




Making Healthy Choices 2

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



An Roinn Oideachais
Department of Education



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

With thanks to:

The National Cancer Control Programme

Irish Cancer Prevention Network

The Irish Heart Foundation

North Dublin Regional Drug and Alcohol Taskforce

HSE Health Promotion and Improvement

Oide

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



Introduction

Making Healthy Choices 2 is the second unit of learning that addresses a number of learning outcomes, primarily within Stand 2: Making Healthy Choices of the Junior Cycle SPHE curriculum. This unit (or parts of it) can be used to support planning for teaching and learning across 1st, 2nd or 3rd year SPHE.

Building on the learning in Making Healthy Choices 1, this unit provides further opportunities for students to consider how they can make healthy choices to support their wellbeing. It explores the factors that influence our choices when it comes to physical activity, food, nicotine use, alcohol and drugs, such as family, friends, media, and social pressures/social norms. The following table highlights the learning outcomes addressed through the learning activities in this unit.

Strand	Learning outcomes (LOs)
<p>2. Making Healthy Choices</p>	<p>2.1 consider the multifaceted nature of health and wellbeing, and evaluate what being healthy might look like for different adolescents, including how food, physical activity, sleep/rest and hygiene contribute to health and wellbeing</p> <p>2.2 investigate how unhealthy products (nicotine, vapes, alcohol, and unhealthy food and drinks) are marketed and advertised</p> <p>2.3 discuss the societal, cultural and economic influences affecting young people when it comes to making healthy choices about smoking, alcohol and other addictive substances and behaviours, and how the challenges can be overcome in real-life situations</p> <p>2.4 demonstrate skills and strategies to help make informed choices that support health and wellbeing and apply them in real-life situations that may be stressful and/or involve difficult peer situations</p> <p>2.5 discuss the physical, social, emotional and legal consequences of their own or others’ use of addictive substances (immediate and long-term)</p> <p>2.6 consider scenarios where, for example, alcohol, nicotine, drugs, food and screens might be used to cope with unpleasant feelings or stress and discuss possible healthy ways of coping</p> <p>2.10 demonstrate how to access and appraise appropriate and trustworthy information, supports and services about health and wellbeing</p>
<p>4. Emotional Wellbeing</p>	<p>4.4 discuss ways to support themselves and others in challenging times and where/how/when to seek support, if needed</p>

The Respect Effect (2023), has been developed by Webwise to support teachers in addressing the learning outcomes in Strand 2 that concern making safe choices related to the online world.



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

These learning activities should be used in conjunction with the SPHE curriculum and other support materials available on the NCCA Junior Cycle SPHE Toolkit 2023. The relevance and appropriateness of each activity needs to be considered by the SPHE teacher, as the teacher is best placed to decide what supports learning in the context of their students' unique needs, stage of development and school context.

Child Protection

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



Learning activities

- **In activity 1, What are the barriers to being more active?** (Learning Outcome 2.1), students discuss why physical activity levels have decreased and explore ways to overcome some of the barriers to being more physically active today.
- **In activity 2, Let's get moving** (Learning Outcome 2.1), students discuss some of the myths and facts that surround physical activity and explore opportunities for becoming more active.
- **In activity 3, Food for thought** (Learning Outcomes 2.1, 2.4), students explore the role of food in their lives and what healthy food habits and food choices might look like for young people in different circumstances.
- **In activity 4, Nudge or Sludge?** (Learning Outcome 2.2), students develop their awareness of how different types of organisations try to influence our food purchase and consumption habits and examine their motivations.
- **In activity 5, Misleading food marketing?** (Learning Outcome 2.2) students will explore food marketing tactics that can mislead consumers into thinking that certain products are better for health, the environment and society than they actually are.
- **In activity 6, Tobacco and ecigarettes/vapes** (Learning Outcomes 2.2, 2.5), students learn about the dangers of nicotine dependence through smoking and vaping and are made aware of the effects of nicotine on the adolescent brain and body and how nicotine addiction happens.
- **In activity 7, Marketing of tobacco and ecigarettes/vapes** (Learning Outcome 2.2), students identify the marketing tactics used by the tobacco (and e-cigarette) industry to 'renormalise' tobacco use and to make it (as well as e-cigarette use) appealing to children and young people.
- **In activity 8, Alcohol and its impacts** (Learning Outcome 2.5), students discuss some of the impacts of alcohol use on themselves and others.
- **In activity 9, Exploring attitudes to alcohol**, (Learning Outcome 2.3, 2.5), students question some common attitudes and beliefs about alcohol use and explore.
- **In activity 10, Drugs around us** (Learning Outcome 2.5), students learn about the main categories of drugs, and they will explore the physical, social and emotional consequences of substance use.
- **In activity 11, Minding myself and others** (Learning Outcome 2.4), students examine real life situations to explore the personal and social consequences of substance use through role play and drama.

- **In activity 12, Exploring the unpredictability of drugs** (Learning Outcomes 2.3, 2.5), students explore the physical, social, emotional and legal consequences of using addictive substances – taking cannabis as an example.
- **In activity 13, Assertiveness and refusal skills** (Learning Outcomes 2.4, 2.6, 4.4) students practice skills necessary to support themselves in behaving more assertively in challenging situations involving substances. Through role play and drama, students will demonstrate skills and strategies to help make informed choices.
- **In activity 14, Navigating challenging situations** (Learning Outcome 2.4), students explore skills and strategies to help navigate some real-life challenging situations involving substance use.
- **In activity 15, Being SunSmart**, (Learning Outcome 2.1) students learn how to protect their skin from skin ageing and sun damage and how to reduce their risk of developing skin cancer in the future.



Activity 1 - What are the barriers to being more active? (LO 2.1)

In this activity, students compare physical activity levels 100 years ago to physical activity levels today. They reflect on the reasons why physical activity levels have decreased and discuss how to overcome some of the barriers to being more physically active today.

Teacher's note

Just a few generations ago, physical activity was an integral part of everyday life. People engaged in physical activity as part of everyday tasks, such as travelling, farming, housework and socialising. Physical activity levels in Ireland and in other developed countries have gradually decreased; research has found that only 10% of post-primary school students in Ireland meet the national physical activity guidelines which state that all children and young people should be active, at a moderate to vigorous level, for at least 60 minutes every day. This includes muscle strengthening, flexibility and bone-strengthening exercises three times a week.

Changes in the environment, social and cultural norms and technological advancements have resulted in people today being less active than people in the past. Cars, trains and buses have replaced travel by foot or by bicycle for many people. Farming practices have modernised to be less physically demanding. Home appliances, such as washing machines, mean that housework is not as physically demanding. In addition, people spend a lot more time looking at screens (television, computers and phones) and children spend less time playing outside. Increased traffic and heightened safety concerns among parents have also contributed to children spending less time outdoors.

This reduction in physical activity levels has been identified as a key risk factor for the development of chronic diseases such as stroke, heart disease, type II diabetes, dementia, cancer, obesity and osteoporosis. For the first time in history, young people have to plan physical activity into their day. Young people who engage in at least 60 minutes of physical activity every day, will increase their general mental and physical health and will lower their risk of developing chronic disease in later life.

Step 1: Physical activity levels 100 years ago vs today

Divide the class into pairs and ask each pair to discuss what they think the typical day for a young person 100 years ago was compared to a young person today. Consider things like how they travelled, what work they did, what they did in their leisure time.

Take some feedback using the Teacher's note for guidance.

Suggested discussion points

- Why do you think young people today are less active than they were in the past? (See Teacher’s note).
- What are the benefits of being physically active?
- What effects do you think low physical activity levels have on young people now and will have in the future if there is no change?

Teacher’s note

The following points are taken from TEDx DCU talk, Stone Age Genes and Space Age Technology, by Prof. Niall Moyna, a professor of clinical exercise physiology in the School of Health and Human Performance in DCU.

Humans have evolved to support a physically active lifestyle. If we don’t get enough physical activity our genes mal-adapt and we get chronic diseases.

Physical activity is good for our physical health and emotional wellbeing. Our bodies release a host of chemicals in response to physical activity that affects almost every biological system of our body in a positive way, lowering the risk of developing chronic disease. People who walk 120 minutes a week have the same remission from depression as the combined effect of drugs and cognitive behavioural therapy.

Any form of physical activity is better than no activity; even standing up for 90 seconds has health benefits. Physical activity can be broken up throughout the day. Select things you enjoy and exercise at whatever intensity you prefer and be consistent.

When discussing the benefits of physical activity it is important to focus on exercise for fun and overall wellbeing rather than potential weigh loss benefits as there is growing evidence of young people exercising (sometimes to unhealthy degrees) to achieve weight loss



Step 2: What are the reasons for not being physically active?

In pairs, ask students to discuss what reasons students their age might give for not getting enough physical activity?

Take some feedback and note it on the board. (*Some common reasons may be that they are too tired, too busy, are not fit enough, are not sporty, are embarrassed, have no-one to do it with*).

Then invite students to work in pairs again to discuss how some of these barriers might be overcome.

Step 3: Overcoming barriers to physical activity

Take feedback, using the following Teacher's Note to guide the discussion if needed. It is better for students to come up with their own ways of overcoming the barriers they experience.

Teacher's note

Only one in ten post-primary students in Ireland are getting enough physical activity every day. This means that most post-primary students are not experiencing the short term benefits of physical activity and may be less likely to experience the long term benefits to their health and wellbeing.

There are often genuine reasons that make it difficult to participate in physical activity, for example bad weather, no access to facilities, safety concerns, illness, injury or disability.

Quite often some of the reasons that we give for not participating in physical activity such as being tired, being too busy, not having a friend/companion, not being sporty, not being 'good enough' are only perceived barriers – this means that they can be overcome. It is important that young people recognise these perceived barriers and make efforts to overcome them so that they experience the benefits of physical activity.

Wrap up discussion question:

- What are the best motivators for young people to be physically active?

Step 3: Home activity



This evening limit your screen by 20 minutes and do something active like going for a walk or cycle, doing an online exercise session or tidying your bedroom. In your SPHE copy, note how you felt before, during and after the activity.

Teacher's note

Teacher's note to support the discussion on overcoming barriers to physical activity.

I am too busy

- Reduce your screen time: While people are busy with school, activities, family and social life, many people also spend a lot of time looking at screens. Start by taking short breaks from screens to be active and gradually increase either the length of time you are active, or the number of breaks you take.
- Active Travel: If you are living a busy life, consider walking, wheeling or cycling to school, to your friend's houses, to activities you are involved in.
- See if you can organise your day a little better to make time for physical activity.

I am too tired

- Exercise is energising. Being active will provide you with energy; you will get more things done in less amount of time.
- You will sleep better. People who exercise also tend to sleep better than those that do not.
- Are you a morning or night person? Work with your body and exercise at the time of day you feel most energetic.
- Ensure your diet is ok. If you are concerned about your energy levels visit your GP; you may be lacking a nutrient. Many people in Ireland are low in Vitamin D and this can result in tiredness.

I'm not fit – I hate sports

- You do not need to be 'sporty' to lead an active healthy life. Walking, cycling, gardening, stair climbing, dancing, skipping or playing games will help you to achieve your 60 minutes of activity.
- Try out a few new activities to help you find one that you enjoy. Ask your friends what activities they enjoy and maybe you could join them.
- Start slowly and build up slowly. Your body might need time to adjust to a new physical activity. You will notice how much better you feel after only a few days. Think of the benefits like improved fitness, and more energy, along with many others.

There are no facilities near me

- The best 'gym' in the world is probably right outside your door. There are many walks, cycle paths or quiet lanes near you that you can explore and get out and about in nature. Always remember to choose safer, well-lit routes and to tell someone where you are going.

I'm embarrassed

- Anyone who is being active looks good! Being active means you care about your health. Being hot and sweaty is a normal response to being physically active – it happens to everyone!
- Start in your comfort zone. Exercise on your own, in the privacy of your own home, or at a park where you won't bump into people you know. Then as you get into a routine, you might feel confident enough to exercise with others around.

Activity 2 - Let's get moving (LO 2.1)

In this activity students will explore opportunities that exist in their day to day lives for physical activity. Students will also explore some of the myths and facts around physical activity to increase their knowledge on the topic.

Step 1: Physical activity opportunities - Graffiti Sheets

Take 4 flipchart pages and write one of the following questions on each one:

- How can we be active before school?
- How can we be active during lessons or between classes?
- How can we be active at school outside of class time?
- How can we be active after school, including weekends and holidays?

Allow the class a few minutes to walk around the room and add their thoughts and suggestions to the graffiti sheets. Bring the group back together and discuss.



Suggested discussion points

- Could this class decide to do something to improve levels of physical activity? For example, could the class do a couch to 5km programme and take part in an event like parkrun (parkrun.ie) at the end to celebrate. See example here [Couch to 5K Challenge](#) - Blackwater Community School, Lismore, Co. Waterford ([blackwatercs.com](#)). What would the challenges be to this? What would the benefits be?
- Could the school take action to promote physical activity? Could the school take part in the Active School Flag? What might the challenges be? What might the benefits be?
- Could you and your family members be active together?
- Could you and your friend/s decide that you will start a new activity or be active together?
- What else can you do to increase your physical activity levels?

Step 2: Physical activity – Myths and facts walking debate

Assign areas of the classroom 1) Agree 2) Disagree 3) Unsure. Call out the following statements to your students and ask them to go to the area they feel most reflects their thoughts on each statement.

Generate some short discussion/debate around each statement and then clarify the true position using the '**Myths and Facts Walking Debate- Support notes**'.

1. You can be fit at any body shape or size.
2. Muscles in your body can turn to fat.
3. The more physical activity you do, the better off you'll be.
4. Physical activity gives you energy.
5. If you're not sweating, you're not working hard enough.
6. Pain when being active can be a sign of injury.
7. Supplements and protein shakes are needed after a workout.

Myths and facts walking debate - Support notes

You can be fit at any body shape or size.

Fact: Being fit is the ability to undertake sustained physical exertion without undue breathlessness, it means having a strong and healthy heart, lungs, muscles, bones and joints. Being a particular body size or shape does not necessarily mean a person can run a long distance, touch their toes easily or open a heavy door.

Muscle in your body can turn to fat.

Myth: Some people think that when you don't use your muscle it can turn to fat. It is physically impossible for inactive muscles to turn into fat. When you work your muscles out regularly, they can increase in size or simply look more toned; if you stop using them, the muscle fibres will atrophy (waste away) and disappear. The good news is muscle can always be rebuilt.

The more physical activity you do, the better off you'll be.

Myth: Being physically active is one of the best things we can do for our health. However, your body also needs good quality rest and sleep to achieve the maximum benefits from physical activity. Over-exercising and compulsive exercising can be harmful too. The key is getting the right amount, enjoying what you do and gaining all the benefits.

Physical activity gives you more energy.

Fact: Although you may feel tired during physically activity, you usually feel more energised afterwards. Doing any regular physical activity will raise your overall energy levels and make you better able to handle everything you have to do during the day. If you are having trouble concentrating at school or getting too stressed, the best remedy is a short walk or other physical activity to clear your mind, bump up your energy levels, and decrease your mental stress. Physical activity also helps you sleep better at night, leaving you more refreshed and energetic.

If you're not sweating, you're not working hard enough.

Myth: Sweating is often not reflective of effort level. There are other signs which can tell you if you are working hard enough. If you are working out at a moderate intensity you should have increased breathing and heart rate, but still be able to carry on a conversation. You will be warm or sweating slightly and be at a comfortable pace. If you are working at a vigorous intensity you should be breathing heavily, you cannot keep a conversation going, have a faster heart rate and be sweating and concentrating hard.

Pain when being active can be a sign of injury.

Fact: Muscle soreness, minor aches, and breathing harder are normal parts of becoming more active, but sharp pain is not OK. Start slowly and progress gradually to avoid injury. Doing a proper warm up before, and cool down after, your activity will also help to avoid pain and injury.

Supplements and protein shakes are needed after a workout

Myth: The truth is we don't need expensive shakes to get proper nutrients as we can get those directly from less expensive food sources. It's important to remember that nutrition companies are out to make money. So they'll sell their product by convincing consumers it's the only product that provides what they need.



Step 3: Home activity



Invite students to make a plan to be more physically active. What long term and short term goals could you have for physical activity? Could you set two or three physical activity goals? The SMART tool is useful for setting goals. SMART stands for Specific, Meaningful, Achievable, Realistic and Time bound.

So instead of a student saying that they're going to get fit, encourage them to be specific about what exactly they are going to do, e.g. they are going to run 5k every week or they are going to walk, wheel or cycle to school.

The plan is personal and will not be shared or discussed in class.



