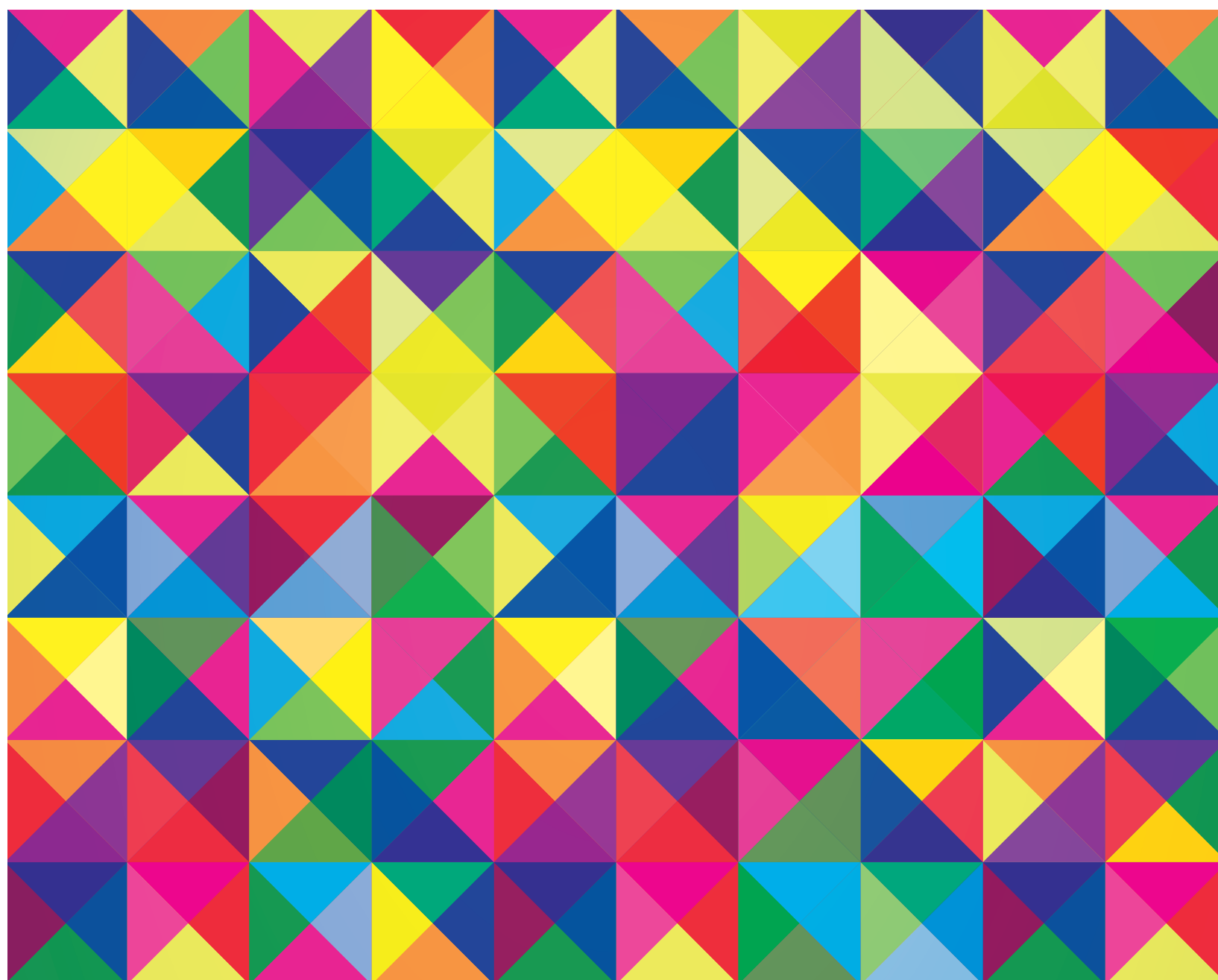




Rialtas na hÉireann
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Know the Score:

**Substance Use Resource Materials
for Senior Cycle SPHE**



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www.hse.ie/knowthescore

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INTRODUCTION

One of the main objectives of the Healthy Ireland Framework is to encourage cross-departmental work in relation to health and wellbeing. The Wellbeing Policy and Framework for Practice published by the Department of Education and Skills (2018) provides a framework for all schools to improve health and wellbeing of their school communities through the school self-evaluation process.

This resource has been designed to support teachers to teach the substance use module of the Curriculum Framework for SPHE in Senior Cycle and to enable Senior Cycle students to make conscious and informed decisions about alcohol and drugs.

Although the total amount of alcohol consumed by young people has declined in the last twenty years, it is still a significant public health concern. 74% of 15-16 year olds have tried alcohol, and 28% have engaged in binge drinking. Cannabis use is an increasing cause of concern, with recent studies showing an increase in cannabis use from 7% to 10% over 4 years.

There are particular risks associated with alcohol and drug use among young people. It impacts on social and emotional development, cognitive development and mental health, with high correlations between substance use and mental health difficulties, including self harm and suicide, hence the importance of links to prevention actions as mentioned in the Connecting for Life Strategy. Alcohol & Drug use is also linked to reduced inhibitions and increased risk-taking, including regretted and /or unprotected sex. The challenge for parents and teachers is to ascertain adolescents' concerns, their perceptions of vulnerability, their ability to identify risk, and their ability to judge risk.

This resource and accompanying three short videos was a collaboration between the HSE Alcohol Programme and HSE Addiction Services, with oversight by a Steering Group with membership from the Professional Development Service for Teachers together with representatives from the Drug and Alcohol Task Forces. Schools are advised to use this evidence-based resource to teach the substance use module SPHE at senior cycle. Teaching resources which have been developed by or funded by the alcohol industry are inappropriate for use in schools.

Sincere thanks to the project steering group and all of those involved in developing this resource. Special thanks and acknowledgement is due to the teachers and students who piloted the resource and provided valuable suggestions and insights. See next page for those involved.



DRUGS.ie
Drug and Alcohol Information and Support



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St Michael's College, Ailesbury Road, Dublin 4

Colaiste Mhuire CBS, College St., Mullingar, Co. Westmeath

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St Dominic's College, Kylemore Road, Chapelizod, Ballyfermot, Co. Dublin

St Raphaela's School, St Raphaela's Road, Stillorgan, Co. Dublin

St Aidan's Comprehensive School, Cootehill, Co. Cavan

Carolan College, Nobber, Co. Meath

Colaiste Chraob Abhann, Kilcoole, Co. Wicklow

Rosary College, Armagh Road, Crumlin, Kimmage, Dublin 12

Malahide Community School who piloted the videos.

TOP KEY MESSAGES FOR STUDENTS, PARENTS AND TEACHERS

STUDENTS:

- Get the facts, know the risks, understand why some people use alcohol and drugs. Get the support you need to make decisions that are right for you.
- Is difficult to make decisions if you don't have good information! **Know the Score** will provide you with factual information that lets you make informed decisions regarding alcohol and other drugs. It's important that you do what is right for you. Respect your friends' decisions and they should respect yours.
- We never know exactly how taking a drug will affect us. Often, we end up doing things that we would never do when sober. They can also cause changes in how parts of your brain and body work, which is often quite dangerous. This can vary a great deal from person to person also.
- Building empathy and awareness of the potential for damage and harm caused to self and others by individual alcohol and other drug use is an important consideration throughout this resource.
- Despite what you might hear in the news or on social media, most young people do not use drugs. More and more young people are now choosing not to drink alcohol due to its negative effects on their health and behaviour. For those who have decided to consume alcohol or drugs, this resource explores some ways that might help you to reduce immediate risks.
- Delay the decision to use alcohol or other drugs for as long as possible, due to the risks to your safety, health and future.

PARENTS:

- **Know The Score** aims to support parents and communities in preventing alcohol and drug problems among young people. Research shows that parents are possibly the biggest single influence on their own children, even though they may not always feel it!
- Parents are encouraged to have conversations early and often with their children, talk and learn together, discuss boundaries and safety. If you do not teach them about alcohol and drugs, someone else will. Students, parents/home, schools and community are partners in the prevention process.
- Try to delay the age of onset of drinking for as long as possible -it has a strong protective effect on your child's future risk of alcohol or drug problems. Do your best to ensure your child stays connected to pro-social influences, such as family, community and hobbies, and also that they have a positive school experience.
- How Parents talk about alcohol and how they themselves consume alcohol has an effect on the attitudes and behaviours of young people. Try to show by example that risky drinking is not encouraged, and that not all social occasions need to involve alcohol.
- HSE is the main resource for expert health advice on alcohol and drugs.

TEACHERS:

- **Know the Score** aims to support teachers to facilitate useful and targeted learning experiences with senior cycle students. It provides the necessary support information and pointers to give teachers the confidence to explore this sensitive subject.
- Teachers do not need to be addiction experts to teach these lessons. It is ok not to know everything. Learn from what students know “I haven’t heard that name before, can you tell me about it and we will research it together?”
- Schools and teachers have a powerful role in prevention. Aside from teaching about alcohol and drugs, simply nurturing a supportive relationship with students, and trying to ensure they have a positive school experience has a proven strong protective effect.
- The resource is aimed at a general senior cycle audience. The methods and approaches are research based, and focus is on what students want and need to learn. More targeted programmes may be needed for specific types of high needs. Regional and Local Drug & Alcohol Task Forces may be able to assist schools to build a more targeted approach.
- The resource addresses primary prevention and also provides opportunities to explore reduction of risk behaviours among those who already consume alcohol or other drugs.
- It is important that substance use education continues to grow and evolve with students, picking up on new and emerging issues that arise as students grow older.

CONTEXT

This resource entitled “**Know the Score**” has been designed to support teachers to teach the substance use module of the Curriculum Framework for SPHE in Senior Cycle and to enable Senior Cycle students (15-18yrs) to make conscious and informed decisions about the **risks associated with** use of alcohol and drugs **at an important time in their development.**

This is the first time a national SPHE Senior Cycle resource on alcohol and drugs has been developed which includes three short videos.



1. **Drugs, the Brain & Dependency**
2. **Cannabis**
3. **Risks of Adolescent Substance use**

The 14 lessons were developed by the HSE Alcohol Programme and HSE Addiction Services, with oversight by a Steering Group with membership from the Professional Development Service for Teachers and Drug and Alcohol Task Forces.

The lessons were piloted in a number of urban and rural schools across the country.

SPHE IN SENIOR CYCLE

Although SPHE at Senior Cycle is not mandatory, many schools have decided to introduce it and are implementing their own programmes using the National Council for Curriculum and Assessment (NCCA) ‘Senior Cycle SPHE Curriculum Framework’ as a guideline. The Curriculum Framework can be found on the NCCA website – https://www.ncca.ie/media/2688/sphe_framework.pdf

The Curriculum Framework consists of five areas of learning –

- Mental Health,
- Gender Studies,
- Substance Use,
- Relationships and Sexuality Education,
- Physical Activity and Nutrition.

SUBSTANCE USE

The objectives of this resource are those outlined in the substance use area of learning in the Curriculum Framework for SPHE in Senior Cycle:

- To enhance students’ knowledge and understanding about substance use and misuse
- To develop awareness of personal experiences, values, attitudes and feelings which influence lifestyle choices about substance use
- To develop students’ personal and interpersonal skills so that they might have the confidence to act appropriately in the face of social pressures, and to choose how they act with awareness
- To examine life stories associated with the harmful use of substances to develop understanding and empathy with those involved
- To examine the external influences on substance use, including the media, peers and community
- To remind students that deciding not to drink or use drugs is always a legitimate choice

EVIDENCE FOR SCHOOL-BASED SUBSTANCE USE EDUCATION

Sumnall *et al.* (2006) carried out a meta-review of research on school-based substance use education. The review found that:

- Schools have an important role to play in the delivery of universal drug prevention initiatives.
- School-based/curricular-based intervention programmes can delay the onset of substance use by non-users for a short time, and temporarily reduce use by some current users. These findings show greater effectiveness in lower-risk young people than those at higher risk.
- Interactive approaches to drug education are more effective than non-interactive approaches.
- Drug education is most effective when taught by well trained teachers who have the necessary subject knowledge.
- Drug education should aim to provide opportunities for students to develop their knowledge, understanding, skills and attitudes.

Consideration needs to be given that some students may already be using legal or illegal substances. An important large-scale Irish review found it is important to recognise this reality when planning teaching and learning resources (DES, 2014).

The Government of Ireland's current National Drug Strategy 'Reducing Harm, Supporting Recovery - A health-led response to drug and alcohol use in Ireland 2017-2025' recognises the important role of schools in relation to substance use education. Reducing Harm, Supporting Recovery states that comprehensive school-based programmes which combine social and personal development and provide information about substance use are likely to be effective in preventing early substance use. This is the approach recommended in the Action Plan for Education 17, (DES 2019), and is a key component of the Wellbeing area of Learning at Junior Cycle level and underpins this teaching and learning resource.

SCHOOL SUBSTANCE USE POLICY

Teachers should be familiar with their school's substance use policy prior to beginning to teach the lessons in this resource pack. If the teacher is uncertain about the meaning or interpretation of any aspect of the policy, he/she is advised to discuss this with management in advance of teaching these lessons.

Taking time to review the substance use policy with the students is a worthwhile activity in itself. It will give them a better understanding of the school's approach to substance use, and in turn, they will probably make useful comments or suggestions which could feed into a substance use policy review. A partnership approach based on the 'whole school' model is recommended for the development and review of the policy.

Where it comes to the attention of teachers that a student is under the influence of substances or behaviour indicating this possibility, the school substance use policy should be activated to provide the student with access to the school support team to assist with whatever is appropriate in terms of notice to parents/referral to a youth/alcohol/drug service.

All schools are required to have a Substance Use Policy. **The Department of Education and Science Substance Use Policy Guidelines** provides a template for this www.drugsandalcohol.ie/5453/1/1734-1657.pdf.

THE WHOLE SCHOOL CONTEXT

A POSITIVE SCHOOL ENVIRONMENT

Research has found that students who feel cared for by the adults in their school are less likely to engage in substance misuse.

Introduction

The ways in which members of staff relate to one another, to students and parents or guardians and the quality of relationships between the students themselves form the foundation for students' feelings of connection and belonging to their school. Every teacher and member of staff has a role in creating a positive school environment.

In such an environment:

- People feel valued
- Self-esteem is fostered
- Respect, fairness and tolerance are evident
- High expectations and standards are promoted
- There is support for those with difficulties
- Open communication is the norm
- Effort is recognised and rewarded
- Difference is valued
- Conflict is handled constructively
- Initiative and creativity are encouraged
- Social, moral and civic values are promoted.

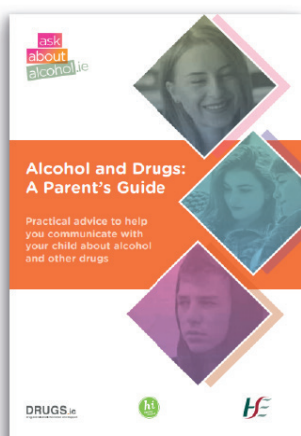
PARENTS

Parents are the primary educators of their child. They have a particularly important role to play in the area of substance use. Studies show that parents who have a good relationship with their children, who enforce clear boundaries and who model responsible behaviour in their own use of alcohol, play a very positive role in helping their children towards making healthy choices.

Parents will have been involved in developing the school's substance use policy and should be familiar with it. The policy should include provision of substance use education sessions for parents to support them in their discussions

with their son/daughter.

Alcohol and Drugs: A Parent's Guide. Practical advice to help you communicate with your child about alcohol and other drugs. This is a HSE resource developed



specifically for parents and carers to get the conversation started with their teenagers and young people about alcohol and drugs and is available to download free of charge on www.healthpromotion.ie.

Further information and guidance for parents is available on the following websites:

- <https://www2.hse.ie/living-well/alcohol/information-parents/>
- http://www.drugs.ie/drugs_info/for_parents_carers/

For information on your nearest parent prevention programme contact HSE Drug and Alcohol Helpline on 1800 459 459 or your Local or Regional Drug & Alcohol Task Force (listed in Appendix Two).

SUPPORT FOR TEACHERS

The relationship between teacher and student is a core aspect of successful learning in all areas of education, but this is especially true in the case of social, personal and health education.

Research carried out by Tupper (2008) and Hale (2011) found that teachers need to have the appropriate skills to deliver a substance use education programme effectively, as well as the confidence and motivation to deal with the material. They stress the importance of a reflective practice approach to teacher training, one which encourages reflection on the teacher's own relationship with alcohol and drugs, and on the inconsistencies of cultural and social norms in relation to alcohol and drug use.

Their research notes that teachers should be able to engage in open, honest dialogue about substance use, which does not rely on scare tactics. They recommend an approach of guided group enquiry rather than the presentation of information. Students tend to respond well to teachers who show authenticity and empathy, are willing to listen and respect their views and who are also able to maintain boundaries and set limits.

The range and complexity of topics covered in the lessons require a high level of skill if the lessons are to be delivered safely and effectively. School management is advised to ensure the ongoing professional development and training of teachers in all aspects of SPHE, including substance use education.

THE WIDER COMMUNITY

Adapted from Wilsnack et al (2018)

The work carried out in schools and centres for education in implementing substance use education needs to be reinforced and complemented in the home, in the youth sector and in the wider community. This will avoid young people receiving contradictory messages regarding alcohol and drug use and will reinforce positive messages.

In many areas good links exist between schools and the wider community, including with Regional and Local Drug & Alcohol Task Forces (listed in Appendix 2). These links should be encouraged and developed.

USE OF OUTSIDE SPEAKERS

It is considered effective practice for an integrated SPHE programme to be delivered by the classroom teacher. However, outside agencies, community and/or national, have a useful role to play in support of a school programme.

For guidelines on good practice in the use of outside speakers see <https://circulars.gov.ie/pdf/circular/education/2018/43.pdf>.

For a list of Regional and Local Drug & Alcohol Task Forces please see Appendix Two. Many of these organisations are available to talk to students about alcohol and drugs to support the delivery of SPHE by the teacher.

USING THIS RESOURCE IN A CLASSROOM

CHILD PROTECTION

Teachers and all school personnel should follow **Child Protection Procedures for Primary and Post-Primary Schools 2017**, and be familiar with their school's **Child Safeguarding Statement** (<https://www.gov.ie/en/publication/fe465-child-protection-procedures-for-primary-and-post-primary-schools-2017/>) and ensure that students know and understand the limits of confidentiality.

If any member of school personnel, including a registered teacher, receives an allegation or has a suspicion that a child may have been abused or neglected, is being abused or neglected, or is at risk of abuse or neglect he or she shall, without delay, report the matter to the Designated Liaison Person (DLP) in the school (Child Protection Procedures for Primary and Post-Primary Schools, 2017). In addition, registered teachers, as mandated persons, are required to follow the procedures at section 5.2 of the Child Protection Procedures 2017.

Given the significant risks associated with drugs and alcohol, this issue is of particular relevance to teachers using these lessons.

Young people 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.

GROUND RULES

It is advisable to establish ground rules or a class agreement with all groups of SPHE students in order to create a sense of safety so that students are aware of the boundaries within which the subject will be taught. This is particularly important when the topic is one as sensitive as substance use.

These agreed rules can be re-visited from time to time as necessary.

Students should be advised not to talk about their own experience of substance use or that of others in the class or school for reasons of confidentiality. At the same time they should be encouraged to talk to a trusted teacher, guidance counsellor or other source of support, if they have any concerns about substance use. Teachers should also maintain their own personal and professional boundaries, in relation to their own substance use.

YOUNG PEOPLE USE SUBSTANCES FOR A WIDE VARIETY OF REASONS.

- They may be curious and want to experiment.
- They may feel under pressure to fit in with their peer group.
- They may enjoy the feeling.
- They may be trying to reduce their levels of stress and anxiety or trying to deal with difficulties such as loss or bereavement.
- Some may be living with family members who have problems with alcohol or drugs.
- It is very important therefore that the teacher approaches the topics in these lessons with tact and sensitivity and in a non-judgemental way.

STUDENT'S EXPERIENCES IN THE CLASSROOM

Students live in an increasingly stressful world. Emotional stress can sometimes be a reason why young people turn to alcohol or drugs, even though substance use can in turn lead to further problems with depression and anxiety.

Some young people might be living with a family member/s who may have substance use problems and who therefore may find these classes upsetting, so it is important to be vigilant of student's reactions and responses to the content of the lessons.

Lesson 4 looks at some positive coping strategies which students can easily practise in their own lives. The teacher may wish to introduce some of these into each class – for example, a few minutes of mindful breathing or writing affirmative statements.

As somewhere in the region of 1 in 6 or 7 children (Ref. Alcohol Action Ireland 2018) is impacted by parental alcohol misuse, it may be that a young person may reveal information to you about an alcohol or drug problem in their home (www.myworldsurvey.ie/2019 revealed that 7% of adolescents reported having a parent with a long term addiction problem). You will have to consider who might be a designated person on the school care team that the student could speak to about what may be a very distressing personal family situation. Care and support can be conveyed through showing interest in the student, particularly noticing when things may be challenging for them and providing a safe, comfortable place for these students during these times, either in the form of a person or location.

Teachers may also have to consider students home circumstances within the context of Child Protection.

YOUNG PEOPLE'S DRUG AND ALCOHOL USE

Young people in Ireland, in common with their peers in other industrialised countries, are using a range of substances, in particular alcohol, cannabis and tobacco. As students get older and enter senior cycle, the likelihood of substance use increases.

Both adult and teenage consumption of alcohol has decreased significantly in the last decade.

Although the total amount of alcohol consumed by young people has declined in the last twenty years, concerns remain about:

- The age at which some young people begin drinking alcohol and/or experimenting with drugs
- The normalisation of alcohol and drug use as part of young people's social lives
- The link between substance use and early school leaving
- Harmful patterns of drinking – i.e. binge drinking. Binge drinking is defined as drinking fast and becoming drunk quickly. For an adult it means drinking more than 6 standard drinks in one sitting. Ireland has the second highest rate of adult binge drinking in World Health Organisation statistics. This adult pattern is, unsurprisingly, reflected also in the way in which young people in Ireland drink.

An extensive overview of current Irish statistics and surveys is provided for teacher planning and teaching purposes from pages 16 to 24.

To keep up to date as new information becomes available, visit <https://www.drugsandalcohol.ie/prevalence-data/>



DELAY THE DECISION TO DRINK

Research shows the younger a person is when they begin to drink alcohol, the more likely they are to move on to try other drugs. For this reason, alcohol is termed a 'gateway drug'. In addition, the younger someone is when they begin to drink, the greater the risk of them developing a dependence on alcohol. For both these reasons, young people are advised to delay the decision to use alcohol or other drugs ideally until the legal age of 18 and longer as the brain is developing until the mid twenties so avoiding risks to their safety, health and future life. This objective is frequently stated to be a key effort for substance use educators and parents including in 'Reducing Harm, Supporting Recovery', the current National Substance Misuse Strategy.

BINGE DRINKING

Binge drinking is risky for adults, but even more so for young people. As the developing body

and brain are even more impacted by sudden surges in alcohol level, and in particular the developing brain, there is a real risk of poor decision making leading to accidents, injuries and other risky consequences.

LOW RISK ALCOHOL USE

Many adults drink in a low risk way, and it is considered an enjoyable, sociable activity. Low, moderate and high risk levels are fully explained in the leaflet 'A Quick Question' www.healthpromotion.ie.

CAN ALCOHOL BE GOOD FOR YOU?

Many people might recall bygone times when women got a bottle of stout on the maternity ward. Or students might have heard that one drink a day is good for your heart. Decades of research have found mixed results, and whether a small amount of alcohol might be good for your health was an open question. Recently however, the World Health Organization published a statement in The Lancet Public Health: when it comes to alcohol consumption, there is no safe amount that does not affect health (WHO, 2023).

TOBACCO & VAPING

Know The Score focuses on alcohol and illegal/illicit drugs. Tobacco and vaping remain significant issues for the senior cycle age group. Relevant information and core materials are addressed in Junior Cycle resources. Topics include: Tobacco, nicotine and why some people smoke; Roll your own tobacco; Vaping; Marketing of tobacco and tobacco related products; De-normalising tobacco.

Learning activities in Junior Cycle classroom resources can be used and adapted for use in Senior Cycle.

ALCOHOL, DRUGS AND MENTAL HEALTH

Alcohol is a mood-altering substance/drug and its desired effects include relaxation and sociability. Regular drinking is linked to increased risk of mental health problems such as depression and anxiety. It is a contributory factor in many cases of self-harm and suicide.

The dangers to mental and physical health of illegal drugs such as cannabis, ecstasy, cocaine and heroin are significant. These dangers are potentially even greater when an illegal drug is combined with alcohol.

OTHER SPHE RESOURCES

The HSE and DES have developed a number of SPHE teaching resources at Senior Cycle level:

- ‘Growing Up Lesbian, Gay, Bisexual and Transgender’ – A Resource for SPHE and RSE
- ‘Mindout 2’ – A social and emotional learning resource for Senior Cycle SPHE

Some of the lessons in these resources could be used in conjunction with the material in **Know The Score**.

WEBSITES

www.askaboutalcohol.ie and www.drugs.ie are **Health Service Executive (HSE)** websites.

www.askaboutalcohol.ie has information on alcohol and www.drugs.ie has information on drugs and their effects. Some of the lessons require the teacher to show specific sections of the websites to the students. Each also has videos which may be useful. Therefore, the teacher is advised to be familiar with these websites in advance.

www.alcoholireland.ie

This is the website of Alcohol Action Ireland. It is a useful source of information, statistics on alcohol consumption and alcohol policy in Ireland and information on Silent Voices which is aimed at offering support to children, young people and adults who are or who have grown up with parental alcohol misuse.

www.alcoholforum.org

The Alcohol Forum is a registered charity working to prevent and reduce alcohol related harms in communities. It provides information on alcohol related brain injuries, impact of alcohol on families and provides support to communities in efforts to reduce alcohol related harms.

www.drugs.ie

Drug and Alcohol Information and Support for Teenagers, Parents and Carers. Advice and Support.

Other languages: [drugs.ie](http://www.drugs.ie) can be viewed in numerous languages reflecting the modern classroom, eg Polish, Chinese, Lithuanian, Russian, Italian.

www.spunout.ie

Health topics for young people

www.reachout.com

Irish youth mental health online

www.hrb.ie and its drugs library

www.drugsandalcohol.ie

Website provided by Health Research Board

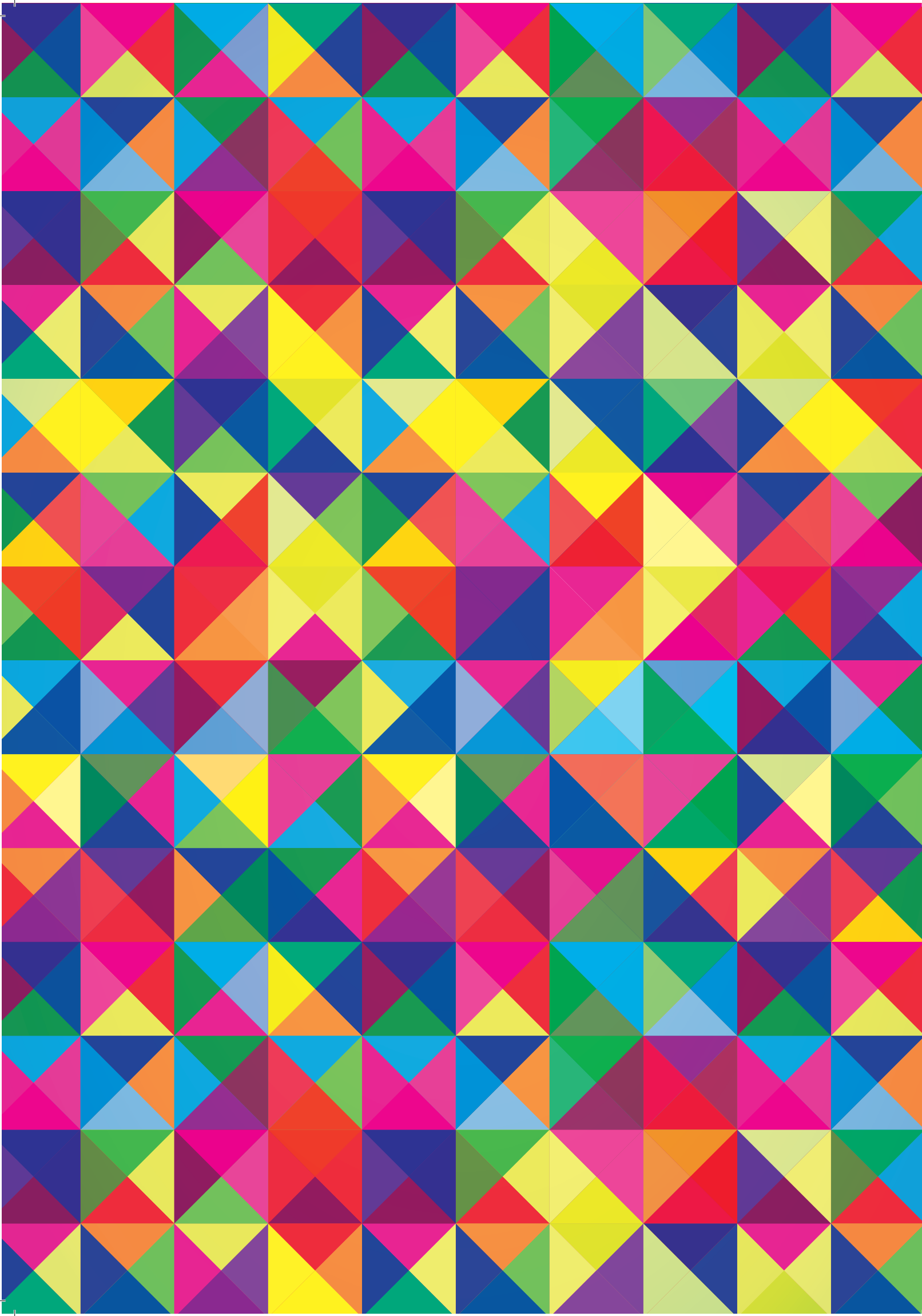
www.jigsaw.ie

Practical information on youth mental health

<https://nonameclub.ie> Having fun in an alcohol free environment

www.hse.ie/eng/services/list/4/mental-health-services/connecting-for-life/

Connecting for Life is Ireland's national strategy to reduce suicide 2015-2020.



