has been analysed. You do not have to give a reason, and it will not affect your relationship with any organisation involved. You can tell us you do not want to take part at any time during the wānanga and you need not answer every question.

#### Risks to participating

Addiction 101 workshops discuss sensitive topics, and it is possible that revisiting aspects of this content during your wānanga may cause some distress. We encourage you to take

time out during the wānanga and if needed please seek support from your contacts or through the number below.

#### Who can I contact if I need support?

Call or text 1737 – free 24-hour phone or text support

#### If you agree to take part

Your participation in the wananga will be used as consent.

#### Who can I contact if I have any questions?

 If you have any questions about this focus group (wānanga) or how your information may be used, please contact Katie Palmer du Preez, Manager, Evaluation at <u>Katie.PalmerduPreez@tepou.co.nz</u> or phone 09 261 3429

#### **Participant Consent**

I have read, or had read to me, the Participant Information Sheet and I understand what it says.

- I have been given enough time to decide whether to participate or not in this wānanga.
- I have had the opportunity to ask questions, so I know what I am agreeing to.
- I understand that participating in the wānanga is voluntary (my choice) and that I
  may withdraw at any time without this affecting my relationship with any
  organisation involved.
- I understand that if I take part, my details will be kept anonymous, and all efforts will be made to remove potentially identifying information about individuals from reporting.
- I agree to keep the names of participants and information shared during the wānanga confidential.
- I know who to contact if I have any questions about the wananga.
- I understand the wananga will be audio recorded.
- I understand the data will be kept for a period of six years then deleted.
- By participating in the wananga, I consent to the above points.

#### 4. 2023 Addiction 101 post-workshop survey



#### Addiction 101 Evaluation 2023

We'd love to hear what you thought of the Addiction 101 in person or online workshops. Your feedback will help us to make sure future workshops create a positive learning environment and meet the needs of each participant.

Your feedback is anonymous. The survey results and comments may be used in a summary report for the Ministry of Health or for your organisation (if applicable) but individuals will not be identifed.

Comments made in the survey may be used anonymously to promote the in person or online workshops on the Blueprint for Learning website, in marketing collateral and on social media platforms.

At the end of the survey, you're invited to enter Blueprint for Learning's monthly draw to win a \$50 Prezzy card by providing your name and email. Your contact details are not associated with your survey answers to ensure your privacy.

If you have any questions about this survey, please contact us at info@blueprint.co.nz or on 04 381 6470.

Thank you for your participation.

Did you attend an in-person or online workshop/s	s?
☐ In person workshop	
Online workshops	

Addiction 101 E	valuation 2	2023						
In person workshop	р							
* Please rate the in person workshop's content and overall:								
	Poor Satisfactory Good Very good Exce							
Overall rating	0	0	0	0	0			
Usefulness of the content	0	$\circ$	0	$\circ$	$\circ$			
Amount of content	0	0	0	0	0			
Cultural relevance of the content	0	0	0	0	$\circ$			
* Please rate the workshop's facilitation, activities and resources:  Poor Satisfactory Good Very good Excellent								
Workshop facilitation	0	0	0	0	0			
Usefulness of the activities	0	$\circ$	0	0	$\circ$			
Usefulness of the resources (e.g. workbook)	0	0	0	0	0			
* Please rate the workshop on the following:								
	Poor	Satisfactory	Good	Very good	Excellent			
Venue and food	0	0	0	0	0			
Registration process	$\circ$	0	$\circ$	0	$\circ$			

A SECTION OF SECTION OF	01	ALC: NO.	CONTRACTOR OF THE PARTY OF THE	DADD
Addiction 1	8088	BIR CAVACIAN	RECEMBERRA	109 A G 197 ASS.

#### In person workshop

\* Please rate your agreement with the following:

	Strongly				
	disagree	Disagree	Neutral	Agree	Strongly agree
Addiction 101 has helped to meet my learning needs about addiction	0	0	0	Ō	0
The facilitators' stories added value to the workshop	0	0	0	0	$\circ$
The workshop provided a respectful and supportive environment to fully participate in	0	0	0	0	0
/hich parts of the w	vorkshop were	e most useful?	la.		
any other comments	to help expla	iin your ratings?	?		

Addiction 101 E	valuation :	2023			
Online workshops					
* Please rate the onli	ne worksho	ps' content and ov	verall:		
	Poor	Satisfactory	Good	Very good	Excellent
Overall rating	0	0	0	0	0
Usefulness of the content	$\circ$	0	$\bigcirc$	$\circ$	$\circ$
Amount of content in each online workshop	0	0	0	0	0
Cultural relevance of the content	0	0	0	0	0
* Please rate the onli	ne worksho	ps' facilitation, ac	tivities and r	esources:	
	Poor	Satisfactory	Good	Very good	Excellent
Online workshops facilitation	0	0	0	0	0
Usefulness of the activities	$\circ$	0	0	0	$\circ$
Usefulness of the resources (e.g. workbook)	0	0	0	0	0
* Please rate the onli	ne worksho	op on the following	:		
	Poor	Satisfactory	Good	Very good	Excellent
Instructions for accessing the online workshops and workbook	0	0	0	0	0
Time and schedule of the online workshops	0	0	0	0	0
Audio and video quality of the online workshops	0	0	0	0	0
Registration process		0	0	0	0

### Online workshops

\* Please rate your agreement with the following:

	Strongly disagree	Disagree	Neutral	Agree	Strongly agree		
Addiction 101 has helped to meet my learning needs about addiction	0	0	0	0	0		
The facilitators' stories added value to the online workshops	0	0	0	0	0		
The online workshops provided opportunities for interactive participation	0	0	0	0	0		
The online workshops provided a respectful and supportive environment to fully participate in	0	0	0	0	0		
Which parts of the online workshops were most useful?  Any other comments to help explain your ratings?							

Self-assessment: Understanding

We are interested in how the in person or online workshops has impacted on your knowledge and confidence around addiction. This is not a test and there are no right or wrong answers.