Activity 3 - Food for thought (LOs 2.1, 2.4)

Teacher's note

Increasingly, messages about food and diet are negative and describe food as a threat to our health and wellbeing. We hear that we are eating too much fat, too much sugar, too much salt, too much food. While all these things may be true, seeing food only as something to avoid makes it hard to develop a positive relationship with food. The key message that you want students to take away is that: **Food is a source of nourishment, not a threat.** Of course, this is most true of foods that are rich in nutrients and least true of sugary and processed foods.

It is not helpful to think about good or bad foods, or healthy or unhealthy foods, but rather about patterns of eating that range from poor to good. A good pattern of eating would be one that generally follows the guidance in the national Healthy Eating Guideline. This includes:

- Eating a wide range of foods from all shelves of the food pyramid
 - Lots of fruit and vegetables (5 - 7 per day)
 - Wholemeal and wholegrain breads, cereals, pasta and rice
 - 5 portions of dairy foods daily for growing bones
 - Small amounts of poultry, fish, eggs, nuts or beans daily for protein
 - Eating very small amounts of food from the top shelf of the food pyramid
- Getting the balance right, not eating too much or too little - using the food pyramid as a guide to portion sizes (emphasise the balance side of things).
- Taking time to enjoy meals.

Further points to consider

- Health and weight are not the same thing. People come in all shapes and sizes, and you can be larger than the average body size, but still be fit and healthy. Conversely a person may look healthy and not be eating a healthy balanced diet to meet their nutritional needs
- Skipping meals harms our health and affects our mood
- Model sensitivity to the diversity of food cultures and family circumstances that students belong to and draw upon this diversity as a source of learning.
- It is best to avoid direct criticism of cheap family meals (e.g., sausage and chips) as such meals may reflect family food budgets. It is better to focus on high fat/sugar snacks and drinks, over which children and young people have more control.
- Support students in exploring the small practical changes that are realistic and they feel empowered to make.

Teacher's note continued

Facilitating discussions about food

Discussions about food can be sensitive due to the stigma attached to living in a bigger body size or living with overweight and obesity and the link between food, body image and eating disorders. Furthermore, some students will come from families where fruits and vegetables are not part of their daily diet (for cultural or economic reasons). So, discussions should be guided in a way that is alive to this fact. Young people sometimes report that classroom activities and discussion about food can feel judgemental or stigmatising. There are many reasons why we choose foods. These include cost, availability, familiarity, taste, and social context. All of these are legitimate reasons to choose a food and students should not feel judged for the food choices they make. Go with the grain of young people's food culture, helping them consider how healthy choices can be part of this culture and focusing on where they have control (for example, when it comes to purchasing high fat/sugar snacks and drinks).

Avoid anything that creates shame about appearance, bodies and weight and any suggestion that students should control, track or restrict food (for example, through food diaries and calorie counting). These can be problematic for young people prone to eating disorders.

Watch your language!

- There are foods that many of us eat too often but it is not psychologically helpful to describe these as "bad foods" or suggest that young people are bad for choosing them.
- **Instead of talking about eating certain foods to gain, lose or maintain weight, talk about eating a balance of foods for health and wellbeing.**
- Use neutral descriptions for bodies – talk about a larger person, smaller person.
- Avoid mention of calorie counting or dieting – talk about balance and portion size instead.

See [Taking a fresh look at teaching about food \(curriculumonline.ie\)](http://curriculumonline.ie) for further guidance.

Step 1: Why, where and when we eat?

Food is an important source of nutrition, but it provides more than nutrition. It is important to look at the whole spectrum of occasions, places and reasons why we eat what we eat. For young people, the social context of food is particularly important. For example, sharing a pizza or a bag of chips with friends can be an important source of connection, belonging and enjoyment.

Invite students to form small groups and then ask each table to brainstorm one of the following:

1. Reasons **why** they eat.
2. The different places and scenarios **where** they eat.
3. Occasions and times **when** they eat.

Prompts

Why? To help us grow, for energy, for healthy minds and bodies, to feel full, because it tastes good, to be with family or friends, to celebrate an occasion, because we feel bored or sad, etc.

Where? At the kitchen table/counter, in transit, sitting on the couch, in bed, in restaurants, cinema, outside, etc.

When? Times of the day, special occasions, when I’m hungry, when I’m bored, when I’m feeling low, when there’s a celebration, etc.

Class discussion questions

- What did you notice and learn from this task? (e.g., we eat for reasons other than hunger, food is more than a source of energy/nutrition it is also a way of connecting with family/friends)
- Is it helpful to be aware of why, where and when we eat?
- Are there practices around food that may differ across cultures? (Gently explore some examples without judgment).

Step 2 – Making healthy food choices

Informed by the Teacher’s Note, explain to students that there is no such thing as ‘bad’ or ‘good’ food. Rather we need to think about having a healthy balance of foods and how we can develop overall healthy eating habits. In primary and first year SPHE, they will have learned about the food pyramid. They might also have learned about nutrition in Home Economics or Science class. Now it is their turn to apply what they have learned, conscious of the fact that different people may have different conditions and requirements.

Assign students to small groups or pairs. Their task is to work in pairs or small groups on one or more of the following scenarios.

In each scenario, there is a suggested weblink to help students in their discussion.

Scenario 1

Kasey woke up late for school. They were up late on their phone and slept in. They didn’t have time for breakfast before going to school. At break time Kasey has an energy drink to help stay awake.



Questions:

- What would help Kasey to get more energy?
- What changes could Kasey make?
- What advice would you give to Kasey?

Teacher prompts:

- Do you think the energy drink is helping Kasey? Why?
- Do you think this will give Kasey energy for the whole day?
- What are some of the short term effects of drinking energy drinks? What are some of the long term effects?
- What other things could Kasey do to get more energy?

Weblink: [Energy Drinks | NCCIH \(nih.gov\)](https://www.nccih.nih.gov/health/energy-drinks)



Scenario 2

Dara is vegetarian and everyone else in Dara’s family eats meat. Dara sometimes wonders how to eat a balanced diet, without meat.



Questions:

- What would you suggest to Dara for what a tasty, balanced and nutritious breakfast, lunch and dinner might look like?
- Keep in mind that Dara is busy with school and outside interests and hasn’t much time for cooking so the options you suggest need to be quick and easy to prepare.

Teacher prompts:

- Have you checked to make sure that your suggestions are providing Dara with the balance of nutrients needed by a growing teenager?
- Did you make sure to include plenty of plant based sourced of protein (such as beans, lentils, peas, nuts and seeds) to make up for a meatless diet?
- Are your suggestions realistic for a young person and appealing and tasty too?

Weblink: [Becoming Vegetarian: Just The Facts | Health For Teens](#)

Scenario 3

Fiadh is mad into sport and plays on a couple of teams, both at the local club and at school. There is hardly a day when Fiadh doesn’t have training or a match. Sometimes Fiadh wonders if it’s normal to need more food than other classmates.



Questions:

- Can you suggest why Fiadh might need more frequent meals and snacks than other less active classmates?
- What food advice would you give Fiadh so they can stay active and healthy?

Teacher prompts:

- As well as eating nutritious meals, smart snacking is important to help teenagers through a busy day – what might this look like?
- Low iron levels can lead to tiredness, how can Fiadh make sure to get enough of iron-rich foods?

Weblink: [A Guide to Eating for Sports \(for Teens\)](#)

Teacher's note

Supporting students to build health literacy

While teenagers are very adept at using technology to source and share information, they are less able to critically evaluate the material they encounter online. A variety of media are feeding young people a constant stream of information and messages which need to be critically appraised, for example, material saturated with images promoting body modification products, fast food, alcohol, and quick-fix solutions to physical and mental health problems. Equally, there are very helpful supports and sources of information online and in the SPHE class young people can learn how to step back and question the reliability, relevance and trustworthiness of information they encounter and this supports them in making healthier choices.

Remind students to ask these questions when searching for information:

Who? Can you trust the source of the information? Who produced it? What is their level of expertise in the field? Are they medical or health professionals? Why have they produced it – have they a commercial motive? Who owns or funds the initiative? Remember that social influencers are not experts and often get paid for promoting products or services!

What? Can you trust the information? Is it accurate and reputable? How can you check? Does it provide reliable sources of evidence for the information, or the claims being made? Are there experts supporting the ideas/claims? How do you know they are actually experts? Is the author stating facts or opinions? Where a product or solution is suggested, does it seem too good to be true?

When? When was the information published? Is it up-to-date and still relevant?





Activity 4 – Nudge or Sludge? (LO 2.2)

In this activity students will develop their awareness of how different types of organisations try to influence our food purchase and consumption habits, and how the tactics used can be prompted by a concern for our health or a concern for a company's profits.

Teacher's note

What influences our eating decisions?

Many things influence eating choices – availability, income, personal tastes and choice, social and cultural trends, peer influence, industry influence, public health messaging etc. Some of these influences on the type of food we eat are intentional, and motivated by a range of aims e.g. a desire to improve the health of the population, to sell more products, to increase profits etc. It is important to note that while not absolutely impossible, increasing the health of the population and increasing sales and profits are often not compatible aims. One of the biggest influences in the western world are the marketing strategies of the food industry. Often when people think they are making completely independent choices they are being subtly and expertly influenced by a wide range of strategies which the food industry employs to increase its sales and profits.

How we make decisions – System 1 and 2 thinking

Psychologist Daniel Kahneman, estimated that people make around 35,000 decisions each day. We couldn't do that if we had to think through every one of those carefully before taking action, so our brain has created short-cuts which enable us to consciously and unconsciously make hundreds of rapid decisions each day. This is called 'System 1' thinking. We are also capable of 'System 2' thinking, which is a slower, rational process, enabling us to work through more complex decisions. People tend to default to System 1 thinking more readily, so organisations interested in individual and public health, and organisations interested in making profit from our purchasing and consumption patterns, try to appeal to our System 1 thinking-patterns to influence our decisions. One way they do this is by making small interventions that may move us towards whatever behaviour they are trying to promote. When the motivation is to enhance our welfare these interventions are called Nudges, and when they are more in the interest of the organisation itself, they are called Sludges.

Nudge interventions

Nudges are small interventions, which align with System 1 thinking and gently direct us towards healthier choices (Thaler and Sunstein 2008). To count as a nudge, an intervention has to:

- leave a choice
- be transparent and never misleading
- be easy to opt out of
- be designed for the benefit of the people being nudged.

Sludge interventions

Sludges on the other hand, are small prompts or interventions which do the opposite of 'nudges'. They try to influence people's behaviour in the interest of the organisation doing the 'sludging', rather than in the interest of the person being 'sludged'. The interventions are often misleading, and easy to opt into but difficult to opt out of.

Note: Both nudges and sludges are used to influence behaviour in all aspects of life but for the purpose of this activity we will look at some of those used to influence food purchasing and consumption.

Step 1: Nudging and sludging

Ask the class to call out any decision they made that morning (e.g. what time to get up/leave, whether to shower, what to eat for breakfast, which way to go to school, what to wear -if no uniform), and note the decisions on the board).

Point out that most of us won't have registered that before every one of those actions there was a decision made. Tell them that our brain makes about 35,000 decisions a day and a lot of them are made so quickly and automatically that most of the time we don't even register them as decisions.



Watch this video as a stimulus for opening up this topic.

[Social Experiment: The shocking effects of junk food advertising!](#)
Video (2.20 mins) by the youth-led Bite Back campaign.

Suggested discussion points

- What's your reaction to what you've just viewed?
- Does this mean that we have little power or control over our choices?

(Note: while recognising the power of advertising, both explicit and subliminal, it is important to build young people's sense of self-efficacy and affirm what they can do to make the best choices they can).

The following activities are aimed at building awareness of how advertising works and ways that we can take back more control of our decisions.

Noticing the nudging and sludging

Project and talk through the Powerpoint presentation, '**Nudging and Sludging**' using the Teacher's note above. Ask students to:

- note down 2 examples of decisions they routinely make using System 1 thinking, and 2 examples of important decision where they have used, or would use, System 2 thinking (e.g. buying an expensive item, choosing their JC/ LC subjects etc.)
- give examples of nudges that schools might use to promote healthy eating behaviours and sludges that supermarkets might use to promote sales.

Weblink: ['Nudging and Sludging'](#)



PowerPoint presentation – Nudging and Sludging



Step 2: ‘Nudge or Sludge?’ game

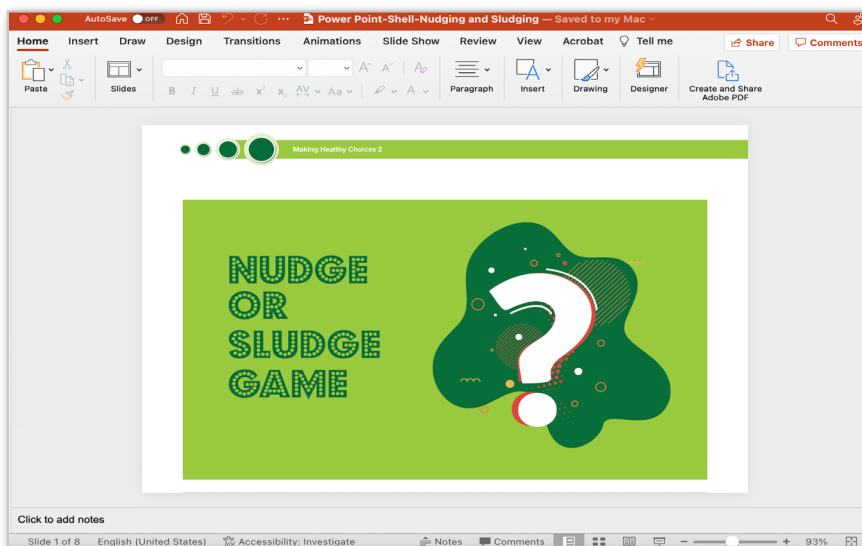
Using the Powerpoint presentation and Teacher’s Note below, facilitate the class to play the ‘Nudge or Sludge?’ game.

- Ask students to get into pairs or small groups and ask them to discuss and note down whether they think each slide shows a ‘Nudge’ or a ‘Sludge’, and why.
- Once you have gone through all 15 images, project each one a second time, asking the class to vote on whether it shows a ‘Nudge’ or ‘Sludge’ by a show of hands. Invite a few students on each side to explain their decision and use the Teacher Note to add to the discussion/ clarify as necessary.

Weblink: [‘Nudge or Sludge?’ Game](#)



PowerPoint presentation – ‘Nudge or Sludge?’ game



Teacher's Note: 'Nudge or Sludge?' game

Slide 3 – Sludge: A large, attractive display of cakes and filled rolls placed mostly at eye level and a small, easy to miss, plate of fruit on lower shelf to encourage the purchase of higher cost, less healthy, baked goods.

Slide 4 – Sludge: A large colourful and attractive display of high sugar soft drinks with no water alternative to encourage the impulse-purchase of high volume sales' items.

Slide 5 – Sludge: A multipack bag of crisps shown to be much cheaper than a single bag to encourage the purchase of more crisps than perhaps initially wanted.

Slide 6 – Nudge: A sales promotion on vegetables to encourage an increase in purchase, and hopefully consumption, of additional vegetables which evidence shows is good for health.

Slide 7 – Sludge: An attractive advertisement for breakfast bars with the text implying, but not stating, that the bars are healthy. Many of these bars are marketed as 'high fibre', with their high fat or sugar content less obvious.

Slide 8 – Nudge: Half portions are offered on menu to encourage people to consider portion sizes and whether a smaller amount would suit better. This would benefit the individual (health-wise and financially) and cut down on food waste.

Slide 9 – Sludge: Many serving staff are trained to offer additional items or to 'supersize' an order to encourage consumers to add more food to an order than they originally intended, particularly items that are low cost and high value to the manufacturer/retailer.

Slide 10 – Sludge: Large, colourful and attractive range of smoothies, being advertised with the healthy sounding, but vague, tag line, 'Goodness in a glass! to encourage the purchase and consumption of the product in the belief that it is good for health. The '2 of your 5' is probably true but most smoothies are bigger and have much higher sugar content than recommended for health purposes. Consuming a few pieces of whole fruit would be a better source of nutrients and fibre.

Slide 11 – Nudge: Attractive poster promoting the uptake of free drinking water. There are evidenced benefits of adequate hydration, particularly through water consumption, and there are no obvious profit motives at play.

Slide 12 – Sludge (probably): Fruit yoghurt being advertised as 0% and containing 'All natural ingredients' to encourage the purchase, and perhaps over-consumption, of what is likely to be a high sugar product. Many fruit flavoured, fat free products have to contain other ingredients to make them pleasant tasting and fat free yoghurts may not be as healthy as they seem if the person feels hungry soon after and needs to eat again. It is always important to check the nutrition label and think of your overall food intake.

Slide 13 – Nudge: Sign advertising the availability of a sweet-free check-out so customers can opt to avoid the temptation of attractive sweet displays while they're queuing.