SUBSTANCE USE YOUNG IRISH PEOPLE



15-24 year olds

Have taken in the past 12 months...



alcohol

72%



e-cigarettes

3%



tobacco

12%

18.5%
had used an
illegal/illicit drug
in the past year
81.5%
had not



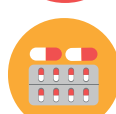
14% cannabis



7% ecstasy (MDMA)



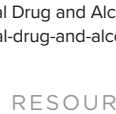
1.7% new psychoactive substances



4.4% cocaine



2.4% LSD



2.4% amphetamine (speed)

¹ Morgan D, Millar SR, and Galvin B (2021). The 2019–20 Irish National Drug and Alcohol Survey: Main findings. Dublin: Health Research Board. <https://www.hrb.ie/publications/publication/the-2019-20-irish-national-drug-and-alcohol-survey-main-findings/returnPage/1/>

ALCOHOL



15-16 year olds¹

65%

had a drink in the last year



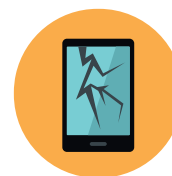
Due to alcohol
in the past year



7% had been in a
serious argument²



7% had an injury or
accident



11% had damaged or
lost property



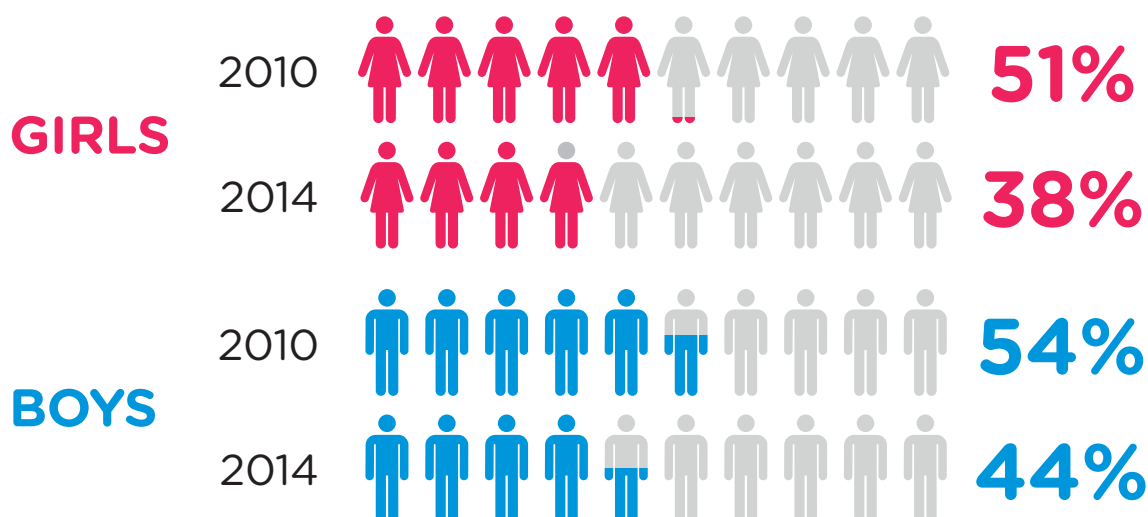
37%

said someone close
to them drinks excessively²

²Sunday, S. Keogan, S. Hanafin, J. and Clancy, L. (2020). ESPAD 2019 Ireland: Results from the European Schools Project on Alcohol and Other Drugs in Ireland. Dublin: TFRI <https://www.drugsandalcohol.ie/33347/>

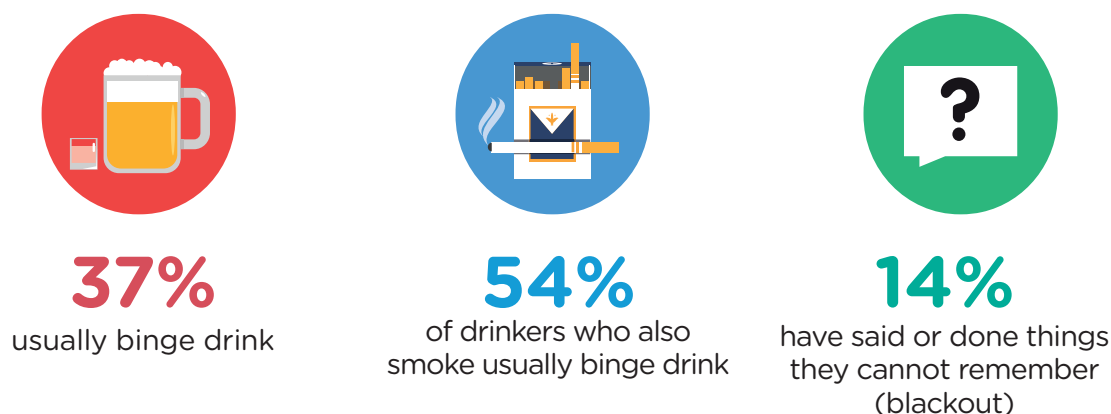
FEWER PEOPLE ARE GETTING DRUNK

15-17 year olds¹



RISKY DRINKING

15-24 year olds²



ALCOHOL IN NUMBERS³



¹ Health Behaviour of School Children in Ireland. 13,000 students from 3rd class to 5th year. <https://www.drugsandalcohol.ie/26940/> and <http://www.nuigalway.ie/hbsc/hbsctrends/>

² Healthy Ireland Survey, 2017. <https://gov.ie/en/collection/231c02-healthy-ireland-survey-wave/>

³ Alcohol Consumption in Ireland: Analysis of a National Alcohol Diary Survey. 6000 people, household survey. https://alcoholireland.ie/download/reports/how_much_do_we_drink/Alcohol_Consumption_in_Ireland_2013_web_version.pdf

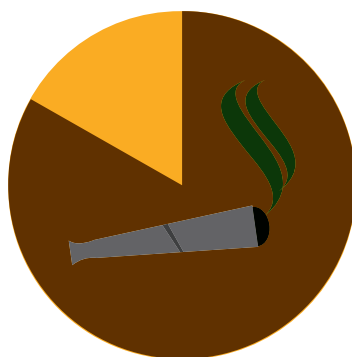
CANNABIS



15-16 year olds ESPAD Schools survey¹

81%

have never tried
cannabis

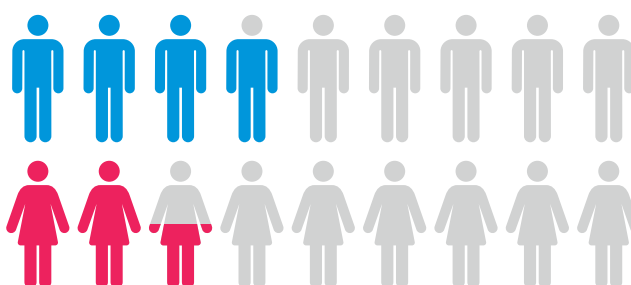


13% 1-9 times

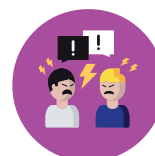
6% 10+ times

Cannabis use in the last year

More **boys (22%)**
than **girls (13%)**
tried unsuccessfully
to quit cannabis



37% cannabis led
to memory problems



22% cannabis led to other problems like
argument, accident or poor school result

¹Sunday, S. Keogan, S. Hanafin, J. and Clancy, L. (2020). ESPAD 2019 Ireland: Results from the European Schools Project on Alcohol and Other Drugs in Ireland. Dublin: TFRl <https://www.drugsandalcohol.ie/33347/>

DRUG & ALCOHOL PROBLEMS

Getting Help¹



704

under 18's got help for their
drug or alcohol use in 2021



74%

Mostly for cannabis



15%

Alcohol was next
most common

Find support: **National Drugs Helpline 1800 459459**

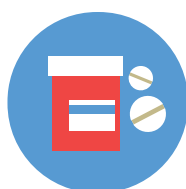
DEATHS¹

**86 young people
under 24**

died from alcohol
or drugs in 2017



CONTROLLED DRUG OFFENCES, 2018²



16,792 total

12,169 possession



3,861 supply

493 others

¹ HRB National Drugs Library (2022). Factsheet: Young people, drugs and alcohol: the Irish situation. Dublin: HRB National Drugs Library.
<https://www.drugsandalcohol.ie/28138/>

² Controlled Drug Offences, 2018. <https://www.cso.ie/en/releasesandpublications/ep/p-rc/recordedcrimeq42018/additionalstatisticaltables/>

HOW'S LIFE?



15-16 year olds¹ (Planet Youth, 2022)

I feel safe in
my community
88%

I have friends
at school that
care about me
87%

Top 3 coping strategies²



Friends
56%



Music
54%



Exercise/sport
44%

¹ Western Region Drug and Alcohol Task Force, Planet Youth. (2023) Growing up in the West. The lives of our young people. Planet Youth report Mayo 2022. Galway: WRDATF. <https://planetyouth.ie/survey-results/galway-city/>

² Dooley, B., O'Connor, C., Fitzgerald, A. & O'Reilly, A. (2019). My World Survey 2: National study of youth mental health in Ireland. Dublin: UCD & Jigsaw. <https://myworldsurvey.ie/>

HOW'S LIFE?



15-16 year olds¹ (Planet Youth, 2019)

Alcohol and drugs to be part of the group

We sometimes
have to do it to be part
of the group:



Smoke cigarettes

14.3%



Drink alcohol

31%



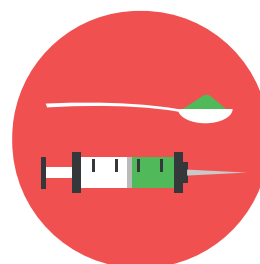
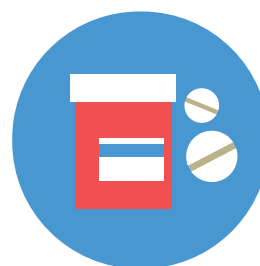
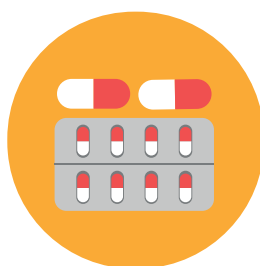
Use cannabis

8.6%

¹ Planet Youth, 2019, West of Ireland 15-16 year olds (4,480 TY & 4th years) <https://www.drugsandalcohol.ie/30528/1/Planet-Youth-Galway-Main-Report-2018.pdf>

YOUNG PEOPLE, ALCOHOL AND DRUGS STATISTICS AND SURVEY INFOGRAPHICS

Teachers & students: Statistics will change. Keep up to date on:
<https://www.drugsandalcohol.ie/prevalence-data/>



LESSON SEQUENCE

There are fourteen lessons in this resource. They are suitable for use with Fourth, Fifth and Sixth Year students. 15-18yrs

The lessons can be used in a variety of ways:

- **Lessons 1 - 14** can be taught as a continuous sequence.
- **Lessons 1 - 4** form an introduction to the topic of alcohol and drugs. They should be taught together as a sequence, and before teaching any of the subsequent lessons.
- **Lessons 5 - 8** are about alcohol and should be taught together as a sequence.
- **Lesson 9** looks at ways of minimising harm if someone is drinking or taking drugs and can be taught after **Lessons 5 - 8**, or after **Lessons 10 - 12**.
- **Lessons 10 - 12** are about drugs and should be taught together as a sequence.
- **Lessons 13 and 14** can be taught individually or as a sequence after the lessons on alcohol (**Lessons 5 - 8**) and/or the lessons on drugs (**Lessons 10 - 12**).

OPTIONAL MATERIAL

Some of the lessons contain too much material for a forty-minute lesson. The teacher is best placed to decide what material is most appropriate for their class and how much time is devoted to exercises within the lessons. Some material has been described as optional to facilitate teachers who may want to explore a topic in more detail. It is strongly advised that teachers review the lessons in advance of using them in the classroom.



LESSON 1

WHAT DO I KNOW?

Lesson 1 What Do I Know?

Lesson 2 How Do I Feel?

Lesson 3 Standing Tall

Lesson 4 Positive Choices

Lesson 5 Top to Toe – Your Body and Alcohol

Lesson 6 Choices and Consequences

Lesson 7 Knowing Your Limits

Lesson 8 How am I Influenced?

Lesson 9 Safety First

Lesson 10 Drugs – Know the Score

Lesson 11 Cannabis

Lesson 12 Drugs Stories

Lesson 13 Heads Up – Substance Use and Mental Health

Lesson 14 The Bigger Picture

LEARNING OUTCOMES

Students will:

- Be more aware of the wide range of drugs in everyday use
- Be more knowledgeable about the prevalence of alcohol and drug use among Irish teenagers
- Have a better understanding of some of the risks associated with substance use



RESOURCES:

- Poster sized sheets and coloured markers
- **Lesson 1 Worksheet 1 – Alcohol and Drugs – True or False?**



TEACHER NOTE

Sensitivity of topic: Some of the topics in these lessons may be difficult for students. They may have concerns about their own drug or alcohol use, or may be living with family members or friends who have substance use issues. For this reason the teacher is advised to address the issues in these lessons with sensitivity and tact.

Students should be encouraged to speak to a trusted adult if they have concerns about substance use but advised not to talk about their own or anyone else's substance use during class, for reasons of confidentiality.

At the end of the lesson make students aware of sources of information and support such as:

- Askaboutalcohol.ie
- HSE Drug and Alcohol Helpline – 1800 459 459
- Drugs.ie
- Spunout.ie





Statistic Infographics are provided for planning and teaching purposes in the context section pages 16-24.

POTENTIAL LEARNING ACTIVITIES

1. INTRODUCTION

Introduce the lesson by explaining to students that in this lesson and subsequent lessons they will be looking at the topic of alcohol and drugs.

The lessons will provide opportunities for students to learn about why people drink and take drugs, and the effects of alcohol and drugs on our bodies and on our mental health.

Outline the learning outcomes.

2. GROUND RULES

Students may already be familiar with the idea of establishing ground rules or a group contract to be used in SPHE lessons.

If not, introduce the idea of ground rules by explaining that alcohol and drug use can be a sensitive topic for some people. For this reason, the group will establish some simple rules to make sure that people feel safe in class.

Some suggestions may be:

- Listen to others
- Be respectful of the views of others
- Be sensitive to the fact that some students may be living in families where there are problems with alcohol or drug use
- Don't disclose personal information about yourself or anyone else in the class.

Take additional suggestions from the students and either write the agreed list on the board, or on a sheet of poster paper which can be re-visited in subsequent lessons. It is also important for you as a teacher to be aware of your own professional and personal boundaries and to have considered a response to possible challenging questions.

This is a good time to lead a short outline of referral pathways in school and outside, where students might like to go for support in relation to their concerns, including drug and alcohol issues.

The school student support team can be a vital first link in providing direct interventions, and liaising with outside supports from specialist services (local services can be found by contacting the **HSE National Drugs Helpline 1800 459 459**).

Remind students of your obligations under the Child Protection Procedures – i.e. if you become aware of a student being at risk of harm you are required to pass this information on.

3. DEFINITION OF THE WORD 'DRUG'

Reflection: KWL - suggest that each student turns an A4 page to landscape, divide into three columns: **Know, Wonder, Learned**. Invite them to jot down what they know about drugs and alcohol, what they wonder about. At lesson end, they will reflect on what they have learned today.

Write on the whiteboard –
What does the word 'drug' mean?

Know	Wonder	Learned

Take feedback from students and provide one or both of the following definitions:

'A drug is any substance other than food that alters the way a person thinks, feels or acts. This includes medicinal drugs and also alcohol, tobacco and caffeine' (from 'Don't Lose the Head', Crosscare 2013).

In these lessons we will be looking at a subset of drugs called psychoactive drugs. These are drugs or 'mood-altering' drugs which mainly affect how the human brain functions. They cause changes in perception, mood, consciousness and behaviour.

Highlight the fact that alcohol and drugs affect our brains and can change how we think, feel or act. For this reason they should always be treated with caution.

4. WHAT PLACE DO DRUGS HAVE IN OUR LIVES?

Invite students to think for a few minutes about this question:



'What place do drugs have in our lives?'

Remind students of the importance of keeping the responses general and respecting the sensitive nature of the topic. The classroom is not an appropriate place to reveal personal information about themselves or others.

Divide students into pairs or small groups and give each group a poster-sized page and coloured markers.

Ask the pair or group to write keywords and draw images.

Invite students to explain their posters to the class.

They may include medicinal, socialising, relaxing, criminal, veterinary. Also pharmacists, off-licences, supermarkets, corner shops, bathroom cabinets and kitchen cupboards as well as drug dealers. Even the caffeine in tea and coffee is a drug.

Drugs are an everyday part of life.

5. BRAINSTORM

NB: This activity can be done more quickly by the teacher writing the table below on the board, rather than asking students to brainstorm the different drugs.

Write three columns on the board with headings as in the table below – Legal, Illegal and Medications (students can include both over the counter and prescription medicines).

Ask students to work in pairs and to brainstorm some of the substances that people sometimes misuse, writing 3 examples under each heading on a sheet of paper.

Invite student responses, and write them up as they call them out. Check any that you or the class are not sure of on www.drugs.ie Some examples are given below for Teacher information, along with common slang:

Some examples are given below:

Legal Drugs	Illegal Drugs	Medications
Alcohol	Amphetamine (speed)	Over the counter
Caffeine	Cannabis (marijuana, weed, pollen, joint, hash, pot, THC)	Codeine (in some flu and pain relief meds)
Nicotine/tobacco/vapes	Cocaine (coke)	Prescription only
Solvents/inhalants (glue, aerosols)	Crack cocaine	Anabolic steroids (roids)
	Crystal meth (meth, tina, ice)	Ketamine (ket, K)
	Ecstasy pills & powders (MDMA, yokes, MD, molly, bangers)	Methadone (phy)
	GHB (G, Liquid E)	Morphine
	Heroin (gear, smack)	Oxycontin
	LSD (microdots, acid, tabs)	Pregabalin (Lyrica)
	Magic mushrooms (shrooms)	Ritalin
	Spice (synthetic cannabinoid)	Valium
		Xanax (UpJohns)
		Zimovane (zimos)

DISCUSSION POINTERS:

- Why do people take drugs – What effect are they trying to get? What are the downsides and risks?
- Why are some drugs illegal and others only available on prescription?
- Are all legal drugs safe, e.g. nicotine, alcohol?
- Why are nicotine and alcohol legal but only for over 18's?

DISCUSSION SUMMARY

- Drugs are widely available and are part of our everyday lives.
- Some are essential and life-saving, e.g. insulin for diabetics.
- Others are taken for social use. These range from tea and coffee to addictive ones like alcohol and illegal drugs.
- All drugs affect the brain.
- All drugs – even the ones that are legal and freely available – carry a range of risks in relation to their use, and as such can have negative side effects.
- For example, tobacco use has both short term risks such as bad breath or shortness of breath and long term risks in relation to lung cancer. If paracetamol is misused that can lead to liver damage, and we know that use of alcohol outside of recommended low-risk guidelines can have serious consequences both short and long term, including death.
- The risks associated with illegal drugs such as ecstasy are even greater as there is no regulation and the drug being offered could contain anything including more harmful drugs.
- Legal and illegal drugs can lead to dependency, for example alcohol, nicotine, sleeping pills and strong painkillers can be addictive.
- We have a responsibility to educate ourselves about the effects of drugs on our health, so we can make informed and low risk choices about alcohol and drugs.

6. QUIZ

Give each student a copy of **Lesson 1 Worksheet 1 – Alcohol and Drugs – True or False?** and ask them to work in pairs to complete the quiz, answering true or false to the questions.

Depending on the time available, students can be invited to share their answers to another student pair.

Alternative/ Differentiation

The teacher reads each question aloud, and takes a show of hands, or uses traffic light cards (red: false, green: true, and orange: not sure) for students to indicate their answers.

For each question provide students with the information below:

TEACHERS' ANSWER SHEET for LESSON 1 WORKSHEET 1 – ALCOHOL AND DRUGS – TRUE OR FALSE?

The statistics are taken from the European Schools Survey Project on Alcohol and Other Drugs (ESPAD) 2015. This survey looked at the alcohol and drug consumption of 15/16 year olds in Europe.

	True	False
1. Irish teenagers drink more now than in the past This is not true. The number of 15/16 year olds in Ireland who drink alcohol has decreased significantly since 1995. General rates of teenage drinking are not high in comparison to other European countries surveyed in ESPAD.		✓
2. 16 year old girls in Ireland are as likely to drink as 16 year old boys 75% of 15/16 year old girls had tried alcohol at least once in their lifetime compared to 72% of boys.	✓	
3. Alcohol has the same effects on males and females Girls and young women are particularly at risk from drinking because they usually have less body mass than males and their bodies have less water and more fatty tissue. The alcohol in their system is more concentrated and therefore alcohol affects them more quickly than males, and can have more damaging longer term effects also.		✓
4. Binge drinking is dangerous Ireland has a high rate of teenagers who drink large amounts at one time. 28% of boys and girls surveyed had drunk five or more drinks at least once in the last 30 days. Binge drinking leads to greater risk of accidents, injuries, unsafe sex, physical and mental health problems. One in four deaths of young men aged 15-39 in Ireland is due to alcohol.	✓	
5. Drink ads don't influence young people Many research studies show that the more drink ads young people see and hear, the more they are likely to drink.		✓
6. If you drink at a young age you're more likely to become dependent on alcohol later in life People who start drinking in their early-mid teens are four times more likely to become dependent on alcohol. Young people are especially at risk of harm from alcohol because their bodies and brains are still developing. Drinking at a young age and drinking large amounts can lead to accidents, damage to brain development, liver damage, depression and anxiety.	✓	
7. Cannabis is a safe drug Some young people think cannabis is a safe drug, but it can cause memory loss, anxiety and depression. It increases the risk of psychosis. Cannabis now is much stronger than in previous years and therefore carries more risks. Current estimates are that 1 in 5 young people who use cannabis go on to develop a Cannabis Use Disorder such as dependence.		✓
8. If you drink at a young age you're more likely to start trying other drugs Alcohol is sometimes called a 'gateway drug'. The younger a person is when they begin to drink the more likely it is that they will go on to try other drugs.	✓	
9. You can't get a visa to work or travel in some countries and jobs working with children if you have if you have a drug-related conviction The US, Canada, Australia and New Zealand are some countries where this applies. You would also be prevented from working in government jobs in Ireland like Gardaí, nursing, teaching, social work.	✓	
10. Ecstasy makes you depressed When the drug begins to wear off most people experience tiredness, irritability and depression which may last for several days. People who use ecstasy are more likely (than those who don't) to experience depression in their 20's.	✓	
11. All illegal drugs are equally harmful Different drugs can harm you in different ways. Some like heroin are often seen as highly dangerous as people can overdose and die. The dose and way it is used, and the persons mental state all affect risk. Different people can have different reactions to drugs. All drugs carry risks and it is important to know what the risks are.		✓
12. Young people are usually introduced to drugs by friends or someone they know People often think that young people are introduced to drugs by strangers or drug pushers, but the majority are introduced to drugs by friends or people they know. They might falsely think it is less risky because their friends are doing it.	✓	

DISCUSSION POINTERS:

- Did any of this information surprise you?
- Did you learn anything new?
- Why do you think young people in Ireland are drinking less alcohol and smoking fewer cigarettes than in the last 20 years since this ESPAD survey began?

DISCUSSION SUMMARY

- There has been a reduction in the numbers of young Irish people drinking and smoking. This is good news!
- However, cannabis use in the last month is gradually increasing; 2011 to 2015, from 7 to 10%. (ESPAD)
- 1 in 4 of 15/16 year olds have never had an alcoholic drink.
- However, 3 out of every 4 of Irish teenagers have had alcohol at least once.
- Alcohol and drugs can have very harmful effects, especially for young people. This is because their brains and bodies are still developing.
- Consuming alcohol and drugs can lead to a wide range of physical and mental health problems. Liver disease rates are increasing rapidly, especially among 15-34 year olds in Ireland. It can also trigger underlying mental illness conditions.
- Drinking can lead to risky behaviour such as unwanted sexual experiences, getting into fights or driving a car while under the influence. Drink driving is a factor in 2 out of 5 road deaths in Ireland. Alcohol is a factor in half of all suicides in Ireland.



7. REFLECTION AND CONCLUSION

Ask students to revisit their **KWL** reflection sheet and jot down what they have learned.

Conclude the lesson by re-visiting the anticipated learning outcomes:

- Be more aware of the wide range of drugs in everyday use
- Be more knowledgeable about the prevalence of alcohol and drug use among Irish teenagers
- Have a better understanding of some of the risks associated with substance use.

OPTIONAL HOMEWORK ACTIVITY

Ask students to spend some time familiarising themselves with the **www.askaboutalcohol** website.

Remind students that if they have any concerns about alcohol and drugs they can speak to a member of the school's care team for advice and support.

Give students details of the websites and helplines referred to in the Teacher Note.

LESSON 1 WORKSHEET 1

ALCOHOL AND DRUGS – TRUE OR FALSE?

	True	False
1. Irish teenagers drink more now than in the past		
2. 16 year old girls in Ireland are as likely to drink as much as 16 year old boys		
3. Alcohol has the same effects on males and females		
4. Binge drinking is dangerous		
5. Drink ads don't influence young people		
6. If you drink at a young age you're more likely to become dependent on alcohol later in life		
7. Cannabis is a safe drug		
8. If you drink at a young age you're more likely to start trying other drugs		
9. You can't get a visa to work or travel in some countries if you have a drug-related conviction		
10. People who use ecstasy are more likely (than those who don't) to experience depression in their 20's.		
11. All illegal drugs are equally harmful		
12. Young people are usually introduced to drugs by friends or someone they know		



LESSON 2

HOW DO I FEEL?



Lesson 1 What Do I Know?

Lesson 2 **How Do I Feel?**

Lesson 3 Standing Tall

Lesson 4 Positive Choices

Lesson 5 Top to Toe – Your Body and Alcohol

Lesson 6 Choices and Consequences

Lesson 7 Knowing Your Limits

Lesson 8 How am I Influenced?

Lesson 9 Safety First

Lesson 10 Drugs – Know the Score

Lesson 11 Cannabis

Lesson 12 Drugs Stories

Lesson 13 Heads Up – Substance Use and Mental Health

Lesson 14 The Bigger Picture

LEARNING OUTCOMES

Students will:

- Have reflected on their own values, attitudes and feelings in relation to substance use
- Be more aware of what influences the choices young people make in relation to substance use
- Know more about some of the risks of substance use



RESOURCES:

- Three large sheets of paper, one with 'Strongly Agree' written on it, the other with 'Strongly Disagree' written on it and the third one with "Not Sure" written on it. These sheets will be pinned on opposite sides of the classroom wall prior to beginning Activity 2
- Optional: coloured cards for each student (see Activity 2)
- Posters and coloured markers for each group, see Activity 3
- **Lesson 2, Worksheet 1 – Kelsey and Sean**



TEACHER NOTE

Sensitivity of topic: Some of the topics in these lessons may be difficult for students. They may have concerns about their own drug or alcohol use, or may be living with family members or friends who have substance use issues. For this reason, the teacher is advised to address the issues in these lessons with sensitivity and tact.

Students should be encouraged to speak to a trusted adult if they have concerns about substance use but advised not to talk about their own or anyone else's substance use during class, for reasons of confidentiality.

At the end of the lesson make students aware of sources of information and support such as:

- askaboutalcohol.ie
- HSE Drug and Alcohol Helpline – 1800 459 459
- Drugs.ie
- Spunout.ie





Statistic Infographics are provided for planning and teaching purposes in the context section pages 16-24.

POTENTIAL LEARNING ACTIVITIES

1. INTRODUCTION

Refer to the ground rules established in Lesson 1 and ask students if they would like to re-visit them or add anything to them.

Introduce the lesson by outlining the learning outcomes.

Remind students of the previous lesson in which they looked at what is meant by the word 'drug' and also at some of the reasons why young people drink or take drugs.

QUESTIONING THE LAW

If students have questions about the law, perhaps about changes or laws in other countries, remind them it is important to stay focused on each lesson, and that their questions are valuable and will hopefully be addressed in Lessons 5 (alcohol), 10 (illegal drugs) and 11 (cannabis). As a health education resource, the lessons do not specialise in covering the law, but some common questions will be covered in those lessons.

2. WALKING DEBATE

This activity allows students to reflect on and consider a number of statements in relation to alcohol and drugs.

- Alcohol makes you feel better
- Boys are under more pressure than girls to drink
- We have a healthy attitude to drink in Ireland
- Cannabis isn't addictive
- Young people who take illegal drugs know what they're doing

Students are invited to listen to the statements as they are called out by the teacher and to take up a place on an imaginary line between the posters, depending on whether they Strongly Agree, Strongly Disagree, are Not Sure and are somewhere in between.

Ask two or three students why they chose to stand in a particular place and facilitate a discussion between students if they disagree with each other.

NB: This activity can also be achieved while students are sitting at their desks. Each student is given a red, green and orange card. They hold up a green card if they agree with the statement, red if they disagree and orange if they are not sure or somewhere in between. A discussion can be facilitated after each statement in the same way as for the walking debate.

If the teacher feels the walking debate or the card activity will lead to the views of some students dominating those of others in a way that is unhelpful, these statements can be used as starting points for discussion, or students can be asked to write their response to the statements on a piece of paper, the pages can be mixed up and the teacher can read out some of the responses anonymously.

DISCUSSION POINTERS

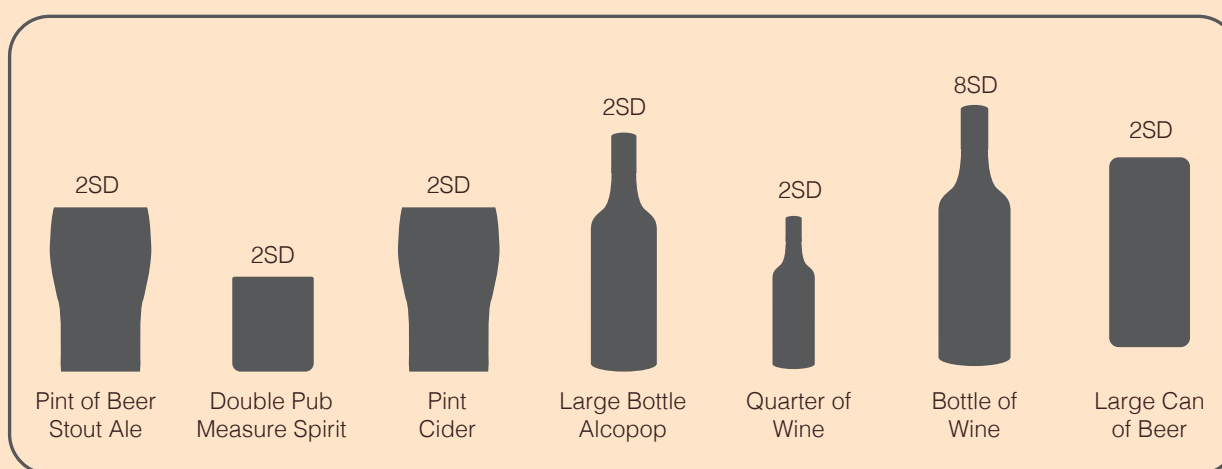
While students should be facilitated to express their views on the statements above, it is important also, at the end of the discussion, to provide them with accurate information, see below:

- **Alcohol makes you feel better**
Many adults drink alcohol in a low risk way and for enjoyment. It can make people feel better for a while, but it can also magnify negative emotions like sadness and anger depending on how much is consumed. It can also make you depressed and anxious and less able to deal with stress. Young people are becoming more aware of the impact of drinking on their mental health and the link to low mood.

1 Standard Drink contains **10g of pure alcohol**



and some drinks are more than one standard drink



- **We have a healthy attitude to drink in Ireland**

Many people in Ireland drink within the low risk weekly guidelines, and around 1 in 5 adults don't drink at all. However, Ireland has a very high rate of binge drinking in comparison to other countries. For adults it means drinking about than 6 standard drinks of alcohol in one sitting'. Teenagers in Ireland also have a high rate of binge drinking (there is no known safe or low risk limit for teenagers).

Binge drinking is dangerous, especially for young people. It can lead to alcohol poisoning, accidents, injuries, unsafe sex, mental health problems and self - harm.

- **Cannabis isn't addictive**

83% of under 18s attending addiction treatment are there because of their cannabis use (HRB, 2018, based on 2016 figures). Therefore we know young people are becoming dependent on cannabis. Withdrawal can lead to anxiety, restlessness, difficulty sleeping and cravings.

- Cannabis can affect your memory and your

motivation. There is growing evidence that regular cannabis use during adolescence can cause life-long problems with memory. It can also cause anxiety and depression. Some people get paranoid thoughts while using cannabis. For a small number of people it can trigger a psychotic episode which are symptoms of severe mental illness like delusions and detachment from reality.

- **Young people who take drugs know what they're doing.**

Illegal drugs are not regulated in any way. They can contain many different substances, some of which are highly toxic. Not everyone reacts in the same way to a drug. The effects of a drug are different if it has been consumed with alcohol or other drugs. Therefore, it is almost impossible for a young person to know how an illegal drug might affect them.

3. POSTER ACTIVITY

Ask students to close their eyes for a few moments and reflect on the reasons why they, or other young people of their own age, might drink or take drugs.

When they have had time to reflect, divide students into groups of three or four. Give each group a large poster-sized sheet of paper and a coloured marker.

Ask students to discuss in their groups the reasons why young people might drink or take drugs. These could range from personal reasons, to family reasons, the influence of their peer group etc.

Write down their responses in large letters on the poster. Ask each group to pin their poster on the wall. Invite the students to walk around and look at each other's posters.

When the students are sitting down again, invite them to respond to/comment on the reasons given.

Studies of why young people take alcohol or drugs give the following reasons:

- **Personal reasons** – Curiosity, wanting to have fun, boredom, to escape from stress or worry.
- **Family reasons** – Difficulties at home, parent drinking or taking drugs.
- **Social reasons** – Pressure from friends, to fit in, drink is part of socialising, advertising.

NB: *This activity could also be done by giving each group of students one of the reasons above – i.e. Personal, Family or Social – and asking them to discuss that particular reason in more detail. It could also be done more quickly by omitting the poster element and simply asking each group to list the reasons and then read them out to the class.*

DISCUSSION POINTERS:

- Why might they want to take alcohol or drugs?
- In what ways might it harm them? (Refer to Background information)

NB: *Remind students that in Ireland it is illegal to sell alcohol to anyone under the age of 18. Drugs such as cannabis, ecstasy and heroin are all illegal drugs and there are legal consequences if you are found in possession of them.*

4. SCENARIOS

Divide students into pairs or groups of four and give each student a copy of Lesson 2, Worksheet 1 – Kelsey and Sean.

Ask students to read the two scenarios individually and then to discuss the questions below the scenarios with their partner or group. Ask one person in the group to write down the key points.

*** Kelsey is presented as a gender neutral name which the teacher may use as appropriate to their class.**

When students have had time to do this, ask the note-taker from each group to read out the answers from their group.

NB: *If students are not able to relate to the case studies, they can be given the option of writing their own scenarios of situations in which a young person felt under pressure to drink or take drugs.*

DISCUSSION SUMMARY

- Some of the reasons they might drink or use cannabis might be that they help Kelsey and Sean to feel more relaxed, to feel less self-conscious, to fit in, to forget their problems.
- Some ways alcohol or cannabis use may make things worse: they may feel more anxious or depressed in the following days, they may do something they regret, they may put themselves in unsafe situations like walking home alone, getting into a fight, having unwanted sexual experiences or unsafe sex.

Ask students if they can think of any strategies

Kelsey and Sean could use to help themselves in their stressful situations, rather than turning to alcohol or cannabis.

Some suggestions may be:

- Take some time on their own to reflect on what to do
- Talk to someone they feel they can trust
- Try to listen to their own inner voice
- Consider how their decision relates to their values
- Always consider their personal safety

5. REFLECTION

Invite students to reflect by completing the following statements:

“What helped me learn during this class was...”

“A skill I used was...”

