



EDUCATIONAL RESOURCE MATERIALS FOR THE PREVENTION OF SUBSTANCE ABUSE

DEVELOPED BY

PSYCHOLOGICAL SERVICE, DEPARTMENT OF EDUCATION  
HEALTH PROMOTION UNIT, DEPARTMENT OF HEALTH  
MATER DEI COUNSELLING CENTRE  
WITH SUPPORT FROM THE EUROPEAN UNION

*Launch by the Minister for Education, Niamh Bhreathnach TD., on October 18th, 1994.*

“*On My Own Two Feet*” is an educational package for use with post primary students aimed at the development of personal and social skills for the prevention of substance abuse. The overall aim of the package is to enable students to develop their ability to take charge of their health and specifically to make conscious and informed decisions about the use of drugs (legal and illegal) in their lives.

These materials constitute a substantial resource for schools committed to formally addressing the emotional and social development of pupils as part of their educational goals. The materials are contained in five books, on

**Identity and Self Esteem**

**Understanding Influences**

**Assertive Communication**

**Feelings**

**Decision-making**

Information on drugs, both legal and illegal/is integrated with exercises.

There is material for at least 20 class sessions in each of the books. In addition, there is a Handbook on organisation, methodology and implementation. The methodology allows full and active participation by students and is geared to developing the confidence, awareness and skills needed to handle life situations in a constructive way and thus enable them to cope with difficulties without resorting to the use of drugs. The materials have been piloted in eight schools and rewritten to incorporate teachers’ feedback.



Formal evaluation found the programme had a significant effect on attitudes, beliefs and behaviours relevant to substance use. This effect was based on a comparison of the responses of the students in the pilot schools with those from control schools which had been matched on relevant characteristics. The students in the pilot schools had substantially less favourable attitudes and beliefs about substance use. In addition, they were somewhat less likely to report use of most of the substances. Thus, the results bear out what has been found in many studies i.e., that successful programmes alter attitudes and beliefs more easily than actual behaviour. It was also shown that young people with assertiveness skills and with high self esteem were less likely to drink, smoke or use illegal substances.

A qualitative study showed that the materials were highly valued by teachers and students alike, with teachers particularly valuing the work on self-esteem and assertiveness.

Training was an important feature of the pilot project and was highly regarded by participating teachers. The 42 'pilot' teachers in eight schools put enormous effort and enthusiasm into the work and the positive outcomes are largely due to the quality of their work and their commitment to and concern for pupils. These teachers recommended that a minimum of 50 hours training in group work skills should be required before a teacher uses the materials. Many teachers already have this training, but for those who do not, details of training courses are available from Niamh McArdle, S.A.P.P., Marino Institute of Education, Griffith Avenue, Dublin 9. The feedback on the courses has been very good to date.

The Project is part of on-going co-operation between the Departments of Health and Education in support of Health Promotion in schools throughout the country.



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Griffith Avenue  
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Developed by:  
Health Promotion Unit, Department of Health  
Psychological Services, Department of Education  
In association with  
**Mater Dei Counselling Centre**  
With support from:  
D G V European Commission

## **PROCEDURE REGARDING SCHOOLS RECEIVING A COPY OF THE SUBSTANCE ABUSE PREVENTION PROGRAMME PACK “ON MY OWN TWO FEET”**

### **Who is entitled to receive a copy of the pack?**

Any post primary school with a teacher (or teachers) trained in social, personal and health education (minimum 50 hours). The pack is suitable for on-going work with young people aged 12-18 years.

### **How can schools get a copy of “On My Own Two Feet”?**

A copy of the attached letter and questionnaire should be sent in response to any queries regarding the Substance Abuse Prevention Project materials “On My Own Two Feet”. This questionnaire should be returned to Niamh McArdle, S.A.P.P., Marino Institute of Education, Griffith Avenue, Dublin 9. Tel: (01) 8330101 (as indicated on the form).

### **Areas addressed in the materials :**

1. Identity and Self Esteem
2. Understanding Influences.
3. Assertive Communication.
4. Feelings.
5. Decision-making.

### **Why is 50 hours training required?**

One of the key recommendations of the pilot project was that the materials should only be used by teachers with a minimum of 50 hours training in participative methods as applied to social, personal and health education. We have adopted this suggestion.