Slide 14 – Sludge: Sign advertising a price reduction if a hot drink is purchased with a cookie to increase profits by encouraging the customers to buy a cookie, when that may not have been their original attention. The cookie is likely to be high sugar and high fat

Teacher's Note: 'Nudge or Sludge?' game continued

Slide 15 – Nudge: Easy to understand, traffic light nutrition labelling to give consumers accurate information about the content of food products and enable them to take informed decisions about their consumption.

Slide 16 – Nudge: Reduced-price, tasty and healthy school meals to encourage students to consider this option over others.

Slide 17 – Sludge: Chocolate bar with 33% protein content emphasised to encourage consumers to buy this bar in preference to others by giving the impression that the high protein content makes it healthier. These products are often more expensive than the average chocolate bar. Advertising can make people believe that they need more protein than they actually do, and can mask the fact that the product is actually high in sugar, fat and salt. The best way to consume protein is to eat appropriate amounts of good-quality, protein-containing foods as part of a balanced diet.

Suggested discussion points

- Did any of the nudges or sludges surprise you?
- Have you ever bought anything that you didn't set out to? Why?
- Think of the last time you went food shopping, do you think that the nudges (prompts in the interest of your health) or the sludges (prompts in the interest of companies' profits) had the most influence on you? Why?

Step 3: Practising nudging or sludging tactics

Using their learning to this point and their lived experience of marketing tactics, ask students to work in a pair or small group to draw up a simple bird's eye view of a shop or a school cafeteria-half of them labelling it with nudges that they would use to encourage people into healthier food/drink choices and half labelling it with sludges they would use to encourage people into unhealthy choices to boost sales and profit. They can use some of the ideas from Step 2 but should try to come up with at least two original ideas.

Optional Homework: During the week, note down three things that you come across that you think are nudges to healthier eating/drinking and three that you think are sludges – promoting unhealthy eating and drinking behaviours (both in the digital and physical world).

Optional video material:



<https://irishheart.ie/campaigns/stop-targeting-kids-2022/>

(1.11 mins)

Activity 5 – Misleading food marketing (LO 2.2)

In this activity students will explore food marketing tactics that can mislead consumers into thinking that certain products are better for health, the environment and society than they actually are.

Teacher's note

Food marketing involving misleading images and claims that give the impression of products being something they're not, make it hard for consumers to make considered choices when it comes to choosing what they buy and eat.

Don't Hide What's Inside, a [Biteback](#) campaign research study with one thousand 13-18 year olds in the UK found:

- Almost 9 in 10 young people think smoothies are healthy, but 76% of juices and smoothies would get a red traffic light label.
- 8 in 10 young people are led to believe cereal bars are healthy, but 81% would get a red traffic light label.
- 9 in 10 young people think yoghurts are healthy, but 35% of the flavoured yoghurts people are eating would get a red traffic light label.
- 66% of participants believe 'low in sugar' or 'no added sugar' made a product healthy — but the research found loads of products making these claims while hiding the truth about their other unhealthy ingredients.

In order to be smart consumers, students have to learn to be aware of the tactics used by some elements of the food industry to enhance the saleability of their products, and to question their assumptions about the nutritional and social value of products, based on claims made on packaging.

Step 1: Marketing - what works?

Ask the class to imagine that they were given the job of developing a new snack food for teenagers. Think about the ways that this new product might be marketed. What would be the claims or promises that would make it sell? In small groups agree the top three claims that would make this new product sell.

Gather the suggestions on the board you can refer to these when moving through Step 2.

Step 2: Misleading food marketing

Introduce the topic of food marketing as an influence on our eating choices using the **Information Sheet - Misleading marketing of food products** or the associated Powerpoint presentation. For each type of claim, ask students to name products they have seen carrying that claim.



PowerPoint slide – Misleading marketing of food products



Weblink: [Misleading marketing of food products](#)



Split the class into small groups. Project or distribute **Worksheet – Food Marketing Task Instructions** and allow appropriate time for the students to come up with the outline of their marketing plan. Encourage the students to stick with the brief – particularly in relation to the “handy but healthy” message.

Feedback can be provided by one or more students from each group; one student might focus on the product itself, another on the advertising and marketing, another on the pricing and where it will be sold.

Information Sheet - Misleading marketing of food products

Food manufacturers make claims about food on the packaging to make it more appealing. Because of laws related to advertising, the claims made must be true. However, their very presence can lead consumers to believe that the product is 'healthier' or 'better' than it really is. For example, describing a luxury chocolate cake as 'gluten free'. The luxury chocolate cake may be very high in calories, fat, and low in other nutrients, but the tagline of 'gluten free' may make some consumers believe that it is a 'healthier' choice. This is called a "health halo"; when we believe one health claim about a product to be true, we perceive the whole product as healthy.

Some type of claims made by food companies include:

- Claims about the quality of the product (e.g. natural, fresh)**
A takeaway battered fish product may be described as having 'fresh cod' made in the traditional way. This does not make the takeaway battered fish a healthy choice, but some consumers will believe it to be a better choice than, say, a frozen variety from a supermarket. People tend to associate the words like 'natural', 'fresh' and 'traditional' with healthiness and quality.
- Animal welfare or environmental claims (e.g. dolphin-safe, recyclable)**
Consumers are often keen to do the right thing for animals or the environment. Manufacturers will appeal to this instinct.
- Nutritional claims (e.g. no added sugar, fortified with iron, no artificial flavourings, 50 per cent less sugar)**
These claims if made, must be true, but can be misconstrued as per the chocolate cake example above. Also, 50% less sugar does not make something healthy if the sugar content is still too high.
- Health claims (e.g. boosts immunity)**
These claims must be true and, for that reason, are rarely made. It is hard to prove a link between any one food and a health outcome. The wording used on packaging will be very careful e.g. manufacturers will say 'This drink contains Vitamin C. Vitamin C supports immune function'. They cannot say 'This drink will boost your immune system!'
- Claims that suggest the product is socially responsible (e.g. fair trade, organic, charity partner)**
Consumers are often keen to do the right thing. Manufacturers will appeal to this instinct. However, a non-organic apple is a healthier choice than an organic packet of biscuits.
- Use of colours or images convey a healthy appearance (e.g. green fields or trees)**
Consumers get a sense of what the product is by the colours, images on the packaging and the style of packaging used. For example, if people see green fields or trees on packaging it will 'look' healthier; the effect might be subliminal, but it is effective.



Worksheet: Food marketing task instructions

Congratulations! You have a new job: You are the head marketing director for an ‘up and coming’, Irish food company. Your company has just developed a new potato based savoury snack (crisps) in a range of flavours. The company owner believes people will be more likely to buy the crisps if they think they are healthy. In reality though, this product is just a traditional packet of crisps.

The company is planning to make lots of money by promoting and selling their product as a **“handy but healthy”** snack.



Here’s some more information about the snack:

- Ingredients: Potatoes, sunflower oil, salt, lactose (milk), sugar, yeast extract, sugar, onion powder, acidity regulators: citric acid, natural flavouring*, colours (turmeric extract), rapeseed oil. (These are the typical ingredients of a packet of crisps).
- The potatoes used are grown in Ireland.
- Salt per bag = 1g. (We should have no more than 6g of salt each day. 1g of salt per bag would be considered a lot of salt.)

*Flavouring ingredients depend on the flavour (e.g. salt and vinegar, spicy chilli, etc.)

Your Task:

You need to come up with an outline of a **marketing plan** for these new crisps. You need to convince people that this product is a **“healthy but handy”** snack.

Marketing includes: making the product appealing to the audience, designing attractive packaging and labelling (including nutritional claims), attracting celebrity endorsements, advertising, building relationships with customers (e.g., social media), paying shops for prominent shelf space, ensuring the price of the product is right, etc.

Suggested discussion points

- Was it easy to come up with tactics to advertise the food? If so, why? *(This type of advertising is all around us every day).*
- If an advertisement uses words or attractive images or other marketing strategies to appear healthy, what does this mean? *(In many cases it means nothing. It certainly does not mean it is necessarily any healthier than another item).*
- Why do food manufacturers use ‘health claims’ to advertise food? *(Most people want to make healthy choices for themselves and their families when buying food.)*
- Do you think you are influenced by claims made on food packaging? *(Many people think that they are not influenced by food marketing, but most people are. It can happen at a subliminal level, where we are not consciously aware we are being influenced. Use the Teacher note to point out common misconceptions caused by misleading marketing).*

Step 3: Home activity



Encourage students to look out for marketing strategies over the next few days, particularly “health halos” but also other tactics, and make a note of them in their SPHE copy. They could also take photos and make a collage of tactics which they can submit digitally.



Activity 6 –Tobacco and ecigarettes/vapes (LOs 2.2 & 2.5)

This opening quiz will help you to assess students' current knowledge and attitudes related to smoking and stimulate some discussion

Step 1: Quiz

Divide the class into groups of four and give each group an A4 page.

Call out all of the questions or nominate a table quiz master and invite the students to respond to the questions.



The table quiz is intended to be called out by the teacher/quiz master, but a version **Tobacco Table Quiz** (without answers) is also provided should you wish to use it as a worksheet.

Go through the questions again, allowing the students to suggest the correct answers and if correct, allocating themselves a point.



Tobacco Table Quiz

(without answers)



1.	How many chemicals are there in tobacco smoke? A) 200 B) 7,000 C) 40,000
2.	How many of these chemicals are known to be cancer causing? A) 69 B) 35 C) None
3.	On average, by how many minutes does every cigarette shorten a smoker's life? A) 30 minutes B) 11 minutes C) Not at all
4.	What causes the most deaths in Ireland every year? (<i>Rank in order of 1-3, with one being the cause of most deaths</i>) A) Alcohol-related deaths B) Road traffic accidents C) Tobacco
5.	Rank these substances in order of how quickly they reach the brain? (<i>1 being the fastest, 3 being the slowest</i>) A) Alcohol B) Caffeine C) Nicotine
6.	What is the best way for smokers to avoid harming others with second-hand smoke? (<i>Choose one or more</i>) A) Smoke in a different room B) Smoke outdoors C) Quit smoking
7.	Second-hand (passive) smoke can increase the risk of: (<i>Choose one or more</i>) A) Asthma and bronchitis B) Cancer C) Heart disease D) Middle ear infections
8.	What happens to people's lungs when they smoke? A) The healthy pink lung tissue turns black B) Their lungs perform better when playing sports C) It becomes easier to breathe
9.	What happens to the person's body when they smoke? (<i>Choose one or more</i>) A) Their teeth get whiter B) Their skin gets wrinkly at a younger age C) Their breath and gums are healthier
10.	Women who smoke during pregnancy increase the risk of: : (<i>Choose one or more</i>) A) Still Birth B) Cot Death C) Birth defects
11.	True or False, young people in Ireland who smoke, when compared to young people who don't smoke, are more likely to: a. Fall asleep more easily <input type="checkbox"/> True <input type="checkbox"/> False b. Feel nervous or low <input type="checkbox"/> True <input type="checkbox"/> False c. Have good digestion <input type="checkbox"/> True <input type="checkbox"/> False d. Feel dizzy or get headaches <input type="checkbox"/> True <input type="checkbox"/> False
12.	Which of these can be withdrawal symptoms of vaping? (<i>Choose one or more</i>) A) Difficulty sleeping B) Excessive thirst C) Difficulty concentrating



Tobacco Table Quiz

(with answers)

The correct responses are underlined.



1.	How many chemicals are there in tobacco smoke? A) 200 B) <u>7,000</u> C) 40,000
2.	How many of these chemicals are known to be cancer causing? A) <u>69</u> B) 35 C) None
3.	On average, by how many minutes does every cigarette shorten a smoker's life? A) 30 minutes B) <u>11 minutes</u> C) Not at all
4.	What causes the most deaths in Ireland every year? (Rank in order of 1-3, with one being the cause of most deaths) A) Alcohol-related deaths B) Road traffic accidents C) Tobacco Answer: 1 Tobacco (6,000), 2 Alcohol (2,790), 3 Road traffic accidents (148)
5.	Rank these substances in order of how quickly they reach the brain? (1 being the fastest, 3 being the slowest) A) Alcohol B) Caffeine C) Nicotine Answer: 1 Nicotine (1-8 seconds), 2 Alcohol (2-30 seconds), 3 Caffeine (3-10 minutes)
6.	What is the best way for smokers to avoid harming others with second-hand smoke? (Choose one or more) A) Smoke in a different room B) <u>Smoke outdoors</u> C) <u>Quit smoking</u>
7.	Second-hand (passive) smoke can increase the risk of: (Choose one or more) A) <u>Asthma and bronchitis</u> B) <u>Cancer</u> C) <u>Heart disease</u> D) <u>Middle ear infections</u>
8.	What happens to people's lungs when they smoke? A) <u>The healthy pink lung tissue turns black</u> B) Their lungs perform better when playing sports C) <u>It becomes easier to breathe</u>
9.	What happens to the person's body when they smoke? (Choose one or more) A) <u>Their teeth get whiter</u> B) <u>Their skin gets wrinkly at a younger age</u> C) <u>Their breath and gums are healthier</u>
10.	Women who smoke during pregnancy increase the risk of: : (Choose one or more) A) <u>Still Birth</u> B) <u>Cot Death</u> C) <u>Birth defects</u>
11.	True or False, young people in Ireland who smoke, when compared to young people who don't smoke, are more likely to: a. Fall asleep more easily <input type="checkbox"/> True <input checked="" type="checkbox"/> False b. Feel nervous or low <input checked="" type="checkbox"/> True <input type="checkbox"/> False c. Have good digestion <input type="checkbox"/> True <input checked="" type="checkbox"/> False d. Feel dizzy or get headaches <input checked="" type="checkbox"/> True <input type="checkbox"/> False
12.	Which of these can be withdrawal symptoms of vaping? (Choose one or more) A) <u>Difficulty sleeping</u> B) <u>Excessive thirst</u> C) <u>Difficulty concentrating</u>

Teacher's note

While the use of tobacco has significantly decreased in recent years and fewer people start smoking tobacco as teenagers, a sizeable minority of adolescents continue to experiment with cigarettes and an increasing number are either experimenting with or regularly using e-cigarettes (vaping).

Research is ongoing on youth initiation of vaping but the European Schools Project on Alcohol and Other Drugs (ESPAD) has reported that **use of e-cigarettes among students is now more common than cigarette smoking**. In 2019, almost 4 in 10 students (39%) had tried e-cigarettes and almost 1 in 5 (18%) were current users.

This is a significant public health concern, as it is extremely easy to become addicted to nicotine; even smoking one cigarette or experimenting briefly with vaping can start the process of nicotine addiction. Most people who smoke before the age of 18 years continue into adulthood. Earlier initiation increases the health risks and is also associated with heavier smoking and less likelihood of quitting. The key messages here are not to start smoking or vaping, or, if you have started, quit!

Roll your own tobacco (RYOs)

'Roll your own tobacco' (rollies/RYO) is loose tobacco that the user places inside cigarette rolling paper and burns (the same way a person does with a factory-made/'processed' cigarette). RYOs can be made with or without a filter.

There is evidence that RYOs may be more addictive than factory-made cigarettes, as people who smoke RYOs may be exposed to higher levels of nicotine. In addition, the habits of RYO smokers may increase their level of addiction, due to the potentially larger size of the cigarette rolled, not using filters, and 'drawing in'/inhaling more intensively because RYOs do not burn as steadily as factory-made cigarettes.

Background reading for the teacher

See the article ['Are Roll your own cigarettes more addictive than factory made cigarettes?'](#)

See the article ['Are roll-up cigarettes better than regular cigarettes?'](#)

It has been shown that RYO smokers are more likely to experience mental health illnesses, hazardous drinking, and drug addiction. Young people who smoke RYOs are also more likely to use cannabis. See p. 11 of the [HSE report Roll Your Own Cigarettes in Ireland](#)



Step 2: Nicotine delivery systems

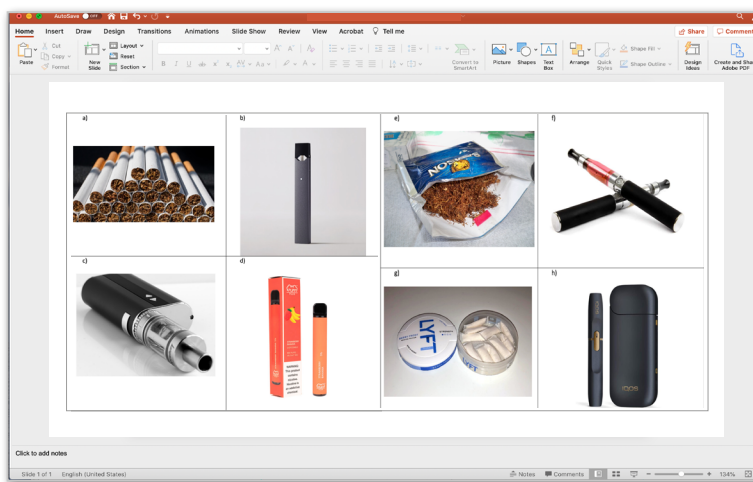
Begin by projecting the **Nicotine delivery systems PowerPoint slide show** and asking the students to name and say how each of the following works:

- Cigarettes
- JUUL (a pod mod type of e-cigarette that is popular among young people in Ireland)
- Vape tank e-cigarettes
- Puff Bar / Elf Bar (a pod mod type of e-cigarette that are popular among young people in Ireland)
- Loose tobacco for making RYOs
- E-cigarette with refillable cartridge
- Synthetic oral nicotine pouch
- IQOS 'heat-not-burn' (also known as heated tobacco) device.