6. CONCLUSION

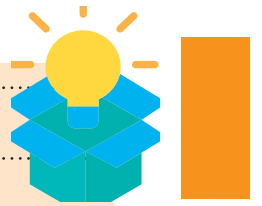
Conclude the lesson by re-visiting the anticipated learning outcomes.

OPTIONAL HOMEWORK ACTIVITY

Ask students to spend some time familiarising themselves with the **www.drugs.ie** website.

Remind students that if they have any concerns about alcohol and drugs they can speak to a trusted adult in school, tell them the names of members of the student support team for advice and support.

Give details of the websites and helplines referred to in the Teacher Note.



LESSON 2, WORKSHEET 1 – KELSEY AND SEAN

KELSEY* is a sixteen-year-old student, whose best friend Anna has started going out with a boy in 6th year. Kelsey doesn't see much of her now. Everyone in school has their own friends and Kelsey feels more and more alone, being shy and finding it hard to make friends. At break times Kelsey goes to the art room so it won't look like there is no-one to talk to.

A boy in their class is having a party. Anna says she'll go with Kelsey. Kelsey is delighted but nervous as well. They don't go to many parties and hardly ever drink. At the last minute Anna texts to say she's not well and can't go. Kelsey texts another friend and asks if they can go together. The other friend says ok, but doesn't sound too keen. The minute they get to the party the friend disappears. Kelsey looks around for someone to talk to, then overhears someone say,

'Pity Anna couldn't come – she and Jake decided to go out on their own.'

That feels like a kick in the stomach for Kelsey. 'How could Anna lie to me like that?'

First thoughts are ...

'I'll have to leave ... I'm like a fish out of water here ... no-one will talk to me all night.'

Then a boy Kelsey has never met before comes over. He's had a lot to drink. He starts chatting to Kelsey and offers to get them a drink.

How is Kelsey feeling?

Why might Kelsey decide to drink?

How might drinking make things worse?

What is the best choice for Kelsey at this moment?

SEAN is in 5th year. He's in his bedroom trying to study. The summer exams are coming up and he's way behind. He keeps checking his phone, but nothing from Aoife. They broke up last week ... there's no-one else like her and he doesn't know what he'll do if they don't get back together. The thought of her going out with someone else is killing him.

Downstairs he hears his parents arguing. He feels as if he'll go mad if he doesn't get out of there. His phone buzzes, he grabs it, but it's not Aoife. It's his mate John saying why don't they meet in town and hang about for a while. John's a good mate, but he'll want to drink and smoke some weed like they usually do...

How is Sean feeling?

Why might he decide to drink & smoke cannabis?

How might it make things worse?

What is the best choice Sean might make at this moment?





LESSON 3

STANDING

TALL

Lesson 1	What Do I Know?	Lesson 8	How am I Influenced?
Lesson 2	How Do I Feel?	Lesson 9	Safety First
Lesson 3	Standing Tall	Lesson 10	Drugs – Know the Score
Lesson 4	Positive Choices	Lesson 11	Cannabis
Lesson 5	Top to Toe – Your Body and Alcohol	Lesson 12	Drugs Stories
Lesson 6	Choices and Consequences	Lesson 13	Heads Up – Substance Use and Mental Health
Lesson 7	Knowing Your Limits	Lesson 14	The Bigger Picture

LEARNING OUTCOMES

Students will:

- Be more aware of their decision-making process in relation to substance use
- Be familiar with assertive communication techniques
- Practise assertiveness skills in the context of substance use



RESOURCES:

- Lesson 3 Worksheet 1 – Kelsey and Sean
- Lesson 3 Worksheet 2 – Why? Why Not?
- Lesson 3 Handout 1 – Assertive Communication Skills
- Lesson 3 Worksheet 3 – Role Cards



TEACHER NOTE

Sensitivity of topic: Some of the topics in these lessons may be difficult for students. They may have concerns about their own drug or alcohol use, or may be living with family members or friends who have substance use issues. For this reason, the teacher is advised to address the issues in these lessons with sensitivity and tact.

Students should be encouraged to speak to a trusted adult if they have concerns about substance use but advised not to talk about their own or anyone else's substance use during class, for reasons of confidentiality.

At the end of the lesson make students aware of sources of information and support such as:

- askaboutalcohol.ie
- Spunout.ie
- Drugs.ie
- Mind Monster campaign - accessible on <https://www2.hse.ie/healthy-you/>
- HSE Drug and Alcohol Helpline – 1800 459 459





Statistic Infographics are provided for planning and teaching purposes in the context section pages 16-24.

POTENTIAL LEARNING ACTIVITIES

1. INTRODUCTION

Introduce the lesson by outlining the learning outcomes.

Remind students of the previous lesson in which they looked at two scenarios involving Kelsey and Sean who had to make a decision in relation to alcohol and substance use.

Both were in difficult situations – Kelsey was alone at a party, Sean had broken up with his girlfriend. Neither of them felt good and both had to make choices about whether they would use alcohol or cannabis to help them to cope with their situations.

2. DECISION-MAKING REFLECTION

Give each student a copy of **Lesson 3 Worksheet 1 – Kelsey and Sean**

Invite students to choose the scenario they can most easily relate to - either Kelsey or Sean.

Ask them to close their eyes for a few minutes and imagine their feelings and thoughts as they try to decide what to do.

Then give each student a copy of **Lesson 3 Worksheet 2 – Why? Why Not?**

Explain to students that when we have to make a decision lots of things go through our heads. Ask them to imagine that they are either Kelsey or Sean. Take two different coloured pens. Circle the reasons why Sean or Kelsey want to drink or

take drugs in one colour, and the reasons why they don't want to in another colour. Count up the reasons, look at the strength of the reasons, and see which side is stronger.

When students have had a few minutes to do this, ask three or four students to call out the reasons why Kelsey and Sean decided to drink or take cannabis, and those that influenced their decision not to.

- Are the scenarios realistic?
- What options did Sean and Kelsey have?
- What, if anything, made it difficult for Kelsey/Sean to make a good decision?
- How could Sean or Kelsey reduce the risks of their situation?

DISCUSSION POINTERS:

- **What options did Kelsey and Sean have?**

Their options include heading home and avoiding the situation; maybe doing something else nice for themselves (call a friend, watch a movie); using the substance with the person; or staying with the person but not using the substance.

- **What might make it difficult for Kelsey or Sean to make a good decision?**

(They're both in difficult situations, feeling lonely and depressed – alcohol or cannabis might feel like it may be an escape from these feelings. They may feel panic and anxiety, worried about not fitting or about losing friends. Maybe they know what they want to do, but don't know how to say it.)

- Do young people sometimes feel under pressure to join in with drinking or drug taking?
- Is the pressure spoken or unspoken?
- Is it difficult to stick to your own values?
- If this is the case what can you do to help yourself make the decision that is right for you? (Play for time by going outside for a few minutes to think through the consequences of your options and choose what is best for you, always considering your own safety and welfare. Have some answers prepared before you find yourself in the situation)

3. SKILLS FOR COMMUNICATING A DECISION

Invite students to imagine that both Kelsey and Sean had decided not to drink alcohol or smoke cannabis. They want to say this to the other person – Sean to his friend John, and Kelsey to the boy who puts pressure on her to drink.

Tell students it can be a good idea to prepare some quick responses if they find themselves under pressure to drink or take drugs.

Ask students to call out some of the things people might say to get them to drink or take drugs. Write the suggestions on the board.

The statements below are some examples.

- Just try it once and see if you like it...
- What's wrong with you? ... Have a drink
- It won't do you any harm...
- It'll relax you ...
- Lighten up ... you're no fun...
- Ah, go on....

Ask students to come up with some quick responses to the statements above, using humour if possible. Ask them to read out the suggestions to the class.

Possible responses are:

- I'm ok, thanks
- No thanks, I'm not into it
- That stuff can wreck your head
- My parents will kill me...
- I'm relaxed already ... I don't need it
- No thanks but I'd love something to eat (change the subject)

Ask students if they can remember any assertive communication techniques from earlier SPHE classes. Take suggestions.

Give each student **Lesson 3 Handout 1 – Assertive Communication Skills.**

Read through the handout and take any questions or additional suggestions.

4. COMMUNICATION ROLE-PLAY

NB: If the teacher or students prefer, students can write a short script and each pair can read it to the class, rather than improvising a conversation.

Divide students into pairs and give each student a role card from **Lesson 3 Worksheet 3 – Role Cards.**

Give students time to act in one of the roles. If there is time they can swap over and try both roles.

Invite one or two pairs to role-play the conversation in front of the class.

Invite all the students to step out of their roles and come back to being themselves again.

DISCUSSION POINTERS:

- What was it like to defend your decision not to drink or smoke cannabis?
- What helped you to do this?
- What hindered you from doing this?
- What kind of responses are least assertive and convincing?

5. REFLECTION

Personal, individual reflection: invite students to draw a flower with five petals, and on each petal, write the name of someone they trust, to whom they could talk about situations like Kelsey and Sean were in.

6. CONCLUSION

Conclude the lesson by revisiting the anticipated learning outcomes.

Remind students that if they have any concerns about alcohol and drugs they can speak to a member of the school's care team for advice and support.

Give students details of the websites and helplines referred to in the Teacher Note.

LESSON 3 WORKSHEET 1- KELSEY AND SEAN

KELSEY*

is a sixteen-year-old student, whose best friend Anna has started going out with a boy in 6th year. Kelsey doesn't see much of her now. Everyone in school has their own friends and Kelsey feels more and more alone, being shy and finding it hard to make friends. At break times Kelsey goes to the art room so it won't look like there is no-one to talk to.

A boy in their class is having a party. Anna says she'll go with Kelsey. Kelsey is delighted but nervous as well. They don't go to many parties and hardly ever drink. At the last minute Anna texts to say she's not well and can't go. Kelsey texts another friend and asks if they can go together. The other friend says ok, but doesn't sound too keen. The minute they get to the party the friends disappear. Kelsey looks around for someone to talk to, then overhears someone say,

'Pity Anna couldn't come – she and Jake decided to go out on their own.'

That feels like a kick in the stomach for Kelsey. 'How could Anna lie to me like that?'

First thoughts are ...

'I'll have to leave ... I'm like a fish out of water here ... no-one will talk to me all night.'

Then a boy Kelsey has never met before comes over. He's had a lot to drink. He starts chatting to Kelsey and offers to get them a drink.

SEAN

is in 5th year. He's in his bedroom trying to study. The summer exams are coming up and he's way behind. He keeps checking his phone, but nothing from Aoife. They broke up last week ... there's no-one else like her and he doesn't know what he'll do if they don't get back together. The thought of her going out with someone else is killing him.

Downstairs he hears his parents arguing. He feels as if he'll go mad if he doesn't get out of there. His phone buzzes, he grabs it, but it's not Aoife. It's his mate John saying why don't they meet in town and hang about for a while. John's a good mate, but he'll want to drink and smoke some weed like they usually do...

LESSON 3 WORKSHEET 2 - WHY? WHY NOT?



Take two different colour pens. With one colour circle the reasons why they think Sean or Kelsey didn't want to drink or take drugs. With the other colour circle the reasons why they think they did. At the end add up the totals and see which side won or was stronger.

Escape my problems	Don't need it to have fun	Don't know what's in the drug	Want to try it out	Can't have a good time without it	Don't want to upset my parents
It's against my values	I find it hard to say no	I want to be like everyone else	Makes me feel less shy	Friends encourage me	Escape all the stress
Helps to numb my feelings	It'll help me relax	Want to have fun	Gives me confidence	Afraid I'll do something I'll regret	Changes my behaviour
Don't want to lose control	Don't feel safe	It makes things worse	Too risky	Everyone's doing it	I'll look stupid if I don't
What the hell, why not try it?	Too many calories in alcohol	Makes me feel like someone different	People will like me better	I'll feel terrible tomorrow	It's too expensive
It won't be good for my health	It's an escape	I enjoy it	Want to wait till I'm older	Helps me feel less depressed	Makes me feel too depressed the next day
It'll help me get together with someone	It'll be easier to talk to people	It could be dangerous	I promised my parents I wouldn't	It's not good for you	It's against my religious beliefs

LESSON 3 HANDOUT 1 - ASSERTIVE COMMUNICATION SKILLS

BODY LANGUAGE

Feel strong in yourself, stand tall and make eye contact with the other person when you speak to them.

BE PREPARED

Decide what's right for you before you go out. It'll help you feel more in control.

Have some answers prepared in case you are put under pressure.

BELIEVE IN YOURSELF

You have a right to make the choice that is best for you. In the long run people will respect this, even if they may not show it.

STAY CALM AND FRIENDLY TOWARDS THE OTHER PERSON

Don't accuse them or blame them for anything, simply state your views and wishes. A bit of humour can go a long way.

SPEAK PERSONALLY

I don't want to drink tonight

I've had enough already thanks

I'm not into it

I have a match/exam tomorrow

No thanks, I am actually heading out to the NoName club later.

STAY WITH YOUR DECISION

The other person may mock you or try to make you feel guilty. Try not to let this influence you or make you change your mind.

Politely but firmly say the same thing again. Remember, you don't need to give a reason.

LESSON 3 WORKSHEET 3 - ROLE CARDS



ROLE PLAY 1

ROLE CARD - KELSEY

You've decided that you do not want to have a drink. You haven't drunk alcohol before and you're at the party on your own.

ROLE CARD - BOY AT THE PARTY

You don't know many people at the party and are having a few drinks to give yourself some confidence. You like the look of Kelsey and think you might have a chance with her if she has a few drinks. You put a lot of pressure on them— saying they should chill out, what's wrong with them, they're no fun if they don't drink?

ROLE PLAY 2

ROLE CARD - SEAN

You're feeling miserable, fed up with your life and with all the problems at home. However, you've decided you don't want to smoke cannabis or get drunk with John. You always feel worse afterwards and you don't want to do the same as your Dad – take drugs instead of facing your problems.

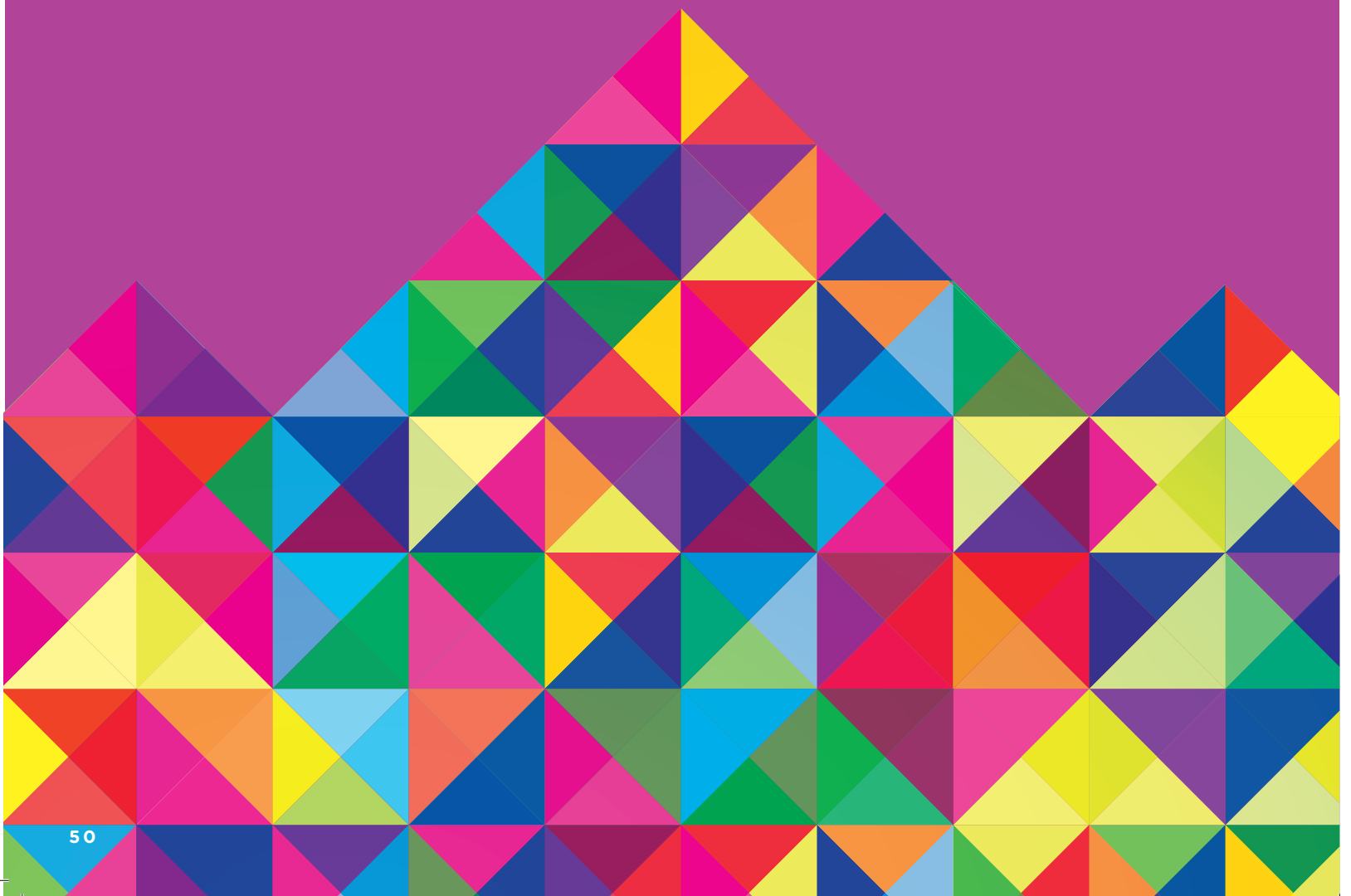
ROLE CARD - JOHN

You also have problems at home. You don't want to think about them and want to go out with Sean, buy a few cans, smoke some weed and forget about all your troubles. You and Sean have often done this before. You really want him to join in with you.



LESSON 4

POSITIVE CHOICES



Lesson 1 What Do I Know?

Lesson 2 How Do I Feel?

Lesson 3 Standing Tall

Lesson 4 Positive Choices

Lesson 5 Top to Toe – Your Body and Alcohol

Lesson 6 Choices and Consequences

Lesson 7 Knowing Your Limits

Lesson 8 How am I Influenced?

Lesson 9 Safety First

Lesson 10 Drugs – Know the Score

Lesson 11 Cannabis

Lesson 12 Drugs Stories

Lesson 13 Heads Up – Substance Use and Mental Health

Lesson 14 The Bigger Picture

LEARNING OUTCOMES

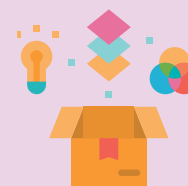
Students will:

- Be more aware of the relationship between emotional difficulties and the use of alcohol or drugs
- Consider positive strategies for dealing with unhappiness and stress
- Have begun to develop personal skills to enhance confidence and self-esteem



RESOURCES:

- Set of cards for each group from Lesson 4 Worksheet 1 – Coping Strategies for Card Game Option A
- Blank cards for Card Game Option B
- Lesson 4 Worksheet 2 – Positive Self-Talk



TEACHER NOTE

Sensitivity of topic: Some of the topics in these lessons may be difficult for students. They may have concerns about their own drug or alcohol use, or may be living with family members or friends who have substance use issues. For this reason, the teacher is advised to address the issues in these lessons with sensitivity and tact.

Students should be encouraged to speak to a trusted adult if they have concerns about substance use but advised not to talk about their own or anyone else's substance use during class, for reasons of confidentiality.

At the end of the lesson make students aware of sources of information and support such as:

- Askaboutalcohol.ie
- Drugs.ie
- HSE Drug and Alcohol Helpline – 1800 459 459
- Spunout.ie
- The Mind Monster campaign - accessible on <https://www2.hse.ie/healthy-you/>





Statistic Infographics are provided for planning and teaching purposes in the context section pages 16-24.

SUBSTANCE USE AND MENTAL HEALTH

- Drinking or starting to use drugs at a young age, especially in the early teens, carries significant risks. It increases the risk of going on to experiment with other drugs and also of increasing the risk of dependency in later years. Teenagers should defer drinking and experimenting with drugs till the age of 18, and ideally beyond the age of 18 as the adolescent brain continues developing into the 20s. Research also shows that the younger people start using cannabis, the more likely it is they will develop a psychotic illness. Having a family history of psychosis is another contributing risk factor.
- Psychoactive drugs by definition have their effect by altering the levels of certain brain chemicals. Dopamine in particular, which is key in mental wellbeing and also in mental illness, is affected by substance use. Serotonin, which is key to mood, is also affected by some substances, notably ecstasy. Regular interference with normal brain chemical levels and functioning can cause a range of unwanted mental health effects.
- Both alcohol and cannabis, while creating short-term feelings of well-being, can lead to depression, anxiety and other mental health problems.
- Other illegal drugs carry a range of risks to mental health. When mixed with alcohol these effects can be exacerbated in unpredictable ways. This topic will be looked at in more detail in Lesson 10.
- Emotional problems and low mood can lead young people to take alcohol or drugs as a way of temporarily escaping their problems. This can become a vicious cycle.

- Using substances to deal with their problems can prevent a young person learning to build up resilience and inner strength and to develop vital personal and social skills.

2017 Young Lives in Ireland Survey by the National Suicide Research Foundation, a school-based study of mental health and suicide prevention among 600 14yr old boys and 500 14 yr old girls found:

- 1 in 7 were found to have significant symptoms of depression
- 1 in 4 had symptoms of anxiety

MINDFULNESS RESOURCES

There is considerable evidence to support the practice of mindfulness or mindful breathing as a simple way of reducing stress, depression and anxiety. While it is not possible in the scope of these lessons to teach mindfulness to students, it is possible to introduce students to the idea of taking some time out to be still and quiet. Students may already have learned, or be learning this skill in other classes. Teachers need to be aware that some students may resist this exercise as closing their eyes and becoming still may trigger some distress or discomfort. Encourage to close eyes only if comfortable for them.

There are many free mindfulness resources online which can be used in the classroom.

The Sanctuary website

(<http://www.sanctuary.ie/>) has information about training courses in mindfulness for teachers and two podcasts which can be played to students (both over 20 minutes long). Another useful Irish website is Mindfulness Matters (www.mindfulnessmatters.ie), which has mindfulness CDs for sale, and suggestions for mindful activities.

The University of Bangor Centre for Mindfulness Research and Practice has free mindfulness audio resources on its website:

www.bangor.ac.uk/mindfulness. The podcasts range in length from three to thirteen minutes, and may be a useful resource for classroom use.

Further resources can be found in MindOut 2, a social and emotional learning programme for Senior Cycle SPHE published by the HSE.

Mind Monster campaign - accessible on
<https://www2.hse.ie/healthy-you/>

Spunout.ie - Managing Feelings
www.spunout.ie

Youth Anxiety BC - How to Chill – (Take 5 strategies)
www.viacharacter.org
www.facebook.com/hseyourmentalhealth/

POTENTIAL LEARNING ACTIVITIES

1. INTRODUCTION

Introduce the lesson by outlining the anticipated learning outcomes.

Refer to the fact that the teenage years are a time of great change and can be an exciting time, one in which the young person takes on new challenges and adventures. At the same time, it can be challenging for teenagers to adapt to the many changes taking place in their brains, bodies, hormones and moods.

Invite students to give examples of some of the stresses they or other young people might experience. For example, exam stress, pressure to look good, family problems, bereavement etc.

They can also do this by writing on cards, teacher collecting the cards and reading them out. This guarantees a certain level of anonymity and may allow students to be more open in stating the issues that concern them or their friends.

In this lesson they will look at how these pressures can sometimes lead to young people drinking or taking drugs and the effect this might have on their mood and mental health.

DISCUSSION POINTERS:

- Do you think some young people drink or take drugs to help them deal with stress or unhappiness?
- Do you think it helps?
- What other things could a young person do to reduce stress?

2. CARD GAME

OPTION A

Divide students into pairs or groups of four and give each pair or group a set of cards from Lesson 4 Worksheet 1 – Coping Strategies. There are blanks included for students to write other typical strategies.

Ask each pair or group to look at the cards, discuss whether they think this is a helpful or unhelpful way of coping with a problem, and then put the cards into two separate piles.

Some strategies could be considered helpful and unhelpful, depending on how they were carried out – e.g. watching TV could be a useful distraction for a while, but if someone watches TV all the time it is not a helpful strategy. These cards can be put into a third pile in the middle.

When students have had time to complete the task, read out each strategy and ask each group if they rated it a helpful or unhelpful strategy, and why.

DISCUSSION POINTERS:

- Can they think of any other good coping strategies?
- How useful did they find the exercise?

NB: This activity is adapted from the 'Mental Health Matters' education pack. The lesson could be extended by using some of the material from 'Mental Health Matters'. Ref. <https://www.amazon.com/Mental-Health-Matters-Teachers-Resource/dp/1857380339>

OPTION B

Divide students into pairs or groups of four.
Give each group 9 blank cards. Ask students to discuss what strategies they have found helpful for coping with unhappiness and stress.

Ask them to make a diamond shape with the 9 cards, 1 on the top row, 2 on the next, 3 on the next, 2 on the next and 1 on the bottom. Write the most helpful ways on the top 6 cards, and on the bottom three cards, write ways of coping with stress that are not helpful.

Ask each group of students to read their 6 positive strategies and their 3 negative ones.

DISCUSSION SUMMARY

Everyone goes through difficult times in their lives and sometimes people turn to drugs and/or alcohol as a way of coping with feelings of pain and distress. In the long run, however, this can lead to increased level of depression and anxiety, and in turn, an increased need to turn to substance use. This can become a vicious cycle for a young person, and in the longer term could lead them becoming dependent on alcohol or drugs.

Alcohol and cannabis can leave people feeling more anxious once the initial effects have worn off – even though they are sometimes seen as helping people to relax.

Some simple strategies which have been found to reduce stress and anxiety are:

- Asking for help/talking to a trusted adult
- Positive self-talk: Focusing on the positive and saying or writing positive things about oneself daily, promotes wellbeing and increases confidence levels.
- Taking exercise for at least half an hour a day reduces anxiety and depression.
- Meditation/mindful breathing increases a sense of wellbeing and reduces stress levels.
- Being aware of how you feel: Identifying and naming your feelings can help you to deal with them.

3. MINDFUL BREATHING

There is a lot of evidence that taking some time each day to be still and focus on our breathing can reduce stress and anxiety. Explain this to students and show them the University of Bangor free online audio resources mentioned in the Teacher Note above.

Invite students to try mindful breathing by closing their eyes and settling down in their seats. Select one of the audio recordings and play it for the students.

DISCUSSION POINTERS:

- Did you find this activity useful?
- Is it something you could repeat?
- Meditation and mindful breathing are natural ways of soothing and calming ourselves. They cost nothing and are always available.

4. POSITIVE SELF-TALK

One of the coping strategies that students may have identified is thinking more positively.

Explain to students that there is a lot of evidence that thinking more positively and making positive statements influences the way we feel and act. This is sometimes called 'positive self-talk'.

Focusing on, and naming, the positives rather than the negatives in our lives promotes greater confidence and wellbeing.

The opposite is also true: If we have a lot of negative thoughts which we repeat to ourselves, even unconsciously, our emotions and behaviour are affected in a negative way.

For example, before an exam your negative thought may be: 'I'm no good at this subject and I'm going to fail the exam.' Thinking this way can lead you to feel down or lacking in self-worth. You may then decide not to try at all and just give up studying.

You could have a different thought, for example: 'I haven't done much work for this exam, but even starting late is better than not starting at all.' This can lead to a feeling of determination, which can lead to doing some work for the exam.

Invite students to close their eyes for a moment and to call to mind a time in their lives which they found difficult. What were their thoughts at that time? Did their thoughts influence how they felt?

Give each student a copy of **Lesson 4 Worksheet 2 – Positive Self-Talk**.

Teaching alternative: This worksheet could be done by discussion, asking students to speak about their own experiences, and only to share ideas they are comfortable with.

Ask students to complete the worksheet on their own and tell them that this exercise is a personal reflection which they won't be asked to read out.

When students have had time, ask the following questions:

- What was it like to do this activity?
- Is it a helpful strategy?

REFLECTION ACTIVITY

5. ADVICE TO A YOUNGER BROTHER/SISTER/ COUSIN

Invite students to close their eyes for a few minutes and try to picture someone a little younger than themselves, it could be a teenage brother, sister, cousin, neighbour.

Ask students to allow themselves to really feel the affection and love they have for this child, and to reflect on how they would like to protect him or her from harm or danger.

Then invite students to open their eyes and write a short letter/message to the young girl or boy, giving advice on how to cope with pressures they may meet in their lives.

When students have had time to complete this activity, ask if anyone would like to read out their letter to the class.

6. CONCLUSION

Conclude the lesson by revisiting the anticipated learning outcomes.

Remind students that if they have any concerns about alcohol and drugs they can speak to a member of the school's care team for advice and support. Give students details of the websites and helplines referred to in the Teacher Note.

LESSON 4 WORKSHEET 1 - COPING STRATEGIES

Eat junk food	Pray	Blame yourself	Get drunk	Worry
Ask for help	Go for a run	Listen to music	Confide in a friend	Pretend it's not happening
Stay in bed a lot	Take exercise – walk, play sport	Smoke cannabis	Talk to your parents	Quit, run away
Mitch off school	Go shopping	Do some mindful breathing	Work harder	Take time on your own to work out what 's best
Watch a lot of TV	Complain all the time	Do something you enjoy – dance, write, paint	Think positive	Blame someone else
Pick a fight or an argument with someone	Do something crazy	Cry	Keep avoiding the problem	Make a plan
Keep busy all the time	Take ecstasy	Go out every night	Go to the gym	Talk to a counsellor
Go on Instagram	Stay in bed for hours	Stay up late watching box sets online	Gaming for hours and hours	Chat with your friend

LESSON 4 WORKSHEET 2 - POSITIVE SELF-TALK

Try to remember a time when you felt stressed or unhappy, a time when things weren't going well for you.

Remember the critical things you may have thought or said about yourself. How might this have influenced your feelings and actions?

Then imagine the opposite – Imagine or remember the positive thoughts and statements you made about yourself. How might deliberately focusing on the positives in a situation influence your feelings or actions?

Using the worksheet below, write down some negative things you may have thought or said to yourself, and then some positive. Continue down the worksheet to complete the feelings and actions sections.

If you struggle to think of examples, recall how you have helped others who were feeling bad about themselves to see things more positively. How did you do that, and can you practice positive self talk on yourself?

THE POWER OF NEGATIVE THINKING:

How negative self talk can bring us down, and positive self talk can lift us up.

Negative Self Talk	Positive Self Talk
E.g. My life's a mess	E.g. This is tough, but I've been in tough situations before and I've got through
E.g. What's the point in going out, it will be boring without getting drunk	E.g. Drinking sometimes ends up in rows among my friends, we actually have a great time together, no drink needed
E.g. I might as well get drunk and forget everything	E.g. I'll get out and enjoy myself, but I won't drink, I'll feel better tomorrow
E.g. Taking something helps me loosen up.	E.g. Mam often says the best way I can enjoy myself is if I can have fun without drink or drugs. Dad doesn't drink and he is often the funniest at a party.



LESSON 5

TOP TO TOE

- YOUR BODY AND ALCOHOL

Lesson 1	What Do I Know?	Lesson 8	How am I Influenced?
Lesson 2	How Do I Feel?	Lesson 9	Safety First
Lesson 3	Standing Tall	Lesson 10	Drugs – Know the Score
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Lesson 6	Choices and Consequences	Lesson 13	Heads Up – Substance Use and Mental Health
Lesson 7	Knowing Your Limits	Lesson 14	The Bigger Picture

LEARNING OUTCOMES

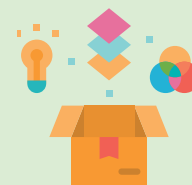
Students will:

- Be aware of the legal age for alcohol consumption
- Reflect on why young people drink alcohol
- Have a better understanding of the negative effects alcohol can have on a young person's physical health and wellbeing
- Learn that deciding not to use alcohol or drugs is a legitimate choice for any individual.



RESOURCES:

- Blank card for each student
- Bag or box to collect cards
- Coloured markers
- Lesson 5 Worksheet 1 – Alex's Big Night Out
- Lesson 5 Handout 1 – The Effects of Alcohol
- Body diagram – Immediate and long-term effects of alcohol on the body



TEACHER NOTE

Sensitivity of topic: Some of the topics in these lessons may be difficult for students. They may have concerns about their own drug or alcohol use, or may be living with family members or friends who have substance use issues. For this reason, the teacher is advised to address the issues in these lessons with sensitivity and tact.

Students should be encouraged to speak to a trusted adult if they have concerns about substance use, but advised not to talk about their own or anyone else's substance use during class, for reasons of confidentiality.

At the end of the lesson make students aware of sources of information and support such as:

- Askaboutalcohol.ie
- HSE Drug and Alcohol Helpline – 1800 459 459
- Drugs.ie
- Spunout.ie

ASKABOUTALCOHOL.IE is an HSE website useful to support this lesson. If the classroom has access to the web, the sections in the website on the effects of alcohol on physical and mental health can be used as part of the lesson.

Extension of the lesson

The effects of alcohol on physical and mental health could be extended to form part of a project on alcohol, using the websites listed above.





