

# Drug and Alcohol Awareness

Sessions to introduce  
Drug, Nicotine and Alcohol learning

SFNI  
2022



## Introduction

All young people have a right to easily accessible and effective drug and alcohol education that equips them with the facts about the impact of drug, alcohol, and other substances has on themselves.

**This training should provide them with the skills, strategies and attributes that encourage them to make positive decisions and manage their lives in a substance-using society.** (Personal, Social, Health Education Association - UK 2020)

As facilitators and educators working with young people, we should be aware of the challenges that this type of learning brings to young people in respect of religious, cultural, and personal beliefs and experiences and as such ensure that Scouting Ireland delivers training that is inclusive, accessible, and mindful of the experiences and attitudes and beliefs of those we are working with.

The intent of this Drug and Alcohol session pack is therefore to provide you with a guide and resources for the delivery of training that is inclusive and takes into consideration the challenges raised above so that no young person feels alienated or unable to seek out support in developing their own learning and understanding around these topic areas.

When delivering this content, we must be mindful of the attitudes, language and approaches we use as well as feel able and confident in challenging misconceptions brought forward by young people and ensure a non-judgemental approach and tone is at the centre of the group dynamic in the delivery of this learning.

To help you in your preparation for the delivery of Drug and Alcohol learning please read the following guidance notes to help you consider Safeguarding, Signposting and Environmental issues related to this type of education.

Having a better understanding of best practice and how to manage safe delivery of this type of learning, will not only help young people feel safe and confident in their development but will also equip you as the facilitator with the knowledge and practical abilities to confidently discuss and teach about the issues that are raised across these sessions.

These sessions have been designed for 'entry-level' understanding of the topic and issues described and should be used to compliment more formal learning young people may have received in school.

**SFNI Programme Lead**

## Safeguarding

It is important to recognise that young people will hold a varied amount of understanding and experience in the use of legal and illegal substances, with some possibly being impacted by substance misuse through family experience etc.

In response to this it is advised that we prepare for and deliver all sessions on the basis that there will be at least one member of the group who is personally affected by the session content. Making the session safe for that one young person will help to ensure the learning is safe for everyone.

**Things we can do to mitigate this or safeguards we can put in place include:**

- Alerting parents and all relevant safeguarding personnel about the topic that will be covered in the sessions.
- Encouraging parents, guardians, and adults in charge to discuss the session content with any young person who needs support for related issues.
- Providing opportunities for young people to withdraw from the session if appropriate, without being asked to justify their absence to their peers.
- Signposting sources of support before, during and after the lesson

## Signposting

Although it is important that group members make personal disclosures in an appropriate, safe setting and not during the course of the session, appropriate support must be signposted at all times.

### **This means:**

- Being familiar with (and sharing appropriate parts of) the organisations safeguarding, or other relevant policies such as the drug and alcohol policy. Before doing this, ensure that the policy has been updated recently.
- Reassuring group members that they will always be taken seriously, listened to and never judged, if they make a disclosure.
- Making sure group members know how to access support and – especially with younger members – what they might say to someone to get the help they need.
- Being aware of organisations that can provide further support and holding the information necessary to sign post young people onto in relation to your area is also important to have.

## Creating a safe learning environment

A safe learning environment helps group members feel comfortable with sharing their ideas without attracting negative feedback and avoids possible distress and disclosures in a public setting. It also helps you the facilitator, manage discussions on sensitive issues confidently.

### **It is good practice to:**

1. Work with the group to establish **ground rules** about how they will behave in the session;

#### **For example**

- o **Everyone has the right to be heard and respected.**
  - o **We will use language that won't offend or upset.**
  - o **We will use the correct terms, and if we don't know them, we'll ask.**
  - o **We will comment on what was said, not the person who said it.**
  - o **We won't share our own, or anyone else's, personal experiences or make assumptions.**
  - o **We won't put anyone on the spot and we have a right to pass.**
2. Provide balanced information and differing views to help group members clarify their own opinions.
  3. Be sensitive to the needs and experiences of individuals – young people will have a range of experience and understanding of legal and illegal drugs and alcohol.
  4. Distance the learning from the group to keep the learning environment safe and to discourage personal disclosures in the session.
  5. Make pupils aware of sources of support, both inside and outside the school.
  6. Always work within Scouting Irelands policies on confidentiality, safeguarding and child protection – be aware of the procedures you should follow if a group member confides in you or gives you cause for concern. Do not promise confidentiality if information is disclosed which suggests a young person is at risk.

### **For further guidance on how to create safe spaces for learning visit:**

[www.edutopia.org/blog/20-tips-create-safe-learning-environment-rebecca-alber](http://www.edutopia.org/blog/20-tips-create-safe-learning-environment-rebecca-alber)

[www.coramlifeeducation.org.uk/scarf/creating-a-safe-learning-environment](http://www.coramlifeeducation.org.uk/scarf/creating-a-safe-learning-environment)

[www.cambridgeinternational.org/Images/584539-2.-ceating-a-supportive-environment.pdf](http://www.cambridgeinternational.org/Images/584539-2.-ceating-a-supportive-environment.pdf)

## Identifying common misconceptions

Young people may have a range of beliefs about substance use; some of which may be inaccurate. Sessions will challenge a number of these misconceptions, however it may prove beneficial for you the facilitator to be aware of the common misconceptions associated with the topic so that you are better equipped to challenge these views outside of session delivery.

### 1. If someone takes any substance once it will kill them

An example of this misconception may be believing that smoking a single cigarette once will cause lung disease. This myth could lead to young people thinking that 'the damage is already done' so they don't hold value in cessation or have unfounded fears and worries about family members and friends who smoke and drink.

### 2. All drugs are really addictive

Being able to differentiate between addictive and hazardous substances can be difficult for us all. There is a benefit in challenging this by discussing how different substances interact in different ways in the body and can be more or less addictive. It is also important to reinforce that drugs and other substances impact us all in different ways.

### 3. Everyone is drinking alcohol/smoking/ using drugs, or will use them at some point

A common misconception around drinking, smoking and drugs is that of 'everyone is doing it'. Contrary to this attitude, recent research suggests that young people are more inclined to make healthy decisions around their lifestyle. It is important to emphasise these sorts of healthy behaviours in others as the actions of our peers can heavily influence our own actions.

### 4. Only certain groups or 'types' of people use alcohol, tobacco, or other drugs

Creating stereotypes of what those who take and use drugs and other substances habitually can lead to a wide range of misunderstanding and misinterpretations of how drugs and substances are used and can lead to false sense of security about who is more or at less risk of being impacted by drug and substance misuse.

### 5. People who are addicted to drugs are 'bad' people

This attitude holds the potential of misrepresenting those who are impacted by addiction and misuse issues and lead to false sense of security about the impact of using drugs and other substances. It may also lead to alienation of young people who have been directly impacted by these issues within their own life.

For more information about Addiction and dispelling myths:

[www.nhs.uk/live-well/healthy-body/addiction-what-is-it/](http://www.nhs.uk/live-well/healthy-body/addiction-what-is-it/)

[www.drugsandalcoholni.info/](http://www.drugsandalcoholni.info/)

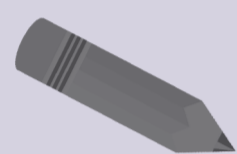
## Before you begin

Sessions have been developed so that they are easily accessible and can be delivered in its entirety across one session or broken into smaller components and delivered across multiple occasions.

If delivery is being broken up across multiple sessions it is important to always re-visit previous learning from the sessions already delivered so that the young people can easily see how the new learning delivered is connected to what they have previously done.

To help you in your delivery each activity has a number of symbols linked to them denoting the type of activity and the suggested duration.

**Please note** that sessions have been designed for those aged 9 years or older and are to be used to introduce each topic area only. Sessions created are to be used to guide and inform learning and should be delivered using language and content that is appropriate for who you will be delivering it to.



**Writing based Activity**



**Practical Activity**



**Discussion based Activity**



**Suggested time for activity**

**The majority of sessions will require you to have a number of resources available such as:**

- Pens
- A4, A3 and Flip Chart paper
- Markers/ Crayons/ Paints
- Scissors and other Stationary

Always **take time to read** across each session you intend to deliver and plan accordingly regard the resources that you will require.

Each session will contain an **evaluation activity** and **checklist** at the end referencing the intended learning for the activities that have been delivered.

If you **choose to adapt** or **change** the session or the way in which activities are delivered please always refer to the Intended Learning Outcomes (ILOs) to ensure that the aim of the sessions are not missed.