Point out that these are just the current nicotine delivery systems; new ones are constantly being developed by tobacco companies to keep people using their products.



PowerPoint slide show – Nicotine delivery systems



Weblink: [Nicotine delivery systems](#)

Suggested discussion points

- What do these products have in common? (*All of these products are designed to deliver nicotine to the human body.*)
- Why does the tobacco industry make and promote an increasing range of nicotine delivery systems? (*To create nicotine addiction so that people need to continue buying and using the products, which increases companies' profits.*)

Step 3: How Does Nicotine Addiction Happen?

Play the video “How Does Nicotine Addiction Happen?”



<https://youtu.be/gJwhcGAuZC4> (3.37 mins)

Pause the video at 00:43.

Suggested questions

- Are smoking and vaping the only means of nicotine consumption? (Refer back to the various products that have been identified during Step 1).
- What might be the signs that a person is addicted to nicotine? What might they look like? How might they act? How might they feel?
- How do you think tobacco and e-cigarette companies promote their products in the media?

Play the video again. Pause it at 2:08

Suggested questions

- What is dopamine?
- How does nicotine affect the brain?
- Describe how nicotine addiction happens?

Play the video again. Pause it 3:15

Suggested questions

- What effects does nicotine have on the body?
- What particular harm can nicotine do to adolescents?
- What are the symptoms of nicotine withdrawal?
- Do you know about any ways that people can manage nicotine withdrawal when they are trying to quit smoking/vaping? (Refer to teacher note)

Play the video to the end.

Suggested discussion points

- Was any of the information in the video new or surprising to you?
- Do you think knowing the impact of nicotine on their brain would affect young people’s choice to use nicotine containing products? Why/why not?
- What other things might cause young people to decide against using these products?



Step 4: 'Roll your own': true or false



Distribute or project **Worksheet – Roll your own tobacco** and divide the students into pairs or small groups. Ask the students to discuss and decide on which of the statements are true or false.

Remind students of the Social, Personal and Health Education (SPHE) class agreement, particularly to be respectful of themselves, each other, and people outside the classroom. People who smoke may feel judged or stigmatised as most people in Ireland today do not smoke and most public places are now tobacco-free spaces (some by law, others through public health policy measures).



Go through each statement on the worksheet, taking feedback from students on their responses and their reasons for them, referring to **Answer sheet – Roll your own tobacco** in order to provide the correct responses. Students may be resistant to some of the information presented as it may not concur with their prior beliefs or what they have picked up in the media. Therefore, references supporting the answers have been included in the answer sheet.

Suggested discussion points

- Why do you think more people are using 'roll your own tobacco' (rollies/RYO) these days? *(It is less expensive than factory-made cigarettes and there is a misconception that it is less harmful to health than factory-made cigarettes.)*
- Why do you think flavoured cigarette rolling papers are on sale in Ireland? *(The tobacco industry wants to make smoking attractive to young people and children and to attract new customers who will become addicted to their products.)*
- If you heard someone saying that RYOs are healthier, what could you say to persuade them otherwise?






Worksheet – Roll your own tobacco

	Statement	True	False
1.	RYOs are more addictive than factory-made cigarettes.		
2.	RYOs do not contain as many harmful chemicals and are more natural than factory-made cigarettes, so they are less harmful to health.		
3.	People who smoke RYOs smoke less.		
4.	Young people who smoke RYOs are more likely to smoke cannabis.		
5.	You can make RYOs less harmful by using a filter.		





Answer sheet – Roll your own tobacco

<p>1.</p> 	<p>Statement: RYOs are more addictive than factory-made cigarettes.</p> <p>Answer: True. Some studies suggest that people who smoke RYOs are exposed to higher concentrations of nicotine, leading to greater levels of addiction. In addition, the habits of RYO smokers may increase their level of addiction, due to the potentially larger size of the cigarette rolled, not using filters, and ‘drawing in’/inhaling more intensively. They may also become attached to the rituals around making RYOs. For more information on the effects of RYOs, visit:</p> <p>https://www.researchgate.net/profile/John-Holmes-Miller/publication/260346828_Are_roll-your-own_cigarettes_more_addictive_than_factory-made_cigarettes/links/55676ddb08aeccd77737895c/Are-roll-your-own-cigarettes-more-addictive-than-factory-made-cigarettes.pdf</p> <p>https://spunout.ie/health/article/roll-up-cigarettes.</p>
	<p>Statement: RYOs do not contain as many harmful chemicals and are more natural than factory-made cigarettes, so they are less harmful to health.</p> <p>Answer: False. Cancer-causing chemicals are added to loose-leaf tobacco and are contained in RYOs. Therefore, RYOs are just as harmful as factory-made cigarettes. For more information on the dangers of RYOs, visit:</p> <p>https://news.cancerresearchuk.org/2009/07/07/roll-your-own-cigarettes-how-dangerous-are-they/.</p>
<p>2.</p> 	<p>Statement: People who smoke RYOs smoke less.</p> <p>Answer: False. RYOs are cheaper than a box of cigarettes. Therefore, many people may end up smoking more than they would if they smoked factory-made cigarettes.</p>
	<p>Statement: Young people who smoke RYOs are more likely to smoke cannabis.</p> <p>Answer: True. Studies have found that young people who smoke RYOs are more likely to smoke cannabis. For more information on the links between RYOs and cannabis, visit:</p> <p>https://www.drugsandalcohol.ie/27372/1/Roll-Your-Own-Report-2017.pdf (p. 11).</p>
	<p>Statement: You can make RYOs less harmful by using a filter.</p> <p>Answer: False. It is important to note that filters do not reduce the chemicals and carbon monoxide absorbed by the body. All tobacco/nicotine is equally harmful. All tobacco/nicotine has toxic carcinogenic chemicals added and anything that you burn and inhale displaces oxygen in your body.</p>



Activity 7 – Marketing of tobacco and ecigarettes/vapes (LO 2.2)

In this activity, students identify the marketing tactics used by the tobacco (and e-cigarette) industry to ‘renormalise’ tobacco use and to make it (as well as e-cigarette use) appealing to children and young people.

Teacher’s note

Why does the Government not ban tobacco completely?

Tobacco is sold legally all over the world, making it extremely difficult for an individual country to propose an outright ban: 18% of the Irish population currently smoke.

Packaging, advertising and displaying tobacco products – The law

In Ireland, all tobacco products must have plain packaging showing only the name of the tobacco company and the product, along with graphic, pictorial warnings of the negative health impacts of smoking on the front and back of packs. New legislation is in development, but currently there is no restriction on e-cigarette advertising, on selling flavoured products, or on the sale of e-cigarettes to people aged under 18 years in Ireland.

Tobacco use in Ireland – The law

Tobacco use is illegal indoors in all public buildings and workplaces in Ireland. It is also an offence for a person to smoke in a private vehicle when there is a person under the age of 18 years present. The Government’s Tobacco Free Ireland strategy (2013–2025) sets out actions to ‘denormalise’ tobacco use for the next generation, including the promotion of tobacco-free parks, schools, playgrounds, beaches and greenways. Many city and county councils have introduced tobacco-free initiatives.

Tobacco industry tactics in television and film

The tobacco industry has been using television and films to promote smoking since the 1920s. Tobacco companies can no longer directly advertise their products on television or in films, so they pay for smoking or vaping to be written into scenes, normalising and glamorising the products in order to recruit and retain teen smokers. There is strong research evidence to prove that young people are more likely to smoke when they see tobacco use on screen, putting them at substantial risk of addiction, disease and premature death. In more recent times, the tobacco industry has expanded its marketing to include smoking and the use of tobacco products in video games (e.g. the Red Dead Redemption and Grand Theft Auto games).

Follow these links for more information on smoking in films:

<https://smokefreemedia.ucsf.edu/sites/default/files/2021-01/CDC-2014-fact-sheet-archived.pdf>

https://www.cdc.gov/tobacco/data_statistics/fact_sheets/youth_data/movies/index.htm



Step 1: Tobacco and vaping on the screen

Introduce the topic and begin by showing one or both of the following videos.



While You Were Streaming: Nicotine on Demand (2022) <https://www.youtube.com/watch?v=v0scLGUzXfo> (duration: 1 minute, 53 seconds)

How JUUL Hooked Kids Ignited A Public Health Crisis https://www.youtube.com/watch?v=iAg2_PQ9o4 (duration: 5 minutes)

Suggested discussion points

- What, if anything, did you find surprising in the videos?
- Is it useful to know that the tobacco/e-cigarette industry is advertising in this way?

Step 2: What other tactics do tobacco/e-cigarette companies use?

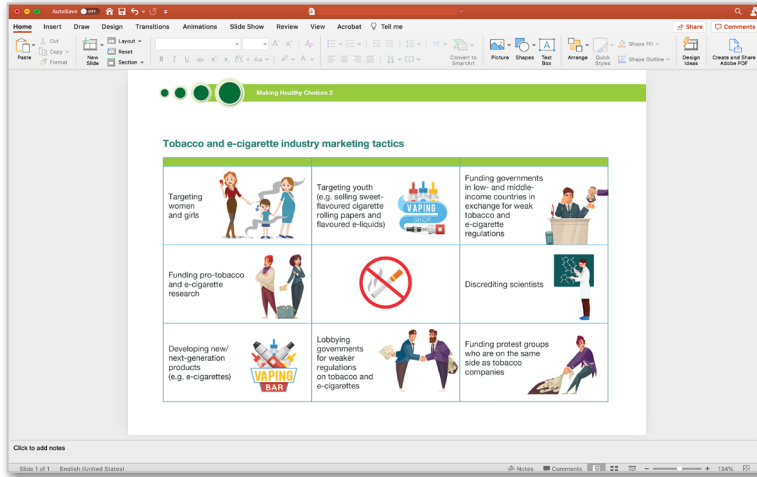
Project the **PowerPoint slide Tobacco and e-cigarette industry marketing tactics**.

Suggested discussion points

- How does the tobacco industry target young people?
- How do they try to exert pressure on government ministers to ensure that it is not restricted in promoting its products?
- Why do you think the tobacco industry spends billions promoting its products every year?
(Because the marketing works! The tobacco industry worldwide successfully recruits more young smokers each year and people who smoke can spend over €5,000 each per year on their habit. This is a good return on the tobacco industry's marketing budget.)
- How do you feel about the way that the tobacco industry targets young people?



PowerPoint slide show – Tobacco and e-cigarette industry marketing tactics



Weblink: [Tobacco and e-cigarette industry marketing tactics](#)

Information taken from: http://www.tobaccotactics.org/index.php?title=Lobbying_Decision_Makers.

Step 3: Classroom or homework activity

Students can choose one of the following:

- Design an advertisement to encourage young people not to vape. For inspiration, see: [Spoofs | Adbusters Media Foundation](#)
- Create a poster with 5 facts about vaping that young people need to know. To get started, see: [5 Vaping Facts You Need to Know | Johns Hopkins Medicine](#)





Activity 8 – Alcohol and its impacts (LO 2.5)

In this activity, students will explore some of the impacts of alcohol use on themselves and others.

Step 1: Think, pair, share



Watch: View the *Journey of Alcohol through the Body* video from Healthy Choices 1: <https://www.youtube.com/watch?v=325TfQ2d6Fg> (duration: 4 minutes, 9 seconds).

Pair: Ask the students to think of one new fact they learned from watching the video and invite them to share their fact with a partner.

Share: Ask students to share the facts that they learned or anything they found surprising with a partner.

Class discussion points

- What did you learn about ways that alcohol can make people unhealthy?
- What do you think people who drink alcohol could do to prevent themselves from becoming unhealthy due to their use of alcohol? (*E.g. quit drinking alcohol; use alcohol less often; drink fewer or less strong drinks each time they drink; have water or a soft drink between drinks containing alcohol; have their first drink later so that they drink less overall; have other hobbies and things to do; talk to people, play pool, music, etc.*)

Classroom poster – Alcohol and the body

Alcohol and the Body

Alcohol affects people both physically and mentally. It affects how your brain works and also affects your mood.

Alcohol can cause several types of cancer

The lining of the stomach can be upset and irritated by alcohol. Too much alcohol can make people feel sick or nauseous.

The liver can be damaged by alcohol use. The function of the liver is to "clean" or "rid" the body of alcohol and other toxins.

Alcohol is a depressant drug, meaning that it relaxes the body. It slows the body down, affecting heart rate, breathing and movement of the arms and legs. Alcohol can make people clumsy, fumble, they might trip or fall.

HE Taking care of your health & wellbeing **hi** Healthy Ireland



Step 2: Alcohol in my community

Ask the students to brainstorm where they have seen alcohol being sold or used in the world around them. Encourage the students to think as broadly as they can, in an attempt to move away from the idea of the pub/restaurant/hotel as being the only setting for the consumption of alcohol.

Invite the students to write their ideas on coloured sticky notes and then post them on the board to form a collage. Read and review the answers given, or invite the students to do so.

Examples might include:

- Pub, restaurant, hotel
- Supermarket, petrol station, off licence
- Concert, sports event
- At a family meal/with a takeaway
- Cooking with alcohol, e.g. in cakes, trifles, sauces
- Wedding or other religious/family occasions
- On films, videos, social media

Discuss the possible impact of the wide availability and use of alcohol on people's beliefs and behaviours. (*E.g. if it seems very acceptable to drink a lot, it may mean that people sometimes drink too much, or have problems that they do not realise are related to their use of alcohol, such as sleep problems, a low mood, or fighting and rows with friends or family.*)

Step 3: Alcohol - Harm to others

In this activity, the objective is that students become aware that each person's drinking has the potential to have often unintended knock-on effects on others, and that those who drink alcohol need to consider who else might be affected by their alcohol use.

Divide the students into four groups. Distribute to each group some coloured markers and a prepared flipchart sheet that features one of the following headings:

- Family
- Friends
- School/sports and other clubs
- Community/town



Invite each group to discuss and write how people's alcohol use might cause worry or harm to their group, i.e. to their family, friends, school/sports and other clubs or the community/town where they live. They may use words or drawings; whichever they feel comfortable with. Set the students 3–4 minutes for this task, informing them that each group's flipchart sheet will then rotate to the next group for them to add more comments. Examples of responses are provided on **Teacher sample answers – Alcohol can cause harms to others**.

When every group has contributed to each flipchart sheet, stick the sheets up on the wall and discuss the findings.

Review each of the flipchart sheets together, drawing on students to volunteer their responses to each one.

Alternative formats

1. Place the flipchart sheets on the walls of the room, with space for each group's sheets, and get students moving around the sheets rather than moving the sheets.
2. Divide the students into pairs or small groups and complete the exercise on a blank A4 sheet.

Suggested discussion points

- What did you think of this activity?
- Were you aware of the different ways someone's alcohol use can possibly affect others?
- Which effects seemed most important to you and why?
- Did any part of it surprise you?
- Is this important? Does it matter that others might be affected and why?
- How can people who are drinking alcohol be considerate of other people who might be affected by their drinking, such as their friends, family and neighbours? (*e.g. Not make loud noise or play loud music; dispose of empty cans or bottles in bins; stay away from public paths and areas, including trains/buses, where people might feel scared of someone under the influence of alcohol; those who are drinking could consume less or no alcohol so that their behaviour is not frightening or a nuisance to their family/friends/neighbours, etc.*)



Teacher sample answers – Alcohol can cause harm to others

Friends

- Upset/scared by how alcohol has impacted friends behaviour
- Arguments/fights
- Be let down when they have a hangover
- Have to 'mind' drunk friend when they go out; possibly deal with vomiting or embarrassing behaviours

Family

- Hurt; distrust, if it becomes hard to rely on the person
- Embarrassed by their behaviour
- Worrying about them; upset
- Anger and tension at home
- Short of money, missing work or school



SCHOOL/SPORTS AND CLUBS

- Group or team tasks are affected if the person is missing or not able to concentrate properly in order to participate
- Tension among team or friends
- Missing classes/club/training affects overall performance

MY COMMUNITY/TOWN

- Litter, broken glass
- Damage to cars, gardens
- Elderly people, children or others might feel scared
- Noise (music, shouting, fighting)
- Gardaí may become involved; hospitals busy helping out

Teacher's note



Classroom poster – Alcohol can cause harm to others may be printed, and posted in the classroom in order to support this activity. Alternatively, it can be projected as a summary of some of the points made today. The source for the poster is the Health Research Board, *The 2019–20 Irish National Drug and Alcohol Survey: Main findings* ([Mongan, Millar and Galvin, 2021](#)). A total of 5,762 people aged 15 years and over participated in the survey.

