


Healthy Choices 1



An Roinn Oideachais
Department of Education



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With thanks to:

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With special thanks to the students and teachers involved in piloting the activities.

Introduction

Students in their early teenage years are on the cusp of making choices that could have a significant impact on their health and well-being in the long term. While the majority of first year students (13-year-olds) will not have experimented with alcohol, tobacco or other drugs at this stage, their view and understanding of substance use will already be influenced by the adult world around them. It is beneficial to equip students with the knowledge, attitudes, and skills they need prior to the situation arising where they may decide to experiment, or may feel curiosity or pressure to try tobacco, alcohol or other drugs. Engaging in discussions about substance use in school can have a valuable influence when it takes place before the peer group starts to experiment.

Activities 1, 2 and 3 in this unit relate to tobacco use. While tobacco use in Ireland is declining among adults and young people, it is still the leading cause of preventable disease and death among adults. Nicotine exposure is associated with cognitive deficits, impaired memory and executive function and may lead to nicotine addiction and tobacco use. Attitudes to smoking have changed dramatically to the extent that people who smoke may feel judged or stigmatised by our society. While it is vital that young people are educated about the risks of nicotine and tobacco and are discouraged from using it, it is also important that we talk about smokers with respect and empathy. In all discussions about substance use, it is important to focus on the act or behaviour, and avoid moralising about the person. The increasing use of e cigarettes and vapes among adolescents is a cause for concern, and is addressed in Unit 2 of Healthy Choices.

Activities 4, 5 and 6 relate to alcohol. Alcohol is the most widely used mood-altering substance/drug in Ireland and while rates are high, it is nonetheless encouraging to know that more young people are making healthy choices about alcohol use. For example, the Health Behaviour of School Children reports found that in 2018 81% of 12-14 year olds and 37% of 15-17 year olds had never had an alcoholic drink, up from rates of 75% and 32% respectively in 2014 (HBSC study, Kolto et al., 2020). Alcohol is thought to be more harmful to the well-being of teenagers, as it disrupts normal emotional, cognitive, and social development.

Activity 7 is about substance use in the general sense, exploring all drugs in society, including medication, legal and illegal substances. Activity 8 is a lifeskills activity, focusing on managing pressure to conform to group behaviours.

Effective prevention of substance use comprises combined efforts across home, school, community, and wider societal systems. Parental involvement and monitoring are among the most important predictors of substance use and non-use. For example, one Irish study found that adolescents aware of parental concern about cannabis use were 100 times less likely to use it (Haase and Pratschke, 2010).

To support parent–child communication, each unit includes a ‘Talking Further’ activity for students to complete with their parent/guardian. Schools can further support parents by hosting parent information events to complement the delivery of SPHE-based learning in the classroom. Parents’ associations frequently undertake to provide such events. Regional and local drug and alcohol task forces are a valuable resource in helping to identify suitable speakers and programmes (these are listed in Appendix 2). Some areas offer workshops in which parents and students attend together, with the explicit intention of creating a shared learning experience. Valuable content for parents might include familiarity with the most frequently used substances, updates about local patterns and trends, creating parental awareness of the example that they set, how to agree safety rules, and the role of parental communication and monitoring. Advice to schools on visiting speakers can be found in *Guidelines for Visiting Speakers DES Circular 0043/2018*.

Strand	Learning outcomes (LOs)
1. Who am I?	1.6: Apply decision-making skills in a variety of situations.
2. Minding myself and others	2.5: Demonstrate the personal and social skills to address pressure to smoke, to drink alcohol and/or use other substances. 2.6: Reflect on the personal, social, and legal consequences of their own or others' drug use. 2.7: Critique information and supports available for young people in relation to substance use. 2.2: Critique the impact of the media, advertising, and other influences on one's decisions about health and well-being.

Learning activities

Teacher tip:

It would be advisable to review the school's Substance Use Policy prior to engaging in these activities, as it may guide you in responding to questions from students.

- **In activity 1, Talking about healthy choices** (Learning outcomes (LOs) 2.6, 2.2), students review the SPHE contract and look at the ingredients that are used to make cigarettes.
- **In activity 2, Second-hand smoke** (LOs 2.6, 2.7), students learn about the dangers of second-hand smoke and the laws in place to protect people, and children in particular, from it.
- **In activity 3, Tobacco table quiz**, (LOs 2.6, 2.7) students revise what they have learned in activity 1 and activity 2 and learn some new information in relation to the health risks of tobacco.
- **In activity 4, The journey of alcohol through the body** (LOs 2.6, 2.7), students learn how alcohol affects people, physically and psychologically, by exploring the journey of alcohol through the body and brain. It also introduces the concept of alcohol as a depressant substance and explores the different strengths of alcoholic drinks. They consider the impact it can have on their body and on their physical and emotional well-being. They also look at how these effects can be increased or minimised.
- **In activity 5, Alcohol in our society** (LOs 2.2, 2.6), students think critically about alcohol consumption in Ireland and the social and health consequences of alcohol use for young people and wider society.
- **In activity 6, Alcohol myths and facts** (LO 2.6), students learn about some of the social, emotional, and physical consequences of alcohol use among young people and consider the



benefits of choosing not to drink alcohol, or delaying the decision to drink alcohol for as long as possible, ideally until they are at least 18 years of age.

- **In activity 7, Exploring drugs** (LO 2.6), students explore their current understanding of use and misuse of legal and illegal drugs, including medication, cigarettes, alcohol, and other drugs. A collage activity serves as a gentle way to open up the conversation about drugs in the broadest sense and to give teachers a snapshot of students' current knowledge and beliefs.
- **In activity 8, Pressure to conform**, (LOs 1.6, 2.5, 2.2), students consider the influence of peer pressure, pressure to conform to the behaviour of a group, and supporting themselves and friends who choose not to conform.

Suggestions for assessment

An assessment task capturing the learning and reflective process about the personal, social and legal consequences of substance use (LO 2.6) can be developed from the following activities:

Tobacco: Activity 3 Step 2 Tobacco Table Quiz (p16)

Alcohol: Activity 6 Step 2 Myth & Fact (p27)

Individual students or small groups can be allocated a topic, or invited to choose a topic from one of these sources.

There are three parts to the task:

1. Research the topic

Research and find 5 facts about their topic relating to the personal, social and legal problems and risks, including 2 statistics about this topic, preferably Irish statistics.

