




Activities to support the teaching of the updated Junior Cycle SPHE specification 2023

Making Healthy Choices 1



An Roinn Oideachais
Department of Education



This unit of learning was developed by HSE Health and Wellbeing and HSE Addiction Services and is supported by the Department of Education and the National Council for Curriculum and Assessment.

With thanks to:

The National Cancer Control Programme

Irish Cancer Prevention Network

The Irish Heart Foundation

North Dublin Regional Drug and Alcohol Taskforce

HSE Health Promotion and Improvement

Professional Development Service for Teachers

Junior Cycle for Teachers

Special thanks to the students and teachers involved in piloting the activities.



Introduction

The NCCA specification states that the aim of SPHE is to

“build students’ self-awareness and positive self-worth: to develop the knowledge, understanding, skills, dispositions and values that will enable them to lead fulfilling, meaningful and healthy lives: empower them to create, nurture and maintain respectful and loving relationships, with self and others: and enhance their capacity to contribute positively to society”.

Decisions made in the early teenage years can have a significant impact on a person’s long term health and wellbeing. Young people who stay physically active, have healthy and nutritious eating patterns and get enough sleep are more likely to be happier with their lives and be healthy and well in adolescence and in the longer term.

This unit of learning links with **Strand 2: Making healthy choices**. This unit of learning offers opportunities for students to consider how they can make healthy choices to support their wellbeing. It explores what it means to be healthy and how physical activity, healthy eating and sleep affect their health and wellbeing. It also aims to engage students in class discussions about nicotine use, alcohol and drugs which will help them to understand contextual factors, such as family, peer, media, social pressures and internal pressures to conform to social groups, that influence decisions related to substance use.

These activities are designed to be taught with reference to the SPHE/RSE Toolkit, developed by the NCCA. It includes guidance on teaching SPHE in a safe and effective way and includes an explanation of the experiential learning cycle that is recommended for use in SPHE and is the framework used in the activities in this resource. <https://www.curriculumonline.ie/Junior-Cycle/Short-Courses/SPHE/SPHE-RSE-toolkit/Teaching-SPHE-RSE/>

All learning in SPHE is underpinned by three cross-cutting elements that are foundational for effective teaching and learning in SPHE; awareness dialogue and reflection and action. It is important that the teacher is consciously creating opportunities for the students to become more self-aware and aware of others; creating lots of opportunities for classroom dialogue and prompting students to reflect on what they are learning and what it means for their lives now or in the future.



The activities presented here are a guideline only. Every classroom is different and teachers are best placed to decide on what will be most effective in their classroom.

Child Protection

Given the significant risks associated with drugs and alcohol, this issue is of particular relevance in the teaching of substance use education. Students should be supported and encouraged at all times to seek help from a responsible adult if they are experiencing difficulty. At the same time, they should be reminded that if they disclose information about behaviour which is harmful to themselves or another young person, school personnel have an obligation to follow the established procedures. Teachers and all school personnel should follow Child Protection Procedures for Primary and Post-Primary Schools (2017), be familiar with their school's Child Safeguarding Statement and ensure that students know and understand the limits of confidentiality. https://www.education.ie/en/Schools-Colleges/Information/Child-Protection/child-protection_guidelines.pdf



Strand	Learning outcomes (LOs)
<p>1. Making Healthy Choices</p>	<p>1.9 demonstrate self-management skills, including setting personal goals, delaying gratification, and self-regulation of thoughts, emotions and impulses</p> <p>2.1 consider the multifaceted nature of health and wellbeing, and evaluate what being healthy might look like for different adolescents, including how food, physical activity, sleep/rest and hygiene contribute to health and wellbeing</p> <p>2.2 investigate how unhealthy products (nicotine, vapes, alcohol, and unhealthy food and drinks) are marketed and advertised</p> <p>2.3 discuss the societal, cultural and economic influences affecting young people when it comes to making healthy choices about smoking, alcohol and other addictive substances and behaviours, and how the challenges can be overcome in real-life situations</p> <p>2.4 demonstrate skills and strategies to help make informed choices that support health and wellbeing and apply them in real-life situations that may be stressful and/or involve difficult peer situations</p> <p>2.5 discuss the physical, social, emotional and legal consequences of their own or others' use of addictive substances (immediate and long-term)</p> <p>2.6 consider scenarios where, for example, alcohol, nicotine, drugs, food and screens might be used to cope with unpleasant feelings or stress and discuss possible healthy ways of coping</p> <p>2.10 demonstrate how to access and appraise appropriate and trustworthy information, supports and services about health and wellbeing</p>

Learning activities

- **In activity 1, What does it mean to be healthy?**, (LO 2.1) students look at photographs from the Healthy Ireland Calendar to describe what being healthy means to them.
- **In activity 2, The benefits of being active**, (LO 2.1) students search for information online on the physical, mental, social and cognitive benefits of being physically active.
- **In activity 3, The importance of sleep**, (LO 2.1) students consider the benefits of getting enough quality sleep during adolescence and ways that they can manage to do this.
- **In activity 4, What is healthy eating?** (LO 2.1) Using the food pyramid as a guide, students learn about healthy eating.
- **In activity 5, A nutrition quiz**, (LO 2.1) students revise learning on healthy eating from this unit and from learning in other subjects.

- **In activity 6, Talking about healthy choices**, (LO 2.2) students review the SPHE contract and look at the ingredients that are used to make cigarettes.
- **In activity 7, Second-hand smoke**, (LO 2.5) students learn about the dangers of second-hand smoke and the laws in place to protect people, and children in particular, from it.
- **In activity 8, E-cigarettes and vaping**, (LOs 2.2, 2.6) students discuss vaping, recognise the link between vaping and nicotine addiction.
- **In activity 9, The journey of alcohol through the body**, (LOs 2.3, 2.4, 2.5, 2.10) students learn how alcohol affects people, physically and psychologically, by exploring the journey of alcohol through the body and brain. It also introduces the concept of alcohol as a depressant substance and explores the different strengths of alcoholic drinks. They consider the impact it can have on their body and on their physical and emotional well-being. They also look at how these effects can be increased or minimised.
- **In activity 10, Alcohol in our society**, (LOs 2.5, 2.10) students think critically about alcohol consumption in Ireland and the social and health consequences of alcohol use for young people and wider society.
- **In activity 11, Alcohol myths and facts**, (LOs 2.5, 2.10) students learn about some of the social, emotional, and physical consequences of alcohol use among young people and consider the benefits of choosing not to drink alcohol, or delaying the decision to drink alcohol for as long as possible, ideally until they are at least 18 years of age.
- **In activity 12, Exploring drugs**, (LO 2.3) students explore their current understanding of use and misuse of legal and illegal drugs, including medication, cigarettes, alcohol, and other drugs. A collage activity serves as a gentle way to open up the conversation about drugs in the broadest sense and to give teachers a snapshot of students' current knowledge and beliefs.
- **In activity 13, Pressure to conform**, (LOs 1.9, 2.3, 2.4) students consider the influence of peer pressure, pressure to conform to the behaviour of a group, and supporting themselves and friends who choose not to conform.
- **In activity 14, The HPV vaccine**, (LO 2.10) students learn about the role of vaccinations in preventing a virus, with specific reference to the HPV vaccine, which can be transmitted through sexual activity. Ideally, this activity should be delivered in advance of HPV vaccinations offered in schools.

Suggested assessment task

Working individually, in pairs or in small groups, students source reliable information on how physical activity and a healthy diet contributes to their health and wellbeing.

Health is sometimes understood as the absence of disease. In fact, the WHO defines health as “a state of complete physical, mental and social wellbeing”. In this activity, students will consider all the factors that contribute to health and wellbeing.



Creating a respectful environment

Discussing food, nutrition and physical activity in the classroom can be a sensitive issue due to weight stigma and eating disorders. Teachers can create a respectful environment by using respectful and compassionate language and tone and by gently challenging students if they use disrespectful language or tone of voice. For example;

- Avoid commenting, positively or negatively about anyone's body shape or weight and close down any discussion on the topic brought up by students. It is never appropriate to comment on or judge someone else's body shape.
- Challenge any commentary that equates a person's weight with positive or negative moral virtues, such as "laziness", "lack of self-control" or "disciplined".
- Avoid making the implication that the aim of healthy eating is weight control as it is not appropriate for the majority of adolescents. The aim of healthy eating in adolescence is adequate nutrition for the significant growth spurt that takes place during those years.
- Avoid making the link between physical activity and weight control. Physical activity is a good habit for life and is good for our heart, bones, muscles, brains and lungs and our emotional wellbeing. It is not about achieving a number on a scales.
- Use positive words like "healthy", "balanced", "nutrition" and avoid using words that can have negative or judgemental connotations like "unhealthy", "junk", "rubbish", "fat", "stick-insect", or "skinny".
- Challenge commentary that describes particular foods as "healthy", "unhealthy", "good" or "bad". It is more accurate to refer to healthy and unhealthy "patterns of eating".
- Challenge negative commentary on food choices made by others. It is more beneficial for students themselves to realise that they do not have a healthy eating pattern rather than having it pointed out to them.

A respectful environment is important for both teachers and students. If you struggle with your weight you may feel discomfort in talking about food and physical activity in the classroom. Two-thirds of Irish adults have unhealthy weight; it is best to briefly acknowledge that you have an unhealthy weight and move on with the activity. If you have experience of an eating disorder, you may need additional support before engaging in these activities in the classroom for the first

Activity 1 – What does it mean to be healthy? (LO 2.1)

Step 1: Brainstorm

What does it mean to be healthy?

Facilitate a short discussion on what health means to the students.

Write “Being healthy means...” on the board (or use mentimeter) and ask for students’ responses.

Step 2: Pictures of health

Show the pictures of health powerpoint. Tell the students that these photos were chosen because they reflect different aspects of being healthy.

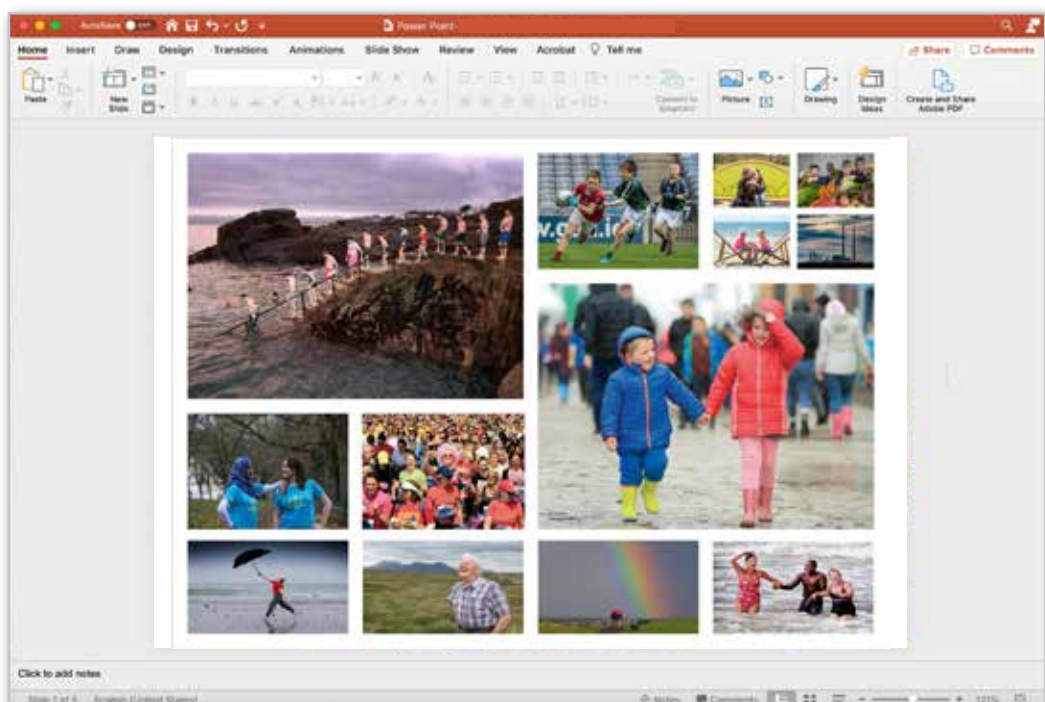
Divide the class into pairs and invite each pair to choose a photograph that communicates something to them about being healthy.