# Session 1- Caffeine





# Session 1- Caffeine

## Introduction



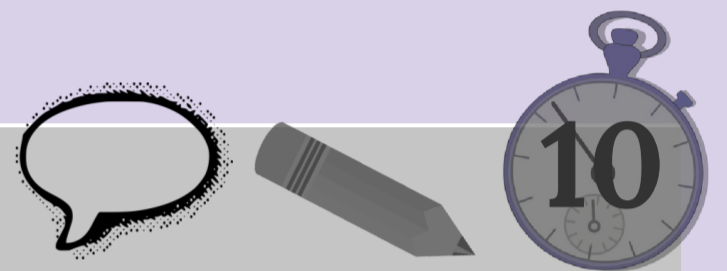
The introduction will provide the opportunity to explain to the group what it is they will be learning about across the next number of sessions.

The **Drug & Alcohol Awareness** sessions will encourage the group to look at, think about and learn something they might not already know about- how the use of drugs, nicotine and alcohol can have negative effects on themselves and those around them.

As these sessions are only an introduction to the topic areas, explain to the group that these are basic sessions that will only cover Caffeine, Nicotine and Alcohol.

To get things started everyone will be asked to complete a **'baseline'** activity.

## Baseline Activity- Draw me a picture



**Resources:** Blank Body Outline, Pen, Pencils, Crayons

**About the activity:** This activity can be used to capture the thoughts, opinions, and knowledge that young people have about drugs and other substances.

### Completing the activity:

1. To begin, give each young person a copy of the Blank Body outline sheet, provide pens, pencils and crayons and ask them to 'create a picture' of what someone who uses drugs might look like.

2. Using the following statements ask the group to write or draw:

A. What the person using drugs appearance might be, what does their physical appearance look like?

What are their clothes like? Do they look after themselves etc?

B. Now ask the group to draw or write down what drugs this person uses and why?

C. Ask the group to write down what the affects of using these drugs might be and what the consequences of using them are?

3. Complete the activity by making sure each young person has included their name on the baseline and collect them adding that we will be re-visiting these again later.

**Note for Trainer:** It is important to remember that there are no right or wrong answers to this exercise.

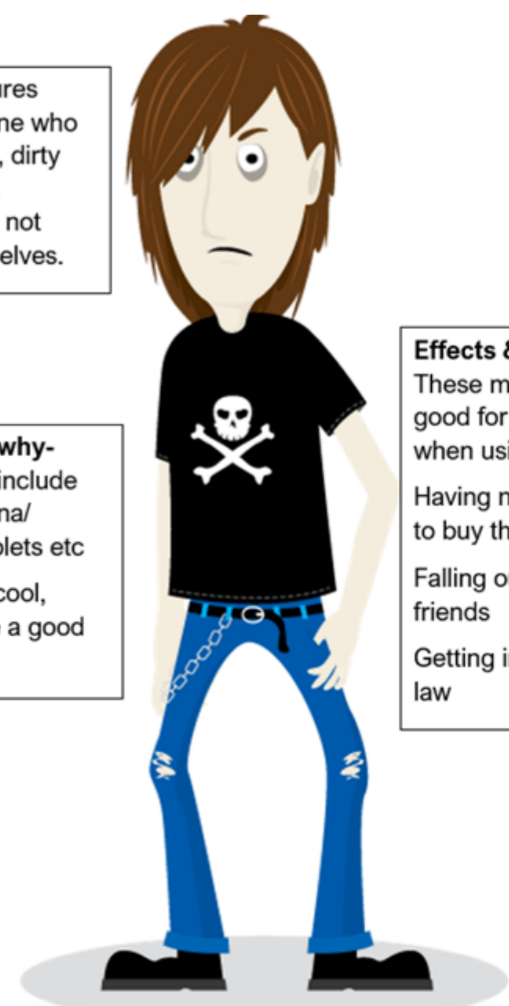
The baseline activity will be used to measure the learning young people make across these activities.

An example of what a **baseline** may look like is:

**Appearance-** Pictures might show someone who is unkept, long hair, dirty and ripped clothes, generally someone not looking after themselves.

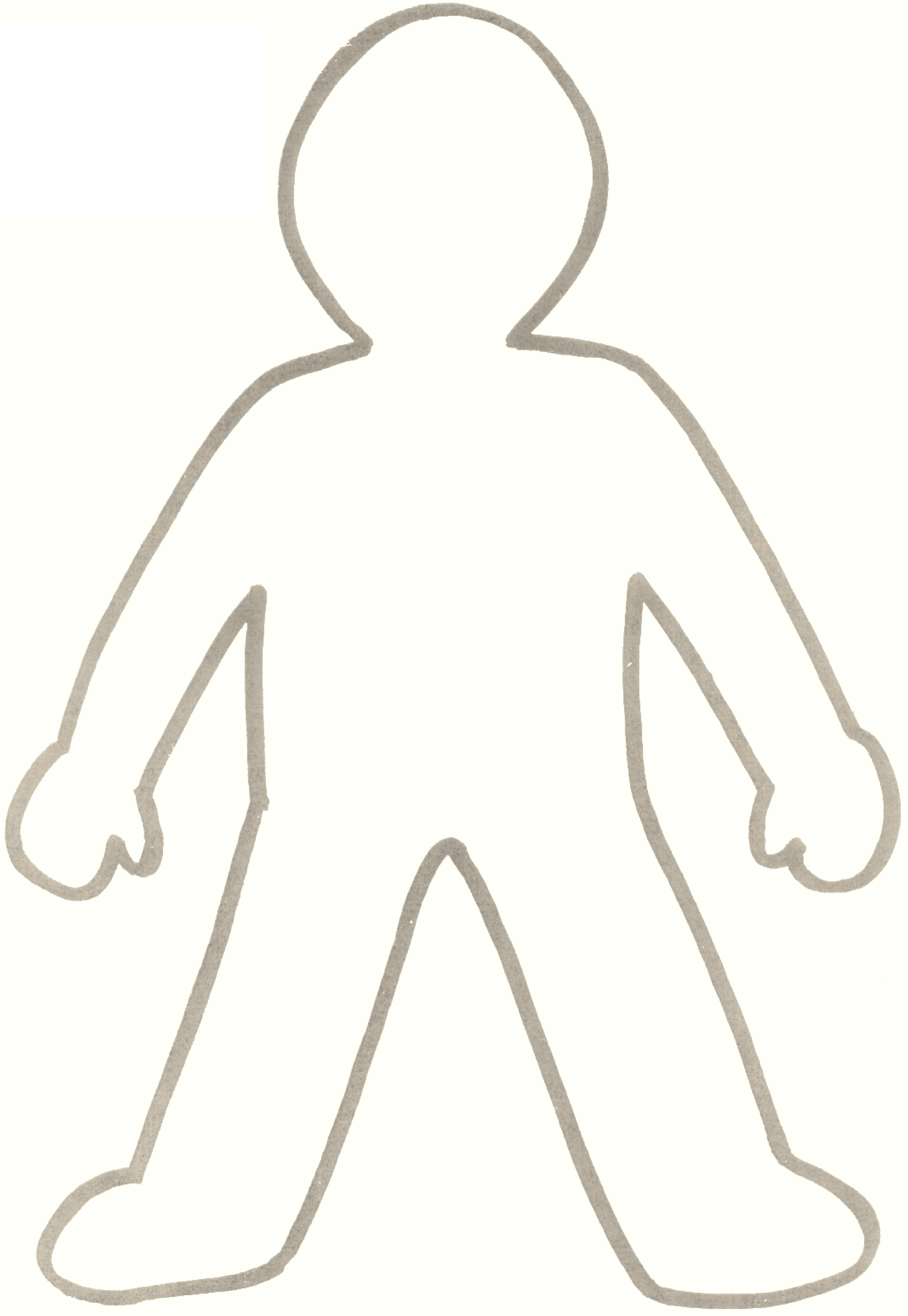
**Drugs they use & why-** suggestions might include Cigarettes, Marijuana/ Weed, Alcohol, Tablets etc  
Used to fit in, look cool, relieve stress, have a good time etc

Name: Joey B



**Effects & Consequences-** These may include- feeling good for a bit or getting ill when using them.  
Having no money or stealing to buy the substance etc  
Falling out with family & friends  
Getting into trouble with the law







# Session 1- Caffeine



## Activity- Caffeine Graffiti Wall

**Resources:** Flip Chart paper, Markers

**About the activity:** This activity will encourage the group to reflect and explore their current knowledge around caffeine and where it is found.

### Completing the Activity:

1. To prepare the activity take four Flip Chart pages (the graffiti wall) and write one of the following statements on each:

- **What things do you know about caffeine?**
- **What things would you find caffeine in**
- **Do you think caffeine is the same as or different to other drugs? ... Why?**
- **In what ways is caffeine marketed to young people?**

2. Provide each young person with a marker, and ask them to move around the room and add an comment or two on each of the four graffiti walls.

3. Once everyone has written something, explore and review each page through discussion with the group. Use some of the following statements and facts to help guide the group in thinking about what each Graffiti wall is asking.

