



Drug and Alcohol Resources Regional Development Project

Curriculum Resources Training Programme Report

June 2022

EXECUTIVE SUMMARY

The purpose of the following report is to evaluate the feedback from youth workers that took part in the Drug and Alcohol Curriculum Resources Training Programme for Youth Workers In April and May 2022.

The training programme consisted of two sessions with youth workers consisting of an information session on 'Young People and Substance Misuse' followed by a further session where they were introduced and trained in the 'Drug and Alcohol Curriculum Session Plans and Guidance Notes', which provided them with all the material needed for delivering the sessions to young people on drug and alcohol prevention.

The five curriculum sessions were on Media, Health and Wellbeing, Dealing with Difficult Emotions, Risk Taking Behaviour and Communication.

The evaluation forms completed by participants indicated their knowledge had increased significantly from the training programme on the variety of subject matters relating to drugs and alcohol. The feedback on the programme was very positive and youth workers trained felt that it was an innovative approach to drug and alcohol prevention.

EA Curriculum Resources Training Programme

The Draft Drug and Alcohol Curriculum and a set of resources to support 5 themes were developed in 2021 and piloted through an online training programme with 18 youth workers from 13 organisations. The pilot involved three sessions of training and the youth workers then delivered sessions with young people and provided both their own feedback and young people's feedback and evaluation information. Once the pilot training programme was completed, all feedback from the training was applied to make the required improvements to the programme for the next set of delivery, this feedback is outlined in a separate document, Curriculum Resources Training Pilot Report December 2021.

A training programme was planned in March 2022 using the final resources but this was postponed to April due to low take up. The April training programmes was oversubscribed and as a result an additional programme was scheduled in May. Participants were recruited through advertisement via ASCERT and Boys & Girls Clubs social media and EA Youth Operations email to registered youth organisations.

The training programmes were delivered via zoom on the 6th and 7th April 2022 and the 11th and 12th May 2022. There was a total of 46 participants from 40 groups who participated in training programmes. The programme format was an information session on 'Young People and Substance Misuse' aimed at providing youth workers a sound understanding of alcohol and drug related issues, followed by a further session where they were introduced and trained in the 'Drug and Alcohol Curriculum Session Plans and Guidance Notes'.

During these two sessions they were introduced to relevant background information which would help to enhance their knowledge and skills around the prevalence of substance misuse amongst Northern Irish young people and adolescent risk taking behaviour, while also exploring the different tools and activities needed to address; Health and Wellbeing, Risk Taking and Decision Making, Communication, Media and Dealing with Difficult Emotions with young people in relation to drugs and alcohol.

The 46 attendees were from the organisations listed below.

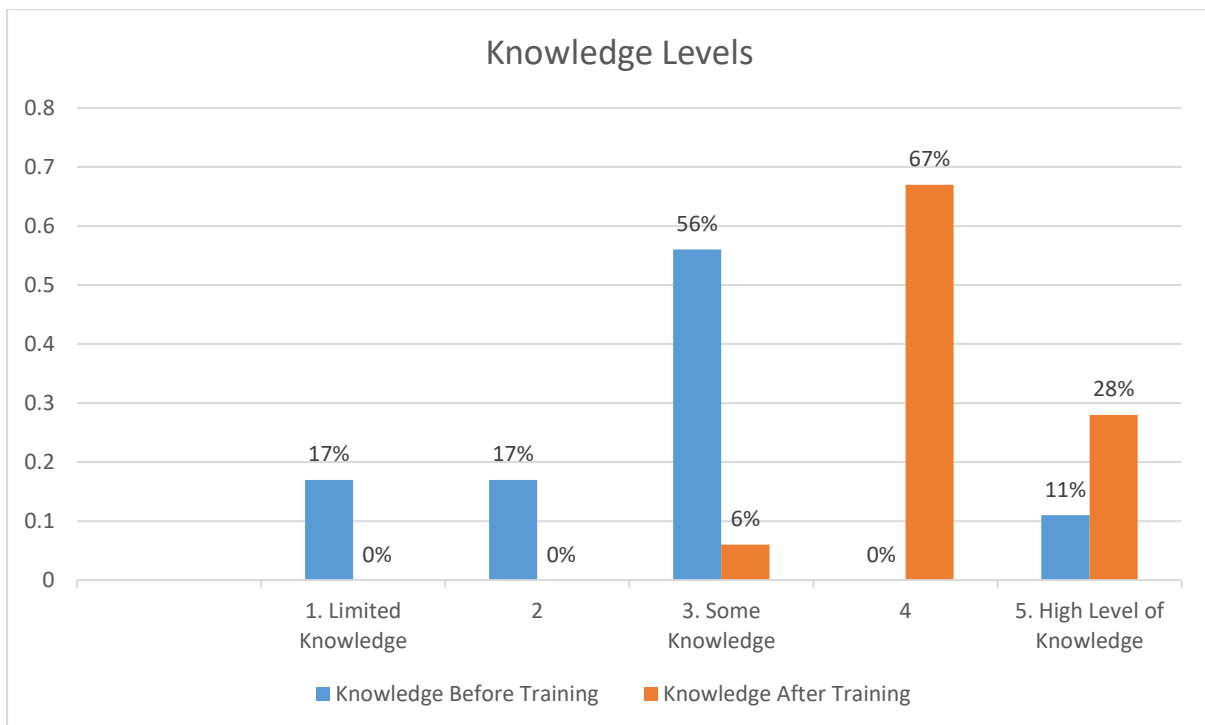
Action Deaf Youth	Futureproof NI
Ashton Centre	Glen Development
Ballybeen Peer Education Project	Glenavy Youth Project
Ballybeen Womens' Centre	Kingdom Youth Club
BB Training	Larne YMCA
Benbradagh Community Support	Ledley Hall Youth Club
Boys Brigade Northern Ireland	Lisneal College
Cara-Friend	LOGIC Moira
Carnalea Methodist Church	Matchbox Youth Club
Carrickmore Youth Centre	Methodist Church of Ireland
Catholic Guides of Ireland	Monkstown Boxing Club
Coalisland Training Services	North West Youth Service
Cooltura Polish Community Centre	Pennyburn Youth Club
Core Project	Portstewart Girls Brigade
Dromore Youth for Christ	Start360
Dromore YMCA	Boys & Girls Clubs
Drumgor Detatched Youth Work Project	Youth Action
Education Authority	Youth Initiatives
Extern	53 rd Ballycraigy Congregational Girls Brigade
The Find Centre	238 th Lylehill Girls Brigade.