Depending on your school’s information technology (IT) policy, students may also like to source their own image online. Invite the pairs to share the photos they chose and what it communicates to them.

Share the description of health and wellbeing in the Teacher’s Note, drawing attention to aspects that were brought up by the students and any aspects that were not addressed in the discussion.



Show PowerPoint slide – Pictures of health





Teacher's note

Health is not the absence of disease or disability. We experience health and wellbeing when we have warm relationships with other people; are connected to the local community; spend time in natural environments; engage in physical activity and sports; have healthy eating patterns; spend time in silence; engage in creative activities; can relax and enjoy life.

Suggested discussion points

- How did you find this activity?
- Is there anything you would add to the description of being healthy?
- Does anything surprise you about this description? *(Students may find it interesting that warm relationships with other people and being connected to the local community can have a very positive effect on our health and wellbeing.)*
- What does this tell us about the relationship between being healthy and having a disability or an underlying medical condition? *(We can have an illness or a medical condition and still experience good health and wellbeing.)*

Step 3: Home activity



Invite the students to draw or write their own description, with examples of what being healthy means to them, and noting times when they feel/felt healthy.

Activity 2 – The benefits of being active (LO 2.1)

Physical activity is essential for maintaining good health throughout our lives. This activity asks the students to research the physical, emotional, social, cognitive and long-term benefits of physical activity.

Step 1: Jogging on the spot

Ask the students to notice how their body is feeling right now, notice their heart rate (fast or slow), do they feel warm or cold and how is their breathing.

Invite the students to stand-up and jog on the spot for 20 seconds, do jumping jacks for 20 seconds and do high knees for 20 seconds. Join in if you feel comfortable.

Ask how they feel now/what they notice. They may be able to feel their heart beating, that they are breathing more deeply and feel warmer; that their bodies are experiencing the effects of moderate physical activity. Being active as this level of intensity greatly improves our health and wellbeing.

Ask the students if they notice the increased energy in the room. Is anyone laughing or smiling? If they are laughing or smiling they are experiencing the social/emotional benefits of physical activity.

There are other health benefits for your heart that are not as noticeable, but are just as important. Ask the students; what do you think these benefits might be? See Teacher's Note to guide the discussion.

Teacher's note

Physical activity can have a very fast effect on lifting mood and energy. When we engage in physical activity in groups, it can lift the mood and energy of the group and can lead to us being more sociable. It also has effects on the body: our pulse is faster because the heart is working harder to pump blood and therefore oxygen to the muscles; we breathe more deeply because our lungs are working harder; and we feel warmer because blood is circulating around our bodies to our working muscles.

It also has long-term impacts that are not as noticeable, but are just as important: it can prevent a range of chronic health problems (heart disease, cancer, type 2 diabetes); it can improve brain health; and promote better sleep.

The *National Guidelines on Physical Activity* for Ireland recommends that young people engage in 60 minutes of moderate/vigorous intensity physical activity every day. Moderate physical exercise is when you can talk while doing it but you cannot sing. On 3 days a week these activities should include exercises for flexibility and muscle and bone strengthening. 60 minutes a day can be accumulated by doing a number of shorter sessions during the day.

The *National Guidelines on Physical Activity* say that physical activity is for everyone and any level of physical activity is better than none. The Children's Sport participation and Physical Activity Study (2018) found that only 10% of post-primary children meet the Physical Activity Guidelines.

Step 2: Body map

Divide the class into small groups. Give each group a blank A3 page and ask them to draw an outline of a human body on their page.

Invite the groups to imagine that this is a young person who reaches the recommended 60 minutes of moderate/vigorous intensity physical activity every day.

The groups have to establish what effect physical activity is having on this person's health and wellbeing. Using coloured pens/markers, they can write and/or draw their responses on and around the body outline.

Ask students to think about the physical, emotional, social and cognitive effects (i.e. effects on academic performance) of physical activity. Students can look up some information online, if that is in line with your school's IT policy. Once complete, allow each group to talk about how they got on with the research and to show and explain what they came up with.

Process their findings using the information in the Teacher's note.

Teacher's note

Physical benefits of physical activity include: increased energy; better sleep; healthy heart; stronger bones; stronger muscles; better coordination and flexibility.

Emotional benefits of physical activity include: better mood; increased energy; reduced stress; reduced anxiety and depression; and it makes you feel good about yourself and your abilities.

Social benefits of physical activity include: being connected to your friends or community through being part of a team; being active with your family or one family member can strengthen your relationship; being able to talk about your involvement in physical activity (how your team is doing, how you did on the Parkrun) can strengthen ties to your family, your friends and your community.

Cognitive benefits of physical activity include: improved academic performance; better memory; improved recall¹.

Suggested discussion points

- What is the most interesting effect of physical activity?
- Did anything surprise you?
- What benefits would encourage you to be more physically active?
- If we could buy the effects of physical activity in a pill, how much do you think it would cost?

Step 3: Home activity



The thing that most motivates me to be physically active is...

I can be more physically active by...

Remember, physical activity is for everyone and any level of physical activity is better for your health than none.

¹ Centre for Education Statistics and Evaluation, Australia (2015) Student Wellbeing, Literature Review.



Activity 3 – The importance of sleep (LO 2.1)

Sleep and rest are essential for health and wellbeing. In this activity, students consider the benefits of getting enough quality sleep during adolescence and ways that they can manage to do this.

Step 1: Good night

Without identifying the music, play an extract from Brahms's Lullaby



[\(\(5\) Brahms' Lullaby \(Extra-Relaxing vs\) Classical Music to Sleep or Study - YouTube\)](#).

Prompt the students to explain the purpose of this genre of music (i.e. that lullabies are calming for babies, and help them to go to sleep.) Lullabies are usually in triple metre or 6/8 time. Babies find this soothing because this rhythm mimics the movement they experience in their mother's womb.

Teacher's note

Adolescence is a formative period when the brain and body experience significant development. For this reason, teenagers need between 8-10 hours of sleep each night. However, [research](#) indicates that many teenagers in Ireland get far less sleep than they need. Sleep deprivation can affect their thinking, their physical health and their emotional [stability](#).

It is easier to go to sleep and get a good night's rest if we:

- exercise during the day
- access sunlight/fresh air during the day
- avoid fatty (e.g. pizza, chips), acidic (e.g. oranges), sugary (e.g. chocolate) food and stimulants like caffeine in the evening
- avoid screens for at least half an hour before going to bed because devices emit a type of light which tells our body to wake up. If you do work on them at night, dim your screens or put them on automatic night mode (called 'Night shift' on iPhones)
- relax for at least half an hour before going to sleep (e.g. by reading, listening to music)
- have a comfortable sleep environment (e.g. supportive pillow, cool temperature, no bright lights, no noise)
- establish a routine – setting a routine around going to bed alerts your brain that it's time to sleep.

Teacher's note continued

When talking to students about sleep, it is better to focus on the incredible things that happen in our brains when we sleep rather than inducing anxiety or guilt about current sleep habits. The goal is to motivate students to make small changes so that they sleep a little longer and a little better because of the amazing benefits that only sleep can provide.

Enough quality sleep helps us:

- Concentrate and think more clearly
- Remember things we learn
- Process and calm our emotions
- Feel more able to cope with the stresses of daily life
- Repair and heal our bodies (e.g. Empty our bodies of toxins, regulate our hormones, repair our muscles)
- Generate energy
- Grow taller and stronger

Sleep is like a bank. If we put the right amount of quality time into it each night, we can withdraw from it during the day.

When it comes to getting a enough sleep, it's important to acknowledge that there are some factors that may be within their control (e.g. switching off their phones) and other factors may not be within their control (e.g. if they have to get up very early to commute to school or share a room with a family member who is noisy or if they are trying to balance school work with home duties). If students are spending a lot of time doing homework it may be because distractions are interrupting their focus. One technique that students might try is [the Pomodoro Technique](#). First, choose a task to accomplish and turn off all distractions — phone, TV, etc. Then set a timer for 25 minutes and work until the timer goes off. Then reward yourself with a five-minute break: Stretch, walk around, listen to your favourite song, chat to a friend, grab a drink, etc. After three or four 25-minute intervals, take a longer break (15 to 30 minutes) to recharge and eat something.



Step 2: Think, Pair, Share

Ask students to think about what helps them to go sleep and what are some of the barriers for them when it comes to getting a good night's rest. Once they've had a minute to think about this individually, they can turn to their partner and share as much as they feel comfortable sharing. Then record student feedback on the board, possibly using the Teacher's note to prompt the students' thinking further.

Suggested discussion points

- How do you feel physically when you have not had enough sleep?
- How do you feel emotionally when you have not had enough sleep?
- Do you feel differently in school if you have had a good night's sleep? *(Students may notice that they have better concentration and focus, they do not crave snack foods, they have more energy for physical activity)*
- What are the factors within our control that contribute to a good night's sleep?

Step 3: Home or small group activity



Teenage sleep guide

Imagine you are an advice columnist. Write a short note for parents/guardians explaining why it is important that their teenage children get enough quality sleep and advising what they can do to help.

OR

Write a note for your teachers advising how the school's homework, assessment and other practices might support students in getting more sleep.

Activity 4 – What is healthy eating? (LO 2.1)

Healthy eating involves following a pattern of eating that includes a variety of nutritious foods and drinks.

Step 1: What is healthy eating?

Ask the students what healthy eating means to them and note their responses.

Then introduce the food pyramid (see link below)

<https://www.hse.ie/eng/about/who/healthwellbeing/our-priority-programmes/health/docs/food-pyramid-poster-advice-version.pdf>

Suggested discussion points

- Are you familiar with the food pyramid?
- Have you seen it before?
- Are you surprised by what's on the food pyramid?
- The portion sizes?
- The recommended daily amounts?



Teacher's note

Use the following link on How to eat well as a reference

<https://www2.hse.ie/living-well/healthy-eating/how-to-eat-well/>

The Healthy Food for Life resources

The Healthy Food for Life resources are for the entire population over the age of five and they define the Irish Government recommendations on healthy eating and a balanced diet. They provide a consistent and evidence-based approach for healthy eating advice.