### What things do you know about caffeine?

- It's the fourth most widely used drug in the world
- Caffeine takes 20-30 minutes to go into effect
- Roasting coffee beans decreases the amount of caffeine That's why darker roasts generally have lower caffeine levels.
- Europeans first got their caffeine from chocolate, not coffee or tea
- Caffeine content varies widely among coffee brands- Starbucks has over twice as much caffeine as McDonald's
- Energy drinks contain a higher amount of caffeine than many other beverages as they are aimed at boosting energy (caffeine causes a feeling of alertness).

### Do you think caffeine is the same as or different to other drugs?

#### And if so why?

- Caffeine is like most other drugs in that it can become addictive, with the body and brain experiencing withdrawal symptoms if caffeine use is suddenly stopped.
- It shares medical properties that can both benefit and negatively impact us depending on how much is consumed.
- Caffeine consumption does not however lead to wider problems you would get with the use of illegal drugs.

### What things would you find caffeine in?

- The three most popular drinks in the world all contain caffeine- Coffee, tea, and cola.
- You can also find caffeine in cola nuts, coco beans and the guarana fruit.
- Energy Drinks
- Some medicines

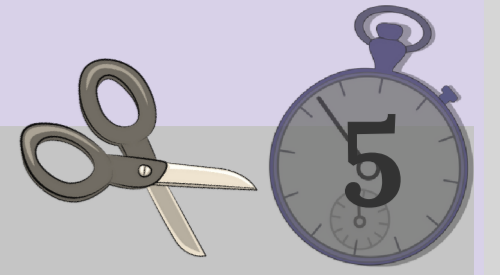
### In what ways is caffeine marketed to young people?

- With a focus on Energy Drinks that contain high amounts of caffeine discuss how marketing uses bright striking colours and loud designs in getting the attention of young people.
- These companies often associate their caffeine products with increasing physical activity and sports performance-boosting our energy.

## Graffiti Wall Examples



# Session 1- Caffeine



## Activity- What the numbers say

**Resources:** Cut outs (x3) of different Caffeine drinks (see next page) or if available a 'physical' or real product if available.

**About the activity:** This activity will highlight the different amounts of caffeine contained in a range of popular drinks and show that it is not always so easy to know just what it is we are putting in our bodies.

### Completing the activity:

1. Begin by splitting the larger group into a maximum of 3 smaller groups and giving each a 'cut out' set of the caffeine drinks.
2. Next ask each group to put in order from lowest to highest, the amount of caffeine found in each drink.
3. Once each group has an answer, compare, and contrast the orders which have been suggested and then reveal the actual answers.

**Answers:** Iced Tea= 24mg/ Lucozade= 60mg/Red Bull= 80mg/ Monster= 160mg/Large Coffee= 330mg

4. Complete the activity by highlighting how we all make 'assumptions' about the things we put in our bodies, and that we are not always aware of the ingredients of the drinks and food we take.  
Then ask the group to explain where they might find this information: Ingredients lists, menus, labels etc.





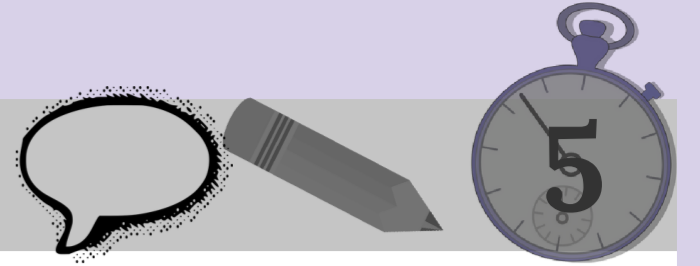
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# Session 1- Caffeine

## Activity- True or False Energiser



**Resources:** True or False Statements

**About the activity:** This short energiser will not only get the group up and moving about but will also highlight some of the facts/ myths and issues connected to caffeine.

**Completing the activity:**

1. Divide the room into two halves- one end will represent 'false', the other 'truth'
2. Reading the following statements ask the group to move to whichever end of the room (true or false) they think the statement belongs. Once everyone has made their choice, reveal the answer and give the brief reason provided for the correct answer.

**Drinking caffeine can stop you from sleeping?**

**False-** Your body quickly absorbs caffeine, but also gets rid of it quickly so it won't cause you to be over stimulated and keep you awake.

**Caffeine doesn't really have that much effect on your body?**

**False -** caffeine use over a long time can cause fatigue, headaches, anxiety, and irritability among other issues for you.

**Caffeine has no health benefits.**

**True to an extent-** There have been no established medical benefits linking caffeine to improvements in our health. Some people agree that using caffeine boosts your energy levels and concentration, but these have been established as being short term effects only with no real improvement on long term health yet to be agreed upon.

**Caffeine is addictive?**

**True -** Caffeine is a stimulant and regular use of caffeine can cause mild physical dependence. But caffeine doesn't threaten your physical, social, or economic health the way addictive drugs do.

**Drinking coffee, soda, and energy drinks can stunt growth.**

**False-** There has been no study to connect caffeine and the growth of our bones.

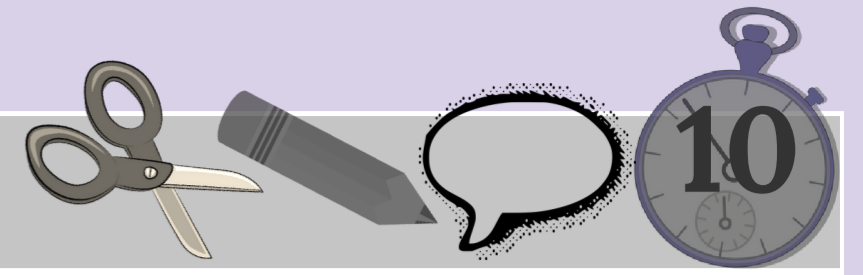
**Red bull gives you wings...**

**False-** there is no evidence to indicate that drinking Red bull will in fact give you wings.



# Session 1- Caffeine

## Activity- 1,2,3 Cups of Coffee? Reducing caffeine if you need to...



**Resources:** Diamond 9 Caffeine Resource, Scissors, Blue tac

**About the activity:** This activity will show the group different ways and strategies you could use to reduce the amount of caffeine you take.

### Completing the activity:

1. Before you begin- discuss with the group that caffeine is considered as a drug, one that is used daily by many people and that it can have an effect on our bodies and how we think. Use examples of young people using energy drinks to gain a boost and keep energy levels up.

Highlight that there is no serious side effects or life changing consequences through using caffeine in a safe way, but overuse such as drinking too many coffees or energy drinks over a very long time can lead to damaging our bodies and causing dependency issues, feeling like you need caffeine and energy boosts to help you stay alert and do things.

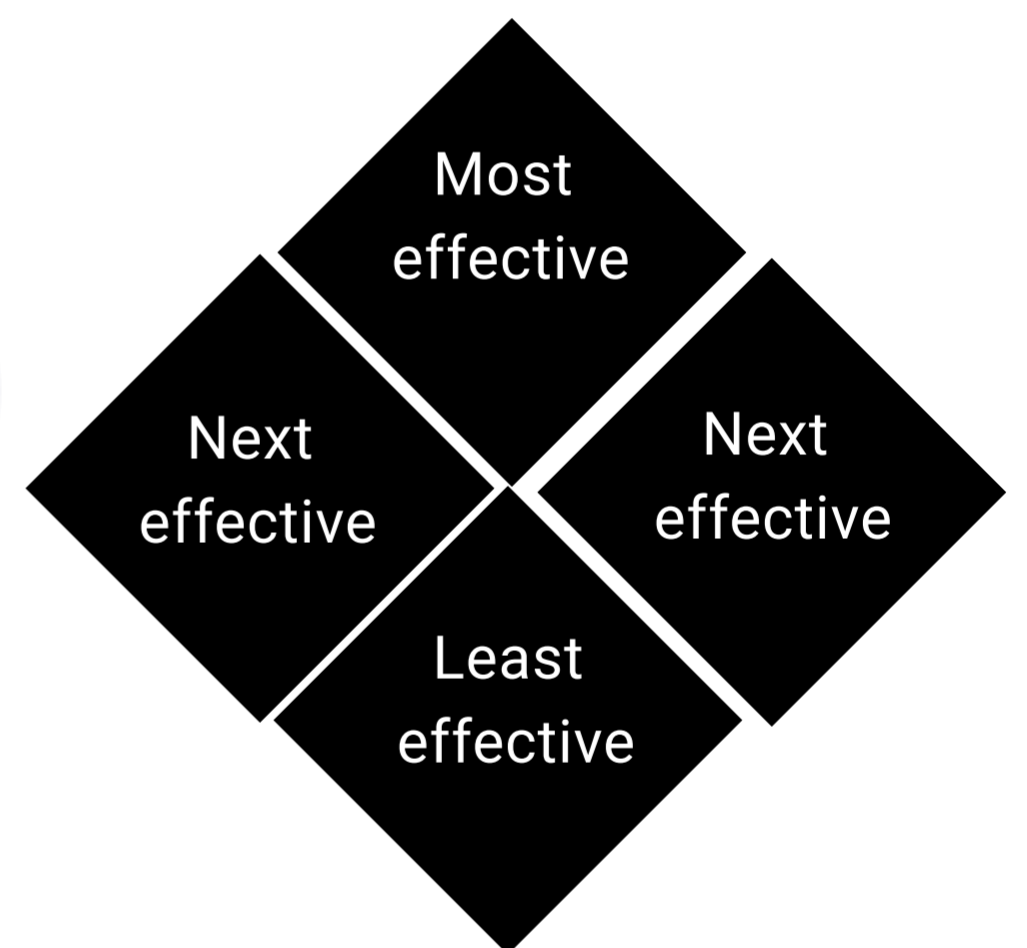
2. To start the activity, cut out each of the 'Diamond 9 statements' and share them equally among the group, if numbers are low give participants more than one statement.