Statistic Infographics are provided for planning and teaching purposes in the context section pages 16-24.

POTENTIAL LEARNING ACTIVITIES

1. INTRODUCTION

Introduce the lesson by outlining the anticipated learning outcomes.

Remind students of the ground rules agreed in **Lesson 1**. Re-establish these if necessary.



Option: You may choose to use video **Nuggets by Filmbilder (2014)** as an ice breaker, and to introduce this lesson. The video is 5 minutes duration. As always, watch

the video yourself first to check its suitability for your class. <https://www.youtube.com/watch?v=HUngLgGRJpo>

2. ALCOHOL AND THE LAW

Ask students:

What do you know about the alcohol laws in Ireland?

Take responses and then give them the following information:

It is against the law for a young person under the age of 18 to:

- Buy alcohol
- Drink alcohol in a public place
- Pretend to be over 18 to buy alcohol
- Be in a pub after 9pm from 1 October to 30 April and after 10pm from 1 May to 30 September.

It is against the law for a young person under 15 to be in a pub without a parent or a guardian.

A young person between 15 and 17 can attend a private function in a pub outside the times listed above, provided a meal is being provided.

It is illegal for an adult to buy alcohol for a young person under the age of 18. There is a maximum fine of €1,500.

For information on Drink Driving and the Law see page Appendix 4 Drink Driving and Penalties Page 151

DISCUSSION POINTERS:

- Did you know what the law was before this lesson?
- Do you think other young people your age are aware of the law?
- Does it influence how young people behave in relation to alcohol?
- Why do you think the law is there?



INFORMATION

We know from a recent survey of 15/16 year olds in Ireland that:

- There has been a reduction in the number of young people drinking and smoking cigarettes in the last 15 years. Cannabis use fell from 1995-2011 but increased among adolescents and young adults between 2011 and 2015.
- 1 in 4 of this age group have never consumed alcohol.
- 3 in 4 of this age group have consumed alcohol at least once in their lifetime.
- 13% had been drunk at least once in the 30 days before the survey.
- Teachers and students can keep up with new statistics on [drugsandalcohol.ie](https://www.drugsandalcohol.ie) 'factsheets' which have brief drug data & statistics

The biggest concerns health professionals have about young people and alcohol in Ireland are:

- a. Starting to drink alcohol young** – This can lead to a higher risk of being alcohol dependent later in life. It can also lead to experimenting with other drugs.

b. Binge drinking – For an adult it means drinking more than 6 standard drinks in one sitting. A standard drink is half a pint of beer, a small glass of wine, an alcopop (see Lesson 7).

This way of drinking increases risks to physical and mental health and can lead to poor decision-making, accidents, injuries and other forms of risky behaviour, including self-harm.

3. STRAW POLL

The purpose of the straw poll is to facilitate student reflection on why young people drink.

Explain to students that you would like them to reflect for a few minutes on why they, or some young people their age, drink a lot. They will not have to read out their answers.

Then write the heading:

Why do you think some young people your age drink a lot?

Below that write the following four choices:

- To want to enjoy themselves
- Friends are doing it
- To avoid stress or sadness
- Alcohol adverts and cheap alcohol
- Other (give your own reason)

Explain to students that you are going to give each person a blank card and you would like them to choose what they think is the main reason from the list and write it on their card.

Give each student a card and then collect the cards in a box/bag.

Tell students that you will give them the result later in the lesson, but no-one will know who wrote which answer.

4. CHARLIE'S BIG NIGHT OUT

Tell students they are going to think about a young person their age whose name is Charlie. Charlie can be a boy or a girl. Charlie has just finished the Leaving Cert exams. They are going out with their friends for a night on the town. Charlie is planning to drink a lot.

Divide the students into groups of four or five and give each group a copy of **Lesson 5 Worksheet 1 – Charlie's Big Night Out** and some coloured markers.

Ask the group to decide which parts of Charlie's body are likely to be affected if Charlie drinks a lot of alcohol, and to write a few words about the effects. These can be the immediate effects, as well as the effects over a longer time period.

(NB: While students are doing this, count the results from the Straw Poll.)

If time allows, pin the body outlines around the classroom and invite students to walk around and look at each other's posters. If there isn't enough time, proceed to the next step.

Ask students to sit down again in their groups with their posters and give each student a copy of **Lesson 5 Handout 2 - Immediate and Long Term Effects of Alcohol on the Body** and **Handout 3 – The Effects of Alcohol on the Body Diagram** (whichever you think will be most helpful to your students) and ask them to read the handout and find out what was missing from their own posters.



Teacher Tip Video: Search YouTube for 2 mins video 'Alcohol effects on brain and body' by Tech Insider, 2016. <https://www.youtube.com/watch?v=V2Aj-iJ6p38>

DISCUSSION POINTERS:

- Did you learn anything from this activity, and if so, what?
- What are some of the factors that influence how much someone is affected by alcohol? Allow students to identify the factors below, and provide the information.
 - + **How fast you drink** – If you drink fast alcohol will build up in your bloodstream faster than your liver can remove it.
 - + **If you have eaten** – Having food in your stomach slows down how fast the alcohol is absorbed into your blood.
 - + **Your weight** – Alcohol has a stronger effect on someone who weighs less.
 - + **Your sex** – Females are affected more quickly by alcohol as they generally have less body mass than males.
 - + **Your age** – The younger you are the more your brain and body is at risk of harm.
 - + **Your mood** – Alcohol can intensify your mood so if you were sad or angry before you drank, these feelings may become more intense.
 - + **Taking other drugs** – Illegal and prescription drugs interact with alcohol in unpredictable ways and can lead to serious health problems. For example, alcohol causes your body to absorb cannabis more quickly which can lead to panic, anxiety and paranoia. Alcohol and ecstasy mixed together can lead to severe dehydration. This topic will be looked at in more detail in Lesson 9 - Minding Yourself and Others.
- Go to <https://www2.hse.ie/living-well/alcohol/health/physical-health/sports-performance/> Give students time to look at these sections (body effects and sport performance) and to ask questions.
- **Body maps:** If your students enjoyed learning via body maps, 'On My Own Two Feet: Consequences' has body maps for each drug you may like to use to support these lessons.

DISCUSSION SUMMARY

Because young people are more at risk of alcohol-related harm than adults it is best for them to:

- a. Decide that they do not wish to start using alcohol or drugs.
- b. Delay drinking as long as possible, ideally until the legal age of 18. This is to protect the developing brain and to prevent the development of addiction in future years.
- c. If they do drink they should space and pace their drinking as much as possible and stay well below the low risk weekly drinking guidelines for adults described in Lesson 7.

5. STRAW POLL RESULTS

Give students the results of the straw poll.

Invite further reflections, or questions.

Ask students if they think there is anything young people could, or should, do differently in relation to alcohol.

REFLECTION ACTIVITY

Online Treasure Hunt: Go to the askaboutalcohol.ie website and find the 'Drink Less Gain More' section. Note your 3 favourite things people can gain when they drink less.

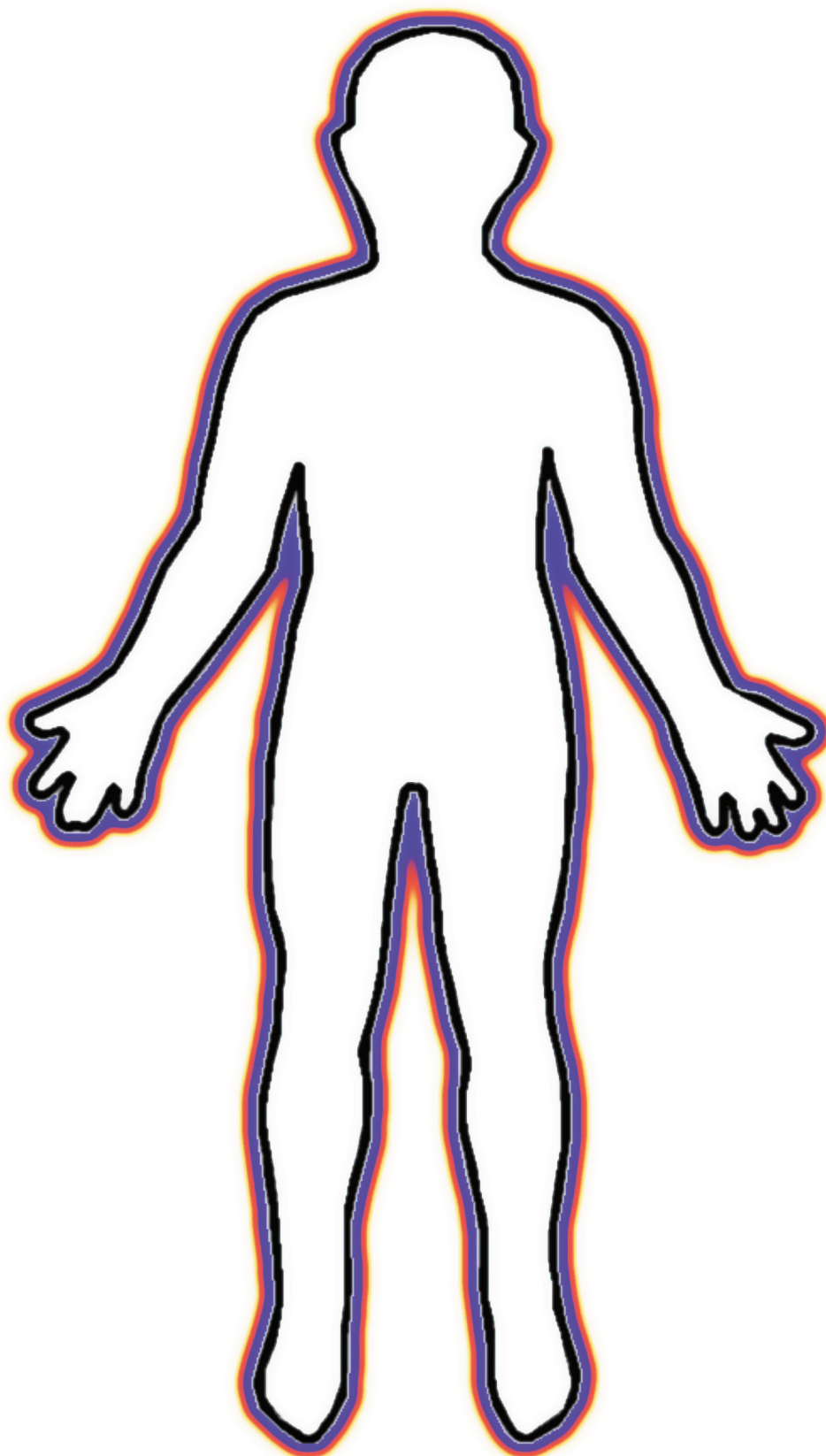
6. CONCLUSION

Conclude the lesson by re-visiting the anticipated learning outcomes.

Remind students that if they have any concerns about alcohol or drugs they can speak to a member of the school's care team for advice and support.

Give students details of websites and helplines referred to in the Teacher's Note.

LESSON 5 WORKSHEET 1 - CHARLIE'S BIG NIGHT OUT



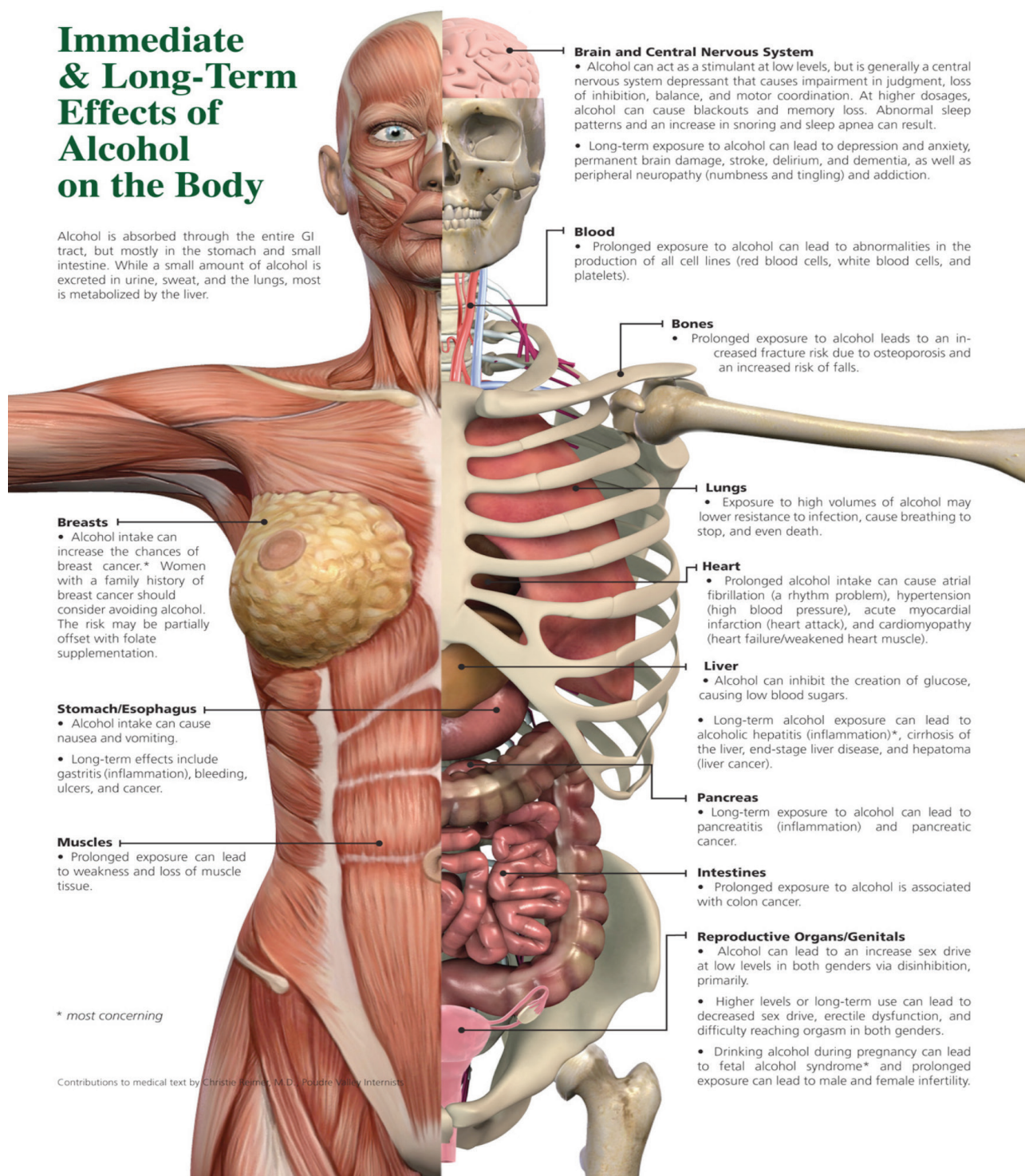
LESSON 5 WORKSHEET 2 - IMMEDIATE AND LONG TERM EFFECTS OF ALCOHOL ON THE BODY


- 1. HEAD:** Our brains don't fully develop until we are aged in our mid 20s. Alcohol can change the structure of a young person's brain and this can affect them in later life. Alcohol affects reasoning, judgement and memory. You also get a headache from a hangover because alcohol dehydrates the body.
- 2. MOOD:** Alcohol may make you feel happier for a while but it is a depressant - it increases depression and anxiety and risk of self-harm. Studies show clear links between alcohol use, poor mental health and suicidal behaviour.
The hangover effects can leave you feeling low and unable to cope. Then you may think you need more alcohol or drugs, instead of building up your inner strength and finding other ways to deal with your problems.
Alcohol is a potentially addictive drug. The younger a person is when they start to drink, the greater their risk of developing a dependency and/or going on to experiment with other drugs.
- 3. MOUTH/THROAT/BREAST:** Drinking over time increases the risk of at least seven types of cancer including of the mouth, throat and breast.
- 4. LIVER:** The liver breaks down most of the alcohol we drink, but this creates toxic substances that cause liver damage. Young people who drink regularly can damage their livers without realising it. The rate of liver disease in young people aged 15-34 has more than doubled in the last twenty years.
- 5. STOMACH:** Alcohol is hard on the lining of the stomach and can lead to stomach upsets, gastritis (stomach inflammation) and ulcers.
- 6. SEX:** Drinking even a moderate amount may lead to sexual activity which you later regret or having unprotected sex, with the risk of getting one or more STIs, or becoming pregnant.
Having sex with someone who is incapable of giving consent because they are drunk is against the law (Sexual Offences Act, 2017). This could result in a person being convicted, given a prison sentence and entered on the register of sex offenders.
Drinking can affect sperm production. Women who drink heavily for a long time can stop ovulating. Males who drink large amounts of alcohol can find it difficult to get or keep an erection.
- 7. ALCOHOL POISONING:** Alcohol is a poison. If you drink too much too quickly, your body will not be able to process the alcohol fast enough. The level of alcohol can get so high that the brain's vital functions, like breathing, are blocked, leading to unconsciousness and even death. Going to the toilet a lot and vomiting are the body's way of ridding your system of alcohol. Alcohol was involved in 1 in 3 of all deaths by poisoning in 2016 (132 deaths, HRB, 2019), more than any other drug. Although you can die from alcohol poisoning, most people recover with the proper care.
- 8. ACCIDENTS AND INJURIES:** Alcohol leads to a higher risk of having all kinds of accidents, especially if you drink a lot in a short space of time. You're more likely to do something risky like walking home alone, driving a car or getting into a fight.
Alcohol is a factor in 2 out of 5 road deaths and 1 out of 3 drownings.
Alcohol is a factor in 4 out of 5 of patients admitted for brain surgery following an assault.
- 9. WEIGHT AND APPEARANCE:** Alcohol has nearly the same calories per gram as pure fat.
Drinking a large glass of wine is like eating a bar of chocolate. Drinking a lot means you will gain weight. See the Drinks Calculator on the [askaboutalcohol.ie](https://www.askaboutalcohol.ie) website.
Alcohol dehydrates you, so it can cause your skin to look dry and dull. It can disturb sleep, leading to tiredness.
- 10. TAKING OTHER DRUGS:** Alcohol can cause even more harm when mixed with other drugs. For example, alcohol can cause your body to absorb cannabis more quickly, which can lead to panic, anxiety and paranoia.

LESSON 5 WORKSHEET 3 - THE EFFECTS OF ALCOHOL ON THE BODY DIAGRAM

Immediate & Long-Term Effects of Alcohol on the Body

Alcohol is absorbed through the entire GI tract, but mostly in the stomach and small intestine. While a small amount of alcohol is excreted in urine, sweat, and the lungs, most is metabolized by the liver.





LESSON 6

CHOICES AND CONSEQUENCES

Lesson 1	What Do I Know?
Lesson 2	How Do I Feel?
Lesson 3	Standing Tall
Lesson 4	Positive Choices
Lesson 5	Top to Toe – Your Body and Alcohol
Lesson 6	Choices and Consequences
Lesson 7	Knowing Your Limits

Lesson 8	How am I Influenced?
Lesson 9	Safety First
Lesson 10	Drugs – Know the Score
Lesson 11	Cannabis
Lesson 12	Drugs Stories
Lesson 13	Heads Up – Substance Use and Mental Health
Lesson 14	The Bigger Picture

LEARNING OUTCOMES

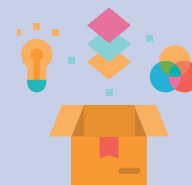
Students will:

- Understand the effects of alcohol on brain chemistry
- Analyse the relationship between alcohol consumption and possible negative consequences for lifestyle choices.



RESOURCES:

- Cards from **Lesson 6 Worksheet 1 – Alcohol and Your Brain** for each pair of students
- **Lesson 6 Worksheet 2 – Consequences**
- 6 large posters and coloured markers if using Option B, Activity



TEACHER NOTE

Sensitivity of topic: Some of the topics in these lessons may be difficult for students. They may have concerns about their own drug or alcohol use, or may be living with family members or friends who have substance use issues. For this reason, the teacher is advised to address the issues in these lessons with sensitivity and tact.

Students should be encouraged to speak to a trusted adult if they have concerns about substance use, but advised not to talk about their own or anyone else's substance use during class, for reasons of confidentiality.

At the end of the lesson make students aware of sources of information and support such as:

- Askaboutalcohol.ie
- HSE Drug and Alcohol Helpline – 1800 459 459
- Drugs.ie
- Spunout.ie

ASKABOUTALCOHOL.IE is an HSE website useful to support this lesson. If the classroom has internet access, the sections in the website on the effects of alcohol on physical and mental health can be used as part of the lesson.





Statistic Infographics are provided for planning and teaching purposes in the context section pages 16-24.



Show students the short You Tube video – ‘**Under Construction – Alcohol and the Teenage Brain**’. (4 mins long by Australian addiction organisation

Turning Point, 2013). https://www.youtube.com/watch?v=g2gVzVIBc_g

Invite questions and comments.

POTENTIAL LEARNING ACTIVITIES

1. INTRODUCTION

Introduce the lesson by outlining the learning outcomes.

Explain to students that in the last class they looked at the effects of alcohol on Charlie’s physical and mental health. This lesson will look at how alcohol affects our brain and how that, in turn, can affect the choices and decisions that we make.

Remind students that there are many cultural differences across various nationalities, ethnic groups and religions about what is acceptable when it comes to alcohol. You could ask for a couple of examples here. Ask about and refer to such differences regularly to ensure all students experiences are included.

2. ALCOHOL AND YOUR BRAIN UNDER CONSTRUCTION

Remind students of the definition of the word ‘drug’ in Lesson 1 – A drug is a substance which changes the messages your brain cells are sending to each other and to the rest of your body. This affects the way we think, feel and act. Alcohol is a drug.

OPTIONAL ACTIVITY

Divide students into pairs. Give each pair cards from **Lesson 6 Worksheet 1 – Alcohol and Your Brain**. Ask them to match up the statement with the correct answer.

Take responses from students and answer any questions they may have.

(Correct responses are: 1-D False, 2-F True, 3-A False, 4-B False, 5-G True, 6-H True, 7-C True, 8-E True)

3. WHAT ARE THE CONSEQUENCES?

There are six stages of being drunk –

- Getting a bit of a buzz and feeling happy
- Feeling drunk and carefree
- Getting out of it and losing control
- Staggering and becoming confused
- Passing out
- Coma and death.

In this next activity students are going to look at the stages of drunkenness and the possible consequences for a young person.

OPTION A

Give each student a copy of **Lesson 6 Worksheet 2 – Consequences**. Ask students to consider the questions individually and to note down answers on the worksheet.

When students have had time to complete the worksheet individually, ask them to form groups of four and to compare what they have written with others in their group.

Invite responses from each group.

OPTION B

The teacher writes the six stages of being drunk on large posters and pins these around the room. Invite students to walk around and write on the posters what Charlie might do or say at that stage. Teacher to read out scenario from lesson 6 worksheet 2.

DISCUSSION POINTERS:

- Do young people sometimes regret the things they've said or done when they're drunk?
- Can drink affect friendships/relationships, and if so how?
- Are the risks of drinking different for boys and girls, and if so, why?
- What are the effects of alcohol on sports performance?
See <https://www2.hse.ie/living-well/alcohol/health/physical-health/sports-performance/> to support students who want to explore this further.
- Is it difficult for a young person to question or challenge the drinking culture?
- Should students have the freedom of choice not to drink?
- What, if anything, could young people do differently?
- Invite students to suggest ways that people who drink could drink less on a night out.

4. RELATIONSHIPS & CONSENT

Alcohol can change the way people behave, sometimes making them seem like a different person. Sometimes people even excuse their bad behaviour saying it was the 'drink talking'. Arguments, jealousy and misunderstandings that can occur while intoxicated can harm our relationships with family, friends and partners. Ask students if they think this can happen, and why it might happen when people have alcohol taken.

- **Ask students what they know about 'consent' in relation to sexual activity. Remind them that the age for sexual consent in Ireland is 17 years.**

» Irish law (Sexual Offences Act, 2017) defines consent as 'Freely and voluntarily agreeing to engage in a sexual act'.

- **Ask students how being drunk or having taken drugs might affect someone's ability to consent? Take their responses.**
 - » Tell students that the Sexual Offences Act 2017 states that someone cannot consent if they are forced, if they are asleep or unconscious, if they are incapable of consent because of the effect of alcohol or some other drug.

It is therefore a criminal offence to have sex with someone who has not consented for any of the reasons outlined above.

DISCUSSION POINTERS ON ALCOHOL AND SEXUAL CONSENT

- What are the sexual risks for young people if they drink?

<https://www2.hse.ie/living-well/alcohol/information-parents/safer-socialising/> and go to: '**Alcohol can lead to unwanted sexual experiences and unsafe sex**' and invite their discussion and responses around how alcohol consumption can influence the choices they make.

Themes in this activity may also be covered in the schools RSE programme, link the learnings from this activity with the learnings in RSE.

5. REFLECTION

This lesson has been about very serious topics. But they tend to occur during times when people are trying to have fun. Its really important not to lose our ability to have a great time without any substances taken. Invite students to reflect on the last time they had loads of fun, and that did not involve alcohol or drugs in any way. Are fun and laughter important and why?

DRINKING AND DRIVING PENALTIES:

One of the most serious consequences of drinking is to attempt to drive having consumed any amount of alcohol. These consequences can be life changing and fatal.

See the legal penalties for drinking and driving in Appendix 4 Drink Driving Penalties pg151.

REFERENCE:

To support students with a drug free social life explore www.nonameclub.ie

Consider inviting a member to come to class and discuss. Ability to socialize without use of alcohol/drugs is always a skill that can be developed. Being able to have a life without alcohol/drugs is the healthiest choice.

6. CONCLUSION

Conclude the lesson by re-visiting the anticipated learning outcomes.

For your health, enjoyment and decision making it is best to delay the decision to drink alcohol until you are at least 18, and for those who do drink, only have a little-start later, drink less and drink slower.

Remind students that if they have any concerns about alcohol or drugs they can speak to a member of the school's care team for advice and support.

Give students details of websites and helplines referred to in the Teacher's Note.

LESSON 6 WORKSHEET 1 - ALCOHOL AND YOUR BRAIN

1. Alcohol is a stimulant	A. TRUE(ISH): Alcohol depresses or numbs that frontal part of the brain where we think about things and make decisions. This might temporarily make people feel calm and relaxed if they are worrying or stressed.
2. Alcohol slows down the ability to think, speak and move	B. False. Alcohol numbs sensations, so you might not feel cold, but you lose more body heat when you drink because blood vessels are widened and closer to your skin. Alcohol and cold weather are a lethal combination due to accidents, injuries and hypothermia.
3. Alcohol makes you calmer and more relaxed	C. True. Drinking alcohol regularly will affect how your brain is developing. Heavy regular drinking can permanently damage the parts of the brain that control memory, self-control, decision making and thinking ahead. This is called Wernicke Korsakoff syndrome or 'wet brain'. Blackouts are a first indication of how drinking is affecting the brain.
4. Alcohol can keep you warm if you're at a match and it's cold	D. False. Alcohol is actually a depressant, the opposite of a stimulant. That doesn't mean that alcohol will necessarily make you feel sad (although it could)! A depressant is something that decreases or slows down brain and body activity. A stimulant increases or speeds up activity in the brain and body.
5. Alcohol affects your memory	E. True. The frontal lobes of the brain influence self-control. Alcohol affects this and you can become emotional, tearful, aggressive, say things you later regret.
6. Alcohol can make you put on weight	F. True. Alcohol affects many regions of the brain, including the parts that control thinking, speaking and reaction. As it is a depressant, it decreases or slows down the activity in these regions.
7. Drinking alcohol over a long period of time can damage your self-control and ability to plan and make decisions	G. True. Alcohol affects the part of our brain that forms memories. When people drink too much they can have a 'blackout' where they remember nothing of what happened. This puts them at huge risk of being assaulted, physically or sexually, and prone to injuries and accidents all of which are 100% preventable.
8. Alcohol can make you emotional and tearful	H. True. Alcohol is high in calories. 2 x330ml bottles of beer has around the same amount of calories as a cheese burger. Drinking alcohol also makes you want to eat junk food after drinking.

LESSON 6 WORKSHEET 2 - CONSEQUENCES

Imagine you are at a party with your friend Charlie. You can decide whether Charlie is male or female.

Charlie is tired and stressed because he/she has just finished the Leaving Cert exams and doesn't think they went well. He/she decides to drink a lot at the party to forget all his/her worries.

What might Charlie say or do as he/she goes through the different stages of being drunk? What might happen to Charlie?

Stage	What might Charlie say or do?	What might happen to Charlie?
A bit of a buzz – Feeling sociable and happy		
Feeling drunk and carefree		
'Getting out of it' – Losing control and making bad decisions		
'Hammered' Staggering, confused		
'Paralytic' – Passing out and getting sick		
Coma		



LESSON 7

KNOWING

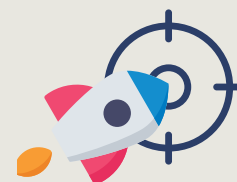
YOUR LIMITS

Lesson 1	What Do I Know?	Lesson 8	How am I Influenced?
Lesson 2	How Do I Feel?	Lesson 9	Safety First
Lesson 3	Standing Tall	Lesson 10	Drugs – Know the Score
Lesson 4	Positive Choices	Lesson 11	Cannabis
Lesson 5	Top to Toe – Your Body and Alcohol	Lesson 12	Drugs Stories
Lesson 6	Choices and Consequences	Lesson 13	Heads Up – Substance Use and Mental Health
Lesson 7	Knowing Your Limits	Lesson 14	The Bigger Picture

LEARNING OUTCOMES

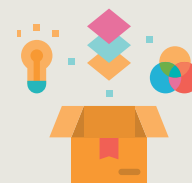
Students will:

- Know the low-risk drinking guidelines for adults
- Be more aware of the risks of drinking alcohol during pregnancy
- Thought about and considered keeping a drink diary



RESOURCES:

- **Lesson 7 Worksheet 1 – Alcohol and Pregnancy**
- A container of coloured water, a measuring jug, a pint glass, a wine glass and a shot glass
- **Lesson 7 Worksheet 2 – Drink Diary**



TEACHER NOTE

Sensitivity of topic: Some of the topics in these lessons may be difficult for students. They may have concerns about their own drug or alcohol use or may be living with family members or friends who have substance use issues. For this reason, the teacher is advised to address the issues in these lessons with sensitivity and tact.

Students should be encouraged to speak to a trusted adult if they have concerns about substance use but advised not to talk about their own or anyone else's substance use during class, for reasons of confidentiality.

At the end of the lesson make students aware of sources of information and support such as:

- | | |
|--|-----------------------------|
| • Askaboutalcohol.ie | • Spunout.ie |
| • Drugs.ie | • See Appendix Four - Drink |
| • HSE Drug and Alcohol Helpline – 1800 459 459 | Driving Penalties Page 151 |

ASKABOUTALCOHOL.IE is an HSE website which is a very useful resource that can be used to support this lesson. If the classroom has access to the web, the sections in the website on the effects of alcohol on physical and mental health can be used as part of the lesson.





Statistic Infographics are provided for planning and teaching purposes in the context section pages 16-24.

POTENTIAL LEARNING ACTIVITIES

1 INTRODUCTION

Introduce the lesson by outlining the learning outcomes.

2. LOW-RISK ADULT WEEKLY DRINKING GUIDELINES

Ask students the following questions:

- What are the weekly drinking guidelines for teenagers?
- What are the weekly drinking guidelines for adults?
- Why are the guidelines different for males and females?

DISCUSSION SUMMARY

- There are no low-risk drinking guidelines for under-18s. It is recommended that under-18s don't drink alcohol.
- Remind students of the law in Ireland in relation to alcohol – see Lesson 5.
- The low-risk weekly drinking guidelines for adults are:

- Women – less than 11 standard drinks a week
- Men – less than 17 standard drinks a week

These drinks should not all be consumed in one sitting, but should be spread out over a week. This is to avoid building up a tolerance to alcohol and to prevent the development of a habit. It is recommended that adults don't drink on at least three days a week.

Drinking more than 6 standard drinks in one sitting is considered binge drinking. Binge drinking creates a risk of alcohol poisoning, accidents and injuries and liver disease.

- Half a pint of normal strength beer (284ml)
- A small glass of wine (100ml). A bottle of wine contains about 7 standard drinks
- An alcopop (275ml bottle)
- A pub measure of spirits (35.5ml)
- A naggin of spirits contains more than 6 standard drinks

- The reason the guidelines are lower for females is that females generally have less body mass than males. Their bodies have less water and more fatty tissue. The alcohol in their system is more concentrated and therefore alcohol affects them more quickly than males. Females may also process alcohol more slowly depending on where they are in their hormonal with menstrual cycle.

Demonstrate the amount of alcohol in a standard drink by showing the students a pint glass, a wine glass and a small shot glass. Measure the correct amount of coloured water into each glass to show what a standard drink looks like. Standard drink measurements vary between countries e.g. standard drink in Ireland is 10grams(g) of pure alcohol, US equals 14g, UK standard drink equals 8g.

Ask students the following questions:

- Did the amount of alcohol allowed in an average week surprise them?
- Do they think young people are aware of these guidelines?
- Would knowing about the guidelines influence their behaviour?

