



CONSEQUENCES

This book is one of seven constituting  
“On My Own Two Feet”  
Educational Resource Materials  
for use in Substance Abuse Education

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Mater Dei Counselling Centre

ISBN No. 086387 044 9

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## CONSEQUENCES



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# INTRODUCTION

These lesson plans are intended for use in conjunction with the original **On My Own Two Feet** resource materials, which consist of the following books:

School Handbook

Identity and Self Esteem

Understanding Influences

Assertive Communication

Feelings

Decision Making

Reference is made to these resource materials where they link with particular lessons.

## OVERVIEW OF THE MATERIALS IN THIS PACK

Eleven lesson plans are provided together with back-up materials including two sets of cards. The lesson plans are intended as a guide. Individual teachers are encouraged to adapt them to take account of the particular needs of their class and their own teaching styles.

The lessons provide opportunities for students to:

*Consider the effects of a range of drugs.*

*Explore attitudes to drugs.*

*Consider the consequences of drug taking for individuals and their families.*

*Develop communication and decision making skills.*

*Consider involvement in positive, enjoyable activities.*

## QUICK REFERENCE: THE LESSONS AT A GLANCE

TITLE OF EXERCISE	TOPIC	METHODOLOGY	LINKS WITH	SUITABLE FOR	DRUG CONTENT
Is it worth it?	Exploring effects of drugs	Brainstorming Small groups Class discussion Writing	Most <b>DM exercises</b>	AG	Various drugs as identified by the students
Drug cards	Exploring effects and dangers of drugs	Brainstorming Card game Class discussion	All work on drugs	JV SAG	Many legal and illegal drugs
Drug diagrams	Examines effects of drug use on the body	Brainstorming Small groups Class discussion	All work on drugs	JV SAG	Many legal and illegal drugs
Drug quiz	Clarifies students' knowledge on effects of drugs	Quiz Small groups Class discussion	All work on drugs	JV SAG	Many legal and illegal drugs
Drug attitudes	Exploring our attitudes to drugs	Brainstorming Carousel Discussion Geographical voting	All work on drugs	3 <sup>rd</sup> year V SAG	Drugs in general
Newspapers What they say	Increasing awareness and critical analysis of drug issues in the media	Brainstorming Class discussion Small groups	All work on drugs	AG	Drugs in general
What will I do?	Dealing with saying 'No' to drugs in a social setting	Brainstorming Case study Small groups Discussion	<b>AC</b> 9, 10, 11, 12, 13 All work on drugs	AG	Ecstasy Cannabis Alcohol
Having fun	Exploring positive ways of spending our leisure time	Teacher input Case study Small groups Project	<b>ID</b> 13 'Think Positive' All work on drugs	AG	
The change	How can drugs affect both the user and those close to him/her	Video/Case study Small groups Discussion	<b>DM</b> 16 'Other People's Drug-Taking Habits' <b>DM</b> 17 'The First Steps'	AG	Many legal and illegal drugs
Addiction	Increasing awareness about addiction	Small groups Brainstorming Video/Case study Discussion Profile cards	<b>DM</b> 16 'Other People's Drug-Taking Habits' <b>DM</b> 17 'The First Steps' <b>FE</b> 13 'Children and Alcohol'	SAG	Drugs in general
Co-dependency	Exploring health and unhealthy ways of caring	Brainstorming Case studies Discussion	<b>DM</b> 16 'Other People's Drug-Taking Habits'	SAG	Alcohol Cannabis Drugs in general

**J** = Junior Cycle, **S** = Senior Cycle, **V** = Verbal, **LV** = Less Verbal, **AG** = All Groups

**DM** = Decision Making Book, **AC** = Assertive Communication Book, **ID** = Identity and Self Esteem Book, **FE** = Feelings Book





CORE CONCEPT: *Accurate information is necessary if we are to make responsible decisions.*

## IS IT WORTH IT?

### PURPOSE

To clarify information on drugs

### PRACTICAL CONSIDERATIONS

It is necessary to have information on the effects of drugs available for students.

*Links with:* Most DM exercises

### Materials

Understanding Drugs (available from the Health Promotion Unit (H.P.U.), Department of Health and Children)

Large sheets of paper

Resource for teachers – Facts about Drugs Abuse in Ireland (available from the H.P.U.)