With all statements shared, in no particular order, ask each young person to read it aloud to the group and think about which statement would be most effective in helping reduce caffeine intake.

Ensure a discussion takes place, exploring the thoughts, ideas and reasons for which statement is agreed upon as being the most effective.

3. Take the statement that the group agree is the most beneficial placing it on a wall for everyone to see and then ask the group to discuss which would be the next beneficial and so on and so on. Using the order that the statements usefulness has been determined, create a 'diamond' pattern with the most useful at the top and least useful at the bottom.

**As an alternative: if there are enough people in your group you may wish to create a diamond shape using the young people, asking them to stand in the corresponding position regarding the benefit of the statement.**



4. To complete the activity, discuss the order of the statements, listen to any other additional thoughts from the group and explain that one, some or all these strategies might be used to help someone control and decrease how much caffeine they consume.



**Gradually  
reduce number  
of caffeine  
products used  
day by day**

**Switch to  
decaffeinated or  
non caffeine  
products**

**Establish  
healthy sleep  
habits to reduce  
the feeling of  
'needing' a boost**

**Switch to  
healthier energy  
boosting food/  
drinks  
e.g. fruit/  
porridge**

**Talk to a trusted  
adult**

**Avoid  
'temptation'  
where possible  
e.g. don't go to  
shop before  
school**

**Check the  
ingredients on  
foods and  
medicines to see  
it they contain  
caffeine**

**Avoid skipping  
meals to reduce  
the feeling of  
'needing' an  
energy boost**

**Drink more  
water- staying  
hydrated helps  
to maintain  
energy levels**



## Activity- Baseline Revisited



**Resources:** Completed baseline picture, coloured pens/ pencils , post-it notes, flip chart

**About the activity:** This activity will help the group to think about any new knowledge that has been learned within this session and encourage them to think about how they view and think about drugs and people that use them.

### Completing the activity:

1. Place the Baseline pictures in front of the group so that everyone can have a look at what has been drawn and written.
2. Start a discussion with the group asking the following questions to explore similarities in attitudes, understanding and misconceptions around drugs and people who use them:
  - A. What do the drawings have in common?
  - B. Are the drawings quite stereotypical?
  - C. Do the group recognise that a wide range and type of person uses drugs, some legal and maybe some illegal?
  - D. Thinking about the drugs listed, were these mostly illegal drugs or had anyone included legal drugs- did anyone include or think about caffeine being a drug?
  - E. Were the reasons, effects, and consequences for using drugs similar or different?

### Note for Trainer: The following information may help guide this discussion

- Drugs only being used by certain groups of people – young people may have stereotyped ideas about what a ‘drug-user’ looks like (e.g. young, ‘scruffy’ male or high-profile celebrity) and may not recognise that many people will use a drug at some point in the form of caffeine, medicine, alcohol etc.
- Challenge the idea that all drugs are illegal, or that only illegal substances can cause harm – young people may not recognise the damaging effects that caffeine, nicotine, medicines etc. can have.
- Even widely available substances like energy drinks carry risks and can cause harm to an individual – while government guidelines and the law help us to assess risk, the effects of caffeine can still include mental as well as physical symptoms

3. To complete the baseline activity ask the group to use different coloured pens or pencils to add to their baseline pictures, recording any new thoughts, opinions or learning they have gained across the session.

4. To close the session, perform a a check-out and evaluation exercise asking the group if they are happy with the session, one or two things that they have learned and if there is anything they would change about the session- this could be done using Post-Its, a blank flip chart page or through conversation.

### Make the group aware that further guidance can be found via:

- Speaking with a parent, leader, or another trusted adult
- Childline: [www.childline.org.uk](http://www.childline.org.uk) 0800 1111
- Drugs and Alcohol Northern Ireland-<https://drugsandalcoholni.info/>
- [www.nhs.uk](http://www.nhs.uk) for further information on healthy choices

Before closing the group ensure that no one has had any difficulties with the topic or what has been discussed and sign post the group to appropriate support if they do wish to talk about anything.





# Session 1- Caffeine



## Closing the Session

On their own, ask group members to use a different coloured pen to revisit their initial baseline activity changing or adding any key learning from this session to their work.

These should be kept safe as they will be used in later sessions to demonstrate further progress and can also be used to inform future teaching.

**Make the group aware that further guidance can be found via:**

- Speaking with a parent, leader, or another trusted adult
- Childline: [www.childline.org.uk](http://www.childline.org.uk) 0800 1111
- Drugs and Alcohol Northern Ireland-<https://drugsandalcoholni.info/>
- [www.nhs.uk](http://www.nhs.uk) for further information on healthy choices

### Session Evaluation

**Complete a check-out and evaluation exercise** asking the group if they are happy with the session, one or two things that they have learned and if there is anything they would change about the session- this could be done using Post-Its, a blank flip chart page or through conversation.

**Before closing the group ensure that no one has had any difficulties with the topic or what has been discussed and sign post the group to appropriate support if they do wish to talk about anything.**

## Checklist for learning-



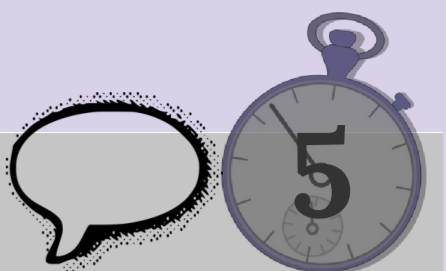
- **Complete a baseline to assess and evaluate prior knowledge, beliefs and attitudes regarding substance use.**
- **Understand and describe the effects of caffeine consumption.**
- **Explain the risks associated with caffeine consumption.**
- **Evaluate strategies to reduce caffeine consumption.**
- **Recognise the link of the session to other harmful substances and how these impact us.**

# Session 2- Nicotine





# Session 2- Nicotine

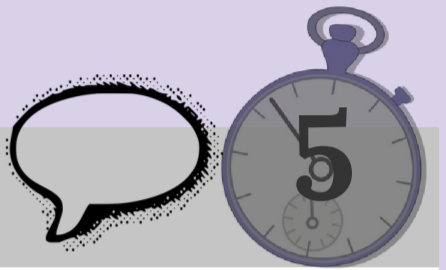


## Introduction - Nicotine

The next set of activities in the session pack are designed to explore young people's attitudes to tobacco and e-cigarette use and explore the links between peer pressure and other influences on the choices that we make.

Before beginning this session **re-visit** guidance on creating '**safe learning environments**' and discuss the ground rules set in place for working with the group.

Explain to the group that the topic area that will be explored is connected to Cigarettes and Nicotine



## Activity- Attitudes & Values

**Resources:** Attitude & Value statements, strongly agree/ strongly disagree sign

**About the activity:** This activity will help the group explore values, attitudes and beliefs commonly associated around the use of drugs, alcohol, and nicotine. It will help everyone in the group to think about the views we all hold and create space to challenge misconceptions and better inform

### Completing the activity:

1. At one end of the space you are using place a sign that reads 'strongly agree' up on the wall. At the other end of this space place the 'strongly disagree' sign for all to see.
2. Next explain to the group that there is an imaginary line running up the middle of the space, connecting these two signs. This line represents a 'continuum'- where you place yourself on the line represents how strongly you agree or disagree about something.
3. Read each Attitude & Value statement in turn, asking group members to place themselves on the continuum (imaginary line) to represent how much they agree or disagree with the statement.  
Explain that once someone has heard a statement, they might only semi agree with it, so they would not stand beside 'strongly agree' but perhaps a couple of steps back instead. Alternatively, someone might not feel one way or the other about the statement and they would find themselves standing in the middle of the continuum line.
4. To complete the activity, discuss with the group where on the continuum they found themselves when statements were read; discuss what differences there may have been between agreeing and disagreeing with the statements and help the group to think about where and what influences our attitudes and how these impact on how much we agree or disagree with something.

