UNDERSTANDING INFLUENCES
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This book is one of seven constituting “On My Own Two Feet” Educational Resource Materials for use in Substance Abuse Education

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INTRODUCTION

Our decisions and behaviours are influenced by internal and external factors, e.g., our needs, our perceptions, our values, family, friends, media, community and legislation.

Many of these influences are good – we get help in clarifying ideas and we learn how to do new things. Some influences are bad, e.g., violence in films is believed to have contributed to increased violence in society, and advertisements urge us to buy goods that we may not need.

Understanding how we are influenced helps us to make more rational decisions and to have more control in our lives. Young people need to consider how they might behave in certain situations and identify the factors that influence their behaviour. They need to become more aware of, and critically examine, these influences.

PEER INFLUENCE

The influence of peers is especially powerful when young people are starting to feel independent. Peer conformity behaviour increases from childhood to adolescence and then declines in later adolescence. The significance of peer influence increases in importance up to age 15–16 years approximately and then begins to decrease. Existing literature highlights the importance of peer influence during the early teen years. It appears that this influence varies with the closeness of the peer relationships, with the influence of close friends being more important than the influence of the same-age peer group.

Most young people first use drugs, legal and illegal, with friends. Initiation into drug use appears to be a group phenomenon. Peer approval and their use of drugs rank among the most important predictors of initiation into drug use.

PARENTAL INFLUENCE

Parents play a crucial role in the future direction which their children may take. Substance abuse education begins at the cradle, showing care for the baby and helping the development of social behaviour. There is a connection between being cared for and taking care of ourselves and others.
The models the child observes are a powerful source of learning. Parental drug use and attitudes exert a strong influence on young people’s behaviour with regard to substance use. It is important that there is consistency in the messages young people receive and that behaviour espoused values match.

**INFLUENCE OF MEDIA**

The advertising media attempt to create images of models and products to which we are meant to aspire. Generally such advertising is linked with a number of images, e.g., fun, sexual appeal, sophistication, and adult life. Images portrayed about socially acceptable drugs – medicines, tobacco and alcohol – and about what constitutes mature independent behaviour need to be explored to help young people become more aware of the possible influence these images can have on their attitudes and behaviour and help them to form their own opinions.

**CULTURAL INFLUENCE**

Alcohol use is very widespread and is woven into many social situations in our society. It is one of the most widely used drugs. While used mainly as a social drink, it is also a widely abused drug, with very serious consequences for families and the individual who is abusing it.

**FACTORS IN THE INITIATION OF SUBSTANCE ABUSE**

Existing literature indicates that three factors are particularly important in the initiation of substance use.

These are:

(i) The individual’s perception of social pressures and more specifically his/her perception of the extent to which significant others engage in or approve of a particular behaviour. (Normative influences);

(ii) Beliefs about consequences: perceptions of the likelihood that a behaviour will have a specific personal consequence;
(iii) Social bonding: individuals are less likely to smoke, drink, and use other drugs if they have a strong sense of attachment and belonging to family and school. The more this is weakened the greater the likelihood that an individual will abuse substances.

**SCHOOL FACTORS**

It is important that a school develops a clear policy with regard to use of any drugs by students and staff. This policy needs to address prevention, intervention, discipline and support. The staff need to be conscious of the messages that they are giving to students by their behaviour with regard to smoking and drinking.

Research has identified involvement in school (liking for and attendance) as a factor in the prevention of substance abuse. Schools, therefore, have a responsibility to create a learning environment which is responsive to the needs of students.

**IMPLICATIONS FOR PREVENTION**

It is important to help young people to explore influences and to make up their own minds about what they want to do. It can be especially difficult to resist pressure from friends as one wants friends to like one. Helping young people to become aware of the influences together with the development of positive self esteem and learning and practising skills to resist pressure can better equip young people to deal with the situations they encounter.

Teaching techniques to resist peer pressure is likely to be most effective in early adolescence when the influence of peers is strongest.

The individual’s beliefs about the consequences of behaviour is an important influence on behaviour, so it is essential to explore the consequences of behaviours.

**OVERVIEW OF THE MATERIAL IN THE SECTION**

The materials in this section deal with:
(i) Understanding influences in general;
(ii) Recognition of and dealing with peer influence;
(iii) Recognition of and dealing with media influence;
(iv) Information on drugs in general and on smoking, tablets, alcohol and solvents specifically;
(v) Exploration of attitudes to smoking and drinking and drugs in general.

The exercises dealing with information on and attitudes to various drugs need not be used in the sequence used in this section but should be selected for use at the most appropriate time for the specific class.

Detailed drug information for teachers will be found in ‘Facts about Drug Abuse in Ireland’ which is supplied with these materials. This booklet would also be useful for some Senior Cycle students. ‘Understanding Drugs’, which is also supplied, contains core information in a more readable format.

**LAYOUT OF THE MATERIALS**

**The Grid**

A grid outlining the materials in this book is provided. The lessons identified, as core material should be given priority in planning a programme. Lessons identified as optional or as reinforcer may be adapted to meet the needs of particular groups for a different approach or to revisit a topic.

The lesson plans are a guide. Individual teachers are encouraged to adapt them in order to take account of the particular needs of their class and their own teaching style.

Additional material is provided in most lesson plans. Pages labelled ‘Handout’ should be copied for distribution to students. It is useful for each student to have a folder for social, personal and health education in which materials can be kept. Other material is for teacher reference. References for additional materials on the area addressed in this book can be found in the School Handbook.
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<th>METHODOLOGY</th>
<th>LINKS WITH</th>
<th>CORE OR REINFORCER</th>
<th>SUITABLE FOR</th>
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J = Junior Cycle, S = Senior Cycle, V = Verbal, LV = Less Verbal, AG = All Groups
In General exercises for JLV will work with older, brighter groups, but those marked S or V will not work with younger or less verbal groups
<table>
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<tr>
<th>STAGE</th>
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<th>METHODOLOGY</th>
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<td>Core</td>
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<td>All work on drugs</td>
<td>Core</td>
<td>JAG</td>
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</tr>
</tbody>
</table>

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### UNDERSTANDING INFLUENCES – AT A GLANCE!

<table>
<thead>
<tr>
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<th>TITLE</th>
<th>TOPIC</th>
<th>METHODOLOGY</th>
<th>LINKS WITH</th>
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<td>AG</td>
<td>Cigarettes</td>
</tr>
</tbody>
</table>

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In General exercises for JLV will work with older, brighter groups, but those marked S or V will not work with younger or less verbal groups.
CORE CONCEPT:  Understanding influences helps us to be more in control of our own behaviour.

WHO INFLUENCES YOU?

PURPOSE

To explore influences and to increase awareness of how various people and things influence behaviours and feelings.

PRACTICAL CONSIDERATIONS

This exercise can be used with any age group.

*Links with:* All other ‘Influence’ exercises.

Materials

Copies of Handout 1 – ‘Who Influences Me?’
Blackboard

PROCEDURE

Outline

1. Introduction
2. Questionnaire
3. Large group discussion
4. **Homework**

**Detailed Procedure**

1. **Introduction**

   We are going to look at how we are influenced by other people. Ask students to suggest people/things they believe have an influence on them in some way and list answers on the blackboard.

2. **Questionnaire**

   Have the students fill out the Handout 1 – ‘Who Influences Me?’ Break into groups of 4/5 and share their answers.

3. **Large group discussion**

   Get feedback in large group and discuss. Points for discussion:

   - *How do people/things influence us?*
   - *How do I influence others?*
   - *In what way would the influences in my life have been different five years ago?*

4. **Homework.**

   How can I use people as an inspiration?

   Ask students to select a ‘hero’/someone who has a positive influence on me/someone I admire, and to do a presentation (written/poster) for the class on:

   - *What I like about him/her*
   - *What I don’t like about him/her*
   - *How I’d like to be like him/her*
WHO INFLUENCES ME?

<table>
<thead>
<tr>
<th>WHO INFLUENCES</th>
<th>PARENTS</th>
<th>FRIENDS</th>
<th>TEACHERS</th>
<th>TV</th>
<th>SONGS</th>
<th>POP STARS</th>
<th>OTHERS</th>
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<tbody>
<tr>
<td>What you wear</td>
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<td>How you have your hair</td>
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<td>What you do after school</td>
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<td>Who you meet in the evenings</td>
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<td>How hard you work in school</td>
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<td>What TV you watch</td>
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<td>What videos you watch</td>
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<td>What you buy with your pocket money</td>
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<td>What subjects you take in school</td>
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<td>What time you go to bed</td>
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<td>What sports you get involved in</td>
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Who is the biggest influence in your life: ______________________________________________
CORE CONCEPT: Teenagers receive a lot of conflicting messages about how they should behave. Understanding this helps one to make more responsible choices

HOW I’M EXPECTED TO BE

PURPOSE

To explore the images teenagers have about how they should be.

PRACTICAL CONSIDERATIONS

This exercise can be used with any age group. It could be integrated with INF 1 ‘Who Influences You?’

Links with: INF 1 ‘Who Influences You?’, AC 11 ‘Saying “No”’.

Materials

Copies of Handout 1 – ‘I’m Told To’
Scissors for each small group

PROCEDURE

Outline

1. Complete Handout 1 – ‘I’m told to’ and discuss
2. Rank influences
3. Ways of refusing a drink

**Detailed Procedure**

1. Complete Handout 1 and discuss
   Students fill in the circles on the worksheet. In small groups (4/5), students discuss their responses. Then, in the large group, they discuss similarities and differences, e.g.,
   - *What are parents saying?*
   - *What are friends saying?*

   (Alternatively, students could draw a diagram putting themselves at the centre).

2. Rank influences
   Ask students individually to cut out the circles and place them in order of priority to identify the strongest influence in that situation. (Alternatively, ask students to rank from 1-7 who/what influences them most). Make a graph of the class results and discuss the main influences and how this happens.

3. Ways of refusing a drink
   In groups, ask the students to come up with a sentence, which might be accepted by their friends if they wished to say that they didn’t want to drink. Share sentences in class.
Peter is 14 and at a party he is offered a drink.
I'M TOLD TO

Her best friend says

Two classmates who go to the disco every week say

Her big brother says

Her parents say

Newspapers and Magazines say

Her class teacher says

Kathy herself says

Kathy is 14 and at a party she is offered a drink.
CORE CONCEPT: Peers exert a strong influence on teenagers’ behaviour. Understanding influences helps us to be more in control of our own behaviour.

FRIENDSHIP

PURPOSE

To help students recognise the qualities they look for in friends and the qualities they possess themselves.

PRACTICAL CONSIDERATIONS

This exercise is suitable for all groups in Junior Cycle. It will take one class period with any size group.

Links with: INF 1 ‘Who Influences You?’

Materials

Blackboard, Flipchart
Handout 1 – ‘What Is a Friend?’

PROCEDURE

Outline
1. Handout 1 – ‘What is a Friend?’
2. Brainstorm/discussion on friendship
3. Patterns of friendship exercise
4. **Summarise**

**Detailed Procedure**

1. **Handout 1 – ‘What is a Friend?’**
   
   Distribute Handout 1 – ‘What Is A Friend?’ and work on tasks outlined on the handout.

