Medication impaired driving in New Zealand

Internal assessment resource – Health Level 3

This resource supports assessment against:

**Achievement Standard 91461 – Analyse a New Zealand health issue**

5 credits

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| This resource:   * clarifies the requirements of the assessment standard * supports good assessment practice * should be subjected to the school’s usual assessment quality assurance process * should be modified to make the context relevant to students in their school environment and ensure that submitted evidence is authentic. |

### Authenticity of evidence

Using this assessment resource without modification may mean that students’ work is not authentic. Teachers must manage authenticity for any assessment from a public source because students may have access to the assessment schedule or student exemplar material. The teacher may need to change figures, measurements or data sources. They also may need to set a different context or topic to be investigated or a different text to read or perform.

# Teacher guidelines

The following guidelines are supplied to enable teachers to carry out valid and consistent assessment using this internal assessment resource.

Teachers need to be very familiar with the outcome being assessed by Achievement Standard Health 91461. The achievement criteria and the explanatory notes contain information, definitions, and requirements that are crucial when interpreting the standard and assessing students against it.

## Context and setting

This assessment requires students to write a report designed for publication in a current affairs magazine, in which they will perceptively analyse medication impaired driving in New Zealand. The magazine article will concentrate on prescription and over-the-counter medications and link to one of the following age groups: 15-24 year olds, 25-44 year olds, 45-64 year olds, 65+.

This assessment should be held in conjunction with a teaching programme that includes:

* interpreting information (for example, readings, graphs and other statistics)
* assessing determinants of health involved in medication impaired driving in New Zealand
* considering how individuals and their relationships with other people and the whole of society can be affected by medication impaired driving in New Zealand
* analysing effective strategies for enhancing health relating to medication impaired driving considering strategies that address the factors influencing medication impaired driving in the first place.

Teachers and students will source appropriate resources and readings that will support the students’ analysis as they complete the activity. The students’ research will not be assessed, but they will need to use it to complete their magazine feature, which will be assessed.

## Conditions

The report will be written individually, over approximately 3–4 hours of class time.

Students may work with other students and consult with you while researching their ethical issue, but they must write their report independently.

A visual or oral presentation could be used in conjunction with, or instead of, the written report. Students could present their report in an e-format.

See Level 3 Health Education Conditions of Assessment regarding ‘Authenticity’.

## Resource requirements

This is a resource-based assessment. Students will need to have access to current and recent New Zealand medication impaired driving research and information.

See Level 3 Health Education Conditions of Assessment regarding ‘Supporting evidence’.

## Additional information

Explanatory note 3 stipulates that the New Zealand health issue is one affecting the well-being of an identified community or sector in New Zealand, and which is a matter of public concern.

Medication impaired driving in New Zealand

Internal Assessment Resource

**Achievement Standard Health 91461: Analyse a New Zealand health issue**

Resource reference: Health 3.1

Credits: 5

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| Achievement | Achievement with Merit | Achievement with Excellence |
| Analyse a New Zealand health issue. | Analyse, in-depth, a New Zealand health issue. | Analyse, perceptively, a New Zealand health issue. |

# Student instructions

## Introduction

This assessment activity requires you to apply a critical perspective to analyse medication impaired driving in New Zealand. You will produce a report that could be published in a current affairs magazine. Your report will concentrate on prescription and over-the-counter medications and will focus on one of the following age groups:

* 15-24 year olds
* 25-44 year olds
* 45-64 year olds
* 65+

You will be assessed on:

* your explanation of why medication impaired driving is a health issue in New Zealand
* how perceptively you consider the major determinants of health (for example: political, cultural, economic or lifestyle determinants) that influence medication impaired driving, the implications of medication impaired driving for individuals, for teenagers’ relationships with others, and for wider New Zealand society
* the recommendations you make for reducing medication impaired driving harm and enhancing well-being for people in New Zealand.

You will also be assessed on how well you support the points you present in your report with evidence from your research. Supporting evidence must be referenced as per the instructions provided by your teacher.

## Task

You will have approximately 3–4 hours of class time to individually write your report. This is a resource-based assessment. You are able to access resources gathered in your programme of learning as you write your report.

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| Teacher note These instructions will need to be refined to suit the method of presentation for the report if an alternative form of presentation is chosen. Other possible formats include an e-format or as a visual or oral presentation, in conjunction with or instead of a written report. |

In your report, critically and thoughtfully analyse medication impaired driving in New Zealand by doing the following.

Explain why medication impaired driving is a health issue.

Explain at least three major determinants of health (for example: political, cultural, economic or lifestyle determinants) that are influencing medication impaired driving in New Zealand and describe the nature of each determinant as well as how it is influencing medication impaired driving.