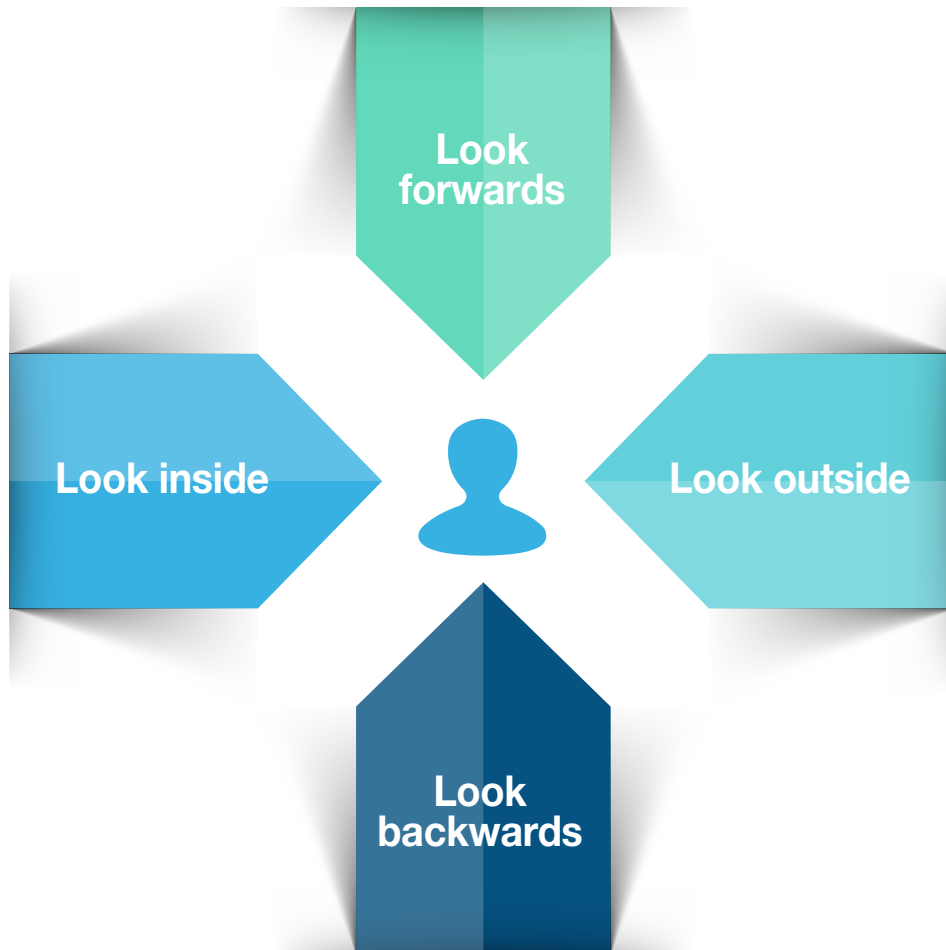
Reliable sources of information are listed in recommended reading/websites (p41) and include www.askaboutalcohol.ie, www.drugs.ie and www.hse.ie (Tobacco Free Ireland page).

2. Reflect on the learning

Reflecting upon what you have learned from researching your topic, use the following prompts to unpack your learning about the personal, social and legal consequences of the substance use topic you researched.

For the reflection, students can use the following prompts:

Reflection



Look inside: What thoughts, feelings or reactions did you personally have during this learning process?

Look outside: How do you think other people see this topic or how do you see it treated in your community?

Look backwards: What did you think about this topic before you researched it?

Look forwards: How will what you learned affect you going forward? (eg your thinking, attitude or behaviour)

3. Short presentation to the class

Students will share the highlights of their learning and reflection with the class by presenting a short slide show (5 slides).



Activity 1 – Talking about healthy choices (LOs 2.2, 2.6)

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

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

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

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

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

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

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

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

The **Background Information** section explores the sensitivity of this subject and related matters, including Child Protection issues.

Step 2: Tobacco



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

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

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



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











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

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



Worksheet – Contents of cigarette smoke

Match the words and pictures.

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

Teacher's note

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

Nicotine is a highly addictive substance that is extracted from the tobacco plant. It is used in cigarettes and in most e-cigarettes. Nicotine boosts the amount of a brain chemical called dopamine. At first, this produces feelings of pleasure that make the smoker feel alert and satisfied. Nicotine also increases the smoker's heart rate. But soon, the person who smokes needs nicotine just to feel normal. In this way, nicotine causes addiction. **The use of e-cigarettes/vaping is addressed in Healthy choices – Unit 2.**

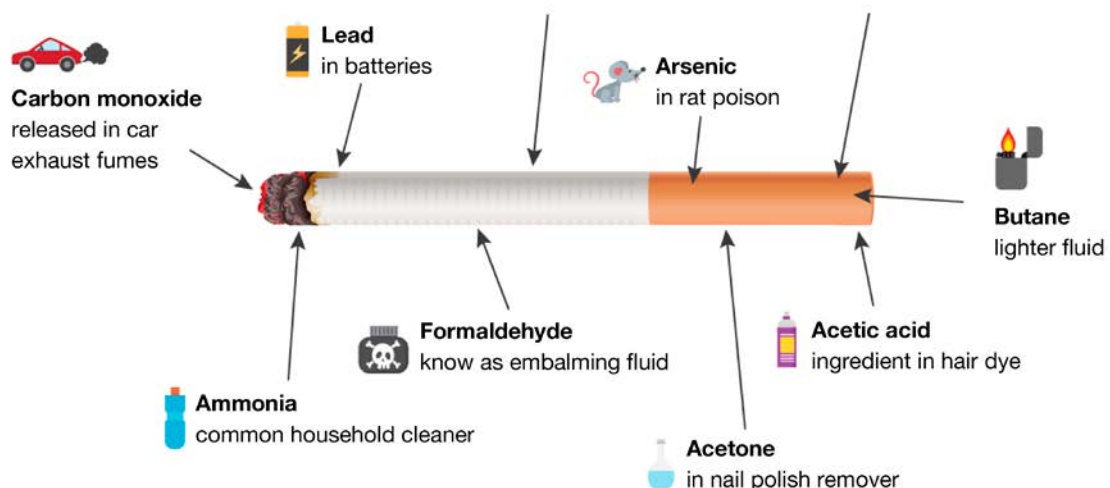
There are 7,000 toxins and 69 cancer-causing chemicals in a cigarette. Each cigarette shortens a person's lifespan by 11 minutes. In Ireland, 5,500 people die every year of diseases caused by smoking. Of the people who die every year, 44% die of cancer, 30% die of circulatory diseases, 25% die of respiratory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

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

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

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

Cigarette smoke contains the following





Suggested discussion points

- Is there any ingredient in cigarettes that you did not know about before?
- Were you surprised by any of the ingredients? Why? Why not?
- What is the worst ingredient, in your opinion?
- People who use cigarettes often find it hard to quit smoking even if they know the risks. Why is this? (*Nicotine is highly addictive, and can be hard to give up once you are dependent/addicted*).

Step 3: Talking further



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

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

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

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

Activity 2 – Second-hand smoke (LOs 2.6, 2.7)

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

Step 1: Second-hand smoking video



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

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

Step 2: Second-hand smoke cartoons



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





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

Take feedback from the groups.

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

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

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

Teacher's note

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

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

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

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

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

Suggested discussion points

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

Step 3: Reflection

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





Second-hand smoke fact sheet



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

Activity 3 – Tobacco table quiz (LO 2.6)

This short activity assesses what students have learned about tobacco in activity 1 and activity 2 and also introduces some new information which students may find interesting and informative. There are no suggested discussion points as they will emerge through the activity.

Step 1: Quiz questions



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.