Did you know: 1 standard drink contains 10g of pure alcohol



...and some drinks are more than one standard drink



3. ALCOHOL & PREGNANCY

Ask students to work in pairs. Give each pair a copy of **Lesson 7 Worksheet 1 – Alcohol and Pregnancy**.

Give students time to discuss and answer the questions on the worksheet.

Invite responses from the students.

DISCUSSION POINTERS:

- The poster uses soft, gentle colours and imagery to reflect the care people want to take of an unborn baby. The woman's hands are curved around her stomach, the flower conveys a sense of something natural and pure.
- The purpose of the poster is to advise women not to drink while they are pregnant.
- The reason for this is that much of what the mother eats and drinks is passed to the growing baby through the placenta. Alcohol, cigarettes, drugs and some medicines can be harmful to the developing baby.

The more a pregnant woman drinks the greater the risk of harm to the baby. Many women wonder if 1 or 2 drinks will harm their baby but alcohol affects everyone differently. Alcohol is a teratogen, meaning it can cause harm to the developing foetus and is the leading known cause of preventable intellectual disability. The difficulty is that medical experts haven't been able to define a safe limit so their advice is not to drink any alcohol while pregnant. Drinking during the first three months is particularly dangerous as it is the most important time for the growing baby to develop its brain, heart and lungs.

Drinking alcohol during pregnancy can cause two conditions:

1. Foetal Alcohol Spectrum Disorder (FASD):
Certain invisible characteristics may only become apparent when the child starts school:

- Difficulty processing information

- Attention deficits
- Memory deficits
- Hyperactivity
- Intellectual disability
- Poor judgement
- Immature behaviour
- Poor impulse control
- Confused social skills

2. Foetal Alcohol Syndrome:

Foetal alcohol syndrome (FAS) is a more serious condition of mental and physical defects that can happen when a mother drinks heavily during her pregnancy.

Some signs of FAS are:

- The baby is born smaller than normal or underweight
- The central nervous system is damaged
- There are physical defects, such as an abnormally small head or eyes, abnormally shaped ears, and problems with the heart and genitals
- Foetal Alcohol Use Disorders and Foetal Alcohol Syndrome are 100% preventable by not drinking alcohol when considering or when pregnant

Conclude this section of the lesson by going to **askaboutalcohol.ie**. Click on the heading **'Alcohol and Pregnancy'** at the bottom of the home page and show students the information.

4. DRINK DIARY

Give each student a copy of **Lesson 7 Worksheet 2 – Drink Diary** and ask them to complete the diaries for Alice and Pavel.

When they have had time to complete the diaries, ask students to work with the person beside them to discuss their diaries.

DISCUSSION POINTERS:

- What did you learn from this activity?
- Would it be a useful one for a young person to consider for tracking their use of alcohol currently or in the future?

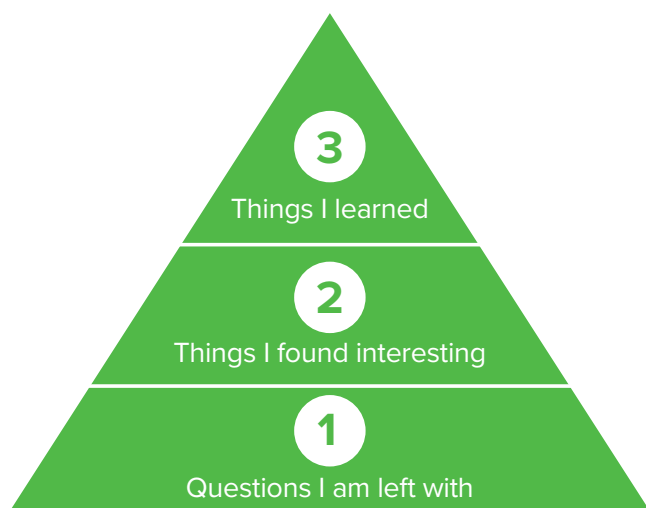
5. REFLECTION

Facilitate some quiet moments for student reflection on today's class, on low risk drinking guidelines, alcohol and pregnancy, and drink diary keeping.

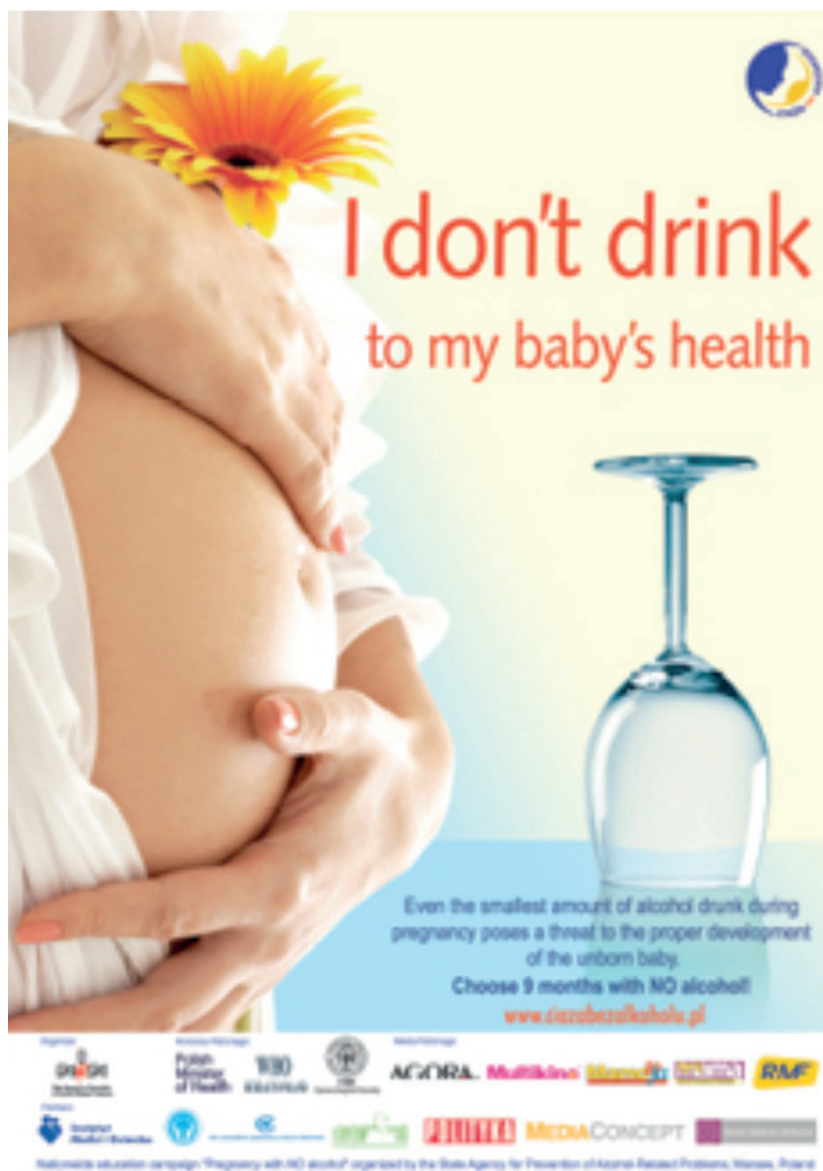
6. CONCLUSION

Conclude the lesson by re-visiting the anticipated learning outcomes.

Remind students that if they have any concerns about alcohol or drugs they can speak to a trusted adult or a member of the school's care team for advice and support. Also, give students details of websites and helplines referred to in the Teacher's Note.



LESSON 7 WORKSHEET 1 - ALCOHOL AND PREGNANCY



What colours and images are used in this advert?

What message is the ad giving through the words and images it uses?

Why have the advertisers chosen the slogan 'I don't drink to my baby's health'?

LESSON 7 WORKSHEET 2 - DRINK DIARY

Low-risk weekly drinking guidelines for adults in Ireland:

- Women – less than 11 standard drinks a week
- Men – less than 17 standard drinks a week



These drinks should not all be consumed in one sitting but should be spread out over a week. It is recommended that adults don't drink on at least two days a week. Drinking more than 6 standard drinks in one sitting is considered binge drinking. Binge drinking is associated with a wide range of health and safety risks.

What is a standard drink?

- Half a pint of normal strength beer (284ml)
- A small glass of wine (100ml)
- An alcopop (275ml bottle)
- A pub measure of spirits (35.5ml)

A naggin of spirits contains more than six standard drinks. An adult can metabolise on average 1SD per hour. It would take them 6 hours to metabolise one naggin.

Did you know: 1 standard drink contains 10g of pure alcohol



...and some drinks are more than one standard drink



LESSON 7 WORKSHEET 2 - DRINK DIARY

Pavel is 18. He's studying engineering in Dublin, and away from home for the first time. He plays football two nights a week and likes to go out with his friends to the pub or a club at the weekend. Plan Pavel's activities for the week, including the amount of alcohol he drinks, keeping the amount within the low-risk guidelines


DAY	Mon	Tue	Wed	Thurs	Fri	Sat	Sun
ACTIVITY							
ALCOHOL CONSUMED							
TOTAL NUMBER OF DRINKS IN WEEK:							

Alice is 21. She's in the second year of an apprenticeship and is living in a share house, away from home. She drinks every night with her friends. She wants to find other things to do some nights. Plan Alice's activities for the week, including the amount of alcohol she drinks, keeping the amount within the low-risk guidelines

DAY	Mon	Tue	Wed	Thurs	Fri	Sat	Sun
ACTIVITY							
ALCOHOL CONSUMED							
TOTAL NUMBER OF DRINKS IN WEEK:							

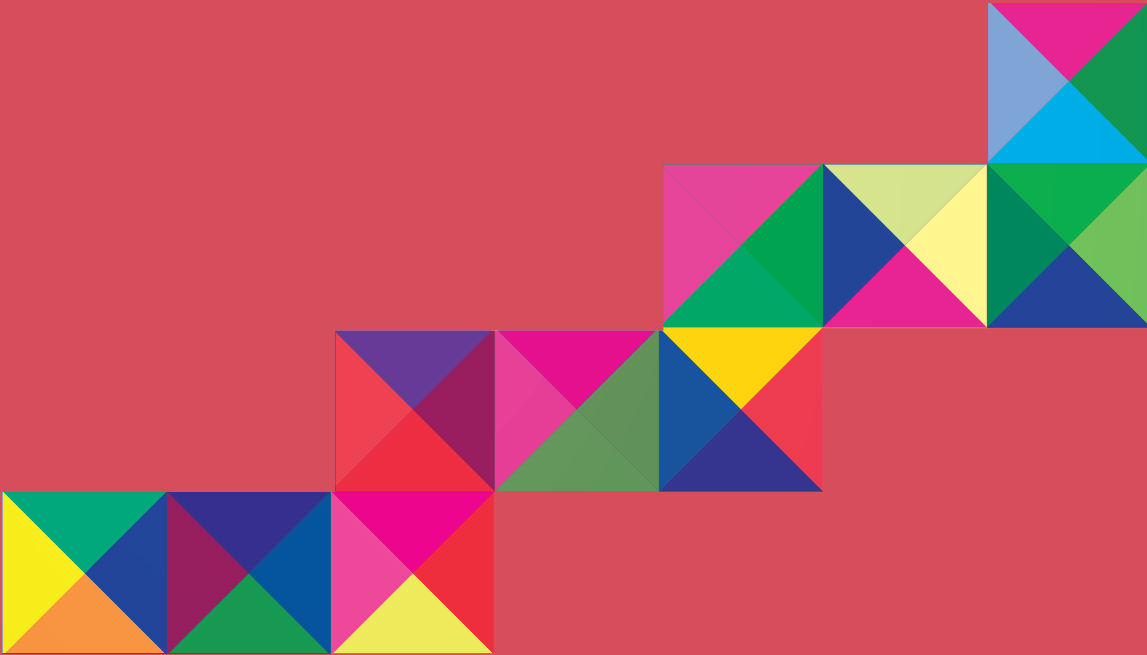
EXTENSION ACTIVITY

Alice or Pavel would like to go out, have a drink, but not get drunk. What tips would you give them? Consider an internet search to find some good tips to add to your own.



LESSON 8

HOW AM I INFLUENCED



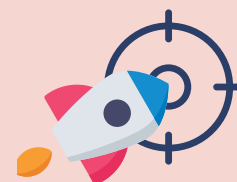
Lesson 1	What Do I Know?
Lesson 2	How Do I Feel?
Lesson 3	Standing Tall
Lesson 4	Positive Choices
Lesson 5	Top to Toe – Your Body and Alcohol
Lesson 6	Choices and Consequences
Lesson 7	Knowing Your Limits

Lesson 8	How am I Influenced?
Lesson 9	Safety First
Lesson 10	Drugs – Know the Score
Lesson 11	Cannabis
Lesson 12	Drugs Stories
Lesson 13	Heads Up – Substance Use and Mental Health
Lesson 14	The Bigger Picture

LEARNING OUTCOMES

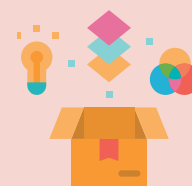
Students will:

- Have a greater awareness of cultural attitudes towards alcohol in Ireland
- Consider how they are influenced by the power of alcohol brands
- Critically examine an alcohol advert in order to increase awareness of the influence of alcohol advertising
- Debate the issue of alcohol sponsorship of sporting events



RESOURCES:

- Blank A3 sheet
- Alcohol advert (This will require some preparation in advance of the class – see note in Activity 3 – Analysis of advert)



TEACHER NOTE

Sensitivity of topic: Some of the topics in these lessons may be difficult for students. They may have concerns about their own drug or alcohol use or may be living with family members or friends who have substance use issues. For this reason, the teacher is advised to address the issues in these lessons with sensitivity and tact.

Students should be encouraged to speak to a trusted adult if they have concerns about substance use but advised not to talk about their own or anyone else's substance use during class, for reasons of confidentiality.

At the end of the lesson make students aware of sources of information and support such as:

- Askaboutalcohol.ie
- HSE Drug and Alcohol Helpline – 1800 459 459
- Drugs.ie
- Spunout.ie

AlcoholIreland.ie is a leading charity on alcohol issues funded by the HSE which deals with policy matters related to alcohol and particularly the marketing of alcohol. This resource can be used to support this lesson. If the classroom has access to the web, the following section on the website is useful; <http://alcoholireland.ie/policy/marketing-alcohol-children-under-the-influence/> can be used as part of the lesson. If web access is unavailable, some students will welcome a printout of the information which provides research-based material regarding the effects of alcohol advertising on young people.

Extension activity

The teacher may wish to extend Activity 3 on the influence of advertising by going to the websites: www.mediasmarts.ca and www.camy.org/gallery.





Statistic Infographics are provided for planning and teaching purposes in the context section pages 16-24.

POTENTIAL LEARNING ACTIVITIES

1. INTRODUCTION

Introduce the lesson by outlining the learning outcomes.

In groups, ask students to draw a lifeline on an A3 sheet, noting some of the main events in a typical life, from birth, going to school, religious rites of passage, school, college, graduating, dating, marriage, christenings, to death. Then ask students to place a dot on the main events that we may associate with alcohol.

Use this opportunity to engage students from cultures where alcohol is not as acceptable, and add some examples from their experience.

2. THE INFLUENCE OF ADVERTISING

Introduce the topic of advertising by asking students these discussion pointer questions, and discussion prompts. This will prepare students for the subsequent study of an alcohol advertisement.

- Are people influenced by the way drinks are sold and marketed?
- Do you think it influences you?
- Have you or your friends visited an alcohol website, or looked at alcohol adverts online or on YouTube?
- Did you have to get past an age disclaimer to see the ad, and was it difficult to get past?
- What did you think of the ads you saw?

DISCUSSION PROMPTS

- The alcohol market in Ireland is worth over 6 billion euro a year – they want to sell us alcohol!
- What are the marketing techniques of the alcohol industry?
- What particular population groups are the focus of advertising by the alcohol industry? How do you recognise their target groups?
- What food preferences/trends do you notice being used to advertise alcohol?
- List some of the activities you associate with alcohol advertising.
- How do advertisers influence you?
- Many studies have shown that alcohol advertising has a strong influence and encourages young people to start drinking, and to drink more if they are already drinking. Why do you think that is?

3. ANALYSIS OF ADVERT

If students have given information about particular adverts from YouTube or the web, the teacher can use one or two of these adverts for the following activity. If not, the website https://wwwapp.bumc.bu.edu/BEDAC_Camy/Resources/Gallery has some old alcohol adverts. Ideally use adverts which are as current as possible. You can also do an internet search '[alcohol brand name] TV advert'. This will usually allow you to view current and past TV ads.

While it might not seem a good idea to show students alcohol adverts, they see them anyway, and this activity gives them an opportunity to deconstruct them and look at them in a more critical way.

NB: This activity can also be done by using colour photocopies of alcohol adverts from magazines or newspapers, with the exception of the question on the soundtrack.

Play the advert once and ask students what their response was to the advert. Did they like it, dislike it?

Then write the following questions on the board:

- What is the 'story' in the advert?
- What colours are used and why?
- What soundtrack is used and why?
- What does the advert suggest will happen if you drink this product?
- Is the advert more likely to influence males or females?
- Do you think you were influenced by this ad?

Tell students that you are going to play the advert once or twice more, and while it is playing you would like them to consider the questions above, and jot down some responses.

Take responses to the questions.

DISCUSSION SUMMARY

- Advertising influences us subconsciously and so we may not be fully aware of how it affects us.
- The colours used in adverts can influence us without us realising – for example, red suggests warmth, gold success, black sexiness and sophistication and pink femininity.
- We're often not aware of the soundtrack in an ad but it can play on our emotions, suggesting excitement, sexiness, control, success, friendship, depending on the aim of the advert.
- Adverts may play on our weaknesses – e.g. fear of not being attractive, fear of being isolated.
- Adverts appeal to our basic human needs to belong, to be accepted, to rest, to be successful, to be unique, to be valued...
- Trends in advertising reflect the changing climate. For example, a lot of alcohol ads now stress the craft element in a product like beer. This can make it seem like a healthier option. They use darker, more understated colours.
- Adverts are becoming more clever and beginning to avoid some of the stereotypes suggested above, for example, by using humour, or recounting a historical event. However, the whole purpose of an advert is to sell alcohol. Be aware of this!

- There is often positive commentary in the media about cannabis and how this can influence the ideas and decisions of young people. The fact that cannabis is promoted for medical uses without strong evidence is a major concern. We look at this issue in Lesson 11 Cannabis.

4. BRAND LOYALTY - SPORT

DISCUSSION PROMPTS:

- What alcohol brands are you most aware of?
- Why are you aware of these brands and not others?
- Which sports or other activities are these brands linked to?
- How might the link between a brand of alcohol and a sport or cultural event influence people of your age?
- Are you more likely to drink the product because of its association with a particular activity or way of life?

DISCUSSION POINTERS

- List some brand names that come to mind when we think of ... teacher may mention sports events in which students are interested.
- Students may be interested in researching The Public Health (Alcohol) Act 2018 which is about advertising, sponsorship and watershed hours.
- The association of alcohol brands with sports or other activities that young people enjoy may create a feel-good factor, which potentially encourages them to drink more. The effect may be subliminal.
- <https://www2.hse.ie/living-well/alcohol/health/physical-health/sports-performance/> provides clear information on how alcohol affects endurance, reaction times, muscle development and recovery.

- Numerous studies have shown that alcohol advertising leads to young people drinking more even though students may not feel this themselves.
- Some sports organisations are moving away from alcohol sponsorship, perhaps students have noticed this.

5. DEBATE

As has emerged in the previous activity, many large sporting events in Ireland are sponsored by the alcohol industry.

Alcohol sponsorship of sport leads to very visible advertising campaigns – in magazines, on TV, online and at the side of pitches.

Ask students to give some examples of this.

Explain that in this activity they will be invited to decide whether they think it is a good thing or not.

The motion for the debate is:

ALCOHOL COMPANIES SHOULD NOT BE ALLOWED TO SPONSOR SPORTING EVENTS

Divide the class down the middle. Ask one side of the class to oppose the motion and the other side of the class to defend it.

On each side of the line, divide students into groups of four and ask them to develop arguments for their side. Appoint a spokesperson who will speak for the group.

If students are finding this difficult, some suggestions are:

Opposing the motion: The money provided by the alcohol companies provides pitches, better changing facilities etc. You don't have to drink to excess, you can drink in moderation. People are not children, they can make up their own minds.

Defending the motion: Alcohol advertising at sporting events makes drinking seem healthy, whereas in fact alcohol is bad for your health. It encourages drinking after matches. In France drinks companies are not allowed to sponsor sporting events.

When students have had time to prepare their arguments ask a spokesperson from each side of the argument to come to the front of the class and present their arguments to the class.

Continue to do this until all groups have spoken.

Take a vote on the motion at the end of the debate.

Reference: <https://www2.hse.ie/living-well/alcohol/health/physical-health/sports-performance/>

6. REFLECTION

ACTIVITY 1

Key facts and ideas today	My comments, suggestions, and thoughts

ACTIVITY 2

Ask students to write down three things they learned from the four lessons on alcohol, lessons 5-8. Invite each student to call out one of the things they have written down.

Upload to the shared online classroom forum.

7. CONCLUSION

Conclude the lesson by re-visiting the anticipated learning outcomes.

Remind students that if they have any concerns about alcohol or drugs they can speak to a member of the school's care team for advice and support.

Give students details of websites and helplines referred to in the Teacher's Note.

LESSON 9

SAFETY

FIRST

Lesson 1	What Do I Know?	Lesson 8	How am I Influenced?
Lesson 2	How Do I Feel?	Lesson 9	Safety First
Lesson 3	Standing Tall	Lesson 10	Drugs – Know the Score
Lesson 4	Positive Choices	Lesson 11	Cannabis
Lesson 5	Top to Toe – Your Body and Alcohol	Lesson 12	Drugs Stories
Lesson 6	Choices and Consequences	Lesson 13	Heads Up – Substance Use and Mental Health
Lesson 7	Knowing Your Limits	Lesson 14	The Bigger Picture

LEARNING OUTCOMES

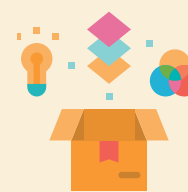
Students will:

- Understand the inter-related risk factors when using drugs and alcohol
- Be more aware of personal safety and the importance of friends being mindful of each other's safety
- Be more skilled and knowledgeable about how to respond in an emergency situation caused by substance misuse



RESOURCES:

- Lesson 9 Worksheet 1 – What's the Harm?
- Lesson 9 Handout 1 – Minding Yourself and Others



TEACHER NOTE

Sensitivity of topic: Some of the topics in these lessons may be difficult for students. They may have concerns about their own drug or alcohol use or may be living with family members or friends who have substance use issues. For this reason, the teacher is advised to address the issues in these lessons with sensitivity and tact.

Students should be encouraged to speak to a trusted adult if they have concerns about substance use but advised not to talk about their own or anyone else's substance use during class, for reasons of confidentiality.

At the end of the lesson make students aware of sources of information and support such as:

- Askaboutalcohol.ie
- Drugs.ie
- HSE Drug and Alcohol Helpline – 1800 459 459
- Spunout.ie
- See Appendix Four - Drink Driving Penalties Page 151
- Appendix Five - Drug Testing & Penalties Page 152





Statistic Infographics are provided for planning and teaching purposes in the context section pages 16-24.

POTENTIAL LEARNING ACTIVITIES

1. INTRODUCTION

Introduce the lesson by outlining the aims and learning outcomes.

Ask students:

- Sometimes young people get ill from taking alcohol or drugs when they're out with friends. What might be your concerns about someone's health due to alcohol or drug use when you were out and about?
- How did you feel when you saw someone who looked unwell?
- Did you know what to do?
- Explain that in this class they will look at some strategies for helping themselves and their friends to be safer if they decide to drink or have got involved in taking drugs.

2. RISK FACTORS

Write up these risk factors on the Board (How fast you drink; If you have eaten, etc.). Ask students to recall how these factors can influence a person's risk of harm from alcohol or drugs (taken from Lesson 5 Alcohol & Health).

DISCUSSION POINTERS

- **How fast you drink** – If you drink fast alcohol will build up in your bloodstream faster than your liver can remove it.

- **If you have eaten** – Having food in your stomach slows down how fast the alcohol is absorbed into your blood.
- **Your weight** – Alcohol has a stronger effect on someone who weighs less.
- **Your sex** – Females are more affected by alcohol as their bodies absorb alcohol faster but break it down slower than men.
- **Your age** – The younger you are the more your brain and body is at risk of harm.
- **Your mood** – Alcohol can intensify your mood so if you were sad or angry before you drank, these feelings may become more intense.
- **Polydrug use/taking other drugs** – Illegal and prescription drugs interact with alcohol in unpredictable ways and can lead to serious health problems. For example, alcohol causes your body to absorb cannabis more quickly which can lead to panic, anxiety and paranoia. Alcohol and ecstasy mixed together can lead to severe dehydration. New psychoactive substances can have unpredictable and devastating consequences.

3. SCENARIOS

Invite students to work in pairs or small groups. Give each pair/small group **Lesson 9 Worksheet 1 – What's the Harm?** and ask them to consider the scenarios and answer the questions below the scenarios.

Take responses to the questions.

DISCUSSION POINTERS:

- What are the main risks to the young people in the scenarios?
- Are the risks different for males and females?
- If so, in what way are they different?
- How could these risks be minimised?

Both males and females are more likely to engage in unprotected sex after even a moderate amount of alcohol or drugs. This can increase the risk of STIs and unplanned pregnancy. All people, but females in particular, are also more at risk of sexual assault when under the influence of drink or drugs.

(Recall: It is illegal to have sex with someone who hasn't been able to give their consent because they were intoxicated. That person is not responsible in any way for someone else's criminal behaviour.)

Use <https://www2.hse.ie/living-well/alcohol/health/physical-health/avoiding-accidents-injuries/> to support students in considering how alcohol is like a 'cocktail of risk factors' when it comes to accidents and injuries.

The following research pieces may develop and support discussion on the effects of alcohol on men and women.

- In the US, men report more physical assaults from other drinkers, whereas women report more family/relationship problems from others' drinking (US National Alcohol Survey, 2014-15)
- In a large-scale Irish study 'Alcohol consumption in Ireland' (Long & Mongan, 2014), Irish young men aged 18-24 were more likely to have been in a physical fight as a result of their drinking (23% vs 12% women of same age), or in an accident (14% vs 11% women). They were also more likely to have been assaulted by a person who had been drinking (16% vs 8% women).
- Likewise, Irish figures from the European schools' study ESPAD (of ages 15-16) also showed that more male students of this age had been involved in a fight as a result of their own alcohol use (19% vs 12% of female students). However, more females were involved in a serious argument (21% females vs 19% males) or had an injury or accident as a result of their drinking (24% vs 17%).

4. MINDING YOURSELF AND OTHERS

Digital activity: Upload to the shared online classroom platform your top tip to young people for staying safe on a night out.

Collate and discuss. Give each student **Lesson 9 Handout 1 Minding Yourself and Others**, inviting them to add any other ideas that came up.

5. IN AN EMERGENCY

If you are concerned about someone's health when they have been drinking or taking drugs, when should you call 112/999? Never be worried about getting anyone in trouble by getting help. It would be much worse if something really bad happened to them due to help being too little or too late.

Start the discussion by inviting students' ideas.

If the person:

- Has a high temperature
- Is confused
- Cannot be woken up
- Has cold, clammy, blue-looking skin
- Is breathing very slowly
- Is vomiting without waking up

What should you NOT do and why?

- Give them any more alcohol or drugs
- Give them water, tea or coffee (this may make them sick)
- Give them a cold shower to wake them up (the shock may cause them to pass out)
- Make them vomit (they may choke)
- Laugh or joke with them (they will be anxious and will need calm reassurance)
- Leave them alone to sleep it off (they may vomit and choke)

What should you do? Start discussion by inviting students' ideas to acknowledge their knowledge and experience.

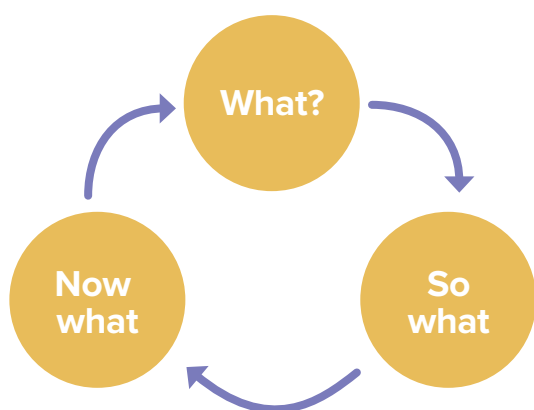
- Call 999 or 112
- Call a parent or responsible adult
- Stay with the person until help arrives
- Be able to tell the emergency services what the person has taken
- Keep the person awake
- Put them in the recovery position or keep them sitting up to prevent choking



The recovery position

Video: There are many short videos on YouTube showing how to put someone in the recovery position, eg 'The recovery position - First aid training - St John Ambulance', 2.5 mins video by St John Ambulance, 2016. <https://www.youtube.com/watch?v=GmqXqwSV3bo>

6. REFLECTION



What?:

What have I learned?

So what?:

What does this tell me about my knowledge and skills?

Now what?:

How can I develop on what I have learned today?

7. CONCLUSION

Remind students that they can exercise positive choices in their own best interests to nurture their own health and wellbeing. Alcohol and drug use is a choice and with every choice there are consequences.

Conclude the lesson by re-visiting the learning outcomes.

Remind students that there are many sources of help and information available both in school, through the HSE and via online resources. Give students details of the websites in the Teacher Note.

LESSON 9 WORKSHEET 1 – WHAT’S THE HARM?

SCENARIO ONE – ANDY

Andy is 17. Him and his mates had some drinks before the party to get themselves in the mood. At the party he has a few more and quickly gets drunk. His friends see he’s laughing and notice he’s unsteady on his feet.

A girl starts chatting with Andy and in no time at all they’re wrapped round each other. After a while they start walking towards the door together.

Andy’s best friend at school, Jordan, is worried. He knows Andy had nothing to eat all day. Jordan tries to stop Andy going outside and says he’ll walk him home. Andy pushes him away and says he’s fine. He’s slurring his words badly and looks very pale.

- What possible harm could come to Andy?
- How could this situation have been avoided?
- What actions could his friends take straight away?

SCENARIO TWO – KEBE

Kebe is 18. She’s just started college and goes out several nights a week drinking and partying. She’s in a club with her mates. They’ve had a lot to drink and are enjoying the atmosphere. A stranger comes up and offers them some ecstasy. Her mates say no but Kebe takes the tablet and gets back on the dance floor. Her mates see sweat pouring off her and ask her to go outside to cool down. Kebe just laughs and carries on dancing. An hour or two later they see her sitting down on the floor with her head falling forward on her chest and she seems extremely hot.

- What possible harm could come to Kebe?
- How could this situation have been avoided?
- What actions could her friends take straight away?

LESSON 9 HANDOUT 1 – MINDING YOURSELF AND OTHERS

- The best way to mind yourself is not to use any alcohol or other substances. If you are going to drink then:
 - Don't drink at home before you go out, 'prinking' leads to early loss of control
 - Have something to eat before and while you drink
 - If you are going to drink or take drugs take only a small amount and very slowly, so that you have the best chance of minding yourself
 - Remember while less is better than more, there is NO safe amount of drugs
 - Don't use alcohol with prescription or other drugs – the consequences are too unpredictable
 - Avoid situations that will lead to drinking more, such as rounds or drinking games
 - If you are drinking, try to drink slowly, dilute your drinks and take a glass of water between drinks
 - Make sure you are in a safe place with people you know
 - Keep an eye on your drink (ideally hold it) so that nobody can interfere with it
 - Avoid risky situations such as close to water, heights, roads/railway and secluded areas
 - If someone is starting to appear unwell or confused, try to prevent them from drinking or taking more drugs
 - Never drink or take drugs and drive, and don't get into a car driven by someone who has had alcohol or taken drugs
 - If someone appears unwell, stay with them and call a responsible adult to help. Consider if you need to phone 999/112. Keep them sitting up or in the recovery position while you wait for help. Try to keep them awake.
 - Always have your phone charged and with credit
 - Make sure your parent(s) know where you are and when you are due home.
 - Have a safe way home planned before you go out
 - Some people can feel suicidal after using, don't be afraid to get help



LESSON 10

DRUGS –

KNOW THE

SCORE

Lesson 1 What Do I Know?
 Lesson 2 How Do I Feel?
 Lesson 3 Standing Tall
 Lesson 4 Positive Choices
 Lesson 5 Top to Toe – Your Body and Alcohol
 Lesson 6 Choices and Consequences
 Lesson 7 Knowing Your Limits

Lesson 8 How am I Influenced?
 Lesson 9 Safety First
Lesson 10 Drugs – Know the Score
 Lesson 11 Cannabis
 Lesson 12 Drugs Stories
 Lesson 13 Heads Up – Substance Use and Mental Health
 Lesson 14 The Bigger Picture

LEARNING OUTCOMES

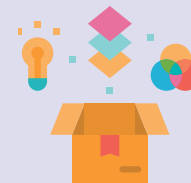
Students will:

- Reflect on their attitudes towards drugs
- Be more familiar with the four categories of drugs
- Have a better understanding of the effects and risks of prescription drugs, illegal drugs and so-called ‘designer drugs’



RESOURCES:

- **Lesson 10 Worksheet 1 – True or False?**
- A set of cards for each group of students cut from **Lesson 10 Worksheet 2 – Drugs Information**
- **Lesson 10 Worksheet 3 – Risk Factors**
- Coloured markers (**Activity 4, Option B**)
- Large sheets of paper (**Activity 4, Option C**)



TEACHER NOTE

Sensitivity of topic: Some of the topics in these lessons may be difficult for students. They may have concerns about their own drug or alcohol use or they may be living with family members or friends who have substance use issues. For this reason, the teacher is advised to address the issues in these lessons with sensitivity and tact.