Reference how there are a range of influences that impact on our decisions to use a drug, smoke, or drink, such as parents/family, other adults, peers, the media, industry and advertising, perceptions of public opinion etc.

### Attitude & Value Statements

When people take drugs, they never really know what they are taking.	Young people mostly use drugs because their friends do.	It is important for people to make their own mind up about taking substances.	People exaggerate the risks of using alcohol and tobacco
Fewer school children are using drugs, alcohol, and tobacco.	Young people like taking risks and find smoking and drinking exciting.	If adults didn't drink or smoke as much, young people wouldn't either.	Medications have been well researched so there are no risks when taking them.



## Activity- Flipping the Continuum- Everybody's doing it...right?

**Resources:** Smoking % Questions, 0% + 100% labels

**About the activity:** This part of the activity intends to 'flip' the pre-conception or commonly held belief, that most young people smoke. It should highlight the contrary and demonstrate that the use of tobacco-based product across the UK as of 2018 is on the decline in young people.

### Completing the activity:

1. To begin this activity, still using the imaginary 'continuum' line, replace the labels at either end with 0% and 100%.
2. Next, read out each of the Smoking % Questions and ask the group to discuss and agree a % answer directing you across the continuum line to the percentage they believe the answer to be.  
For example, if you ask, "In a 2018 survey of young people what % said they smoke roll-up cigarettes" and the group think 40% you place yourself just before the halfway mark across the continuum etc.

**DO NOT REVEAL THE CORRECT ANSWER FOR EACH QUESTION UNTIL THE END OF THE ATIVITY SO NOT TO INFLUENCE THE GROUPS ANSWERS.**

3. Once all the questions have been asked and answers given, re-read each question and reveal the correct answer. Through discussion and feedback ask the group if they are surprised by the correct answers, re-enforce how this data suggests that tobacco use amongst young people is declining and how young people often overestimate their peers' engagement in unhealthy behaviours.

This in part may be due to media messaging, having interactions with only a small section of society which skews perceptions, and some young people claiming to have participated when they haven't. Correcting this perception of their peers' behaviour support students to resist internal pressure to 'fit in'.

### Smoking % Questions- Taken from NHS/ PHA study Drug, Drink & Smoking Survey 2018

1. What percentage of young people aged 11-13 have never tried smoking cigarettes?  
[92% ]
2. What percentage of young people aged 11-13 say they are regular smokers?  
[0.4% - so 99.6% are not]
3. What percentage of young people aged 11-13 are regular users of e-cigarettes/vapes?  
[1% - so 99% are not]
4. What percentage of young people aged 11-13 said they had never taken drugs?  
[85%]



## Activity- Tobacco Vs Nicotine

**About the activity:** A quick discussion activity that will demonstrate the difference between tobacco and nicotine.

### Completing the activity:

Spend a few moments discussing what tobacco is and what nicotine is with the group

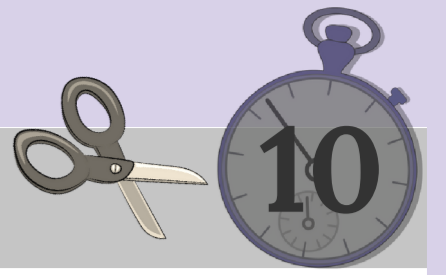
**Tobacco** is a plant grown for its leaves and is used in cigarettes, pipes, cigars, chewing tobacco and shisha.

**Nicotine** is an addictive stimulant found in tobacco and other products such as e-cigarettes/ vapes and nicotine replacement products like patches and gum.

**Nicotine** is what gets people 'hooked' on cigarettes, but the thousands of other chemicals in tobacco smoke, including tar and carbon monoxide cause almost all of the harm and damage related to smoking.



# Session 2- Nicotine



## Activity- What is the harm? - The effects of Tobacco, Nicotine and Vaping?

**Resources:** Effect cards, category template, scissors glue

**About the activity:** This activity will highlight a range of physical, mental, and social effects related to smoking and other nicotine related products, equipping young people with the facts and issues related to this drug.

**Completing the activity:**

1. Ask the group to work in pairs to complete this activity. Give each pair a copy of the effects card and ask them to cut out each statement.
2. Now ask the pairs to place each effects statement under which category heading they think it belongs.
3. To complete the activity discuss each of the effects in turn and explore what category pairs placed the effect under.

### Smoking & Nicotine effect cards

<p><b>Tooth &amp; Gum disease</b></p>	<p><b>Find it hard to exercise and do other physical activities</b></p>	<p><b>Increase risk of causing fire</b></p>	<p><b>Friends not wanting to be around you if you smoke</b></p>
<p><b>Effects on our taste and smell</b></p>	<p><b>Feeling like you always want to smoke/ vape</b></p>	<p><b>Smelly and stained clothes, hair &amp; fingers because of nicotine/ smoking</b></p>	<p><b>Cravings causing stress</b></p>
<p><b>Increased risk of different types of cancer</b></p>	<p><b>Lung and other breathing problems</b></p>	<p><b>Irritable and moody when you don't smoke or vape</b></p>	<p><b>Distracted because you are always thinking about next smoke or vape</b></p>
<p><b>Heart problems e.g. increased risk of heart attack in future</b></p>	<p><b>Increased risk of experiencing stroke</b></p>	<p><b>Spending money on nicotine products means less money for other things</b></p>	<p><b>Some people find smoking unattractive in potential partners</b></p>



Photocopy Only



Effects on Physical health

Effects on Mental health

Social effects of smoking

A large, empty rectangular box with a red border, intended for notes on the physical effects of nicotine.

A large, empty rectangular box with a green border, intended for notes on the mental effects of nicotine. A faint, light gray fleur-de-lis watermark is centered within this box.

A large, empty rectangular box with a blue border, intended for notes on the social effects of smoking.

Photocopy Only



# Session 2- Nicotine

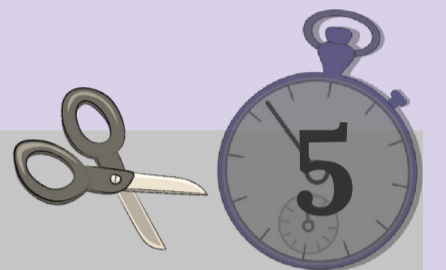
## Answers for What is the Harm activity:

**Physical effects**- Tooth & gum disease/ Effects on taste & smell/ Increased risk of cancer/ Heart problems/ Find it hard to exercise/ Lung & other breathing problems/ Increased risk of stroke

**Mental effects**- Feeling like you always want to smoke or vape/ Irritable & moody/ Cravings causing stress/ Distracted always thinking about next smoke or vape

**Social effects**- Increase risk of causing fire/ Smelly and stained clothes/ Spending money on nicotine products/ Friends not wanting to be around you/ Unattractive to potential partners

## Activity- Energizer – Straw Activity



**Resources:** Drinking straws and coffee stirrers

**About the activity:** This activity will inject a burst of energy into the session whilst demonstrating to the group some of the impacts on the lung that are associated with smoking cigarettes etc.

Please note that this activity is not appropriate for someone who is asthmatic or suffering from other chest/ breathing related difficulties.

### Completing the activity:

1. Explain to the group that smoking or using nicotine-based products over a long time cause many different types of problems for your health. Remind the group that very often you will find 1000s of harmful chemicals in the tobacco and nicotine product and these are what cause most of the harm.

An example of this is when you smoke a cigarette or vape you are filling your lungs with smoke, tar and other harmful chemicals that can cause infections and damage, making it hard for smokers to breathe- this next activity will demonstrate this effect.

2. You can either choose to complete this activity with just a few volunteers or engage the whole group, whichever method you choose, follow the steps listed below to complete the activity.

Remember to state that if you have asthma, please don't participate in this activity; and if you feel lightheaded or dizzy whilst taking part, please stop the activity.

**Step 1-** Ask the participants to stand in a line and run-in place for thirty seconds, breathing normally.

**Ask:** How is everyone feeling? (Let different people respond and comment on responses)

**Step 2-** Hand all participants a straw and ask them to place it in their mouth, pinch their nose, and breathe "normally" through the mouth. This gives you an idea of what it feels like to be a person who smokes.

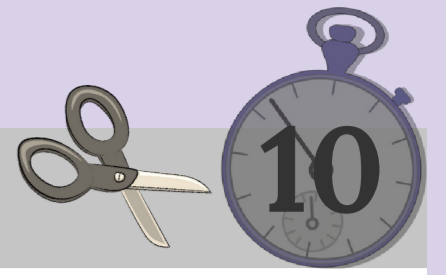
Now, with the straw in the mouth, ask participants to pinch their nose, and run-in place for thirty more seconds.