Explain implications of medication impaired driving (the positive and the negative aspects; short-term and long-term impacts) for the well-being of individuals, their relationships with others, and for society as a whole – the local community as well as New Zealand society.

Recommend at least two strategies to reduce medication impaired driving harm and improve health outcomes for people in relation to medication impaired driving in New Zealand. You will explain:

* the nature of each strategy (what actions are involved)
* how medication impaired driving harm will be reduced and health outcomes will be improved for people in New Zealand.

In your analysis, you should respond thoughtfully to the underlying concepts of the health learning area (that is: hauora, socio-ecological perspective, health promotion and attitudes and values).

You should make clear links between the determinants, the implications for well-being and your recommended strategies for reducing medication impaired driving harm.

Make sure you support all the points you outline in your report with evidence from your research.

Supporting evidence (someone else’s ideas, quotations) must be referenced as per the instructions provided by your teacher.

## Assessment schedule: Health 91461 Medication Impaired Driving by young people in New Zealand

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| Evidence/Judgements for Achievement | Evidence/Judgements for Achievement with Merit | Evidence/Judgements for Achievement with Excellence |
| The student produces a report that analyses medication impaired driving in New Zealand.  In their report, the student has applied a critical perspective to the issue by:   * explaining why medication impaired driving is a health issue in New Zealand * explaining at least three determinants of health that are influencing medication impaired driving in New Zealand, including the major determinants of health (cultural, political, economic and/or lifestyle) * explaining the implications for the well-being of individuals and their relationships with others and with wider society * making and explaining at least two strategies to bring about more equitable outcomes in relation to medication impaired driving in New Zealand.   The student supports their analysis with evidence from credible sources that are relevant to New Zealand.  For example (Medication impaired driving of 15-24 year-olds):  *Young people are heavily influenced by three major factors within the cultural determinant. They are the culture of driving, alcohol and westernised medicine.*  *Driving in New Zealand is an important part of people lives. It helps people get to where we need to be and enables us to get to what we need to do to carry on with our daily lives. Driving links our homes, our families, our workplaces and our social lives.*  *New Zealander drivers have a “right to drive mentality” which is paired up with the “she’ll be right” attitude.*  *According to Waka Kotahi they show that in 2016 68 people out of every 100 hold a driver’s licence and 13% of those fall into the 15-24 years age bracket.*  *Young drivers aged between 15-19 are most likely to be involved in fatal or injury crashes per km driven. Young male drivers in this age group are 11 times more likely to be involved in a fatal or injury crash then male driver aged 55-59. The proportion of 15 to 17-year-olds who drank alcohol in the past year was 59% in 2011/12 (Ministry of Health, 2013) and the proportion of 18 to 24-year-olds who drank alcohol in the past year in 2011/12 was 85% (Ministry of Health, 2013).*  *New Zealand has a culture of Western Scientific*  *Medicine. For example, when you are feeling unwell*  *(physically or mentally) you go to the doctor*  *and they prescribe medicine. We also*  *buy over-the-counter medicines from the pharmacy*  *to treat minor ailments. In New Zealand there are over 7 million new prescriptions each year that could impair driving. Within the 15-24 year-age group 1 in 5 (20%) of prescription medicines could impair driving.*  Effects for individuals are variable and potentially dangerous. Physically a driver could experience a range of symptoms including but not limited to sleepiness, blurred vision, headaches, slowed reactions, dizziness, nausea, slurred speech. Mentally and emotionally a driver could experience confusion, inability to focus and a feeling of being ‘wired’ or overconfident. These symptoms could lead to impairment which could cause an accident leading to injury and/or death of themselves or another. The effect of a person’s hauora/well-being after an accident could range from but is not limited to sadness and a feeling of shame due to friends and family finding out. The person could be in some discomfort or pain due to his/her injuries. These injuries could mean to time off work or even worse, loss of a job because a driver’s licence was required as part his/her and they have since lost their licence as a consequence from the accident. This could lead to loss of income and isolation as s/he no longer can drive from A –B which will impact on his/her social well-being. The shame that is causes could also affect his/her relationships with his/her family and friends. They may distant themselves as they feel anger and resentment toward the person.  I recommend that all drivers between the age of 15-25 use the Drive resources developed by Waka Kotahi and ACC. Drive is a free website www.drive.govt.nz. It is an ongoing project designed to help young people become confident, capable drivers. Drive’s suite of resources raises awareness and educates young people about the graduated drivers licence system and the risks associated with driving. It encourages drivers to have safe to drive conversations with peers and mentors which could include GPs and Pharmacists regarding driving while medicated. Knowledge gained from this could enhance the well-being of the individual as well as all New Zealanders if we have safer drivers on our roads. Once young people are more knowledgeable around the risks of medication impairment it will empower them to make safer decisions when driving.  *The examples above relate to only part of what is required, and are just indicative.* | The student produces a report that analyses, in-depth, medication impaired in New Zealand.  In their report, the student has applied a critical perspective to the issue by:   * recommending strategies for addressing the health issue that take into account the major determinants of health on the issue.   The student supports their analysis by the use of detailed evidence.  For example (Medication impaired driving of 15-24 year olds):  *Young people are heavily influenced by three major factors within the cultural determinant. They are the culture of driving, alcohol and westernised medicine.*  *Driving in New Zealand is an important part of people lives. It helps people get to where we need to be and enables us to get to what we need to do to carry on with our daily lives. Driving links our homes, our families, our workplaces and our social lives.*  *New Zealander drivers have a “right to drive mentality” which is paired up with the “she’ll be right” attitude.*  *According to Waka Kotahi they show that in 2016 68 people out of every 100 hold a driver’s licence and 13% of those fall into the 15-24 years age bracket.*  *Young drivers aged between 15-19 are most likely to be involved in fatal or injury crashes per km driven. Young male drivers in this age group are 11 times more likely to be involved in a fatal or injury crash then male driver aged 55-59. The proportion of 15 to 17-year-olds who drank alcohol in the past year was 59% in 2011/12 (Ministry of Health, 2013) and the proportion of 18 to 24-year-olds who drank alcohol in the past year in 2011/12 was 85% (Ministry of Health, 2013).*  *New Zealand has a culture of Western Scientific*  *Medicine. For example, when you are feeling unwell (physically or mentally) you go to the doctor and they prescribe medicine. We also*  *buy over-the-counter medicines from the chemist to treat minor ailments. In New Zealand there are over 7 million new prescriptions each year that could impair driving. Within the 15-24 year-age group 1 in 5 (20%) of prescription medicines could impair driving. The most common types of medications within this age group are pain killers, ADHD medication, depression and sleep medication, allergy pills and anti-nausea pills. In a recent survey conducted by Waka Kotahi the results showed that of those in the 15-24 years age bracket 69% used one or more of the above medications. In addition, 15% then combined this with alcohol.*  In New Zealand we pride ourselves on being able to travel from A – B using a motor vehicle It gives those drivers in the 15-24 years age bracket a sense of independence and a way to and from school, work and social events with family and friends. However, these drivers are relatively inexperienced and lack effective decision making skills as their pre-frontal cortex is not fully developed until the age of 25. It is this attitude associated with the ineffective ability to make well-informed decisions that leads to a higher risk of injury whilst driving. When this combination is then mixed with medication with her without alcohol the risk becomes even higher. Research shows that when you drive with only alcohol you are 13 times more likely to be involved in a fatal crash. However, when you mix alcohol with other drugs (which could be prescriptions and over-the-counter) you are 23 times more likely to be involved in a fatal accident. In 2016 the road toll for 15-24 year olds showed that 27% of drivers were killed and 26% were injured.  I recommend that all drivers between the age of 15-25 use the Drive resources developed by Waka Kotahi and ACC. Drive is a free website www.drive.govt.nz. It is an ongoing project designed to help young people become confident, capable drivers. Drive’s suite of resources raises awareness and educates young people about the graduated drivers licence system and the risks associated with driving. It encourages drivers to have safe to drive conversations with peers and mentors which could include GPs and Pharmacists regarding driving while medicated. Knowledge gained from this could enhance the well-being of the individual as well as all New Zealanders if we have safer drivers on our roads. Once young people are more knowledgeable around the risks of medication impairment it will empower them to make safer decisions when driving. Drivers in New Zealand might have more confidence to enjoy travelling on our roads whether it be to work, transporting family members to school and social events or going on holiday as drivers should be able to make safe decisions if they are not impaired by any form of prescription or over the counter medication.  *The examples above relate to only part of what is required, and are just indicative.* | The student produces a report that perceptively analyses medication impaired driving in New Zealand.  In their report, the student has applied a critical perspective to the issue by:   * recommending strategies based on a coherent explanation of medication impaired driving in New Zealand and the impact of the determinants of health on the issue to the underlying concepts of the health learning area (that is: hauora, socio-ecological perspective, health promotion and attitudes and values).   The student supports their analysis by the coherent and consistent use of evidence.  For example (Medication impaired driving of 15-24 year olds):  *Young people are heavily influenced by three major factors within the cultural determinant. They are the culture of driving, alcohol and westernised medicine.