### PROCEDURE

#### Outline

1. Brainstorm
2. Small groups and feedback
3. Small groups and feedback
4. Writing Activity

## Detailed Procedure

### 1. Brainstorm

Ask the class to brainstorm the different effects drugs (legal and illegal) have on individuals. Don't ask for the names of the drugs.

### 2. Small groups and feedback

Divide the class into small groups. Ask them to list the five effects that might attract people to drugs and then to list the drugs/substances that might give these effects.

Make a chart with 3 columns. In the first two columns list – Effects Wanted and Drugs which give this Effect.

<b>Drugs Wanted</b>	<b>Drugs which give this Effect</b>	

Take feedback from the groups and discuss. If alcohol and tobacco have not been listed by the students, raise the issue and discuss.

### 3. Small groups and feedback

Ask the class to return to the small groups. Give a copy of 'Understanding Drugs' to each group. Ask them to use the 3<sup>rd</sup> column of the chart to list the other effects, including risks, associated with taking each drug that is listed on the chart.

#### **Take feedback and discuss:**

*Facts and myths regarding the effects of particular drugs.*

*Some facts, which they were particularly surprised to learn.*

### 4. Writing Activity

Ask them to write a two-paragraph article for a local newsletter, about the effects of a particular drug. This can be done in small groups and reported back to the class. Comments are invited from the whole class group.



CORE CONCEPT: *Accurate information is necessary if we are to make responsible decisions.*

## DRUG CARDS

### PURPOSE

To provide students with accurate information on the effects of drugs, as a basis for making decisions.

### PRACTICAL CONSIDERATIONS

Drug Cards 1 are more suitable for Junior Verbal and Senior Cycle students, while Drug Cards 2 are more suitable for Senior Cycle Verbal students. These cards are not suitable for less Verbal Junior Cycle students.

*Links with:* All work on drugs

### Materials

Drug Cards (1 pack per group of 5 students)

Blank A3 pages/pens

Copies of Handout 1 for Drug Cards 1, or Handout 2 for Drug Cards 2

Teacher Material – Slang names for various drugs

### PROCEDURE

#### Outline

1. Brainstorm
2. Card Game
3. Class discussion

## Detailed Procedure

### 1. Brainstorm

Ask the students to brainstorm:

*Any drugs they can think of and the common names associated with them. This can be done in small groups or as a class group.*

Discuss the list for clarification.

### 2. Card Game

Distribute the Card Packs to groups (1 pack per group of 5 students). Ask the groups to match the cards as follows:

Drug and Effects	Card Game 1
Drug/How Taken/Effects/Dangers	Card Game 2

Ask them to let you know when they have completed it.

Distribute Answer Sheet – Handout 1 or Handout 2 as appropriate.

### 3. Class discussion

Discuss the following questions:

*Did you find it easy or difficult?*

*What did you learn that you did not know?*

*Would you dispute any of the information? If yes:*

*What in particular?*

*Where did you hear/get this information from?*

*How reliable is this source?*

*Does this change your attitude to drugs in any way?*

# DRUG CARDS 1

## ECSTASY

**Description:**

Hallucinogen, stimulant  
White/coloured  
tablets/capsules

**'Street' names:**

Penguins, E, XTC, White  
doves, Disco biscuits,  
Shamrocks, Mitsubishis

**How Taken:**

Swallowed

D

## EFFECTS

**Looked for:**

More energy, stamina, friendly  
feeling, heightened awareness  
of sight/sound

**Other:**

Sick feeling, confusion,  
anxiety, over heating,  
depression, weight loss, lack of  
energy, difficulty sleeping,  
death, jaundice, jaw pain,  
tiredness, memory problems

3

## CANNABIS

**Description:**

Cannabis grass, cannabis resin,  
cannabis oil

**'Street' names:**

Dope, Pot, Blow, Joint, Hash,  
Spacecake, Draw, Weed,  
Marijuana

**How Taken:**

Smoked, swallowed

E

## EFFECTS

**Looked for:**

Feeling good, relaxation, loss  
of inhibition, talkativeness,  
seeing/hearing things  
differently

**Other:**

Poor short-term memory, lung  
and heart disease, cancer, risk  
of accidents, addiction  
(dependence), may trigger  
mental illness, reduced  
motivation

4

## SOLVENTS

**Description:**

Depressant, hallucinogen, found in adhesives, glues, aerosols, cleaning and de-greasing agents, fire extinguishers, petrol, gas, lighter fuel