On completion of the training programme, all participants completed a survey monkey to provide feedback on all aspects of the training delivered. Participants were asked to rate their knowledge before the programme and having completed the programme. This was on a scale of 1 to 5, where 1 represented limited knowledge and 5 represented a high level of knowledge.

Participant responses showed that 17% had limited knowledge before the training (score 1), 56% had some knowledge (score 3) and 11% a high level of knowledge (score 5). After the

training all participants indicated a score of 3 or above, with 67% scoring 4 and 28% indicating high level of knowledge. This is demonstrated in the chart below and evidences a very significant improvement in reported knowledge levels as a result of the training.

Chart 1. Respondents knowledge of drugs and alcohol before and after the information session

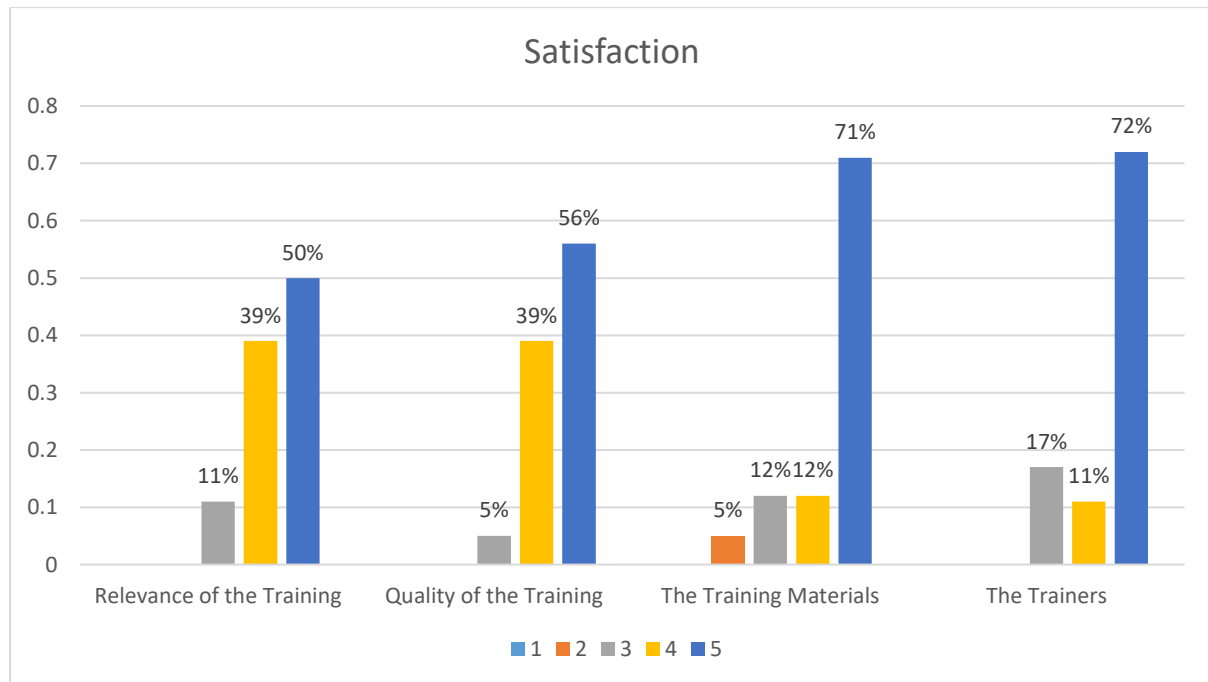


Participants were asked to rate satisfaction of the training experience in relation to the relevance of the training, the quality of the training, the training materials and of the trainers using a scale of 1 to 5, with 1 being the lowest and 5 the highest levels of satisfaction. A score of 4 or 5 would be considered a high level of satisfaction

As can be seen in the chart below, 89% of participants reported rated the relevance of the training as a 4 or 5 with 50% indicating the training was extremely relevant with a score of 5. 95% of those who took part felt that the quality of the training was high with 56% offering the highest score. 83% of the participants rated the training materials highly with 71% providing the highest score of 5. 83% rated the trainers highly with 72% scoring them a 5.