It is the Principal’s responsibility to ensure that the materials are only used by teachers with the relevant training.

### **How many copies of the pack can each school receive?**

Schools that have teachers with the required training are eligible to receive 1 copy of the pack. Additional copies may be purchased at £50 per copy.

**SUBSTANCE  
ABUSE**  
PREVENTION PROJECT

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\_\_\_\_\_ 1996

Dear \_\_\_\_\_

*I wish to respond to your query about the availability of "On My Own Two Feet", which the Department of Education, in collaboration with the Department of Health and Mater Dei Counselling Centre has developed. The materials are now available and ready for dissemination.*

*The materials aim to develop attitudes, interpersonal skills and knowledge which will enable young people to lead healthy and fulfilling lives without reliance on or abuse of drugs. They are primarily designed for use in the context of a school's social, personal and health education programme, but would also be suitable for on-going work with young people aged 12-18 years in a variety of settings.*

*There are five areas addressed in the materials:*

1. *Identity and Self-esteem*
2. *Understanding Influences*
3. *Assertive Communication*
4. *Feelings*
5. *Decision-making*

*One of the key outcomes of the pilot project is that the materials should only be made available to workers with considerable expertise in the areas of group work. It has therefore been decided that the materials will only be made available to organisations which have a leader/worker with a minimum of 50 hours training in this area. The essential requirement is training in participatory methods as applied to social personal and health education. Additional training in such areas, as counselling would be of benefit but on its own would not suffice.*

*Over the years many people have availed of training opportunities in this area offered by a number of agencies. A list of some of these is attached but is not comprehensive - it is intended to remind workers of courses they may have attended over the years.*

*In order to ensure that these materials are used by people with appropriate skills we are seeking information about the training/experience undertaken to date by your staff. If your organisation wishes to receive a copy of these resources for use in your social, personal and health education provision, please bring this letter to the attention of your staff and ask each person who meets the 50 hour requirement to complete one of the enclosed questionnaires. The questionnaires should then be returned to:*

***Niamh McArdle***  
***Project Office,***  
***Substance Abuse Prevention Project,***  
***Marino Institute of Education,***  
***Griffith Avenue,***  
***Dublin 9.***

***Tel: (01) 8330101 Fax: (01) 8337219***

*(Enquiries to the above number **only**).*

*Yours sincerely,*

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*Anne Marie Sheehan,  
Ruby Morrow,  
Project Leaders.*

**Courses with specific group work input  
which have been available at different  
points over the year?**

- \* *Department of Education* – summer courses in group work  
developmental group work  
other e.g. pastoral care
- \* Health Education Bureau – 10 week introductory courses  
summer schools  
ongoing training
- \* Developmental Group Work (Lesley Button) – many different locations
- \* Courses run by Ogra Chorcaí
- \* Specific Social and Health Education courses run by Health Education officers in the Southern, Mid-West, Western, North Western and South Eastern Health Boards.
- \* Other courses run by Health Boards.
- \* Courses in Pastoral Care.
- \* Courses on Drugs Education run jointly by Departments of Health, Education and Mater Dei Counselling Centre.
- \* Courses run by SHEA (Social and Health Education Association).
- \* Other.

*The above list was drawn up primarily for schools and is not an exhaustive list. You may have attended other relevant courses. Please include them. If your basic training included specific training in group work methods, including some practice, roleplay etc. please specify the course content and number of hours devoted to this area.*

**QUESTIONNAIRE**

(Please copy as required).

To be completed by staff members with 50 hours or more training in participatory methods as applied to social, personal and health education.

NAME: -----

SCHOOL/ORGANISATION: -----

PRIMARY DEGREE (S): \_\_\_\_\_ YEAR: \_\_\_\_\_

OTHER QUALIFICATIONS: -----

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Please list any training completed in group facilitation which, in your view, would enable you to use materials involving such methodology as use of small groups, role-play, drawing, collage, phantasy work, assertiveness training. A list of courses offered in the past is attached to jog your memory.

Please give details.

<b>COURSE</b>	<b>AGENCY</b>	<b>YEAR AND NO. OF HOURS INVOLVED</b>	<b>TRAINER</b>
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Please list other relevant training e.g. counselling skills, personal development work, drama, etc.