Cultural variations: It is useful to remind students that there are many cultural differences across various nationalities, ethnic groups and religions about what is acceptable when it comes to alcohol. You could ask the class for a couple of examples here. Ask about and refer to such differences regularly in order to ensure that all students' experiences are acknowledged.

Sensitivity of topic: A topic such as this may be difficult for students. They may have family members or friends who have substance use issues, or perhaps have concerns about their own drug or alcohol use. They may live in a community where alcohol or drug problems are prevalent and cause them concern or distress. For this reason, the teacher is advised to address these classes with sensitivity and tact.

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

Remind students that if they have any such concerns, they can speak to a member of the school's care team for advice and support. Teachers may also have to consider students' home circumstances within the context of Child Protection.

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

- HSE Drug and Alcohol Helpline – 1800 459 459
- Their family General Practitioner
- Askaboutalcohol.ie
- Drugs.ie
- ISPCC Childline



Classroom poster – Alcohol can cause harm to others

Alcohol can cause harm to others

Within the family:
11% of people aged 15 years and over experienced harm in their family due to another person's drinking.

Road safety:
6% of those aged 15 years and over had been a passenger with a drunk driver

Theft:
4% of those aged 15 years and over had their property damaged or stolen by others who were under the influence of alcohol.

Assault:
4.5% of those aged 15 years and over had been hurt or assaulted by someone under the influence of alcohol.

HE Taking care of your health & wellbeing **hi** Healthy Ireland

Activity 9 – Exploring attitudes to alcohol (LOs 2.3, 2.5)

In this activity, students will question some common attitudes and beliefs about using alcohol.

Step 1: Key word ‘Scramble’

Invite the students to write down a key word about alcohol that they remember from previous activities.

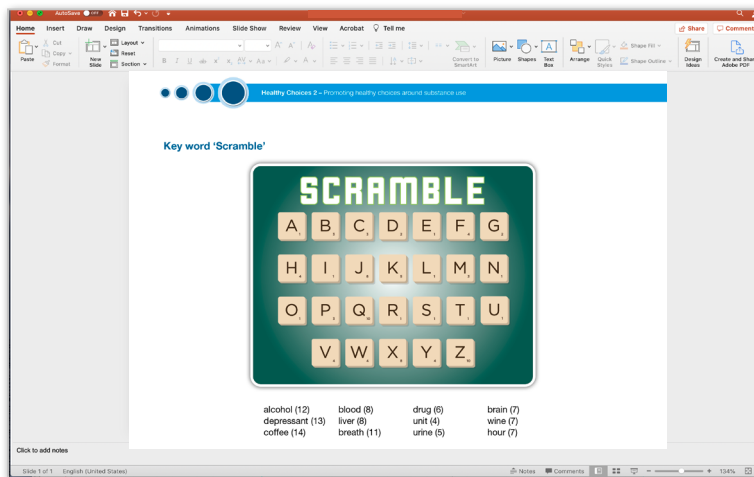
Project the slide ‘Scramble’ with the letter scores, and have students add up how many points their word scores.

When this is complete, students can turn to the person beside them and see who scored more points.

Spot check! Can the students remember what was important about their key word in relation to the topic of alcohol?



PowerPoint slide show – Key word ‘Scramble’



Weblink: [Key word ‘Scramble’](#)



Step 2: Alcohol moving debate

This activity can be done as a whole-class activity. You could facilitate this activity as a 'moving debate', with one side of the room representing 'agree' and the other side of the room representing 'disagree'. Anyone who feels their opinion is 'undecided' can remain in the centre. Alternatively, if you prefer students to remain seated, and have access to traffic light/coloured cards for each student, they can hold up their green, red or orange cards to indicate agreement, disagreement or undecided.

Invite all students to take up their positions in the centre of the room.

Working through one statement at a time, invite the students to move to 'agree', 'disagree' or 'undecided' in order to reflect their opinion.



Ask the students to volunteer to explain why they made that choice, taking a range of answers, and use the **Suggested answers – Alcohol moving debate** to support the correct answer.







Moving debate statements:

1. Irish teenagers drink more now than in the past.
2. If you are young and fit, alcohol will not do you any harm.
3. Alcohol is addictive.
4. Alcohol can make you happy or sad.
5. Drinking alcohol while pregnant can affect the baby.
6. Alcohol is good for the heart.
7. Alcohol causes no harm to the teenage brain.
8. A naggin of vodka has the same number of standard drinks as two pints of cider.



Suggested discussion points (use a selection as appropriate to your class)

- What surprised you in today's activity?
- What statement did you find hardest to decide on? Why? How do you feel about that statement now?
- Do you think most people see alcohol only as either a good thing or a bad thing?
- Have any of your opinions changed based on the discussion?
- What ways can people avoid some of the problems associated with alcohol? (*E.g. delay their decision to drink alcohol until they are older, drink less, avoid strong drinks, set a limit of how much they will drink, stay under the weekly low-risk limits.*)
- How important do you think it is, from a health perspective, to delay starting to use alcohol? (*The Department of Health advises that young people are advised to delay the decision to drink alcohol, ideally until the age of 18 years or older. Those who drink before the age of 15 years are four times more likely to become dependent on alcohol in adulthood. They are also more likely to use illegal drugs.*)
- What might make it easier to not use alcohol or to delay starting to use alcohol?
- How might you handle a situation where you are asked to do something you do not want to do?

Suggested answers – Alcohol moving debate

<p>1.</p> 	<p>Statement: Irish teenagers drink more now than in the past.</p> <p>Answer: Disagree. The number of 15–16-year-olds who drink alcohol has decreased in Ireland since 1999 when 74% of 15–16-year-olds said they had drunk alcohol in the last month, compared with the reduced figure of 41% in 2019.</p>
<p>2.</p> 	<p>Statement: If you are young and fit, alcohol will not do you any harm.</p> <p>Answer: Disagree. The word ‘alcohol’ is said to come from the Arabic ‘al khul’ meaning ‘poison’. The human body and brain are still developing and growing until the mid-20s. Alcohol is toxic to the body; it can damage the liver and kidneys, as their primary function is to rid the body of toxins. Alcohol dehydrates the body and affects energy levels. Therefore, in terms of sport and fitness, alcohol makes the body cramp more, which increases the risk of injury and leads to a drop in cardio performance. Drinking large amounts of alcohol at a young age can increase the risk of accidents, liver damage, depression (alcohol is a depressant), anxiety and cancer. The HSE recommends that young people delay the decision to drink alcohol, ideally until they are aged 18 years or over.</p>
<p>3.</p> 	<p>Statement: Alcohol is addictive.</p> <p>Answer: Agree. Alcohol use can produce dependence or addiction. Figures from the Health Research Board show that 52% of drinkers in Ireland drink in a way that is harmful to their health, yet 74% of drinkers consider themselves light or moderate drinkers (HRB, 2021). Many people are unaware of the harm they are causing to themselves and others by using alcohol. Since the human brain does not finish developing until the mid-20s, a person who begins to drink alcohol as a teenager is more likely to become dependent on alcohol. Alcohol can lead to both a psychological and physical dependence: psychological dependence is feelings of cravings and longing, while physical dependence is physical withdrawal symptoms such as sweating, aches and shakes.</p>
<p>4.</p> 	<p>Statement: Alcohol can make people happy or sad.</p> <p>Answer: Agree. Many adults drink alcohol in a low-risk way, and find it enjoyable. Alcohol affects people in many different ways. Even the same person can feel differently at different times they drink; feeling relaxed and happy one time, and sad or angry another time, or even experience such mood changes on the same day. The effect on mood can depend on their mood when they start drinking, whether they are hungry or tired or sick (as their body cannot break down the alcohol very well), and how safe and comfortable they feel with the people/the surroundings. Alcohol is a depressant substance. It slows down body and mind, and can actually cause a depressed low mood and anxiety. The less someone drinks, the more likely they are to avoid unpleasant feelings or stress.</p>
<p>5.</p> 	<p>Statement: Drinking alcohol while pregnant can affect the new baby.</p> <p>Answer: Agree. When consumed by a mum-to-be, alcohol enters the bloodstream, and passes from her blood into the baby’s blood through the placenta. There is no known safe amount of alcohol to drink during pregnancy, so the advice is to avoid alcohol while pregnant. Drinking while pregnant does not mean the baby will definitely be harmed, but it can happen, and the effects on a child’s development might only become clear in later years. Drinking alcohol in pregnancy can cause two types of problems: foetal alcohol spectrum disorders, and foetal alcohol syndrome. These are completely preventable by not drinking alcohol during pregnancy, or if intending to get pregnant (see www.AskaboutAlcohol.ie for more information).</p>
<p>6.</p> 	<p>Statement: Alcohol is good for the heart.</p> <p>Answer: Disagree. In the past, some people thought that a little alcohol could be good for health, especially for older people. After many years of studies, we now know that there is no safe amount of alcohol that does not cause possible risk to somebody’s future health (Anderson <i>et al.</i> for World Health Organisation, 2023; Zhao <i>et al.</i>, 2023).</p>



<p>7.</p> 	<p>Statement: Alcohol causes no harm to the teenage brain.</p> <p>Answer: False. We never know exactly how alcohol will affect a person. Often, a person will end up doing things that they would never do sober. Alcohol can cause changes in how parts of your brain and body work. These changes vary a great deal from person to person. Young people are advised to delay the decision to use alcohol ideally until the legal age of 18 and longer as the brain is still developing. In fact the brain doesn't finish developing until the mid-twenties. The frontal lobe of the brain is the last area to develop and this area is responsible for judgement and decision making. Avoiding alcohol reduces the risks to a person's safety, health and future. Binge drinking can have serious consequences on the developing brain. The sudden surges in alcohol level impact particularly the developing brain, where there is a real risk of causing damage to the brain and poor decision making leading to accidents, injuries and other risky consequences.</p>
<p>8.</p> 	<p>Statement: A naggin of vodka has the same number of standard drinks as two pints of cider.</p> <p>Answer: False. In Ireland, one standard drink (SD) contains 10 grams of pure alcohol. This is equal to one pub measure of spirits such as vodka, or half a pint of cider/lager, etc. Two pints of regular strength cider contains 4 standard drinks, while a naggin of vodka has 6 standard drinks. This would take the average adult liver 6 hours to break down.</p>

Step 3: Reflection on learning

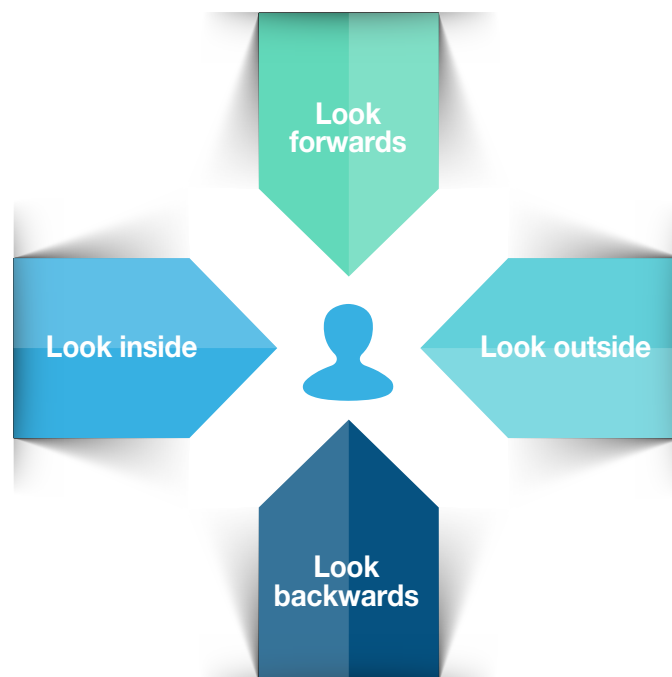
Invite the students to answer one or more of the following questions in their SPHE copybooks, or to upload their answers to the shared classroom digital platform:

Look inside: What stays with you after today's activity? (thoughts/feelings/information)

Look outside: What do you think now about the way other people view alcohol?

Look backwards: What previous view about alcohol did you have that you might change or question now?

Look forwards: How will your new learning affect you in the future?



Activity 10 – Drugs around us (LO 2.5)

In this activity, students will learn about the main categories of drugs. Through their learning students will explore the physical properties, appearance, short and long term risks of some common substances.

Step 1: Know, wonder, learn – how drugs make people feel

Divide the students into pairs or small groups. Conduct 'know, wonder, learn' (KWL). Invite the students to write what they already **know** about or associate with the word drug.

A drug is any substance, other than food, that alters the way a person thinks, feels or acts. This includes medical drugs as well as alcohol, tobacco, caffeine, and all illegal substances.

Once this is complete, invite the students to write down what they currently **wonder** about drugs.

Step 2: Drug card game

Divide the students into groups of six. Prepare and distribute a full, shuffled set of **Drug card game** cards to each group.

Invite each group to match up each category name card with its fact card, common substances and matching picture card. There are 4 cards per drug, and 6 drug categories in total.

Ask the students for feedback about their choices, ensuring that each group now understands the correct match. It is important to remind students that they are only starting to learn about drugs and may not know all the answers and thus mismatch the cards. This is all part of the learning process.

Use the slides provided, for visual reinforcement of the correct matches.

The HSE website www.drugs.ie can be projected, to check points or questions that arise during the discussion.



Alternative format for drug card game: use only three out of the four matching cards, e.g. a fact card with the category name and the picture card. Give one card to each student. Students now move around the room to make their triad. Once all are matched, each “category” reads aloud the information on their ‘fact’ card. Others in the class have to guess which drug category it is and name some common substances in that category.

Suggested discussion points (use a selection as appropriate for your class)

- Which cards were easy to match up and why?
- Which cards were hard to match up and why?
- Were you surprised by any of the information on the fact cards?
- What was new learning?
- Why is it important to know some basic facts about the different categories of drugs?
- What do you think it means that a drug is in the ‘depressant’ category? (*It slows down the central nervous system, i.e. it depresses or slows down all body and brain functions.*)
- Why might some people find it surprising that alcohol is a depressant?
- What did you learn about the possible effects of cannabis and solvents?
- Which substances are most likely to be used by young people in your age group?

Extension activity

As an extension activity, invite each group to organise the common drugs (card 3) into the six categories using the name cards. What do students think might happen if people mix drugs (known as ‘polydrug use’)? (*It can be more poisonous/toxic, more likely to cause overdose, harder to know what the reaction will be.*)

If needed, write up on the board the six drug categories and briefly explain them (as explained in **Teacher’s note – The drug card game**): cannabis, depressants (sedatives/downers), stimulants (uppers), hallucinogens and opioids.



Teacher's note – The drug card game

Different categories of drugs

Cannabis Cannabis is the most commonly used psychoactive substance in the world. The cannabis plant is complex and contains hundreds of compounds called 'Cannabinoids'. Cannabis is a depressant drug with hallucinogenic properties. Depressant meaning that it slows down the central nervous system – body functions etc., but also hallucinogenic meaning that it can alter a person's sense of being, their perception of reality. Cannabinoids in the cannabis plant produce their effects by interacting with receptors in the brain. They also can regulate how cells communicate—how they send, receive, or process messages.

Depressants slow down the central nervous system, i.e. they slow down all body and brain functions, causing a person's coordination to become slow and clumsy, their speech to become slow and slurred, and their heart rate to slow down. The desired effects are usually relaxation and sedation. Note that depressants are also known as 'sedatives' or 'downers'. Examples are alcohol and tranquilisers such as sleeping tablets. Cannabis and solvents are depressants that also have hallucinogenic effects.

Stimulants speed up the central nervous system, i.e. they speed up body and brain functions, causing a person's mind to race, causing them to speak more quickly, and causing their heart rate and blood pressure to rise. The desired effects are usually to gain energy and confidence in social situations. Examples are tobacco, caffeine, amphetamines (also called speed), cocaine, crack cocaine and crystal meth. Stimulants are sometimes known as 'uppers'. Ecstasy is a stimulant that also has some hallucinogenic effects.