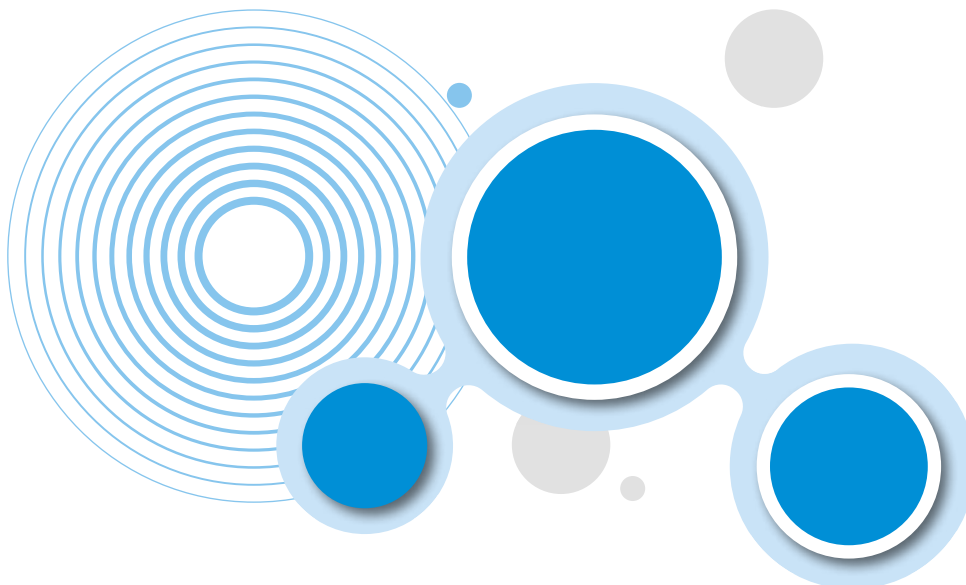
The table quiz is intended to be called out by the teacher/quiz master, but a version Tobacco Table Quiz (with answers) is also provided should you wish to use it as a worksheet.

Step 2: Quiz answers

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

Step 3: Follow-on activity

Congratulate the winning team/s and reinforce the key points of learning. If the quiz led to debate or disagreements, allocate the outstanding queries to pairs/small groups to research during the remaining class time, or at home.





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 highest</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) <u>30 minutes</u> B) <u>11 minutes</u> 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 highest</i>) 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? (<i>1 being the fastest, 3 being the slowest</i>) 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? (<i>Choose one or more</i>) 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: (<i>Choose one or more</i>) 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) It becomes easier to breathe
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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? (<i>Choose one or more</i>) A) <u>Difficulty sleeping</u> B) Excessive thirst C) <u>Difficulty concentrating</u>



Activity 4 – The journey of alcohol through the body (LOs 2.6, 2.7)

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

Step 1: Entry ticket



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

Entry ticket answers

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


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

Step 2: The journey of alcohol through the body video




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

Worksheet - The journey of alcohol through the body


 ★ **ENTRY TICKET** ★


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

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



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 ★ **EXIT TICKET** ★

Fill in the blanks using the word bank:

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

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



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Teacher's note

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

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

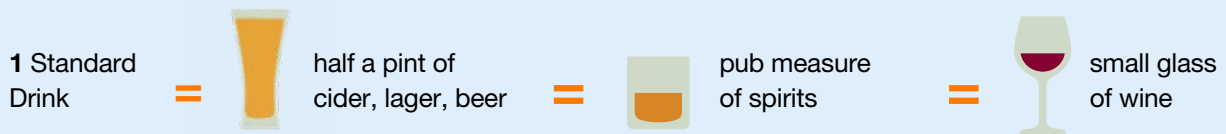
Standard drinks: In Ireland, alcohol is measured in 'standard drinks'. One standard drink contains 10 grams of pure alcohol. Note that this is not exactly the same as the UK-based 'unit of alcohol' which contains 8 grams of pure alcohol.

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

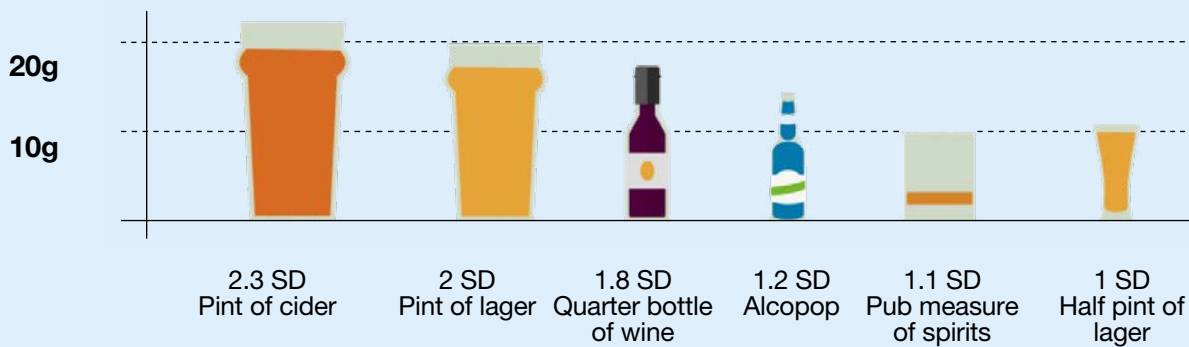
Standard Drinks



1 Standard Drink = 10 Grams of alcohol



How Many Standard Drinks in One Serving?



Adult Weekly Low-Risk Drinking Guidelines

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

< 17 Standard Drinks = Men

< 11 Standard Drinks = Women

0 Standard Drinks = Under 18's

0 Standard Drinks = Pregnancy

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

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



Suggested discussion points

- What was the biggest learning for you from this video?
- What did you learn about where alcohol goes in the body? What surprised you?
- What happens if someone drinks very fast? How much can their liver deal with? (Remember, these are adult guidelines, i.e. one standard drink per hour. There are no low-risk guidelines for young people – it is always high risk.)
- What happens if someone consumes strong drinks such as vodka? What should people do with strong drinks like this? (Drink at a very slow pace, and dilute the alcohol with soft drinks.)
- It might sound dramatic, but alcohol is a toxin/poison to the human body. How does the body get rid of excess alcohol? (Urinate, vomit.)
- What does it mean that alcohol is a 'depressant'? What does it mean for the person's body? What does it mean for their mood? (Low mood, irritable, angry, sad, anxious)
- What difference does food make?
- The advice of public health experts in Ireland to young people is to choose not to drink alcohol, or to delay the age of starting to drink alcohol for as long as possible, ideally until they are at least 18 years old. Is this good advice? What might be the reasons for this?

Step 3: Entry and exit tickets

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

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

Exit ticket answers

Fill in the blanks using the word bank:

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

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

Activity 5 – Alcohol in our society (LOs 2.2, 2.6)

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

Step 1: Brainstorm

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

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

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

Step 2: Alcohol in Ireland

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



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

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

Suggested discussion points

- What does this tell us about alcohol and our society?
- Based on what we have discussed, what non-verbal message is our society giving to young people about alcohol and drinking to excess? Is this a healthy or unhealthy message for young people?
- Tapping into the multicultural background of the class, explore alternative cultural beliefs and rules about alcohol.
- How do young people and families socialise and enjoy themselves in a culture where alcohol is not permitted?
- How easy/difficult is it for young people to make decisions for themselves about alcohol in a society where drinking alcohol to excess can sometimes seem like an accepted behaviour?
- What might make it easier for young people to make decisions for their own health and well-being?
- What impact do public health campaigns such as the HSE’s Askaboutalcohol.ie have on your thinking?
- Could you design wording for messages that might encourage young people to delay the decision to drink alcohol? Would posters/TV ads/social media messages be the best way of delivering these?



Worksheet – Alcohol in Ireland

Who drinks alcohol?

Where do they drink it?

When do they drink it?

How much do they drink?



Teacher's note

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

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

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

Nonetheless, many people in Ireland are using alcohol in a risky way, increasing the likelihood that they will experience poor health, disability, and disease (World Health Organization). Binge drinking is the consumption of six or more standard drinks per drinking occasion. See teacher note p. 21. For more information, see www.askaboutalcohol.ie.