The following questions will ask you to rate your level of understanding after

completing the w	orkshop and	reflect on how	you felt <u>befo</u>	o <u>re</u> the worksh	op.
* My understanding	g of addiction a	and recovery us	sing the Te Wha	are Tapa Whā m	odel
	ur	2.1(C)	little Sor rstanding underst	ne Very good anding understand	
After the in person or workshops	online	0	0 0	) 0	0
<u>Before</u> the in person of workshops	or online	0	0 0	) 0	0
* My understandin	g of how stimu	lants, depressa	nts and halluci	nogens impact a	a person
	ur		little Sor rstanding underst	me Very good anding understand	
After the in person or workshops	online	0	0 0	) 0	0
<u>Before</u> the in person or online workshops		0	0 0	) 0	0
My understanding	of how brain a	nd body respon	ses are involve	ed in addiction a	nd recovery
	No understanding	A little understanding	Some understanding	Very good understanding	Excellent understanding
After the in person or online workshops	0	0	0	0	0
<u>Before</u> the in person or online workshops	0	0	0	0	0
My understanding issues	of how the lang	guage we use c	an impact on a	person experie	ncing addiction
	No understanding	A little understanding	Some understanding	Very good understanding	Excellent understanding
After the in person or online workshops	0	0	0	0	0
Before the in person	0	0	0	0	0

Addiction 101 Evaluation 202	3				
Self-assessment: Confidence					
We are interested in how the in paid in how the in paid in how the in part in how the how the how the in how the ho	nd addiction.	This is no	ot a test an	d there ar	re no right
the workshop and reflect on how				ice upter	ompleting
* My confidence in recognising the	impacts of pro	oblematic si	ubstance us	e	
	Not confident	A little confident	Somewhat confident	Confident	Very confident
After the in person or online workshops	0	0	0	0	0
$\underline{\textit{Before}}$ the in person or online workshops	0	0	0	0	0
* My confidence in knowing a range	e of strategies	to support	<b>my own</b> se	lf-care and	wellbeing
	Not confident	A little confident	Somewhat confident	Confident	Very confident
$\underline{\mathit{After}}$ the in person or online workshops	0	0	0	0	0
Before the in person or online workshops					0
* My confidence in responding supp	ortively to so	meone expe	eriencing ac	ldiction iss	ues
	Not confident	A little confident	Somewhat confident	Confident	Very confident
After the in person or online workshops	0	0	0	0	0
<u>Before</u> the in person or online workshops	0	0	0	0	0
My confidence in knowing <b>when</b> to	seek help from	n professio	nal support		
Not confident A	little confident	Somewhat confident		ident Ve	ery confident
After the in person or online workshops	0	0			0
Before the in person or online workshops	$\circ$	$\circ$			0

### My confidence in knowing $\boldsymbol{how}$ to contact appropriate professional support

	Not confident	A little confident	Somewhat confident	Confident	Very confident	
After the in person or online workshops	0	0	0	0	0	
<u>Before</u> the in person or online workshops	0	0	0	0	0	
My confidence in using the Stages of Change cycle to guide my response to people experiencing addiction issues						
	Not confident	A little confident	confident	Confident	Very confident	
After the in person or online workshops	0	0	0	0	0	
Before the in person or online workshops	0	0	0	0		

### Demographics

Please share some information about you. We want to understand more about the workshop experiences of different groups of people. This information will only be used by Blueprint and will not be used to identify individuals or shared with organisations. Summary information may be reported to NZQA and our funder, Te Whatu Ora.

Which of the following groups or commu	unities do you belong to?
Rainbow	
Disabled	
Rural	
Other (please specify)	
In what sector do you work?	
Health	<ul> <li>Industrial, eg manufacturing, construction</li> </ul>
Education	Corrections
Rural, eg farming, agriculture	Oscial services
Other (please specify)	
Which option best describes where you	work:
A government agency, eg Work and Income	e, Käinga Ora, Department of Corrections
A non-government organisation	
A private or corporate business	

* Does your organisation specialise in supporting any	of the following groups?
Māori people	
Pasifika peoples	
Asian peoples	
Children and youth	
Older people	
People in rainbow communities	
Disabled people	
Rural communities	
Other (please specify)	
None of the above	
* Your gender	
Woman/Wahine	
○ Man/Tāne	
O Non-binary	
☐ Takatāpui	
Prefer not to say	
Enter my own here	
* Your age group	
Under 25	
25 to 44	
45 to 64	
65 and over	
Which ethnic groups do you belong to?	
Māori	
Pasifika	
Asian	
New Zealand European / Pākehā	
Other (please specify)	

Thank you for completing this survey. Please provide your contact details to:

- enter our monthly draw to win a \$50 Prezzy card
- be invited to participate in our future research activities.

Blueprint for Learning regularly reviews our workshops to ensure they are the best they can be. We also carry out research to show the effectiveness of the skills and knowledge gained in each workshop.

Your details are not connected to your survey answers to ensure your privacy.

Name	
Email address	
Phone	
134	ant to be contacted about further research, please tick the box below. You will raw to win the \$50 Prezzy card.
Opt-out	

#### Addiction 101 Evaluation 2023

Thank you for completing the survey. We appreciate you taking the time to share your feedback.

If you would like to find out more about Blueprint for Learning workshops, please visit www.blueprint.co.nz or you can contact us at info@blueprint.co.nz or on 04 381 6470.

# 5. 2023 Addiction 101 follow up survey



#### 2023 Addiction 101 workshop participants' follow-up survey

#### Consent to participate

Thank you for agreeing to participate and completing the previous survey. Your insights help us understand the experiences of the programme and inform future improvements.

Blueprint for Learning is conducting a follow-up evaluation of workshop participants after they attended an Addiction 101 in-person or online workshop. We wish to understand how you have maintained and used your learning.

Participation in this evaluation involves sharing your name and completing this survey, which should take about 10 minutes.

- By providing your name, we can compare results from the evaluation you filled out just after the workshop. This means our results will be more accurate.
- Your name and information will not be shared with anyone outside the evaluation team.
- Your information will be combined into a summary report by Blueprint for Learning for Te Whatu Ora to inform improvements to the workshop.
- · No individual will be identified in summary reports.
- Your comments may also be used anonymously to promote the workshop in promotional materials such as the Blueprint for Learning website, printed collateral and social media platforms.
- If you do not opt-out, you may be contacted about your interest in participating in a focus group. You can choose to participate or not.

If you have any questions or further information about our programmes, please contact Blueprint for Learning at: info@blueprint.co.nz

Thank you for your willingness to participate in this survey. Please give your contact details below. Note your details will not be used for reporting purposes; no individual will be identifiable in summary reports.