Opioids are mainly pain-relieving medicines that come from the opium poppy, or are synthetically produced, e.g. heroin, morphine, methadone and codeine. Outside of their valuable role in medical treatment for pain relief, the desired effects are usually to feel numb, high, or sedated. Opioids are also known as narcotics.

Solvents Solvents are common household, industrial and medical products that produce vapours, which some people inhale (breathe in) to make them feel intoxicated or high. There are many different types of solvents, which all have different risks and effects. Types include: gases, including nitrous oxide, and aerosols, including deodorant, hairspray or spray paints. The effects can vary from person to person and depend on what specific glue, gas, solvent or aerosol has been used, but the common effects can include: feeling like being drunk with dizziness, dreaminess.

Hallucinogens cause a person's perception of reality to change. Sometimes this is known as a 'trip'. A person sees and hears things that are not real (hallucinations), and their senses, such as hearing and sight, are heightened. People may also have delusions.



Step 3: Reflection

In Step 1, students began a KWL exercise. Explore whether some of the questions they raised have been answered, and what stands out as the main **learning**, i.e. the 'L'.

Invite the students to reflect on their learning, completing one or more of the following prompts in their SPHE copybook:

- What really made me think was...
- Ways I can keep myself safe are...



Drug Card Game

Card 1 - Category

Cannabis

Depressants

Card 2 - Picture of...



Card 3 - Common drugs in this category

**Weed
Resin
Cannabis Edible Gummies**

**Alcohol
Sleeping Pills**

Card 4 - Fact Card

Desired effects

Feeling relaxed / chilled

Risks

- Anxiety/panic
- See and hear things
- Feel numb, drowsy, demotivated
- Memory loss
- Lung damage

Desired effects

Feeling relaxed, chatty, spontaneous, not reserved

Risks

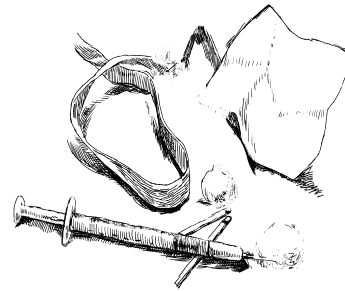
- Slows the body and brain down - the breathing, the heart rate, blood pressure, ability to think and make decisions
- Makes the person sleepy
- Drowsy, forgetful – cause accidents



Drug Card Game

Stimulants

Opioids



**Cocaine
Ecstasy**

**Heroin
Codeine
Morphine**

Desired effects

Feeling energetic / overly confident

Risks

- Heart rate and pulse racing – suddenly really fast
- Dry mouth/sweating
- Anxious/panicky
- Mood swings / aggression
- Psychosis/hallucinations

Desired effects

Feeling dreamy, peaceful and content

Risks

- Breathing slows down
- High risk of fatal overdose (body/brain slows down to dangerous level)
- Serious blood-borne illness/viruses from sharing injecting equipment

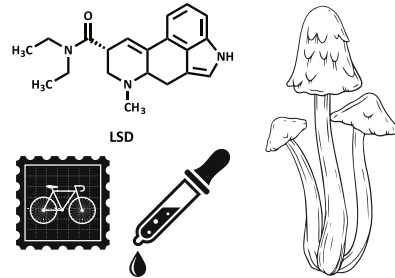
Drug Card Game

Card 1 - Category

Solvents

Hallucinogenics

Card 2 - Picture of...



Card 3 - Common drugs in this category

Gases
Glue
Aerosols

LSD
Magic Mushrooms

Card 4 - Fact Card

Desired effects

Similar to feeling dizzy or drunk, spontaneous, unrestrained

Risks

- 'Sniffer's rash' (red and sore around mouth and nose)
- Sudden Solvent Death (SSD) (heart attack, irregular and rapid heart beat)
- Confused, staggering
- Vomiting due to inhaling powerful vapours

Desired effects

Seeing/hearing things, 'tripping', sense of slowing down time

Risks

- 'Bad trip', which can be terrifying and does not stop until the LSD wears off
- Hallucinations
- Can trigger underlying mental illness
- Flashbacks weeks or even years later



Classroom poster - Different Categories of Drugs

Different Categories of Drugs

Depressant

Slow down the central nervous system, i.e. they slow-down body and brain functions, causing a person's coordination to become slow and clumsy, their speech to become slow and slurred, and their heart rate to fall.

Stimulants

Speed up the central nervous system, i.e. they speed up body and brain functions, causing a person's mind to race, causing them to speak more quickly, and causing their heart rate and blood pressure to rise.

Cannabis

Has over 483 compounds called 'Cannabinoids'. It is a depressant drug with hallucinogenic properties. Meaning it can slow the body functions down (e.g. breathing), and can also alter a person's sense of reality. In recent years, cannabis has become stronger and is more likely now to produce negative consequences.

Hallucinogens

Can cause a person's perception of reality to change, sometimes this is known as a 'trip'. A person sees and hears things that are not real (hallucinations), and their senses, such as hearing and sight, are heightened.

Solvents

Are common household products which some people inhale, to make them feel high. There are many different types of solvents, which all have different risks and effects. Effects can vary from person to person and depend on what solvent has been used. Inhaling solvents has been known to cause sudden death.

Opioids

Are mainly pain medicines that come from the opium poppy, e.g. heroin, morphine. Outside of their valuable role in medical treatment for pain relief, the desired effects are usually to feel numb, high, or sedated.

HE

Taking care of your health & wellbeing

Activity 11 – Minding myself and others (LOs 2.4)

In this activity, students will apply real life situations to explore the personal and social consequences of substance use through role play and drama.

Step 1: Brainstorm – word cloud

Write the words ‘Risks of substance use’ on the board.

Invite the students to identify what comes to mind when they hear/read the words ‘Risks of substance use’, making note of their responses in order to create a ‘word cloud’ similar to the image below.

Depending on school Internet policy, an alternative to this part of the activity would be to use a digital word cloud software application.





Step 2: Safety role play



Invite or nominate six students to be actors in the six scenarios suggested on the **Safety risk scenario cards**. Scenarios 5 and 6 need two additional assistants to play out the scene with the 'actor'. Give a role card to each 'actor'.

Allow time for students to act out their scenarios and discuss after each using the following discussion points/prompts:

Suggested discussion points

- What scenario do you think the student/group is acting out?
- Can you name the safety risk or hazard being shown?
- What substance might have an effect like this?
- What other safety risks might this substance have?
- What effects can substance use and misuse have on people's safety and well-being?
- How quickly can someone's safety and well-being be effected due to substance use?



Safety risk scenario cards

Possible risks acted out in each scenario

1. Place a scarf or headband over one eye and pretend to drive a car.

2. Bend one arm at the elbow and keep it tight against your back. Then try to tie your shoelace.

3. Curl up on the floor in a corner, hugging your knees. Bonus if you have a hood to pull up.

4. Pretend to walk, but wobble and stumble into things as you go.

*5. You are at a party and you have fallen asleep. Two others steal your bag.

*6. At a disco, everyone is jumping around having great fun, but you get a pain in your left hand and up your left side.

* For scenarios 5 and 6, the 'actor' will need two assistants to act out the scene.

Safety risks demonstrated by the Safety risk scenario cards

1. Impaired vision
alcohol blurry vision can be a side effect of some substances, e.g. seeing double.

2. Coordination issues
alcohol/cannabis/solvents can affect motor skills and hands and leg movements.

3. Depression alcohol/cannabis 'depressant' drugs act on the brain, making people feel 'down' or in low mood, and dampening their spirits.

4. Impaired judgement
Alcohol/cannabis most drugs affect the area of the brain responsible for judgement of distance and coordination.

5. Sleepy/drowsy
Alcohol/cannabis depressants can make people sleepy or slow to react. People can place themselves in many types of risky situation.

6. Heart attack
Ecstasy/cocaine stimulants like ecstasy and cocaine speed up the heart and the body. They put a big strain on the heart, and can cause a heart attack.

Teacher's note – Safety risk scenarios

Substance use and misuse can affect each person differently. In fact, alcohol or other drugs can have different effects on the same person when used on separate occasions. The effects will depend on personal factors such as physical and mental health, as well as the amount of the substance taken and how strong or potent it is. The following notes give further details of the specific scenarios in this activity:

Scenario 1: Impaired vision (alcohol/solvents)

Alcohol can start to affect a person within 5–10 minutes and the effects can last for several hours, depending on how much is consumed. As alcohol is a depressant, it can make people feel 'down', but it can also cause relaxation, and for people to lose their inhibitions (i.e. feel less self-conscious) and do things that they would not do sober. As they become more intoxicated, speech slurs and they may get double or even blurred vision. Misuse of solvents (e.g. inhaling the vapours of aerosols, sniffing glue) can also affect people's vision.

Scenario 2: Coordination (alcohol/solvents/cannabis)

Alcohol slows down the reactions of the body and affects coordination, making people more likely to have an accident.

The effects of solvents can last for up to 45 minutes and result in a drunk-like feeling. Solvents slow down heart rate and breathing. Side effects include loss of coordination, disorientation, loss of consciousness, nausea, vomiting, and blackouts. In fact, solvents can cause instant death, even on first use ('sudden solvent death syndrome').

The effects of cannabis will vary depending on how the cannabis is used and the strength of the cannabis used. Cannabis may initially make the user feel relaxed and 'chilled out'. However, cannabis can impair coordination and reaction time, which can cause problems if riding a bicycle, driving a car, or even while walking.

Scenario 3: Depression (alcohol/cannabis)

Alcohol and cannabis are classified as 'depressant' drugs. 'Depressant' substances work by slowing the activity of the brain and can create unpleasant feelings of being 'down', sad or low. They dampen the person's spirits. While at the beginning the person may feel more relaxed/calm/less anxious, these substances ultimately bring down mood.

Scenario 4: Impaired judgement (alcohol/cannabis)

The first part of the body that alcohol and cannabis work on is the brain, in particular the frontal lobe, which is responsible for judgement and decision-making. Since alcohol affects judgement, people might make unsafe choices, and may become aggressive or even violent.

Scenario 5: Sleepiness/drowsiness (cannabis/alcohol)

While cannabis may make a person initially feel happy, chatty or giddy, it can make some people feel tired or withdrawn. Alcohol, being in the 'depressant' category of substances, can also make people feel sleepy or drowsy.

Scenario 6: Heart attack (ecstasy/cocaine)

The desired effects of 'stimulant' substances such as ecstasy and cocaine are to feel more alert, energetic or confident. They 'stimulate' the central nervous system, which means that they cause the heart rate to increase. This in turn can place an extreme burden on the heart, and potentially cause heart attack or heart failure.

Step 3: Reflecting on ways to keep safer

Give a sticky note to each student (use the same colour for anonymity).

Ask each student to write down one thing that a young person can do to stay safe when out with friends. Write the title 'Ways to keep safer!' on the board and invite the students to place their sticky notes underneath this heading when complete.






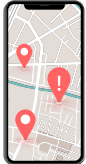



Once everyone has put their sticky notes on the board, invite the students to review and discuss all the answers.



As a group, identify the top six 'Keeping myself safe!' tips. When the discussion is complete, project or disseminate **Handout – Ways to keep safer!** to each student and briefly check the list together against the ideas they generated themselves. They can write any additional ideas on their handout for personal use. Ask students to stick their handout, once complete, into their SPHE copybooks for future reference.



Handout – Ways to keep safer!

	<p>The best way to keep yourself safe is to not use any alcohol or any substance.</p>
	<p>Try to make sure you are in a safe place with people you know.</p>
	<p>Always have your phone charged and topped up with credit.</p>
	<p>Make sure your parents know where you are, and who you are with.</p>
	<p>Never walk home alone.</p>
	<p>Always plan how you will get home before you go out. When you are going home is not the time to take shortcuts!</p>
	<p>Avoid risky situations, such as being close to water, heights, a road, railway, and secluded areas. with the following: Avoid risky situations, such as being close to water, up on balconies or heights, roads, railway, and secluded areas.</p>
	<p>Never get in a car with someone who has been drinking alcohol or taken other drugs.</p>
	<p>If someone feels/appears unwell, stay with them and call a responsible adult to help. You will not get into trouble. Consider calling 999/112. Keep the person sitting up. Keep the person awake.</p>

Activity 12 - Exploring the unpredictability of drugs (LOs 2.3, 2.5, 2.6)

In this activity, students will explore the physical, social, emotional and legal consequences of using addictive substances – utilising cannabis as an example. Cannabis has been chosen for this activity due to its relevance and appropriateness with this age group.

Teacher's note

Cannabis is the most commonly used controlled drug in Ireland and is derived from the cannabis plant. For more in-depth information about cannabis see www.drugs.ie.




Step 1: Entry ticket exercise



Distribute **Worksheet – The unpredictability of drugs, entry and exit tickets** to each student, and have students complete the three questions on the Entry ticket. Alternatively, it can be projected onto the screen and students can draw it into their copybooks.

Entry ticket answers should not be given to the class until after Step 3.

Ask the students which of the statements are true or false, and request a show of hands in response to each one. Make a note on the board of how many students responded 'True', 'False' or 'Don't know' to each question. The answers to this anticipation exercise will not be corrected or explained until Step 3.

- | | | |
|---|-------|---|
| 1. Cannabis plants contain forty different chemicals. | False |  |
| 2. Cannabis can be contaminated with other substances. | True |  |
| 3. Research shows a rise in young people in Ireland using cannabis. | False |  |



Worksheet – The unpredictability of drugs, entry and exit tickets

72801378

72801378

★ ENTRY TICKET ★

	True	False	Don't know
Cannabis plants contain 40 different chemicals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cannabis can be contaminated with other substances.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Research shows a rise in young people in Ireland using cannabis.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

72801378

72801378

★ EXIT TICKET ★

Write down three new things you learned today:

Step 2: Tony's story – Jigsaw activity

Teacher's note

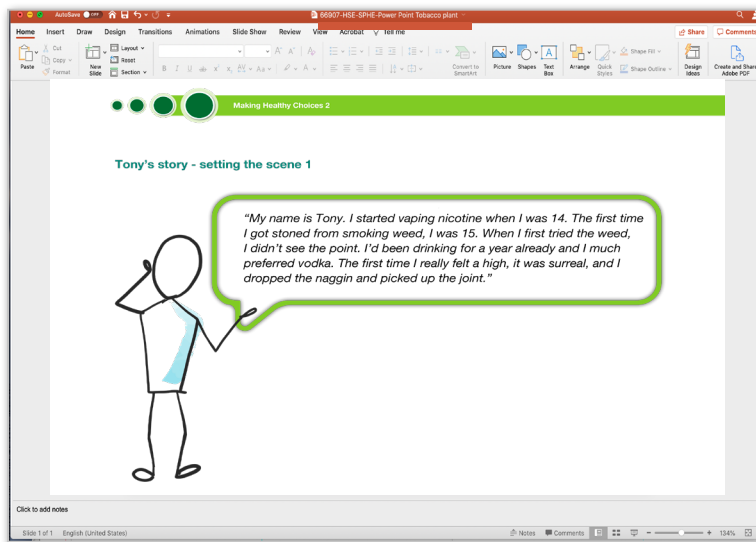
Tony's story is a co-operative learning activity where all students work together to complete the literary jigsaw. Four individual student groups work on individual segments answering key questions to learn more about Tony's story. All students will have the same key questions to explore. At the end, the whole class will organise the segments and put the 'jigsaw' of the story together in the correct sequence. To support this activity, a Powerpoint presentation is available on <https://www.hse.ie/eng/about/who/healthwellbeing/hse-education-programme/junior-cycle-sphe-training-resources/>

Tell the students that they are going to do an exercise where they piece together the story of a man called Tony and his experience of cannabis use. Divide them into four groups.

Project **Slide 1: Tony's story- setting the scene.** Read aloud to the class.



PowerPoint slide show 1 – Tony's story - setting the scene



Weblink: [1 – Tony's story - setting the scene](#)

Give each group a card with a different segment of the story.

Allow a few minutes for the groups to read their segment, and to discuss and answer the following key questions:

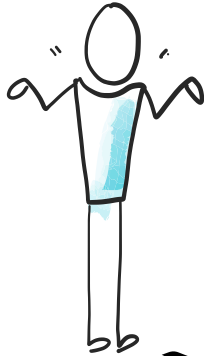
1. What changes happen in Tony's routine/way of life?
2. What impact is Tony's cannabis use having on his wellbeing and on those around him?

Jigsaw activity- Tony's story

(N.B. Segments must be cut into 4 cards before the lesson).