2. **Brainstorm/discussion on friendship**
   
   In the large group brainstorm qualities you would want in someone in order to be able to tell them something very personal. Discuss similarities and differences between these and the qualities picked as important in friendship.

3. **Patterns of friendship exercise**
   
   Ask students to draw their pattern of friendship. In the inner circle mark in name(s) or initial(s) of close friend(s) and in the next circle mark in name(s), or initial(s) of other friends.

   It is important to point out that there is no right or wrong pattern. Different people have different patterns.

   ![Diagram of Close Friends and Other Friends]

   In groups of three, ask students to talk about the qualities they like about their friends and to talk about their pattern of friendship (close friends and other friends).

4. **Summarise**

   In class summarise qualities of friendship.
WHAT IS A FRIEND?

M
Who will take no for an answer and won’t try to make you change your mind.

L
Who shares all their possessions with you

K
Who agrees with everything you say

J
Who will point out your mistakes if you behave badly.

I
Who treats you like a brother or a sister

H
Who is fun to be with and treats life as a joke

G
Who has the same likes and dislikes as you

A
Who will stand up for you in difficult situations

B
Who always does what you want to do

C
You can tell something private to

D
Who is about your age and lives near you

E
You can rely on not to let you down

F
You find attractive and exciting

(i) Individually, go through the list of points above, and put them in order of importance for you, starting with the most important.

(ii) Now share your list and your top three points. Explain why you put the points in the order you did.

(iii) Class discussion: in the class group, discuss the three most important things a friend should be. A survey of the results can be done.
CORE CONCEPT: *Peers exert a strong influence on teenagers’ behaviour. Understanding influences helps us to be more in control of our own behaviour.*

THE WAY WE INFLUENCE ONE ANOTHER

PURPOSE

To give students an awareness of the ways we influence each other.

PRACTICAL CONSIDERATIONS

This exercise may be used alone or in conjunction with INF 5 ‘Peer Pressure’. It is most suitable for junior cycle students.

*Links with:* INF 2 ‘How I’m Expected to Be’, INF 5 ‘Peer Pressure’.

PROCEDURE

Outline

1. Introduction
2. Discussion of questions in groups of three
3. Discussion in class
Detailed Procedure

1. Introduction

Have you ever noticed how groups of people wear similar clothes? How would you feel if you found that you were wearing completely different kinds of clothes from the rest of the group? Get responses. What influences you, when you’re deciding what kind of clothes to buy?

2. Discussion of questions in groups of three

Break class into groups of three. Ask questions one at a time and have the groups discuss the questions. Take feedback, discuss briefly and move to the next question.

The following questions are designed to serve as prompts and other questions can be substituted.

- Why do you not let your friends down?
- How would they feel if you did let them down?
- Do friends expect you to behave in a certain way?
- Do you feel you should do what people expect of you?
- Are there habits (customs) of the group that you feel you are expected to follow?
- Do you expect your parents to do certain things?
- What kind of things?
- How would you react if they did not do these things?
- At a disco, my friends would expect me to …
- At a disco, I would expect my friends to …
- Some of my friends would be annoyed if I …

3. Discussion in class

Discuss what students learned and what they think about how individuals and groups influence our attitudes and behaviour.
**CORE CONCEPT:** *Peers exert a strong influence on teenagers’ behaviour. Understanding influences helps us to be more in control of our own behaviour.*

**PEER PRESSURE**

**PURPOSE**

To explore peer pressure and to help students understand its effect on their behaviour. To help students identify what helps them to speak and act for themselves.

**PRACTICAL CONSIDERATIONS**

This exercise is most suitable for Junior Cycle students. It is not necessary to use all the material outlined.


**Materials**

Situation Cards – ‘Peer pressure Role Plays’
Copies of Handout 1 – ‘Resisting Peer Pressure’
PROCEDURE

Outline

1. Introduction
2. Identifying similarities and differences
3. Role plays
4. ‘Devil’s Advocate’ activity

Detailed Procedure

1. Introduction

Pose questions such as the following and discuss.

- Have you ever been in a situation in class where you wanted to put up your hand and ask a question but nobody else put up their hand, so you didn’t?
- Have you ever seen everybody else’s hand up to answer a question, except yours and when you noticed that, you put your hand up?

2. Identifying similarities and differences

Each one of us is unique. We have our own wants, thoughts, feelings, etc. There are also similarities between us. We are going to look at some of the differences and some of the similarities between us.

Have pupils line up at a wall. Tell all those who dislike watching television to move to the other side of the room. Those who like watching television stay where they are. Repeat the activity using other situations such as those who:

- Were angry at any time yesterday; were not angry yesterday;
- Think driving after drinking any alcohol should be illegal; think driving after drinking any alcohol should not be illegal;
- Dislike pop music; like pop music;
- Like ice cream; dislike ice cream;
- Like reading; dislike reading;
- Like taking responsibility for things; dislike taking responsibility for things.
Discuss how we feel when we differ from others in certain ways.

- How did you feel when you were the same as most?
- How did you fell when you were different from most?
- Did you prefer being the same or different? Why?
- If (when) you were the only one who was different how would (did) you feel?
- Is it easier to be different from others if you have someone else taking the same position as you?

Point out that we are like others in some respects and different in other ways.

3. Role plays

Distribute Handout – ‘Resisting Peer Pressure’, read and discuss.

Divide class into groups. Select a situation from the Situation Cards. ‘Peer Pressure Role Plays’, or have students suggest situations to role play. Allow time for the groups to prepare their role play and then present to the class.

Following the role plays, ask students how they felt in the situation. Ask the class to identify the different forms of pressure used in the role plays and discuss ways of coping with the pressure. Ask the class to come up with a definition of peer pressure based on what happened in the role plays.

4. ‘Devil’s Advocate’ activity

Taking a stand in favour of an unpopular issue.

Sample issue: Smoking should be made illegal.

Divide the class into pairs, A and B. A argues for the topic and B argues against it.

Allow time to think before beginning, students may wish to jot down points.

Allow 3-5 minutes for the debate and then change roles.

Follow with class discussion.

- How people felt?
- Which role did they find most difficult?
- Why?
PEER PRESSURE ROLE PLAYS

MITCHING

Three friends are walking to school. One announces s/he is not going to school, that s/he is going to mitch and go to town for the day. Another decides this is a good idea. The third does not want to be part of this.

Two students use peer pressure to try to convince the third person to mitch.

SHOPLIFTING

A group of friends are planning to steal items from a shop. Each person is to take an item. The last person does not want to.

The others use peer pressure

SMOKING

At breaktime, many of the gang smoke even though it is forbidden. Four friends are in the bicycle shed at lunch time. Three of them start smoking. The other refuses the cigarette.

The three use peer pressure.
RESISTING PEER PRESSURE

There are times when your friends, some of whom may be your peers, try to persuade you to do this or that. You may not want to go along with what they want you to do, but find that you are not sure how to cope with the situation. You may find the following suggestions helpful.

Before examining the advice it is important you understand that in order to resist peer pressure successfully, you have to want to resist, and do your own thing.

**TIP 1**

Stick to your guns, hold out, wait a while. Those putting on the pressure will get the picture and back off. They may even begin to take you and your point of view seriously. We all recognise courage when we see it.

**TIP 2**

Don’t hang your head; be proud of the stand you are taking. It is very hard to hold out when under pressure, so take credit for having the guts to want to make your own decisions.

**TIP 3**

Try to think of all you know and have learned about how to deal with name-calling, teasing, being rejected and feeling isolated. Remember you aren’t the first person to get a hard time from your friends – and you won’t be the last.

**TIP 4**

If the particular friends hassling you really won’t give you space to live your own life, you should start thinking of finding a new group of people who will show you more respect – because that is what we are talking about, respect for your decisions.
CORE CONCEPT: Peers exert a strong influence on teenagers’ behaviour. Understanding influences helps us to be more in control of our own behaviour.

WITH FRIENDS

PURPOSE

To help students identify influences.
To explore ways of being part of a group and not doing what the others are doing.

PRACTICAL CONSIDERATIONS

While this exercise could be used with any class group, it is likely to be most suitable for Junior Cycle.


Materials

Copies of Handout 1 – ‘With Friends’
Role Cards
PROCEDURE

Outline
1. Set up role play
2. Role play
3. Discussion

Detailed Procedure
1. Set up role play
   Prior to the lesson, select students to play the roles in Handout 1 – ‘With Friends’ and give each player a role card. Set the scene for the class by distributing Handout 1 and discussing briefly. Allow time for them to think about the roles and complete the details which appear on the role cards. Set the scene for the remainder of the class and ask them to act as observers.

2. Role play
   Ask players to role play the situation.

3. Discussion
   - What happened in the role play?
   - Why did this happen?
   - Did any of the ‘characters’ come close to saying what you might say in the same situation? Who?
   - Would you say something different? What?
   Widen discussion.
   - Is it easy/difficult to say what you want when you are with friends?
   - Do you feel like going along with them?
   - Can you stay part of the group and not go along?
   - How could you do that?
WITH FRIENDS

Situation: A party in Patrick’s house.

Patrick offering beer to friends.
ROLE CARDS

Role Card:
Patrick: Had his first drink at 13 and drinks at weekends. He is determined to get his friends to drink. He has a part-time job.

Think about Patrick and jot down some details which will help you make Patrick convincing.

Role Card:
John: A non-drinker. He doesn’t want to drink. He thinks it’s a waste of time. He likes football and plays on a team. He likes being active. He likes Patrick because he is generous.

Think about John and jot down some details which will help you make John convincing.

Role Card:
Ann: Ann has taken a drink on a number of occasions. She’s not sure about drinking, but she goes along. She knows her parents don’t want her to drink.

Think about Ann and jot down some details which will help you make Ann convincing.

Role Card:
Bernadette: A non-drinker. She tasted drink at home and didn’t like it. She also saw a friend of hers very drunk one night and she didn’t like that.

Think about Bernadette and jot down some details which will help you make Bernadette convincing.
CORE CONCEPT: Peers exert a strong influence on teenagers’ behaviour. Understanding influences helps us to be more in control of our own behaviour.

WHAT A WEEKEND!

PURPOSE

To help students identify influences, particularly peer influences.

PRACTICAL CONSIDERATIONS

This exercise is most appropriate for Junior Cycle students.

Links with: INF 1 ‘Who Influences You?’, INF 2 ‘How I’m Expected To Be’, DM 13 ‘Deciding About Alcohol’.

Materials

Copies of Handout 1 – ‘What A Weekend!’

PROCEDURE

Outline

1. Groups or pairs discuss pictures and complete story
2. Present stories
3. Discussion
Detailed Procedure

1. Groups or pairs discuss pictures and complete story
   Divide the class into groups or pairs and ask them to look at the pictures in Handout 1 – ‘What A Weekend!’ Discuss the situation and select the ending they wish to have. They then write the story. They needn’t write the story in sentences – just use words or pictures to remind themselves. Allow time (approx. 15 minutes) for the group to complete this.