**How taken:**

Inhaled in various ways, sprayed

F

## EFFECTS

**Looked for:**

Relaxation, drunkenness, euphoria, loss of inhibitions, sociability

**Other:**

Spots around nose/mouth, hangover, aggressive behaviour, choking, coma, suffocation, heart failure, disturbed sleep pattern, accidents, sudden death

2

## LSD

*(Lysergic Acid Diethylamide)*

**Description:**

Hallucinogen, on small, usually colourful squares (cartoons etc.), tablets

**'Street' names:**

Acid papers, tabs, trips, acid, microdots (acidheads = users)

**How taken:**

Swallowed

A

## EFFECTS

**Looked for:**

Changes in moods, thoughts, feelings, behaviours, seeing and hearing things

**Other:**

Fear, anxiety, panic, distress, depression, paranoia, flashbacks, accidents, mental illness, attempted suicide, accidental death

6

## HEROIN

**Description:**

Narcotic, derived from opium/morphine, white powder (pure), brown powder (common)

**'Street' names:**

Rocketfuel, Horse, H, Smack, Muck, Gear, Dynamite

**How taken:**

Smoked, sniffed, injected (associated with syringes, spoons, burnt foil)

B

## EFFECTS

**Looked for:**

Pleasant warmth (caused by dilation of blood vessels)

Drowsiness, reduced anxiety, euphoria, pain killer

**Other:**

Addiction, sickness, constipation, irregular periods, coma/death, severe withdrawal symptoms, ('cold turkey'), crime, injecting increases the risk of HIV and Hepatitis

7

## MAGIC MUSHROOMS

**Description:**

Hallucinogen, grows well in summer/autumn, thin cap

**How taken:**

Swallowed, tea brews

C

## EFFECTS

**Looked for:**

Confidence, hilarity, euphoria, hearing and seeing things

**Other:**

Stomach pains, nausea, high blood pressure, dilated pupils, fear, paranoia, rash behaviour, flashbacks, poisoning, death from using wrong type

5

## NICOTINE

**Description:**

Stimulant, found in tobacco products e.g. cigarettes, cigars

**'Street' names:**

Fags, ciggs

**How taken:**

Smoked, chewed

G

## EFFECTS

**Looked for:**

Social acceptability, image, relaxation, weight loss

**Other:**

Socially unacceptable, lung, heart and circulatory problems, cancer, lack of fitness, affects the development of a baby in the womb, poor sense of taste and smell, fire, smell from clothes and breath, addiction

I

## ALCOHOL

**Description:**

Depressant, brewed and distilled beverages derived from grain, vegetables and fruit by fermentation

**'Street' Names:**

Booze, drink, the bottle

**How taken:**

As a drink, food additive

H

## EFFECTS

**Looked for:**

Social acceptability, relaxation, reduced inhibitions

**Other:**

Slow muscular reactions, impaired judgement, slurred speech, nausea, liver, heart and lung damage, alcoholism, fights, vomiting, hangover, drunkenness, unwanted pregnancies, death by overdose, concentration loss, accidents, prosecution (driving), impaired relationships

8

# DRUG CARDS 2

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## COCAINE

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A

### EFFECTS ON USER

- **Increases confidence**
- **Feels alert, strong, clever. Increases alertness and reduces hunger**
- **Feels superior**
- **Intense pleasure**

8

### HOW TAKEN

**White powder, sniffed up nose or injected directly into veins or smoked**

VII

### DANGERS

- **Anxiety, depression – when initial buzz wears off, exhaustion**
- **Damage to nasal tissue (sniffing) or lungs/voice (smoking)**
- **Hunger, miscarriage, premature birth, violence, heart damage**
- **Death**

c

# **ALCOHOL**

B

## **EFFECTS ON USER**

- **Less inhibition, increased sociability, relaxation**
- **Effects depend on amount consumed, body weight, amount of food eaten**
- **Effects can last for many hours**

12

## **HOW TAKEN**

**Liquid – taken as a drink**

V

## **DANGERS**

- **Slurred speech, lack of concentration, blurred vision, slows down speed of reactions; vomiting, exaggerated emotions, violence, loss of coordination, addiction, physical damage to heart, liver, stomach, brain**
- **Deaths occur due to many of above, including overdose in young people**
- **Withdrawal from addiction can be very difficult and unpleasant**

k

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# AMPHETAMINES

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c

## EFFECTS ON USER

- **Alertness, increased energy, greater confidence, feelings of worth, less hunger**
- **Effects can last for days rather than hours**