These results as shown below underline the high level of satisfaction with the training and the high scoring indicates that the programme is a beneficial tool for youth workers when dealing with young people and issues surrounding drugs and alcohol.

Chart 2. Respondents satisfaction ratings of the training experience



Participants were asked to feedback on what they liked best about the training, what they didn't like so much and for suggestions for areas of improvement.

Below are comments provided by participants upon completion of the training programmes.

What participants liked most about the training:

- How clear the information was, going through the session plans in small groups was very helpful.
- Material was delivered in a clear understandable manner
- Trainers are knowledgeable and approachable
- Very informative
- Interesting information
- The break out rooms and carrying out the tasks.

- I liked the different resources that were made available to us these are going to be really helpful going forward
- The small group discussions about the validity of the resource materials and session plans.
- Learnt more of what is happening around us in our community
- Meeting new people
- Plenty of Information
- Interaction with the trainers and also the information on data and statistics was of interest. Length of training sessions were adequate to gain the knowledge in relation to the course. Zoom was a perfect platform
- The ideas for sessions and the chat amongst the group.
- Opportunity to engage in some of the suggested activities
- Meeting and sharing ideas with other youth workers from across the region

What participants liked least about the training:

- I work in education so was using my work email address. Our C2k computer system blocked emails from E A (probably because 'drugs' were mentioned) so I was late accessing material
- Being on Zoom
- Breakout rooms and feedback only because not everyone would answer so at times there was just silence from participants. The trainers were great
- That it was on zoom - but understandable given the circumstances.
- Perhaps what should I do if a young person tells me they have a problem
- The level the sessions were aimed at (younger age group).
- Break-out rooms were very long.

Suggestions for improvement of the training

- Possibly face to face. Although it was very convenient over zoom
- Face to face would be amazing also maybe picture resources like A4 cards like the drug boxes with labels and effects etc

- Maybe asking people individually for feedback because I think a lot of people maybe weren't confident enough to answer
- No, it was really informative
- More of what to do in certain situations
- Have a more open approach regarding resources where participants could create and share rather than adapt what's already there.
- Reduce break-out room times

Conclusion

Through analysis of feedback from both the youth workers and youths who participated in the training programme it has been evident that the programme as a whole is beneficial for the youth workers and well received. The training was very successful in improving participants knowledge which will increase their skills and confidence in working with young people around the issues of alcohol and drugs.

The curriculum resources and the sessions and exercises provided were seen as very relevant and useful and provided tools youth workers can incorporate into their programmes. Feedback did highlight that more work may be beneficial to develop more resources, particularly for older young people. There was a view that the resources available should be built on over time and a suggestion that the experience and learning from their use by youth workers should be shared to support further development.

Some participants indicated that advice or training on managing situations with young people would be useful.

There was a mixed response to the training format, in particular in relation to the remote delivery however the knowledge and satisfaction evaluation responses from the training sessions shows that the format still delivered very strong training outcomes.


It is our opinion that the training programme delivers sufficient benefits to warrant that training should continue to be available to youth workers. The curriculum resources are available to youth workers to access and use and these will be useful with or without training. However opportunities for training particularly for those who are not confident in their drugs and alcohol knowledge would support youth workers to implement the

resources more effectively into their practice. We would also suggest the content of the training could be extended or an additional session added to include skills based training on having effective conversations with young people around drug or alcohol issues and managing difficult situations. Such training would increase the capability for workers to provide brief and timely interventions that could influence young people's behaviours or help connect them to other supports.

Drug and Alcohol Curriculum Resources Training for Youth Workers


Session 1: Young People and Substance Misuse

Practitioner Training




Housekeeping

- ▶ Online issues
- ▶ Mics on mute
- ▶ Questions in the chat
- ▶ Breaks
- ▶ Group work (breakout rooms)



Course Objectives

- ▶ Understand the prevalence of substance misuse amongst Northern Irish young people
- ▶ Understand adolescent risk taking behaviour, including factors that influence it
- ▶ Adolescent brain development
- ▶ Identify different psychoactive substances that children and young people might use, including how they are used, effects, risks, and legal statuses
- ▶ Understand how substance use affects the brain
- ▶ Identify sources of support for substance misuse



Introduction

What is the prevalence of substance misuse in NI, including in NI youth?