Students should be encouraged to speak to a trusted adult if they have concerns about substance use but advised not to talk about their own or anyone else’s substance use during class, for reasons of confidentiality.

At the end of the lesson make students aware of sources of information and support such as:

- Askaboutalcohol.ie
- Drugs.ie
- HSE Drug and Alcohol Helpline – 1800 459 459
- Spunout.ie
- See Appendix Four - Drink Driving Penalties Page 151
- Appendix Five - Drug Testing & Penalties Page 152

NB: This lesson is designed to be taught with Lessons 11 and 12.

Students may ask questions regarding CBD oil when discussing cannabis, detail on CBD oil is available in Lesson 11. Students may have questions about the law. Explain that this resource focuses on the health and social issues of substance use, but that some points of law and legal consequences will come up in the lessons.





Statistic Infographics are provided for planning and teaching purposes in the context section pages 16-24.

POTENTIAL LEARNING ACTIVITIES

1. INTRODUCTION

Introduce the lesson by outlining the learning objectives.

Remind students of the ground rules established in Lesson 1. Re-establish the ground rules if necessary.

Explain to students that both alcohol and nicotine in tobacco are drugs, but they are legal drugs. Young people are more likely to experiment with alcohol and tobacco because they are easily available. These are the two drugs most commonly used by young people.

A smaller number of young people use illegal drugs. However, the numbers of young people using illegal drugs such as cannabis, ecstasy and cocaine has doubled since 2000. Young men aged 15-24 are the group most likely to use illegal drugs. Males aged 25-34 were the most likely to use heroin and cocaine. Cannabis is the illegal drug most commonly used in Ireland, with over a quarter of Irish people aged 15-64 having used it at least once in their lifetime.

A relatively new category of drugs is called 'new psychoactive substances' (NPS), sometimes called 'designer drugs'. These are drugs which mimic the effects of illegal drugs. These drugs may contain all kinds of adulterant substances, which are used to bulk them up. This means that no-one really knows what is in them and their effects can be highly unpredictable. We do know that they cause serious harms. Many have been responsible for deaths of young people in Ireland.

Some young people also take drugs which should only be taken on prescription for medical conditions – such as sleeping tablets or pain killers – but which can be bought online or on the street. They are prescribed for severe pain but also creates strong sensations of pleasure, which is why drug users take it and then become dependent on them. Many of these drugs can be highly addictive and should not be taken unless under the supervision of a doctor.

There have been many cases of celebrity/ musician deaths from such medications (e.g. Lil Peep, Prince, Heath Ledger).

All drugs have side-effects and risks, and it is important that young people are aware of this.

ACTIVITY 2 VIDEO & TRUE OR FALSE



View Know The Score video '**Drugs, Brain and Dependency**' (3.34 mins)

To view Know the Score video '**Drugs, Brain and Dependency**' visit www.hse.ie/knowthescore

Briefly discuss, but use True or False quiz to pick up the various learning points from the video, i.e psychoactive substances defined, the neurological reward system, how tolerance and dependence develop, increased risks to adolescent brain of substance use.

Give each student a copy of **Lesson 10 Worksheet 1 – True or False?**

Ask students to answer the questions on their own and then to compare their answers with the person beside them.

Read through the questions with the whole class and provide the correct answers.

Alternative/ Differentiation

This activity can also be achieved by inviting students in groups to read and consider the worksheet, then the teacher gives each group a copy of the answers and asks the groups to compare their answers with those provided to them.

LESSON 10 WORKSHEET 1 - TRUE OR FALSE?

1. You can tell if someone is a drug user by the way they look.
2. Anabolic steroids don't do any harm.
3. Some prescription drugs are highly addictive.
4. Young people are usually introduced to drugs by drug pushers.
5. Cannabis won't show up in urine tests after 21 days.
6. You can't travel to the US, Canada or Australia if you have a conviction for cannabis.
7. All drugs affect dopamine levels in the brain.
8. Ecstasy won't harm your mental health.
9. Cannabis today is much stronger than it was 20 years ago.
10. People with a family history of addiction are more at risk of becoming addicted themselves.
5. **False.** Cannabis shows up in urine tests for up to 28 days or as long as 60 days in some cases.
6. **True.** Countries including the US, Canada and Australia may refuse entry to people with a drugs-related conviction.
7. **True.** Drugs activate the reward system in the brain and release dopamine. Over time the reward system needs more and more of the drug to get the good feeling it had at the start. This is an important part of how addiction happens.
8. **False.** Coming down after taking ecstasy is associated with strong feelings of depression, isolation and anxiety.
9. **True.** New strains of cannabis can be much stronger than the cannabis used in the past. Genetic selection and sophisticated growing techniques now yield cannabis which is vastly stronger than two decades ago.
10. **True.** A family history doesn't mean someone will definitely have problems, but the risk is higher, so they should be extra careful.

ACTIVITY 2: TEACHER NOTES:

1. **False.** We often have a stereotypical picture of a person who is dependent on drugs as someone who is homeless and begging on the streets. However, many people who are dependent on alcohol, cocaine and other drugs hold down jobs and have lives that appear to function normally.
2. **False.** Anabolic steroids are taken mainly by young men to bulk up muscles. They are a synthetic version of testosterone. They can cause high blood pressure, heart attack and stroke. Withdrawal can lead to depression.
3. **True.** Most sleeping tablets, many pain relief medications and some anti-depressants can be addictive. That is why it is extremely dangerous to buy them online or to obtain them from someone who is not a doctor.
4. **False.** Most young people are introduced to illegal drugs by a friend or someone they know. This may make it feel like a less risky thing to do.

3. WHAT DO WE KNOW ABOUT DRUGS?

A) WHAT DOES THE WORD 'DRUG' MEAN?

Ask students if they can define what we mean by the word drug. Note some of the responses on the board.

Read out the definition of a drug used in Lesson 'A drug is any substance other than food that alters the way a person thinks, feels or acts. This includes medicinal drugs and also alcohol, tobacco and caffeine.' (Crosscare, 2013)

In these lessons we will be looking at a subset of drugs called psychoactive drugs. These are drugs which mainly affect how the human brain functions. They cause changes in perception, mood, consciousness and behaviour.

Highlight the fact that drugs affect our brains and can change how we think, feel or act. The brain is a delicate structure, so it's important that we treat it with respect and care. This is especially true for young people whose brains are still developing and are vulnerable to harm.

B) CATEGORIES OF DRUGS

Explain that most drugs can be categorised under four headings:

- Depressants/Sedatives
- Opiates
- Stimulants
- Hallucinogens

Write the four headings on the board and ask students if they know of any drugs which can be listed under each heading.

ACTIVITY 3: TEACHER NOTE

- **Depressants**, such as alcohol, can be used to calm the mind, relieve anxiety and can cause sleepiness. Sedatives and tranquillisers such as Valium or sleeping pills are depressants. Cannabis is a depressant and also a hallucinogen.
- **Opiates**, also known as narcotic analgesics, are strong painkillers that produce feelings of euphoria and sleepiness. Opiates include codeine, morphine, heroin and methadone.
- **Stimulants** are drugs that make you feel more awake, alert, energetic and confident. E.g. cocaine and amphetamines, also called speed, ecstasy, and crystal meth.
- **Hallucinogens** produce strange and intense visions (hallucinations). E.g. LSD (acid), magic mushrooms, and ecstasy. Ecstasy is a stimulant and a hallucinogen.

UPPERS AND DOWNERS

Depressants and sedatives are sometimes called “downers” and stimulant drugs are sometimes called “uppers”. Many drugs don’t belong to just one type. For example, cannabis can have depressant effect as well as causing hallucinogenic effects. Ecstasy has both stimulant and hallucinogenic effects.

C) WHAT’S THE LAW ON DRUGS IN IRELAND?

Illegal drugs in Ireland come under legislation called The Misuse of Drugs Act 1977 and 1984. They are known as ‘controlled drugs’ and are listed in different groups called ‘schedules’.

The schedules group drugs according to how useful they are. For example, schedule 1 covers drugs that have no medical use e.g. LSD and ecstasy.

It is a crime to be found in possession of illegal drugs for your own personal use and a crime to be found in possession of enough drugs to sell or supply them to others.

Reference: Appendix Five Drug Testing & Penalties Page 152

CRIMINAL RECORD

Having a conviction for drug use or supply can have lifelong consequences – It can lead to exclusion from some jobs and can prevent someone from travelling to countries such as the US, Canada and Australia.

This information can be given as a handout to students – see **Lesson 10 Handout 1 – The Law on Drugs** in Ireland.

TEACHER NOTE: LEGAL EAGLE

Laws can change, and as highlighted at the start of this lesson, Teachers are not expected to be experts on the law. It is important to set some boundaries around these discussions and focus on the intended learning outcomes.

An example of a possible key future law arose in 2019 when the Government endorsed the recommendations of ‘Alternative Approaches To Possession Of Drugs For Personal Use’ which, if enacted in future, would lead to a three-strike situation for drugs-related arrests. Upon first arrest for personal possession of illegal drugs (all drug types), the person would be diverted away from the criminal justice system to a brief screening/intervention; On second arrest, they would get a formal caution; On third arrest, they would then enter the criminal justice system.

Further details are in the following link:
<https://www.gov.ie/en/publication/7ccdec-the-working-group-to-consider-alternative-approaches-to-the-possession-of-drugs/?referrer=/wp-content/uploads/2019/08/report-of-working-group-alternatives-possession-of-drugs.pdf/>

Keep in touch with Irish developments on <https://www.drugsandalcohol.ie/28138/> or consider a legal speaker to catch questions on the newer issues.

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4. KNOWING THE RISKS

Finding a way of familiarising students with the effects of many different drugs can be difficult because there is so much information for the students to absorb. One or more of the following three methodologies can be used:

OPTION A

Divide students into small groups.

Give each group one of the ten drugs listed in **Lesson 10 Worksheet 2 – Drugs Information**, i.e. group one has ecstasy, group two has cocaine, etc.

Ask each group to use drugs.ie to research:

- The effects of that drug – i.e. why people take it
- The long- and short-term risks associated with taking that drug

Each group will prepare a short talk containing the answers to both questions. Two people from each group will present the information to the whole class.

OPTION B

Divide students into pairs or small groups.

As for **Option A**, give each group one of the ten drugs listed in **Lesson 10 Worksheet 2 – Drugs Information**.

Also give each pair/small group a copy of **Lesson 10 Worksheet 3 – Risk Factors**.

Ask each pair/small group to take a coloured pen and circle the risks associated with their drug from **Lesson 10 Worksheet 3 – Risk Factors**.

After students have had time to discuss this and circle the risks for their particular drug, give each group the section from **Lesson 10 Worksheet 2 – Drugs Information** with the relevant information so that they can check their answers.

Each pair/group appoints a spokesperson who will tell the whole class the name of their drug and the risks associated with it.

The teacher can correct any misinformation using **Lesson 10 Worksheet 2 – Drugs Information**. The teacher should also point out that the negative side effects from different drugs are often quite similar – e.g. cocaine and cannabis can lead to feelings of depression.

OPTION C

This option requires a room free of tables, such as a hall or assembly area. Write the names of the ten drugs from **Lesson 10 Worksheet 2 – Drugs Information** on poster size pages and space them out on the floor. Call out some of the risks for a particular drug and ask students to guess the drug and to walk to the poster with the name of that drug. Continue until the risks for all ten drugs have been called out.

DISCUSSION POINTERS

Ask students:

- Were you surprised by anything you learned?
- What, if anything did you find helpful about this activity?

5. WEBSITE

Show students the drugs.ie website. Go to some of the major sections in the website to familiarise students with it in case they wish to use the website in future.

REFLECTION PROMPTS

The most important thing I learned today is....

The most interesting part was

A question I have is

A skill I used was



6. CONCLUSION

Acknowledge that some students may have found this a difficult topic. If they have concerns about their own or someone else's drug use, they are advised to speak to a trusted adult.

Remind students of some of the strategies for dealing with problems and stress that they looked at in **Lesson 4 – Coping Strategies**.

Information and help can also be obtained from the organisations listed in the Teacher Note above.

Conclude the lesson by re-visiting the anticipated learning outcomes.

LESSON 10 WORKSHEET 1 - TRUE OR FALSE?

		TRUE	FALSE
1	You can tell if someone is a drug user by the way they look		
2	Anabolic steroids don't do any harm		
3	Some prescription drugs are highly addictive		
4	Young people are usually introduced to drugs by drug pushers		
5	Cannabis won't show up in urine tests after 21 days		
6	You can't travel to the US or Australia if you have a conviction for cannabis		
7	All drugs affect dopamine levels in the brain		
8	Ecstasy won't harm your mental health		
9	Cannabis today is much stronger than it was 20 years ago		
10	People with a family history of addiction are more at risk of becoming addicted themselves		

LESSON 10 WORKSHEET 2 - DRUGS INFORMATION

Ecstasy/MDMA	<p>In pill form it's usually mixed with other chemicals like speed, and contains the chemical 'MDMA'. The pills can come in all sorts of colours, shapes and designs.</p> <p>Also comes in pure white or yellowish powder or "crushed crystal". Also known as yokes, pills Molly, E, disco biscuits, XTC</p>	<ul style="list-style-type: none"> • Can take a while to kick in. Heightened feelings of wellbeing. • Can also make people feel nervous and paranoid and give people a very bad experience. • Comedown is notorious for nasty feelings of depression, isolation, anxiety. • Many people have memory loss, severe sleep problems and sustained depression. • It can raise body temperature with a risk of overheating.
Cocaine	<p>A powerful stimulant drug ('upper') that comes as a powder and is commonly snorted. Not usually eaten. Also known as coke, Charlie, white, dust. The effects wear off quickly meaning a person will take more to get the same effects. When sold on the street often contains other harmful substances such as worming agents or an anaesthetic.</p>	<ul style="list-style-type: none"> • Gives a burst of heightened awareness and feeling of confidence. • Can produce anxiety, paranoia, depression and insomnia when people are coming down. • Highly addictive and can lead to using more and more to avoid the effects of the comedown. • When used with alcohol it can create a chemical in your body that increases the risk of a heart attack (cocaethylene). • People can feel suicidal. • Cardiac and other health effects.
Cannabis	<p>Comes from the naturally grown hemp plant. Contains very many chemicals, one of which is 'THC'. It comes in the form of leaf, thick buds ("Weed"), chunks of resin ("hash") and sticky oil ("hash or cannabis oil"). Usually taken in by smoking but can be eaten. It has complex effects, many of which are depressant. However, it stimulates the heart, increasing both blood pressure and pulse.</p>	<ul style="list-style-type: none"> • It alters awareness. The effect can vary depending on mood and surroundings. • Can make people relaxed, chatty and giggly, and more aware of colours and sounds. • Can bring feelings of numbness, drowsiness and de-motivation. • Can create feelings of paranoia, confusion and disorientation. • Can lead to memory loss & depression, psychosis and is a risk factor for schizophrenia.
New psychoactive substances (NPS) ('designer drugs' and 'legal highs')	<p>Man-made drugs producing similar effects to cannabis, ecstasy, cocaine.</p> <p>They can be in the form of powders, pills and liquids.</p> <p>There are many different ones – e.g. nBOMe, sometimes called Smiles, 2CB or spice/K2.</p> <p>nBOMe comes as powder, liquid, paper squares, can be placed under the tongue, injected or smoked.</p>	<ul style="list-style-type: none"> • No one knows what they contain so they are extremely dangerous. • Can cause overdose, coma, psychotic states and suicidal feelings. • They have been the cause of death for a number of young people in Ireland.
Speed Amphetamine	<p>Similar to cocaine, NPS, MDMA this drug can be snorted, diluted in liquid and drunk, injected into the bloodstream.</p>	<ul style="list-style-type: none"> • This drug speeds everything up - the central nervous system, perception - giving the body a rapid, prolonged sense of energy. • It can make you irritable, nervous, paranoid, confused. • It can produce a nasty come-down when it wears off, leading to anxiety, depression and muscular pain. • Long-term use can lead to problems with memory and concentration and even psychosis.

LESSON 10 WORKSHEET 2 – DRUGS INFORMATION

Benzodiazepines	<p>Tablets and capsules which can be prescribed by doctors for anxiety and sleeping disorders. People sometimes get them without a doctor's prescription on the illegal market and online.</p> <p>These drugs known as 'benzos', 'xanax', 'valium' are very addictive unless taken as prescribed by a doctor.</p>	<ul style="list-style-type: none"> • Relieve anxiety and tension, can lead to drowsiness. • People become tolerant to these drugs very quickly, which means that they need to increase the dosage in order to feel the same effects. • Irritability, nausea, insomnia & convulsions are all side-effects when withdrawing from regular use of these drugs.
Heroin	<p>This drug also known as 'gear', 'smack' can be injected, smoked or sniffed.</p> <p>It comes from the same grouping of drugs as codeine and morphine known as 'opioids' or 'opiates'.</p> <p>Opioid medicines have important uses in medical management of pain.</p>	<ul style="list-style-type: none"> • Very quickly absorbed into the bloodstream, giving a rush of well-being & euphoria. • Extremely psychologically and physically addictive. • People become tolerant and need more and more to get the same effect. • Can lead to a high risk of overdose.
LSD "Acid"	<p>Powerful hallucinogenic drug that changes perception, mood and thought, can produce visual hallucinations and distortions of space and time. Also known as: Acid, trips, tabs, microdots, dots. It comes as a small piece of paper with pictures on it (tabs).</p>	<ul style="list-style-type: none"> • Hallucinations are common. • User can feel dizzy, disorientated, fearful & paranoid. • Falls & accidents. • Panic attacks from use can last months afterwards. • Judgement is severely impaired & people can become seriously irrational. • Can trigger underlying mental illness.
Solvents, Glue, aerosols	<p>Can be inhaled, or sprayed directly into the mouth.</p> <p>Used most commonly amongst teenagers.</p>	<ul style="list-style-type: none"> • Gives a high which is like feeling drunk. • Judgement is affected, and people can become aggressive. • Effects wear off quite quickly. • Hallucinations, vomiting and black-outs are common. • Users can die from suffocation or heart failure.
Ketamine	<p>An anaesthetic usually used in animals.</p> <p>It is a white powder which can be snorted. Can also be in pills or as a liquid which is injected.</p>	<ul style="list-style-type: none"> • 'K bladder', irreversible damage to the bladder. • Extreme Sedation – increased risks if used on night out • May choke on vomit • It can lead to flashbacks, insomnia, depression, psychosis and suicide. • In high doses it can create an out-of-body experience and paralysis.

LESSON 10 WORKSHEET 3 - RISK FACTORS

Nervousness	Paranoia	Depression	Anxiety	Feeling isolated
Memory loss	Sleep problems	Highly addictive – need more and more to battle the come down	Increased risk of heart attack	Drowsiness
Lack of motivation	Psychosis	Aggression	Blackouts	Death
Coma	Schizophrenia	Suicidal feelings	Muscle pain	Irritability
Insomnia	Convulsions	Panic attacks	Mental health problems	Dizziness
Disorientated	Feeling scared	Hallucinations – seeing things	Out-of-body experience	

LESSON 10 HANDOUT 1 - THE LAW ON DRUGS IN IRELAND

Illegal drugs in Ireland come under legislation called The Misuse of Drugs Act 1977 and 1984. They are known as 'controlled drugs' and are listed in different groups called 'schedules'.

The schedules group drugs according to how useful they are. For example, schedule 1 covers drugs that have no medical use, e.g. LSD and ecstasy.

It is a crime to be found in possession of illegal drugs for your own personal use and a crime to be found in possession of enough drugs to sell or supply them to others.

CRIMINAL RECORD

Having a conviction for drug use or supply can have lifelong consequences – it can lead to exclusion from some jobs such as medicine, the law, and jobs with children. It can also prevent someone from travelling to countries such as the US, Canada and Australia.

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LESSON 11

CANNABIS

Lesson 1	What Do I Know?	Lesson 8	How am I Influenced?
Lesson 2	How Do I Feel?	Lesson 9	Safety First
Lesson 3	Standing Tall	Lesson 10	Drugs – Know the Score
Lesson 4	Positive Choices	Lesson 11	Cannabis
Lesson 5	Top to Toe – Your Body and Alcohol	Lesson 12	Drugs Stories
Lesson 6	Choices and Consequences	Lesson 13	Heads Up – Substance Use and Mental Health
Lesson 7	Knowing Your Limits	Lesson 14	The Bigger Picture

LEARNING OUTCOMES

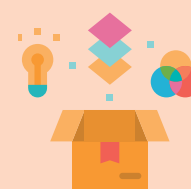
Students will:

- Understand the law as it relates to cannabis
- Know more about the myths and realities of the risks associated with cannabis use
- Be familiar with their school's substance use policy



RESOURCES:

- **Lesson 11 Worksheet 1 – Cannabis Challenge Table Quiz**
- Copy of the school's substance use policy
- Posters and markers for each group of students



TEACHER NOTE

Sensitivity of topic: Some of the topics in these lessons may be difficult for students. They may have concerns about their own drug or alcohol use or may be living with family members or friends who have substance use issues. For this reason, the teacher is advised to address the issues in these lessons with sensitivity and tact.

Students should be encouraged to speak to a trusted adult if they have concerns about substance use but advised not to talk about their own or anyone else's substance use during class, for reasons of confidentiality.

At the end of the lesson make students aware of sources of information and support such as:

- Askaboutalcohol.ie
- HSE Drug and Alcohol Helpline – 1800 459 459
- Drugs.ie
- Spunout.ie
- Appendix Five - Drug Testing & Penalties Page 153

Before teaching this lesson the teacher should be familiar with the school's substance use policy and have a copy with them for Activity 4 – What's the Policy?





Statistic Infographics are provided for planning and teaching purposes in the context section pages 16-24.

POTENTIAL LEARNING ACTIVITIES

REFLECTION (1) Entrance slip:
‘What do you think about cannabis?’

As students enter the class, or as they are waiting to start, distribute the entrance slip to jot a response.

1. INTRODUCTION

Teaching Option: This may be an opportunity to involve an outside speaker who specialises in substance use issues to assist with this lesson on their area of expertise.

Appendix 2 lists the Regional and Local Drug and Alcohol Task Forces who are a point of contact for support for your SPHE classes.

For guidance on involving visiting speakers, refer to the DES (2018) Circular https://www.education.ie/en/Circulars-and-Forms/Active-Circulars/cl0043_2018.pdf

QUESTIONING THE LAW

This class could bring up many questions about cannabis and the law. Limit and focus the discussion to the points covered in the lesson.

As suggested, it may be an option to invite in a speaker with expertise on the law to support the class. The legal situation is always evolving and changing across the world. The information in this lesson is correct at going to print, but may change. The factsheets on www.drugsandalcohol.ie will aid you to keep up to date with any changes.

Introduce the lesson by outlining the learning outcomes.

Ask students if they can remember what drug category cannabis is in (it is in two, depressant/hallucinogenic). Then ask them some of the names people use for cannabis.

Cannabis most common illegal drug detected in drivers in 2018

Some examples are: **Weed, hash, hashish, blow, pot, ganja, marijuana, grass, joint.**

Explain to students that cannabis comes in many forms:

- **Herbal cannabis** – (“Weed”) made from dried leaves of the cannabis plant. It looks like dried herbs.
- **Resin** – (“Hash”) This is cannabis made from the resin of the plant. It looks like a black or brown lump.
- **Skunk** – This is a stronger form of “weed”, and the term is not used too frequently in Ireland. It contains more THC (the main mind-altering drug in cannabis) than resin or ordinary herbal cannabis and is estimated to be three to four times stronger.
- **CBD oil** – is a substance extracted from the cannabis plant. It can be sold in Ireland as long as it contains no THC – (it may contain a trace amount of THC that must not exceed 0.2%) the ingredient that makes people feel high. There are claims that the oil can help people with sleep problems and can reduce stress and anxiety.
- **Cannabinoids** – The many chemicals in cannabis are called cannabinoids. Some of these chemicals have been researched to see if they have any medical benefit. One chemical, cannabidiol (CBD) may help some patients with a very severe form of epilepsy. There is a medicine for treatment of spasms in multiple sclerosis which contains both CBD & THC. It also may help people with nausea associated with chemotherapy. There are unfortunately very many under researched exaggerated and unfounded claims about “medical cannabis”. Remember, when tobacco arrived to Europe in the 1600s, it was widely touted as having powerful medicinal benefits.

2. VIDEO: GETTING THE FACTS RIGHT



View **Know The Score**
'Cannabis' video
(2.42 mins).

To view Know the Score video 'Cannabis' visit www.hse.ie/knowthescore

Then lead a discussion of the facts in groups under the following headings of some common myths/debates:

- Cannabis won't do you any harm
- You can't die from a cannabis overdose
- Cannabis isn't addictive

Information for the teacher is provided which encompasses the points from the video, along with some additional points.

Take feedback and discuss students thoughts and feelings about the video and discussion points.

ACTIVITY 2: INFORMATION FOR THE TEACHER

a. Cannabis won't do you any harm

While some people see cannabis as being less dangerous than many other drugs, it can certainly have many negative consequences for users. Cannabis causes more psychiatric admissions to Irish hospitals than any other illegal drug. It can lead to depression and anxiety. In extreme cases it can trigger paranoia and psychotic episodes. Some people never fully recover from these.

It reduces the ability to concentrate and study and can permanently lower your IQ. Some people who consume cannabis regularly become lethargic and demotivated. This can negatively affect their studies or career and cause many arguments with their loved ones.

Fake or synthetic cannabis can be up to 100 times stronger than natural. It is sometimes referred to as 'spice', K2 or fake weed. These products contain dried plant material and mind-altering chemicals. It is presented as being natural and therefore harmless. The chemicals used in it can have many damaging effects including raised blood pressure, heart attack and stroke and can cause fatal overdose.

b. You can't die from a cannabis overdose

Heavy consumption of cannabis could lead to risky behaviours such as swimming or driving under the influence. The synthetic imitation form of cannabis 'Spice' is highly toxic and can cause strokes and heart attacks, which can be fatal.

c. Cannabis isn't addictive

Using cannabis can lead to cannabis use disorder (i.e. "addiction" or a repeated pattern of harmful use), which can range from mild to moderate or severe.

The disorder develops because repeated use of the drug use leads to dependency. As drug use escalates, it tends to leave much less time for other positive things in life, like hobbies, sport, friends & family. As life consequently becomes emptier, people then use more to give themselves a feeling of pleasure, albeit chemically induced. People who use regularly can experience withdrawal symptoms such as irritability, mood and sleep difficulties, cravings and restlessness when not taking the drug.

This disorder becomes "addiction" when the person cannot stop using the drug, even though it is interfering with many aspects of their life. It is estimated that nearly 1 in every 9 people who use cannabis will become dependent on it. This figure rises to nearly 1 in every 6 people who begin using in their teens.

REFLECTION (2) MID-LESSON -

Invite students to take a few minutes to jot down any other thought or observation about what they are learning, or to note a question that they have or an area of confusion. A few volunteers can be invited to share their reflections.

3. THE CANNABIS CHALLENGE TABLE QUIZ

Ask students to form teams of 4, choose a Notetaker and Corrector, and then choose a Team Name. The Notetaker can write on a blank sheet which will be their answer sheet.



In the style of a table quiz, read the statements slowly, but limit the time allowed to choose their yes/no reply (suggest 30 seconds). You could ask a student to assist you in a Timer role. Once completed, have the teams swap answer sheets, and Correctors mark them as you call out the answers.

Alternatively, you could pass around the answer sheet, and students could take turns reading out the full answers. If possible, offer a small reward for the winning team.

Round 1 Yes/no

1. John rolls a joint of cannabis, smokes half and gives the other to his friend Lydia. Are they both breaking the law? Y/N
2. Chris grows cannabis plants in his bedroom at home. He probably will not use it. Is he breaking the law? Y/N
3. Gareth would never drink and drive, but he sometimes drives when stoned on cannabis. He says it is not dangerous and the Gardai would never find out anyway. Is he right? Y/N
4. Rory is having a party at his house. Some people are smoking cannabis. Rory is not smoking it himself, but he knows it is going on. Is he breaking the law? Y/N
5. Ali is 22 and likes to smoke cannabis. He heard if he gets caught he may not be able to travel to America in future. Is this correct? Y/N

Round 2 True/false

6. Medicines made from cannabis can not be prescribed in Ireland. T/F
7. CBD oil in health shops does not make you high. T/F
8. The cannabis sold in 'coffee shops' in the Netherlands (NL) is quality controlled. T/F
9. 'Spice' is synthetic and imitates cannabis. T/F
10. If you have a physical or mental health issue, it is more risky to use illicit drugs. T/F

Full answers can be found on pages 116-117

Activity 3 The Cannabis Challenge Table Quiz



Optional video about decriminalisation and legalisation: EU Monitoring Centre for Drugs and Drug Addiction(EMCCDA) on explanation of Depenalisation, Decriminalisation and Legalisation of Drugs.

<http://www.emcdda.europa.eu/video/2015/what-is-decriminalisation-of-drugs>

4. WHAT'S THE POLICY?

Explain to students that the school has a substance use policy. Students may already be aware of the policy and may have had an opportunity to contribute towards it.

Ask students why schools are all required to have a substance use policy.

Some of the reasons are: to create a safe environment, protect the health and safety of students and staff, encourage responsible attitudes, make students aware of what will happen if they bring alcohol and drugs into school.

5. CONCLUSION

Conclude the lesson by re-visiting the anticipated learning outcomes.

Acknowledge that some students may have found this a difficult topic and remind them that if they have any concerns about alcohol or drugs they can speak to a member of the school's care team for advice and support.

Remind students of some of the strategies for dealing with problems and stress that they looked at in **Lesson 4 – Coping Strategies**.

Give students details of websites and helplines in the Teacher Note above.

6. EXIT REFLECTION (3)

At the end of class, students can be asked to write any questions, problems, or concerns related to the day's lesson, and pass to teacher as they leave.

ACTIVITY 3 THE CANNABIS CHALLENGE TABLE QUIZ

Round 1 Yes/no

1. **John rolls a joint of cannabis, smokes half and gives the other half to his friend Lydia. Are they both breaking the law? Y/N**

Yes, John for possession and supply, and Lydia for possession. No money has to change hands for an offence of supply to be committed.

2. **Chris grows cannabis plants in his bedroom at home. He probably will not use it. Is he breaking the law? Y/N**

Yes, even if he does not harvest the cannabis or use it.

3. **Gareth would never drink and drive, but he sometimes drives when stoned on cannabis. He says it is not dangerous and the Gardai would never find out anyway. Is he right? Y/N**

No, cannabis slows down reaction times so can cause dangerous driving. Gardai could arrest and drug test Gareth, and he could be prosecuted for drug driving.

4. **Rory is having a party at his house. Some people are smoking cannabis. Rory is not smoking it himself, but he knows it is going on. Is he breaking the law? Y/N**

Yes, it is an offence to knowingly allow your house, car or other premises to be used for the use or supply of drugs.

5. **Ali is 22 and likes to smoke cannabis. He heard if he gets caught he may not be able to travel to America in future. Is this correct? Y/N**

Yes, a drugs related conviction can affect your future travel options in some countries including America, Canada and Australia. As mentioned before, it can also affect your employment options.

** This page will require updating if laws change over periods of time.*

ACTIVITY 3 THE CANNABIS CHALLENGE TABLE QUIZ - CONT'D

Round 2 True/false

6. Medicines made from cannabis can not be prescribed in Ireland. T/F

False, one such medicine was licensed in 2014 for severe forms of muscle spasticity that can happen in multiple sclerosis, nausea associated with chemotherapy for cancer, and some specific forms of intractable epilepsy. It contains two different cannabinoids derived from cannabis. As more research is done, it is likely that other medicines containing cannabinoids will be licensed in future if they are proven to be both effective and safe.

7. CBD oil in health shops does not make you high. T/F

True, the type permitted to be sold by Irish law does not contain any THC which is the main ingredient of cannabis that makes people high (it may contain a trace amount of THC that must not exceed 0.2%).

8. The cannabis sold in 'coffee shops' in the Netherlands (NL) is quality controlled. T/F

False, the variation in laws in the NL and other countries is extremely complex and this is an example of that. Cannabis remains illegal in the NL and 'coffee shops' still get their supply from the black market. This means the quality & strength are still uncertain. In the NL 'toleration policy', drug use is still illegal but is tolerated, therefore people may have their drugs confiscated, but they are not prosecuted.