-----  
-----  
-----

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

To be returned to:

**Niamh McArdle,  
Project Office,  
Substance Abuse Prevention Project,  
Marino Institute of Education,  
Griffith Avenue,  
Dublin 9.**

**Summary of Evaluation**  
**of**  
**“ON MY OWN TWO FEET”**

**Description of the Project.**

“On My Own Two Feet” is an educational package for use with post-primary students aimed at the development of personal and social skills for the prevention of substance abuse. The overall aim of the package is to enable students to develop their ability to take charge of their health and specifically to make conscious and informed decisions about the use of drugs, (legal and illegal) in their lives. The package includes a Handbook and five books, one each on Identity and Self-Esteem, Understanding Influences, Assertive Communication/Feelings and Decision-Making.

These materials do not form a total social, personal and health education programme. They are resource materials which schools can use and adapt in the context of their existing social, personal and health education programmes and in response to their own particular needs.

The materials were piloted in 8 post-primary schools as part of a Substance Abuse Preventive Project. This project focused on:

- (a) the development of substance abuse prevention/social, personal and health education materials for use with post-primary students;
- (b) the development of a model for implementing effective substance abuse prevention/social, personal and health education, situated in a school context and involving all staff in varying degrees.



(c) the provision of in-service training for teachers piloting the materials.

**(a) Evaluation of the classroom programme.**

**Methodology.**

The programme was subjected to an Independent evaluation involving among other features a comparison of the attitudes, beliefs and reported behaviours of pupils who experienced the programme with those who did not. This was accomplished by matching the schools in the pilot programme with 8 others which did not have the programme.

**Results.**

The results showed that in comparison to those in the control schools/the children in the pilot classes differed with regard to three important measures: (i) They had less positive attitudes to alcohol. They were more convinced about the negative effects of alcohol and less convinced about its positive effects, (ii) They were more likely to chose an assertive response to given situations and (iii) They had higher scores on a measure of self-esteem.

Another outcome of the evaluation was that young people who had high self-esteem and expressed a strong belief in assertiveness were less likely to smoke, drink or use other substances. This is one of the most convincing arguments for the components in the programme.

On the basis of the above outcomes it was concluded that the programme was highly effective since these attitudes and beliefs are likely to help young people withstand pressures to use various substances.

It was especially gratifying that the positive effects of the programme were especially one worthy with regard to alcohol, given the evidence of an increase in the number of young people who drink at a very young age.

Looking at the research from abroad/the present programme is in line with the research that suggests that the most appropriate curricular location for substance-abuse prevention programme is in the context of a broad Social/Personal and Health Education (SPHE) Programme rather than addressing it in a manner which mainly emphasises the facts regarding the various substances.

**(b) Effects of the organisational dimension of the Project**

A whole staff intervention aimed to involve all staff in a review of how well the school as an organization was currently responding to the changing needs of young people. This involved a review of the school's mission, a diagnosis of the current performance in relation to this mission, a setting of priorities for areas of action, both in general and in relation to SPHE/the establishment of action planning groups to work on these priorities and a review of progress three months later.

The most significant outcomes of the school intervention were:

- \* An increase in support among staff as a whole for SPHE as part of the formal curriculum for all pupils
- \* Improvements in timetabling provision ranging from the introduction of a programme for all first years to a programme for all classes within the school

**or**

- \* A development of existing programmes by the incorporation of

- \* components of “ON MY OWN TWO FEET”.
- \* An improvement in staff communication in all schools
- \* The introduction or improvement of structures for care and discipline in a number of participating schools.

The evaluation indicated some difficulties in the implementation of the programme. Many schools complained of an overcrowded timetable. The limited time available was due not only to pressure from academic subjects but also from subjects that had similar objectives to the present programme. Effective coordination was identified as essential and school structures are badly needed to accomplish this.

**(c) Training.**

Ongoing training of up to 120 hours in participatory methods was availed of by between 5 and 11 teachers in each of the pilot schools. This met a strongly expressed need by school staffs for this form of training since the aims of SPHE require attitudes and skills that differ from the subjects where cognitive aims are the primary concern. Training in management and communication also took place for Principals, Vice- Principals and post-holders. All the training courses were very highly rated by participants.