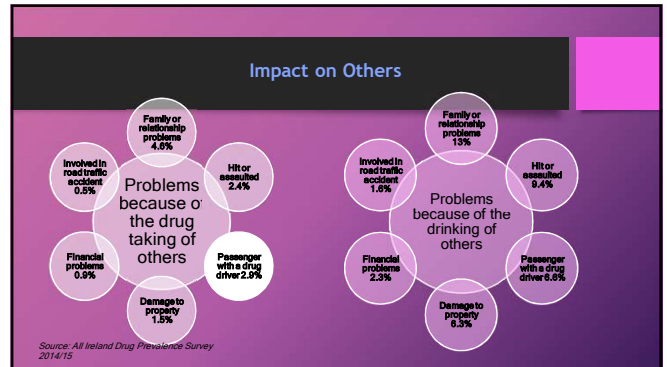
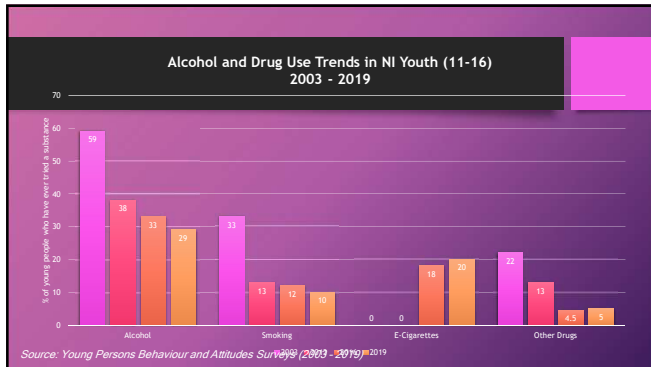
Prevalence of Substance Use in NI Youth (11-16)

<h4>Smoking (Tobacco)</h4> <ul style="list-style-type: none"> ❖ 10% have smoked; 4% are current smokers ❖ Boys are more likely to report smoking than girls ❖ Somewhat more common in the most deprived areas than least deprived (13% v 7% smoked; 5% vs 3% current smokers) 	<h4>E-Cigarettes/Vapes</h4> <ul style="list-style-type: none"> ❖ 20% have used EC/Vape, with variation in age groups (4% in Year 8; 38% in Year 12) ❖ 3% use EC/Vape at least once a week
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Prevalence of Substance Use in NI Youth (11-16)

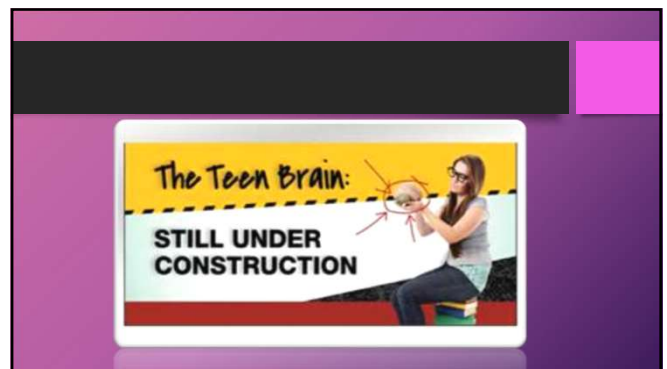
<h4>Alcohol</h4> <ul style="list-style-type: none"> ❖ 29% have ever drunk ❖ Boys were more likely to have ever taken a drink (32%) than girls (26%) ❖ Year 12 pupils were more likely to report having ever taken a drink (56%) than those in Year 8 (9%) 	<h4>Other Drugs</h4> <ul style="list-style-type: none"> ❖ 5% have ever used drugs ❖ Boys were more likely to report having ever used drugs (6%) compared to girls (3%) ❖ Year 12 pupils were more likely to report having ever used drugs (10%) than those in Year 8 (2%)
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Source: Young Persons Behaviour and Attitudes Survey (2019)



Adolescent Brain Development

Why is substance use particularly concerning with youth?



Adolescent Brain Development: Facts

- By the age of 6, the brain is about 95% of its maximum size
- Girls' brains are fully grown at 11.5 years
- Boys' brains are fully grown at 14.5 years
 - Larger on average than girls' brains

Adolescent Brain Development

- Significant brain growth and development occurs during adolescence and continues into the twenties
- Some studies show this growth/development extends to age 30
- The adolescent's brain is in a constant state of development
- Some areas of the brain mature faster than others
 - Areas associated with reward, motivation, and impulsivity mature earlier

Adolescent Brain Development: Summary



- ❖ Your prefrontal cortex, which thinks about things logically, weighs the pros and cons, and restrains you matures later
- ❖ This means teenagers may be more prone to riskier and impulsive behaviours, and less likely to consider consequences compared to adults

Adolescent Risk-Taking Behaviour

What might adolescent risk-taking behaviour look like, and what are risk and protective factors?