**Ask:** How is everyone feeling? (Let one or two people respond and comment on answers.)

**Step 3-** To finish, give all participants a coffee stirrer and ask them to hold this in their mouth, pinch the nose, and breathe "normally" through the mouth. This is how people with severe airway and lung disease, like emphysema, feel when they try to breathe through their mouth and nose. It is difficult to exhale and to catch your breath. They often need to use oxygen at all times just to stay alive.

Now, with the stirrer in place, ask everyone to pinch their nose, and run-in place for thirty more seconds.

**Ask:** How is everyone feeling? (Let one or two people respond and comment on answers.)



## Activity- What to say and how to say it- Challenging peer influence

**Resources:** Influence scenarios, Post-it notes, pens & pencils

**About the activity:** This role play exercise will encourage the group to look for assertive and confident responses in challenging peer influence and pressure in trying something you do not wish to do.

### Completing the activity:

1. To begin this activity discuss with the group what it is they think is meant by the terms '**peer pressure** and **peer influence**'. Highlight that **peer pressure** is when your friends or other people your own age try to convince you to do something that you really don't want to.

**Peer influence** means that you do something because you feel that its an easy way to fit in and/ or you do something because you think its what others expect you to do. You also may feel that the things your friends or family like should be the things you should like.

Is it important to acknowledge that **peer influence** is part of growing up, and we are influenced in many different areas, e.g. the teams we support, the music we like, or the clothes we buy – but this can extend to substance use behaviours as well.

2. Split everyone into small groups giving them a copy of the influence scenarios. Ask the groups to identify where the 'peer pressure or influence is coming from and to think about and come up with advice to give each character in the scenarios about how they could manage this influence.

Ignoring scenario 2 at this point take some feedback on the suggestions made for the other situations.

3. With a focus now on scenario 2, give each group three post-it notes and ask them to think carefully and creatively about how the character in the scenario can say "no" in response to peer influence, using the strategies below:

**A. Giving an honest, open reason for saying no**

**B. Using humour**

**C. Using an excuse or telling a 'white lie'**

4. Ask groups to act out and share their responses and discuss with everyone else how well they think the response will be taken.

### Influence Scenarios

1. **I've never smoked anything before, but my dad used to smoke cigarettes and is trying to quit. The other day, I found one of his e-cigarettes and thought I might give it a try.**

2. **I've known for a while that a friend smokes. Yesterday they offered me a cigarette on our walk home from school. The rest of our group tried one and then it felt like it was my 'go'.**

3. **Last week, I was at my best friend's party and walked into his older sister's bedroom. The air was full of smoke and she and her friends were all sitting in a circle smoking. They invited me to join them.**

4. **I went to my auntie's wedding which had at a shisha bar. My cousin called it a "hookah lounge" and said it's safe. They said that it was part of the culture of the groom and that they use hookahs all the time. There was a hookah at each table, and everyone was smoking from them.**

5. **I've never smoked anything before but recently my favourite YouTuber was seen smoking a vape. I've noticed the fruity, sweet smell when I've walked past people on the street vaping. I'm starting to think vaping isn't a big deal.**





### Closing the Session

On a page ask the group to draw around their hand and write the following on each finger:

- **Thumb:** Something from today's lesson that helped you feel more confident.
- **Index finger:** Describe a strategy you learned today that you could use in the future.
- **Middle Finger:** An interesting fact you learned this lesson.
- **Third Finger:** Reflection on whether and how your opinion on smoking has changed. (If not, why not?)
- **Little finger:** One way you can support others to resist peer influence.

As this is a personal reflection, tell the group that they do not need to share their responses with the rest of the group

**Make the group aware that further guidance can be found via:**

- Speak to a leader, Scouter or a trusted member of the family
- Contact Childline [www.childline.org.uk](http://www.childline.org.uk) 0800 1111
- Visit <https://www.nhs.uk/smokefree>
- Visit [www.talktofrank.com](http://www.talktofrank.com)
- [www.nhs.uk](http://www.nhs.uk) for further information on healthy choices

**Before closing the group ensure that no one has had any difficulties with the topic or what has been discussed and sign post the group to appropriate support if they do wish to talk about anything.**

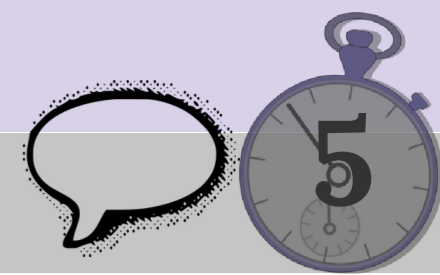
### Checklist for learning-



- **Undertaken an Attitudes and Values exercise**
- **Challenge the perception of how they see others.**
- **Understand what Nicotine is and explore the difference with tobacco.**
- **Explore the effects and damage Nicotine addiction can hold.**
- **Examine what Peer pressure is and explore strategies to deal with peer influence and pressure.**

# Session 3- Alcohol



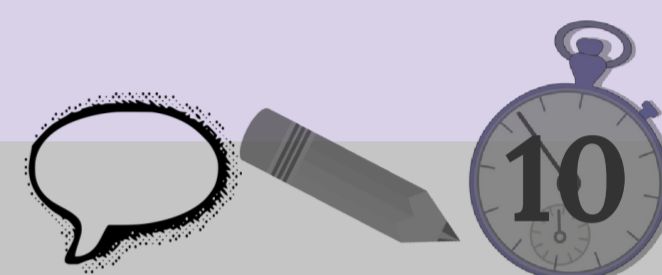


## Introduction - Alcohol

This next set of activities will explore alcohol and help show that most young people aged 11- 15 do not use alcohol and explore some of the reasons as to why young people's alcohol use is declining.

This session will also develop the young person's knowledge and ability to describe the effects of alcohol misuse, discuss strategies to manage influences on alcohol use and identify sources of support for alcohol misuse.

Before beginning the session re-visit guidance on creating 'safe learning environments' and discuss the ground rules set in place for working with the group. Introduce the topic area for the next session and set of activities as being concerned with alcohol



## Activity- Higher or Lower

**Resources:** Alcohol consumption statements, % graph and arrows

**About the activity:** This activity will demonstrate that not every young person drinks alcohol, highlighting that in reality very few 11-15 year olds have tried or regularly use alcohol.

This activity will challenge pre-conceived ideas and encourage the group to recognise that those who drink within this peer range would be classed as being in the minority.

### Completing the activity:

1. To begin this activity, split the group into two. Explain that using the results of a 2018 Smoking Drinking and Drug use Survey completed by young people, you will ask the groups to guess what the percentage value of young people was in response to the following statements.
2. Read each statement and ask a representative from each group to mark on the % graph what they think the answer is. Once the groups have made the guess reveal the answer and move onto the next statement.

### Alcohol Consumption Statements

A. What % of young people said they have never tried alcohol?

[71%]

B. What % of young people said they had drunk alcohol in the last week?

[4% – so 96% had not]

C. What % of young people said they usually drank alcohol at least once a month?

[9% – so 91% do not]