The Healthy Food for Life guidelines and resources provide practical support for individuals and families to make healthier food choices and to ultimately improve their health and wellbeing. They include a leaflet, infographic of the food pyramid, sample daily meal plans, guidelines on portion sizes and fact sheets.

The key messages from Healthy Food for Life are:

- Eat more vegetables, salad and fruit - Up to seven servings a day
- Limit intake of high fat, sugar, salt (HFSS) food and drinks
- Size matters: Use the food pyramid as a guide for serving sizes
- Increase your physical activity levels
- Small changes can make a big difference. Start TODAY!

The Healthy Food for Life resources can be ordered from healthpromotion.ie

Step 2: Fruit & Vegetables

Divide the students into small groups and ask them to discuss the benefits of eating more fruits and vegetables, and the barriers to eating more fruits and vegetables. Ask the group to summarise what fruits and vegetables they like and how they incorporate them into their day. Take feedback from each group on each of these points.

Suggested discussion points

- How many servings of fruits and vegetables are recommended per day?
- What are the benefits of eating fruits and vegetables?
- What are the barriers to eating enough fruits and vegetables?
- What might encourage us to eat more fruits and vegetables?

Steer the discussion towards the most practical and workable solutions offered, and discuss whether or not, any of the solutions offered could be put into practice by the students themselves.

Teacher's note

Fruit and Vegetables are the foundation of a healthy diet. Fruits, vegetables and salads contain nutrients that protect against heart disease and cancer and contain fibre that helps your gut.

Other benefits of eating fruit and vegetables are: we feel better, our bodies function really well, it is good for our skin, teeth and hair. It doesn't matter whether fruits and vegetables are fresh, frozen, dried, tinned, raw, cooked or organic.

Some reasons that teenagers give for not eating fruits and vegetables include: fruit is expensive; it gets bruised; it goes off; it has a short shelf life; it has a high sugar content; they don't think of it; it is not as tasty as chocolate or crisps; vegetables are not always part of dinner; vegetables are boring; negative childhood memories; don't like the taste; fear of pesticides, sprays or genetic modification.

Potential responses to these barriers are: have a banana/raisins or apple on breakfast cereal or toast; have a small glass of pure unsweetened fruit juice at breakfast; bring chopped carrots or an apple for lunch; put delicate fruits such as grapes in small container so that they won't bruise; leave a fruit bowl on the table; make smoothies; eat larger portions of vegetables for dinner; make your own vegetable soup; ask your parents to buy fruits and vegetables that you like.

Facilitating discussions about food

Discussions about food can be sensitive due to the stigma attached to overweight and obesity and the link between food, body image and eating disorders. Teachers are advised to read advice on Creating a Respectful Environment on page 5 of this resource before facilitating discussions about food in the classroom.

Some students may come from families where fruits and vegetables are not part of their daily diet, (for cultural or social reasons) so the discussion should be guided in a way that is sensitive to this fact. Discussions around food may also present a valuable opportunity for some students to share their own cultural practices around food, which may differ significantly from traditional Irish norms.

Step 3: Home Activity



Going forward, include more fruit and vegetables in their day. Maybe, try making vegetable soup or a smoothie at home or have additional fruit with one meal.

Activity 5 – Nutrition quiz (LO 2.1)

This quiz consists of 3 rounds, (15 questions) covers some topical nutrition issues for teenagers in Ireland.

Step 1: Food record

If time allows – and before conducting the quiz – you might wish to ask the students to record what they ate yesterday. Remind them to include any drinks or snacks. This can provide a useful reference point when you are giving them some of the answers to the quiz questions – for example, questions on soft drinks, takeaways, etc.

Step 2: Nutrition Quiz

Depending on the needs of your class, you may decide to offer multiple-choice answers to some of the more challenging questions. It is advised to go through the answers of each round *after each round*, as the questions in later rounds build on what's already been learned. Powerpoint slides are available on the HSE Education Programme website, under Junior Cycle SPHE.



Show **PowerPoint slide – Nutrition quiz – Round 1**

PowerPoint slide content:

Nutrition quiz – Round 1

Question 1

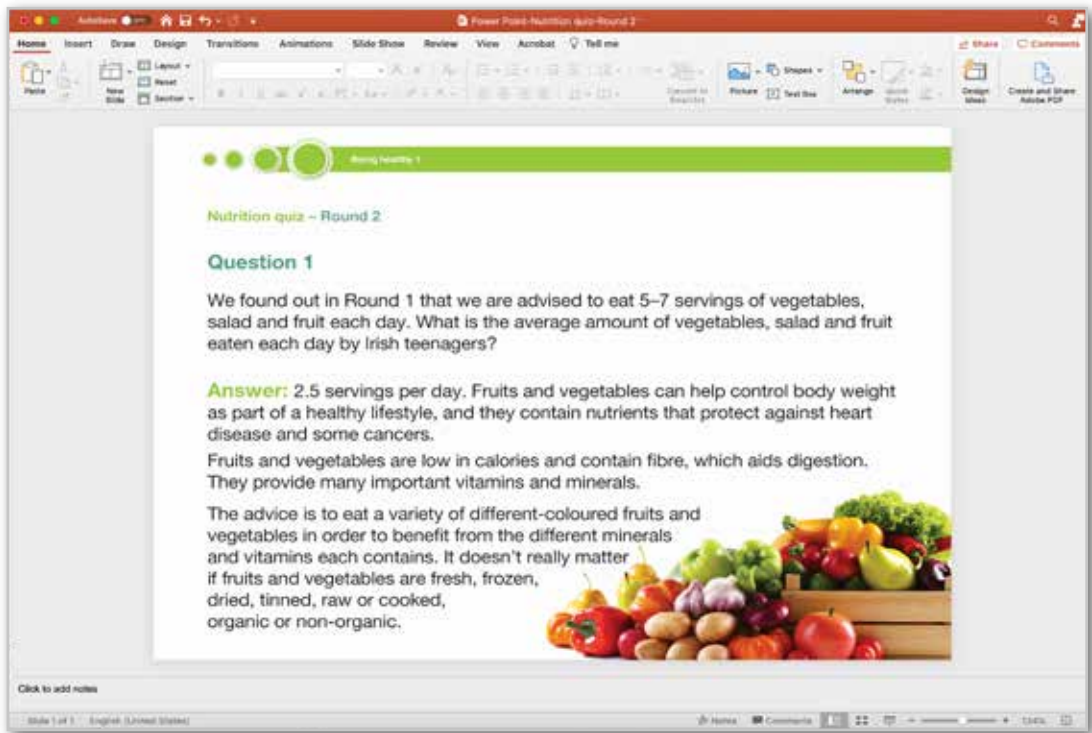
How many servings of vegetables, salad and fruit are we advised to eat each day?

Answer: 5-7 servings a day

Go through each question, provide the correct answers for round 1 and ask the students to mark themselves.



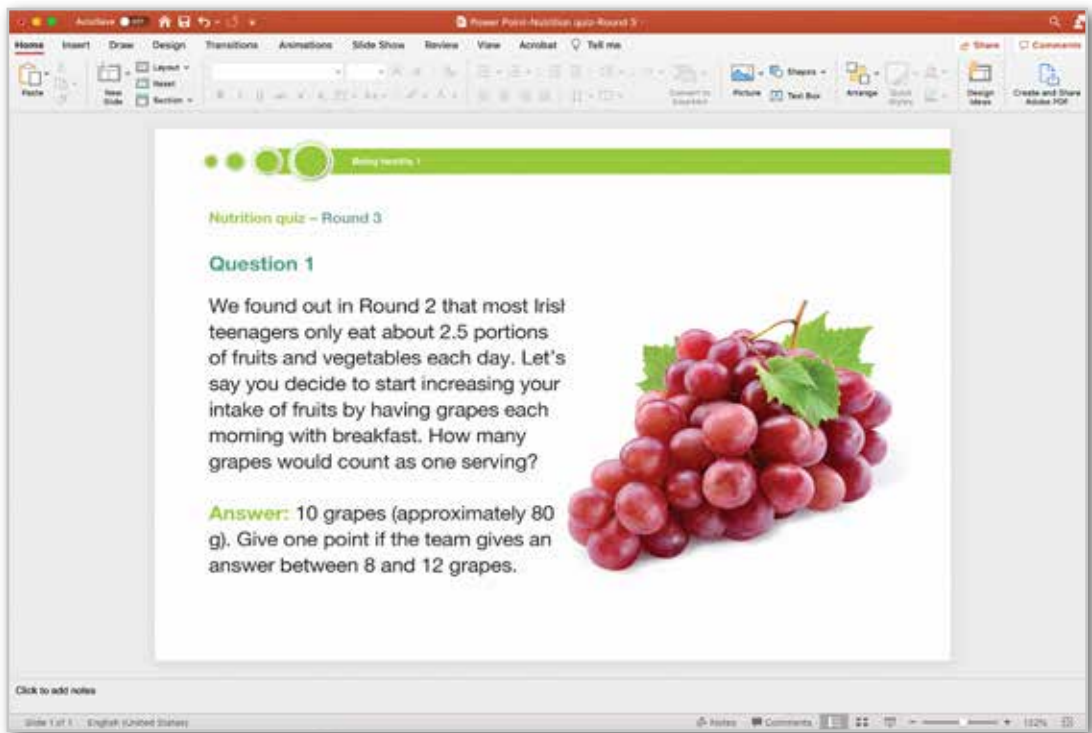
Show PowerPoint slide – Nutrition quiz – Round 2



Go through each question, provide the correct answers for round 2 and ask the students to mark themselves.



Show PowerPoint slide – Nutrition quiz – Round 3



Go through each question, provide the correct answers for round 3 and ask the students to mark themselves for all three rounds.



Activity 6 – Talking about healthy choices (LO 2.2)

In this activity, students review the meaning of confidentiality and disclosure in the context of the SPHE classroom agreement/contract. They then commence the programme by learning about the ingredients used to make cigarettes.

Teacher's note

Sensitivity Of Topic

The topics in these activities may be difficult for some students. They may be living with a family member who has substance use issues, or may have concerns about their own or a friend's use. For this reason, sensitivity and tact is advised when teaching about substance use. Students should be encouraged to speak with a trusted adult, but advised not to talk about their own or others' substance use during class, for reasons of confidentiality. Ground rules should be very clear about this. Note that this, and all ground rules, also apply in the event of having an external facilitator in to talk with the class.

Step 1: Bubbles exercise – creating a safe space to learn about substance use

Ask the students: What do we mean by ‘confidentiality’?

Before they respond, present a bottle of bubbles and invite the students to blow a bubble and then catch it on the bubble wand.

When they have caught one, challenge them to put the bubble back into the bottle.

Ask the students: What does this tell us about confidentiality?

This exercise can also be completed as a visualisation or can be demonstrated by the teacher.

You may wish to review the SPHE class contract and add additional points if required.

Step 2: Tobacco



Make a slide using the image below of the **Tobacco plant** and ask the students to guess in pairs what they think it is, and take some responses.