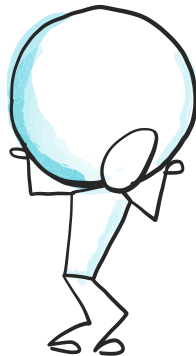
For the first few months, I honestly didn't think that weed controlled my life because I didn't smoke every day; I just smoked now and again. By the time I got to fifth year, I saw getting high as a great a great way to make new friends and hang out in new places and I began to smoke more regularly. Eventually I got into the 'stoner circle' but I never felt a part of that crowd either; it was a strange feeling. I think perhaps it was because I was still trying to do other things and not smoke weed all day.



After a short while, I started smoking all day; first thing in the morning and last thing at night. It was strange. Looking back, it was like I had no control. I gave up playing sport. I had no time for training anymore. To be honest, I was finding it boring and had no motivation to go. I had more important things to do. I spent more time in the park, smoking and watching the world go by. The other boys on the team didn't like me anyway, I always felt they were mocking and slugging me when I played. I was better off without them, I much preferred being on my own.



Eventually, my parents knew that something was up. The drop in my school attendance and results were big clues that I was busy doing other things. When I got caught smoking weed, my parents raided my room. There was screaming and shouting. But I didn't care. They found everything except for the weed I had on me. So, I was busted ... big deal.



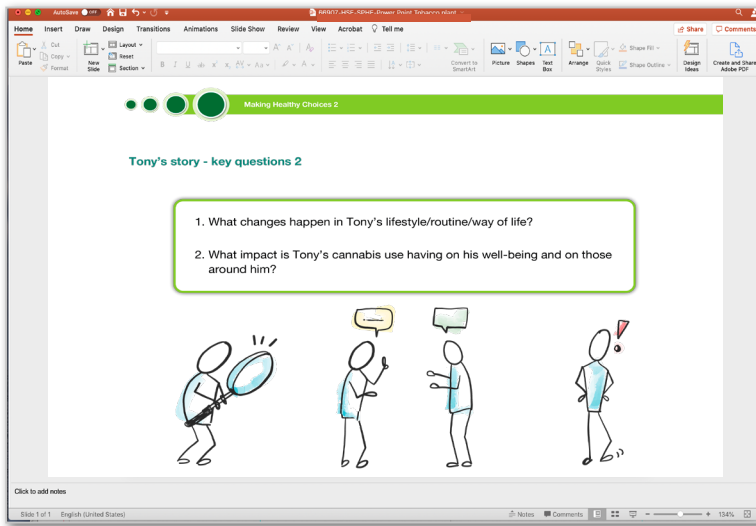
Soon after, I owed my supplier friend Mark some money, and got caught shoplifting. My mam came and picked me up. More shouting, more screaming. Another slap on the wrist. I managed to stop getting high for about 2 weeks. But then I started again, it was like I had never stopped. I was in a constant battle with my parents, and my little brother was upset by the fighting, but I thought I was the only person in the whole world.



Project **Slide 2: Tony's story - key questions** can be used to remind students of the questions. In random order, invite one student from each group to read their segment aloud and, once all four have done so, ask students to decide which order the segments should come in to make sense of the story (the correct sequencing can be verified using the code on each card).



PowerPoint slide show 2 – Tony's story - key questions

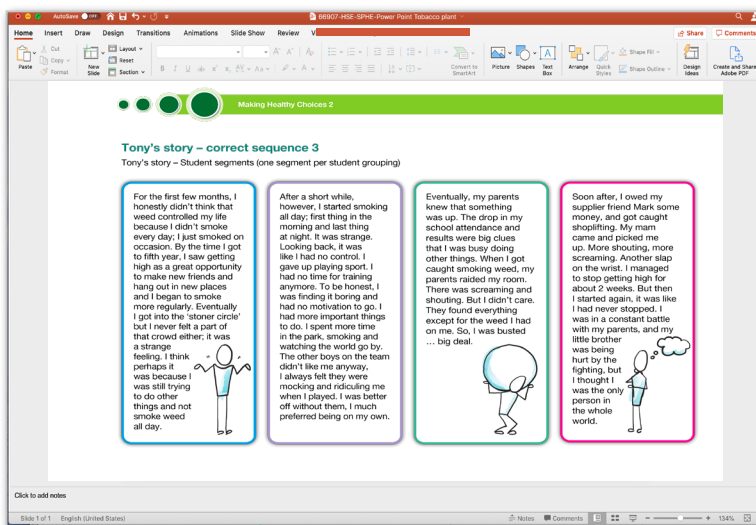


Weblink: [2 – Tony's story - key questions](#)

Project **Slide 3: Tony's story - correct sequence**, to confirm the order, and ask each group in turn to share their responses to the key questions (refer to **Teacher's sample answer: Jigsaw activity** to support and extend students' responses).



PowerPoint slide show 3 – Tony's story - correct sequence



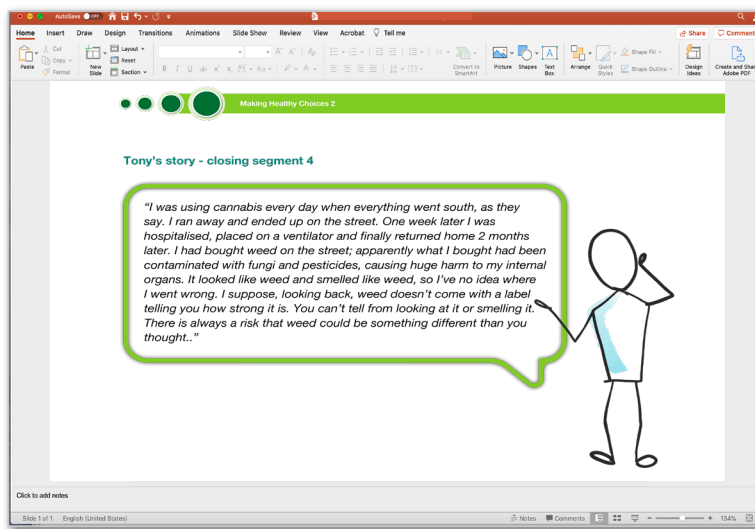
Weblink: [3 – Tony's story - correct sequence](#)

Tell the students that there is a closing segment but before you tell them, you'd like them to guess how the story might end up for Tony. Explore the thinking behind the students' suggestions.

Project **Slide 4: Tony's story- closing segment**, compare the ending with the students' previous suggestions, and discuss what was expected/unexpected.



PowerPoint slide show 4 – Tony's story - closing segment



Weblink: [4 – Tony's story - closing segment](#)





Suggested discussion points (refer to Tony's story: Sample answers to discussion points)

- When did Tony start to lose control?
- Do you think that Tony developed a 'tolerance' to cannabis, i.e. did he need to consume more and more cannabis in order to feel the same effect?
- Could Tony control whether he developed a tolerance and started to smoke more over time?
- When could Tony have asked for help?
- Who could have helped Tony?
- Does addiction to/dependence on alcohol and other drugs only happen to certain kinds of people?
- How can someone know the strength of the cannabis or other drugs they are using?



Project or display **Poster – Cannabis** to the class, in order to summarise the main learning points.

Jigsaw activity: Sample answers to key questions

Story segment	Key question 1: What changes happen in Tony's lifestyle/routine/way of life?	Key question 2: What impact is Tony's cannabis use having on his well-being and on those around him?
	Smoking more regularly; moving away from old friends & making new friends; still feeling isolated.	Emotional well-being is affected as he still struggles to feel he 'fits in'; friends & family may be noticing he's not himself; using most of his spare money to buy weed (cannabis).
	Gave up sport, too busy for training; spending more time on his own; not bothered or motivated to follow his hobbies/sport; drifted into smoking cannabis every day.	Paranoid that people are talking about him; spending more time alone, more cut off from his friends/team mates; family and friends probably concerned and/or annoyed about his behaviour.
	Drop in school results; caught smoking; lack of emotion – caught but does not care; arguments with parents; lack of motivation and self care is getting worse.	Emotional well-being and family relationships are all upset; not caring about himself or others; huge worry for family & friends that care about him; costing a lot of mone.
	Harming the bond between himself and his parents and little brother; stealing; unable to control his drug use – relapses soon after quitting; owes money to drug dealer.	Family stressed; doesn't care about how he harms them or himself showing signs of dependence/addiction; risk of legal problems – court and prison; dealers may use violence to make sure he pays up.
Closing segment	Couldn't cope and left home and family; no security or routine; feeling out of place everywhere he went.	In hospital for 2 months due to taking contaminated cannabis; family frightened he was going to die; hopes and fears about whether he can stop his drug use.



Tony's story: Sample answers to discussion points

When did Tony start to lose control?

There are many answers to this question, e.g. Tony's vaping, his consumption of alcohol, his experimenting with cannabis, his disengagement from sports and friends, and/or his lack of interest in socialising.

Do you think that Tony developed a 'tolerance' to cannabis, i.e. did he need to consume more and more cannabis in order to feel the same effect?

It seems that he did. For a long time, he tried not to smoke every day; however, he soon started smoking first thing in the morning and last thing at night. This would be identified as having developed a tolerance to cannabis, as he needed to consume more in order to achieve the same effect.

Could Tony control whether he developed a tolerance and started to smoke more over time?

The answer is generally no. Starting out, most people think that they can stay in control and never have 'drug problems'. But the powerful effect on the brain and on thinking and feeling means that regular use will lead to wanting and needing to use more – more often and in greater amounts. This is where the drug starts to take charge, and the person can lose control no matter how strong they feel they are.

When could Tony have asked for help?

Help is always available at every stage. No matter how little or large one's problems are with alcohol, cannabis or other drugs, help and support are always available. A person does not have to be heavily addicted to seek help. There were many times that Tony could have asked for help, e.g. when he started to feel the need to smoke every day, when he lost motivation for sport, when it started affecting his school life.

Who could have helped Tony?

All it might take is 'one good adult', someone Tony trusts – a parent, a teacher, a sports coach, doctor, aunt/uncle/other family member - to help. Sometimes we need our friends to bridge the gap between us and the one good adult, i.e. perhaps a friend of Tony's could ask a trusted adult for help or advice. There are also free services that can give support, such as the HSE Drug & Alcohol Helpline 1800 459 459.

Does addiction to/dependence on alcohol and other drugs only happen to certain kinds of people?

Addiction can happen to anyone; addiction/dependence knows no boundaries. No one chooses to become dependent on drugs or alcohol. Addiction does not differentiate between gender/age/social class/address/race.

How can someone know the strength of the cannabis or other drugs they are using?

There is no way to know how strong it will be. It could be very high or very low strength, and could be contaminated (mixed) with different substances that are added to 'bulk up' the product for sale. It really is unpredictable, and the effects could be very different to what the person expected. 'Bad batches' of drugs appear regularly and can cause hospitalisation and sometimes even death.

Classroom poster - Cannabis use

Cannabis use

Psychological effects

- Paranoid
- Confused, anxious
- Poor memory
- Less motivation
- Psychosis
- Depressed

Physical effects


- Munchies
- Slow reaction
- Red bloodshot eyes
- Dry mouth & throat
- Lung & breathing problems
- Dependence addicted

Cannabis High


Regular use

Factsheet - Cannabis use

<p>Psychological effects</p> <ul style="list-style-type: none"> Confused, anxious Paranoid Poor memory Less motivation 	<p>Physical effects</p> <ul style="list-style-type: none"> Red bloodshot eyes Dry mouth & throat Craving foods 'munchies' Slow reaction time 	<p>Regular use</p> <ul style="list-style-type: none"> Psychosis (mentally ill) Depressed Lung & breathing problems Dependence 'addicted'
---	---	---



Taking care of your health & wellbeing








Step 3: Exit ticket

Review the 'Entry ticket exercise' students completed at the start of the class (Step 1) (Teacher's note below).

Using the learning from **Tony's story**, go back and review the students' answers and discuss them.

- | | | |
|---|-------|---|
| 1. Cannabis plants contain forty different chemicals. | False |  |
| 2. Cannabis can be contaminated with other substances. | True |  |
| 3. Research shows a rise in young people in Ireland using cannabis. | False |  |


Finally, invite the students to complete their Exit tickets, identifying three new things they learned today. Invite sample feedback from the class.

Students can be advised to visit the websites www.drugs.ie, or www.askaboutalcohol.ie for further learning, or to be shown by the teacher if time permits.


Teacher's note

Entry ticket answers


Statement: Cannabis plants contain 40 different chemicals.

 **Answer: False.** They can contain 400 chemicals or more. The two main chemicals in cannabis that are often mentioned are THC and CBD. THC causes the 'high' effect, while CBD is responsible for the 'mellow' effect. CBD products that are advertised in shops and pharmacies have no THC present. This is why they are known as CBD oil, etc. and not cannabis oil. Cannabis oil is completely different.

Statement: Cannabis can be contaminated with other substances.

 **Answer: True.** It is impossible to know from looking at or smelling cannabis what exactly it contains. It can contain other drugs or medicines, or be contaminated with fungi, pesticides and bacteria. The strength is also not known.

Statement: Research shows a rise in young people in Ireland using cannabis.

 **Answer: False.** Research shows that cannabis use has stayed steady at around 20% among 15–16-year-olds since 2007. This is the 'lifetime prevalence', i.e. the number who ever tried it at least once in their lifetime (Sunday *et al.*, 2020).

Activity 13 – Assertiveness and refusal skills (LOs 2.4, 2.6, 4.4)

In this activity, students will explore the skills necessary to support themselves more assertively in challenging situations involving substances. Through role play and drama, students will demonstrate skills and strategies to help make informed choices.

Teacher's note

Good communication involves active listening and expressing yourself in an assertive manner. Three main communication styles are passive, aggressive, and assertive.

- Passive communication is a style where you do not express your opinions or feelings in order to avoid conflict. It involves giving in on things you feel strongly about, agreeing to things you want to say no to, and acting in an overly relaxed and easy-going way so that you will be liked.
- Aggressive communication is a style where you try to get your own way by putting others down, talking over others, raising your voice, or by using a mocking or jeering tone and facial expressions with the intention to dominate, threaten or control another person.
- Assertive communication is a style where a person calmly and clearly states their opinions and feelings and stands up for their rights and needs without trying to dominate or control another person. It involves using 'I' statements, instead of 'you' statements (e.g. "I feel really angry" rather than "You are so mean"). This approach allows you to express your feelings while not attacking the other person.

Step 1: Passive, aggressive or assertive

Prepare six descriptor cards with one of the following descriptions on each card:

1. Style 1 (passive) – not interested, slouched in chair, minding own business, arms folded.
2. Style 2 (aggressive) – pointing, finger-wagging, fist-clenching.
3. Style 3 (assertive) – active, looks confident and calm, hands on hips.

Write the three key words, 'passive', 'aggressive' and 'assertive' on the board. Invite two volunteers to be actors for the activity and instruct them to, without speaking, act out the communication style on the card you're about to give them. Give each of the students a Style 1 descriptor card to act out and invite the class to guess which of the three communication styles they are demonstrating. Repeat for style 2 (aggressive), and for style 3 (assertive).



Tell the class that the students are acting out different communication styles, which they may have learned about previously in SPHE or other contexts. Explore how the audience felt about what messages are given by the different communication styles, including the non-verbal body language.

Optional: Ask the actors to ‘perform’ style 1 (passive) again, then style 2 (aggressive), and ask the class to suggest how they could change their body language/posture in order to appear more assertive, e.g. shoulders upright and relaxed, head and face relaxed and confident, or hands and arms by their sides in an open gesture.

Step 2: Refusal skills

Gather students around in a large circle (or this can be done at their desks).

Invite the students to identify things they love doing. Make note of these on the board.

Next, invite the students to identify things they dislike doing (the term ‘dislike’ tends to engage students more than ‘hate’). Make note of these on the board.

Finally, invite the students to identify how they get out of doing the things they dislike doing and make note of their replies on the board under the heading ‘How I get out of doing things I dislike’.

Suggested discussion points

- What does this exercise show? (*That we have the know-how to get out of doing things we do not wish to do.*)
- Can you describe how you feel when you manage to get out of things you dislike doing? (*Confident, independent, proud, happy.*)
- What does this look like?
- How would you describe your physical stance, i.e. your posture, when trying to get out of things you dislike doing? (*Link back to the passive/assertive styles, e.g. do you appear ‘laid back’ or are you standing up straight; are you maintaining eye contact?*)
- Do you think these are realistic methods of dealing with unwanted pressure and of saying no in situations where you are offered alcohol or drugs?



Give a copy of **Handout – Refusal skills** to each student. Discuss it together, encouraging students to add their own ideas from the earlier discussion. Ask students to stick **Handout – Refusal skills** into their SPHE copybooks.



Teacher’s note

It is important to remind students that:

- They are all individuals, and each one of them is different. What works for one person may not work for others.
- Do not be afraid to ask for help from a responsible adult or someone you trust.

Handout – Refusal skills

Remember that we are all different and that what works for one person may not work for others. Review this list and choose a few options that you would feel comfortable using. Practise with your family in order to gain more confidence!