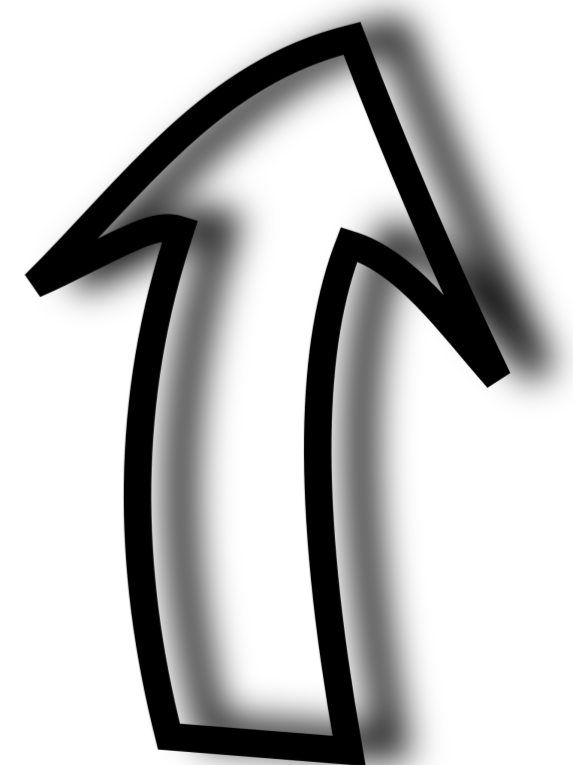
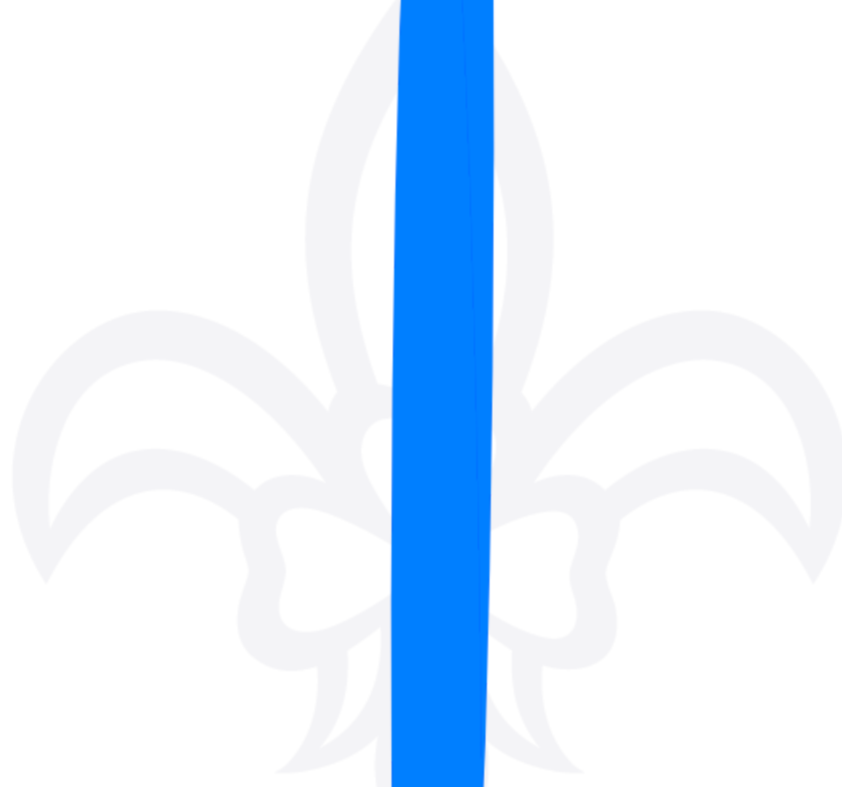
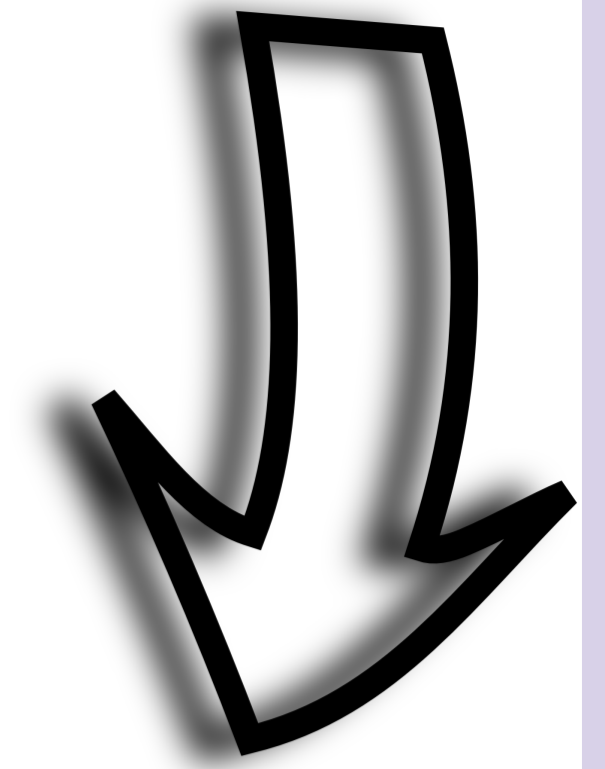
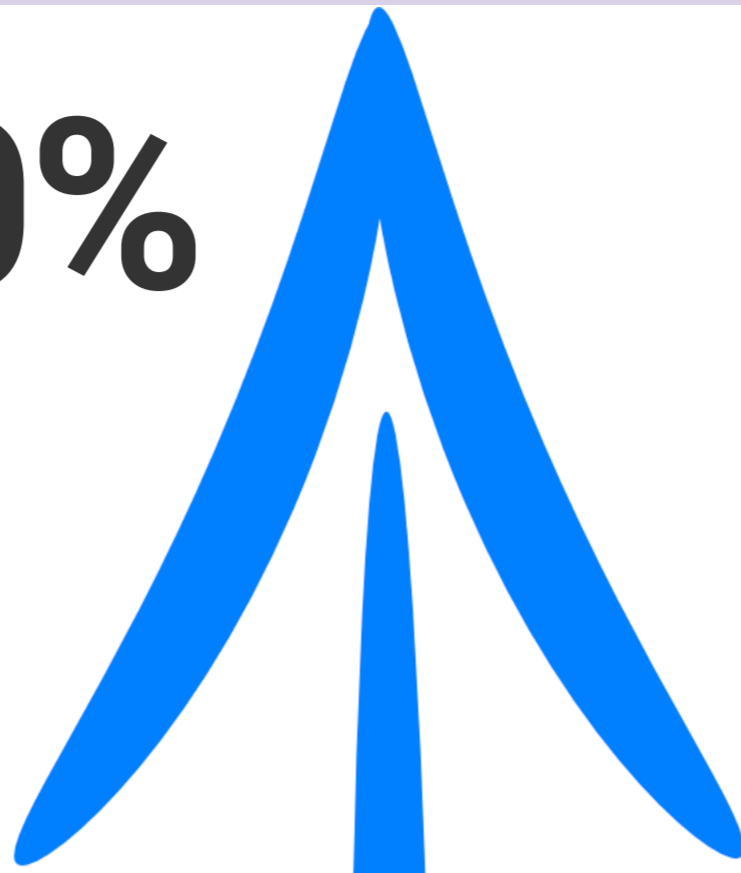
D. What % of young people said they thought it was OK to drink alcohol once a week?

[16% – so 84% said it was not]

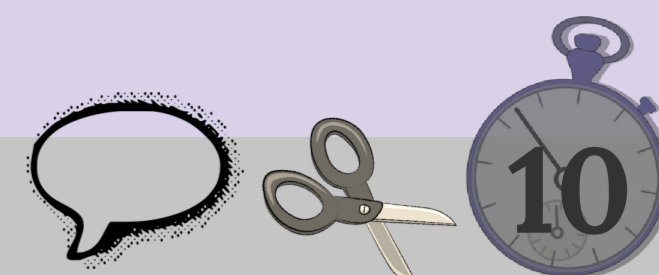
3. Complete the activity by asking the group to think about how different their answers were to the actual % totals and if they were surprised by any of the figures and why.



100%



0%



**Activity-** Do you fancy a drink? No, you are alright thanks!

**Resources:** Declining Alcohol use reason cards

**About the activity:** This activity explores some of the thinking in recent times as to why there is a decline in the number of young people using alcohol. It will also challenge pre-conceived ideas and encourage the group to recognise that those who drink within this peer range would be classed as being in the minority.

**Completing the activity:**

**This activity can either be run as one large group activity or alternatively you can work in smaller groups to develop learning and understanding.**

1. If completing the activity as one large group, read out each of the Reason cards reason for young people not drinking and hold a discussion as to whether the group would agree with the statement or not, providing an opinion to accompany their answer.
2. If completing in smaller groups, give a copy of the Declining Reason Cards to each group. Ask them to discuss each reason and ask them to organise the cards in order of most likely reason to least likely reason and take feedback as to why groups have ordered the cards in the way that they have.

## Change in attitudes

**Positive changes** in attitudes and behaviour amongst young people, in which many are **adopting a healthier lifestyle** and recognising the risks and damage of drinking has seen a decline in young people drinking.

## Money

**Economic factors** can reduce the money young people have available to spend on alcohol and this has resulted in a decline in young people drinking.

## Policy

**Changes to alcohol-related policies/laws** e.g. on alcohol pricing, making cheap alcohol less available to young people, and requiring proof of age (**Challenge 25**) has seen less young people drinking alcohol

## Digital technology

Advances in **digital technology** give young people **alternative** opportunities to socialise that do not involve alcohol, and that reduce the importance of pubs and clubs for meeting people and building social relationships and networks.

## Reasons why Alcohol consumption is declining CARDS

## Advertising

**Changes in exposure** to alcohol advertising and marketing activities. There are now much **more stricter** laws around advertising alcohol that means there are **less opportunities** for young people to be engaged by marketing etc.

## Social Media

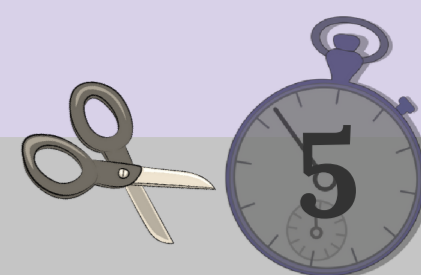
**Social media** and other online media, together with better **health education** has increased knowledge about alcohol-related harms. Social media can also raise the visibility of online communities that support, celebrate, and further **normalise not drinking alcohol**.

## Alcohol Abstaining

**'Dry months'** such as Dry January have become popular and increasingly familiar over recent years, **normalising abstaining** from alcohol as a positive lifestyle choice.