Confirm that it is a tobacco plant, from which nicotine is extracted and cigarettes are made.

Invite the students to comment if anything in particular strikes them about this picture. They may notice that while the plant is green and looks healthy, nicotine is very harmful to human health.



Divide the class into pairs or small groups and distribute the **Worksheet – Contents of cigarette smoke**, explaining that nicotine is only one ingredient in cigarettes. Invite the students to work together to match the words and pictures.

You may be concerned about how students may react to this information, particularly in relation to parents who smoke. We have provided guidance for teachers in the Teacher's note.

Use the graphic in the Teacher's note to check responses. Alternatively, you can locate this image to present at the link below, or make a PowerPoint slide of it to display. Then allow students to mark up the ones they guessed correctly. <https://www.hse.ie/eng/about/who/tobaccocontrol/kf/>

Worksheet – Contents of cigarette smoke

Match the words and pictures.

Formaldehyde 		Lighter fluid
Arsenic 		Released in car exhaust fumes
Cadmium 		Rat poison
Carbon monoxide 		In batteries
Lead 		In nail polish remover
Ammonia 		Common household cleaner
Acetic Acid 		Embalming fluid
Butane 		Ingredient in hair dye
Tar 		Material for paving roads
Acetone 		In battery acid

Teacher's note

It is important to consider and manage the tone that develops during this activity. Some students may know and love people who smoke and may be fearful of them getting sick. While it is vital that we provide accurate information and discourage young people from using tobacco, we also have a responsibility to talk about people who smoke with respect and empathy. Remind students that we do not name names in class, and we use 'I' statements only.

Nicotine is a highly addictive substance that is extracted from the tobacco plant. It is used in cigarettes and in most e-cigarettes. Nicotine boosts the amount of a brain chemical called dopamine. At first, this produces feelings of pleasure that make the smoker feel alert and satisfied. Nicotine also increases the smoker's heart rate. But soon, the person who smokes needs nicotine just to feel normal. In this way, nicotine causes addiction.

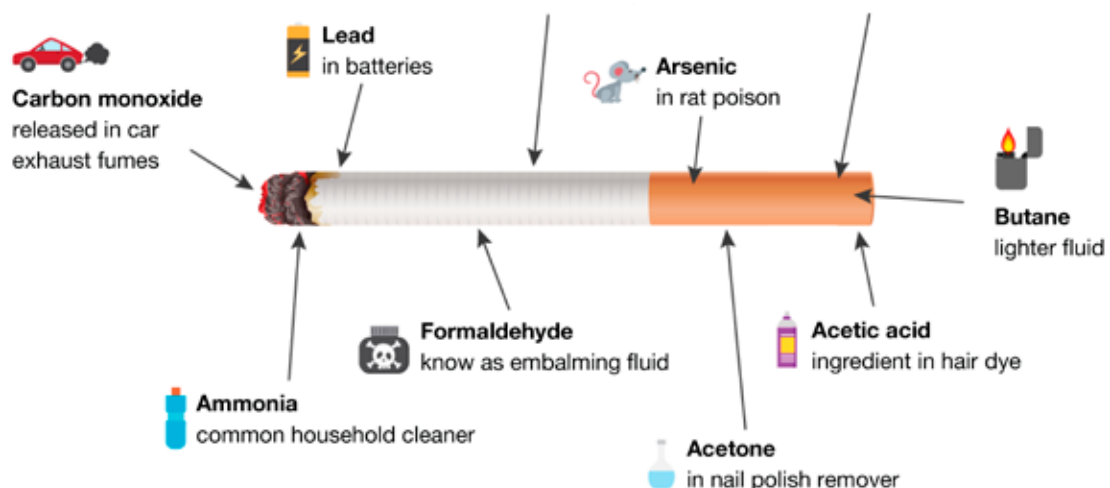
There are 7,000 toxins and 69 cancer-causing chemicals in a cigarette. Each cigarette shortens a person's lifespan by 11 minutes. In Ireland, 5,500 people die every year of diseases caused by smoking. Of the people who die every year, 44% die of cancer, 30% die of circulatory diseases, 25% die of respiratory diseases, and 1% die of digestive diseases.

It is worth noting that cigarettes (and filters) contain the chemicals discussed here for different reasons such as making the cigarette more flammable.

Some of the harmful chemicals, like cadmium and lead, are present in the tobacco plant itself. More chemicals are added to cigarettes to help them to light and to give flavour. When a cigarette is lit more harmful chemicals are created by the combustion process.

Explore more here - <https://www.fda.gov/tobacco-products/products-ingredients-components/chemicals-cigarettes-plant-product-puff>

Cigarette smoke contains the following



Suggested discussion points

- Were you surprised by any of the ingredients? Why? Why not?
- What is the worst ingredient, in your opinion?
- Is it widely known that cigarettes include these ingredients? *(No, it is not widely known because it is not in the interest of cigarette companies for people to be aware of these ingredients.)*

Step 3: Talking further

Invite the students to let their parents/families know that they are learning about tobacco, e-cigarettes, alcohol, and other drugs in school.



They may like to ask their parents if they have ever smoked, and why they started or decided not to start. Why did they stop or, if they still smoke, would they like to quit?

Students can be asked to upload some of the responses (without including names) onto the shared digital classroom space.

Just breathe: As this may be a sensitive subject in some homes, consider leading a short breathing or relaxation exercise prior to leaving the classroom.



Activity 7 – Second-hand smoke (LO 2.5)

In this activity, students learn about the dangers of second-hand smoke and the laws in place to protect people, and children in particular, from it.

Step 1: Second-hand smoking video



Show this HSE video ‘Ban on smoking in cars with children <https://www.youtube.com/watch?v=WRUSw9GXqbs> to raise awareness of the harmful effects of second-hand smoke in cars. (Duration: 49 seconds).

Invite the students to engage in a short discussion in order to generate questions about second-hand smoke.

Step 2: Second-hand smoke cartoons



Make a slide using the cartoons below: **Second-hand smoke cartoons.**





Divide the class into pairs. Allocate each pair one cartoon to discuss. Distribute the **Second-hand smoke fact sheet**. Invite the students to consider the main message of the cartoon, with reference to the fact sheet.

Take feedback from the groups.

Invite the pairs to draw and write a caption/speech bubbles for their own cartoon about second-hand smoke and its dangers, using the **Second-hand smoke fact sheet**. Remember to refer to and address everyone, including smokers, with respect. Possible main messages in the cartoon could be one of the following:

Children depend on adults to make sure the air they breathe is smoke-free.
It is difficult for children or teenagers to complain about smoke-filled air.

Students may also like to come up with their own message about second-hand smoke. If any pairs have completed the activity by the end of class, invite them to present it. Invite the remaining pairs to finish it off for the following week.

Teacher's note

As in activity 1, it is important to consider the tone that develops during this activity. Some students may know and love people who smoke.

Second-hand smoke (also known as passive smoking) is a combination of:

Mainstream smoke – the smoke that is inhaled and then breathed out by the smoker

Sidestream smoke – the smoke that comes from the burning end of the cigarette and is far more dangerous than the mainstream smoke inhaled by the smoker, as it contains higher concentrations of harmful chemicals. This smoke is more toxic because it has not been filtered.

Only a small amount (15%) of smoke from a cigarette is inhaled by the smoker; the rest of it goes directly into the air. In an enclosed space, non-smokers can inhale this smoke. For this reason, smoking in indoor workplaces, including bars, restaurants, cafes and shops, was banned in 2003. A ban on smoking in cars where children are present came into effect in Ireland in 2016.



Suggested discussion points

- How did you find this activity?
- Were you aware that second-hand smoke was harmful?
- Could you respectfully ask a smoker not to smoke in your presence? How might you do this?
- If you were a Minister of Health in the government, are there some other places that you think should be designated non-smoking?
- Are there other ways that you could reduce your exposure to second-hand smoke?

Step 3: Reflection

On sticky notes, ask students to write one sentence to describe how they now feel about second-hand smoke, and one thing that surprised them. Students stick their sticky notes on the door as they leave (as a method of formative assessment).



Second-hand smoke fact sheet



	<p>Harm from second-hand smoke is reduced if people who smoke do so outdoors, at a distance from doorways and away from others.</p>
	<p>Almost one-third of the people who die from second-hand smoke each year are children (World Health Organisation, 2010).</p>
	<p>Adults and children who live in a smoky home are at greater risk of coughing and wheezing, chest infections (such as pneumonia and bronchitis), severe asthma, middle ear infections and glue ear (which may cause partial deafness), and cot death (sudden infant death syndrome).</p>
	<p>Children are more at risk because their immune system, which protects them from getting sick, is not fully developed.</p>
	<p>It is more difficult for young children to avoid or complain about second-hand smoke. Children depend on adults to make sure their air is smoke-free.</p>
	<p>Second-hand smoke increases the risk of lung cancer and heart disease in non-smokers.</p>
	<p>It puts people suffering from breathing disorders and heart disease at particular risk. It makes illnesses such as asthma and chronic bronchitis worse.</p>
	<p>It is particularly harmful for a pregnant woman and her unborn baby, as every chemical in a woman's body can travel into the baby's body.</p>
	<p>When a smoker lights up in public, even if it is outdoors, they don't know if they are in the area of pregnant women or if people around them have breathing or chest disorders that can be made worse by inhaling second-hand smoke.</p>



Activity 8 – E-cigarettes and vaping (LOs 2.2, 2.6)

In this activity, students discuss vaping, recognise the link between vaping and nicotine addiction, discuss vaping marketing by big tobacco companies and social influencers, compare vaping to cigarette smoking and evaluate the HSE's current position on vaping.

Teacher's note

What are e-cigarettes?

E-cigarettes (electronic cigarettes, sometimes referred to as vapes or Electronic Nicotine Delivery Systems (ENDS)) use an 'e-liquid' that usually contains nicotine, as well as varying compositions of flavourings, propylene glycol, vegetable glycerine, and other ingredients. The e-liquid is heated to create an aerosol that the user inhales or 'vapes'. The level of nicotine varies and some e-liquids can contain as much nicotine as a pack of 20 cigarettes.

There are many e-cigarette products on the market. *Pod mod*-type e-cigarettes are becoming increasingly popular among young people in Ireland. *Pod mod* products have a prefilled or refillable 'pod' or 'cartridge' with a modifiable ('mod') system. They come in many shapes, sizes and colours, and brands include *JUUL*, *Puff Bar* and *Elf Bar*. The Center for Disease Control and Prevention in the United States provide an easy-to-read summary describing these products. For more information, visit: https://www.cdc.gov/tobacco/basic_information/e-cigarettes/pdfs/ecigarette-or-vaping-products-visual-dictionary-508.pdf (please note that there is some information on combining e-cigarette products with illegal drugs in this summary that may not be suitable for this age group).

Most e-cigarettes contain nicotine. Some vape product labels do not disclose that they contain nicotine, and some vape liquids marketed as containing 0% nicotine have been found to contain nicotine. Some e-cigarette products can also contain THC (the main psychoactive compound found in cannabis) or CBD (also found in cannabis, but not psychoactive), with or without flavouring. Products containing THC are illegal in Ireland.