9

## HOW TAKEN

**Powder, swallowed, sniffed or smoked or sometimes injected**

1

## DANGERS

- **Panic, anxiety, dehydration, larger doses needed to get same effect**
- **Rapid heartbeat, tension and paranoia come with regular use**
- **Very difficult to give up due to psychological addiction**
- **Violence**

i

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## **TRANQUILLISERS/ SEDATIVES**

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D

### **EFFECTS ON USER**

- **Relief from anxiety and tension**
- **Help to sleep**

2

### **HOW TAKEN**

**Tablets – swallowed,  
sometimes injected**

VI

### **DANGERS**

- **Confusion, forgetfulness**
- **Poor control over speech and body**
- **Can lead to accidents  
Large doses can be fatal**
- **Highly addictive and withdrawal can lead to bad temper, anxiety and can be very difficult**
- **Irrational violence**

b

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## **TOBACCO/ NICOTINE**

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E

### **EFFECTS ON USER**

- **Relaxed and better able to cope**
- **Reduces appetite**
- **Increases heart rate**

13

### **HOW TAKEN**

**Smoked or sometimes  
chewed**

IV

### **DANGERS**

- **Damages lungs**
- **Causes heart disease, bad breath, smells**
- **Can cause cancer**
- **Damages unborn baby**
- **Respiratory disease**
- **Highly addictive, is very difficult to give up**

a

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## **CANNABIS**

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F

### **EFFECTS ON USER**

- **Relaxed, uninhibited, "good" feeling, hilarity, more talkative**
- **Effects can last about an hour**

10

### **HOW TAKEN**

- **Smoked either in a joint or a pipe**
- **Eaten in cakes or biscuits**

III

### **DANGERS**

- **Bronchitis and lung damage if smoked**
- **Large amounts lead to slurred speech, poor short term memory, lack of coordination**
- **Regular use can lead to problems with learning**
- **Altered behaviour can lead to accidents**
- **Some users become addicted**

h

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## **ECSTASY**

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G

### **EFFECTS ON USER**

- **Increased energy, less self-conscious, calm, happy**
- **Greater awareness of sounds and sights**
- **Friendly**
- **Effects can last between 4 and 9 hours**

3

### **HOW TAKEN**

**Taken as a tablet –  
swallowed**

VIII

### **DANGERS**

- **Danger of nausea, dehydration, anxiety, confusion, over-heating, depression, panic, sometimes brain damage, memory loss**
- **Death due to kidney failure, heatstroke, blood clotting**
- **Chest pains, convulsions and stroke may occur**

i

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## **INHALANTS/ SOLVENTS**

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H

### **EFFECTS ON USER**

- **Intoxication, hilarity, inhibitions are reduced**
- **Hallucinations**
- **Effects can last several hours**
- **Can lead to aggressive behaviour**

6

### **HOW TAKEN**

**Inhaled, sniffed via a bag or sometimes sprayed directly into the mouth**

IX

### **DANGERS**

- **Can cause spots around the mouth and nose; accidents due to decreased inhibitions**
- **Smell lingers. Sudden death can occur even with first use**
- **Hallucinations are common**

d

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## **MAGIC MUSHROOMS**

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J

### **EFFECTS ON USER**

- **Hilarity, confidence, see/hear things more vividly**
- **Effects can, sometimes, last up to 9 hours**

4

### **HOW TAKEN**

**Dried, crushed and either made into tea and drunk or eaten**

X

### **DANGERS**

- **Can cause hallucinations, vomiting, stomach pains, paranoia, flashbacks, fear**
- **Poisoning and death can result from eating the wrong types**

f

—  
**LSD**  
—

K

## **EFFECTS ON USER**

- Alters mood and how person sees things, everything appears to be more vivid
- Can cause hallucinations and poor concentration. Effects can last 8 to 12 hours

S

## **HOW TAKEN**

- If in tablet form – swallowed
- If liquid or as most usual on small squares of paper – swallowed