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

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

Step 3: Reflection on learning

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

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



Activity 6 – Alcohol myths and facts (LOs 2.6, 2.7)

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

Step 1: Consequences of alcohol use

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

Step 2: Myth and fact



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

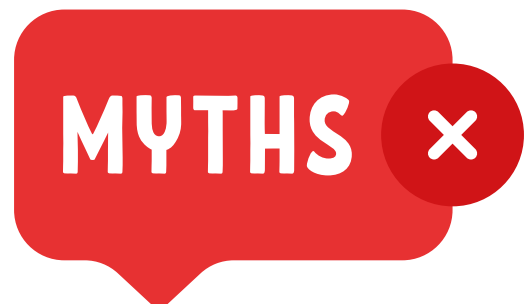
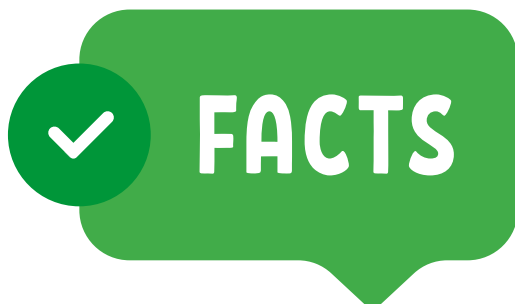
Using the **Teacher's note**, go through each question, allowing students to answer and then providing the correct information as required.



Worksheet – Myth and fact

Name(s): _____

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



Teacher's note

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

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

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

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

3. Drinking alcohol may cause weight gain.

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

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

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

5. Alcohol makes a person happy.

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

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

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

7. Sports performance is affected by alcohol.

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

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

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

Suggested discussion points

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

Step 3: Reflection on learning

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

What really made me think was...

What does this mean for me...

How can I safeguard my own health...



Activity 7 – Exploring drugs (LO 2.6)

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

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

Step 1: Explaining drugs to an alien

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

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

Teacher's note

Sample definitions of drugs that may inform the class discussion:

1. When people talk about “drugs” they are referring to what are more accurately referred to as “psychoactive substances”. A complicated name, but let's break it down:
 - A substance. A solid, a liquid, smoke, a vapour, etc
 - Psycho. Short for psychological, the mind or mental state
 - Active. Meaning that it has an effect. Psychoactive substances act primarily on the brainThey cause changes in a person's mood, how they see the world, and how they feel emotionally, which all affect how a person behaves (DOH, 2019)
2. Mood-altering drugs are chemical substances that change a person's mood, emotion or state of consciousness. Also known as 'psychoactive'. Includes tobacco, alcohol, illicit drugs such as cannabis, cocaine and heroin. Some medications are also psychoactive and can be addictive if not used as directed.

Step 2: Exploring drugs collage

Divide the class into small groups. Give each group some magazines (e.g. from the Sunday papers), a glue stick, a large sheet for their collage, and a safety scissors per person.

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

Teacher's note

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

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

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

Some key terms are explained here, as they may come up during this activity. There is a Glossary of Terms on page 45.

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

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

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

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

Suggested discussion points

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

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

Step 3: Discovery circle

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

Activity 8 – Pressure to conform (LO’s 1.6, 2.2, 2.5)

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

Step 1: What does peer pressure mean to you?

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

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

Step 2: The elevator experiment video



Show this clip <https://www.youtube.com/watch?v=dDAbdMv14ls&t=1s> from the Would You Fall for That? TV show. It is a replication of the elevator experiment (Asch Experiment) and shows adults conforming to group behaviour. (Duration: 6 minutes, 30 seconds)

Teacher’s note

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

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

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



Suggested discussion points

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

Step 3: Reflection

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

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

Background information for this unit of learning

Young people's drug and alcohol use

Young people in Ireland, in common with their peers in other industrialised countries, are using a range of substances, in particular alcohol, tobacco and cannabis. As students get older, the likelihood of substance use increases. Both adult and teenage consumption of alcohol has decreased significantly in the last decade. Even so, concerns remain about the age at which some young people begin drinking alcohol and/or experimenting with drugs, the normalisation of alcohol and drug use as part of young people's social lives, the link between substance use and early school leaving, and about harmful patterns of drinking, eg binge drinking. A significant proportion, but not the majority, will try illegal drugs at some point. Up to date statistics of substance use collated by the Health Research Board are here.

https://www.drugsandalcohol.ie/28138/1/Youth_factsheetAugust2020.pdf

<https://www.drugsandalcohol.ie/30909/1/Smoking%20factsheet%20February2020.pdf>

Young people use substances for a wide variety of reasons

Young people may use tobacco, alcohol or other drugs for a wide range of reasons. They may be curious and want to experiment. They may feel under pressure to fit in with their peer group. They may enjoy the feeling. They may be trying to reduce their levels of stress and anxiety or trying to deal with difficulties such as loss or bereavement. Some may themselves be living with family members who have problems with alcohol or drugs.

It is very important therefore that the teacher approaches the topics in these lessons with tact and sensitivity and in a non-judgemental way.

School substance use policy

Teachers should be familiar with their school's substance use policy prior to teaching these activities. Taking time to review the substance use policy with the students is a worthwhile activity in itself. It will give them a better understanding of the school's approach to substance use. All schools are required to have a substance use policy and guidance is available.

https://www.education.ie/en/SchoolsColleges/Information/Post-Primary-SchoolPolicies/si_substance_use.pdf



The whole school context- a positive school environment

There are many factors which influence substance use levels, and the experience of a positive school environment is one of them. Health behaviours, including smoking and alcohol use, are reduced when students feel engaged with their school, and experience positive relationships with their teachers (ESRI, 2020). Likewise, smoking and drinking levels increase when students experience negative interaction with teachers and disaffection from school.

<https://www.esri.ie/publications/clusters-of-health-behaviours-among-young-adults-in-ireland>

Parents

Studies show that parents have a powerful protective role in preventing substance use. Parents who have a good relationship with their children, who enforce clear boundaries and who model responsible behaviour in their own use of alcohol and other substances, play a very positive role in helping their children towards making healthy choices. One Irish study found that adolescents who were aware of parental concern about cannabis use were 100 times less likely to use cannabis (Haase and Pratschke, 2010). Another found that when parents are less disapproving of drunkenness, adolescents are twice as likely to have been drunk within the past month (WRDAF, 2019). These are potent indicators of the importance of communication between students and their own parents. Communication in the home is supported through the inclusion of one home activity per unit. Other ways schools can support parents are suggested on p 1. The myriad of risk and protective factors for substance use relating to parents/home, school/training centre, neighbourhood and peers are explored in detail in this Irish study by Haase & Pratschke (2010).

https://www.drugsandalcohol.ie/14100/1/NACD_RiskYoungPeopleSchool.pdf

Practical advice to help parents communicate with their child about alcohol and other drugs

[This Parent's Guide](#) has been written by experts specifically for parents with 'Teen Talk' insights from young people and has advice on topics such as getting the conversation started and picking the right moment to talk, how to really listen, building resilience, setting a good example, handling resistance and setting boundaries and much more professional and practical advice. Further advice on [building resilience](#) and [why parents make a difference](#) is available on www.askaboutalcohol.ie.