Adolescent Risk-Taking Behaviour: Research



- ▶ Hawkins's maintains that risk and protective factors occur in
 - ❖ Individual
 - ❖ Family
 - ❖ School
 - ❖ Community

Risk and Protective Factors: Individual

Risk Factors

- ❖ Rebellious
- ❖ Alienated/isolated
- ❖ Early anti-social behaviour
- ❖ Positive attitude to drug use
- ❖ Early age of drug use
- ❖ Friends who use

Protective Factors

- ❖ Strong bond/attachment to at least one parent
- ❖ Strong bond with friends
- ❖ Conventiality (follow the rules)
- ❖ Child's temperament
- ❖ External support system

Risk and Protective Factors: Family

Risk Factors

- ❖ Family history of drug use
- ❖ Poor family management of problems
- ❖ Parental drug use
- ❖ Positive attitude to drug use by parents

Protective Factors

- ❖ Strong bond/attachment to at least one parent
- ❖ Marital harmony
- ❖ Supportive family
- ❖ Good management of problems
- ❖ Consistent discipline

Risk and Protective Factors: School

Risk Factors

- ❖ Academic failure
- ❖ Low attendance
- ❖ Anti-social behaviour
- ❖ Friends/peers who use

Protective Factors

- ❖ Academic success
- ❖ Good attendance
- ❖ Follow the rules/social norms
- ❖ Bonds with friends
- ❖ Friends/peers who don't use

Risk and Protective Factors: Community

Risk Factors

- ❖ Economic/social deprivation
- ❖ Community norms for drug use
- ❖ Drugs easily available
- ❖ Low attachment or few links in the community
- ❖ Area of high transition

Protective Factors

- ❖ Involvement in church/other groups
- ❖ Anti-drug attitude in community (values/norms)
- ❖ Difficult to access drugs
- ❖ Area promotes sense of belonging
- ❖ External support system

PART 2

Types of Substances

How can we categorise substances?

Types of Drugs

Stimulants

Depressants

Hallucinogens

Opioids/Opiates

Stimulants

- Make us hyperactive and full of energy.

Depressants

- Make us calm and less anxious.

Opioids/Opiates

- Make us numb and out of it.

Hallucinogens

- Make us see things differently from normal.

Depressants

Definition

- Any agent that suppresses, inhibits, or decreases some aspect of the Central Nervous System

Possible Effects

- Decreased heart rate and blood pressure
- Blurred vision
- Feeling relaxed
- Loss of inhibition/ impaired judgement
- Slurred speech/ loss of coordination
- Drowsiness and memory loss

Examples of Substances

- ❖ Alcohol
- ❖ Cannabis
- ❖ Solvents
- ❖ Tranquillisers

Stimulants

Definition

- Any agent that activates, enhances, or increases neural activity in the Central Nervous System

Possible Effects

- Abnormally rapid heart rate (tachycardia)
- Elevated blood pressure
- Sweating and chills
- Nausea/vomiting
- Abnormal behaviour including agitation, grandiosity, and impulsivity

Examples of Substances

- ❖ Cocaine
- ❖ Amphetamines
- ❖ Caffeine
- ❖ Nicotine

Hallucinogens

<p>Definition</p> <p>➤ A chemical agent that induces alterations in perception, thinking, and feeling</p>	<p>Possible Effects</p> <ul style="list-style-type: none"> ○ Dilated pupils ○ Elevated BP ○ Tachycardia ○ Tremors ○ Overly responsive reflexes (hyperreflexia) ○ Psychedelic phase (euphoria or mixed moods, visual illusions, altered perceptions) 	<p>Examples of Substances</p> <ul style="list-style-type: none"> ❖ LSD ❖ DMT ❖ Mescaline ❖ Magic mushrooms
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Opioids/Opiates

<p>Definition</p> <p>➤ Agents that interact with the Central Nervous System to relieve pain and produce a sense of wellbeing</p>	<p>Possible Effects</p> <ul style="list-style-type: none"> ○ Pain relief ○ Feelings of wellbeing ○ Respiratory depression ○ Impaired concentration ○ Drowsiness ○ Impaired judgement 	<p>Examples of Substances</p> <ul style="list-style-type: none"> ❖ Opium ❖ Heroin ❖ Codeine ❖ Methadone ❖ Fentanyl ❖ Dihydrocodeine ❖ Buprenorphine
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The Drugs Wheel

➤ Created by Mark Adley in response to increase in New Psychoactive Substances

➤ Adds 3 new categories;

- ❖ Cannabinoids
- ❖ Empathogen
- ❖ Dissociatives

The Drugs Wheel

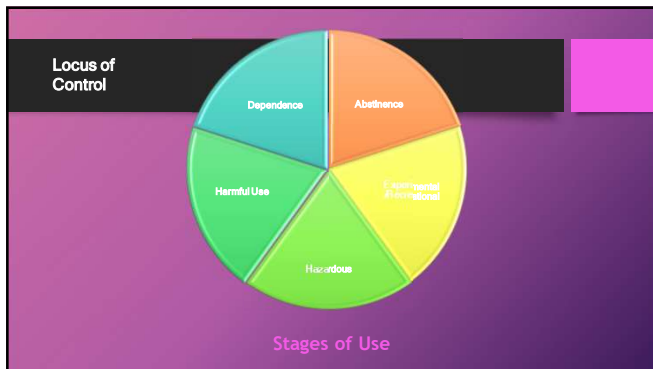
<p>Cannabinoids</p> <ul style="list-style-type: none"> ❖ Include synthetic drugs designed to mimic the action of THC (psychoactive chemical in cannabis) ❖ Example: Spice 	<p>Dissociatives</p> <ul style="list-style-type: none"> ❖ Drugs that cause a feeling of detachment, as if the mind and body have been separated, with some people feeling incapable of moving ❖ Mimic drugs like ketamine or PCP (phencyclidine) ❖ Example: salvia
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The Drugs Wheel