* 1. Please provide your n	ame and e-mail address (as whe	en you attended the workshop).
First Name		
Last Name		
Email you used to register		
2. When did you attend AI	0101? (to the best of your recoll	lection) Year
Please choose the month and year	<b>\$</b>	•
3. Did you attend an Ad  In-person  Online	diction 101 in-person or online	workshop?

#### Addiction 101 scenario questions

Please read this description and select the answer that best fits for the following questions.

John has always been a regular beer and wine drinker, usually on weekends or during special occasions. Over the past couple of years, following the breakdown of his marriage, the amount John is drinking has increased markedly, from around 12 standard drinks a week to approximately 30-40. He now regularly drinks alone at home and when he tries to have an alcohol-free day he experiences withdrawal symptoms. His workmates have noticed that he's been struggling to get to work on time and his family have noticed he is becoming irritable more regularly.

4. How willing would y	ou be to move next d	oor to John?	
	Unwilling	Willing	Not sure
Now	0	0	0
Before the workshop	0	0	0
5. How willing would y	ou be to spend an eve	ening socialising with Joh	n?
	Unwilling	Willing	Not sure
Now	0	0	0
Before the workshop	0	0	0
6. How willing would y neighbourhood?	ou be to have a group	o home for people like Joh	nn opening in your
	Unwilling	Willing	Not sure
Now	0	0	0
Before the workshop	0	0	0
7. How willing would y	ou be to have John m	arry into your family?	
	Unwilling	Willing	Not sure
Now	0	0	0
Before the workshop		$\circ$	$\circ$

	Unwilling	Willing	Not sure
Now		0	0
Before the workshop	0	0	0
How willing would y	you be to hire John to o	do work for you?	
	Unwilling	Willing	Not sure
Now	0	0	0
Before the workshop	0	0	0
0. How willing would	you be to have John a Unwilling	s your supervisor at wor Willing	k? Not sure
Now			
	0	0	0
Now Before the workshop  1. How willing would	you be to have John a	s your co-worker?	0
Before the workshop	you be to have John a	s your co-worker?	Not sure
Before the workshop		50 <del>-4</del> 0-00 120-0 50 50 10	Not sure

### ADD101 stigma questions

### Please rate the following statement based on the previous scenario

12. In your opinion, how likely is John to make his own decisions about managing his own

money?	5 5		
	Unlikely	Likely	Not sure
Now	0	0	0
Before the workshop	0		0
13. In your opinion, ho	w likely is it John wou	ıld do something violent	toward other people?
	Unlikely	Likely	Not sure
Now	0	0	0
Before the workshop	0	0	0
14. In your opinion, ho	w likely is John to be	trustworthy?	
	Unlikely	Likely	Not sure
Now	0	0	0
Before the workshop	0	0	0
15. In your opinion, ho	w likely is John to be	competent?	
	Unlikely	Likely	Not sure
Now	0	0	0
Before the workshop	$\cap$	$\cap$	$\cap$

### Attitudes and beliefs

We are interested in how you rate your current knowledge around addiction. We want to understand how this changes with time after you attended a workshop. This is not a test and there are no right or wrong answers.

16. How much do you agree with the following statements?

	Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree	N/A or Don't know
A person who has experienced addiction can be a full and active member of their community	0	0	0	0	0	0
I feel comfortable talking to someone with experience of addiction	0	0	0	0	0	0
I have an understanding of how trauma leads to an addiction	0	0	0	0	0	0
I understand how to respond supportively to someone experiencing addiction challenges	0	0	0	0	0	0

2023 Addiction	i 101 worksh	op participants	s' follow-up s	survey	
Confidence					
We are interested want to understar is not a test and t	nd how this c	hanges with tin	ne after you		
17. Please rate you	r current confi	idence in recogni	sing the signs	of problemation	C:
	Not confident	A little confident	Somewhat confident	Confident	Very confident
Substance use	0	0	0	0	0
Gambling and gaming	0	0	0	0	0
18. Please rate you Tapa Whā, to suppo		idence in knowin	g a range of st	trategies, such	as Te Whare
	Not confident	A little confident	Somewhat confident	Confident	Very confident
Your <b>own self</b> -care and wellbeing	0	0	0	0	0
Other people's selfcare and wellbeing	0	0	0	0	0
19. Please rate you	r current confi	idence in:			
	Not confident	A little confident	Somewhat confident	Confident	Very confident
Responding supportively to someone experiencing addiction outcomes	0	0	0	0	0
Knowing <b>when</b> to seek help from professional support	0	0	0	0	0
Knowing <b>how</b> to contact appropriate professional support	0	0	0	0	0

### Understanding

We are interested in how you rate your current knowledge around addiction. We want to understand how this changes with time after you attended a workshop. This is not a test and there are no right or wrong answers.

20. Please rate your current understanding of the following:

	No understanding	A little understanding	Some understanding	Very good understanding	Excellent understanding
Addiction and recovery using the Te Whare Tapa Whā model	0	0	0	0	0
How recovery varies from person to person	0	0	0	0	0

21. Please rate your current understanding of how:

	No understanding	A little understanding	Some understanding	Very good understanding	Excellent understanding
Different substance types affect the brain and body (stimulants, depressants and hallucinogens)	0	0	0	0	0
Gambling and gaming impact a person's life	0	0	0	0	0
Values, attitudes and language can impact on someone experiencing addiction	0	0	0	0	0

### Attitudes and beliefs

We are interested in how much you agree that through attending the Addiction 101 workshop your attitudes and beliefs about addiction have changed.