XII

## **DANGERS**

- Fear, panic, paranoia
- Hallucinations can lead people to have accidents resulting in death
- Flashbacks
- Mental illness

e

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# HEROIN

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L

## EFFECTS ON USER

- Pleasant drowsiness, content, reduced anxiety, warm, peaceful, sleepy
- Effects can last about five hours at the early stage of use

14

## HOW TAKEN

**Powder – smoked, sniffed or injected**

XI

## DANGERS

- Nausea, constipation, irregular periods, coma. Death resulting from overdose
- Infected needles can cause AIDS and Hepatitis. Highly addictive
- Difficult to give up. Withdrawal is unpleasant including diarrhoea, shaking, shivering
- Habit can cost £200 per day for an addict

g



## DRUG CARDS 1

**A** ..... **6**

**B**..... **7**

**C** ..... **5**

**D** ..... **3**

**E**..... **4**

**F** ..... **2**

**G** ..... **1**

**H**..... **8**



## DRUG CARDS 2

**A ..... VII.....8 ..... c**

**B..... V .....12 ..... k**

**C ..... I.....9 ..... l**

**D ..... VI.....2 ..... b**

**E..... IV .....13 ..... a**

**F ..... III.....10 ..... h**

**G ..... VIII.....3 ..... j**

**H ..... IX .....6 ..... d**

**J ..... X.....4 ..... f**

**K ..... XII.....5 ..... e**

**L..... XI.....14 ..... g**



# SLANG NAMES FOR VARIOUS DRUGS

The following list of slang words is provided so that teachers can be aware of some of the terms commonly used to describe various drugs.

Slang names used keep changing, so some of the terms supplied here will discontinue and new words will be used.

<b>DRUG</b>	<b>SLANG TERMS</b>
<i>Amphetamines</i>	Whiz, Uppers, Speed
<i>Cannabis</i>	Pot, Marijuana, Hash, Moroccan Black, Weed, Lebanese Gold, Draw, Pakistani Black, Grass, Soap bar rocky, Smoke, Blow, Dope, Skunk
<i>Cocaine</i>	Charlie, Coke, Snow
<b>Solid form for smoking in pipes</b>	Crack
<b>Heroin or Cocaine</b>	Powder
<b>Heroin and Cocaine</b>	Snowball, Spedball
<b>Smoking cocaine</b>	Free basing
<b>Inhaling powder form of drug (crushed pills) through the nose</b>	Sniff or Snort
<b>Wired</b>	Coming down off Cocaine
<i>Ecstasy</i>	Disco Biscuits, Shamrocks, Apples (strong Ecstasy), Penguins, Dancers, New Yorkers, Doves Grey/White, Pink Panthers, E, Californian, M.D.M.A., XTC, Uppers, Love Dove.
<b>Ecstasy with Amphetamines and Acid</b>	Mad Bastards



## DRUG

### *Heroin*

**Brown powder**  
**Bad Heroin**  
**Heroin or Cocaine**  
**Bag of Heroin**  
**Good heroin**  
**Heroin and Cocaine**  
**Plastic wrap up**  
**Smoke Heroin**  
**Heroin on tin foil**  
**Withdrawal from Heroin**  
**Dissolving Heroin in a spoon heated over a flame**  
**Heroin Addict**  
**Person taking drugs**  
**Injecting**  
**Taking a drug**  
**Going to buy drugs**  
**Out of it on drugs**  
**Syringe**  
**Stoned on Heroin**  
**Given powder instead of Heroin e.g. Bisto**

## SLANG TERMS

H, Horse, Junk, Smack  
 Brown  
 Dirt, Muck  
 Powder  
 Quarter  
 Pocket Fuel/Dynamite  
 Snowball, Speedball  
 Bag  
 Burn  
 Chase, Chase the Dragon  
 Cold Turkey  
 Cooking  
 Dope Field  
 User  
 Turn-on  
 Having a turn-on  
 Going for a turn-on  
 Wasted  
 Works  
 Smacked out of it  
 Stung

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### *LSD*

**Frequent LSD user**

Acid, Micro Dots (small acid pills), Trips, Tabs (small squares of paper on which there is a drop of acid).  
 Acid Head

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CORE CONCEPT: *Accurate information is necessary if we are to make responsible decisions.*

## DRUG DIAGRAMS

### PURPOSE

To provide students with easily understood information on some effects of drugs.

### PRACTICAL CONSIDERATIONS

Only the drugs relevant to the group should be selected. Material from this lesson could be integrated with other lessons where there is a need to clarify information.