The World Health Organization is beginning a programme to examine the effectiveness of various approaches to prevention of substance abuse among young people. The results of the present evaluation will be of considerable benefit to them in their deliberations and investigations.

## **SAMPLE MATERIALS**

**“ON MY OWN TWO FEET”**





## RESISTING PEER PRESSURE

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

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

### Tip 1

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

### Tip 2

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

### Tip 3

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

### Tip 4

If the particular friends hassling you really won't give you space to live your own life, you should start thinking of finding a new group of people who will show you more respect - because that is what we are talking about, respect for your decisions.



## MICE CAN BE NICE, BUT .....

.....sometimes mice are SO nice that they allow themselves to be walked on by other people and so sometimes mice get squashed. They want to be liked very badly and so they often let other people get their own way (even if it hurts) and they usually do not show their real feelings.

Some of the mouse's BODY LANGUAGE is

- s/he does not look people straight in the eye
- s/he speaks in a soft voice and stumbles over what s/he is saying or sometimes s/he whines or his/her voice wobbles
- his/her body slumps and slouches
- s/he fidgets



In fact, the 'mousy' person sometimes looks as if you could push him/her over quite easily.

So, some words people use to describe this mouse are -

**A PUSHOVER**

**SPINELESS**

**PASSIVE**

**UNASSERTIVE**

**SHY**

**TIMID**

**AFRAID**

**APOLOGETIC**

**A LOSER**

(Secretly, the mouse does not think much of him/herself.)



## MONSTERS CAN BE NICE TOO BUT .....



..... usually they are not thoughtful or friendly or nice. They go around stepping on nice mice, or mice who are afraid to stand up for themselves. They want their own way even at the expense of other people. The monster intends to WIN at any cost, even if s/he hurts other people's feelings.

Some of the monster's BODY LANGUAGE is

- s/he stares people in the eye
- s/he speaks in a very loud voice, sometimes sounding sarcastic or angry
- s/he speaks very fast
- s/he towers over you or looks ready to fight

Some words people use to describe monsters are –

**A BULLY**

**MEAN**

**PUSHY**

**AGGRESSIVE**

**THOUGHTLESS**

**RUDE**

(Secretly, the monster does not think much of him/herself, either.)



## THE ASSERTIVE PERSON

People who are ASSERTIVE are usually nice - but not so nice that people can walk on them. They stand up for themselves and their rights; say what they think or want honestly and directly; and recognise other peoples rights and feelings. They respect other people and do not force their views on those weaker than themselves.

### Assertive BODY LANGUAGE:

- s/he looks you straight in the eye
- s/he stands up straight and relaxed
- s/he speaks clearly and firmly - neither Too loud nor too soft



Some words people use to describe an assertive person are -

**CONFIDENT**

**HONEST**

**CARING**

**FIRM**

**FRIENDLY**

**RESPECTFUL**

**FAIR**

**SENSITIVE TO OTHERS**

The assertive person likes him/herself but does not need to hide it or show it off.

S/he is just happy to be him/herself!





## BODY LANGUAGE

Speaking our firmly and clearly is only half the message. It has to be backed up by the right BODY LANGUAGE. You may get the words right but

### *CANCEL CONTRADICT OR CONFUSE*

the message because your facial expression, tone of voice or body posture show uncertainty, self-doubt or hostility.

The key is to FEEL ASSERTIVE, to be convinced of your rights, your opinion, etc. and then your body expression is more likely to come right. If we begin to notice body language and get feedback from other group members about the non-verbal messages we send, we can begin to use our body language to support what we wish to convey.

#### **POSTURE**

Hold yourself tall and straight.  
Relax.  
Walk confidently - head held high.  
Balance yourself- siting squarely can communicate confidence.  
Show you are listening by facing someone when they are talking.  
Don't slouch, shuffle or turn away.

#### **EYE CONTACT**

Eyes convey more than anything else.  
Don't avoid eye contact but don't stare either. A direct yet relaxed gaze conveys self assurance. If you want to show someone you are really listening, you show this by looking at them as they are talking.

#### **MOUTH AND JAW**

Relax your mouth - a clenched jaw or chin jutting up slightly can communicate aggression- so can a tight-Upped face.  
Don't smile apologetically to 'soften the blow'.  
Remember to take a deep breath.