2. Present stories
   Have the groups/pairs tell or act out the stories for each other.

3. Discussion
   • Why did groups choose the particular ending?
   • Would this be a likely ending?
   • Did each member of the group feel happy with the decision that s/he made?
   • What were the influences operating in the group?
It’s Saturday afternoon. The sun is shining and it looks as if it will be fine for the rest of the weekend. Anyhow, Mary, Patricia, Suzanne, Derek, Christy and Declan usually meet around this time. They talk and fool around and make plans for the evening.

**ENDING 1**

In a home. Music playing. Talking Singing.

**ENDING 2**

Beer Bottles. One person being helped to walk. Looking dreadful.
CORE CONCEPT: Accurate information is vital if we are to make drug-related decisions which are responsible.

WHY RISK IT?

PURPOSE

To provide information about solvents.
To explore choices.

PRACTICAL CONSIDERATIONS

As solvents tend to be abused by young teenagers this exercise is most suitable for first or second year students.


Materials

Copies of Handout 1 – ‘Schoolgirl Dies in Solvents Tragedy’
Copies of Handout 2 – ‘Fact Boxes’ and/or Handout 3 – Solvent Abuse – Fact Sheet
Copies of Handout 4 – ‘Quiz’
PROCEDURE

Outline
1. Introduction
2. Newspaper articles
3. Information
4. Discussion
5. Role play
6. Quiz

Detailed Procedure
1. Introduction
   Solvents, although not strictly drugs, can have similar effects and in some cases can be lethal.

2. Newspaper articles
   Distribute copy of Handout 1 – ‘Schoolgirl Dies in Solvents Tragedy’ and read it or have students read it. Discuss the situation described in the article. Clarify what they already know. (Current news item may substitute, if available).

   Ask questions such as
   - Have you heard of this happening before?
   - What have you heard about solvent abuse?

3. Information
   Present Handout 2 – ‘Fact Boxes’ or Handout 3 – ‘Solvent Abuse – Fact Sheet’ and discuss the information contained in them. In groups, ask students to use the fact boxes and fact sheet to complete one of the following activities:
   - Prepare a TV item
   - Write a newspaper article
   - Prepare a talk for another class
   - Design posters

   Present and/or display work and discuss
4. **Discussion**

**Present the following situation:**

Colm, who is 14 years old, has recently moved to a new area. He knows nobody there and he still travels daily to his old school. Sometimes he feels lonely and would really like company of his own age. One evening, a few boys whom he has spoken to on a couple of occasions, ask him to come along to the Green. Two of them produce solvents and ask him to join them in a sniffing session.

Ask students to discuss how Colm can cope with this situation by drawing a facial outline on the blackboard or flip chart to represent Colm.

Ask questions such as:

- *How does he feel?*
- *What are his options?*
- *What decisions do you think he came to?*

Note answers to these on the board.

- *Has anybody here had a similar experience?*
- *In relation to feeling isolated?*
- *In relation to being offered something?*

5. **Role play**

Divide the class into groups of 4/5 and ask them to role play the situation in which Colm refuses to join the sniffing session.

6. **Quiz**

Present Handout 4 – ‘Quiz’ and ask the students to complete the responses.

Answers to Quiz: 1:F  2:T  3:T  4:F  5:T  6:T  7:T

Discuss their answers.
Gardai issued a solvents abuse warning last night following the tragic death of a Dublin teenager near her home. Detectives refused to issue the girl’s name until after a post mortem is carried out later this week.

A spokesman said: “This young girl’s dreadfully short life should point as a reminder to other people using substances containing solvents”.

“I can’t emphasise strongly enough to both kids and their parents how fatally destructive these materials are: one inhalation can be enough to cause brain damage and, worse, death”.

The Garda spokesman said he wasn’t in a position to say categorically how the young girl died. “That is the work of the medical specialists but our evidence signifies very strongly that the victim and those with her were abusing solvents shortly before the young girl collapsed.

TWIN FACTORS
And last night a doctor who works closely with addiction treatment programmes said: “Tackling the problem really boils down to two lines of action.

“Firstly, parents should be at all times vigilant for changes in mood, diet, general behaviour of their sons and daughters: in fact, anything out of the ordinary. If they notice such occurrences, they should contact either a doctor, a social worker or their child’s school”.

“And, secondly, it is really up to young people to inform themselves of the dangers of such practices: a lot of them seem to think it is just slightly dangerous fun.”

“It’s nothing of the sort: it is as close to dicing with serious and permanent injury and/or death as they’ll ever come to”.

The dead girl, thought to be aged sixteen, was rushed to St. Vincent’s Hospital after she collapsed while out with friends at Bushy Park in Terenure on Tuesday night last.

She was dead on admission.
### FACT BOXES

<table>
<thead>
<tr>
<th>FACT BOX 1</th>
<th>FACT BOX 2</th>
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<tbody>
<tr>
<td>Solvent abusers run the risk of accidental injury and death.</td>
<td>Solvent abuse can cause nausea, severe headaches, depression and irritability. It can lead to drunken-like behaviour and it can affect thinking, judgement and balance among other things. It can lead to accidents.</td>
</tr>
<tr>
<td>One sniff/inhalation could be fatal.</td>
<td>Regular abuse of solvents can lead to dependence.</td>
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</table>

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<thead>
<tr>
<th>FACT BOX 3</th>
<th>FACT BOX 4</th>
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</thead>
<tbody>
<tr>
<td>Most ‘sniffing’ takes place among small Groups and it is usually a passing fad.</td>
<td>The effects of brief inhalation may last only a few minutes, but ‘sniffing’ over long periods will prolong the effects and increase the danger.</td>
</tr>
<tr>
<td>Products abused are glue, fuels, aerosols, dry-cleaning products, etc.</td>
<td>Immediate effects of solvent abuse are poor co-ordination, slurred speech, impaired judgement and possible hallucinations.</td>
</tr>
<tr>
<td></td>
<td>Long term effects may be damage to heart, brain, kidney and/or liver.</td>
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</tbody>
</table>
SOLVENT ABUSE FACT SHEET

To abuse solvents means to deliberately inhale gases, chemical fumes or vapours in order to get a high or buzz similar to being intoxicated by alcohol. The term ‘glue sniffing’, which is widely used is inaccurate. This is because the vapours are actually inhaled through the nose and mouth rather than sniffed. Also, there are a wide range of common household materials which give off vapours and which can produce drug effects.

The four main categories of products are:

- Adhesives and thinners;
- Dry cleaning products;
- Aerosols;
- Fuels.

Amyl and butyl nitrate are often sold as ‘poppers’.

**Effects of Solvents**

The effects of inhaled vapours are very similar to those of alcohol. The ‘sniffer’ would have many of the signs of drunkenness. These would include slurred speech, lack of control, faulty judgements of space, distorted vision and hallucinations. These hallucinations can be very frightening. Sometimes there can be uncharacteristic behaviour or aggression, especially if alcohol is used at the same time. The effects are felt very quickly, as the substances enter the bloodstream from the lungs and very quickly reach the brain.

The effects disappear within a few minutes to a half an hour when ‘sniffing’ is stopped.

People can get hangovers from ‘sniffing’ and can experience headaches and poor concentration.

When solvents are used regularly, sleep patterns are disturbed and there is loss of appetite and weight.

A rash called ‘glue sniffers rash’ frequently develops on the user’s face.

The smell of solvents can last on the user’s breath for up to a day. People can become hooked (dependent) on solvents.
**What are the dangers?**

- ‘Sniffing’ can have an effect on the heart, so if it is followed by exertion or fright, death may result;
- Spraying butane gas or aerosols directly into the mouth may freeze the throat tissue and this in turn can cause swelling of the tissue and lead to suffocation;
- Some solvents contain poisonous substances such as lead;
- There is a fire risk as many of the products are inflammable. This is especially dangerous when people combine smoking and ‘sniffing’;
- Some young people have died at their first ‘sniffing’ session;
- People can become reckless when intoxicated and be less able to deal with danger;
- Some solvent abusers may do bizarre and possibly dangerous things in response to their ‘hallucinations’;
- If solvent abusers use large plastic bags, they may suffocate themselves;
- If solvent abusers become unconscious they may choke on their own vomit;
- Because solvent abusers often ‘sniff’ in out-of-the-way places they may be in dangerous environments. If they are alone help is not at hand;
- Danger to the liver, kidneys, lungs, bone marrow or nervous system is known. This is uncommon but some people are more vulnerable than others to the harmful effects and may suffer lasting danger;
- The side-effects of ‘poppers’ include severe headache, rapid heart beat, low blood pressure, acute psychosis, coma and, in rare cases, sudden death.

**Solvents and the law**

It is an offence for any person to sell, offer, or make available any substance to persons under 18, which they know or have reasonable cause to believe is likely to be inhaled for the purpose of causing intoxication. Persons found guilty of this offence are liable to a fine of up to £1,000 or 12 months in prison or both. A Garda is also permitted to seize any substance in the possession of a child in a public place if s/he has reasonable cause to believe the substance is being abused by the child.
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<tbody>
<tr>
<td>1</td>
<td>Solvent use is illegal.</td>
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<td>2</td>
<td>Solvents are addictive.</td>
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<td>3</td>
<td>People have died because they abused solvents.</td>
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<td>4</td>
<td>Solvents are hard to get hold of.</td>
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<td>5</td>
<td>Solvent abuse is a form of drug-taking.</td>
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<tr>
<td>6</td>
<td>People can get “high” on solvents.</td>
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<tr>
<td>7</td>
<td>You can cause accidents to yourself after inhaling solvents.</td>
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</tbody>
</table>
CORE CONCEPT: Peers exert a strong influence on teenagers’ behaviour. Making the choice which you know is ‘right’ for you strengthens you as a person and enhances self esteem.

TURNING POINT

PURPOSE

To explore influences of friends.
To explore ways of coping with loneliness.

PRACTICAL CONSIDERATIONS

While this exercise could be used with any age group, it is likely to be most suitable for Junior Cycle students. It’s closely related to Decision-Making.

Links with: INF Lessons 1-8, AC 7 ‘Joining In’, FE 3 ‘Identifying My Feelings’.

Materials

Copies of Handout 1 – ‘Turning Point’

PROCEDURE

Outline

1. Read story
2. Discuss influences
3. Diagram of influences
4. Discussion

**Detailed Procedure**

1. **Read story**
   
   Read or have students silently read the story.

2. **Discuss influences**
   
   Following the story, discuss things which influenced Peter.

3. **Diagram of influences**
   
   Using a diagram, have students jot down the good and bad influences.

   \[
   \text{good influences} \\
   \text{bad influences}
   \]

4. **Discussion**

   Possible questions:

   - What are your feelings about Peter's situation?
   - What were the dangers for Peter?
   - What did you feel about Peter’s decision not to join his friends?
   - What decision would you make in that situation?
   - Have you ever felt alone? What was it like?
   - What can you do if you feel alone?
   - What sort of life do you think Peter will have in the future?
   - What are your feelings about teenagers drinking?
   - What are your feelings about sniffing glue?
TURNING POINT

Peter, a pleasant attractive boy, always felt unsure of himself, for as long as he could remember, anyhow. He did not think he was good at things and was afraid of messing things up. He hated being alone. He spent his time with a group of friends and rarely spent time at home after school. Home was not a good place to be for him. His Dad was unemployed and was an alcoholic. He was afraid of him and wanted to be away from the rows at home.