Sensitivity Of Topic

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

Child Protection

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

https://www.education.ie/en/Schools-Colleges/Information/Child-Protection/child_protection_guidelines.pdf

Stigma & Language

In light of the stigmatising effect of certain terms, these activities endeavour to model the use of 'people first' language such as *person who uses drugs or alcohol*, *person who is dependent on drugs or alcohol*, rather than *alcoholics*, *drug addicts* or *derogatory terms such as junkies*. Stigma isolates those affected by substance use including students in the classroom, can prevent them from seeking help, and can create barriers in communities. The 'Stop the Stigma' position paper by Citywide Drugs Crisis Campaign (Citywide, 2018) outlines issues of language and broader causes of stigma that you may find helpful to review in advance (p. 15 has a helpful guide to their do's and don'ts of language).

https://www.citywide.ie/assets/files/pdf/stop_the_stigma_position_paper_feb_2018.pdf

Normative education

These activities avoid giving the impression that 'everyone is doing it'. Evidence about normative education is that people tend to lean towards behaviour that is seen as the norm. For example, it is supportive of students' healthy choices to be aware that the majority of young people of this age do not smoke; 96% of 12-14 year olds, and 86% of 15-17 year olds do not smoke (HBSC 2018 study, reported by Kolto *et al.*, 2020). Likewise, the same study found that 80% of boys and 83% of girls aged 12-14 years have never had an alcoholic drink.

What's in a cigarette?

There are 7,000 toxins and 69 cancer-causing chemicals in a cigarette. During the cigarette manufacturing stage, harmful chemicals are naturally created and others may be added. Some of the harmful chemicals, like cadmium and lead, are present in the tobacco plant. More chemicals are created or added during manufacturing. Lighting up creates even more chemicals. Ammonia is added to increase the addictiveness of nicotine.

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



Delay the decision to drink

Research shows that the younger someone is when they begin to drink alcohol, the greater the risk of them developing a dependence on alcohol in the future. The risk is particularly great if they begin before the age of 15 years. This cohort of early drinkers are also at greater risk to go on to try other drugs. Therefore, alcohol is now understood to be a **'gateway drug'**. Additionally, the young person's body and brain are still in the process of active growth and maturation (the brain develops until into the mid-20's). For these reasons, young people are advised to choose not to drink alcohol, or to delay the decision, ideally until the legal age of 18 or longer. This is a specific public health objective, and is stated in the current National Substance Misuse Strategy 'Reducing Harm, Supporting Recovery – A health-led response to drug and alcohol use in Ireland, 2017-2025' (DOH, 2017)

http://www.drugs.ie/downloadDocs/2017/ReducingHarmSupportingRecovery2017_2025.pdf

Low risk alcohol use

Many adults drink in a low-risk way, and it is considered an enjoyable, sociable activity. There is no low-risk alcohol use guideline for young people as it is always considered high risk. Adult low, moderate and high risk levels, along with 'standard drinks', are explained in the HSE leaflet 'A Quick Question' and may be a useful point of discussion with students during relevant activities. There are no alcohol guideline for young people it is always considered high risk. There is no low-risk guidelines for alcohol use during pregnancy as no amount of alcohol at any stage of pregnancy is safe for the baby.

<https://www.healthpromotion.ie/publication/fullListing?category=all>

Binge drinking

The term binge drinking is used to describe the consumption BY ADULTS of six or more standard drinks on one occasion. Binge or heavy episodic drinking is risky for adults, but even more so for young people. As the developing body and brain are even more impacted by sudden surges in alcohol level, there is a real risk of poor decision making leading to accidents, injuries and other risky consequences. For young people, there is no low-risk alcohol limit, as all alcohol consumption is considered high risk. However for teaching purposes, binge drinking can be defined as drinking fast and becoming drunk quickly. The pace of drinking and strength of drinks are key factors in the magnitude of risk. Ireland has the second highest rate of adult binge drinking in World Health Organisation statistics. This adult pattern is reflected also in the way in which young people in Ireland drink. World Health Organisation report is here.

https://apps.who.int/iris/bitstream/handle/10665/112736/9789240692763_eng.pdf?sequence=1

Alcohol, drugs and mental health

Mood-altering (psychoactive) substances are generally taken to achieve a desired experience of relaxation, sociability and escape. Their method of action on the neural pathways of the brain interferes with normal functioning, in particular of the neurotransmitters responsible for mental health, wellbeing and pleasure (dopamine, serotonin). Regular use of alcohol or other drugs (including misuse of prescribed or some over-the-counter medications) is linked to increased risk of mental health problems such as depression and anxiety. It is a contributory factor in many cases of self-harm and suicide behaviours.

This article by www.SpunOut.ie explores the relationship with mental health.

<https://spunout.ie/health/article/ac-impact-alcohol-mental-health>

Can alcohol be good for your health?

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

Walking encyclopedia

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

Glossary

The Glossary on page 45 contains terms used in Healthy Choices, plus others that may arise in discussions.



Alcohol industry funded initiatives

The HSE and the Department of Health recommend that you do not involve alcohol industry-funded initiatives in health education in your school. This policy is also supported by the Department of Education and Skills.

Questioning the law

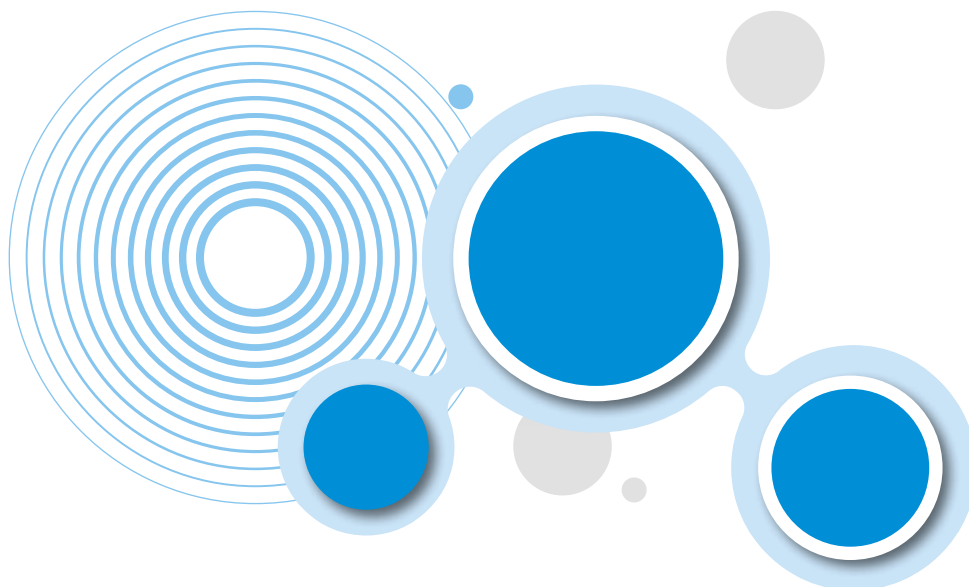
If students have questions about the law and legality of certain drugs such as cannabis, remind them of the focus of the particular activity you are teaching. Let them know that their questions are understandable, in particular in the midst of possible confusion about different legal approaches around the world. Cannabis remains illegal to grow, possess or supply in Ireland.

As a health education resource, Healthy Choices does not specialise in learning about the law, but some issues of the law will come up over the duration of the programme, and will later be addressed during senior cycle in the HSE's **Know The Score** SPHE resource. For teachers' own information, you may find it helpful to review the **GLOSSARY** headings **Cannabis types, Cannabinoids, CBD oil, THC**, and the aspects of the law addressed in Know the Score.