22. How useful were the following topics covered in the workshop?

	Not very useful	A little useful	Somewhat useful	Useful	Very useful	Don't know
Te Whare Tapa Whā	0	0	0	0	0	0
Spectrum of addiction	$\circ$	0	0	$\circ$	$\circ$	$\circ$
Brain and bodily responses in addiction	0	0	0	0	0	0
Understanding how an addiction can impact a person's life	0	0	0	0	0	0
Recovery pathways/options	0	0	0	0	0	0
Stages of change	$\circ$	0	0	0	0	0

23. How useful were the following topics covered in the workshop?

	Not very useful	A little useful	Somewhat useful	Useful	Very useful	Don't know
The importance of language around addiction	0	0	0	0	0	0
The impacts of addiction on an individual and their whānau	0	0	0	0	0	0
Learning about the impact of Adverse Childhood Experiences (ACE's)	0	0	0	0	0	0
Learning about the impact of historical trauma	0	0	0	0	0	0

#### 24. How much do you agree with the following statements? Strongly Neither agree Strongly N/A or Don't disagree Disagree or disagree Agree agree know Hearing the facilitators' personal experiences of an addiction It was delivered at the right level for me to retain and use the information It was relevant to people with a range of learning styles and literacy levels It was relevant to people with diverse backgrounds and spiritual beliefs

### Professional and personal changes

We are interested in how much you agree that, after attending the Addiction 101 workshop, you have made changes to your professional practice or to support your personal, friends or families / whānau wellbeing.

25. Because of the workshop, how much do you agree with the following statements?

	Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree	N/A or Don't know
I am doing more things to maintain my own wellbeing (e.g. using Te Whare Tapa Whā)	0	0	0	0	0	0
I am suggesting self- help strategies to others more often	0	0	0	0	$\circ$	0
I am more confident talking about addiction and recovery	0	0	0	0	0	0
I have made more effective use of referrals to professional help options to friends, family, and wider community	0	0	0	0	0	0

### 26. Because of the workshop, how much do you agree with the following statements?

	Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree	N/A or Don't know
I have intervened more at an early stage to encourage people to seek help for their addiction before it got more serious	0	0	0	0	0	0
I am providing more support around addiction challenges to people I interact with at work	0	0	0	0	0	0
I am providing more support around addiction challenges to <b>friends and</b> <b>family</b>	0	0	0	0	0	0

	No	ot	A little	Somewhat		Very
	use	ful	useful	useful	Useful	useful
Job or workplace	C	)	0	0	0	0
Personal life		)	$\circ$	0	0	$\bigcirc$
gg of the first of	ill find most useful in yo	ur	work	and / or ]	person	al
gg of the first of	ill find most useful in yo	ur	work	and / or	person	al
grigo o Timente o o Americano (1998) e una procesa esta en continua da Seria do Esta de America Seria de America Grigo de Esta de America (1998) e una como como como como como como como com	ill find most useful in yo	ur	work	and / or	persor	al
8. What parts of the workshop do you st fe?  29. Since you completed the Addiction					**************************************	

30. How many tin	nes have you ini	tiated a conversation	like this since AI	0101?
1-3 times				
4-6 times				
7-10 times				
11-15 times				
16-19 times				
More than 20 ti	mes			
have had more th		or were you concerned ation like this, think a and/or whānau		
Missing from w	ork			
Conflict with ot				
Financial stress				
Erratic behavio	r			
Physical health				
○ Isolation				
Other (please s	pecify)			
	• • • • • • • • • • • • • • • • • • •			
32. Please briefly de	scribe the conv	ersation		
21110400 211011, 40				
33. How did the other	er person respo	nd to you raising cond	erns?	
		Neither positively or		
Very negatively	Negatively	negatively	Positively	Very Positively
0	0	0	O	0
34. What difference	did attending A	D101 make to how yo	u responded in tl	nis situation(s)?

### Workshop and resources

O Yes

O No

We are interested in how much you agree that the workshop and resources were useful and whether you would recommend the workshop to others. We also want to understand what types of follow-up training or support you may want.

35. How much do y	ou agree w	ith the followi	ng statemer	nts?		
	Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree	Don't know
I would recommend the workshop to other people	0	0	0	0	0	0
I have used the resources provided by Addiction 101	0	0	0	0	0	0
36. Since the works	shop, how o	ften have you	referred to	the:		
	Never	Once or twice	A few times	Several times	A lot	Don't know
Blueprint Website	0	0	0	0	0	0
AD101 workbook	0	$\circ$	0	$\circ$	0	0
37. How useful is th	ne:					
	Not very useful	A little useful	Somewhat useful	Useful	Very useful	Don't know / haven't used it
Blueprint website	0	0	0	0	0	0
AD101 workbook	0	0	0	0	0	0
Back pocket resource	0	0	0	0	0	0
38. Did you comy	plete the Ad	ldiction 101 e	-learning wh	nich was sent	to you two	weeks after

2023 Addic	ion 101 workshop j	participants'	follow-up survey	/
39. What was u	eful about the e-learn	ning?		
			ca .	
2023 Addicti	on 101 workshop pa	articipants' fe	ollow-up survey	
0. Why did you	ot complete the e-lea	rning?		
		h		

41.	Which of the following types of training or support would you want's
	Email prompts (with take home messages)
	Debriefing kit (i.e., that can be used in the workshop)
	Quarterly newsletters or useful tips mailer
	Website tools and resources
	Apps
	Follow-up or refresher Addiction 101 workshop
. Do	you have any other comments about AD101?
	A A

#### Participation in a focus group

In addition to follow-up surveys, we will periodically conduct focus group interviews. The purpose of focus groups is to find out more detail about your experiences after the workshop. If you do not wish to be contacted about participating, please tick the "opt-out" button.

If you are happy to be contacted, you can choose to participate in a focus group or not when we e-mail you. There is no requirement and not participating will have no affect on your relationship with Blueprint or your workplace.

43. I <b>do not</b> v	want to be contacted to participate in any further research. Tick the box	۲.
Opt out		
* 44. Please add	your phone number and update any contact details that have changed.	
Name		
Email Address use to register the workshop	d	
Phone Number		

#### 2023 Addiction 101 workshop participants' follow-up survey

Thank you for completing the survey, your feedback is important to us.

You will be entered into a draw for the \$40 Countdown shopping voucher and notified by e-mail 3 October 2024 if you have won.

If you would like to find out more about Blueprint for Learning workshops, please visit blueprint.co.nz

You can contact us at info@blueprint.co.nz or phone 04 3816470

# 6. 2024 Addiction 101 pre-workshop survey

### Pre Addiction 101 survey 2024

Thank you for agreeing to participate. Your insights help us understand the experiences of the programme and informs future improvements.

This survey will take approximately 5 minutes to complete. The survey measures changes in attitudes, beliefs, and behaviours related to stigma towards someone who is experiencing addiction challenges.

- All information submitted in this survey will be kept confidential
- Any comments used in reporting or on our promotional materials will be anonymous and individuals will not be identified.
- We ask for your name and e-mail address in order to be able to compare summarised survey results.
- Your name will not be linked to your survey responses once the data is matched.