When he was 13 he had his first drink and shortly after that sniffed glue with others. Soon he was sniffing most evenings and drinking when he had enough money. He got into trouble with the Gardaí as the group sometimes ended up in fights. The Gardaí knew him well. Peter often felt that they were watching him. They called on him if there was any trouble in the area. He felt very angry about this. One night he was badly hurt in a fight. After this he decided he did not want to continue to be in trouble and fighting. He got a place on a work experience course. He got on well with the tutor on the course, who liked him, and Peter liked talking to him. Peter wanted to stay out of trouble and stop ‘glue sniffing’. He knew that meeting up with his friends led him to sniffing. He stopped going out with them as often, but he was still friendly with them and they sometimes met up on the road. He missed the fun he had with them.

One night he was feeling very lonely and was looking for some fun. A few of his friends met him and asked him to go with them for the night. On the one hand he hated the thought of another evening alone, yet, on the other, he knew that going with them that night would lead him to ‘glue sniffing’ and probably into trouble and he did not want that. He really felt mixed up. He did not go even though it was very difficult for him. He decided to stay away from ‘sniffing’.
CORE CONCEPT: Understanding influences helps us to be more in control of our own behaviour.

ADVERTISING TECHNIQUES

PURPOSE

To become aware of the subtle influences of advertisements.
To identify the appeal of the messages.
To assess the truth of these messages.

PRACTICAL CONSIDERATIONS

This exercise can be done with any group size and is suitable for all year groups and ability levels.

*Links with:* INF 11 ‘Advertising and Alcohol’.

Materials

Selection of Advertisements
Copies of Handout 1 – ‘Common Techniques of Persuasion in Advertising’
Copies of Handout 2 – ‘Advertising on Television: Record Sheet’
Flip chart or black board

PROCEDURE

Outline

1. Introduction
2. Brainstorming

3. Techniques of advertising

4. Group activity

5. Class discussion

6. Homework

**Detailed Procedure**

1. Introduction

   We have seen that we are all influenced by many people and things – family, friends, school, TV, films, music, heroes/idsols, magazines, papers, shop windows, etc.

   A lot of these influences are good, we learn how to do things, we get ideas and we learn to behave in positive ways. Road Safety campaigns for example, have had positive effects.

   Some influences are negative, e.g., violence in films is believed to have increased violence in society. Toy advertisements put pressure on parents to buy. Advertisements may get us to buy things we may not need.

2. Brainstorming

   Pose these questions to the class and list the responses on the board/flip chart.
   - *What is an advertisement?*
   - *Why do people advertise at all?*
   - *Where do we see advertisements?*
   - *Who are advertisements aimed at?*

   Name any advertisements which are aimed at each of these groups:
   - Parents
   - Teenagers
   - Young children
   - Elderly people
   - Young career people
   - Unemployed people
3. Techniques of advertising

Present the following information.

People who want to sell a product use various ways to make the product look attractive or necessary to us. Some of the ways used are:

- Use of the produce may represent an attractive or glamorous lifestyle.
- Catchy or suggestive names may be used for the product.
- Famous people may be shown using the product.
- Slogans, songs or signals may all help to keep us aware of the product.
- Words such as “best”, “the only”, “greater”, etc., may be used to influence us.

Alternative for senior or brighter students

Distribute Handout 1 – ‘Common Techniques of Persuasion in Advertising” and discuss.

4. Group activity

Distribute a different advertisement to each group of three or four students.

After studying the advertisements the students answer the following questions in the small group:

- What picture of the product was created by the advertisement?
- What message is being given?
- What does the advertisement suggest about the people using the product?
- Where did the advertisement occur?
- Who is the advertisement aimed at?
- Would you be impressed by the advertisement? Why/Why not?
- What advertising techniques were used? (Consult Handout 1)

5. Class discussion

A student from each group reports back to a large group and the issues raised are discussed.
6. Homework
Distribute and explain Handout 2 – ‘Advertising on Television: Record Sheet’ and ask students to record details of advertisements during a period of their choice.

**VARIATION**

- Before step 4 the teacher could show a video or selected advertisements or play a tape of advertisements from the radio to illustrate some techniques/approaches used in advertising.
COMMON TECHNIQUES OF PERSUASION IN ADVERTISING

Some of the techniques used in advertising to create a demand for the product or service are:

TESTIMONIAL: An important or famous person testifies that s/he uses a product. The implication is that “if s/he uses it, it must be good”.

APPEAL TO THE SENSES: Pictures or sounds are used to appeal to the senses. The buyer begins to “taste” and is motivated to buy.

TRANSFER A sophisticated, handsome, sociable or sexy person is shown using the product. The buyer imagines s/he will become like that person by using the product.

COMMON USAGE: It is suggested that “everybody” is doing it, or using it. The buyer doesn’t want to be left out.

MR/MS AVERAGE: The buyer identifies with the average person, so takes his/her advice.

EXAGGERATION: Words such as “best”, “your first one is never your last”, “the only” and “great” are used. The buyer receives a positive image of the product.

APPEAL TO ROMANCE OR FANTASY: Unreal features and powers are attributed to the product. The buyer associates these powers with the product.

STATISTICS: “University tests have shown…” Buyers are impressed but the advertisement does not say who conducted the test, or what variables were considered, or what numbers or types of people were polled.

CARD STACKING: Advertisements show only the beneficial aspects of the product.

FACT VERSUS OPINION: Statement of opinion that can’t or hasn’t been proven seems to be fact if the speaker looks and sounds convincing to the buyer.

NOTE: Several of these techniques can be used in one advertisement.
# ADVERTISING ON TELEVISION: RECORD SHEET

**PROGRAMME TITLE:** ___________________ **DAY:** ______________ **TIME:** ______________

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<td>Was the advertisement</td>
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<td>Name of product</td>
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<td>3</td>
<td>Music: Yes ☐ No ☐</td>
<td>Type ______________</td>
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<td>Colourful: Very ☐ Med. ☐ Little ☐</td>
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<td>5</td>
<td>Information: Lot ☐ Fair ☐ Little ☐</td>
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<td>6</td>
<td>Who is the advertisement aimed at?</td>
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<td>Techniques used:</td>
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**CORE CONCEPT:** *Understanding influences helps us to be more in control of our own behaviour.*

## ADVERTISING AND ALCOHOL

### PURPOSE

To become aware of the number of alcohol advertisements and other subtle influences in the media which influence people’s alcohol use.

To examine the messages about alcohol portrayed in the advertisements.

### PRACTICAL CONSIDERATIONS

This exercise can be used with any age group. This exercise links with INF 10 ‘Advertising Techniques’ and may be integrated with it. Materials from INF 10 can be usefully used with this exercise if it has not already been used.

*Links with:* INF 10 ‘Advertising Techniques’.

### Material

Advertisements, poster paper, crayon

### PROCEDURE

**Outline**

1. Set up project
2. Projects presented
3. Class discussion
4. Homework
Detailed Procedure

1. **Project**
   Divide the class into groups to undertake a project to look at alcohol advertisements.

   Ask students to collect alcohol advertisements, particularly from youth magazines, and to make notes of other advertisements which they might see on television, hear on radio, see on bill-boards at sporting events, etc. Ask them to note what advertisements happen on radio/TV during and immediately after programmes for young people. Students organise this material to present to the class. (Alternatively, provide each group of students with magazines, etc., showing advertisements for alcohol or show a video recording of a TV advertisement).

2. **Projects presented**
   Each group presents the project to the class and explains what has been learned:
   - What picture of alcohol is created by the advertisements?
   - What message is being given?
   - What do the advertisements suggest about the people using alcohol?
   - Where did the advertisements occur?

3. **Class discussion**
   What are the advertisements trying to say to us? What ways are used to make alcohol look attractive/necessary? Focus on a number of advertisements and analyse the techniques used to create this impression (e.g., attractive lifestyle, catchy suggestive names, famous people, songs, slogans, jingle).
   - To whom is the appeal directed?
   - What is the message for young people?
   - Why do companies sponsor sporting events and conferences?

4. **Homework**
   Ask students to collect articles in newspapers or magazines where the harmful effects of alcohol are shown. When a variety of these have been collected, display and discuss. Compare this with the messages given in the advertisements.
CORE CONCEPT: Drug knowledge is vital if we are to make responsible decisions.

WHAT IS A DRUG?

PURPOSE

To help students understand what a drug is.
To identify drugs in common usage.
To alert students to the need for careful handling, storage and use of drugs.

PRACTICAL CONSIDERATIONS

This exercise can be used with any group. It is an introduction to work on drugs.
A chart of OHT needs to be prepared using Teacher Material – ‘Drug Abuse – The Risks’.

Links with: All work on drugs.

Materials

Copies of Handout 1 – ‘Types of Drugs’
Copies of Handout 2 – ‘House’
Copies of Handout 3 – ‘Drugs’
Teacher Material – ‘Drug Abuse – The Risks’
**PROCEDURE**

**Outline**

1. List of drugs and definition
2. Drugs in the home
3. Mini-lecture on categories of drugs

**Detailed Procedure**

1. List of drugs and definition
   
   Ask students to form small groups of pairs and:
   
   (i) List some drugs – transfer summary list to blackboard;
   
   (ii) Address the question **“What is a drug?”** – feedback to arrive at consensus definition on
   blackboard along lines of “A drug is a substance other than food which changes:
   
   HOW THE BODY WORKS, and/or
   HOW YOU ACT, and/or
   HOW YOU FEEL, and/or
   HOW YOU THINK”
   
   Clarify this with some examples.
   
   (iii) Address the question **“When is a drug a medicine?”**
   
   The teacher should make it clear that a drug is a medicine when used to treat and prevent disease
   or illness.

2. Drugs in the home
   
   Distribute Handout 1 – ‘Types of Drugs’ and ask students to compile a list of 10 drugs which
   might be found in their homes – five medicinal and five non-medicinal. For each, explain
what it is used for. Get feedback. (See alternative for first year students under VARIATION of the exercise).

Distribute Handout 3 – ‘Drugs’, read and discuss.

Brainstorm the risks of abusing drugs. Clarify and discuss using OHT from Teacher Material.

3. **Mini-lecture on categories of drugs**
   We are beginning to see that there are numerous drugs. It may be helpful to think of them in groups:

   - **Medicines** – available on **Prescription** or **Over the Counter**;
   - **Socially Acceptable Drugs** – Alcohol and Nicotine;
   - **Unrecognised Drugs** – substances which we commonly use or abuse but do not think of as drugs – coffee, tea, chocolate, cola drinks, adhesives, aerosols;
   - **Illegal Drugs** – drugs which, by law, we are prevented from using and are therefore not found in the normal household. They can be bought on the black market, usually at inflated prices, and because they are uncontrolled, are often of unknown strength, e.g., heroin, cocaine, crack, LSD, cannabis, ecstasy.

**VARIATION**

- For use with first year students as an alternative to (2) above.

**PROCEDURE**

**Outline**

1. Identify drugs in house
2. Discussion
3. Do’s and don’ts for householders

**Detailed Procedure**

1. Identify drugs in house
Distribute Handout 2 – ‘House’ to each student and tell them that they will have to pick out all the drugs they can see in the house. Form groups of four to undertake this task.