<https://www.healthpromotion.ie/hp-files/docs/HPM01313.pdf>

The Citizens Information Centre provides an overview of illegal drug legislation:

https://www.citizensinformation.ie/en/justice/criminal_law/criminal_offences/drug_offences.html



Recommended websites

www.askaboutalcohol.ie

HSE website with extensive evidence based and up to date reading about a wide range of alcohol issues. Also has videos, podcasts, factsheets and posters.

www.drugs.ie

HSE website with vast range of evidence based and up to date reading about drugs (including alcohol) and their effects. Also has videos, factsheets and posters which may be useful.

Can be presented in a wide range of languages, reflecting the modern classroom, eg Polish, Chinese, Lithuanian, Russian, Italian.

www.hse.ie

Tobacco free Ireland Programme

For up to date data on smoking in Ireland, e-cigarettes, second hand smoke and many more topics.

www.quit.ie

The QUIT website contains all of the information for Stop Smoking Services

www.alcoholireland.ie

Alcohol Action Ireland is a useful source of information, statistics about alcohol consumption, issues around marketing of alcohol, policy in Ireland around alcohol consumption and information about Silent Voices which aims to offer support to children, young people and adults affected by parental problem alcohol use.

www.alcoholforum.org

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

www.spunout.ie

Health topics for young people, by young people.

www.hrb.ie and its drugs library www.drugsandalcohol.ie

Websites with all the latest statistics, factsheets and research provided by Health Research Board.



Recommended viewing

Some activities include recommended videos. It is always of utmost importance that the teacher views videos themselves first to ensure the appropriateness for their class.

The first three videos were developed for the HSE's senior cycle SPHE resource 'Know the Score' and, at the discretion of the teacher, may also be useful in the context of junior cycle SPHE.



HSE Alcohol Programme (2019) Video: Know the score - Drugs, Brain and Dependency (4 mins 24 secs)

<https://www.youtube.com/watch?v=ZQjWGUrgxxQ&feature=youtu.be>



HSE Alcohol Programme (2019) Video: Know the Score – Cannabis (2 mins 43 secs)

<https://www.youtube.com/watch?v=XoEUUTDC1Ro&feature=youtu.be>



HSE Alcohol Programme (2019) Video: Know the Score - Risks of Adolescent Substance Use (5 mins 13 secs)

<https://www.youtube.com/watch?v=V21ZhG4jgOk&feature=youtu.be>



How do cigarettes affect the body? (5 mins 20 secs)

<https://www.youtube.com/watch?v=Y18Vz51Nkos>

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Appendix 1

Glossary

Alcohol use disorder

Problem drinking can be diagnosed on the spectrum of Alcohol Use Disorder (AUD), ranging from mild, to moderate, to severe. To be diagnosed with an AUD, individuals must meet certain criteria of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5, American Psychiatric Association, 2013). Under the current DSM-5, anyone meeting any two of the 11 criteria during the same 12-month period receives a diagnosis of AUD. The severity of an AUD—mild, moderate, or severe—is based on the number of criteria met. Mild 2-3 criteria, moderate 4-5, severe 6+.

The 11 criteria used to diagnose alcohol use disorder are

Taking the substance in larger amounts or for longer than intended; Wanting to cut down/ stop but unable to; Spending much time getting, using, recovering from use of the substance; Cravings & urges to use; Unable to meet obligations at work, home, school due to substance use; Continuing to use, even when it causes problems in relationships; Giving up important social, occupational or recreational activities due to substance use; Using repeatedly even when it puts person in danger; Continuing to use even when aware of physical or psychological problems it causes or worsens; Needing more to get the same effect; Development of withdrawal symptoms. Also see **Substance Use Disorder**.

Binge drinking

Drinking fast, gulping drinks and becoming drunk quickly. For an adult it means drinking more than 6 standard drinks in one sitting (5 for women and 7 for men, averaged to 6 as a general guideline). As an adolescent, the developing body and brain are even more impacted by sudden surges in alcohol level, so there are no low-risk guidelines for adolescents, as there is no known low risk amount. They only apply to adults.

Blackout

An alcohol blackout is amnesia (memory loss) for any part of a drinking experience, but without losing consciousness. It is not to be confused with passing out.

Cannabinoids

The many chemicals in cannabis are called cannabinoids (there are approx 100 such chemicals). Some of these chemicals have been researched to see if they have any medical benefit. In Ireland since changes in regulations enacted in 2019, A Medical Cannabis Access Programme is available to provide access for patients with the following medical conditions which have failed to respond to standard treatments:

- spasticity associated with multiple sclerosis
- intractable nausea and vomiting associated with chemotherapy
- severe, refractory (treatment-resistant) epilepsy

One chemical, cannabidiol (CBD) may help some patients with a very severe form of epilepsy. Since 2014, there has been a licensed medicine for treatment of spasms in multiple sclerosis which contains both CBD & THC. There are unfortunately very many under-researched, exaggerated and unfounded claims about “medicinal cannabis”.

Cannabis types and terms

Herbal cannabis (“weed”) made from dried leaves of the cannabis plant. It looks like dried herbs. Sometimes known as ‘buds’ or ‘pollen’.

Resin (“hash”) made from the resin of the plant. It looks like a black brown lump.

Skunk is a stronger form of “weed”, and the term is not used too frequently in Ireland. It contains more THC (the main psychoactive constituent in cannabis) than resin or ordinary herbal cannabis and is estimated to be three to four times stronger.

CBD oil is a substance extracted from the cannabis plant. It can be sold in Ireland if it contains no THC, the constituent in cannabis that causes the high (must not exceed 0.2% THC). The law states that producers and retailers may not make health claims about these products. **See also CBD, Medicinal Cannabis and THC.**

Categories of drugs

Depressants, such as alcohol, can be used to calm the mind, relieve anxiety and can cause sleepiness. Sedatives and minor tranquillisers such as sleeping pills are depressants. Cannabis is a depressant and also a hallucinogen.

Opiates, also known as narcotic analgesics, or opioids, are strong painkillers that produce feelings of euphoria and sleepiness. Opiates include codeine, morphine, heroin and methadone.

Stimulants are drugs that stimulate mental and physical activity in the central nervous system, creating feelings of being more awake, alert, energetic and confident. Examples are amphetamines (speed), cocaine, crack cocaine, crystal meth and ecstasy, which is a stimulant with hallucinogenic properties.

Hallucinogenics produce strange and intense visions (hallucinations) and sensory distortions. Examples are LSD (acid) and magic mushrooms.

Some drug types which do not fit into these 4 categories include **anabolic steroids** which are not categorised as psychoactive drugs, but can cause extreme mood swings and aggression. Also **ketamine** which is categorised as a dissociative anaesthetic, meaning that it gives a feeling of detachment from self, in addition to anaesthetic effects.

CBD

(See also ***Cannabis types and terms***)

Cannabidiol (CBD) is one of the many chemicals derived from cannabis. However, it is not psychoactive and is therefore not controlled under the Misuse of Drugs laws in Ireland. Currently, products containing only CBD do not require a Ministerial licence for use. CBD is permitted to be sold only as a food supplement, and the law states that health claims may not be made.