*  *Driving in New Zealand is an important part of people lives. It helps people get to where we need to be and enables us to get to what we need to do to carry on with our daily lives. Driving links our homes, our families, our workplaces and our social lives.*  *New Zealander drivers have a “right to drive mentality” which is paired up with the “she’ll be right” attitude.*  *According to the New Zealand Transport Agency they show that in 2016 68 people out of every 100 hold a driver’s licence and 13% of those fall into the 15-24 years age bracket.*  *Young drivers aged between 15-19 are most likely to be involved in fatal or injury crashes per km driven. Young male drivers in this age group are 11 times more likely to be involved in a fatal or injury crash then male driver aged 55-59. The proportion of 15 to 17-year-olds who drank alcohol in the past year was 59% in 2011/12 (Ministry of Health, 2013) and the proportion of 18 to 24-year-olds who drank alcohol in the past year in 2011/12 was 85% (Ministry of Health, 2013).*  *New Zealand has a culture of Western Scientific Medicine. For example, when you are feeling unwell (physically or mentally) you go to the doctor and they prescribe medicine. We also buy over-the-counter medicines from the chemist to treat minor ailments. In New Zealand there are over 7 million new prescriptions each year that could impair driving. Within the 15 – 24 year-age group 1 in 5 (20%) of prescription medicines could impair driving. The most common types of medications within this age group are pain killers, ADHD medication, depression and sleep medication, allergy pills and anti-nausea pills. In a recent survey conducted by Waka Kotahi the results showed that of those in the 15-24 years age bracket 69% used one or more of the above medications. In addition, 15% then combined this with alcohol.*  In New Zealand we pride ourselves on being able to travel from A – B using a motor vehicle It gives those drivers in the 15-24 years age bracket a sense of independence and a way to and from school, work and social events with family and friends. However, these drivers are relatively inexperienced and lack effective decision making skills as their pre-frontal cortex is not fully developed until the age of 25. It is this attitude associated with the ineffective ability to make well-informed decisions that leads to a higher risk of injury whilst driving. When this combination is then mixed with medication with her without alcohol the risk becomes even higher. Research shows that when you drive with only alcohol you are 13 times more likely to be involved in a fatal crash. However, when you mix alcohol with other drugs (which could be prescriptions and over-the-counter) you are 23 times more likely to be involved in a fatal accident. In 2016 the road toll for 15-24 year olds showed that 27% of drivers were killed and 26% were injured.  What makes these result even more alarming is the fact that so many people are simply unaware of the risks. Only 32% received information the last time they were prescribed medication. Despite this a huge 79% of people in the age bracket think it is important to know. This makes it vitally important that all major sectors collaborate and work together to help reduce the risk of medication impaired driving. If these sectors can inform and educate people about the possible risks then this will alleviate the social determinant which will then have an impact on the cultural determinant as we will have fewer people within this age bracket unaware of the risks and/or driving with medications that could impair them. When drivers learn about medication impaired driving they will make responsible, safe-to-drive decisions. However, with this increase in awareness comes risks. These risks could include people self-medicating, stopping the medication prescribed and even avoiding driving altogether. Obviously, this is not the end goal and so this needs to be made very clear by all sectors involved so that this does not occur as these will all have flow-on effects that could impact person, friends and family and society.  I recommend that all drivers between the age of 15 – 25 use the Drive resources developed by Waka Kotahi and ACC. Drive is a free website www.drive.govt.nz. It is an ongoing project designed to help young people become confident, capable drivers. Drive’s suite of resources raises awareness and educates young people about the graduated drivers licence system and the risks associated with driving. It encourages drivers to have safe to drive conversations with peers and mentors which could include GPs and pharmacists regarding driving while medicated. Knowledge gained from this could enhance the well-being of the individual as well as all New Zealanders if we have safer drivers on our roads. Once young people are more knowledgeable around the risks of medication impairment it will empower them to make safer decisions when driving. To help with this data is needed to motivate change. This could be achieved through gathering national data and researching international literature. Convincing the driving population to change their attitudes and values around driver safety could reduce the millions of dollars currently being spent on front line workers as a result of crashes. This cost is currently offset by the tax payers. Money could be better utilised elsewhere, such as childhood poverty in New Zealand. If halting crashes caused by medication impaired driving can be achieved it would be a step closer to reducing the need for as many Police having to patrol the roads in response to crashes and could allow more time to be spent dealing with other areas of law enforcement as the police and other emergency services work towards safer communities.  *The examples above relate to only part of what is required, and are just indicative.* |

Final grades will be decided using professional judgement based on a holistic examination of the evidence provided against the criteria in the Achievement Standard.