## Parents/ Guardians

Changes in how parents and guardians **use alcohol** and how closely they **monitor** how those they care for use alcohol has led to a decline.



## Activity- Energizer- Balance and Vision

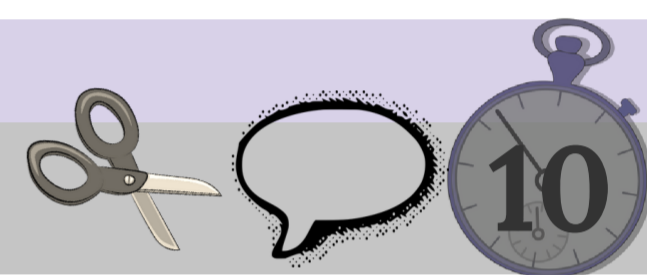
**Resources:** Light weight ball, flip chart page, marker

**About the activity:** This activity will help the group learn how alcohol impairs vision and balance. It will also provide a break away from the pace of the session but will be used to set up the next learning activity.

### Completing the activity:

1. Have the young people stand in small groups and take turns throwing a ball around to each other and catching it.
2. Once the ball has been passed across all the group, stop and have everyone spin around in circles a few times. As soon as they stop, get them to start throwing the ball around to each other again, noting that it's a lot harder after spinning around.
3. Explain how this activity offers an example of how alcohol affects balance. You can follow up on this activity by asking a number of the group to spin around as fast as they can 10 times and write a pre-determined sentence on a flip chart page as best, they can, further exemplifying the effects of alcohol on balance and vision.

## Activity- Just a little drink...what's the harm?



**Resources:** Impact Cards, Scissors, Glue, Paper

**About the activity:** This activity will encourage the group to think about and consider both the short term and long-term effects and impacts of drinking alcohol.

As with the Nicotine sessions, it is important to stress to the group that drinking once or twice will not lead to you automatically suffering from these impacts. However, it is important to be aware of the potential harm and consequences of using alcohol negatively.

### Completing the activity:

This activity can either be run as an exercise in pairs or across the group or as one large group activity.

#### Pairs activity-

1. Give each pair a copy of the Impact Cards along with a set of scissors and ask them to cut out all the cards.
2. Working together, pairs will sort the 'impacts' into two piles, either short term or long term.
3. To complete the activity hold a discussion with the group asking each pair to identify where they placed each impact and why. And correct any answers as appropriate.

#### As a large group activity-

1. Read out each of the statements one by one, holding a discussion with everyone as to which category they think the impact belongs and why.
2. Record on a sheet where each impact was placed and display for the group to see.

**Short-term effects** could include dehydration, lack of inhibitions and feeling sociable – leading to 'out of character' behaviours, feeling sick, feeling drowsy, vomiting, headache, diarrhoea, dizziness and lack of coordination, loss of personal possessions, making poor decisions such as overspending, etc., being at greater risk in certain situations, accidents and injuries due to falling over, memory loss, a 'hangover' the following day and alcohol poisoning.

**Long-term effects of alcohol use (which can take many years to develop)** include health issues such as high blood pressure, stroke, cirrhosis/liver disease, effects on mood such as anxiety and depression, fertility issues, cancers including liver, bowel, breast and mouth; alcohol dependency; fallout from unwise actions while drunk including relationship changes and feelings of regret, and serious injuries. There are also sugar-related concerns including obesity, dental health issues and acne.



**memory loss**

**falling out or breaking up with someone**

**stroke**

**alcohol dependency**

**feeling and/ or being sick**

**acne**

**drowsiness**

**alcohol poisoning**

**illness related to high blood pressure**

**regret or guilt about their behaviour**

**obesity**

**dizziness**

**cancer**

**feeling sociable**

**accidents and injuries due to falling over**

**diarrhoea**

**dental health issues**

**making poor judgements and decisions**

**a 'hangover' the following day**

**embarrassment from doing something they wouldn't have usually done**

**dehydration**

**liver disease (cirrhosis)**

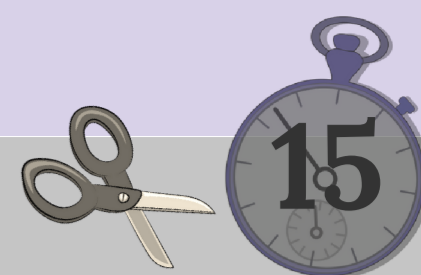
**headache**

**fertility issues**

**depression**

**lack of inhibitions**

## Influence and pressure - A game of '... Pong'



**Resources:** Plastic cups, ping pong ball, influence statements



### About the activity:

The purpose of this activity is to explore what influences our decisions to 'drink'.

It will also provide an opportunity for discussion around how these influences are managed.

The activity should encourage conversation and discussion and help the group to clearly see how we are influenced.

**To set up the activity**, place the cups in a **9 diamond shape**, placing in each cup one of the **'influence statements'**.

If you are uncomfortable using this simulated 'beer pong' game you can complete this exercise following the same format/ directions as **'One, two, three cups of Coffee- Reducing Caffeine intake'**

### Completing the 'Pong' activity:

1. Have the young people take turns throwing the ping pong ball into one of the cups. Whichever cup the ball lands in, ask the young person to pick up and read the **'influence statement'** within.

Ask the young person if they think this is a **significant influence** on young people and open up the response to debate.

2. Complete the exercise until all the influence statements have been read and discussed, closing this part of the exercise by asking the group to choose which influence statement they feel is the **most significant** influence on young people drinking alcohol.

3. To conclude the exercises the group will explore how to manage these influences.

Select the **4 'influences'** listed below and ask the groups to come up with a suitable way or response for managing these influences, using the notes underneath to help guide the conversation.

Split the group into four, providing them with one of the below influences and asking them to come up with a response or alternative to the influence. Ask the other groups if they agree or if they would say and do anything differently.

### **Influence Statement 1 - 'Some people like the taste of alcohol'**

- There are lots of alcohol-free versions of popular drinks that taste much the same, so you can have the taste without the harmful effects. These are great for social events and celebrations too.

### **Influence Statement 2 - 'Some people drink alcohol because they think it will relieve stress'**

- If you're feeling stressed, alcohol could make things worse. It would be more helpful to talk to a trusted adult about any problems or worries.

### **Influence Statement 3 - Some people thinks it make them feel happy and confident**

- It is much healthier and safer to find other activities that help you feel happy and confident e.g. a hobby, taking part in a sport, or organising social events that don't involve alcohol.

### **Influence Statement 4 - Some people drink because their peers do and they want to fit in**

- If you tell your friends you would prefer not to drink alcohol, some of them are likely to agree – they may only be drinking to 'fit in' too.





## Alcohol Influence Cards



Some people think alcohol can help them forget their problems

Some people like the taste of alcohol

Alcohol is easy available

Some people drink because friends do and they want to fit in

Media influence promoting and celebrating drinking culture

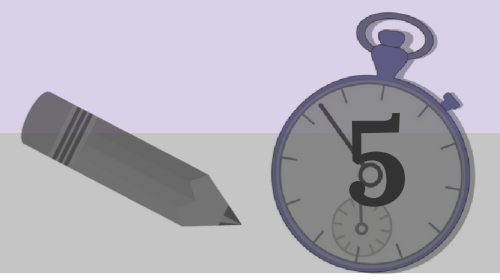
Some people see drinking as an important part of socialising and celebrating

Some people think drinking makes them feel happy and confident

Some people see drinking as making them look cool and grown up

Some people drink alcohol as they think it relieves stress

Photocopy Only



## Closing the Session

Hand learners back the baseline assessment activity they completed at the start of lesson 1 (Baseline activity). Ask the group to think back over the last three lessons and now re-visit this draw and write activity, editing their initial ideas and adding any additional information in a different colour pen, to demonstrate their learning over the scheme of work.

Their updated baseline can be used to inform future learning and as evidence of progress over the scheme of work.

As this is a personal reflection, tell the group that they do not need to share their responses with anyone else.

**Make the group aware that further guidance can be found via:**

- Speak to a leader, Scouter or a trusted member of the family
- Contact Childline [www.childline.org.uk](http://www.childline.org.uk) 0800 1111
- Visit <https://www.nhs.uk/smokefree>
- Visit [www.talktofrank.com](http://www.talktofrank.com)

**Before closing the group ensure that no one has had any difficulties with the topic or what has been discussed and sign post the group to appropriate support if they do wish to talk about anything.**

## Checklist for learning-



- **Explore statistics relating to young people and alcohol consumption and examine reasons for a decline in numbers of young people drinking.**
- **Identify short and long term effects/ impacts associated with drinking alcohol.**
- **Explore some of the influences that lead to young people to drink alcohol and develop responses to manage these influences.**
- **Re-visit the initial baseline to assess learning gained across all sessions.**