If you have any questions, or for further information about our programmes, please contact Blueprint for Learning at: info@blueprint.co.nz.

* 1. Please provide your nam	e and e-mail address (as wh	en you registered for the workshop).
First name		
Last name		
Email you used to register		
2. Where will your Addiction	101 workshop take place?	
Town or city where the workshop is being held		
3. When will your Addiction		
	Month	Year
Please choose the month and the year	<b>‡</b>	•

### Pre Addiction 101 survey 2024

#### Addiction 101 scenario questions

# Please read this description and select the answer that best fits for the following questions.

\* 4. John has always been a regular beer and wine drinker, usually on weekends or during special occasions. Over the past couple of years, following the breakdown of his marriage, the amount John is drinking has increased markedly, from around 12 standard drinks a week to approximately 30-40. He now regularly drinks alone at home and when he tries to have an alcohol-free day he experiences withdrawal symptoms. His workmates have noticed that he's been struggling to get to work on time and his family have noticed he is becoming irritable more regularly.

	Unwilling	Willing	Not sure
How willing would you be to move next door to John?	0	0	0
How willing would you be to spend an evening socialising with John?	0	0	0
How willing would you be to have a group home for people like John opening in your neighbourhood?	0	0	0
How willing would you be to have John marry into your family?	0	0	0
How willing would you be to have John as a close personal friend?	0	0	0
How willing would you be to hire John to do work for you?	0	0	0
How willing would you be to have John as your supervisor at work?	0	0	0
How willing would you be to have John as your co-worker?	0	0	0

### Pre Addiction 101 survey 2024

### ADD101 stigma questions

\* 5. Please rate the following questions based on the previous description.

	Unlikely	Likely	Not sure
In your opinion, how likely is John to make his own decisions about managing his own money?	0	0	0
In your opinion, how likely is it John would do something violent toward other people?	0	0	0
In your opinion, how likely is John to be trustworthy?	0	0	0
In your opinion, how likely is John to be competent?	0	0	0

### Pre Addiction 101 survey 2024

Thank you for completing the survey, your feedback is important to us. We look forward to seeing you at the workshop.

If you would like to find out more about Blueprint for Learning workshops, please visit blueprint.co.nz

You can contact us at info@blueprint.co.nz

# 5. 2024 Addiction 101 post-workshop survey

#### Addiction 101 Evaluation 2024

We'd love to hear what you thought of the Addiction 101 in person or online workshops. Your feedback will help us to make sure future workshops create a positive learning environment and meet the needs of each participant.

Your feedback is anonymous. The survey results and comments may be used in a summary report for the Ministry of Health or for your organisation (if applicable) but individuals will not be identifed.

Comments made in the survey may be used anonymously to promote the in person or online workshops on the Blueprint for Learning website, in marketing collateral and on social media platforms.

At the end of the survey, you're invited to enter Blueprint for Learning's monthly draw to win a \$50 Prezzy card by providing your name and email. Your contact details are not associated with your survey answers to ensure your privacy.

If you have any questions about this survey, please contact us at info@blueprint.co.nz or on 04 381 6470.

Thank you for your participation.

Did you attend an in-person or online workshop	/s?
☐ In person workshop	
Online workshops	

Addiction 101 Evaluation 2024							
In person worksh	n person workshop						
* Please rate the in	person worl	kshop's content a	nd overall:				
	Poor	Satisfactory	Good	Very good	Excellent		
Overall rating	0	0	0	0	0		
Usefulness of the content	0	$\circ$	0	$\circ$	$\circ$		
Amount of content	0	0	0	0	0		
* Please rate the workshop's facilitation, activities and resources:  Poor Satisfactory Good Very good Excellent							
Workshop facilitation	0	0	0	0	0		
Usefulness of the activities	$\circ$	$\circ$	0	0	0		
Usefulness of the resources (e.g. workbook)	0	0	0	0	0		
* Please rate the workshop on the following:							
	Poor	Satisfactory	Good	Very good	Excellent		
Venue and food	0	0	0	0	0		
Registration process	0	0	0	0	0		

A ddiation	101	To Part of the last	1	2021
Addiction		Eva	EFFGEREDISE	ZUZ4

### In person workshop

\* Please rate your agreement with the following:

	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
Addiction 101 has helped to meet my learning needs about addiction	0	0	0	0	0
The facilitators' stories added value to the workshop	0	0	0	0	0
The workshop provided a respectful and supportive environment to fully participate in	0	0	0	0	0
Which parts of the v	(2)		le.		

Addiction 101 E	Evaluation	2024			
Online workshops					
* Please rate the onl	ine worksh	ops' content and	overall:		
	Poor	Satisfactory	Good	Very good	Excellent
Overall rating	0	0	0	0	0
Usefulness of the content	0	$\circ$	0	0	0
Amount of content in each online workshop	0	0	0	0	0
* Please rate the onl	ine worksh	ops' facilitation, a	ctivities and	resources:	
	Poor	Satisfactory	Good	Very good	Excellent
Online workshops facilitation	0	0	0	0	0
Usefulness of the activities	$\circ$	0	0	0	$\circ$
Usefulness of the resources (e.g. workbook)	0	0	0	0	0
* Please rate the onl	ine worksh	op on the followir	ıg:		
	Poor	Satisfactory	Good	Very good	Excellent
Instructions for accessing the online workshops and workbook	0	0	0	0	0
Time and schedule of the online workshops	0	0	0	$\circ$	0
Audio and video quality of the online workshops	0	0	0	0	0
Registration				$\sim$	

process

### Online workshops

\* Please rate your agreement with the following:

	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
Addiction 101 has helped to meet my learning needs about addiction	0	0	0	0	0
The facilitators' stories added value to the online workshops	0	0	0	0	0
The online workshops provided opportunities for interactive participation	0	0	0	0	0
The online workshops provided a respectful and supportive environment to fully participate in	0	0	0	0	0
Which parts of the	online worksh	ops were most	useful?		
			le		
Any other comment	s to help expl	ain your rating	IS?		

Self-assessment: Understanding

or online workshops

We are interested in how the in person or online workshops has impacted on your knowledge and confidence around addiction. This is not a test and there are no right or wrong answers.