*Links with:* All work on drugs.

### Materials

Copies of Handout 1 – blank chart of body outline – one per group, per drug

Copies of prepared charts, as relevant – Handouts 2-11

### PROCEDURE

#### Outline

1. Brainstorm
2. Small groups
3. Discussion

## Detailed Procedure

### 1. Brainstorm

Ask the class to name all the drugs they know and list these on the blackboard.

### 2. Small groups

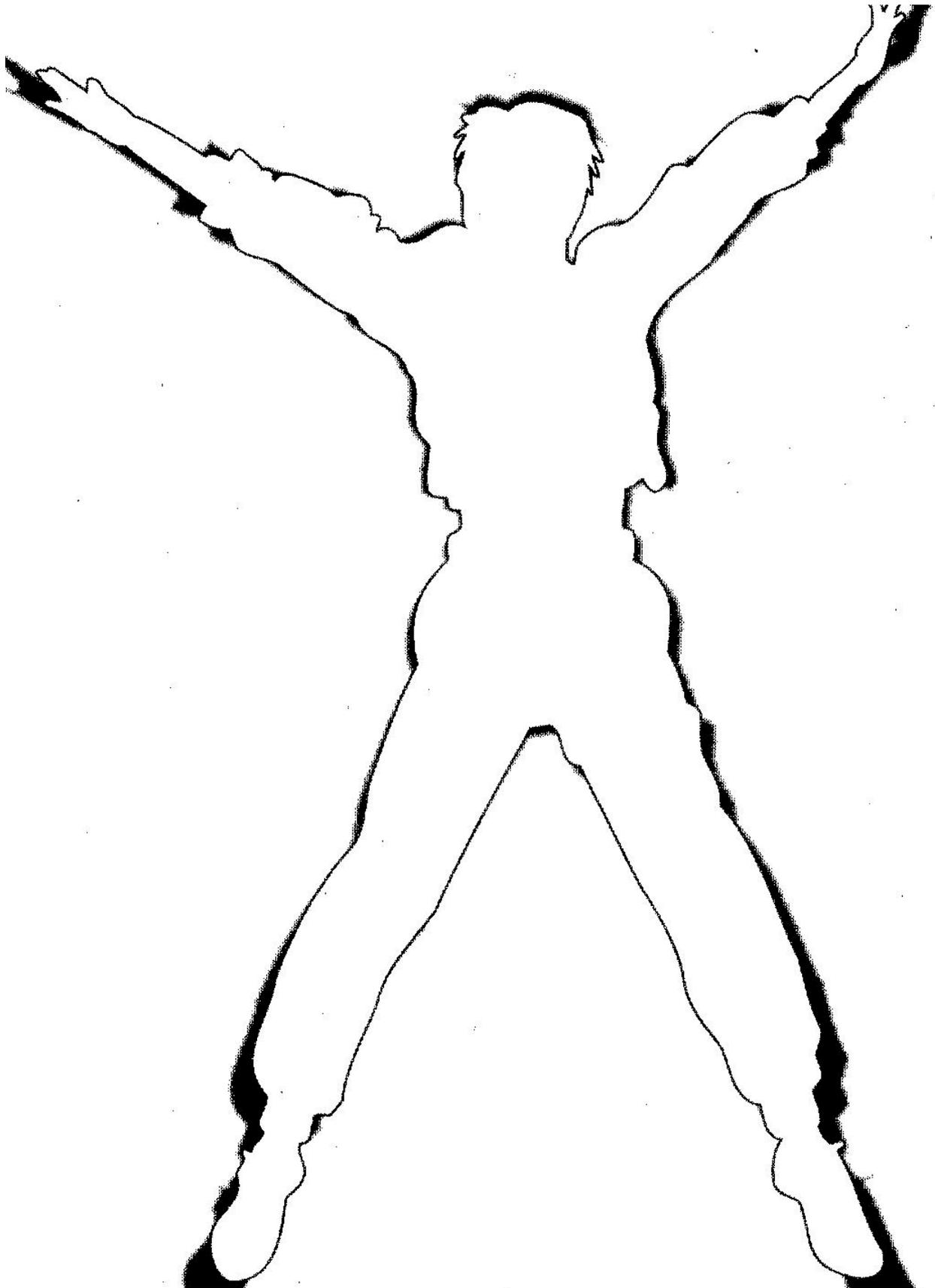
Divide the class into groups of four. Distribute Handout 1 and for 3/4 drugs listed on the blackboard ask the groups to discuss, agree and write down five statements on how each of these drugs affects the body.