2. **Discussion**

Take feedback on drugs found in the picture and discuss. Drugs illustrated include:

- **Kitchen:** Cough bottles, tablets, tobacco, adhesives, paint thinner, fly spray and gas.
- **Sitting Room:** Various types of alcohol, tippex, thinner, felt pens.
- **Bedroom 1:** Tablets.
- **Bedroom 2:** Tobacco/cannabis.

Points for discussion:

- *Are the medicines in the house out of reach of the children?*
- *How are medicines abused?* (Incorrect use, overdose, giving tablets to another person, mixing with alcohol).
- *What do you think of smoking in a room where food is being prepared?*
- *What are the dangers in solvents like adhesive being stored in a kitchen press?*
- *Why do people keep drink in the house? When do you think the people who live there drink alcohol? Should it be locked away? Are there times they should avoid it? (When alone, when angry, etc.).*
- *Why are there tablets beside the bed?*
- *Do we always need the tablets we take?* (Discuss alternatives).
- *What are the two boys smoking? What are your reasons for deciding?*

Throughout the discussion, highlight the need to keep medicines locked away and out of reach of children.

3. **Do’s and don’ts for householders**

Ask students to draw a plan of their own home and to include the drugs that they would find there.

Ask them to draw up a list of *do’s* and *don’ts* for householders in relation to the storage of drugs.
## TYPES OF DRUGS

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HOUSE
A DRUG

Any substance other than food, which changes how a person’s body works and/or how a person acts or feels or thinks.

\[
\text{DRUG} = \begin{array}{c}
\text{CHEMICAL} \\
\text{SUBSTANCE}
\end{array}
\begin{array}{c}
\text{Physical changes} \\
\text{Behavioural changes} \\
\text{Feeling changes} \\
\text{Thinking changes}
\end{array}
\]

*ALL DRUGS MUST BE TREATED WITH CARE*

USEFUL DRUGS

Many illnesses can be cured or controlled by the wise use of drugs (DRUG USE).

Wise use is more likely if:

(a) Drugs are prescribed by a doctor who understands effects and side effects.
(b) Drugs are legal – legal drugs are manufactured (made) under licence and their content is known, controlled and always the same.
(c) Drugs are sold and used for their therapeutic or healing effects, and their side effects are known to be relatively minor.

HARMFUL DRUGS

Any substance, which damages some aspect or part of a person, when the damage is greater than the possible help given, is a harmful drug. The damage might be physical to part or parts of the body; it might be mental and/or emotional and change behaviour; or it might be social, harming those close to us and around us, or how we relate to them.
DRUG ABUSE – THE RISKS

- Dependence/Addiction
- Altered Behaviour/Lifestyle
- Disturbed Relationships
- Tolerance/Growing Consumption (Need More Drugs)
- Infections
- Poorer Physical Health
- Accidents/Injury to Self/Others
- Diseases
- Crime
- Contamination (‘Mixed Drugs’)
- Mental/Emotional Disturbance
CORE CONCEPT: It is important to examine attitudes to and reasons for drug use.

WHY PEOPLE USE DRUGS

PURPOSE

To identify reasons for drug taking.

PRACTICAL CONSIDERATIONS

This exercise is most suitable for Junior Cycle.

Links with: Remaining exercises in this book and exercises dealing with specific drugs in other books.

Materials

Copies of Handout 1 – ‘Why People Use Drugs’
Copies of Handout 2 – ‘Why Start?’
Teacher Material – Reasons for Drug Taking

PROCEDURE

Outline

1. Discuss scenes involving drug use
2. Reasons for taking drugs
3. Ranking of reasons
4. Reasons for starting to smoke - discussion
5. Why people do not smoke

**Detailed Procedure**

1. Discuss scenes involving drug use
   Give each student a copy of Handout 1 – ‘Why people Use Drugs’, and in pairs, ask them to discuss why drugs are being used.

   In a class group, discuss the various drugs being used and whether the main character(s) could have done something else.

2. Reasons for taking drugs
   In pairs, think of three reasons why you think people might take drugs when they are not ill. In each case devise an alternative solution. Discuss in class.

3. Ranking of reasons
   Present ‘Reasons For Drug Taking’ (Teacher Material) on blackboard or on overhead projector and take a show of hands to establish students’ opinions in order of importance. Pose question: “Are there other reasons?”

4. Reasons for starting to smoke - discussion
   Divide class into pairs and present Handout 2 – ‘Why Start?’ Ask them to read the situations and to discuss why the different young people started to smoke. Discuss the reasons in class.

5. Why people do not smoke
   Point out to the class that surveys show that most young people do not smoke. Brainstorm reasons why people do not smoke. Ask students to write down the three reasons, which they think are the most important reasons for not smoking.
WHY PEOPLE USE DRUGS
WHY START?

Catherine, who is 15, had her first cigarette when she was 12 - it was given to her by one of her girlfriends during lunch time out on the school playing fields. Both of her close girl friends smoke and she says that smoking makes her feel part of the group. She is now a regular smoker - smoking about 25 cigarettes a week. Neither of her parents smoke.

Eddie is 16. He had his first cigarette when he was 11 after playing football with his friends at the local park. He said that he took the cigarette because he likes to try anything once! He became a regular smoker at 15 and now smokes about 10 a day. All his friends are smokers. His father smokes but his mother is a non-smoker.

Paul is 16. His first cigarette was taken from his mother's packet (without her knowing) when he was 11. He says that he wanted to see what it tasted like - other people seemed to enjoy them and he liked the way they were advertised in magazines. His father doesn't smoke.

Lisa is 15. She had her first cigarette when she was 10, as a 'dare' by one of her school mates. Both her parents smoke - her mother more heavily than her father. She started smoking regularly at 14 when she started to go to the youth club with her two friends. She now smokes about 40 cigarettes a week.

Why do you think Catherine, Eddie, Paul and Lisa took cigarettes?
Can you think of other reasons why young people start to smoke?
REASONS FOR DRUG TAKING

RELIEF FROM ANXIETY, WORRY OR DEPRESSION

CURIOSITY

REBELLION

FEAR OF MISSING OUT OR LOSING FACE

BOREDOM

FRUSTRATION

ATTENTION SEEKING

PLEASURE
CORE CONCEPT:  It is important to examine cultural attitudes to alcohol use.

ALCOHOL IN OUR SOCIETY

Alcohol use is very widespread and is woven into many social situations in our society. It is a very old custom and a common social practice. Alcohol is one of the most used drugs. Alcohol, while used mainly as a social drink, is also a widely abused drug, with very serious consequences for individuals and families.

PURPOSE

To increase awareness of the different attitudes to alcohol use in our society.

PRACTICAL CONSIDERATIONS

Two class periods are likely to be required.

Sensitivity is required in discussing alcohol dependency, as it is likely that some students in the class will come from homes where there is an alcohol dependent person.

Information from Handout 3, DM 11 and Handout 4, DM 12 are particularly relevant.


Materials

Copies of Handout 1 – ‘The Drinking Habit in Our Culture’
Copies of Handout 2 – ‘Alcohol and Alcohol Dependence’, as required
Copies of Handout 3 – ‘The Effects of Parental Alcohol Dependence on a Family’, as required
Outline

1. Distribute Handout 1 – ‘The Drinking Habit in our Culture’ and discuss each scene individually using trigger questions.

Detailed Procedure

1. Distribute Handout and discuss.

Have students examine the pictures on Handout 1. Consider the various reasons for, and consequences of, drinking alcohol and identify common attitudes in our society to alcohol use. Help them to distinguish between drinking patterns which are socially acceptable and those which are not.

Possible trigger questions and areas for discussion.

Scene 1

*Group A*: Teenagers dancing and drinking at a party.

Discussion points:

- *Is this a common occurrence at a party?*
- *What is your reaction to this?*
- *Where else do people get together socially?*
- *Have you ever heard of the “No Name Club”?*

Scene 2

Wedding Slogan – “To your Health and Happiness”.

Discussion points:

- *What’s your reaction to drinking to “Health and Happiness”?*
- *What other occasions encourage use of alcohol?*
- *Why has alcohol a ‘special place’ at these functions?*
- *What is it like for a non-drinker on these occasions?*
- *What do you think about our use of alcohol on such occasions?*
- *Have you even been at a wedding?*
- *Was there alcohol?*
- *Did anyone get very drunk?*
• Did that make the occasion better or worse?
• Can you imagine a party/wedding without alcohol?

Scene 3
“One for the Road”
Discussion points:
• How does alcohol affect driving?
• Do you think that the legislation should be more strictly enforced?

Scene 4
“Concern at number of young people drinking”
Discussion points:
• Why do young people want to use alcohol?
• How do young people obtain alcoholic drink?
• What do you think of adults’ concern about young people drinking?
• How would alcohol affect a teenager?

Scene 5
They Worry
Discussion points:
• What is the mother thinking?
• What are the children thinking?
• How does alcohol affect people?
• How do others in the family feel when a member abuses alcohol?

Refer to Handouts 2 and 3 regarding effects of alcohol abuse and alcohol dependence.

What is the effect of the father’s drinking on:
• Himself, e.g., his mood, his behaviour, his personality, his relationships, his job?
• His partner?
• The children?
• The family unit?

VARIATION
• Use a video, e.g., “Dying for A Drink”.
• Invite speaker from Al-Anon.
THE DRINKING HABIT
IN OUR CULTURE

1. AT A PARTY
2. TO YOUR HEALTH AND HAPPINESS
3. ONE FOR THE ROAD
4. CONCERN AT NUMBER OF YOUNG PEOPLE DRINKING
5. THEY WORRY
ALCOHOL AND ALCOHOL DEPENDENCE

How alcohol affects behaviour
Alcohol is absorbed very quickly and starts to have effect within 5-10 minutes. Many factors influence how alcohol affects you, but the most important one is the amount of drink taken. With small amounts of alcohol a person feels relaxed, less inhibited and more talkative. With an increase in drink taken, co-ordination begins to diminish and there is slurring of speech. More drinks can result in staggering, double vision, less self-control and more extreme responses (be aggressive, pick fight, cry more easily), followed by unconsciousness. Even a small amount of alcohol can impair judgement and lead to road accidents.

Alcohol Dependence
Alcohol is addictive. Most people drink in small irregular amounts, they decide when and how much to drink. Some, even young people become dependent on alcohol. They find that they cannot control their drinking and feel a craving to drink. They no longer drink for pleasure but drink to feel ‘normal’. They feel that they cannot cope with everyday problems without alcohol. Most alcohol dependent persons do not know that they are dependent. They often convince themselves that they do not have a problem. As the dependency process goes on, the person’s behaviour changes. The person feels bad about him/herself. Relationships with family/friends/workmates suffer and financial problems often occur. With increasing use, the person may have memory lapses (not remember what happened). S/he becomes preoccupied with alcohol.

Alcohol dependence destroys self confidence. To the alcohol dependent person, the need to use alcohol takes precedence over family, work and social life. Their whole lives are out of focus, they need help.