<p>Empathogens</p> <ul style="list-style-type: none"> ❖ Substances with a stimulating effect on the brain ❖ Feelings of arousal, connectedness, belonging ❖ Mimic drugs like ecstasy ❖ Example: PMA/PMAA 	<p>Psychedelics</p> <ul style="list-style-type: none"> ❖ Drugs that cause hallucinations, feelings of relaxation/happiness (or agitation/confusion) ❖ Mimic drugs like LSD ❖ Example: Bromo-Dracofly
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Ingestion

- ❖ Oral consumption (swallowing)
 - ❖ Intranasal consumption (snorting)
- ❖ Inhalation into lungs (smoking/vaping)
 - ❖ Intravenously (via hypodermic needle)
- ❖ Absorption



Substance Use and the Law

What are some laws that surround substance use?

Drugs and the Law

What do you know about drugs and the law? Take the quiz to find out.

Misuse of Drugs Act 1971

- ❖ Came fully into effect in 1973
- ❖ Aims to prevent the misuse of controlled drugs → complete ban on the possession, supply, manufacture, import, and export of controlled drugs
 - Except as allowed by regulations/license from the Secretary of State

Misuse of Drugs Act 1971: Classes

<p>Class A</p> <ul style="list-style-type: none"> ❖ Cocaine and crack cocaine ❖ Ecstasy ❖ Heroin ❖ LSD ❖ Crystal meth ❖ Magic mushrooms ❖ Any Class B drug prepared for injection ❖ PMA/PMMA 	<p>Class B</p> <ul style="list-style-type: none"> ❖ Amphetamine ❖ Barbituates ❖ Codeine ❖ Ketamine ❖ Cannabis ❖ Synthetic cathinones (e.g. mephedrone) ❖ Synthetic cannabinoids 	<p>Class C</p> <ul style="list-style-type: none"> ❖ Anabolic steroids ❖ Minor tranquilisers (e.g. Rohypnol) ❖ GHB/GBL ❖ Khat ❖ Piperazines (e.g. BZP)
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NPS Legislation - Psychoactive Substances Act 2016

- ❖ 26 May 2016
- ❖ Covers all substances capable of a psychoactive effect
- ❖ Legitimate substances excluded
 - ❑ Food, alcohol, tobacco, nicotine, caffeine, medical products

NPS Legislation - Psychoactive Substances Act 2016

- ❖ Criminalises possession with intent to supply, supply/offer to supply, production, and import/export
- ❖ Main aim of the PSA is intended to act against shops and websites selling NPS/"legal highs"
 - ❑ Sellers need to ensure that substances being sold aren't "likely" to be consumed for psychoactive effects
- ❖ Possession isn't a crime (except in custodial institutions)
 - ❑ Government didn't want the PSA to lead to the mass criminalisation of young people

Substances and the Brain

How does substance use impact the brain?

Effects on the Brain

Central Nervous System

- When a person thinks of something he wants his body to do, the CNS (brain and spinal cord) send a signal to that part of the body
- Alcohol/drugs can slow or speed up the CNS



Cerebral Cortex

- Substances can affect the cerebral cortex as it works with information from a person's senses

Frontal Lobes

- The brain's frontal lobes are important for planning, forming ideas, making decisions, and using self-control
- A person might find it hard to control emotions and urges - May act without thinking or may even become violent
- Drinking alcohol over a long period of time can damage the frontal lobes forever



Tips for Substance Use Prevention Programmes for Youth

How can you provide substance use prevention education to the young people you work with?

Provision of Substance Misuse Prevention Education

- ❖ Delivering it yourself
 - ❖ Things to avoid when developing a prevention programme
 - ❖ Sources of factual information on substances
 - ❖ Skills building
 - ❖ Pre-established resources
- ❖ Involving an outside organisation



Provision of Substance Use Prevention Education: DIY

- ❖ Things to avoid when writing a prevention programme
 - ❑ Pretending you know everything or making up answers without knowing if they're true or not
 - ❑ Avoiding the reality of the situation/"just say no"
 - ❑ Awareness raising *by itself*
 - ❑ Scare tactics



Provision of Substance Use Prevention Education: DIY



- ❖ What's wrong with scare tactics?
 - ❑ Examples: graphic pictures without contextual information, bringing someone in to tell scary stories about their own substance use or someone else's (e.g. a bereaved family member)
 - ❑ Evidence shows it doesn't work!
 - "I know people who use drugs and that didn't happen to them"
 - Brain development → don't process this type of information the same way as adults
 - Risk of re-traumatisation