Comedown

Just like getting a hangover from drinking alcohol, taking illegal drugs can lead to experiencing negative after-effects sometimes known as a 'comedown' or 'crash'. These are the feelings experienced as the drug wears off. The type of effects experienced during this period depend on the drug(s) used. They might include feelings of depression, insomnia, extreme tiredness, irritability, and anxiety just to name a few. This can last anywhere from a few hours to a day or so after initially taking the drug. It is different to withdrawal effects (a sign that a person is addicted).

Downers

Another term used for the depressant category of drugs (see also **Categories of Drugs**).

Drug

Any substance other than food that alters the way a person thinks, feels or acts. This includes medicinal drugs, and also alcohol, tobacco and caffeine and all illegal substances.

Flashback

Where a person who has taken an hallucinogenic drug later briefly relives part of the drug experience. This can occur days, weeks or months later. Even if the trip was not distressing the first time around, the flashback can be.

Foetal Alcohol Spectrum Disorders (FASD)

Mental and physical defects that can occur in the child when a mother drinks alcohol during pregnancy. The characteristics, which may only become apparent when the child starts school, may include difficulty processing information, intellectual disability, attention deficits, memory deficits and hyperactivity. Other symptoms may include poor judgement, immature behaviour, poor impulse control and confused social skills.



Foetal Alcohol Syndrome (FAS)

A more serious condition of mental and physical defects that can happen when a mother drinks heavily during her pregnancy. Some signs of FAS include when the baby is born smaller than normal or underweight, the central nervous system is damaged or there are physical defects, such as an abnormally small head or eyes, abnormally-shaped ears, and problems with the heart and genitals.

Hazardous drinking

A pattern of alcohol use that increases the risk of harmful consequences for the drinker. Such consequences include impact on mental and physical health functioning, relationships, behaviour and self-esteem. The term also describes drinking over the recommended limits by a person with no apparent alcohol-related health problems.

High risk or harmful substance use

A pattern of psychoactive substance use that is causing damage to health. The damage may be physical (e.g. hepatitis following injection of drugs) or mental (e.g. depressive episodes secondary to heavy alcohol intake). Harmful use commonly, but not invariably, has adverse social consequences. Social consequences in themselves, however, are not sufficient to justify a diagnosis of harmful use.

Medicinal cannabis

Medicinal cannabis is an umbrella term often used to describe medication which includes chemicals extracted from cannabis plants (cannabinoids). The term itself is incorrect and creates a belief that cannabis in the form of weed or hash is medicine. Lots of medications use extracts from plants. For example, aspirin comes from the bark of a willow tree, but we do not say 'medicinal willow'. In 2018 the Minister for Health signed legislation to allow for the operation of the Medical Cannabis Access Programme on a pilot basis for five years. The Programme will facilitate access to cannabis-based products for medical use in line with legislation. Once suitable medical cannabis products are made available, the Access Programme will make it possible for a medical consultant to prescribe a cannabis-based treatment for a patient under his or her care for the following medical conditions, where the patient has failed to respond to standard treatments:

- Spasticity associated with multiple sclerosis
- Intractable nausea and vomiting associated with chemotherapy
- Severe, refractory (treatment-resistant) epilepsy

New psychoactive substances (NPS)

Sometimes called 'legal highs' or 'designer drugs'. These are drugs which mimic the effects of illegal drugs. These drugs may contain all kinds of adulterant substances which are used to bulk them up. As of 2019, approximately 700 different NPS have been identified in Europe. They include synthetic cannabinoids which are chemicals sprayed onto herbs to mimic the THC in cannabis (but are far more toxic), and synthetic cathinones, which are stimulants designed to mimic amphetamines and cocaine (but are far more severe).

Overdose

Use of any drug in such an amount that acute adverse physical or mental effects are produced. Deliberate overdose is a common means of suicide and attempted suicide. In absolute numbers, overdoses of licit drugs are usually more common than those of illicit drugs. Overdose may produce transient or lasting effects, or death. The lethal dose of a particular drug varies with the individual and with circumstances.

Patterns of substance use

Experimentation For example, having a drink at a party or trying a drug just for the experience, to see what it is like.

Regular use Also known as 'recreational use', and 'social use'. When the substance use becomes part of the person's life, something they do on a fairly regular basis with a particular group of people or at a particular time.

Harmful use Also known as 'problematic use'. When complications begin to happen as a result of the substance use, such as missing days at school or college, allowing grades to slip or driving when under the influence.

Dependency Also known as 'addiction'. At this stage the person has an emotional attachment to the substance, almost like a relationship. They need more and more of the substance to have the same effect and may experience withdrawal symptoms without it. With more severe dependency, it is very difficult for them to give it up without help. They experience acute cravings and possibly physical withdrawal symptoms like sickness or pain. They will do almost anything to get the drug. See also see **Alcohol Use Disorder and Substance Use Disorder**.

Physical dependence

Dependence on alcohol or any substance is made up of two components, the physical dependence and the psychological dependence. Physical dependence describes when the person gets shakes, sweats, feels sick or can't sleep when they have not had the substance, ie withdrawal symptoms. Not all substances create a strong physical dependence, but all psychoactive substances can create psychological dependence.



Psychological dependence

When the person cannot stop thinking about the substance, or craves it, or will take it no matter how it harms them or their family.

Polydrug use

Mixing drugs or taking more than one drug at a time is known as polydrug use. Combining drugs in this way carries extra risks and can be extremely dangerous. Three out of five drug-related deaths in Ireland involve polydrug use. Usually taken with the intention of enhancing, or counteracting the effects of another drug. An example of polydrug use would be smoking cannabis after drinking alcohol, sometimes with benzodiazepines also taken. Mixing alcohol with drinks that contain caffeine is another example.

Psychoactive substances

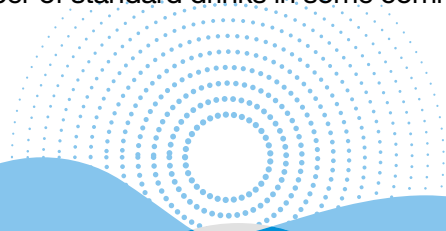
These substances alter the mood or mind. 'Psycho' is short for psychological, the mind or mental state. 'Active' meaning that it has an effect, primarily on the brain, causing changes in the person's mood, how they see the world, and how they feel emotionally. This all affects how the person then behaves.

Psychosis

Some drugs may cause a 'drug-induced psychosis' (including alcohol). People affected by psychosis may experience hallucinations (seeing or hearing things that are not really there), delusions (strong beliefs that do not reflect reality), and paranoia (feeling extremely suspicious and frightened). If symptoms last for more than a few days, this could indicate that the person may have a more serious mental illness.