#### **VOICE**

Sometimes when you are very anxious your voice sounds high. This can happen when you first begin to be assertive. Breathing and relaxation help to get the tone of voice right. It is important to speak slowly and in a firm, moderately loud voice. Don't whine or use sarcasm.



## INF Lesson 2 Reinforcer AG

**CORE CONCEPT:** *Teenagers receive a lot of conflicting messages about how they should behave. Understanding this helps one to make more responsible choices.*

# HOW I'M EXPECTED TO BE

## PURPOSE

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

## PRACTICAL CONSIDERATIONS

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

*Links with:* **INF 1** 'Who Influences You?', **AC 11** 'Saying "No" '.

## Materials

Copies of Handout 1 – 'I'm Told To';

Scissors for each small group.

## PROCEDURE

### Outline

1. Complete Handout 1 - 'I'm told to' and discuss.
2. Rank influences.
3. Ways of refusing a drink.

## **Derailed Procedure**

**1.** Complete Handout 1 and discuss.

Students fill in the circles on the worksheet. In small groups (4/5), students discuss their responses. Then, in the large group, they discuss similarities and differences, e.g.,

- *What are parents saying?*
- *What are friends saying?*

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

**2.** Rank influences.

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

**3.** Ways of refusing a drink.

In groups, ask the students to come up with a sentence which might be accepted by their friends if they wished to say that they didn't want to drink. Share sentences in class.



## I'M TOLD TO



**Peter is 14 and at a party he is offered a drink.**



## I'M TOLD TO



Kathy is 14 and at a party she is offered a drink.



**CORE CONCEPT:** *It is important to know how to look after ourselves.*

## MAKING REQUESTS

### PURPOSE

To explore ways of asking for what you want. To raise awareness of the effects of passive smoking.

### PRACTICAL CONSIDERATIONS

This exercise is in two pans. The first involves the skill of making requests in general and should precede Pan 2 which applies to passive smoking situations. It may take two classes.

*Links with:* AC 2 'My Personal Rights', AC 10 'Asking for Help', FE 16 'What Should I Do?'

### Materials

Newsprint and drawing materials.

Blackboard or flipchart.

Copies of Handout 1 - 'It's Getting Up My Nose!'

### PROCEDURE

#### Outline

##### *Part 1*

1. Drawing/sharing.
2. Small group discussion on making requests.

3. Role play situations using passive/aggressive behaviour.
4. Repeat role plays - assertively.
5. Feedback and discussion.
6. Homework.

#### *Part 2*

1. Information on the effects of passive smoking,
2. Role play.
3. Feedback and discussion.

### **Detailed Procedure**

#### *Part 1*

1. Drawing/sharing.

Ask students to draw a situation in which they found it difficult to ask for something.

Share your drawing with a partner. Tell them about the situation.

Get responses and highlight some of the situations which students find difficult. It may emerge that it depends on who you are asking,

Some examples:

- *asking a teacher to explain something*
- *asking parents to allow you to go somewhere*
- *asking a friend to do something with you*
- *asking a shopkeeper to change a tape that you found was faulty when you first played it at home*

2. Small group discussion on making requests.

In groups of four, discuss,

- *What makes it difficult to ask for what you want?*
- *What are the advantages of asking for what you want?*

Take feedback.

If the following points don't emerge, feed them into the discussion.

- *Asking for what you want is more likely to get you what you want.*
- *It is OK to ask for what you want. You have a right to ask. If you do not make your wants known you might miss out on something that is important to you.*
- *The person being asked has a right to refuse.*

However, there are good and bad ways of asking for what you want. Some people demand in a shouting manner or fight (being a monster/aggressive). Others hint at what they want, or say nothing and hope it will happen (being a mouse/passive) and others ask straight out (being assertive).

### 3. Role play situations using passive/aggressive behaviour.

Get groups to role play aggressive and passive ways of:

- *Asking a teacher to explain something in class.*
- *Asking to go to a disco which ends later than your parents allow you to stay out.*
- *Asking for help with your geography homework from a classmate who lives next door.*

Highlight the differences between the behaviours and recap on some elements of assertive behaviour.