Provision of Substance Use Prevention Education: DIY

- ❖ Reputable sources for substance-related information

- drugwise.org.uk
- talktofrank.com
- drinkaware.co.uk
- release.org.uk
- drugsandalcoholni.info (local services)

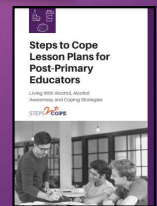


Provision of Substance Use Prevention Education: DIY

- ❖ Skills building *must* be included if you want your programme to be successful
 - How would young people be able to act on your information otherwise?
- ❖ Examples of relevant skills
 - Communication
 - Assertiveness and refusal skills
 - Media literacy (e.g. alcohol advertising)
 - Decision making/risk assessment
 - Emotional regulation

Provision of Substance Use Prevention Education: DIY

- ❖ Examples of evidence-based programmes and other pre-established resources
 - Talk About Alcohol: 11-18 year olds (alcoholeducationtrust.org)
 - Project ALERT: 12 - 14 year olds (projectalert.com)
 - Keepin' It REAL: 11 - 15 year olds (real-prevention.com)
 - Steps to Cope Lesson Plans for Post-Primary Educators (https://stepstocope.co.uk/practitioners-area/)



Provision of Substance Use Prevention Education by Involving Outside Organisations: Targeted Lifeskills




- ❖ Group-based programme for young people aged 11 - 21 focused on life skills and harm reduction → decrease substance use and related harms
- ❖ ASCERT and Start360
 - Northern, Western, Southern
- ❖ Lisburn YMCA
 - Belfast, South Eastern

Provision of Substance Use Prevention Education by Involving Outside Organisations: Youth Engagement Service (YES)

- ❖ Formerly known as One Stop Shop; multi-focus health hub (including training) for young people aged 11-25
- ❖ Extern
 - Belfast, South Eastern (in Bangor YMCA)
- ❖ Magnet Centre (Newry) & FutureProof (Banbridge)
- ❖ Find Centre (Enniskillen) & Longtower (L/Derry)
- ❖ Start360 (Ballymena) & Carrickfergus YMCA

Provision of Substance Use Prevention Education by Involving Outside Organisations: **DACT Connections Service**

- Information, advice, signposting, and awareness raising
- ASCERT
 - South Eastern and Western
- Start360
 - Northern and Southern
- Extern
 - Belfast



Provision of Substance Use Prevention Education by Involving Outside Organisations: **Other**



- ASCERT Training Services (all areas)
- Extern REACH-Out (BHSCT)
- Falls Community Council Community Drugs Programme (BHSCT)
- HURT Drug and Alcohol Lifeskills Programme (WHSCCT)

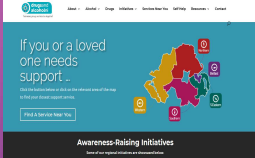
Signposting

Who's available to help?

NIDACTS

Northern Ireland Drug and Alcohol Coordination Teams

drugsandalcoholni.info



Family Support NI

familysupportni.gov.uk

A directory of various support services (e.g. mental health, finances) and registered childcare services in NI



Thanks!

Any questions?

ASCERT
 0800 2545 123
info@ascert.biz
www.ascert.biz

SESSION 2: DRUG & ALCOHOL PREVENTION



DECISION MAKING & RISK TAKING



▶ AIM

- ▶ To explore decision-making processes with young people in order to reduce harm and engagement in risk taking scenarios.

▶ OBJECTIVES

- ▶ To understand different types of risk and how this can be perceived differently
- ▶ Increase awareness of why teens take risks
- ▶ Understand how to make decisions around risk

▶ ICEBREAKER - SUPERSOAKER

- ▶ We need 5 volunteers.
- ▶ Volunteers are asked to name premier football teams (or another area of interest).
- ▶ If they say someone not on the list – they get squirted with the water pistol.



▶ ACTIVITY

- ▶ What is a risk? (group discussion)

▶ ACTIVITY

- ▶ WHAT ARE YOUR DREAMS? (Identify your dreams in life?)
- ▶ This is a time to explore the idea that we need to take risks to chase our dreams.

▶ ACTIVITY – ROCK

R – What's the Risk?

O – What are your options? Young people will often give two options. Do it or don't do it but encourage them to explore more options. Ask someone about the depth, rocks etc. Safety equipment.

C – What are the consequences of each option?

K – Know what the best option is for you.

Use the ROCK analogy as a way to get our teenagers to think about risk



HEALTH & WELLBEING

- ▶ AIM
 - ▶ Increase understanding of health & wellbeing.