Standard drinks

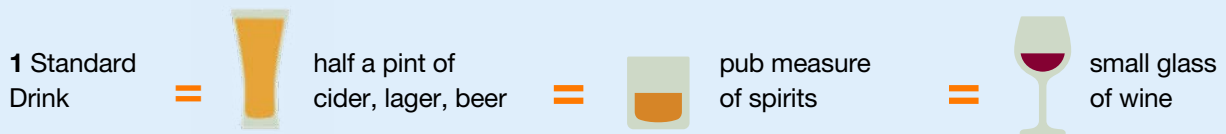
In Ireland, alcohol is measured in 'standard drinks'. One standard drink contains 10 grams of pure alcohol. Note that this is not exactly the same as the UK-based 'unit of alcohol' which contains 8 grams of pure alcohol. This graphic illustrates the number of standard drinks in some common alcoholic beverages:



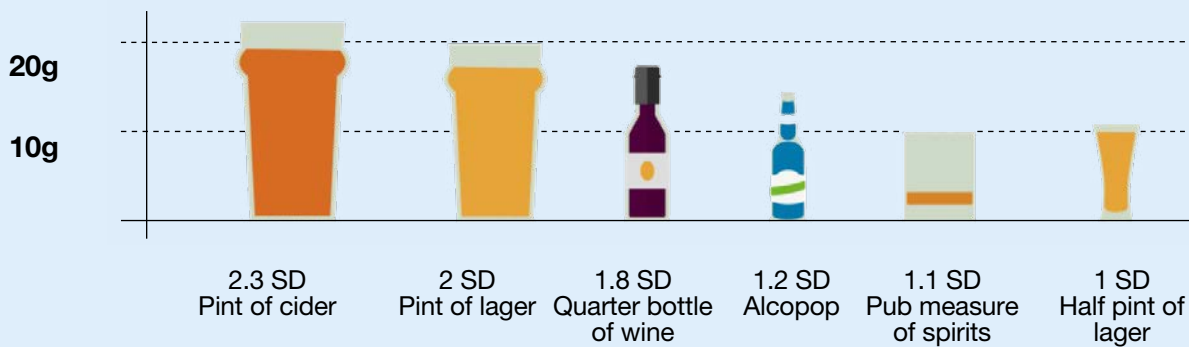
Standard Drinks



1 Standard Drink = 10 Grams of alcohol



How Many Standard Drinks in One Serving?



Adult Weekly Low-Risk Drinking Guidelines

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

< 17 Standard Drinks = Men

< 11 Standard Drinks = Women

0 Standard Drinks = Under 18's

0 Standard Drinks = Pregnancy

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

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



Substance misuse

The term misuse refers to illegal or illicit drug taking or alcohol consumption, or misuse of medications, which leads a person to experience social, psychological, physical or legal problems.

Substance use disorder

For details, see **Alcohol Use Disorder** above. The same criteria apply to alcohol, other legal drugs and to illegal drugs. Many of the same criteria also apply to non-substance dependencies such as gambling and gaming/internet use disorders.

THC

(see also **Cannabis types and terms and CBD**)

Tetrahydrocannabinol (THC) is the main psychoactive chemical in cannabis. Under the Misuse of Drugs laws, products containing THC are strictly controlled and possession is unlawful, except under Ministerial licence. Some types of cannabis are grown and produced to be unnaturally high in THC, leading to many more unwanted side effects such as paranoia, panic and risk of psychosis. THC is associated with dependency.

Tolerance

When someone takes a substance regularly they soon need to take more to get the same effect. This can develop quickly, over the course of only a few weeks, for certain drugs.

Uppers

Another term used for the stimulant category of drugs (see also **Categories of drugs**).

Withdrawal symptoms

(See also **Physical dependence**). People who are drug dependent (“addicted”) may experience physical withdrawal symptoms when they stop using. These effects can last for several days to many weeks, depending on the type of drug and how dependent they are on the drug. Symptoms may include feelings of anxiety, depression, restlessness, irritability, and aggression. On top of this, withdrawal can also cause muscle spasms, headaches, muscle cramps, diarrhoea, vomiting, and cravings for the drug. In some cases, withdrawals can include psychosis-type symptoms.

Appendix 2

Regional & Local Drug & Alcohol Task Forces Contact Details

There are 14 Local Drug and Alcohol Task Forces (LDATFs) and 10 Regional Drug Task Forces (RDATFs). “Local and Regional Drug and Alcohol Task Forces (LDATFs and RDATFs) play a key role in assessing the extent and nature of the drug problem in their areas and coordinating action at local level so that there is a targeted response to the drug problem in local communities... Drug and Alcohol Task Forces comprise representatives from a range of relevant agencies, such as the HSE, the Gardaí, the Probation and Welfare Service, Education and Training Boards, Local Authorities, the Youth Service, as well as elected public representatives and Voluntary and Community sector representatives. View the list of Task forces below.”¹

Regional task forces		
Region	Office	Contact
East Coast	HSE Offices, Block B Civic Centre, Bray, Co Wicklow, A98 W9X2	01-2744132 www.ecrdtf.ie
Midlands	Health Centre, Coosan Road, Athlone, Co Westmeath N27 W275	09064-83195 www.mrdatf.ie
Mid-Western	PO Box 486, Corporate House, Mungret Street, Limerick	061-607242 www.mwrdatf.ie
North Dublin	North Dublin Regional Drug & Alcohol Task Force, 32/33 Main Street, Malahide, Co Dublin	01-2233493 www.ndublinrdtf.ie
North East	Unit 2, First Floor, Kennedy Road, Navan, Co Meath C15 RCW1	046-9248630 www.nedrugtaskforce.ie
North West	Sligo Development Centre, Cleveragh Road, Sligo	071-9151520 www.nwdrugtaskforce.ie
South East	St. Otteran's Hospital, John's Hill, Co Waterford	051-848864 www.serdatf.ie
Southern	First Floor, Kinvara House, Dublin Hill, Cork	021-4930100 www.corkdrugandalcohol.ie enquires@corkdrugandalcohol.ie
South Western	Block A Maudlin's Hall, Naas, Co Kildare	045-875111 www.swrdtf.ie
Western	Unit 6 Galway Technology Park, Parkmore, Galway.	091-480044 www.wrdtf.ie

¹ <https://health.gov.ie/healthy-ireland/drugs-policy/local-and-regional-drugs-task-forces/> Accessed 18th February 2019



Local task forces		
Locality	Office	Contact
Ballyfermot	HSE Addiction Services, Bridge House, Cherry Orchard Hospital, Dublin 10	087-3309024 Clara.geaney@hse.ie
Ballymun	Axis Centre, Main St. Ballymun, Dublin 9	01-8832142 hugh@ballymundtf.ie
Blanchardstown	Unit 37A Coolmine Industrial Estate, Dublin 15	01-8249590 jim@bltdtf.ie
Bray	Block B, Civic Centre, Main Street, Bray, Co Wicklow	01-2744230 brayldtf@gmail.com
Canal Communities	Addiction Services, Bridge House, Cherry Orchard Hospital, Ballyfermot, Dublin 10	076-6955551
Cork	Kinvara House, Dublin Hill, Cork	021-4930100 enquires@corkdrugandalcohol.ie
Clondalkin	Unit A1 Weatherwell Business Park, Clondalkin, Dublin 22	01-4579445 coordinator@cdataf.ie
Dublin North East	The Mornington Centre, Artane Roundabout, 44A Malahide Rd., Dublin 5	01-8465070 shane@dnetaskforce.ie
Dublin 12	C/O Bridge House, Cherry Orchard Hospital, Dublin 10	076-6955622 087-6243021
Dun Laoghaire / Rathdown	Old Post Office, Main Street, Blackrock, Co Dublin	01-7061025 dlralcoholanddrugs@gmail.com
Finglas / Cabra	27 Annamoe Terrace, Cabra, Dublin 7	01-8307440
North Inner City	22 Buckingham St Lower, Mountjoy, Dublin 1	01-8366592
South Inner City	Bridge House, Cherry Orchard Hospital, Ballyfermot, Dublin 10	086-0080685 sicdataf@gmail.com keri.goodliffe@hse.ie
Tallaght	SDCP, Block 3, County Hall, Belgard Square North, Tallaght, Dublin 24	01 464 9303 grace.hill@sdcpartnership.ie mln@live.ie