Organisations from which people with problems related to alcohol may get help:

Alcoholics Anonymous (AA), 109 South Circular Road, Dublin 8. Tel: (01) 453 8998
Al-Anon Family Groups and Al-Ateen, 5 Capel Street, Dublin 1. Tel: (01) 873 2699
Treatment facilities in each Health Board area.
THE EFFECTS OF PARENTAL ALCOHOL DEPENDENCE ON A FAMILY

The effects of alcohol dependence can spread throughout a family. Children are the real innocent sufferers of the alcohol dependent parent. They observe a home life that is often very different from that of their friends. They are often afraid to bring friends home. At times they can feel the resentment, rage and hopelessness of the parents. It can be a baffling, complex and frightening experience. Probably the most baffling aspect of the child’s life with the alcohol dependent parent is the sheer inconsistency of the relationship. The alcohol dependent person can be a most loving parent at times. S/he can laugh with the family and take an interest in their welfare. The, s/he can change from the loving parent into an inconsiderate and selfish drinker. The fact that the children are never sure just what behaviour they are going to have to deal with makes for an uneasy life. Most families experiencing the effect of alcohol dependence have ongoing feelings of tension, anxiety and hopelessness. What’s going to happen next? Are Mum and Dad going to fight tonight? Will s/he make a fool out of him/herself again?

In some families where there is alcohol dependence, violence occurs. In some situations the alcohol exaggerates an already violent situation. In others, the person is only violent when s/he drinks. So both spouse and children may go in fear and terror of just who will arrive home or wake up, when the person is drinking.

A common feature in many homes where alcohol dependence is a problem is that few such families engage in direct, honest communication about it and that as the problem progresses, the family become more isolated. Family members withdraw from each other and avoid contact by staying away from home or in their own rooms. Real contact with friends and acquaintances is often reduced.

Children are not likely to ask their friends into a home in which there may be chaos and crises. They cannot talk freely about the home situation because they feel that this involves negative comparison with the home life of their friends. They often cannot enjoy school life because they are, through worry, unable either to concentrate or relax in class.

This is a baffling, frightening experience for children. The love that should be theirs is often denied them, or if it is given, is given in such a manner that it just cannot be understood by the children. They may feel responsible for the alcohol dependent person’s change of moods and feel that they are wrong or have to be different. It is important for families in this situation to understand alcohol dependence and how behaviour changes with alcohol.
CORE CONCEPT: Accurate information is necessary if we are to make responsible decisions.

SMOKING – WHAT DO YOU KNOW?

PURPOSE

To improve pupils’ understanding of the effects of smoking.

PRACTICAL CONSIDERATIONS

This exercise is best suited to first year students but could be used with any Junior Cycle group. For most effective group discussion a group of less than 20 is advisable, but it can be used with a larger group. It can be completed in 40 minutes.

Links with: INF 16 ‘The Effects of Smoking’, INF 17 ‘Smoking – What Do You Think?’.

Materials

Copies of Handout 1 – ‘Smoking – The Effects’
Copies of Handout 1 – ‘Babies Who Smoke’
Copies of Handout 3 – ‘Smoking Quiz’
Quiz Score Key for the teacher
Teacher Material – ‘Smoking – The Risks’

PROCEDURE

Outline

1. ‘Smoking Quiz’
2. Handouts discussed in class group
Detailed Procedure

1. ‘Smoking Quiz’

The exercise may be introduced with a Buzz Group responding to the question:
“*In how many ways does smoking affect the human body?*”

Ask students to complete Handout 3 – ‘Smoking Quiz’. When they have completed it, ask them to join with three other students to discuss their responses.

In the large group discuss the questions and clarify the information.

**QUIZ SCORE KEY**

Answers:

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2. Handouts discussed in class group

Distribute Handout 1 – ‘Smoking the Effects’ and Handout 2 ‘Babies who Smoke’ and discuss. The information may be summarised by presenting ‘Smoking ‘ The Risks’ (Teacher Material) on a chart or OHT.

To evaluate the effectiveness of the lesson, pupils may be asked, on completion, to list three things they learned about smoking of which they were not previously aware.

**VARIATION**

The ‘tar’ effect of smoking can be demonstrated in a science laboratory by attaching a lit cigarette to a conical flask and using a vacuum pump to suck the smoke through water. The tar collects in the water and is very visible. “This is what goes into your lungs”.

**NOTE:** This lesson should be used in conjunction with INF Lesson 17 – ‘Smoking – What do you think?’
SMOKING – THE EFFECTS

Tobacco is derived from the leaves of the ‘Nicotiana Tabacum’ plant, which can be grown in most parts of the world. Tobacco smoke contains more than 1200 different chemicals in the form of particles and gases. Of these, nicotine is the most poisonous chemical; it affects the heart, blood vessels, lungs, stomach, kidneys and central nervous system.

Tobacco is responsible for more than 6,000 deaths in Ireland each year. It causes three major diseases – lung cancer, heart disease and bronchitis/emphysema. Smokers also have more peptic ulcers, coughs, chest infections and shortness of breath. On average, each cigarette a person smokes shortens his/her life by 5.5 minutes.

EFFECTS

Nicotine gives a feeling of relaxation and allows a smoker to face stressful situations more easily and to carry out boring tasks more efficiently. First-time smokers can suffer from nausea and vomiting. Tolerance rapidly develops to the effect of nicotine and people who begin to smoke tend to easily become regular smokers.

THE SOCIAL EFFECTS

Yes, it’s true! Smoking can change your appearance!

Smelly hair and clothes – that’s the perfume of smoke

Yellow teeth – that’s the nicotine again

Yellow fingers and nail thanks to the nicotine

Yellow tongue – the nicotine and all the other chemicals in tobacco smoke stop the taste buds from working properly so food and drink taste a bit strange

Dirt – Well the smoke has to go somewhere
MONEY

Cigarettes are expensive. Money spent on cigarettes cannot be spent on food, drink, clothes, tapes and so on.

PASSIVE SMOKERS

People who have some breathing disorder find it very difficult to breathe in a smoky atmosphere. Many non-smokers find the behaviour of smokers extremely anti-social.

THE LAW

Although tobacco is a legal drug its availability is restricted by the Tobacco (Health Promotion and Protection) Act 1988, which prohibits the sale of tobacco products to children under 16. This Act also prohibits the import, manufacture, sale or advertising of smokeless tobacco products, e.g., skoal bandits designed for oral use.

A further Act in 1990 prohibits smoking in designated areas such as public offices, theatres and cinemas and restricts its use in restaurants, hospitals and other areas.
Babies Who Smoke

Infants born to mothers who smoke are at special risk. The American Cancer Society reports that among women who smoke one to two packs of cigarettes a day:

1. There is greater risk of losing the baby through miscarriage.
2. Mothers who smoke are nearly twice as likely to give birth to a seriously low birth weight infant.
3. Infants born to mothers who smoke are significantly less likely to survive the first year of life.
4. If a baby is breast fed by a mother who smokes, the baby gets nicotine in its milk. As a result, evidence suggests that the baby is likely to suffer from restlessness, irritability, vomiting and diarrhoea far more than babies who are fed by non-smoking, breast-feeding mothers.

Some more facts reported elsewhere

5. Children whose mothers smoked 10 or more cigarettes a day after the fourth month of pregnancy tend to show poorer progress at school – at least up to age 16.
6. Still births or death in the first week of life are increased by nearly one-third in pregnant women who smoke compared with those who do not smoke.
7. Infants under one year are twice as likely to develop a serious chest illness if both parents smoke.
8. When tobacco smoke accumulates in an enclosed area, it can cause an increase in a child’s heart rate and blood pressure.
SMOKING QUIZ

1. One in seven deaths per year is smoking related. [T/F]  
2. Lung cancer kills up to ten times more smokers than non-smokers. [T/F]  
3. Is it legal to smoke anywhere in the school building. [T/F]  
4. Death rates are lower for those who start smoking at an early age. [T/F]  
5. Smoking is the chief cause of chronic bronchitis and lung cancer and a contributing factor in emphysema [T/F]  
6. Lung cancer is a major cause of death in Ireland. [T/F]  
7. Lung cancer can be cured only by removing the diseased lung. [T/F]  
8. Tobacco use is responsible for up to 80% of all lung cancer. [T/F]  
9. Smoking cigarettes with low tar/nicotine levels increase risk of lung cancer. [T/F]  
10. Among smokers, the number of deaths from heart disease is almost double that of non-smokers. [T/F]  
11. Breathing smoke from others’ cigarettes can harm you. [T/F]  
12. Nicotine, a poison, causes cigarette addiction. [T/F]  
13. Smoking cigars and pipes, which aren’t usually inhaled, is less of a health hazard than cigarette smoking. [T/F]  
14. Women who smoke during pregnancy tend to have smaller babies. [T/F]  
15. Smoking is associated with accidental death from fires. [T/F]  
16. To smoke a packet of cigarettes a day will cost £1,000 per year. [T/F]
POORER BREATHING
LUNGS LINED BY TAR
HEART DISEASE
INCREASED HEART RATE/BLOOD PRESSURE
POORER CIRCULATION
POLLUTION
FINANCIAL EXPENSE
EFFECTS ON OTHER PEOPLE/FAMILY
DISCOMFORT IN PUBLIC PLACES WHERE BANNED
BAD EFFECT ON THE KIDNEYS, STOMACH, CENTRAL NERVOUS SYSTEM
SORENESS OF EYES, NOSE, THROAT
DAMAGE TO UNBORN BABIES
WITHDRAWAL SYMPTOMS
CANCER CAUSING SUBSTANCES
REDUCED APPETITE/‘TASTELESS’ FOOD
SMOKING – THE RISKS
POORER BREATHING

ADDITION (TO NICOTINE)
CORE CONCEPT: Accurate information is necessary in making decisions.

THE EFFECTS OF SMOKING

PURPOSE

To increase the knowledge of the effects of smoking.

PRACTICAL CONSIDERATIONS

This exercise can be used with any age group and is designed to reinforce what was learned in INF Lesson 15 ‘Smoking – What Do You Know?’ The booklet ‘Understanding Drugs’ can be used by students for project work.

Links with: INF 15 Smoking – What Do You Know?’, INF 17 Smoking – What Do You Think?’.

Materials

Paper, felt pens, colouring pencils, tape recorder

PROCEDURE

Outline

1. Brainstorming and/or fact sheets
2. Divide class into project groups
   (a) Posters
   (b) TV Commercial
   (c) Radio script
3. Groups present work
Detailed Procedure

1. Brainstorming and/or fact sheets
   If INF Lesson 15 has been used get class to recall the information learned about the effects of smoking. If this has not been used distribute Handout 1 ‘Smoking – The Effects’ and Handout 2 ‘Babies who Smoke’ from INF 15 and discuss.

2. Project groups
   Divide the class into groups and select or ask them to select one of the activities outlined above.

   OPTION A
   Design posters for a community centre to discourage smoking. Include posters for:
   - Primary school children
   - Teachers
   - Pregnant women
   - Places where people are eating

   OPTION B
   Design and act out a TV advertisement indicating the advantages of not smoking.

   When the students are undertaking this activity ask them to try not to spend a lot of time telling people how bad smoking is. Emphasise how good it is not to smoke – taste, smell, being fit, stain-free hands, fresh breath, being considerate towards other people, having more money for things they want such as trips.