- *Be clear in your mind about what you want to say*
- *Say directly what you want*
- *Give a reason if you think it will help, but make sure it is genuine*
- *Do not apologise excessively*
- *Speak with a confident, natural tone of voice*
- *Make eye contact*
- *Respect the other person's right to say 'No'.*



**4.** Repeat role plays - assertively.

Now repeat the role plays, using assertive behaviour. When roles have been selected, ask the person who is going to make the request to imagine himself/herself in the situation and about to make the specific request. What is s/he thinking and feeling in the situation? Check for any negative thoughts and change them to more positive thoughts.

**5.** Feedback and discussion.

Following role play, ask the person making the request

- *what s/he did that was effective?*
- *what it feels like being assertive?*
- *if there is anything that s/he would do differently, given the same situation.*

Ask the other person in role play

- *what it was like when the person was being assertive instead of passive or aggressive?*

Ask the class

- *if the behaviour they saw was assertive?*
- *what worked well?*
- *what else the person could have done/said?*

**6.** Homework.

Practise 'Making a Request' assertively during the week and record on a goal sheet.

*Part 2*

**1.** Information on the effects of passive smoking.

Form groups of four. Distribute copies of Handout 1 - 'Its Getting Up My Nose!' and Handout 2 'The Effects of Passive Smoking'.

**2.** Role play.

Three people role play the situation on the sheet. The fourth person acts as an observer.

**3.** Feedback and discussion.



## AC Lesson 9 Handout 1

### IT'S GETTING UP MY NOSE!

You are in town one Saturday afternoon and accidentally bump into a friend who you have not seen for a long time. You decide to spend the afternoon together and go to a nearby restaurant for a cup of coffee and a chat to catch up on all that's happened since you last met.

Consciously you choose a seat in the non-smoking area of the restaurant as neither of you smoke, and find smoking quite objectionable. You notice a pregnant woman with a small child at the next table.

Shortly after you sit down a person seated nearby lights up a cigarette (also in the nonsmoking area).

What action can you take? Consider the following-before you start your role play,

- Would you ask the smoker to stop smoking?
- If so, how would you make your request?
- What would you do if s/he refused to stop smoking?
- As a non-smoker you have rights.
- The smoker may become aggressive if challenged.
- Smoking is not a private habit.

Look at Handout 2 - 'The Effects of Passive Smoking' and then write down a few sentences you might use in your conversation with the smoker.



## THE EFFECTS OF PASSIVE SMOKING

It is now accepted that people who do not smoke, but who spend time in the company of others who do, suffer the effects of smoking. This is known as *passive smoking* and the smoke inhaled by the non-smoker is known as side-stream smoke. It contains more damaging chemicals than mainstream smoke, e.g. up to 100 times more cancer-causing chemicals.

Since 1986, six major reports have examined all the existing evidence on the health effects of passive smoking. All reach the conclusion that passive smoking is a cause of lung cancer. The risk of lung cancer due to passive smoking is particularly noted in persons living with one or several heavy smokers or who share a small office with smokers.

Children whose parents smoke get more chronic chest infections, glue ear (the commonest cause of deafness in children) and childhood asthma.

Coughing, phlegm and wheezing and throat discomfort are experienced by both adults and children exposed to passive smoking.

Discomfort in the eyes, nose and throat is frequently experienced. The stale smell of tobacco smoke lingers on hair and clothes.

If you are being forced to become a passive smoker, insist on your right to fresh air. A healthy atmosphere is your right. Be prepared to assert that right. Object to people smoking in the non-smoking area of a restaurant, bus or train if you wish. If we don't, how are the offenders to know that we find their fumes objectionable?

### **PASSIVE SMOKING AND PREGNANCY**

The effects of passive smoking are particularly marked in children born to mothers who smoke, especially in the last six months of pregnancy. They weigh, on average, 200 gms. less than those born to non-smoking mothers and continue to suffer from slower physical, intellectual and emotional development. Still births and death in newborn infants is increased by one-third in babies born to mothers who smoke during pregnancy.



INF Lesson 14  
Core  
AG

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

## ALCOHOL IN OUR SOCIETY

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

### PURPOSE

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

### PRACTICAL CONSIDERATIONS

Two class periods are likely to be required.

Sensitivity is required in discussing alcoholism as it is likely that some students in the class will come from homes where there is alcoholism.