The following questions will ask you to rate your level of understanding <u>after</u> completing the workshop and reflect on how you felt <u>before</u> the workshop.

completing the v	vorksnop and	a renect on n	iow you test	<u>pejore</u> the wo	orksnop.
* My understandin	g of addiction	and recovery	using the Te	Whare Tapa V	Vhā model
	und			Some Goo estanding underst	od Very good anding understanding
After the in person or workshops	online	0	0	0 0	) ()
<u>Before</u> the in person workshops	or online	0	0	0 0	
* My understandin	g of how stim	ulants, depres	ssants and ha	llucinogens im	pact a person
	und	N		Some Goo rstanding underst	od Very good anding understanding
After the in person or workshops	online	0	0	0 0	) ()
<u>Before</u> the in person workshops	or online	0	0	0 0	
My understanding	of how brain	and body resp	oonses are in	volved in addic	tion and recovery
	No understanding	A little understanding	Some g understandi	Good ng understandi	Very good ing understanding
After the in person or online workshops	0	0	0	0	0
<u>Before</u> the in person or online workshops	0	0	0	0	0
My understanding addiction issues	of how the la	nguage we us	e can impact	on a person ex	speriencing
	No understanding	A little understanding	Some g understandi	Good ng understandi	Very good ing understanding
After the in person or online workshops	0	0	0	0	0
<u>Before</u> the in person or online workshops	$\circ$	0	0	0	0
My understanding in Aotearoa commu		enerational trau	ıma impacts w	ellbeing and ad	diction issues
	No understanding	A little understanding	Some understanding	Good understanding	Very good understanding
After the in person or online workshops	0	0	0	0	0
Before the in person	0	0	_	_	

Addiction 101 Ev	aluation 202	4				
Self-assessment: Co	nfidence	_	_	_		
We are interested in knowledge and conf right or wrong answ	idence aroun					
The following quest completing the work		및 : [1] : [1] : [1] : [1] : [2] : [	THE STATE OF STREET			
* My confidence in re-	cognising the i	mpacts of a	ddiction is:	sues		
		Not confident	A little confident	Somewhat confident	Confident	Very confident
After the in person or onl	ine workshops	0	0	0	0	0
Before the in person or o	nline workshops	0	0	0	0	0
* My confidence in knowing a range of strategies to support <b>my own</b> self-care and wellbeing						
		Not confident	A little confident	Somewhat confident	Confident	Very confident
After the in person or onl	ine workshops	0	0	0	0	0
Before the in person or or	nline workshops	0	$\circ$	$\bigcirc$	$\circ$	$\circ$
* My confidence in re-	sponding supp	ortively to s	omeone ex	periencing	addiction i	issues
		Not confident	A little confident	Somewhat confident	Confident	Very confident
After the in person or onl	ine workshops	0	0	0	0	0
Before the in person or o	nline workshops	0	0	$\circ$	0	0
My confidence in know	wing <b>when</b> to	seek help fr	om profess	sional suppo	ort	
No	ot confident A li	ttle confident	Somewha confident		ident Ve	ery confident
After the in person or online workshops	0	0	0		)	0
Before the in person					2	

My confidence in knowing **how** to contact appropriate professional support

Somewhat

or online workshops

	Not confident	A little confident	confident	Confident	Very confident
After the in person or online workshops	0	0	0	0	0
Before the in person	0	0	0	0	0

My confidence in using the Stages of Change cycle to guide my response to people experiencing addiction issues  $\frac{1}{2}$ 

	Not confident	A little confident	Somewhat confident	Confident	Very confident
After the in person or online workshops	0	0	0	0	0
<u>Before</u> the in person or online workshops	0	0	0	0	0
Addiction 101 I	Evaluation 2	024			
Demographics					
In what sector do	you work?				
○ Health			_ Industrial, e	g manufacturing,	construction
Education			Corrections		
Rural, eg farmi	ng, agriculture		O Social service	ces	
Other (please s	pecify)				
Which option bes	t describes w	here you work:			
A government a	agency, eg Work	and Income, Käinga	Ora, Departmen	t of Corrections	
A non-governm	ent organisation				
A private or con	rporate business				
* Does your organ	nisation speci	alise in supporti	ing any of the	following grou	ıps?
Māori people					
Pasifika people	s				
Asian peoples					
Children and yo	outh				
Older people					
People in rainb	ow communities				
Disabled people	е				
Rural communi	ties				
Other (please s	pecify)				
None of the abo	ove				

* Your gender
Woman/Wahine
○ Man/Tāne
O Non-binary
☐ Takatāpui
Prefer not to say
○ Enter my own here
* Your age group
Under 25
25 to 44
45 to 64
65 and over
* Which ethnic groups do you belong to?  Māori Pasifika Asian New Zealand European / Pākehā Other (please specify)
Which of the following groups or communities do you belong to?  Rainbow Disabled Rural Not applicable Other (please specify)

#### Addiction 101 Evaluation 2024

Thank you for completing this survey. Please provide your contact details to:

- · enter our monthly draw to win a \$50 Prezzy card click the link for Terms and Conditions
- · be invited to participate in our future research activities.

Blueprint for Learning regularly reviews our workshops to ensure they are the best they can be. We also carry out research to show the effectiveness of the skills and knowledge gained in each workshop.

Your details are not connected to your survey answers to ensure your privacy.

* Name	
* Email address used to register the workshop	
Phone	
If you do not want to be contacted about furth will still go in the draw to win the \$50 Prezzy	

#### Addiction 101 Evaluation 2024

Thank you for completing the survey. We appreciate you taking the time to share your feedback.

If you would like to find out more about Blueprint for Learning workshops, please visit www.blueprint.co.nz or you can contact us at info@blueprint.co.nz or on 04 381 6470.

## 7. 2024 Addiction 101 follow-up survey



#### Addiction 101 follow-up survey 2024

#### Consent to participate

Thank you for agreeing to participate and completing the previous survey. Your insights help us understand the experiences of the programme and inform future improvements.

Blueprint for Learning is conducting a follow-up evaluation of workshop participants after they attended an Addiction 101 in-person or online workshop. We wish to understand how you have maintained and used your learning.

Participation in this evaluation involves sharing your name and completing this survey, which should take about 10 minutes.