   OPTION C
   Write and record a script for a radio broadcast about smoking. Be factual and honest. Possible people to include are a doctor, people who have tried to give up smoking and succeeded/failed, young people who smoke.

3. Groups present work
   Large group: present or display work to other group(s) and discuss.
CORE CONCEPT: Knowing your attitudes to and feelings about smoking helps you decide if you will/will not smoke.

SMOKING - WHAT DO YOU THINK?

PURPOSE

To explore attitudes to and feelings about smoking.

PRACTICAL CONSIDERATIONS

This lesson will probably follow INF Lesson 15 – ‘Smoking – What Do You Know?’, because healthy attitudes depend on accurate information. If used with first year students, Handout 1 – ‘Attitudes to Peer Group: Smoking’ is probably more appropriate. It is advisable to have students consider their attitudes to smoking again at a later stage (Year 3 or 4) and in doing so Handout 2 – ‘Smoking Survey’ may be more appropriate. The lesson can be completed in 40 minutes.

Links with: INF 15 ‘Smoking – What Do You Know?’, INF 16 ‘The Effects of Smoking’, DM 9 ‘Where Do I Stand?’

Materials

Copies of Handout 1 – ‘Attitudes to Peer Group: Smoking’ or Handout 2 – ‘Smoking Survey’ for each student
Copies of Handout 3 – ‘Dear Listener’ for each group of three students
PROCEDURE

Outline
1. Each student completes a questionnaire
2. Small groups complete one by consensus
3. Class discussion
4. Group writes reply to Handout 3 – ‘Dear Listener’
5. Feedback

Detailed Procedure
1. Each student completes a questionnaire
   Distribute Handout 1 – ‘Attitudes to Peer Group: Smoking’ or Handout 2 – ‘Smoking Survey’ as appropriate to your group and ask students to complete it individually. Remind them that there are no right or wrong answers to the questionnaire, but ask them to use the information already received about the effects of smoking. (With a weaker group it may be helpful to summarise or help them recall the information learned in the previous lesson).

2. Small groups complete one by consensus
   Divide the class into small groups to discuss the response. It may be helpful to give each group a blank questionnaire to be completed by consensus.

3. Class discussion
   Class discusses the responses and, where relevant, briefly refer to possible consequences or outcomes of smoking.

4. Group writes reply to Handout 3 – ‘Dear Listener’
   Divide class into groups of three and distribute ‘Dear Listener’. Ask them to write a reply to the letter.

5. Feedback
   Each group reads their reply to the class.
ATTITUDES TO PEER GROUP: SMOKING

Situation:
Stephen has arrived at his first disco and has arranged to meet a group of his pals from school inside. They are standing in a small cluster on the other side of the room and Stephen moves across to join them. As he walks towards the group he feels very anxious because he desperately wants to be accepted. He knows these boys have attended many previous discos and look on him as a “kid”. Tonight he wants to show he’s cool enough to be part of the group. On joining the group, one of the boys offers Stephen a cigarette…

Now put yourself in Stephen’s position.
1. You have never wanted to smoke and believe it to be injurious to health.
   Would you
   (a) Accept the cigarette?
   (b) Refuse it?
   (c) Don’t know

2. You have always made sensible decisions. If you ticked 1 (a) was it because you felt
   (a) It was the adult thing to do?
   (b) Under pressure to accept?
   (c) Frightened of being rejected?

3. If you ticked 1 (b) was it because
   (a) You were afraid your parents might find out?
   (b) You might be sick and therefore be made to look silly?
   (c) You know it’s the right decision for you?

4. If you ticked the “Don’t know” box was it because
   (a) You couldn’t make a decision using the evidence available?
   (b) You don’t know whether cigarette smoking is a good or bad thing?
   (c) (Please write your own reason)

Now look back over the possibilities you have ticked.
What does this result tell you about:
   Yourself vis-à-vis your peers?
   Your values
Tick the box that best describes your feelings on smoking.

<table>
<thead>
<tr>
<th></th>
<th>Strongly agree</th>
<th>Mildly agree</th>
<th>Neither agree nor disagree</th>
<th>Mildly disagree</th>
<th>Strongly disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Smoking will endanger my health.</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>2. Smoking is a dirty habit.</td>
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<tr>
<td>3. Smoking is OK. Its effects are exaggerated.</td>
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<tr>
<td>4. I hope my children will never smoke.</td>
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<tr>
<td>5. No smoking should be allowed in public places. Smoke from others' cigarettes can harm non-smokers.</td>
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<tr>
<td>6. Smoking is very expensive.</td>
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<tr>
<td>7. It is good to have a health warning on cigarette packages.</td>
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<tr>
<td>8. Smoking causes cancer.</td>
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<tr>
<td>9. Cigarettes should be harder for children to buy.</td>
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<tr>
<td>10. Smoking cigarettes makes me feel more confident.</td>
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<tr>
<td>11. People are hypocrites. They say, “Don’t smoke”, but they smoke.</td>
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</tr>
<tr>
<td>12. It is easy to give up smoking.</td>
<td>☐</td>
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<td>☐</td>
</tr>
</tbody>
</table>

Based on your answers above write a short paragraph beginning with

“*I think cigarette smoking is …*”

My reasons for thinking this are …
“DEAR LISTENER”

In your group, reply to this letter received by a newspaper advice column.

“Dear Listener,

Every day, after school, I meet a group of friends at the local shops. They all smoke, but I don’t. They’ve started teasing me. I tried to smoke without inhaling, but I really don’t enjoy it. I’m finding it hard to say no. Even though I’m fifteen years old, I can’t take the teasing.

Yours hopefully,

‘Frustrated’.
CORE CONCEPT: Accurate information is necessary in order to make responsible decisions.

THE EFFECTS OF TABLET USE

Medicines have brought great advantages to people. They can prevent diseases and cure or control other diseases/illnesses and reduce pain, e.g., immunisation, drugs for epilepsy, diabetes, pneumonia, asthma, anaesthetics in operation, drugs for pain, for example, after surgery or in terminal cancer. All medicines affect us in some way and can be dangerous if not used properly. Medicines are consumed in great quantities by adults and children. Most houses have medicine cabinets, well stocked with prescribed and over the counter medicines. Careless storage of drugs is a huge risk to children.

Drugs are big business and manufacturers seek profits and try to expand their markets. The advertising media seeks to increase consumption. Some of the messages about medicines lead us to think that there is a drug to cure all physical and psychological pain. Drugs can have serious consequences if abused or misused.

PURPOSE

To identify some reasons why people take medicines.
To assess the justification for taking these medicines.
To become aware of alternative courses of action.

PRACTICAL CONSIDERATIONS

This exercise is best suited for first/second year students.


Materials

Copies of Handout 1 – ‘Take Care’
Teacher Material ‘Take Care’
PROCEDURE

Outline
2. Ask students to complete Handout 1 – ‘Take Care’ and discuss
3. Identify alternatives
4. Design poster

Detailed Procedure
   Ask students to identify some situations when they or a member of their family used prescribed medicine. Ask them to think of situations when using the drugs was really necessary/important. Make a list of the situations presented and discuss. Brainstorm situations in which people take pills when they are unnecessary or inappropriate. Discuss why they use them.

2. Ask students to complete Handout 1 and discuss
   Present Handout 1 – ‘Take Care’ and ask students to individually complete the questionnaire. Discuss responses in a large group.

3. Identify alternatives
   Break class into groups and ask each group to write down five things they could do as an alternative to taking tablets in situation where they are not necessary for well being. This could include things you can do with other people or things you can do alone. Take feedback in the large group.
   (If these ideas have not been given, feed them in – go for a walk, physical exercise, relaxation exercise, listen to music, talk to friends, and avoid drinking so much).

4. Design poster
   Design a series of posters to encourage responsible use of drugs. Posters could encourage care in the use and storage of drugs and promote alternatives to taking tablets when feeling down.
**TAKE CARE**

Examine the statements below and indicate the answer you would pick.

<table>
<thead>
<tr>
<th></th>
<th>Never</th>
<th>Sometimes</th>
<th>Always</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. carry a box of aspirin or keep them handy.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>2. only go to a doctor who easily prescribes medicines.</td>
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<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>3. you should finish a course of antibiotics even if you feel better.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>4. you can take prescribed medicines left by someone else if you have the same symptoms.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>5. throw out unused medicines.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>6. if a child is ill give him/her half the adult dosage of medicine.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>
TAKE CARE

1. Aspirin, while having many positive uses, is also an extremely dangerous drug as it irritates the lining of the stomach, which can cause bleeding (haemorrhage) often requiring blood transfusions. Deaths have been caused by such aspirin-induced haemorrhages as people bleed to death, so care is needed in the use of aspirin.

2. Many illnesses do not require medicines let alone prescription medicines. Some conditions like stress and insomnia can be dealt with in non-drug ways, e.g., through yoga, meditation, relaxation tapes, cutting out caffeine and alcohol before bedtime.

3. Failure to complete the full course of antibiotics leads to the development of resistant strains of bacteria. Infections with these superstrains can be fatal because there is no drug available which can kill the bugs.

4. No two individuals will react in the same way to drugs and medicines and most people are not trained in diagnosis. What might be simple constipation in one person needing more fibre in the diet could be a serious bowel problem, even cancer, in another.

5. All unused medicines should be disposed of, preferably down the toilet. Never throw them into the bin! It is a good idea to ask your local pharmacist for his/her advice on the best way of getting rid of unwanted medicines. Remember a hot steamy bathroom or kitchen is the worst possible place to store medicines. They will breakdown (‘go off’) very quickly indeed.

6. Always seek medical or pharmaceutical advice, as some drugs may be too poisonous to give to children even at half the adult dose.
CORE CONCEPT: Accurate information is necessary in order to make responsible decisions.

ALCOHOL – WHAT DO YOU KNOW?

PURPOSE

To improve students’ understanding of the effects of alcohol.

PRACTICAL CONSIDERATIONS

This exercise might be used with any group depending on the known practices and requirements of students. Ideally it should be used before students get involved in the regular use of alcohol. It may take one or two class periods, depending on the ability level of the group.


Materials

Copies of Handout 1 – ‘Effects of Alcohol Worksheet’ (blank)
Copies of Handout 2 - ‘Effects of Alcohol Worksheet’ (completed)
Copies of Handout 3 – ‘A Night I Won’t Forget’
Teacher Material – ‘Alcohol – The Effects and The Risks’
PROCEDURE

Outline

1. Handout 1 – ‘Effects of Alcohol Worksheet’ completed and checked
2. Handout 3 – ‘A Night I Won’t Forget’, read and discussed

Detailed Procedure

1. ‘Effects of Alcohol Worksheet’ completed and checked
   Divide the class into pairs or groups of three. Pose the question:
   “How does alcohol affect a person?” and allow the pairs/groups to discuss it.
   Distribute Handout 1 – ‘The Effects of Alcohol’ to each pair/group and allow enough time to complete it. Then distribute handout 2 - 'Effects of Alcohol’ for students to check their response or discuss student responses in the class.
   Provide accurate information where pupils have been inaccurate or unclear.
   Alternatively, the information contained in Handout 2 may be discussed before using Handout 1.
   Brainstorm the effects of abuse of alcohol. Clarify and discuss using Teacher Material - ‘Alcohol – The Effects and The Risks’

2. Handout 3 read and discussed
   Distribute Handout 3 – ‘A Night I Won’t Forget’ and ask students to read the story noting the influences on Paula as they go along.
   For less academic students, the teacher could read the story.
   Discussion points:
   • Can you say why Paula acted the way she did?
   • Which influences were internal and which were external? (Explain the difference between internal influences – those that come from within us, e.g., the image we have of ourselves, our curiosity, our feelings, and external influences – those that come from outside ourselves, e.g., the influence of other people).
   • What are some of the dangers of too much alcohol?
   • What are your feelings about the boy stealing a car?
   • What do you think Paula learned from this?
EFFECTS OF ALCOHOL WORKSHEET

Directions: Write about the effects of alcohol.