Heat-not-burn tobacco

Heat-not-burn tobacco products are electronic devices in which conventional tobacco is inserted. When heated, they produce a vapour containing nicotine, which users inhale. These are NOT e-cigarettes as they contain actual tobacco. *IQOS* is currently the most popular of these products. *Heat-not-burn* products are marketed by the tobacco industry as *healthy alternatives* to smoking regular tobacco. However, as these products contain tobacco, they also contain tar and carcinogens. <https://tobaccotactics.org/wiki/heated-tobacco-products/>

Teacher's note continued

Marketing of e-cigarettes

E-cigarettes/vapes and other ENDS have been marketed as cheaper and healthier alternatives to cigarettes and for use in places where smoking is not permitted since they do not produce smoke (they produce vapour). But even the manufacturers acknowledge that e-cigarettes work by delivering a 'hit' of nicotine, a substance that is harmful to all, particularly to young people's brain development. Although the industry claims that it does not target young people, the flavours of e-cigarettes can make them more attractive to this age cohort. The appearance of e-cigarettes and other ENDS is constantly changing: they are designed to look like everyday items such as USB sticks, lighters, credit cards, remote controls, and pens.

Vaping and quitting

The Health Research Board (HRB) (2020) published a review of the evidence on the harms and benefits of e-cigarettes and heat-not-burn tobacco products. It found that:

- Adolescents who use e-cigarettes are three to five times more likely to start smoking tobacco cigarettes compared with those who never used e-cigarettes.
- E-cigarettes' acute effects include poisonings, burns, blast injuries, lung injury and asthmatic attacks. Some of the chemicals in e-cigarettes are thought to cause tissue and cell damage and some are agents that may cause cancer longer term. The long-term health effects beyond 24 months' use are not researched.
- E-cigarettes are no more effective in quitting than approved and regulated nicotine replacement therapies that help people stop smoking. However, e-cigarettes as a smoking cessation device are not regulated or approved and their safety beyond 12 months' use is not yet known.
- Dual use of both e-cigarettes and conventional tobacco cigarettes is not less harmful than smoking tobacco cigarettes alone, which raises questions about the smoking reduction benefit of e-cigarettes.

See the following links for more information:

<https://www.hrb.ie/news/press-releases/single-press-release/article/new-health-research-board-evidence-shows-e-cigarettes-are-associated-with-adolescents-starting-to-sm/>

<https://www.hrb.ie/data-collections-evidence/hrb-evidence-centre/publications/publication/harms-and-benefits-of-e-cigarettes-and-heat-not-burn-tobacco-products-a-literature-map/returnPage/1/>

E-cigarettes are not licensed as a 'quit smoking' aid in Ireland. The HSE will support people who choose to use e-cigarettes while trying to quit smoking but do not recommend their use for this purpose, which is in line with policies in the majority of countries worldwide (Public Health England is an exception in using them as a harm reduction tool).

The HSE and the Irish Cancer Society recommend that young people do not vape. The long-

Teacher's note continued

term impact of these products is unknown and there is emerging, but limited, evidence that e-cigarettes may act as a 'gateway' to tobacco usage, especially among those in their late teens who otherwise did not intend to smoke tobacco. There is also some evidence that young people who vape are three to five times more likely to begin smoking conventional, factory-made cigarettes. For more information, visit <https://www.drugsandalcohol.ie/33347/1/ESPAD%202019%20Ireland.pdf>.

The Irish Cancer Society is also concerned that the marketing and use of e-cigarettes may undermine the 'denormalisation' of smoking in Irish society, which has been brought about in large part by public health programmes and legislation.

What is the best way to quit smoking?

Smoking/vaping is a health risk for young people and may also indicate wider health and wellbeing needs. The evidence for effective support to young people to help them quit is limited. Behavioural and pharmacological supports recommended for the adult population may be considered for younger people with careful reference to product indications, licensing and side-effects.

Stop Smoking Services

The HSE provides a range of services to help people stop smoking. Parental consent is required for clients who are aged under 16 years and the websites <https://www2.hse.ie/quit-smoking/support-services/> and www.quit.ie provide support for anyone who wants to quit. There is also information on smoking, vaping and quitting on <https://spunout.ie/category/health/smoking>.

Step 1: What are e-cigarettes and what is vaping?

Ask the students to divide into pairs or small groups and to share what they know about e-cigarettes/vaping and other ENDS, referring to the **Teacher's note** in order to correct any misinformation.

If required, you could use the following prompts:

- Where do you see e-cigarettes/vapes?
- What do you know about them?
- What have you heard about them?
- Invite feedback from the class.

Step 2: Walking debate



Conduct a walking debate using the following statements and take feedback on each point, clarifying the true position using **Walking debate answer sheet – E-cigarettes, myths and facts**.

Walking debate statements – E-cigarettes, myths and facts.

- E-cigarettes/vapes are healthier than factory-made cigarettes because they do not produce smoke.
- E-cigarettes contain nicotine and are designed to deliver an addictive nicotine hit to the brain.
- Vaping is allowed in places where tobacco smoking is not permitted.
- Vaping is relatively new and does not yet have advertising restrictions to the same degree as tobacco products.
- If a young person vapes, they are more likely to smoke tobacco.
- E-cigarette companies make a special effort not to market their products to young people.
- Celebrities and social influencers are well informed about the health impacts of e-cigarette use and vaping and never promote products simply to receive a payment.

Suggested discussion points

- Why do you think vaping has been developed?
- Do you think it is easier to advertise and market e-cigarettes or 'traditional', factory-made cigarettes?
- Do you know of examples where celebrities/social influencers/online gamers have promoted e-cigarettes? Why do you think they might have done this?
- If more young people believe e-cigarettes/vaping is 'cool', what benefits does that have for tobacco companies and other companies that make e-cigarettes?
- What disadvantages does it have for the people who become dependent on or addicted to nicotine?
- What disadvantages does it have for the Irish healthcare system?



You can use this video about e-cigarettes and vaping as a useful debriefing tool for reinforcing what the students have learned: https://www.youtube.com/watch?v=9dZS_Rniak0 (duration: 4 minutes, 38 seconds).

Step 3: Home exercise










Ask the students to see, over the coming week, if they can find and list one or more examples of where cigarettes or e-cigarettes appear in video games, films or dramas.

Why might the production company include these if they are not a necessary part of the action/story? *(They receive substantial fees from the tobacco industry.)* What impact might seeing multiple similar images have on an audience? *(It normalises and popularises the use of both types of cigarette.)*



Walking debate answer sheet – E-cigarettes, myths and facts

<p>1.</p> 	<p>Statement: E-cigarettes/vapes are healthier than factory-made cigarettes because they do not produce smoke.</p> <p>Answer: False. It is not possible to know the long-term impact of e-cigarettes/vapes yet because they are relatively new on the market. Current research clearly tells us that the aerosols used in the majority of e-cigarettes/vapes contain toxic chemicals and other substances that can cause cancer. E-cigarettes are associated with increased risk of heart disease and lung disorders and can harm the development of the foetus during pregnancy. For more information on the health impacts of e-cigarettes, visit: https://www.who.int/news/item/05-02-2020-e-cigarettes-are-harmful-to-health.</p>
<p>2.</p> 	<p>Statement: E-cigarettes contain nicotine and are designed to deliver an addictive nicotine hit to the brain.</p> <p>Answer: True. Nicotine is highly addictive and found in most e-cigarettes and e-liquids.</p>
<p>3.</p> 	<p>Statement: The law on the use of cigarettes does not apply to vaping.</p> <p>Answer: True. In Ireland, e-cigarettes are not currently subject to the same laws as regular tobacco cigarettes but the vast majority of public buildings (workplaces, restaurants) in Ireland have adopted policies that ban vaping on their premises; e.g. vaping is not allowed on trains.</p>
<p>4.</p> 	<p>Statement: Vaping does not currently have advertising restrictions to the same degree as tobacco products.</p> <p>Answer: True. Unlike regular tobacco products, currently e-cigarettes can be openly displayed in retail outlets and can be advertised outdoors and in print media.</p>
<p>5.</p> 	<p>Statement: If a young person vapes, they are more likely to smoke tobacco.</p> <p>Answer: True. A study published in 2020 (European Schools Survey Project on Alcohol and Other Drugs 2019: https://www.drugsandalcohol.ie/33347/) reported that adolescents who use e-cigarettes are three to five times more likely to start smoking regular cigarettes.</p>
<p>5.</p> 	<p>Statement: E-cigarette companies make a special effort not to market their products to young people.</p> <p>Answer: False. Although e-cigarette companies claim that flavours such as candyfloss and bubblegum are aimed at adults, research carried out by the Irish Heart Foundation revealed that students believe that such flavours are strongly associated with snacks, treats and sweets that appeal to children. Teenagers also completely disagreed with the idea that e-cigarette companies do not design their advertising and packaging in order to attract young people and children; for more information, visit: https://irishheart.ie/publications/e-cigarette-flavour-options/.</p>
<p>7.</p> 	<p>Statement: Celebrities and social influencers are well informed about the health impacts of e-cigarette use and vaping and never promote products simply to receive a payment.</p> <p>Answer: False. Celebrities use and will often promote products for financial gain. A study of celebrity-endorsed Instagram advertisements showed that celebrity endorsers significantly increased people's positive attitudes towards e-cigarettes and smoking intentions. For more information, visit: https://www.researchgate.net/publication/313862881_Celebrity-endorsed_e-cigarette_brand_Instagram_advertisements_Effects_on_young_adults'_attitudes_towards_e-cigarettes_and_smoking_intentions.</p>

Activity 9 – The journey of alcohol through the body (LOs 2.3, 2.4, 2.5, 2.10)

In this activity, students learn how alcohol affects people, physically and psychologically, by exploring the journey of alcohol through the body and brain. It also introduces the concept of alcohol as a depressant substance and explores the different strengths of alcoholic drinks.

Step 1: Entry ticket



Distribute the **Worksheet – The journey of alcohol through the body** (one each), and have students complete the three questions on the Entry ticket. Correct answers are underlined here.

Entry ticket answers

1. Most alcohol is broken down in the STOMACH or LIVER.
2. The only way to sober up is TIME or COFFEE.
3. The first thing badly affected is MOVEMENT or JUDGEMENT.

Briefly go through the questions, asking for a show of hands to each answer, but hold off on giving the correct answer until the end of Step 2. The answers to this anticipation exercise will be contained in the video.

Step 2: The journey of alcohol through the body video



Show this video, [The journey of alcohol through the body](#), which explains the journey of alcohol through the body and brain, from where it enters to where it leaves. (Duration: 4minutes, 5 seconds).



Worksheet - The journey of alcohol through the body

72801378

72801378

★ ENTRY TICKET ★

Circle your best guess of the correct answer. We will check the answers at the end of the video activity.

1. Most alcohol is broken down in the STOMACH or LIVER.
2. The only way to sober up is TIME or COFFEE.
3. The first thing badly affected is MOVEMENT or JUDGEMENT.