- By providing your name, we can compare results from the evaluation you filled out just after the workshop. This means our results will be more accurate.
- Your name and information will not be shared with anyone outside the evaluation team.
- Your information will be combined into a summary report by Blueprint for Learning for Te Whatu Ora to inform improvements to the workshop.
- · No individual will be identified in summary reports.
- Your comments may also be used anonymously to promote the workshop in promotional materials such as the Blueprint for Learning website, printed collateral and social media platforms.
- If you do not opt-out, you may be contacted about your interest in participating in a focus group. You can choose to participate or not.

If you have any questions or further information about our programmes, please contact Blueprint for Learning at: info@blueprint.co.nz

Thank you for your willingness to participate in this survey. Please give your contact details below. Note your details will not be used for reporting purposes; no individual will be identifiable in summary reports.

* 1. Please provide your na	ame and e-mail address (as whe	en you attended the workshop).
First Name		
ast Name		
Email you used to register		
2. When did you attend AE	0101? (to the best of your recoll	lection) Year
Please choose the month and year	<b>+</b>	
3. Did you attend an Ad	diction 101 in-person or online	workshop?

#### Addiction 101 scenario questions

# Please read this description and select the answer that best fits for the following questions.

4. John has always been a regular beer and wine drinker, usually on weekends or during special occasions. Over the past couple of years, following the breakdown of his marriage, the amount John is drinking has increased markedly, from around 12 standard drinks a week to approximately 30-40. He now regularly drinks alone at home and when he tries to have an alcohol-free day he experiences withdrawal symptoms. His workmates have noticed that he's been struggling to get to work on time and his family have noticed he is becoming irritable more regularly.

	Unwilling	Willing	Not sure
How willing would you be to move next door to John?	0	0	0
How willing would you be to spend an evening socialising with John?	0	0	0
How willing would you be to have a group home for people like John opening in your neighbourhood?	0	0	0
How willing would you be to have John marry into your family?	0	0	0
How willing would you be to have John as a close personal friend?	0	0	0
How willing would you be to hire John to do work for you?	0	0	0
How willing would you be to have John as your supervisor at work?	0	0	0
How willing would you be to have John	0	0	0

#### ADD101 stigma questions

5. Please rate the following questions based on the previous description.

	Unlikely	Likely	Not sure
In your opinion, how likely is John to make his own decisions about managing his own money?	0	0	0
In your opinion, how likely is it John would do something violent toward other people?	0	0	0
In your opinion, how likely is John to be trustworthy?	0	0	0
In your opinion, how likely is John to be competent?	0	0	0

#### Addiction 101 follow-up survey 2024

#### Attitudes and beliefs

We are interested in how you rate your current knowledge around addiction. We want to understand how this changes with time after you attended a workshop. This is not a test and there are no right or wrong answers.

6. How much do you agree with the following statements?

	Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree	N/A or Don't know
A person who has experienced addiction can be a full and active member of their community	0	0	0	0	0	0
I feel comfortable talking to someone with experience of addiction	0	0	0	0	0	0
I have an understanding of how trauma leads to an addiction	0	0	0	0	0	0
I understand how to respond supportively to someone experiencing addiction challenges	0	0	0	0	0	0

Addiction	101	fol	low-up survey	2024
			LOW GO GOLL YOU	B

#### Confidence

We are interested in how you rate your current knowledge around addiction. We want to understand how this changes with time after you attended a workshop. This is not a test and there are no right or wrong answers.

is not a test and	there are no i	right or wrong	answers.		
7. Please rate your	current confid	lence in recognis	sing the signs o	of problematic:	
	Not confident	A little confident	Somewhat confident	Confident	Very confident
Substance use	0	0	0	0	0
Gambling and gaming	0	0	0	0	0
8. Please rate your Tapa Whā, to supp		lence in knowing		ategies, such a	as Te Whare
	Not confident	A little confident	Somewhat confident	Confident	Very confident
Your <b>own self</b> -care and wellbeing	0	0	0	0	0
Other people's selfcare and wellbeing	0	0	0	0	0
9. Please rate your	current confid	lence in:			
	Not confident	A little confident	Somewhat confident	Confident	Very confident
Responding supportively to someone experiencing addiction outcomes	0	0	0	0	0
Knowing <b>when</b> to seek help from professional support	0	0	0	0	0
Knowing <b>how</b> to contact appropriate professional support	0	0	0	0	0

Understanding	
We are interested in how you rate your current knowledge around addiction. We	

We are interested in how you rate your current knowledge around addiction. We want to understand how this changes with time after you attended a workshop. This is not a test and there are no right or wrong answers.

10. Please rate your current understanding of the following:

Addiction 101 follow-up survey 2024

	No understanding	A little understanding	Some understanding	Very good understanding	Excellent understanding
Addiction and recovery using the Te Whare Tapa Whā model	0	0	0	0	0
How recovery varies from person to person	0	0	0	0	0
1. Please rate you	r current unde	rstanding of ho	w:		
	No	A little	Some	Very good	Excellent

	No understanding	A little understanding	Some understanding	Very good understanding	Excellent understanding
Different substance types affect the brain and body (stimulants, depressants and hallucinogens)	0	0	0	0	0
Gambling and gaming impact a person's life	0	0	0	0	0
Values, attitudes and language can impact on someone experiencing addiction	0	0	0	0	0

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NOVE AND TAXABLE PARTICULAR PROPERTY OF THE PERSON NAMED IN	falsfaW.V.PetsdaW	ourvey 404.	æ

#### Attitudes and beliefs

We are interested in how much you agree that through attending the Addiction 101 workshop your attitudes and beliefs about addiction have changed.