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

*Links with:* INF 6 'With Friends', **FE 12** 'Consequences', **FE 13** 'Children and Alcohol', **DM 11** 'At the Party', **DM 12** 'Being offered a Lift'.

### Materials

Copies of Handout 1 - 'The Drinking Habit In Our Culture'.

Copies of Handout 2 - 'Alcohol and Alcoholism', as required.

Copies of Handout 3 - 'The Effects of Parental Alcoholism on a Family', as required.

## PROCEDURE

### Outline

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

### Detailed Procedure

1. Distribute Handout and discuss.

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

Possible trigger questions and areas for discussion.

#### Scene 1

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

Discussion points:

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

#### Scene 2

Wedding Slogan - “To your Health and Happiness”.

Discussion points:

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

### Scene 3

“One for the Road”.

Discussion points:

- *How does alcohol affect driving?*
- *Do you think that the legislation should be more strictly enforced?*

### Scene 4

- *“Concern at number of young people drinking”.*
- *Why do young people want to use alcohol?*
- *How do young people obtain alcoholic drink?*
- *What do you think of adults’ concern about young people drinking?*
- *How would alcohol affect a teenager?*

### Scene 5

They Worry.

Discussion points:

- *What is the mother thinking?*
- *What are the children thinking?*
- *How does alcohol affect people?*
- *How do others in the family feel when a member abuses alcohol?*

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

What is the effect of the father’s drinking on

- *Himself, e.g., his mood, his behaviour, his personality, his relationships, his job?*
- *His partner?*
- *The children?*
- *The family unit?*

### **VARIATION**

- Use a video, e.g., “Dying for A Drink”
- Invite speaker from Al-Anon.



# THE DRINKING HABIT IN OUR CULTURE



AT A PARTY



TO YOUR HEALTH AND HAPPINESS



THEY WORRY



ONE FOR THE ROAD



CONCERN AT NUMBER OF YOUNG PEOPLE DRINKING



## ALCOHOL AND ALCOHOLISM

### How alcohol affects behaviour

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

### Alcoholism

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

Alcoholism destroys self confidence. To the alcoholic, the need to use alcohol takes precedence over family, work and social life. Try as they may to control themselves, they cannot. Their whole lives are out of focus, they need help.

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

Alcoholics Anonymous (AA), 26, Essex Quay, Dublin 8,

Al-Anon Family Groups and Al-Areen, 12 Westmoreland Street, Dublin, 2.

Treatment facilities in each Health Board area.





## THE EFFECTS OF PARENTAL ALCOHOLISM ON A FAMILY

The effects of alcoholism spread throughout a family. Children are the real innocent sufferers of the alcoholic parent. They observe a home life that is often very different from that of their friends. They are often afraid to bring friends home. At times they can feel the resentment, rage and hopelessness of the parents. It can be a baffling, complex and frightening experience. Probably the most baffling aspect of the child's life with the alcoholic parent is the sheer inconsistency of the relationship. The alcoholic can be a most loving parent at times. S/he can laugh with the family and take an interest in their welfare. Then, s/he can change from the loving parent into an inconsiderate and selfish drinker. The fact<sup>1</sup> that the children are never sure just what behaviour they are going to have to deal with makes for an uneasy life. Most families experiencing the effects of alcoholism have ongoing feelings of tension, anxiety and hopelessness. What's going to happen next? Are Mum and Dad going to fight tonight? Will s/he make a fool out of him/herself again?

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

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

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

This is a baffling, frightening experience for children. The love that should be theirs is often denied them, or if it is given, is given in such a manner that it just cannot be understood by the children. They may feel responsible for the alcoholic's change of moods and feel that they are wrong or have to be different. It is important for families in this situation to understand alcoholism and how behaviour changes with alcohol.



## **ALCOHOL - THE EFFECTS**

### **On You**

Once alcohol is consumed it travels straight to the stomach where about 1/5th or 20% of it is immediately absorbed into the blood stream. The remainder is absorbed through the small intestine and then into the blood stream. Only minutes after drinking, alcohol will be present in every part of the body.

So after a glass of beer you may feel more relaxed, more talkative and less inhibited. As more alcohol is consumed, the ability to understand, remember and make decisions is impaired. Speech begins to slur, vision becomes blurred and moving becomes awkward and unco-ordinated.