- ▶ OBJECTIVES
 - ▶ Explain at least two consequences of not looking after yourself.
 - ▶ Identify three things that contribute to good health
 - ▶ Identify three things that contribute to good wellbeing

▶ ACTIVITY

- ▶ This is a 20-minute activity and will require the following equipment: blindfolds, objects for creature to lift (e.g. tennis balls) & bucket.
- ▶ Split the group into teams.
- ▶ Each team will form a line with one person behind the other. Individuals will place their hands on the shoulder of the person in front (the monster/creature). Each individual will represent a part of the body.
- ▶ Front (blindfolded) - Arms or pincers
- ▶ 2nd, 3rd, 4th, 5th... - Organs in the body (heart, lungs, liver, brain ...)
- ▶ Last - Eyes.
- ▶ (For younger age group the last person can talk, for older age group the communication should be done non-verbally.)
 - ▶ For example:
 - ▶ FORWARD - Tap on both shoulders
 - ▶ STOP - Pull back on both shoulders
 - ▶ PICK UP/PUT DOWN - Tap on head
 - ▶ TURN TO RIGHT - Pull on right shoulder
 - ▶ TURN TO LEFT - Pull on left shoulder.
- ▶ There should be no verbal communication in the line.
- ▶ Set a bucket with balls/bean bags etc. at one end of the activity area and an empty bucket beside each team.
- ▶ The parts of the creature must stay in contact and race to the bucket. The pincers must collect a ball (one at a time) and the creature races back to the starting position placing the ball in their team bucket.



- ▶ ACTIVITY
 - ▶ What do you need to do to look after your physical & mental health? (group discussion)
 - ▶ Give the participants the health & wellbeing wheel and ask them to complete individually (a good result is a circle, dents towards the centre are areas for improvement)



MEDIA



- ▶ AIM
 - ▶ To explore the use of social media, its appropriateness and impact on young people.
- ▶ OBJECTIVE
 - ▶ To explore how young people use social media
 - ▶ To identify and understand appropriate and inappropriate use
 - ▶ To understand the impact of social media on young people

▶ ACTIVITY

- ▶ Define what you think media means & different types of media which you use? (group discussion)

- ▶ **ACTIVITY – FLIPPING THE STORY**
- ▶ Media can often use negative headlines to catch reader's attention but may not necessarily be accurate.
- ▶ For instance, like reporting of Drugs and Alcohol amongst young people, the media often portrayed the issue to be much greater than the true picture. For example:

"One in ten teenagers have tried hard drugs by the age of 17, study finds" (Belfast Telegraph, Feb 2021)
- ▶ However, definitions of 'tried' and 'hard drugs' are not clear and the Young Persons Behaviour and Attitudes Survey (2019) actually reflects that young people's use of substances has continued to decrease over time.

How does seeing other peoples social media influence your attitudes towards drugs and alcohol?

- ▶ Greater alcohol-related social media engagement is correlated with higher rates of self-reported drinking problems as well as alcohol use disorders. Even scarier is that exposure to friends' alcohol-related social media content could actually predict the onset of drinking in adolescents.
- ▶ One study found that 97% of alcohol-related posts of youth on Instagram and Facebook showed alcohol in a positive social context. [The Dangerous Connection Between Social Media, Drug Abuse, & Alcohol Treatment Center](#)

COMMUNICATION

- ▶ **AIM**
 - ▶ To understand how to communicate effectively and common barriers to effective communication.
- ▶ **OBJECTIVES**
 - ▶ To explore types of communication
 - ▶ To understand barriers in communication
 - ▶ Identify how communication can be impacted by drugs and alcohol

- ▶ **ACTIVITY – GUESS THE COMMUNICATION METHOD?**

- ▶ **ACTIVITY- WHISPERS**
 - ▶ Give the group a sentence and see how it changes by the end
 - ▶ Highlight how this can happen very easy when in a nightclub or when drinking alcohol
- ▶ **ACTIVITY – NON VERBAL**
 - ▶ Put yourselves in order of you birthdays without speaking

- ▶ **ACTIVITY – ASSERTIVE COMMUNICATION ROLE PLAY**
 - ▶ Divide yourselves into an even number of groups.
 - ▶ Pair each two groups together and explain that groups will be role playing a conversation between two people. The first group is trying to get the second group to engage in trying alcohol/drugs while the second group has to be assertive in communicating that they do not want to.
 - ▶ The conversation is fully recorded on paper. So each group should write one statement on the paper and pass it to the other group. The other group, after thinking about their reply can write it and pass it back.
 - ▶ One group should only respond assertively and the other group has a choice to respond anyway they like; aggressively, passively or assertively.
 - ▶ Allow the conversation to carry on for at least 8 statements on each side.
 - ▶ Ask groups to provide feedback to each other about their conversation. In particular the assertive group's responses should be examined to see if they are assertive enough.
 - ▶ Mix all groups in a way so that those groups who have not been assertive can now be assertive.
 - ▶ When conversations are completed, encourage a feedback session.

DEALING WITH DIFFICULT EMOTIONS



- ▶ AIM
 - ▶ Increase the understanding of emotions and their role in people's lives.
- ▶ OBJECTIVES
 - ▶ To be able to name different emotions
 - ▶ To know the difference between responding and reacting
 - ▶ To use problem solving to manage difficult emotions

▶ ACTIVITY – EMOTION NAMING

- ▶ Name as many different emotions as possible and place them on the jellybean where you would feel them.
- ▶ What feelings are right and what feelings are wrong? (group discussion)
- ▶ Note: Your feelings are what they are, it is how you deal with them which matters