9. 'Spice' is synthetic and imitates cannabis. T/F

True, it is a synthetic cannabinoid that does not come from the cannabis plant, but mimics its effects. Also known as K2 or fake weed. It can be up to 100 times stronger than cannabis, and can cause extreme agitation and aggression, heart attack and stroke, and, very rarely, death. Spice is a manufactured chemical that is sprayed onto dried plant material to look natural and harmless. It is made in back street laboratories and is causing many problems.

10. If you have a physical or mental health issue, it is more risky to use illicit drugs. T/F

True, if a person has a health issue such as epilepsy, asthma, heart problems, depression, panic or anxiety attacks, then use is more risky and people are advised to completely avoid use. Drug use can trigger and exaggerate existing conditions.

What Exactly is Medicinal Cannabis?

Medicinal cannabis is an umbrella term often used to describe medication which includes chemicals extracted from cannabis plants (cannabinoids). The term itself is incorrect and creates a belief that cannabis in the form of weed or hash is medicine. Lots of medications use extracts from plants. For example, aspirin comes from the bark of a willow tree, but we don't say 'medicinal willow'.

** This page will require updating if laws change over periods of time.*

LESSON 11: REFLECTION SLIPS

REFLECTION (1) - Entrance slip:

Entrance slip: 'What are YOUR thoughts about cannabis?'

REFLECTION (2) - Mid Lesson

MID-LESSON - take a few minutes to jot down any other thought or observation about what YOU are learning, or to note a question that YOU have or an area of confusion

EXIT REFLECTION (3) - Exit Slip

EXIT SLIP

At the end of class, write any questions, problems, or concerns, related to the day's lesson, and pass to teacher as you leave



LESSON 12

DRUGS –

STORIES



Lesson 1	What Do I Know?	Lesson 8	How am I Influenced?
Lesson 2	How Do I Feel?	Lesson 9	Safety First
Lesson 3	Standing Tall	Lesson 10	Drugs – Know the Score
Lesson 4	Positive Choices	Lesson 11	Cannabis
Lesson 5	Top to Toe – Your Body and Alcohol	Lesson 12	Drugs Stories
Lesson 6	Choices and Consequences	Lesson 13	Heads Up – Substance Use and Mental Health
Lesson 7	Knowing Your Limits	Lesson 14	The Bigger Picture

LEARNING OUTCOMES

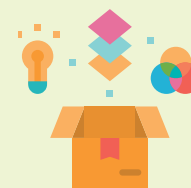
Students will:

- Understand more about the harmful effects of drugs
- Be more aware of how choices about substance use can impact on themselves and others by looking at real-life based stories
- Be more knowledgeable about the risks of mixing drugs



RESOURCES:

- Copies of **Lesson 12 Worksheet 1 – News Report**
- Copies of **Lesson 12 Handout 1 – Mixing Drugs and Alcohol**



TEACHER NOTE

Sensitivity of topic: Some of the topics in these lessons may be difficult for students. They may have concerns about their own drug or alcohol use or they may be living with family members or friends who have substance use issues. For this reason, the teacher is advised to address the issues in these lessons with sensitivity and tact.

Students should be encouraged to speak to a trusted adult if they have concerns about substance use but advised not to talk about their own or anyone else's substance use during class, for reasons of confidentiality.



The newspaper report in **Lesson 12 Worksheet 1 – NEWS Report** is based on a combination of true stories. It may not be appropriate to use this worksheet if there has been a recent death from drugs in the local community or if any of the students have experienced a bereavement of this kind.

At the end of the lesson make students aware of sources of information and support such as:

- Askaboutalcohol.ie
- HSE Drug and Alcohol Helpline – 1800 459 459
- Drugs.ie
- Spunout.ie



Statistic Infographics are provided for planning and teaching purposes in the context section pages 16-24.

POTENTIAL LEARNING ACTIVITIES

1. INTRODUCTION

Introduce the lesson by outlining the aims and learning objectives. Explain to students that this lesson is a continuation of the previous lesson.

Refer again to the information in the Introduction to **Lesson 10** if necessary.

2. PRESCRIPTION DRUGS

Ask students:

- What does the term 'prescription drugs' mean?
- Why are some drugs only available on prescription?
- Is it possible to obtain some of these drugs without going to see a doctor, and if so how?
- Give some examples of this kind of drug, such as sleeping tablets, cold and flu tablets, strong pain relievers.
- What are the risks of buying and taking medical drugs without being supervised by a doctor?
- Why do some young people take these drugs even if they know the risks?

DISCUSSION POINTERS

- Drugs which require a prescription from a doctor can have very serious side-effects. They should never be taken without advice from a doctor.

- Some prescription drugs can be obtained online and from drug dealers.
- An example would be benzodiazepines (benzos), taken to reduce anxiety, or anabolic steroids, taken to bulk up and increase muscle size.
- Both can have serious side-effects if not taken under medical supervision. Benzodiazepines are highly addictive; this can lead to withdrawal symptoms if the person stops taking them.

Anabolic steroids mimic the effect of the male sex hormone, testosterone. They can cause high blood pressure, heart and liver abnormalities, impotence, fertility problems and acne. Young people are most at risk of harm because their bodies are still developing.

Mental health medications are considered in more detail in Lesson 13.

3. NEW PSYCHOACTIVE SUBSTANCES

Ask students if they have ever heard the term 'new psychoactive substances'. These are sometimes also called 'party pills', 'synthetic drugs', 'legal highs', or 'designer drugs'.

Take responses from the students, then provide them with the following information:

- New Psychoactive Substances (NPS) are chemical combinations designed to mimic the effects of drugs such as cannabis, ecstasy, cocaine and LSD.
- New Psychoactive Substances are the drugs which used to be sold in 'Headshops', all of which are now controlled in Ireland.
- The contents of these drugs are unregulated, untested and may change from batch to batch. They are so new, and what is in them is so unpredictable that their effects are unknown.
- Some of the names given to them are party pills, pellets, and nBOMe's.
- They can be extremely dangerous.

Explain to students that some of these new substances have caused deaths in Ireland.

Give each student a copy of **Lesson 12 Worksheet 1 – News Report**. Explain to students that this is closely based on a combination of true stories.

Read out the report and then ask students to work in pairs to discuss the questions on the worksheet.

A Teacher Notes version of the worksheet is also provided with suggested discussion pointers.

Alternative teaching activity

Tell students that you are going to give them the opening line of a 'real-life based newspaper report and then ask them to write a short account of what they think happened to the young girl.

Write the opening line on the board:

4. POLYDRUG USE

Ask students if they know what the phrase 'polydrug use' means.

Explain that it means using more than one drug at the same time. This includes mixing illegal drugs with legal drugs such as alcohol and prescription medication.

Mixing drugs can be dangerous because the effects and side-effects are added together and it is difficult to predict what the consequences will be.

DISCUSSION POINTERS

Ask students what they know about what happens when someone mixes:

- Alcohol and cannabis
- Alcohol and cocaine
- Alcohol and ecstasy
- Alcohol and heroin

Give each student a copy of **Lesson 12 Handout 1 – Mixing Drugs and Alcohol** and read through the information with them.

Discuss the learning with them (that alcohol complicates and adds to the risks of using drugs which are already unpredictable).

REFLECTION

Reflect and upload to the class shared online platform responses to either of these two reflections:

1. I know I am a good friend when I...
2. One question I am left with...

5. CONCLUSION

Conclude the lesson by re-visiting the anticipated learning outcomes.

Acknowledge that some students may have found this a difficult topic and remind them that if they have any concerns about alcohol or drugs they can speak to a member of the school's care team for advice and support.

Remind students of some of the strategies for dealing with problems and stress that they looked at in **Lesson 4 – Coping Strategies**.

Give students details of websites and helplines in the Teacher Note above.

Consider a fun or light energiser or some quiet reflection time after this lesson.

LESSON 12 WORKSHEET 1 – NEWS REPORT

NEWS REPORT, JUNE 25TH

A 17 year old Leaving Cert student, who took ‘designer drug’ PMMA at a house party earlier this week, has died in hospital.

The teenager, Aisling J who had just completed her Leaving Certificate, was at a house party when friends saw her take a pill she believed to be ecstasy. They say she initially seemed to be having a good time. Later she was seen to be sweating heavily and unsteady on her feet.

Friends lay her down on the couch where she pulled off her top and her shoes saying she was too hot. Friends say they were concerned but did not know what to do.

After 5 minutes she went into a seizure that lasted on and off for 40 minutes. After this her friends called an ambulance.

They performed CPR with instruction from the emergency services over the phone.

Aisling was then taken by ambulance to the Intensive Care Unit of the hospital where she never regained consciousness, passing away two days later.

There are reports that Aisling had unknowingly consumed PMMA, one of many new toxic ‘designer drugs’ that are in circulation in the locality. Drug information source www.drugs.ie states that ecstasy is highly toxic but PMMA (often passed off for sale as ecstasy) is even more toxic. The Coroner has repeatedly warned about the risk of death from these substances, adding that combining with alcohol spikes the risks even further.

QUESTIONS

What actions might have changed the course of this story?

Friends say Aisling knew taking pills was risky. Why do you think she still took them?

What would you say to her friends if they were afraid to call emergency services or parents for help?

Re-read the first paragraph and continue the story with her friends calling emergency services and parents for help.

LESSON 12 WORKSHEET 1 – NEWS REPORT - TEACHER NOTES

The two key learning points from this activity are that the effects of illegal drugs including the newer New Psychoactive Substances are unpredictable (as the content is unknown and could be anything) and that it is vital to seek assistance from responsible adults/parents and emergency services as soon as a person shows signs of an adverse reaction.

Suggested discussion points in reply to the questions:

What actions might have changed the course of this story?

If the young woman had not taken any drugs. If her friends had called for help sooner.

Friends also said she knew taking pills was risky. Why do you think she still took it?

Perhaps she believed those bad things only happen to other people. She saw others who had taken it and they seemed okay. The dealer said those specific pills were safe. She had taken drugs before and had been fine. She thought her friends would keep her safe. She couldn't think of any other way to have a good time. She had a few drinks beforehand so her judgement was not as good.

What would you say to her friends if they were afraid to call emergency services or parents for help?

They might be worried about getting themselves, or their friend in trouble, but it would be much worse if anything really bad happened, as was the case in this tragic story. The ambulance service is interested in getting the person medical help, not in getting anyone in trouble. Parents will be relieved if they are contacted for help. An anonymous call can be made for help if necessary, or if you see someone in trouble and are not able to/it is dangerous to stop and help directly.

Re read the first paragraph and continue the story with her friends calling the emergency services and parents for help.

This story is very realistic and tragic. Lift the mood and invite a feeling of hope by encouraging a positive ending, and affirming students' ideas about how to ensure Aisling's safety.

LESSON 12 HANDOUT 1 – MIXING DRUGS AND ALCOHOL

Alcohol and cannabis: Having alcohol in your bloodstream can cause your body to absorb the active ingredient in cannabis (THC – tetrahydrocannabinol) more quickly. This makes the cannabis have a much stronger effect than normal and can lead to dizziness, vomiting, panic, anxiety or paranoia.

Skunk, a stronger type of cannabis, is even more dangerous because it contains much more THC.

Cannabis, Tobacco and Alcohol: Cannabis is usually smoked with tobacco, which in itself is addictive and can cause many health problems, including cancer. Alcohol makes it easier for the throat and mouth to absorb the cancer-causing chemicals in tobacco.

Alcohol and cocaine: These two drugs taken together can increase the risk of heart attack and even death because the two drugs interact to produce a highly toxic substance in your liver cocaethylene.

Alcohol and ecstasy: Alcohol might ‘deaden’ the high someone can get from ecstasy. A person might take more ecstasy to feel its effects and the next day may feel much worse when they come down from the effects of both drugs.


Alcohol is involved in several ecstasy-related deaths, many of which result from heatstroke after people have danced for a long time in a hot club. Alcohol dehydrates the body even more, so the two together are a very dangerous risk combination.

Alcohol and heroin: Alcohol and opiates make for a particularly lethal combination, since each one multiplies the sedative effects of the other on the brain and body.

For more information go to askaboutalcohol.ie, click on the **Menu**, click on **Alcohol and Health**, then on **Alcohol, Medication and Drugs**.

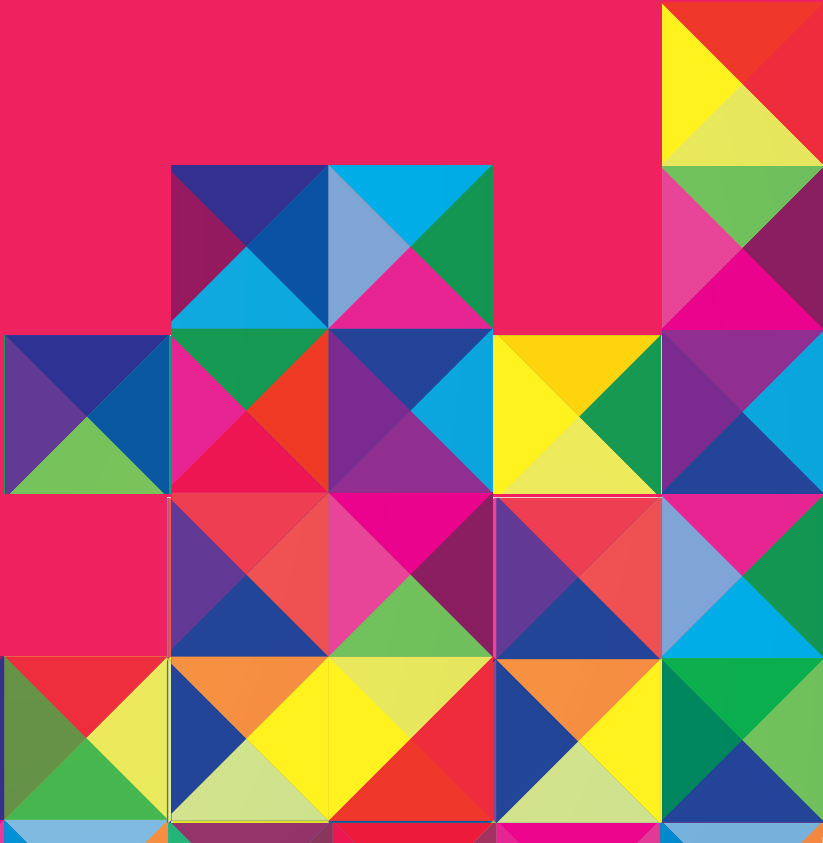
This will provide a link to the relevant section of the **drugs.ie**

https://www.drugs.ie/alcohol_info/about_alcohol/interactions_with_other_drugs/



LESSON 13

HEADS UP - SUBSTANCE USE AND MENTAL HEALTH

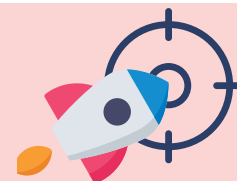


Lesson 1	What Do I Know?	Lesson 8	How am I Influenced?
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LEARNING OUTCOMES

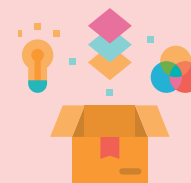
Students will:

- Be more aware of the personal and social implications of substance use
- Understand the impact of substance use on mental health
- Design an awareness campaign on the topic of substance use and mental health



RESOURCES:

- **Lesson 13 Worksheet 1 – Making the Links**
- **Lesson 13 Handout 1 – Alcohol, Drugs and Mental Health**
- **Poster-sized paper, coloured marker pens, reusable adhesive, scissors, glue**



TEACHER NOTE

Sensitivity of topic: Some of the topics in these lessons may be difficult for students. They may have concerns about their own drug or alcohol use or may be living with family members or friends who have substance use issues. For this reason, the teacher is advised to address the issues in these lessons with sensitivity and tact.

Students should be encouraged to speak to a trusted adult if they have concerns about substance use but advised not to talk about their own or anyone else's substance use during class, for reasons of confidentiality.

At the end of the lesson make students aware of sources of information and support such as:

- Askaboutalcohol.ie
- HSE Drug and Alcohol Helpline – 1800 459 459
- Drugs.ie
- Spunout.ie

Mental health

Substance use is detrimental to the mental health of young people. This lesson focuses on making students more aware of the impact of substance use on their everyday lives.

Three websites which students may find particularly helpful if they want to learn more about mental health are:

- Spunout.ie provide information on a range of different topics broken down into sections; education, employment, health, life and opinion.
- Jigsaw.ie. Jigsaw provides free confidential mental health support for young people from age 12-25 in 10 areas of the country
- ReachOut.com is an online youth mental health service: it helps young people through tough times and was, in fact, the first of its kind in the world.
- Askaboutalcohol.ie/mentalhealth

Extension of the lesson

Activity 5 could be extended to take place over a longer time period and could form the basis of a project.





Statistic Infographics are provided for planning and teaching purposes in the context section pages 16-24.



View Know The Score video 'Risks of Adolescent Substance Use' (5.13 mins).

To view Know the Score video 'Risks of Adolescent Substance Use' visit www.hse.ie/knowthescore

POTENTIAL LEARNING ACTIVITIES

1. INTRODUCTION

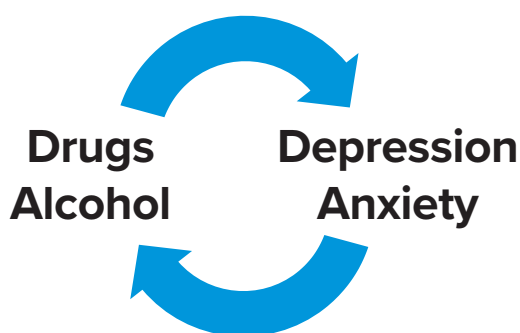
Introduce lesson by outlining the learning outcomes.

2. VIDEO AND SUBSTANCE USE & MENTAL HEALTH

Ask students:

- What do you know about how our mental health is affected by drinking and/or taking drugs?
- Which comes first - i.e. taking drugs to escape depression and anxiety, or feeling depressed or anxious and taking drug or alcohol? Or indeed finding in the long run that drugs and alcohol makes things worse?

It might support students to draw something like this.



The learning points include that substance use alters the brain and body, and can cause risky behaviours like violence and risky sexual practices. It can affect mood in unpredictable ways, and may seem like a possible answer to low mood, but makes things worse instead. It can cause impulsive, self harming and even suicidal behaviours. We can lose the ability to socialise without alcohol or drugs. It can cause medical problems like cirrhosis of the liver (alcohol) or loss of bladder control (ketamine). We need to take care of our mind, keep it in balance, and remember to take time to connect with others who care, and that help is available for anyone with a concern.

Take responses from students.

Explain to students that most psychoactive drugs activate what is called the 'reward system' in the brain. This means the drug creates feelings of pleasure and enjoyment. However, when the effect of the drug wears off there are usually unpleasant side effects – this was looked at particularly in Lessons 10 and 11.

Drinking or taking drugs can appear to be a way of coping with emotional difficulties. If we are unhappy it is understandable we would look for a way of escaping temporarily.

However, all the evidence shows that while alcohol and drugs may create temporary feelings of happiness and enjoyment, the longer-term effects on mental health are usually negative.

People can find themselves in a vicious cycle of low mood and substance use, which can become dependency (addiction) in time.

It is a useful life skill to learn other, more positive, ways of dealing with our problems.

3. SUPPORTING OUR MENTAL HEALTH POSTER ACTIVITY

We all go through difficult times in our lives. It might be exam stress, relationship problems, bullying, problems at home, illness or bereavement.

Psychologists talk about the importance of developing something called resilience – strength in ourselves that we can draw on when times are difficult.

We may think other people have more resilience than we do, but we can all develop resilience and there are lots of things we can do to help ourselves feel better and support our mental health.

Ask students to work in pairs or small groups. Give each pair or group a poster sheet and a set of coloured markers. Ask them to create visual images to show what they know helps when it comes to staying mentally well (e.g. it might be an image of someone jogging/cycling/sleeping/eating good food).

When students have had time to do this, give them re-usable sticky tack and ask them to put their posters up on the wall. Invite students to walk around and look at the posters.

Give students time to ask questions or explain their posters if they need to.

Tell students about

- spunout.ie
- jigsaw.ie
- <https://www2.hse.ie/living-well/alcohol/health/mental-health/>
- www.facebook.com/hseyourmentalhealth/
- NoNameClub.ie
- Oneyarnobeer.com
- Videos re living with parents with mental health challenges. <https://www.mindspacemayo.ie/the-with-project-wellbeing-in-the-home>

4. MAKING THE LINKS

These websites recommend six strategies, things you can do to keep your mental health strong. Write the headings on the other side of the board. They are:

- **CONNECT** – Make time every day to connect with friends and family
- **BE ACTIVE** – There is a lot of evidence to prove the link between being physically active and feeling good mentally
- **BE MINDFUL** – Taking time to stop for a minute and pay attention to our thoughts and feelings and senses. Mindful breathing or meditation
- **KEEP LEARNING** – Learning new skills is good for our mental health
- **GIVE** – Helping others is a good thing in itself, but it also improves the mental health of the giver
- **EAT WELL AND SLEEP WELL** – being tired can make everything seem worse

Give each student a copy of **Lesson 13 Worksheet 1 – Making the Links**

Ask them to work in pairs to look at the six headings and consider how they do this, and how drink or drugs might affect their ability to do so if it were an issue for them.

For example, they might usually spend time playing sport at the weekend, but if they drink or take drugs, they feel sick and tired all weekend instead.

When students have had time to do this, ask them for some of the responses to the worksheet.

Invite students to summarise the discussion so far.

5. EFFECTS OF SUBSTANCE USE ON MENTAL HEALTH



As we have seen in Activity 3, alcohol and drug use can prevent us from doing things that support our mental health.

In addition to this, substance use in itself has negative effects on mental health.

Give each student a copy of **Lesson 13 Handout 1 – Alcohol, Drugs and Mental Health**.

Ask individual students to read out sections of the Handout.

Remind students that the list does not include the issue of addiction, though many drugs, including alcohol, nicotine, medication to help with anxiety and sleep problems, cocaine and heroin are highly addictive. This issue will be looked at in more detail in the lesson 14.

Answer any questions that may arise.



In lesson 6 we watched the **Under Construction** video about how the brain develops. Show the video again and discuss:

'Under Construction – Alcohol and the Teenage Brain'. (4 mins long by Australian addiction organisation Turning Point, 2013).

https://www.youtube.com/watch?v=g2gVzVIBc_g

Ask students what they learned from the video.

Stress the importance of developing other ways of dealing with difficult emotions or situations rather than relying on alcohol or drugs to change our moods.

Refer students to **drugs.ie** for more information on the effects of drugs and on what can happen when drugs interact with each other.

https://www.drugs.ie/alcohol_info/about_alcohol/interactions_with_other_drugs/

OPTIONAL ACTIVITY

MENTAL HEALTH AWARENESS AD OR POSTER CAMPAIGN

Ask students:

- Do you think young people are aware of the effects of alcohol and drugs use on mental health?
- Do you think they are aware of how to protect and support their own mental health?
- What is the best way to help young people become aware of this issue?

Take responses from students.

If time allows, ask students to work in small groups to design either a poster or a TV or You Tube ad that would highlight this issue to young people from 3rd year upwards. Use the information contained in

Lesson 13 Worksheet 1 – Making the Links and **Lesson 13 Handout 1 – Alcohol, Drugs and Your Mental Health**.

When the activity is completed, ask each group to present their work to the class.

7. CONCLUSION

Conclude the lesson by re-visiting the anticipated learning outcomes.

Remind students of some of the strategies for supporting good mental health from **Lesson 4 – Positive Coping Strategies**.

Acknowledge that some students may have found this a difficult topic and remind them that if they have any concerns about alcohol or drugs they can speak to a member of the school's care team for advice and support.

Remind and affirm them also for their personal strengths and abilities to care for their mental health as discussed in Activity Making The Links.

Give students details of websites and helplines in the Teacher Note above.

LESSON 13 WORKSHEET 1 - MAKING THE LINKS

In the left column below you will see six ways of improving mental health.
Answer the questions in the middle and right-hand column.

POSITIVE MENTAL HEALTH	How I do this?	How might drink and drugs influence my ability to do this?
1. CONNECT WITH OTHERS		
2. BE ACTIVE		
3. BE MINDFUL		
4. KEEP LEARNING		
5. GIVE TO OTHERS		
6. EAT AND SLEEP WELL		

LESSON 13 HANDOUT 1 – DRUGS, ALCOHOL AND MENTAL HEALTH

Being resilient and steady about our lives means we manage as best we can all our experiences, both easy and challenging.

In order to maintain our wellbeing, our brain relies on a delicate balance of chemicals and processes.

Alcohol and drugs change this delicate balance resulting in an unpredictable mood and behaviour. You can feel good for a while but when you come down, your mood can be badly affected.

Research shows that young people who drink regularly, smoke or take illegal drugs are more likely to feel depressed or anxious and to self-harm and/or to attempt suicide.

ALCOHOL: You may drink because you're feeling down, but it can make you feel worse, because alcohol is a depressant drug and lowers mood. It can increase anxiety and make you focus on negative things instead of positive. You may feel ashamed or sorry about something you did while drunk.

Alcohol is linked to self-harm. It can make people become impulsive and do things they may not do otherwise, such as becoming involved in an accident, self-harming or feeling suicidal.

CANNABIS is a depressant and a hallucinogen. It may cause relaxation at first, but later it can lead to anxiety, panic, confusion and paranoia. You may have hallucinations - seeing or hearing things that aren't there. It can trigger schizophrenia in people who have an underlying mental health problem.

ECSTASY is a stimulant and a hallucinogen. It can give you energy and make you feel alert but can also lead to anxiety, panic attacks, confusion, depression and suicidal thoughts. It can cause flashbacks, sleep problems, tiredness and loss of interest in school or work activities.

COCAINE is a stimulant. It can make you feel energetic and alert but also anxious and panicky. Repeated doses can lead to extreme agitation, mood swings, paranoia and psychotic behaviour. It can cause suicidal thinking and bring underlying mental health problems to the surface.

AMPHETAMINES/SPEED are stimulants. They can give you energy but can cause panic, agitation, aggression, paranoia. It can be difficult to relax or sleep.

LSD is an hallucinogen. It can cause pleasant or unpleasant hallucinations. It can also make you feel paranoid and depressed and cause psychotic episodes and flashbacks.

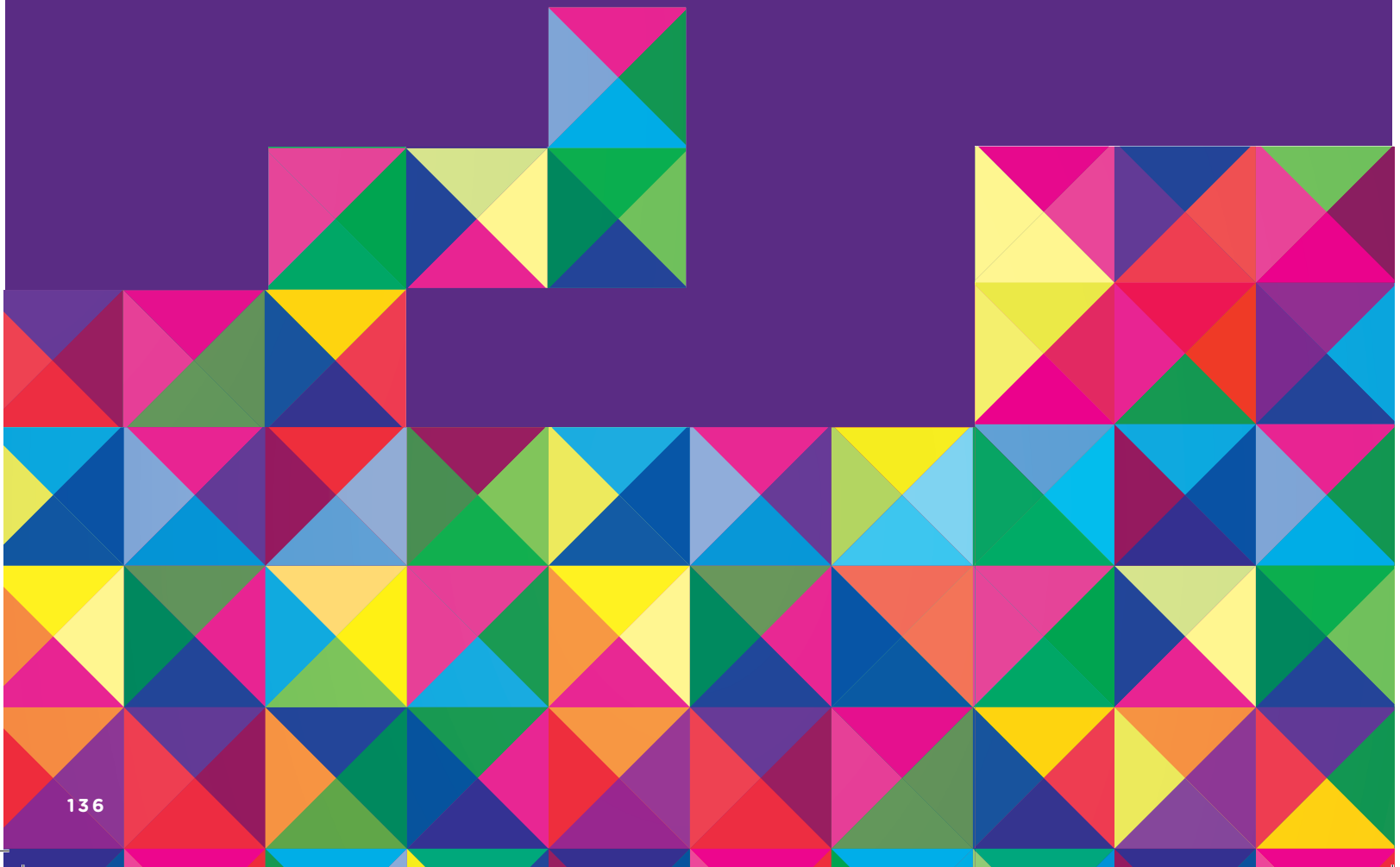
SOLVENTS are depressants and hallucinogens. They affect judgement and are often linked to aggression.

Warning: Using illicit drugs whilst using mental health medication is dangerous because the drugs will interact and could cause major complications and unwanted effects.



LESSON 14

THE BIGGER PICTURE



Lesson 1 What Do I Know?
Lesson 2 How Do I Feel?
Lesson 3 Standing Tall
Lesson 4 Positive Choices
Lesson 5 Top to Toe – Your Body and Alcohol
Lesson 6 Choices and Consequences
Lesson 7 Knowing Your Limits

Lesson 8 How am I Influenced?
Lesson 9 Safety First
Lesson 10 Drugs – Know the Score
Lesson 11 Cannabis
Lesson 12 Drugs Stories
Lesson 13 Heads Up – Substance Use and Mental Health
Lesson 14 The Bigger Picture

LEARNING OUTCOMES

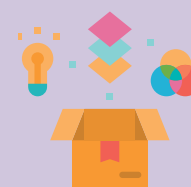
Students will:

- Be aware of some of the signs of problem drug and alcohol use
- Explore the effects of alcohol and/or drug dependency on work and relationships
- Be more knowledgeable about sources of support if their lives are affected by substance use



RESOURCES:

- Large post-it stickers
- **Lesson 14 Worksheet 1 – Charlie and Ali’s Story**
- **Lesson 14 Handout 1 – Substance use disorders**



TEACHER NOTE

Sensitivity of topic: Some of the topics in these lessons may be difficult for students. They may have concerns about their own drug or alcohol use or may be living with family members or friends who have substance use issues. For this reason, the teacher is advised to address the issues in these lessons with sensitivity and tact.

Students should be encouraged to speak to a trusted adult if they have concerns about substance use but advised not to talk about their own or anyone else’s substance use during class, for reasons of confidentiality.

At the end of the lesson make students aware of sources of information and support such as:

- **Spunout.ie** provide information on a range of different topics broken down into sections; education, employment, health, life and opinion.
- **ReachOut.com** is an online youth mental health service: it helps young people through tough times and was, in fact, the first of its kind in the world.
- **Jigsaw.ie** Jigsaw provides free confidential mental health support for young people from age 12-25 in 10 areas of the country
- **Askaboutalcohol.ie/mentalhealth**
- **HSE Drugs and Alcohol Helpline – 1800 459 459**
- **NoNameClub.ie**
- **Oneyearnobeer.ie**





Statistic Infographics are provided for planning and teaching purposes in the context section pages 16-24.

POTENTIAL LEARNING ACTIVITIES

1. INTRODUCTION

Introduce the lesson by outlining the learning outcomes.

Of all lessons in this resource this is a key lesson as it presents information on how a habit can develop so easily into a dependency on alcohol or drugs or both, if someone is unaware of the signs and symptoms.

This lesson also highlights the impact of drug taking and alcohol on relationships and how much loved ones can suffer from the behaviours of the person consuming or using.

The final message is that help and support is available.

Emphasise the sensitivity of this subject, especially if anyone is living with a family member who has problems with dependency. Remind students that the classroom isn't the place to reveal personal information, but that they can speak to a teacher or member of the school's support staff if they are concerned about anything.

2. WHAT HAPPENS WHEN YOU USE DRUGS?

Explain to students that most drugs activate a part of the brain called the 'reward system'. This is the part of the brain that makes you feel good. Remind students of the video

'**Under Construction**' we watched in Lesson 13 on the harms and effects on the brain including dependence.