Judgement becomes impaired. This seriously affects the ability of a person to drive a car, ride a motorbike, or operate machinery. It may also lead to exaggerated confidence in a person's ability to do things, and may remove inhibitions and natural caution, causing many people to do and say things they normally would not.

### **On Others**

A large number of accidental injuries and deaths have been shown to be alcohol related. In 1989 over one third of the drivers killed in road accidents and one out of every two pedestrians killed in night accidents, were found to have more than the legal limit of alcohol in their blood.

Alcohol consumption, evidence has shown, is closely associated with violence. It is

implicated in more violent crimes than any other drug. Alcohol has also been noted as a factor in broken marriages, wife bartering and sexual abuse.

### **Long term effects of alcohol**

Excessive use of alcohol can cause physical damage. Cirrhosis of the liver and heart disease are two of the most serious illnesses connected with alcohol abuse. Alcohol can also contribute to stomach ulcers, cancers and disease of the pancreas. Too much alcohol eventually destroys brain cells, thus affecting learning ability and memory. Alcohol use can also lead to dependency and some people eventually lose control of their lives to alcohol.

### **Alcohol and Girls**

With the same amount of alcohol, girls get drunk more quickly than boys. This is because girls have less muscle and therefore a smaller amount of body water than boys. Alcohol goes around the body being diluted in proportion to the water content, so in males alcohol becomes more diluted, thus leaving their blood alcohol level lower than girls after a similar amount of alcohol is consumed.

### **Drinking and Pregnancy**

Drinking alcohol disinhibits people and can affect decisions they make, e.g. taking risks which might mean getting pregnant.

A pregnant woman who drinks alcohol is putting her child's health at risk. Alcohol in the mother's bloodstream means alcohol in the baby's bloodstream. The damaging effects on the baby could be poor growth, delayed development and physical defects.



## ALCOHOL AND DRIVING

Alcohol in the blood passes into the cells of the body, including the brain. A little alcohol may not noticeably change people's behaviour, but a lot may make them seem very different from the people they are when sober. Many of these changes in behaviour can affect the ability to drive a car, ride a motorbike or ride a bicycle or cause an accident when walking home by staggering into the path of a car.

The immediate effects of drinking alcohol depend on the amount of alcohol in the bloodstream, i.e., on the blood alcohol level. This is expressed in milligrams of alcohol per millilitre of blood.

Many factors influence how alcohol affects you. Young people seem to be affected more by alcohol in the sense that the problematic side-effects of drinking are triggered at a lower blood alcohol level than among older people.

Apart from the direct effects on co-ordination, alcohol affects people's personalities. Many people who have been drinking feel more daring or reckless and drive at higher speed. They often will not admit that they are incapable of driving a car, riding a motorbike or riding a bicycle.

It is an offence to drive or attempt to drive a car or ride a motorbike with more than 80 mg. of alcohol per 100 ml. of blood. At this level the risk of accident is 4 times greater than where no alcohol is involved. Over 1/3 of the drivers killed in road accidents and one out of every two pedestrians killed in night accidents, were found to have more than the legal limit of alcohol in their blood.

It is also an offence to ride an ordinary bicycle while under the influence of alcohol.

*Units of Alcohol		Blood Alcohol Levels	Approximate Effects	Risk of Having An Accident
Woman	Man			
1	1.5	30 mg	Some impairment of driving skill.	Increased risk.
1.5	2	50 mg	Feelings of well-being increased. Tendency to talk more and mild disinhibition. Impairment of judgement. Less able to make logical decisions.	Two times the chance of having an accident.
3	3.5	80 mg	Powers of physical co-ordination begin to diminish.	Four times the chance of having an accident.
4	5	100 mg	Drunkenness is now probably obvious to other people, with evident deterioration in physical and social control and competence.	Seven times the chance of having an accident.
5	7	150 mg	Loss of self-control. Slurred speech. Quarrelsome. Exuberance. Vomiting can occur if this level is reached too rapidly.	Twenty-five times the chance of having an accident

- *These are very approximate figures as various factors affect how our bodies react to alcohol. The examples are for a 9 stone woman and 11 stone man.*