Effects on the brain:

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

Effects on the liver:

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

Effects on the stomach:

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

Effects on blood circulation and heart:

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

Effects on kidneys:

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

Effects on behaviour:

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________
EFFECTS OF ALCOHOL WORKSHEET

Brain
Alcohol acts on the ‘self-control’ part of the brain, so our behaviour changes. Inhibitions are removed and there is a feeling of relaxation as more alcohol is drunk. If affects balance, judgement, muscle control and memory. Long-term misuse can cause brain damage.

The liver
Most alcohol passes through the liver on its way into the blood stream. The liver normally breaks down alcohol at a fixed rate equal to approximately one drink per hour. Thus, if a person consumes more than one drink per hour the alcohol builds up in the blood, leading to a higher blood-alcohol level.

In cases of excessive drinking, fat rapidly builds up in the liver stopping it from working properly.

Consistent liver damage may result in cirrhosis of the liver where portions of the liver die and are replaced by scar tissue.

Stomach
Alcohol irritates the wall of the stomach and may eventually cause ulcers.

Blood circulation and heart
Small amounts of alcohol increase a person’s blood pressure and pulse rate slightly. Large amounts over a long period can damage the heart, making it ‘fatty’ and weak.

Heavy alcohol use is a leading cause of heart disease and circulatory disorders.

Kidneys
The kidneys have to work overtime to rid the body of excess alcohol. This irritates and stresses the kidneys.

Behaviour
Judgement and co-ordination are affected. Inhibitions are reduced and one becomes more talkative. Risks are taken. One becomes clumsier.
I still don’t think my parents were right – even if my father keeps telling me: “I knew you would end up in trouble with that gang”, and “you never listen to a word your parents tell you and now look what has happened”.

I’ve got to admit, however, that I was one of those people who had to learn things the hard way. I ended up escaping with just a few broken bones when it could have taken my life.

And it all started so innocently…

I left school last June after completing my Leaving Cert. Initially it was a time of great excitement. There was a buzz at just not being in school anymore and not having to do any more exams for the rest of my life, if that’s what I chose. I enjoyed the freedom of having nothing to do for an entire summer but the feeling of euphoria didn’t last and I soon became bored. Worse, I was fairly broke most of the time.

One day in the city centre I met up with a girl who had been a year ahead of me in school. She was someone I really admired and when I told her how life was for me she said, “It’s time you started livin’, Paula”.

We arrange to meet a week later in a pub in town. She introduced me to all her friends - boys and girls. It seemed as if she had thousands of friends and she was having a really wild time. A brilliant time.

I could tell that the crowd she was with didn’t have much time for someone drinking Coke. They didn’t say anything; it’s just that they seemed to look the other way for company and kicks whenever I tried to mix in.

After a few weeks I tried some Barcardi in the Coke. I’ve got to tell you that if freedom had a taste then this was it. I can remember the glow, and the feeling that I could do anything. It must have shown because I was one of the gang at last… I had found what I was looking for.
One night the gang headed in the direction of St Stephen’s Green in Dublin’s city centre. The boyfriend of this girl I admired so much started looking through the windows of all the parked cars and she was shouting, “That one! That one! That one!” and laughing all the time.

I had no idea at the time that both of them were sizing up a car in order to rob it. It wasn’t until I was in the back seat with four or five others of the gang speeding away did I realise what was happening. I think I must have had a minor blackout.

The next memory I had was one of the most awful in my life. I looked up from the flat of my back at my mother and father. I strained my eyes down and saw my leg encased in white plaster. My whole body felt as if it had been chucked into a pot of boiling oil, it was that sore.

My father had a look on his face, which I had never seen before. He looked frightened and tense. He looked vulnerable like the way I was feeling most of the time. I was expecting him to give me a lecture but he just put his hand on my forehead.

The doctor told me that three other people in the car had received more extensive injuries than I. He didn’t say what they were. I was numbed by that. I just thought it was a bad dream.

I came back down to earth when he told me that the Gardaí would be calling to see me after I was released from hospital.

I’m back at home now, still hobbling around with a broken foot. I have been charged with some offence or other relating to the theft of a car. I’m not sure what the exact wording is.

My mother says very little to me now, except to give me that look which says everything about the way she really feels about me. My father is back on the old, “I told you so” lecture circuit.

I still don’t think they understand me. My father is too black and white about everything.

There are a lot of things that confuse me now that didn’t do so before, but some things have become very clear. I now know, for instance, that it’s really OK for my parents to be so strict even though I don’t like it. I have seen how they really care about me.

But most importantly, I now understand that drinking may be fun but being drunk is crazy and I don’t need the type of friends who only accept me if I do the things they want to do.
ALCOHOL – THE EFFECTS AND THE RISKS

- ADDICTION
- AGGRESSIVE BEHAVIOUR
- TALKATIVENESS
- UNUSUAL BEHAVIOUR
- UNPLANNED PREGNANCY
- LOSS OF INHIBITIONS
- SLEEP
- CHOKING & DEATH
- RELAXED FEELING
- NAUSEA (SICK FEELING)
- FINANCIAL PROBLEMS
- LIVER DISEASE
- HEART PROBLEMS
- ULCERS
- REDUCED SEX DRIVE
- DEPRESSION
- POORER MUSCLE CONTROL
- ACCIDENTS
- POORER VISION/HEARING
- DAMAGE TO UNBORN BABIES
- DISTURBED RELATIONSHIPS/HURT

INFORMATION AND EDUCATION

Lesson 19
Teacher Material
CORE CONCEPT: Knowing your attitudes and feelings about alcohol helps you make decisions about drinking.

ALCOHOL – WHAT DO YOU THINK?

PURPOSE

To explore attitudes and feelings about drinking alcohol.

PRACTICAL CONSIDERATIONS

This lesson will probably follow Lesson 19 – ‘Alcohol – What Do You Know?’ because healthy attitudes depend on accurate information. Handout 1 – ‘Attitudes To Alcohol’ is considered to be more appropriate for more junior or less able students and Handout 2 – ‘What Do You Think?’ for senior students. It may take one or two class periods to complete all stages of the lesson. ‘The Party’ may be omitted or used separately at a later date.


Materials

Copies of Handout 1 – ‘Attitudes To Alcohol’ or Handout 2 – ‘What Do You Think?’

Copies of Handout 3 – ‘The party’ for each group of four students
**Outline**

1. Brainstorm
2. Individual work and discussion
3. Group decision making and feedback

**Detailed Procedure**

1. **Brainstorm**
   
   Ask the class to brainstorm reasons *why people drink/why people do not drink*, and list them on the blackboard or flip chart.

2. **Individual work and discussion**
   
   Distribute Handout 1 – ‘Attitudes To Alcohol’ or Handout 2 – ‘What Do You Think? to each student for completion alone. Remind them that there are no right or wrong answers, but their answers should be based on the information they have about the effects of alcohol.

   It may be helpful to summarise **INF 19 'Alcohol – What Do You Know’**

   The completed worksheet should be discussed in small groups, and summarised in a class discussion.

3. **Group decision making and feedback**
   
   Distribute Handout 3 – ‘The party’ to each group. Discuss with the group and make a group decision about the situation. (It is advisable to limit the time for decision-making to five minutes).

   Groups report their decision, and the reasons for it, to the class.

   Discuss.
ATTITUDES TO ALCOHOL

Here is an exercise for you to tackle. The idea is for you to show how much you agree or disagree with a set of statements, all of which are about alcohol, drinking and drinkers.

This is not a test where you score right or wrong answers. It is simply a chance for you to see what you feel and believe about certain things to do with alcohol.

There is a list of eight statements and each statement has three boxes alongside. Box 1 means, “I agree”, Box 2 means “I don’t know” or “I’m not sure”, Box 3 means, “I disagree”. Tick the one that you think is most apt for you.

<table>
<thead>
<tr>
<th></th>
<th>I agree</th>
<th>Not sure</th>
<th>Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Almost everybody takes alcoholic drinks.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>2. Drinking alcohol can get you into difficulties.</td>
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</tr>
<tr>
<td>3. Alcohol is more trouble than it’s worth.</td>
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<tr>
<td>4. You don’t need to drink to have fun.</td>
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</tr>
<tr>
<td>5. It’s stupid to get drunk.</td>
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</tr>
<tr>
<td>6. Drinking puts fun into things.</td>
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</tr>
<tr>
<td>7. People who don’t drink are ‘drips’.</td>
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<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>8. Only heavy drinkers develop problems with alcohol.</td>
<td>☐</td>
<td>☐</td>
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</tr>
</tbody>
</table>
WHAT DO YOU THINK?

The lines below are designed to let you give opinions about statements concerning alcohol. Place an X at some point on each line to show where you stand in regard to the statement. If you fully agree, place an X at number 1, if you fully disagree, place the X at number 10. Place the X elsewhere if your opinion falls between the two extremes.

1. Occasional drinking is enjoyable for many people.
   1 2 3 4 5 6 7 8 9 10
   agree Disagree

2. Drinking is dangerous for some people.
   1 2 3 4 5 6 7 8 9 10
   agree Disagree

3. The dangers of drinking are too great; therefore all drinking should be prohibited.
   1 2 3 4 5 6 7 8 9 10
   agree Disagree

4. Making alcoholic beverages illegal would not work.
   1 2 3 4 5 6 7 8 9 10
   agree Disagree

5. We would have fewer problems with drinking if young people were allowed to start earlier.
   1 2 3 4 5 6 7 8 9 10
   agree Disagree

6. All people convicted of driving while under the influence of alcohol should be given jail sentences.
   1 2 3 4 5 6 7 8 9 10
   agree Disagree

7. Teenagers should be allowed to drink beer and wine but not other alcoholic beverages.
   1 2 3 4 5 6 7 8 9 10
   agree Disagree

8. Alcoholic drinks should be sold with warnings similar to those on cigarette packages.
   1 2 3 4 5 6 7 8 9 10
   agree Disagree

9. Alcohol is responsible for many crimes
   1 2 3 4 5 6 7 8 9 10
   agree Disagree
You want to go to a party but your parent’s say “no” as they fear there will be too much drinking. You arrange to visit another friend, and even agree with your father that he can collect you there at 12.30. Your secret plan is to go to the party with your friend and to be back at your friend’s house at 12.30.

At the party you are under pressure from your friends to drink. There is a lot of drink about. You don’t want to, and anyway you will be meeting your father at 12.30.

What do you do?