	What to do	How to do it	Examples
	Say “No thanks!”	Speak calmly and with confidence. Do not hesitate but speak clearly and firmly.	“No thanks, that’s not for me.” “I’m not into it.”
	Invent a reason or excuse	Invent a short reason; do not overly explain or apologise. Agree on a safe word with a parent/older sibling that you can text them so that they phone or text to ‘tell you’ to go home.	“My parents would kill me!” “Mam just texted me: sorry, I have to go, she needs me at home.”
	Body language	Be mindful of your posture and position. Stand tall and confident. Make eye contact.	Stand up straight and try to look relaxed and friendly. Make eye contact. Keep your arms relaxed by your sides.
	Change the subject	Suggest doing something else or try to distract those involved.	“No, but I’d love something to eat!” “Let’s see if the others are here yet.” “Will we go in and see if the music has started?”
	Use humour	Make light of the situation. Humour can help.	“No thanks, that stuff stunts your growth!”
	Broken record	Repeat yourself, remembering to speak calmly and with confidence.	“No thanks, I really don’t want it, no.” “Maybe you didn’t hear me: I said no thanks!”
	Walk away	If you have tried everything, sometimes the best option is just to walk away.	Move towards people you are more comfortable with.
Add your own!			



Descriptor Cards: Passive, aggressive and assertive communication styles

(N.B. Print and cut out into cards before the lesson).

Style 1 (passive)

Behaviours

Not interested, slouched in chair, minding own business, arms folded.



Style 1 (passive)

Behaviours

Not interested, slouched in chair, minding own business, arms folded.



Style 2 (aggressive)

Behaviours

Pointing, finger-wagging, fist-clenching



Style 2 (aggressive)

Behaviours

Pointing, finger-wagging, fist-clenching



Style 3 (assertive)

Behaviours

Active, looks calm and confident, hands on hips



Style 3 (assertive)

Behaviours

Active, looks calm and confident, hands on hips



Step 3: Home activity



Discuss today's learning at home with your parent(s)/guardian(s). Develop a plan with them to help you exit a situation in which you feel uncomfortable or unsafe; for example, you could text them to call or text you about a 'pretend' important reason that you must get home.

Teacher's note

You may like to consider a brief communication with parents/guardians to inform them of this Step 3 activity. It may be useful to direct parents/guardians to the HSE's 'Young people and alcohol – Information for parents', which offers practical advice to help parents communicate with their child about alcohol and other drugs:

<https://www2.hse.ie/wellbeing/alcohol/young-people-and-alcohol/>.

Activity 14 – Navigating challenging situations (LOs 2.4)

In this activity, students will explore skills and strategies to help navigate some real life challenging situations involving substance use.

Teacher's note

The following points are important to note for this exercise and to reinforce for students throughout.

- It can be really difficult to know the best way to help a friend.
- You do not have to support your friend on your own, especially if their problems are really serious.
- It is a priority that young people are kept safe at all times.
- It can be helpful to get advice from someone else – this does not mean that you are letting your friends down.
- You do not have to engage with or respond to someone who seems intoxicated – it is often best to move away and keep your distance.

Step 1: Review of activity 13 – Assertiveness and refusal skills



Remind students of activity 13, where they explored the importance of body language in being assertive.

Invite the students to recall some of the key points they have learned about body language from **Handout – Refusal skills** in activity 13.

Step 2: 'How to...'



Divide the students into pairs or small groups. Give one copy of **Worksheet – 'How to...'** to each pair/group. Alternatively, project the worksheet onto the screen.

Allocate one scenario to each pair/group and ask them to work together to identify ideas and advice. Each group will then give their answers, and students will then work together to complete **Worksheet – 'How to...'**.



When the activity is complete, disseminate **Handout – Tips for communicating with peers about difficult things**. Read down through the list, inviting any questions and finding commonalities between the handout and the students' own work. Ask students to stick the handout into their SPHE copybooks.



There are seven scenarios listed on **Worksheet – 'How to...'**. You may like to choose a smaller number, or devise your own based on previous student discussions, making them as relevant as possible to your class. It can also be useful to have two or more groups working separately on each scenario for a wider variety of answers.



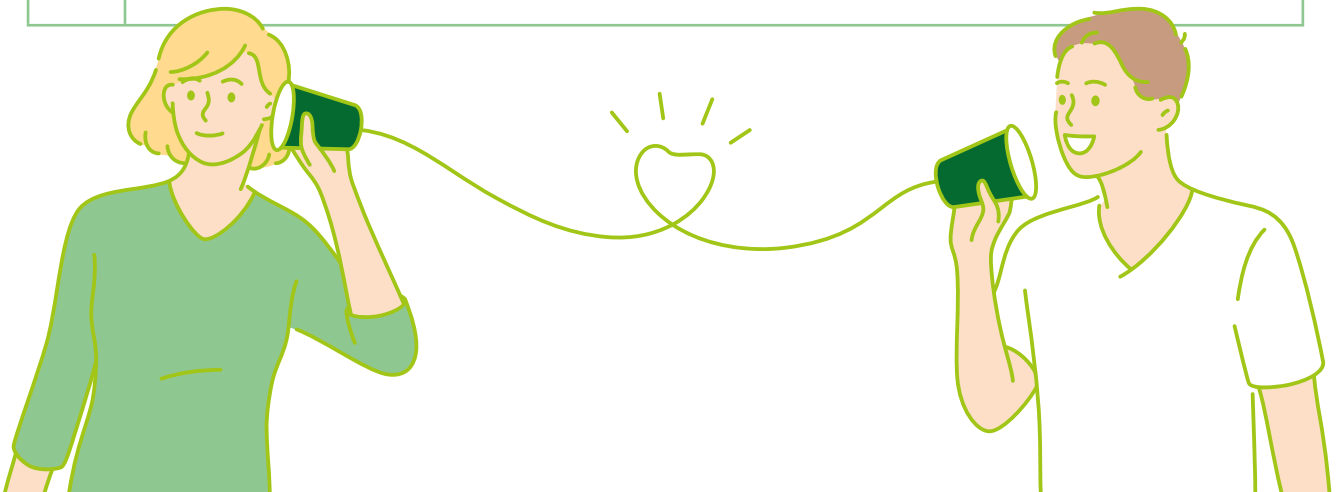
Worksheet – ‘How to...’

1)	HOW do you manage if you meet a stranger who is loud and drunk on the street or on the bus/train?
2)	HOW do you react if you see another young person slumped down on the ground, and they seem to be intoxicated and alone?
3)	HOW could a group of friends encourage one of their team players not to keep missing training/games due to a hangover?
4)	HOW could you tell a friend that you do not want them getting sick on a night out like they did the last time?
5)	HOW do you tell a friend they are drinking too much at a party?
6)	HOW do you deal with a friend who puts you down if you choose not to drink or smoke?

<p>Our group’s scenario is (circle one) 1 2 3 4 5 6</p> <p>Our ideas:</p>	
<p>Do</p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	<p>Don’t</p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>

Handout – Tips for talking and navigating difficult peer situations

1)	If in doubt, write it down first so that you know what you are going to say.
2)	Stay calm.
3)	Keep sentences short and clear.
4)	Use 'I' statements.
5)	If it feels safe in the relationship, share your feelings, especially if you are hurt by someone else's actions.
6)	Listen to what your friend has to say.
7)	Remember your body language: stand tall and be confident in your decision.
8)	Work together as a team.
9)	Do not apologise if you do not want to do something that you have a right to refuse.
10)	If it is too hard to speak to your friend directly, maybe give them a letter or a card explaining your feelings.
11)	Talk to a responsible adult if you feel someone is in danger.
12)	Personal safety comes first: do not put yourself in danger.





Step 3: Critical Thinking Circle

Using Critical Thinking Circle methodology, invite the students to reflect upon the importance of being assertive, while being caring and staying safe. Explore and acknowledge the fact that it can be hard to be assertive in certain situations.

For the Critical Thinking Circle methodology, pick an item to circulate, such as a pen, and tell the students that whoever holds the pen is entitled to speak. Each student will pass the pen to the next person who wishes to speak. Continue until you have had a variety of responses that reinforce and summarise the learning points from the students' point of view.



Activity 15 – Being SunSmart (LO 2.1)

In this activity, students will explore how to protect their skin from premature skin ageing and sun damage and how to reduce their risk of developing skin cancer in the future.

Teacher's note

Playing and spending time outdoors is good for our health and wellbeing, but it is important for us all to protect our skin when outside in the sun. Children and young people are particularly vulnerable to the damaging effects of overexposure to ultraviolet radiation (UV) from the sun. Sunburn as a child and/or teenager increases the risk of skin cancer in later life.

It is important for children and young people to remember to protect their skin and be SunSmart. In Ireland, UV rays from the sun are usually strongest from April to September, especially between 11am and 3pm. Even when it is cloudy, people should protect their skin as the sun's UV rays can travel through cloud.

Healthy Ireland's Simple SunSmart tips can protect skin and avoid getting sunburn.

Protect your skin



Know the UV index: In Ireland, the UV radiation levels are high from April to September, even when it is cloudy. Stay safe by limiting time in the sun when UV is strongest, typically between the hours of 11:00am-3:00pm.



Slip on clothing: Cover skin as much as possible, wear long sleeves, collared t-shirts, clothes made from close-woven material that does not allow sunlight through.



Slip on sunscreen. Use factor 30 for adults and 50 for kids. Apply sunscreen with a sun protection factor (SPF) of at least 30+ for adults and 50+ for children, with high UVA protection, and water resistant. Reapply regularly. No sunscreen can provide 100% protection, it should be used alongside other protective measures such as clothing and shade.



Slap on a wide brimmed hat: Protect your face, ears and neck.



Seek shade: Especially if outdoors between 11am and 3pm, and always use a sunshade on a child's buggy.



Slide on sunglasses: Guard your eyes from harm by wearing sunglasses with UV protection.



Do not deliberately try to get a suntan. Avoid getting a sunburn. Never use a sunbed.



UV is a type of energy produced by the sun and artificial sources, such as sunbeds. You can see sunlight and feel the sun's heat but you cannot see or feel the sun's UV rays. UV radiation can reach you directly from the sun.

UV rays from the sun and sunbeds are the main cause of skin cancer. Too much UV exposure also causes sunburn, a sun tan, premature skin ageing and eye damage.

Teacher's note continued

When skin and eyes are exposed to UV rays, this causes DNA damage that is often not properly repaired by your body. Continued UV exposure and damage to your skin builds up over time and can lead to skin cancer.

The UV index is a good indicator of when the sun is most dangerous. It measures the strength of the sun's UV rays so that you know how and when to protect your skin when outdoors. The higher the UV index, the higher the risk of skin and eye damage.

It's not just on hot sunny days that you need to protect yourself from the sun's harmful rays. It is important to check the UV index when you plan to go outside from April to September, especially between 11am and 3pm and use a combination of the SunSmart 5 S's.

The UV index

1-2 (Low UV)

3-5 (Moderate UV)

6-7 (High UV)

8-10 (Very High UV)

11+ (Extreme UV)

When the UV index level is 3 or above, we all need to protect our skin and eyes, by following the Healthy Ireland SunSmart 5 S's. You can check the UV index forecast in Ireland on the Met Eireann website at <https://www.met.ie/uv-index>.

Step 1: The SunSmart 5 S's



Play the Healthy Ireland SunSmart video (Duration 34 seconds)

<https://www.youtube.com/watch?v=nGic2T7IKtQ>

Facilitate a short discussion on what students think about the SunSmart 5 S's (Slip, Slop, Slap, Seek and Slide). Which sun protection behaviour do they use? Why? Which ones do they not use? Why?

Put [The SunSmart 5 S's poster](#) up on the board.

Step 2: Weather reports



Play the Irish Skin Foundation (ISF) video about the UV index and protecting your skin. (Duration: 1 minute, 19 seconds).

[Over exposure to the sun's ultraviolet \(UV\) rays](#)

Project the [UV index poster](#) onto the board and give the students a few minutes to read it, briefly explaining what UV rays are, using the Teacher's Note above.

Divide the class into pairs and allocate a UV index level (low, moderate, high, very high, extreme) to each pair. Invite the students to imagine that they are weather presenters and they have to write a weather report on the UV index level they have been given, advising people what they need to do to protect themselves from the sun. They should cover:

- UV index level
- Possible impact on the skin
- What people should do to protect themselves from the sun

Ask for one example for each UV index level and check with others who were also given that level if they have anything different or additional to add.

Suggested discussion points

- What did you already know about UV rays before you did this activity?
- What information was new for you?
- Was any of this information surprising to you?
- Why is it important to check the UV index weather forecast?
- How would you convince a friend that it is important to protect their skin from the sun?
- How would you explain the UV index to them?

Step 3: Home activity



Show students how to access the UV index poster online (available at <https://www.met.ie/uv-index>) and encourage them to use the poster to talk with their families about how they can all improve their sun safety behaviours.

Suggestions for assessment

Assessment in SPHE is not about setting tasks in order to accumulate a record of marks. Nor is it about teachers assessing where the student is situated on the continuum of wellbeing or making a judgment about a student's physical, social or emotional wellbeing. The focus of assessment is on allowing students to demonstrate the knowledge, skills and dispositions they have gained through their engagement in learning in SPHE.

Assessment activities should provide opportunities to assess:

- an increase in knowledge (Before I knew ... now I also know ...)
- an increase in understanding (I always knew ... but now I can see how it connects to ... and now I can see how I could use this in my life)
- a change or reconfirmation of a belief/attitude (I used to feel ... and I now feel ...)
- increased competence/skills (Before I didn't know how to ... but now I know how to ...)
- new strategies acquired (Before I wouldn't have known how to ... but now I know new/more effective ways to ...)
- changed or challenged assumptions (Before I thought that ... but now I realise...)

Think about how to design assessment tasks that will allow students show evidence of their learning journey through multiple means.

Suggestion: Assessing the development of health literacy skills

In SPHE, health literacy is 'the combination of personal competencies and resources needed for people to access, understand, appraise and use information and services to make decisions about health. It also includes the capacity to communicate, assert and act upon these decisions.' (2023 Junior Cycle SPHE specification, p. 22).

This suggestion is designed to support students to achieve the health literacy learning outcome in Strand 2 (Learning Outcome 2.10) and assess their learning in relation to one or more of the learning outcomes addressed in the Making Healthy Choices 2 activities.

Review a health service or website relevant to young people that is linked to one of the topics discussed in Making Healthy Choices 2 using the following criteria:

- What is the relevance of this service/website to your chosen topic?
- Who runs or hosts this service/website?
- Where does the funding (money) for this service/website come from?
- Why does this service/website exist? What is it aiming to do?
- What information does it provide that you think would be relevant and helpful to someone your age? Also take a critical look to see if anything strikes you as not helpful or useful for someone your age and explain why.
- Would you recommend this service/website to a friend? Why/why not?

Suggestions for integrating reflection

In SPHE, reflection is an integral part of the learning process. The following reflection questions are based on the six indicators of wellbeing and can be used with students before, during and/or after the activities outlined in Making Health Choices 2.

<p>Active</p> 	<p>How is my learning in SPHE helping me to become more physically active and healthy?</p>
<p>Responsible</p> 	<p>How is my learning in SPHE helping me to make good decisions?</p>
<p>Connected</p> 	<p>How is my learning in SPHE helping me to see how my actions and choices impact not only on my own life but on the lives of others too?</p>
<p>Resilient</p> 	<p>How is my learning in SPHE helping me to manage the normal ups and downs of life and helping me to know where I can go for help, if needed?</p>
<p>Respected</p> 	<p>How is my learning in SPHE helping me to feel valued, included and listened to?</p> <p>How am I showing respect and care for others in my class and beyond?</p>
<p>Aware</p> 	<p>How is my learning in SPHE helping me to become more aware of my thoughts, feelings and behaviours?</p> <p>Am I becoming more aware of the influences that are shaping how I think and behave?</p> <p>Am I becoming more aware of the perspectives and feelings of others and able to show empathy?</p> <p>Am I better able to make thoughtful decisions based on my personal values?</p>



Prompts to support student reflection

It is important to provide different ways of reflecting to ensure that students do not become bored with the process and to provide students with a variety of prompts to support their reflections, such as those suggested below. Not all these should be used. Just pick a few and change them to suit the learning.

- What I enjoyed most today (or about this topic)...
- What I will remember is...
- What surprised me...
- What I found difficult or challenging...
- What made me think...
- A question I'm left with
- What still puzzles me...
- Something I want to do differently now..
- A new plan or goal I have...
- I know I'm learning in SPHE because...
- I felt during/after this topic
- Do I need to talk to someone? Where can I go for help?
- If I knew then what I know now what advice would I give myself?
- What do I like about learning in SPHE? What would I change?