12. How useful were the following topics covered in the workshop?

	Not very useful	A little useful	Somewhat useful	Useful	Very useful	Don't know
Te Whare Tapa Whā	0	0	0	0	0	
Spectrum of addiction	$\circ$	0	0	0	0	0
Brain and bodily responses in addiction	0	0	0	0	0	0
Understanding how an addiction can impact a person's life	0	0	0	0	0	0
Recovery pathways/options	0	0	0	0	0	0
Stages of change	$\circ$	0	0	0	0	$\circ$

13. How useful were the following topics covered in the workshop?

	Not very useful	A little useful	Somewhat useful	Useful	Very useful	Don't know
The importance of language around addiction	0	0	0	0	0	0
The impacts of addiction on an individual and their whanau	0	0	0	0	0	0
Learning about the impact of Adverse Childhood Experiences (ACE's)	0	0	0	0	0	0
Learning about the impact of historical trauma	0	0	0	0	0	0

## 14. How much do you agree with the following statements?

	Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree	N/A or Don't know
Hearing the facilitators' personal experiences of an addiction	0	0	0	0	0	0
It was delivered at the right level for me to retain and use the information	0	0	0	0	0	0
It was relevant to people with a range of learning styles and literacy levels	0	0	0	0	0	0
It was relevant to people with diverse backgrounds and spiritual beliefs	0	0	0	0	0	0

#### Professional and personal changes

We are interested in how much you agree that, after attending the Addiction 101 workshop, you have made changes to your professional practice or to support your personal, friends or families / whānau wellbeing.

15. Because of the workshop, how much do you agree with the following statements?

	Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree	N/A or Don't know
I am doing more things to maintain my own wellbeing (e.g. using Te Whare Tapa Whā)	0	0	0	0	0	0
I am suggesting self- help strategies to others more often	0	0	0	0	0	0
I am more confident talking about addiction and recovery	0	0	0	0	0	0
I have made more effective use of referrals to professional help options to friends, family, and wider community	0	0	0	0	0	0

16. Because of the	workshop	, how much	do you agree v	with the foll	owing state:	nents?
	Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree	N/A or Don't
I have intervened more at an early stage to encourage people to seek help for their addiction before it got more serious	0	0	0	0	0	0
I am providing more support around addiction challenges to people I interact with at work	0	0	0	0	0	0
I am providing more support around addiction challenges to <b>friends and</b> <b>family</b>	0	0	0	0	0	0
Addiction 101 fo 7. Since you comple workshop been for yo	ted the Ado		vorkshop, how	useful has	what you lea	rned in the
					A tle Somewhat eful useful	Very Useful useful
Job or workplace				0 (	0 0	0 0
Personal life				0 (	0 0	0 0
8. What parts of the ife?	workshop	do you still f	ind most usefu	ll in your wo	ork and / or p	personal
			di di			
19. Since you comp someone whose su	bstance us	e and gambli				ersation wit

nes have you init	tiated a conversation l	ke this since AI	0101?
mes			
an one conversa	tion like this, think ab		
pecify)			
scribe the conve	ersation		
	4		
er person respor	nd to you raising conce	erns?	
Negatively	Neither positively or negatively	Positively	Very Positively
0	0	0	0
did attending Al	D101 make to how you	responded in t	his situation(s)?
	of their behavio an one conversa rom friends, family, ork hers  cecify)  scribe the conversa er person respon	of their behavior were you concerned an one conversation like this, think about the friends, family, and/or whanau ork there.  Decify)  Scribe the conversation  Per person respond to you raising concerned to you raising c	of their behavior were you concerned about? (select a an one conversation like this, think about the most recommend friends, family, and/or whānau bork theres  receify)  scribe the conversation  er person respond to you raising concerns?  Neither positively or

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Addiction		tollow-un	SHTVAV	
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#### Workshop and resources

We are interested in how much you agree that the workshop and resources were useful and whether you would recommend the workshop to others. We also want to understand what types of follow-up training or support you may want.

	25.	How	much	do	vou	agree	with	the	following	statements?
--	-----	-----	------	----	-----	-------	------	-----	-----------	-------------

25. How much do y	ou agree w	itii tiito ioiiowi	ng statemer	163.		
	Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree	Don't know
I would recommend the workshop to other people	0	0	0	0	0	0
I have used the resources provided by Addiction 101	0	0	0	0	0	0
26. Since the works	hop, how o	ften have you	referred to	the:		
	Never	Once or twice	A few times	Several times	A lot	Don't know
Blueprint Website	0	0	0	0	0	0
AD101 workbook	0	0	0	0	0	0
27. How useful is th	Not very useful	A little useful	Somewhat useful	Useful	Very useful	Don't know / haven't used it
Blueprint website	0	0	0	0	0	0
AD101 workbook	0	0	$\circ$	0	0	0
Back pocket resource	0	0	0	0	0	0
28. Did you compyour training?  Yes No		ddiction 101 e	-learning wh	nich was sent	to you two v	weeks after

Addiction 101 follow-up survey 2024
29. What was useful about the e-learning?
Addiction 101 follow-up survey 2024
30. Why did you not complete the e-learning?
Addiction 101 follow-up survey 2024
Addiction 101 follow-up survey 2024  31. Which of the following types of training or support would you want?
31. Which of the following types of training or support would you want?
31. Which of the following types of training or support would you want?  Email prompts (with take home messages)
31. Which of the following types of training or support would you want?  Email prompts (with take home messages)  Debriefing kit (i.e., that can be used in the workshop)
31. Which of the following types of training or support would you want?  Email prompts (with take home messages)  Debriefing kit (i.e., that can be used in the workshop)  Quarterly newsletters or useful tips mailer
31. Which of the following types of training or support would you want?  Email prompts (with take home messages)  Debriefing kit (i.e., that can be used in the workshop)  Quarterly newsletters or useful tips mailer  Website tools and resources
31. Which of the following types of training or support would you want?  Email prompts (with take home messages)  Debriefing kit (i.e., that can be used in the workshop)  Quarterly newsletters or useful tips mailer  Website tools and resources  Apps

#### Participation in a focus group

In addition to follow-up surveys, we will periodically conduct focus group interviews. The purpose of focus groups is to find out more detail about your experiences after the workshop. If you do not wish to be contacted about participating, please tick the "opt-out" button.

If you are happy to be contacted, you can choose to participate in a focus group or not when we e-mail you. There is no requirement and not participating will have no affect on your relationship with Blueprint or your workplace.

33. I do not want to be cont	acted to participate in any further research. Tick the box.
Opt out	
* 34. Please add your phone nu	mber and update any contact details that have changed.
Name	
Email Address used to register the workshop	
Phone Number	

#### Addiction 101 follow-up survey 2024

Thank you for completing the survey, your feedback is important to us.

You will be entered into a draw for the \$40 Countdown shopping voucher and notified by e-mail 3 October 2024 if you have won.

If you would like to find out more about Blueprint for Learning workshops, please visit blueprint.co.nz

You can contact us at info@blueprint.co.nz or phone 04 3816470