This video can usefully be watched again here. The video '**Nuggets**' (5 mins, by FilmBilder) on YouTube is another useful animated video full of discussion points about tolerance and dependence.

<https://www.youtube.com/watch?v=HUnLgGRJpo>

Alcohol and drug use can change the brain in fundamental and long-lasting ways. The brain can begin to crave more and more of the substance in order to have the same effect.

Dependency/addiction develop in different ways and at different rates depending on the person, their circumstances, and the substance they are taking.

However, mental health professionals recognise the following four stages as a general guideline. They are:

- **Experimentation** – For example, having a drink at a party or trying a drug just for the experience, to see what it's like.
- **Regular use** – When the use of alcohol or a drug becomes part of a person's life, something they do on a fairly regular basis with a particular group of people or at a particular time.
- **Harmful use** – When complications begin to happen as a result of the substance use, such as missing days at school or college, allowing grades to slip or driving when under the influence.
- **Dependency** – At this stage the user has an emotional attachment to the substance – almost like a relationship. They need more and more of the substance to have the same effect and can experience withdrawal symptoms without it. With more severe dependency, it is very difficult for them to give it up without help. They experience acute cravings and possible physical withdrawal symptoms like sickness or pain. They will do almost anything to get the drug or alcohol.

The behaviour of the individual can become very inconsistent and unpredictable which can be very scary for others.

While this picture may seem a bleak one, there are many sources of support for people who have problems with alcohol or drugs. The sooner the person seeks help the better for them and the people close to them.

Take any questions or comments which the students may have.

3. WHEN SUBSTANCE USE BECOMES A PROBLEM

Explain to students that a person's substance use becomes a problem when it starts to change aspects of their everyday life such as their relationships, health, study or work.

Write the following question on the board:

'How would you know if someone's drug or alcohol use was becoming a problem?'

Give each student post-it stickers and ask them to write down some of the signs and to put them on the wall of the classroom.

Allow students to walk around and read each other's comments.

Then provide students with the information in the discussion summary below.

DISCUSSION SUMMARY

There are many signs that show that someone's drug or alcohol use is becoming a problem. These vary depending on the drug consumed. Some general signs are:

- Thinking about alcohol or drugs a lot
- Drinking very quickly, sneaking drinks
- Drinking more alcohol or using more drugs than intended
- Needing to consume more alcohol or drugs to get the same effects
- Feeling bad the next day and needing to drink/take more drugs to feel normal
- Missing days at school or work
- Changes of moods – outbursts of temper
- Having arguments with family and friends

Go to the section in [askaboutalcohol.ie](https://www.askaboutalcohol.ie) called 'Worried About Your Drinking' and show it to the students.

<https://www.askaboutalcohol.ie/your-drinking/worried-about-your-drinking/>

4. CONSEQUENCES OF SUBSTANCE USE

Write the four stages of substance use from Activity 2 on the board – experimentation, regular use, harmful use and dependence.

Divide students into groups of four and ask them to consider the problems associated with each stage under the following headings

- Physical
- Legal
- Mental health/Emotional
- Family/Social
- Educational

For example, the physical problems from experimenting with a small amount of cannabis may be feeling a bit dizzy, but the physical problems for someone who is dependent may be tiredness, not wanting to do anything, anxiety, paranoia.

Legal problems from experimenting with a small amount of alcohol at a friend's house may be none, but by the stage of physical dependency a person may be so drunk they could be prosecuted for drink driving, assault, etc.

Take feedback from the students and stress that there are many avenues of support for someone who is substance use dependent. Refer students to the **National Drug & Alcohol Helpline, 1800 459 459** for information on local services.

Note that people can seek advice and help even if they are not dependent, but just would like some advice or help to stop or reduce their use.

5. CHARLIE AND ALI'S STORY

Background information for teachers:

<https://www.healthpromotion.ie/hp-files/docs/HPM00943.pdf>.

<http://www.myworldsurvey.ie/2019> revealed that 7% of adolescents reported having a parent with a long term addiction problem.

Explain to students that when someone is dependent on drink or drugs their behaviour can cause a lot of pain and suffering for friends and close family members. This is because the person's relationship with the substance becomes more important to them than anything else.

Ask students how a young person might feel if they are living with someone who has problems with drugs or alcohol.

List the feelings on the board.

Divide students into groups of four. Give each student a copy of **Lesson 14 Worksheet 1 – Charlie and Ali's Story**.

Ask the students to read the story individually and then discuss the answers to the questions with the group. One person in the group notes down the responses and discuss.

When students have had time to do this, ask each group to read out their responses.

You may choose to show students the Alcohol and the Family section of the [askaboutalcohol.ie](https://www.askaboutalcohol.ie) website <https://www.askaboutalcohol.ie/alcohol-and-your-family/when-alcohol-is-a-problem/> One in eleven children said that parental alcohol use affected them in a negative way (ISPCC 2010).

Parental drinking can mean that parents are not able to be present to a child's needs.

A child can feel fearful, angry, hurt, embarrassed, ashamed as a result and feel it is their fault. A student may feel different to others and isolated and lonely as a result of feeling different.



Watch this powerful video:

How Does Alcohol Affect Families? (3 mins)

Drugs.ie media awards 2015 winner 15-17 category.

By St. Leo's College, Carlow.

www.youtube.com/watch?v=RZUepjH0koA

It is very important for students to remember the six "Cs" below:

Draw students' attention to the slogan of Al-Anon (for families affected by a loved ones' alcohol use):

- I didn't cause it
- I can't control it
- I can't cure it
- I can take care of myself
- I can communicate my feelings
- I can make healthy choices

Ask students if they think this is good advice, and if so, why?

You may choose to suggest these sections of the [askaboutalcohol.ie](http://www.askaboutalcohol.ie) website which address family substance use issues, provide personal stories, and options for support:

Hidden Harm:

<http://www.askaboutalcohol.ie/alcohol-and-your-family/hidden-harm/>

Worried about a parent:

<http://www.askaboutalcohol.ie/worried-about-someone-else/worried-about-a-parent/>

Advocacy for Children Impacted by parental alcohol and drug misuse:

www.alcoholactionireland.ie/silentvoices

6. SOURCES OF SUPPORT

Being dependent on drugs or alcohol is a serious problem, but there are many ways of getting support and of learning about how to recover. Refer to their own support people which they listed in an earlier lesson.

Some well known services are AA and Al Anon. They meet in groups to help each other. Other types of support are individual counselling, and residential programmes. Many are low cost or free. AA helps people addicted to alcohol and Al Anon helps family members of those with a drinking problem. To attend meetings of either of these organisations you have to be over 18.

Services support people with all levels of use, not just those who are very dependent.

For young people the best advice is:

- Talk to a trusted adult for help and advice. Being able to ask for help is a sign of strength and not a sign of weakness
- **The HSE Drugs and Alcohol Helpline – 1800 459 459** will refer you to support organisations in your own area
- Consider implementing some of the coping strategies discussed in **Lesson 4** – remind students of these if they have forgotten
- **Parental Mental Health**
<https://www.youtube.com/playlist?list=PLdhjl4h28qQ1eF07hXwNa0-f7xjsXZdA3>

Consider visiting <http://nacoa.org.uk/young-people/help-and-advice.html>

Invite students to comment on what they have learned in the lesson.

7. REFLECTION

What feelings and thoughts you have after this lesson...

What support people you are grateful for in your life...

8. CONCLUSION

Revisit the learning outcomes.

Conclude the discussion by reminding students of the importance of confiding in someone they trust if they or someone close to them has a problem with addiction, either to alcohol or drugs.

Consider a quiet reflection time, or light energiser after this lesson.

9. PROGRAMME REVIEW AND EVALUATION

Plan a suitable programme review or evaluation activity. Consider a school poster or drug awareness or fun event to mark the conclusion of the substance use lessons.

LESSON 14 WORKSHEET 1 - CHARLIE AND ALI'S STORY

Charlie and Ali are in 5th year. They are in a bedroom trying to do homework when they hear their dad open the front door and slam it shut. They hear him stumbling down the hall into the kitchen, drunk again.

'Where the hell have you been all this time?' shouts their mother.

'What kind of welcome home is that after a hard day at work?' Dad shouts back.

'You haven't been at work, and you know you haven't. Why do you lie to me?'

They hear the sound of a chair being thrown across the room. They feel the same mix of anger and fear they feel every time this happens. Charlie tries to block it out. Ali looks up.

'I can't cope with much more of this... Will I go downstairs and sort dad out, or will we just get out of here and never come back?'

- **How do you think they feel about the family situation?**
- **How do you think the mum feels?**
- **How might the dad's drinking be affecting them?**
- **How could Charlie, Ali and their mum support themselves?**

APPENDIX ONE – GLOSSARY OF TERMS

Alcohol Use Disorder:

Mild, moderate, severe: Problem drinking can be diagnosed on the spectrum of Alcohol Use Disorder (AUD). To be diagnosed with an AUD, individuals must meet certain criteria of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5, American Psychiatric Association, 2013). Under the current DSM–5, anyone meeting any two of the 11 criteria during the same 12-month period receives a diagnosis of AUD. The severity of an AUD—mild, moderate, or severe—is based on the number of criteria met.

Mild 2-3 criteria, moderate 4-5, severe 6+.

The 11 criteria are:

Taking the substance in larger amounts or for longer than intended; Wanting to cut down/ stop but unable to; Spending much time getting, using, recovering from use of the substance; Cravings & urges to use; Unable to meet obligations at work, home, school due to substance use; Continuing to use, even when it causes problems in relationships; Giving up important social, occupational or recreational activities due to substance use; Using repeatedly even when it puts person in danger; Continuing to use even when aware of physical or psychological problems it causes or worsens; Needing more to get the same effect; Development of withdrawal symptoms. Also see Substance Use Disorder.

Binge drinking:

For an adult it means drinking more than 6 standard drinks in one sitting (5 for women and 7 for men, averaged to 6 as a general guideline). As an adolescent, the developing body and brain are even more impacted by sudden surges in alcohol level, so there are no low-risk guidelines for adolescents, as there is no known low risk amount. They only apply to adults.

Blackout:

An alcohol blackout is amnesia for any part of a drinking experience, but without losing consciousness. It is not to be confused with passing out.

Cannabinoids:

The many chemicals in cannabis are called cannabinoids (there are approx. 100 such chemicals). Some of these chemicals have been researched to see if they have any medical benefit. In Ireland since changes in regulations enacted in 2019, A Medical Cannabis Access Programme is available to provide access for patients with the following medical conditions which have failed to respond to standard treatments:

- spasticity associated with multiple sclerosis;
- intractable nausea and vomiting associated with chemotherapy;
- severe, refractory (treatment-resistant) epilepsy. One chemical, cannabidiol (CBD) may help some patients with a very severe form of epilepsy.

Since 2014, there has been a licensed medicine for treatment of spasms in multiple sclerosis which contains both CBD & THC. There are unfortunately very many under-researched, exaggerated and unfounded claims about “medicinal cannabis”.

Cannabis types and terms:

Herbal cannabis – (“Weed”) made from dried leaves of the cannabis plant. It looks like dried herbs. Sometimes known as ‘buds’ or ‘pollen’.

Resin – (“Hash”) This is cannabis made from the resin of the plant. It looks like a black or brown lump.

Skunk – This is a stronger form of “weed”, and the term is not used too frequently in Ireland. It contains more THC (the main psychoactive constituent in cannabis) than resin or ordinary herbal cannabis and is estimated to be three to four times stronger.

CBD oil – is a substance extracted from the cannabis plant. It can be sold in Ireland if it contains no THC, the constituent in cannabis that causes the high (must not exceed 0.2% THC). The law states that producers and retailers may not make health claims about these products.

Categories of drugs:

Depressants, such as alcohol, can be used to calm the mind, relieve anxiety and can cause sleepiness. Sedatives and tranquillisers such as Valium or sleeping pills are depressants. Cannabis is a depressant and also a hallucinogen.

Opiates, also known as narcotic analgesics, or opioids, are strong painkillers that produce feelings of euphoria and sleepiness. Opiates include codeine, morphine, heroin and methadone.

Stimulants are drugs that stimulate mental and physical activity in the central nervous system, creating feelings of being more awake, alert, energetic and confident. Examples are amphetamines (speed), cocaine, crack cocaine, crystal meth and ecstasy which is a stimulant with hallucinogenic properties.

Hallucinogenics produce strange and intense visions (hallucinations) and sensory distortions. Examples are LSD (acid) and magic mushrooms.

Other types which do not fit into these 4 categories include **anabolic steroids** which are not categorised as psychoactive drugs, but can cause extreme mood swings and aggression. Also **ketamine** which is categorised as a dissociative anaesthetic, meaning that it gives a feeling of detachment from self, in addition to anaesthetic effects.

CBD:

Cannabidiol (CBD) is one of the many chemicals derived from cannabis. However, it is not psychoactive and is therefore not controlled under the Misuse of Drugs laws in Ireland. Currently, products containing only CBD do not require a Ministerial licence for use. As CBD is permitted to be sold only as a food supplement, the law states that health claims may not be made.

Comedown:

Just like getting a hangover from drinking alcohol, taking illegal drugs can lead to experiencing negative after-effects sometimes known as a ‘comedown’ or ‘crash’. These are the feelings experienced as the drug wears off. The type of effects experienced during this period depend on the drug(s) used. They might include feelings of depression, insomnia, extreme tiredness, irritability, and anxiety just to name a few. This can last anywhere from a few hours to a day or so after initially taking the drug. It is different to withdrawal effects (a sign that a person is addicted).

Downers:

Another term used for the depressant category of drugs.

Drug:

Any substance other than food that alters the way a person thinks, feels or acts. This includes medicinal drugs, and also alcohol, tobacco and caffeine.

Flashback:

Where a person who has taken an hallucinogenic drug later briefly relives part of the drug experience. This can occur days, weeks or months later. Even if the trip was not distressing the first time around, the flashback can be.

Foetal Alcohol Spectrum Disorders (FASD):

Mental and physical defects that can occur in the child when a mother drinks alcohol during pregnancy. The characteristics, which may only become apparent when the child starts school, may include difficulty processing information, intellectual disability, attention deficits, memory deficits and hyperactivity. Other symptoms may include poor judgement, immature behaviour, poor impulse control and confused social skills.

Foetal Alcohol Syndrome (FAS):

A more serious condition of mental and physical defects that can happen when a mother drinks heavily during her pregnancy. Some signs of FAS include when the baby is born smaller than normal or underweight, the central nervous system is damaged or there are physical defects, such as an abnormally small head or eyes, abnormally-shaped ears, and problems with the heart and genitals.

Hazardous drinking:

A pattern of alcohol use that increases the risk of harmful consequences for the drinker. Such consequences include impact on mental and physical health functioning, relationships, behaviour and self-esteem. The term also describes drinking over the recommended limits by a person with no apparent alcohol-related health problems.

High risk or harmful substance use:

A pattern of psychoactive substance use that is causing damage to health. The damage may be physical (e.g. hepatitis following injection of drugs) or mental (e.g. depressive episodes secondary to heavy alcohol intake). Harmful use commonly, but not invariably, has adverse social consequences; social consequences in themselves, however, are not sufficient to justify a diagnosis of harmful use.

Medicinal cannabis

Medicinal cannabis is an umbrella term often used to describe medication which includes chemicals extracted from cannabis plants (cannabinoids). The term itself is incorrect and creates a belief that cannabis in the form of weed or hash is medicine. Lots of medications use extracts from plants. For example, aspirin comes from the bark of a willow tree, but we don't say 'medicinal willow'.

In 2018 the Minister for Health signed legislation to allow for the operation of the Medical Cannabis Access Programme on a pilot basis for five years.

The Programme will facilitate access to cannabis-based products for medical use in line with legislation.

Once suitable medical cannabis products are made available, the Access Programme will make it possible for a medical consultant to prescribe a cannabis-based treatment for a patient under his or her care for the following medical conditions, where the patient has failed to respond to standard treatments:

- Spasticity associated with multiple sclerosis
- Intractable nausea and vomiting associated with chemotherapy
- Severe, refractory (treatment-resistant) epilepsy

New psychoactive substances (NPS):

Sometimes called 'legal highs' or 'designer drugs'. These are drugs which mimic the effects of illegal drugs. These drugs may contain all kinds of adulterant substances which are used to bulk them up. As of 2019, approximately 700 different NPS have been identified in Europe. They include synthetic cannabinoids which are chemicals sprayed onto herbs to mimic the THC in cannabis (but are far more toxic), and synthetic cathinones, which are stimulants designed to mimic amphetamines and cocaine (but are far more severe).

Overdose:

Use of any drug in such an amount that acute adverse physical or mental effects are produced. Deliberate overdose is a common means of suicide and attempted suicide. In absolute numbers, overdoses of licit drugs are usually more common than those of illicit drugs. Overdose may produce transient or lasting effects, or death. The lethal dose of a particular drug varies with the individual and with circumstances.

Patterns of substance use:

Experimentation – For example, having a drink at a party or trying a drug just for the experience, to see what it is like.

Regular use – Also known as ‘recreational use’, and ‘social use’. When the substance use becomes part of the person's life, something they do on a fairly regular basis with a particular group of people or at a particular time.

Harmful use – Also known as ‘problematic use’. When complications begin to happen as a result of the substance use, such as missing days at school or college, allowing grades to slip or driving when under the influence.

Dependency – Also known as ‘addiction’. At this stage the person has an emotional attachment to the substance, almost like a relationship. They need more and more of the substance to have the same effect and may experience withdrawal symptoms without it. With more severe dependency, it is very difficult for them to give it up without help. They experience acute cravings and possibly physical withdrawal symptoms like sickness or pain. They will do almost anything to get the drug. See also Substance Use Disorder.

Physical dependence:

when the person gets shakes, sweats, feels sick or can't sleep when they have not had the substance. i.e. withdrawal symptoms.

Psychological dependence:

When the person can't stop thinking about the substance, or craves it, or will take it no matter how it harms them or their family.

Polydrug use:

Mixing drugs or taking more than one drug at a time is known as polydrug use. Combining drugs in this way carries extra risks and can be extremely dangerous. Three out of five drug-related deaths in Ireland involve polydrug use. Usually taken with the intention of enhancing, or counteracting the effects of another drug. An example of polydrug use would be smoking cannabis after drinking alcohol, sometimes with benzodiazepines also taken. Mixing alcohol with drinks that contain caffeine is another example.

Psychoactive substances:

These substances alter the mood or mind. ‘Psycho’ is short for psychological, the mind or mental state. ‘Active’ meaning that it has an effect, primarily on the brain, causing changes in the person's mood, how they see the world, and how alive they feel. This all affects how the person then behaves.

Psychosis:

People affected by psychosis may experience hallucinations (seeing or hearing things that aren't really there), delusions (strong beliefs that do not reflect reality), and paranoia (feeling extremely suspicious and frightened). If symptoms last for more than a few days, this could indicate that the person may have a more serious mental illness.

Substance misuse:

The term misuse refers to illegal or illicit drug taking or alcohol consumption, or misuse of medications, which leads a person to experience social, psychological, physical or legal problems.

Substance use disorder:

Mild, moderate, severe: As above for Alcohol Use Disorder, the same criteria apply to alcohol, other legal drugs and to illegal drugs.

THC:

Tetrahydrocannabinol (THC) is the main psychoactive chemical in cannabis. Under the Misuse of Drugs laws, products containing THC are strictly controlled and possession is unlawful, except under Ministerial licence. Some types of cannabis are grown and produced to be unnaturally high in THC, leading to many more unwanted side effects such as paranoia, panic and risk of psychosis. THC is associated with dependency.

Tolerance:

When someone takes a substance regularly they soon need to take more to get the same effect. This can develop quickly, over the course of only a few weeks, for certain drugs.

Uppers:

Another term used for the stimulant category of drugs.

Withdrawal symptoms:

People who are drug dependent, or addicted, may experience physical withdrawal symptoms when they stop using. These effects can last for several days to many weeks, depending on the type of drug and how dependent they are on the drug. Symptoms may include feelings of anxiety, depression, restlessness, irritability, and aggression. On top of this, withdrawal can also cause muscle spasms, headaches, muscle cramps, diarrhoea, vomiting, and cravings for the drug. In some cases, withdrawals can include psychosis type symptoms.

APPENDIX TWO – REGIONAL & LOCAL DRUG & ALCOHOL TASK FORCES LIST

“Local and Regional Drug and Alcohol Task Forces (LDATFs and RDATFs) play a key role in assessing the extent and nature of the drug problem in their areas and coordinating action at local level so that there is a targeted response to the drug problem in local communities...Drug and Alcohol Task Forces comprise representatives from a range of relevant agencies, such as the HSE, the Gardaí, the Probation and Welfare Service, Education and Training Boards, Local Authorities, the Youth Service, as well as elected public representatives and Voluntary and Community sector representatives...There are 14 Local Drug and Alcohol Task Forces (LDATFs) and 10 Regional Drug Task Forces (RDATFs). View the list of Task forces below.”

REGIONAL DRUG AND ALCOHOL TASK FORCES

Region	Office	Contact
East Coast	HSE Offices, Block B Civic Centre, Bray, Co. Wicklow, A98 W9X2	01 274 4132 www.ecrdtf.ie
Midlands	Health Centre, Coosan Road, Athlone, Co. Westmeath N27 W275	09 064 83195 www.mrdatf.ie
Mid-Western	PO Box 486, Corporate House, Mungret Street, Limerick	061 607 242 www.mwrdtf.ie
North Dublin	North Dublin Regional Drug & Alcohol Task Force, 32/33 Main Street, Malahide, Co. Dublin.	01 2233 493 www.ndublinrdtf.ie
North East	Unit 2, First Floor, Kennedy Road, Navan, Co. Meath, C15 RCW1	046 924 8630 www.nedrugtaskforce.ie
North West	Sligo Development Centre, Cleveragh Road, Sligo.	071 915 1520 www.nwdrugtaskforce.ie
South East	St. Otteran's Hospital, John's Hill, Co. Waterford.	051-848864 www.serdatf.ie
Southern	First Floor, Kinvara House, Dublin Hill, Cork.	021-4930100 www.corkdrugandalcohol.ie enquires@corkdrugandalcohol.ie
South Western	Block A Maudlin's Hall, Naas, Co. Kildare.	045-875111 www.swrdtf.ie
Western	Unit 6 Galway Technology Park, Parkmore, Galway.	091-480044 www.wrdtf.ie

LOCAL DRUG AND ALCOHOL TASK FORCES

Region	Office	Contact
Ballyfermot	HSE Addiction Services, Bridge House, Cherry Orchard Hospital, Dublin 10.	087 3309024 Clara.geaney@hse.ie
Ballymun	Axis Centre, Main St. Ballymun, Dublin 9.	01-8832142 hugh@ballymundtf.ie
Blanchardstown	Unit 37A Coolmine Industrial Estate, Dublin 15.	01-8249590 jim@bldtf.ie
Bray	Block B, Civic Centre, Main Street, Bray, Co Wicklow.	01 274 4230 brayldtf@gmail.com
Canal Communities	Addiction Services, Bridge House, Cherry Orchard Hospital, Ballyfermot, Dublin 10.	076 695 5551 www.ccldatf.ie
Cork	Kinvara House, Dublin Hill, Cork.	021-4930100 enquires@corkdrugandalcohol.ie
Clondalkin	Unit A1 Weatherwell Business Park, Clondalkin, Dublin 22.	01 – 4579445 coordinator@cclatf.ie
Dublin North East	The Mornington Centre, Artane Roundabout, 44A Malahide Rd., Dublin 5.	01 8465070 shane@dnetaskforce.ie
Dublin 12	C/O Bridge House, Cherry Orchard Hospital, Dublin 10.	0766955622 0876243021
Dun Laoghaire / Rathdown	Old Post Office, Main Street, Blackrock, Co .Dublin.	01-7061025 dlralcoholanddrugs@gmail.com
Finglas / Cabra	27 Annamoe Terrace, Cabra, D9.	01-8307440
North Inner City	22 Buckingham St Lower, Mountjoy, Dublin 1.	01-8366592
South Inner City	Bridge House, Cherry Orchard Hospital, Ballyfermot, Dublin 10.	086-0080685 sicdatf@gmail.com keri.goodliffe@hse.ie
Tallaght	SDCP, Block 3, County Hall, Belgard Square North, Tallaght, Dublin 24.	01 464 9303 grace.hill@sdcppartnership.ie mln@live.ie

APPENDIX THREE – NATIONAL DRUG STRATEGY

National Key Prevention Actions from:

Reducing Harm, Supporting Recovery 2017-2025:

Action 1.1.2: Improve the delivery of substance use education across all sectors, including youth services, services for people using substances, and all other relevant sectors.

- (a) Organising a yearly national forum on evidence based and effective practice on drug and alcohol education; and
- (b) Developing a guidance document to ensure substance use education is delivered in accordance with quality standards

Action 1.1.3: Support the SPHE Programme:

- (a) Promote continued, effective communications between local schools and Drug and Alcohol Task Forces given the importance placed on continued strong school community links and;
- (b) Ensuring that all SPHE teachers, guidance counsellors, and home school community liaison co-ordinators can avail of continuing professional development.

Action 1.1.4:

Promote a health promotion approach to addressing substance misuse:

In line with the Action Plan for Education:

- (a) Commencing and rolling out a national programme to support the implementation of the WellBeing guidelines to all primary and post primary schools;
- (b) Developing guidelines for Centres of Education and Training.

All the above actions to be delivered between Drug and Alcohol Task Forces, Department of Education and Science, Department of Health, HSE, Department of Children and Youth Affairs, and the Health Research Board.

APPENDIX FOUR – DRINK DRIVING PENALTIES

It is a criminal offence to drive whilst intoxicated to the extent of not being able to control your vehicle. The current general blood alcohol content (BAC) limit for driving is 50mg of alcohol per 100ml of blood. Lower levels apply to learners, recently qualified and professional drivers. See table below.

If you drink and drive you risk injuring yourself and others through your inability to control your motor. Remember – alcohol impairs co-ordination, judgement, vision and reaction time. Whilst you may believe you're ok to drive, your actual ability to drive is still deemed impaired if you have been drinking.

A Garda may stop a driver for a breath-test for certain driving offences, such as inconsiderate, careless and dangerous driving; you may have been involved in a traffic accident; or they may believe you have consumed alcohol. Any driver can also be stopped at a mandatory alcohol checkpoint for a breath-test regardless of whether they have made a traffic offence. The Gardai do not have the power to pull cars over whilst in traffic and breathalyse the driver at random.

If you fail a breath-test, that is, if alcohol is detected in your breath above a certain limit – 35 microgrammes per 100ml of breath, and 9 microgrammes per 100ml of breath for Learner, recently qualified and professional drivers, the Gardai can arrest you and take you to court for a drink driving conviction. Blood or urine tests may also be carried out to assess alcohol levels in your body – the limits are included in the table below.

If the Gardai take you to court they will have to prove that you drove, or attempted to drive, a mechanically propelled vehicle, in a public place, whilst intoxicated to the point where you were unable to control your motor.

If you are convicted in court the penalties for drink driving that you face depend on the amount of alcohol that was found in your body (as determined by breath, urine or blood test) and whether you have been convicted for a similar offence in the past. However, all convictions carry a mandatory disqualification from driving.

At present the following rules and administrative fixed penalties apply:

Driver Category	Concentration of alcohol (per 100ml of blood/urine/breath)	Disqualification periods (months) or penalty points (and fixed penalty)
Learner, recently qualified and professional drivers	(a) Blood: More than 20mg but not more than 80mg (b) Urine: More than 27mg but not more than 107mg (c) Breath: More than 9microgrammes but not more than 35microgramme	3 Months (& €200)
Other drivers	(a) Blood: More than 50mg but not more than 80mg (b) Urine: More than 67mg but not more than 107mg (c) Breath: More than 22microgrammes but not more than 35microgramme	3 Penalty Points (& €200)
	(a) Blood: More than 80mg but not more than 100mg (b) Urine: More than 107mg but not more than 135mg (c) Breath: More than 35microgrammes but not more than 44micorgrammes.	6 Months (& €400)

APPENDIX FIVE – DRUG TESTING & PENALTIES

DRUG TESTING:

Cannabis most common illegal drug detected in drivers in 2018

<https://www.garda.ie/en/Crime/Drugs/Preliminary-Drug-Testing-List-FAQs1.pdf>

Drugs Detected by the Medical Bureau of Road Safety in Drivers' Blood and Urine Specimens in 2018:

Cannabis	1,205
Cocaine	549
Benzodiazepines	496
Opiates	339
Methadone	117
Amphetamine	56
Metamphetamine	42

Consequences of Cannabis Driving:

<https://www.youtube.com/watch?v=0IGyf9tjfJY&list=PLi8nqrsVU6ht5zRIYoQRqldTM4zPbfkTH&index=16>

See here a link to each of the videos;

<https://www.rsa.ie/RSA/Road-Safety/Campaigns/Current-road-safety-campaigns/Anti-Drug-Driving/>

- Caught and Consequences
- Caught
- Consequences 1
- Consequences 2
- Consequences 3
- Uvula
- Professor Denis Cusack

ACRONYMS

No.	Acronym	Name
1	HRB	Health Research Board
2	AAA	Askaboutalcohol.ie
3	AA	Alcoholics Anonymous
4	ESPAD	European School Survey Project on Alcohol and Other Drugs.
5	EMCCDA	European Monitoring Centre for Drugs and Drug Addiction
6	LDATE	Local Drug and Alcohol Task Force
7	RDATE	Regional Drug and Alcohol Task Force
8	CBD	Cannabidiol, or CBD, is a chemical compound in marijuana with a variety of uses.
9	THC	Tetrahydrocannabinol, a crystalline compound that is the main active ingredient of cannabis.
10	NA	Narcotics Anonymous
11	AlAnon	Mutual self help support for families impacted by problem drinking
12	Naranon	For families affected by drug misuse
13	AAI	Alcohol Action Ireland

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WEBSITES

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- <https://www.hse.ie/eng/about/who/healthwellbeing/hse-education-programme/> Training resources on SPHE & WellBeing
- <https://www.askaboutalcohol.ie/> HSE alcohol information website, topics include: Head to Toe Guide – Alcohol’s Effects on Your Body Sports Performance; Parents; Alcohol and Your Health; Drinks calculator; Alcohol and pregnancy; Accidents and injuries; Mental health; Worried about your drinking?; When alcohol is a problem; Alcohol Interactive Self-Assessment; Hidden Harm; Specific advice for children; Silent Voices.
- <http://www.drugs.ie/> HSE funded Drugs and Alcohol Helpline – 1800 459 459; Topics include: Facts and posters about drugs and alcohol; How alcohol interacts with other drugs; News items; Videos; Interactive self-assessment for drugs; Alcohol interactions with other drugs
- <https://www.drugsandalcohol.ie/> Health Research Board drugs library providing factsheets, statistics, research.
- <https://spunout.ie/> Youth information on a wide range of topics including: Managing Feelings; Alcohol; Drugs; How to help a friend in a drug emergency.
- <https://alcoholireland.ie/> Alcohol Action Ireland. Topics include: Women and alcohol; Men and alcohol; Alcohol and cancer; Spending and availability; Advertising and marketing.
- <https://ie.reachout.com/> Online youth mental health service. Topics include: Learning to Deal with Emotions
- <https://www.jigsaw.ie/> Provides free confidential mental health support to young people aged 10-25 in 10 areas of Ireland.
- <http://www.sanctuary.ie/> The Sanctuary website has information about training courses in mindfulness for teachers and two podcasts
- www.mindfulnessmatters.ie/ Mindfulness Matters which has mindfulness CDs for sale, and suggestions for mindful activities.
- www.bangor.ac.uk/mindfulness/ The University of Bangor Centre for Mindfulness Research and Practice has free mindfulness audio resources on its website
- www.mediasmarts.ca Alcohol advertising myths lessons (Canada)
- www.camy.org/gallery Center on Alcohol Marketing and Youth (CAMY) at the Johns Hopkins Bloomberg School of Public Health. Provides examples of current alcohol ads for discussion and analysis.
- <http://www.yourmentalhealth.ie/get-involved/real-life-stories/little-things-nationwide/> Mental wellbeing campaign, posters, postcards, information.
- <https://www.barnardos.ie/our-services/service-by-location> Barnardo’s Service Finder
- <https://www.alustforlife.com/the-bigger-picture/my-appeal-to-ireland-after-devastation-of-losing-my-twin-brother> A Lust For Life shares real life stories of mental health challenges including substance use. As with all resources, it is important to consider the appropriateness of any story prior to including in your lessons. Some may be useful for teacher understanding of the issues in preparation for teaching.
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- <https://nonameclub.ie> - Having fun in an alcohol free environment.
- <https://www2.hse.ie/healthy-you/> Mind Monster Campaign mental wellbeing
- <https://www.youtube.com/playlist?list=PLdhjl4h28qQ1eF07hXwNa0-f7xjsXZdA3> Parental Mental Health
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- Know The Score 'Cannabis', by HSE (2019). 2.42 mins.
- Know The Score 'Risks of Adolescent Substance Use', by HSE (2019). 5.13 mins.
- Nuggets, by Filmbilder (2014). 5 mins. Animated film depicting themes of recreational, harmful and dependent drug use, tolerance and the power of choice.
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