72801378

72801378

72801378

★ EXIT TICKET ★

Fill in the blanks using the word bank:

Depressant – Liver – Hangover – Shower – Vomit – One – Slows

Alcohol is a _____ substance. This means it _____ down messages from the brain to the body. It is mostly broken down in the _____ which can break down _____ ‘standard drink’ measure of alcohol per hour. A person may pee more or _____ as the body tries to get rid of alcohol and avoid poisoning. Drinking coffee or having a cold _____ cannot speed up the liver. Only time and not taking any more alcohol can help. The headache and stomach sickness after taking alcohol is known as a _____ .

72801378

Teacher's note

Sensitivity: Discussing alcohol may be difficult for some students. They may have a family member (or friend) about whom they are concerned. Some students may already be attending discos, etc. and a small proportion may already have started to consume alcohol. These students are likely to have experienced or witnessed a mixture of negative and positive outcomes. For these reasons, teachers should address these issues with tact and sensitivity. Students should regularly be reminded during these lessons to speak with a trusted adult if they have concerns. They should also be reminded not to name names or speak about their own/family's substance use in class for reasons of confidentiality.

Alcohol as a depressant: This activity will introduce students to the physical properties of alcohol, including the key learning that alcohol is a depressant substance. This means that alcohol depresses the central nervous system (CNS), i.e. physical and mental functions are all slowed down. This fact can sometimes cause confusion, even to adults. The initial impression that people behave in an excitable way, perhaps becoming talkative and animated, is due to the disinhibition caused by the loosening/depressing effect on the CNS. Students may not know this, but after the initial phase of alcohol intake, and as more is consumed, the true depressant effect can bring a person's mood down and make them feel low. This explains the tears and the fights that can be part of the downside of alcohol use.

Standard drinks: In Ireland, alcohol is measured in 'standard drinks'. One standard drink contains 10 grams of pure alcohol. Note that this is not exactly the same as the UK-based 'unit of alcohol' which contains 8 grams of pure alcohol.

Can alcohol be good for your health?

Students might have heard that one drink a day is good for your heart. Decades of research have found mixed results. The Global Burden of Disease study concluded that alcohol use in all amounts, and for all ages, causes more health risks than benefits (Griswold et al, 2018). They found some evidence to suggest protective effects for coronary heart disease and diabetes in women over 60, but that these were offset by other risks to health, especially the link to cancers and injuries.

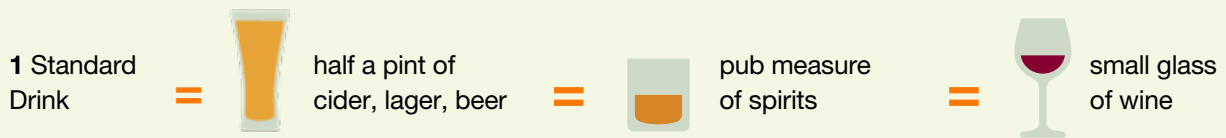
This graphic illustrates the number of standard drinks in some common alcoholic beverages:



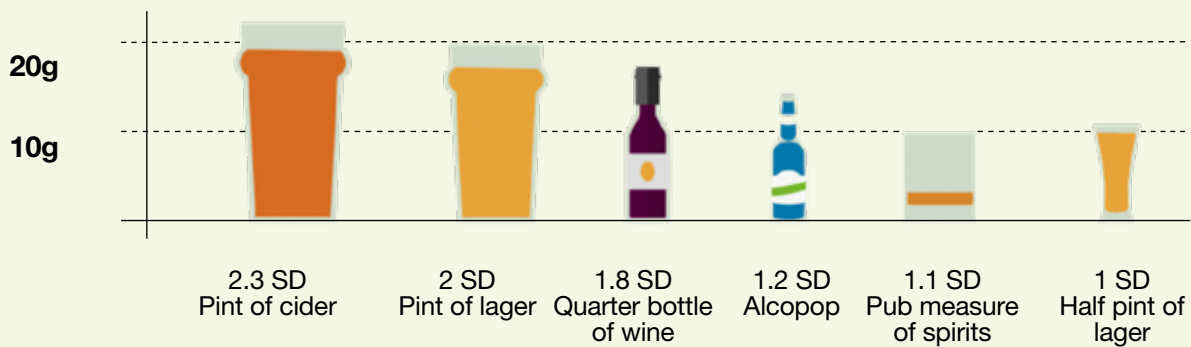
Standard Drinks



1 Standard Drink = 10 Grams of alcohol



How Many Standard Drinks in One Serving?



Adult Weekly Low-Risk Drinking Guidelines

Children and young people whose bodies are still developing will be more affected by alcohol than adults, so bear in mind that these guidelines are recommended for ADULTS only.

< 17

Standard Drinks = Men

< 11

Standard Drinks = Women

0

Standard Drinks = Under 18's

0

Standard Drinks = Pregnancy

HSE advice for **under 18's** is to **choose not to drink** or to **delay the age of drinking to 18yrs+**.

HSE advice for women who are pregnant is to stop drinking as soon as they discover they are pregnant as **no amount of alcohol at any stage of pregnancy is safe for baby**.

Suggested discussion points

- What was the biggest learning for you from this video?
- What surprised you?
- What happens if someone drinks very fast? How much can their liver deal with? *(Remember, these are adult guidelines, i.e. one standard drink per hour. There are no low-risk guidelines for young people – it is always high risk.)*
- What happens if someone consumes strong drinks such as vodka? What should people do with strong drinks like this? *(Drink at a very slow pace, and dilute the alcohol with soft drinks.)*
- It might sound dramatic, but alcohol is a toxin/poison to the human body. How does the body get rid of excess alcohol? *(Urinate, vomit.)*
- What does it mean that alcohol is a ‘depressant’? What does it mean for the person’s body? What does it mean for their mood? *(Low mood, irritable, angry, sad, anxious)*
- What difference does food make? *(Presence of food in the stomach can slow the absorption of alcohol)*
- The advice of public health experts in Ireland to young people is to choose not to drink alcohol, or to delay the age of starting to drink alcohol for as long as possible, ideally until they are at least 18 years old. Is this good advice? What might be the reasons for this? *(Research shows that a young persons body and brain are still in the process of active growth and maturation (the brain develops until into the mid-20s). We also know that the younger someone is when they begin to drink alcohol and other drugs the greater the risk of them developing a dependence in the future)*

Step 3: Entry and exit tickets

Using the **Worksheet – The journey of alcohol through the body**, go back to the Entry ticket questions, and review and discuss the correct answers.

Then have the students complete the Exit ticket on the worksheet, individually or in pairs. The purpose of the Exit ticket is to review the main learning points.

Exit ticket answers

Fill in the blanks using the word bank:

Depressant – Liver – Hangover – Shower – Vomit – One – Slows

Alcohol is a DEPRESSANT substance. This means it SLOWS down the body and brain. It is mostly broken down in the LIVER which can break down ONE ‘standard drink’ measure of alcohol per hour. A person may pee more or VOMIT as the body tries to get rid of alcohol and avoid poisoning. Drinking coffee or having a cold SHOWER cannot speed up the liver. Only time and not taking any more alcohol can help. The headache and stomach sickness after taking alcohol is known as a HANGOVER.



Activity 10 – Alcohol in our society (LOs 2.5, 2.10)

In this activity, students are facilitated to think critically about alcohol consumption in Ireland and the social and health consequences for young people and wider society.

Step 1: Brainstorm

Ask students if they agree or disagree with the following statement:

‘Children and young people are particularly vulnerable to alcohol-related harms and risks, as their bodies and brains are still developing.’ (Alcohol Action Ireland).

Make a note of how many students agreed, disagreed, or did not answer. It is also possible to conduct Step 1 as a walking debate, or through the use of red and green cards to indicate agree/disagree.

Step 2: Alcohol in Ireland



Divide the students into groups and distribute the **Worksheet – Alcohol in Ireland**. Invite the students to fill it out. This can also be conducted as a carousel activity.

Depending on Wi-Fi/internet/phone policy, an alternative to this piece would be to use Mentimeter or equivalent to create a suitable word cloud for each heading.

Take feedback from the group. This activity will give you an insight into students’ existing knowledge about alcohol and their exposure to it.

Suggested discussion points

See Teacher’s Note for support with these discussion points.

- What does this tell us about alcohol and our society?
- Based on what we have discussed, what non-verbal message is our society giving to young people about alcohol and drinking to excess? Is this a healthy or unhealthy message for young people?
- Tapping into the multicultural background of the class, explore alternative cultural beliefs and rules about alcohol.
- How do young people and families socialise and enjoy themselves in a culture where alcohol is not permitted?
- How easy/difficult is it for young people to make decisions for themselves about alcohol in a society where drinking alcohol to excess can sometimes seem like an accepted or normal behaviour?
- What might make it easier for young people to make decisions for their own health and well-being?
- Look at askaboutalcohol.ie. Is this a useful source of information on alcohol? Is it trustworthy? How do you know?
- Are there other sources of information online about alcohol? Are they trustworthy? How do you know?
- Could you design wording for messages that might encourage young people to delay the decision to drink alcohol? Would posters/TV ads/social media messages be the best way of delivering these?

Worksheet – Alcohol in Ireland

Who drinks alcohol?

Where do they drink it?

When do they drink it?

How much do they drink?

Teacher's note

This activity aims to show that the dominant cultural attitude of acceptance towards drinking alcohol to excess is potentially harmful to young people. Alcohol Action Ireland, a leading charity working in the area of preventing harm caused by alcohol, states:

“Far from being a rite of passage, drinking alcohol may well serve to delay the development of vital coping, personal and social skills; project young people into risky situations and lay the ground-work for future physical and mental health difficulties.” (Alcohol Action Ireland 2020).

Alcohol is the most widely used mood-altering substance/drug in Ireland. Over 80% of people aged 15+ reported that they consumed alcohol in the last year (NACDA, 2016). It is often seen as an accepted part of social occasions and family celebrations, and is generally thought to be an enjoyable social lubricant among adults using it in a low-risk way. On the other hand, approximately 400,000 adults in Ireland do not drink any alcohol, and this number is on the increase. Furthermore, 80% of boys and 83% of girls aged 12-14 years have never had an alcoholic drink (HBSC 2018 reported by Kolto et al, 2020).

Nonetheless, many people in Ireland are using alcohol in a risky way, increasing the likelihood that they will experience poor health, disability, and disease (World Health Organization). Binge drinking is the consumption of six or more standard drinks per drinking occasion. For more information, see www.askaboutalcohol.ie. (Also refer to ‘standard drinks and low risk drinking guidelines’ in previous section)

It is important to note that there are no low-risk drinking guidelines for adolescents. It is always considered high risk. Studies have shown that alcohol use during the adolescent years has a higher potential for harming the brain than during adulthood. The brain continues to develop until the mid-20's.

Students may be interested to know that many well-known celebrities do not drink alcohol. An internet search will guide you to the most current and interesting examples to share with students. If using this, it can help to show some photos to assist students to recognise the names. Bear in mind that some never drank alcohol, but others abstain due to previous personal difficulties with alcohol.

Step 3: Reflection on learning

Ask the students to respond to some of following prompts in their SPHE copybook:

- The most important thing I learned was...
- What I enjoyed most was...
- What surprised me was...
- What I have learned that is new is...
- What really made me think was...

Activity 11 – Alcohol myths and facts (LOs 2.5, 2.10)

In this activity, students learn about some of the social, emotional, and physical consequences of alcohol use among young people and consider the benefits of choosing not to drink or delaying the decision to drink alcohol for as long as possible, ideally until they are at least 18 years of age.

Step 1: Consequences of alcohol use

Divide the class into pairs or small groups. Conduct KWL Know Wonder Learn. Ask students to write what they already know about the consequences of alcohol use. Then write what they wonder about. They will reflect on what they learn at the end of the activity.

Step 2: Myths and facts



Distribute the **Worksheet – Myths and facts** and invite the students to complete it in their pairs or small groups.

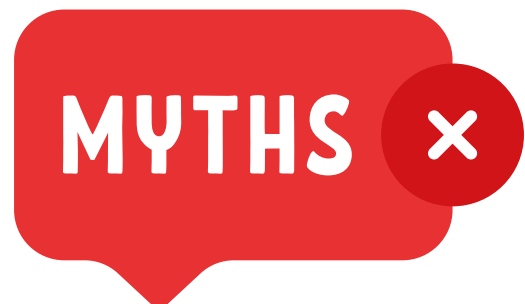
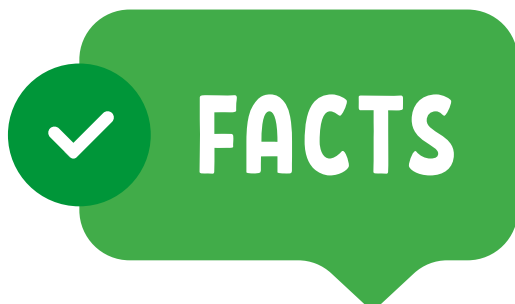
Using the **Teacher's note**, go through each question, allowing students to answer and then providing the correct information as required.



Worksheet – Myths and facts

Name(s): _____

		Myth	Fact	Don't know
1.	Starting to drink at an early age increases the risk of developing alcohol problems in later life.			
2.	Young people who stick to the low-risk drinking limits are safe.			
3.	Drinking alcohol may cause weight gain.			
4.	Drinking coffee or taking a cold shower will help a person to sober up.			
5.	Alcohol makes a person happy.			
6.	Alcohol affects a person's decision making and judgement of situations.			
7.	Sports performance is affected by alcohol.			
8.	Young people are drinking more now than they were in the past.			



Teacher's note

1. Starting to drink at an early age increases the risk of developing alcohol problems in later life.

FACT – Due to the way the brain develops, a person who begins to drink alcohol as a teenager is more likely to become dependent on alcohol. The evidence shows that young people who start drinking before the age of 15 years are FOUR times more likely to develop alcohol dependency than those who wait until they are 21 years old. Those who drink heavily in their mid-teens are also more likely to experience alcohol-related harm as young adults.

2. Young people who stick to the low-risk drinking limits are safe.

MYTH – There are no known safe levels of drinking among young people. As well as some of the more obvious harms to the body and developing brain, alcohol affects the body's ability to absorb calcium and, as a result, bones may become thin and weaker. Alcohol dehydrates the body and widens blood vessels, causing skin to look red and blotchy.

3. Drinking alcohol may cause weight gain.

FACT – Alcohol is high in calories. There is also a link between drinking alcohol and making unhealthy meal choices, e.g. fast food after a night out, and lack of exercise. This all contributes to the body taking in more calories than it burns, leading to possible weight gain. For example, one pint of cider has similar calories to a full size chocolate bar, and one pint of lager has similar calories to a bag of crisps.

4. Drinking coffee or taking a cold shower will help a person to sober up.

MYTH – The liver is like a car with one gear – it can only work at one speed. The liver can only break down or get rid of a certain amount of alcohol per hour, regardless of the amount that has been consumed. The only cure for drunkenness is time. So, drinking coffee will only make a person wide awake and drunk. Taking a cold shower will make a person cold, wet and drunk! Their bloodstream will still have a high amount of alcohol.

5. Alcohol makes a person happy.

MYTH – Alcohol has an unpredictable effect on a person's mood and mental health. It often depends on how they feel before they start drinking and on what happens while they are drinking. They can feel happy for a while, but alcohol is a depressant. While a person may seem to be in great form while they are drinking, their mood drops in the hours and days afterwards and they may become irritable, angry or sad.

6. Alcohol affects a person's decision making and judgement of situations.

FACT – Much in the same way that people are more likely to have accidents while drinking, they also feel disinhibited and might do things they normally would not. The part of the brain that weighs up risks and judges situations is impaired by alcohol.

7. Sports performance is affected by alcohol.

FACT – Reduced endurance – alcohol reduces the body's ability to produce glucose, leading to less energy and less endurance. Greater risk of cramp – alcohol in the system after drinks the night before contributes to a build-up of lactic acid. Dehydration – alcohol is a diuretic, making the body use extra fluid on top of the normal amount during exercise, putting a person at greater risk of dehydration.



Teacher's note continued

8. Young people are drinking more now than they were in the past.

MYTH - They are actually drinking less. For example, in 2018, 81% of children aged 12–14 said they had never had an alcoholic drink, compared with 75% in the previous study in 2014 (HBSC, 2020). Up-to-date Irish figures can be sourced by referring to the Health Research Board's fact sheet about young people and substance use at <https://www.drugsandalcohol.ie/28138/>.

These activities avoid giving the impression that “everyone is doing it”. Evidence about normative education is that people tend to lean towards behaviour that is seen as the norm. For example is supportive to students making healthy choices to be aware that the majority of young people of this age do not drink. 80% male and 83% female aged 12-14 have never had an alcoholic drink (HBSC 2018, Kolto et. al. 2020).

Suggested discussion points

- Which alcohol-related consequences seem most important to you?
- Which consequences seem least important to you?
- Why do you think more young people are deciding not to drink alcohol?

Step 3: Reflection on learning

In Step 1 students completed a KWL. Were some of the questions they wondered answered, and what stands out as the main learning? They are then invited to focus on their learning for today's reflection, completing one or more of the following sentences:

What really made me think was...

What does this mean for me...

How can I safeguard my own health...

Activity 12 – Exploring drugs (LO 2.3)

In this activity, students explore their current understanding of use and misuse of legal and illegal drugs, including medication, cigarettes, vapes, alcohol, and other drugs. It requires that the teacher or students bring in copies of lifestyle magazines.

While this collage activity takes some preparation, it can give you a unique insight into what the students know and think about legal and illegal substances. This activity does not intend to focus on any specific illegal drugs. It is intended to gently open up the conversation about drugs in the broadest sense.

Step 1: Explaining drugs to an alien

Divide the class into pairs or small groups. Invite the students to imagine that an alien has landed from outer space. Their first task is to give the alien a name. The alien has no idea of how life works on Earth and it is their job to explain what drugs are to their alien. Depending on Wi-Fi/internet/phone policy, an alternative to this piece would be to use Mentimeter or equivalent to create suitable word clouds.

Take feedback from the students. Draw particular attention to the terms *mind or mood-altering*, *misuse*, *addiction/dependency*, *legal*, *illegal*, or add them if they do not emerge from students' feedback.

Teacher's note

Sample definitions of drugs that may inform the class discussion:

1. When people talk about “drugs” they are referring to what are more accurately referred to as “psychoactive substances”. A complicated name, but let's break it down:
 - A substance. A solid, a liquid, smoke, a vapour, etc
 - Psycho. Short for psychological, the mind or mental state
 - Active. Meaning that it has an effect. Psychoactive substances act primarily on the brain

They cause changes in a person's mood, how they see the world, and how they feel emotionally, which all affect how a person behaves (DOH, 2019)

2. Mood-altering drugs are chemical substances that change a person's mood, emotion or state of consciousness. Also known as 'psychoactive'. Includes tobacco, alcohol, illicit drugs such as cannabis, cocaine and heroin. Some medications are also psychoactive and can be addictive if not used as directed.

Step 2: Exploring drugs collage

In advance ask the students to source and bring in images from magazines that link to the word “drugs”. Divide the class into small groups. Give each group some glue sticks, a large sheet for their collage, and a safety scissors per person. You may also want to bring a back-up supply of magazines (such as those that come with Sunday newspapers) and distribute these among the groups.

Invite the students to find words and images that link to the word ‘drugs’. The words and terms from Step 1 could serve as a guide. Encourage the students to be imaginative and to think of things that might not have an obvious link. Students will need prompts, and there are several ideas in the **Teacher’s note**.

Teacher’s note

Sensitivity & stigma it is important to be mindful of the tone that develops during this activity. It is intended to be broad and factual, and not fear based. Some students might worry about family members at home who smoke, take medication, drink alcohol, or use illegal drugs. For the same reasons, protective interrupting may be needed if stigmatising language is being used. For example, encourage students to use ‘people first’ language such as ‘person who uses drugs or alcohol’, ‘person who is dependent on drugs or alcohol’, rather than ‘alcoholics’, ‘drug addicts’ or derogatory terms such as ‘junkies’. The ‘Stop the Stigma’ guide by Citywide Drugs Crisis Campaign outlines issues of language that you may find helpful to review in advance (p. 15 of the guide has a useful summary). https://www.citywide.ie/assets/files/pdf/stop_the_stigma_position_paper_feb_2018.pdf

Walking encyclopedia

Teachers do not need to be drug or addiction experts to deliver the activities in Healthy Choices. It is the nature of slang words to frequently change in order to maintain secrecy. It is good practice to adopt a shared learning approach with students, and seek their assistance to research unfamiliar terms or issues. Teachers are encouraged to attend substance use training events with the Professional Development Service for Teachers, and the Regional and Local Task Forces, among others.

Prompts for the collage Remind students that the use and misuse of substances can affect all areas of people’s lives, from their health and safety to their job, home, self-care, friends, and finances. Therefore, many less obvious images can be connected to the word ‘drugs’. Prompt students to look at seemingly unrelated pictures, and think whether this could be linked to the word ‘drugs’. Here are some examples:

Teacher's note continued

Example of image	Connection to the word 'drugs'
Smiling baby, older person	Children and adults are healthier due to medicines which can treat illness, and vaccinations which can prevent illness
Wedding	Many people like to have a social drink at a wedding
Pregnant woman	Pregnant women are advised to avoid alcohol, smoking and illicit drugs to avoid harming the developing baby
Family or house	A person's family could be upset or sad if they have problems with alcohol or other drugs
Bank or money	A person could owe money or always have no spare money
Food	A person may not be able to afford nice food
Garda, court, prison	A person could get arrested and go to court and prison
Person with lovely hair or skin	People look more healthy and their hair and skin are better if they don't smoke or misuse other substances.

Some key terms are explained here, as they may come up during this activity.

Mood-altering drugs: Mood-altering drugs are chemical substances that change a person's mood, emotion or state of consciousness. Also known as 'psychoactive'. Includes tobacco, alcohol, illicit drugs such as cannabis, cocaine and heroin. Some medications are also psychoactive and can be addictive if not used as directed.

Misuse: Taking something you should not take or in a way that is not recommended (e.g. taking someone else's prescribed medicine. This is risky as the prescribing doctor has not checked that it is necessary or safe for you).

Addiction: The person cannot stop thinking about the substance, or will take it no matter how it harms them or their family. The person is usually not able to control their intake, or to stop once they start. Also known as 'dependence'.

Tolerance: When someone takes a drug/substance regularly they soon need to take more to get the same effect they used to get.



Suggested discussion points

Invite two people from each group to show and explain their collage. Then process the activity together.

- What are the good things shown in your collages?
- What things are not so good?
- Overall, what kind of people do we see in the collages? (*Every kind, as substance use problems can happen to anyone*)
- What have you learned from this?

Step 3: Discovery circle

Using Critical Thinking Circle methodology, invite the students to reflect upon their discoveries from the collages. In this methodology, choose one item to circulate, such as a pen, teddy or feather. Only the person holding the item can speak. They then pass it to the next person who volunteers to make a comment. Continue until you have had a variety of responses reinforcing and summarising the learning points from the students' point of view.



Activity 13 – Pressure to conform (LOs 1.9, 2.3, 2.4)

In this activity, students consider the role of peer pressure, conforming to the behaviour of a group and supporting themselves and friends who choose not to conform.

Step 1: What does peer pressure mean to you?

Divide the class into pairs or small groups. Invite the students to discuss what is meant by peer influence or peer pressure. Remember that peer influence can also be a positive thing.

Take feedback. Ensure that both the positive and negative influence of peers are discussed. Also ensure that the external and internal nature of peer pressure are discussed, i.e. that students may feel external pressure from peers, and/or they may feel internal pressure they place on themselves to fit in with their peers. See the **Teacher’s note**.

Step 2: The elevator experiment video



Show this clip <https://www.youtube.com/watch?v=dDAbdMv14Is&t=1s> from the Would You Fall for That? TV show. It is a replication of the elevator experiment (Asch Experiment) and shows adults conforming to group behaviour. (Duration: 6 minutes, 30 seconds)

Teacher’s note

This video shows how adults can feel pressure to conform to group behaviour. Research shows that young people may feel even more pressure to conform due to the normal adolescent need to feel a sense of belonging to a peer group (Blakemore, 2018). However peer pressure and conforming is not always a negative. Young people can influence one another in positive ways too.

Peer pressure to drink alcohol, use tobacco or take illegal drugs is not a simple matter of young people verbally offering the substance to a friend/peer and being judgemental if it is not accepted. It also involves young people making judgements about what behaviours are required in order to be accepted into a group or by a certain person, and conforming to that behaviour of their own accord without any explicit pressure.

The Growing Up in the West: County Report Galway (Planet Youth) (WRDATF, 2019) found that a significant proportion of the 15–16-year-olds surveyed felt pressure to conform to their social group: 31% felt they had to drink alcohol, 14% felt they had to smoke cigarettes, and 8% felt they had to smoke cannabis in order to be “part of the group”. These figures may be presented to students as a point of discussion, or students can be asked to guess, before you give the figures.



Suggested discussion points

- This video shows some adults struggling to be assertive and avoid conforming to the crowd, even though it does not make sense. Why do they do this? What are they feeling or thinking before and then after they turn around?
- Can you relate to this? What would you do in the elevator/lift?
- Imagine being in a situation where others are smoking (or drinking alcohol). Could it be hard to stick to your decision if you do not want to join in?
- Some people in the video did not conform. Why? What body language did you see?
- How do you think it feels to be the one who does not conform?
- What about the person who does not conform to a group by not drinking alcohol or smoking? Can they still feel included?
- What role might “social influencers” have on us, for example, if they promote an alcohol product or use product placement on their sets?
- If pressure to conform sometimes comes from within ourselves, is it easier for us to resist that pressure if we are aware that it is coming from within ourselves?
- What helps a person resist conforming if they don’t want to?
- How should we treat our friends if they would rather not join in?

Step 3: Reflection

For the coming week, notice the ways that you already practise not conforming to the group. There may be a food that you like and others don’t, or a music that you don’t like and others love, or an unfashionable item of clothing you wear simply because you feel comfortable in it. Notice what chat goes on in your head when you decide to go ahead and eat the unpopular food, or listen to the different music, or wear the comfy clothes. What are you saying to yourself? Notice how it feels to be the only one not to conform when you know that the decision is right for you. Notice how other people react.

Also take notice of ways in which your friends and family do not conform to the group. Make an effort to support them by acknowledging and accepting their decision not to conform.

Activity 14 – The HPV vaccine (LO 2.10)

In this activity, students will learn about the role of vaccinations in preventing a virus, with specific reference to the HPV vaccine. Ideally, this activity should be delivered in advance of the HPV vaccination being offered in your school.

Teacher's note

Each year, the HSE offers HPV vaccinations to all girls and boys in first year of second-level school.

HPV stands for human papillomavirus, which is a group of more than 100 viruses. HPV is very common; most people will be infected with a form of HPV at some point in their lifetime. You can catch HPV by being sexually active with another person who already has the virus. Most HPV infections do not need treatment because your body can clear the virus itself. However, in some people, the HPV infection can persist and cause cancer. HPV also causes genital warts.

High risk HPV infection is found in almost all (99%) of cervical cancers. HPV infection can also cause cancers of the anus, penis, oropharynx (mouth and throat), vulva and vagina.

First year in secondary school (or as soon after as possible) is the best time to get the vaccine, as it is most effective if given at this age. The vaccine works best if it is given before people become sexually active and are potentially exposed to the virus. Most people only need 1 dose of HPV vaccine. Some people with a weak immune system will need 3 doses of HPV vaccine.

The HPV vaccine currently used in Ireland is called Gardasil 9. It is highly effective at preventing infection with the HPV types covered by the vaccine.

All vaccines are safe and have been proven to save lives and prevent serious illness. Vaccines are strictly monitored and reviewed regularly by international bodies including:

- the World Health Organization
- the European Medicines Agency
- the Centers for Disease Control and Prevention in the USA

However, a number of claims suggesting adverse effects associated with the vaccine have received media coverage in the past. The World Health Organization Global Advisory Committee for Vaccine Safety (GACVS) has continually reviewed the evidence on the safety of HPV vaccine in 2007, 2008, 2009, 2013, 2014, 2015, 2017 and 2019. The WHO has never reported safety concerns with HPV vaccines: <https://www.who.int/groups/global-advisory-committee-on-vaccine-safety/committee-reports>

Further information about the HPV vaccine can be found on the HSE website: www.hpv.ie

Step 1: What is a virus?

Ask the class what words come to mind when they hear the word virus. Ask them what comes to mind when they hear the word vaccine.

Use the Teacher's note to clarify what is meant by both terms, acknowledging the correct contributions made by the students.

Teacher's note

A **virus** is a tiny organism (germ) that multiplies within cells and causes diseases such as chickenpox, measles, mumps, rubella and hepatitis. When you get a virus, you may not always get sick from it. Your immune system may be able to fight it off.

Viruses are not affected by antibiotics, the medicines used to kill bacteria. Other treatments such as paracetamol or resting only help with symptoms while you wait for your immune system to fight a viral infection. However, there are antiviral medicines available to treat some viral infections.

A vaccine is a type of medicine that trains the body's immune system so that it can fight a disease it has not come into contact with before. Vaccines are designed to prevent disease, rather than treat a disease once you have caught it.

Different vaccines work in different ways, but every vaccine helps the body's immune system learn how to fight germs. It typically takes a few weeks for protection to develop after vaccination, but that protection can last a lifetime. Some vaccines, such as those for tetanus or seasonal flu, require booster doses to maintain the body's defences.

Vaccinations that you may have received or be aware of include measles, mumps, rubella, hepatitis B, polio, tetanus, diphtheria and pertussis (whooping cough).

Step 2: What is the HPV vaccine?



Let the class know that in first year, girls and boys will get the HPV vaccine in school.

Divide the class into small groups and distribute the **Worksheet – HPV vaccine** and allow them to fill it in.

Go through each statement, taking responses from the groups as to whether the statement is true or false using the Teacher's note below.



Show the class the following HSE video on the HPV vaccine, get the facts, get the vaccine. (Duration: 1 minute, 53 seconds). https://www.youtube.com/watch?time_continue=24&v=spboDIsWqx4&feature=emb_logo

Worksheet: HPV Vaccine

HPV is a very rare virus	True/False <input type="checkbox"/>
If you have HPV, you would know	True/False <input type="checkbox"/>
HPV causes several different types of cancer in males and females	True/False <input type="checkbox"/>
The HPV vaccine is highly effective at preventing pre-cancers	True/False <input type="checkbox"/>
The HPV vaccine is a safe vaccine	True/False <input type="checkbox"/>
The HPV vaccine is given to 12–13-year-olds because that is when their risk of getting cancer is the greatest	True/False <input type="checkbox"/>



Teacher's note

HPV is a very rare virus.

False. HPV is very common; most people will be infected with a form of HPV in their lifetime. HPV can be transmitted through any kind of sexual contact. Both males and females can get and pass on HPV.

If you have HPV, you would know.

False. In most cases, HPV infections do not have symptoms; they go away on their own and do not cause any health problems. 70% of new genital HPV infections clear within one year, and >90% within two years. However, when HPV does not go away, it can cause health problems such as cancer.

HPV causes several different types of cancer in males and females.

True. High risk HPV types are responsible for about 90% anal cancers, 90% of cervical cancers 65% vaginal cancers, 60% oropharyngeal (mouth and throat) cancers, 50% vulvar cancers and 35% penile cancers.

The HPV vaccine is highly effective at preventing pre-cancers.

True. The impact of population wide HPV vaccination programmes has been seen in a number of countries. The HPV vaccine has greatly reduced cases of pre-cancers of the cervix in young women in many countries e.g., in Scotland, 8 years after the introduction of HPV vaccinations for 12-13 year old girls, reductions were found in all grades of cervical pre-cancers (or cervical intraepithelial neoplasia/CIN). Rates of severe cervical abnormalities (known as CIN3+) decreased by 89%.

The HPV vaccine is a safe vaccine.

True. Since HPV vaccine was licensed in 2006 research has been conducted all over the world that demonstrates that the vaccine is safe and prevents pre-cancers. The evidence has been steadily growing since 2006 and now a large bank of research exists which proves the safety and effectiveness of this vaccine. Vaccines are strictly monitored and reviewed regularly by international bodies including the:

- World Health Organization,
- European Medicines Agency, and the
- Centres for Disease Control and Prevention in the USA.

All international bodies have continually reported that the vaccines used in Ireland are safe with no known long-term side effects.

The HPV vaccine is given to 12–13-year-olds because that is when their risk of getting cancer is the greatest.

False. First year in secondary school (or as soon after as possible) is the best time to get the vaccine, as it is most effective if given at this age. The vaccine works best if it is given before a person becomes sexually active and is potentially exposed to the virus.

Suggested discussion points

- Had you heard of the HPV vaccine before today?
- Did you learn anything new from the video or from the true and false statements?
- Did anything surprise you?

Step 3: Home activity



Encourage the class to visit the following websites for more information on the HPV vaccine:

HSE www.hpv.ie