Distribute prepared charts to each group for comparison.

### 3. Discussion

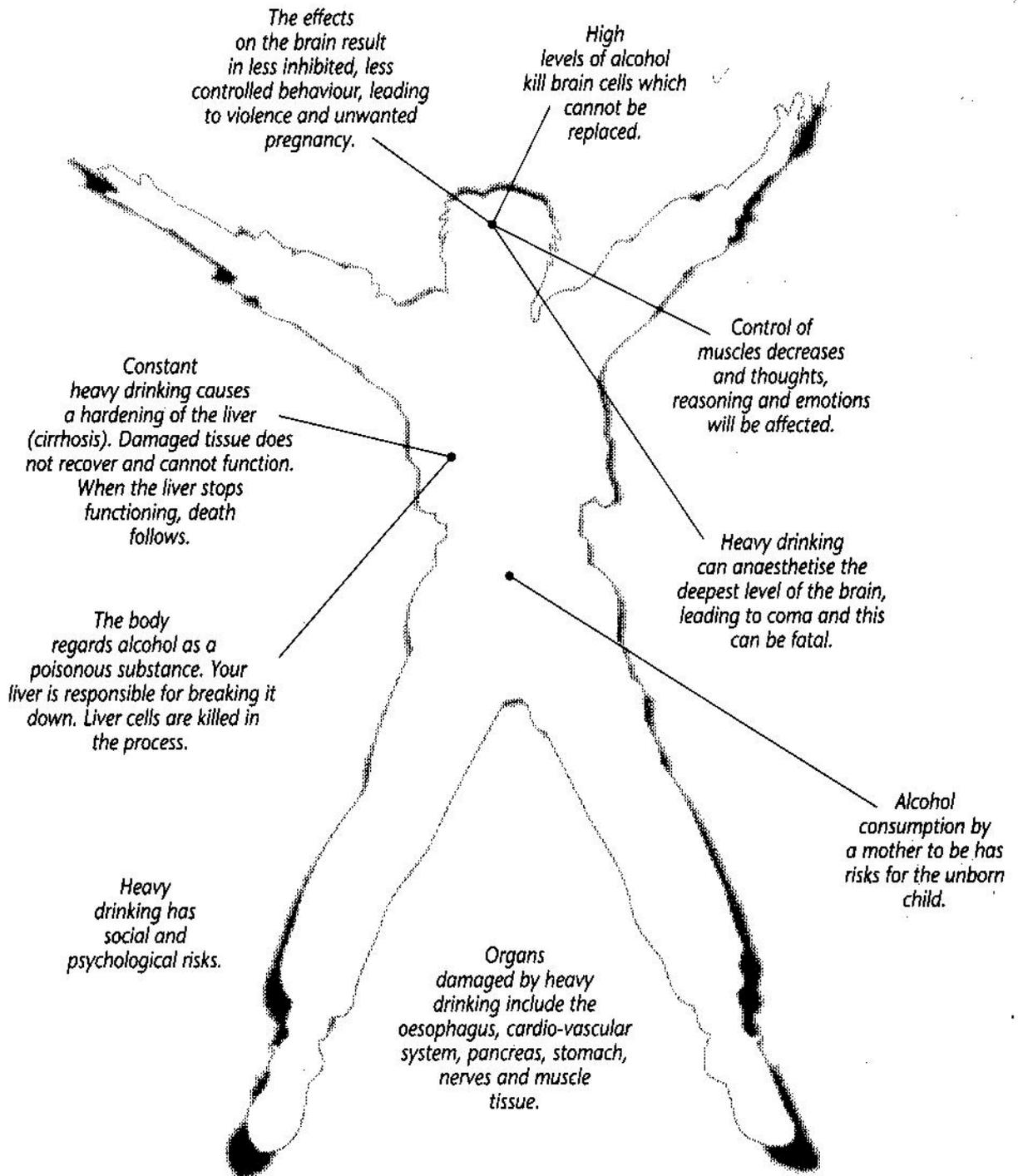
Discuss the information to clarify any uncertainties.

Ask each person to reflect on three things they have learned about drugs in this exercise and to write these down.



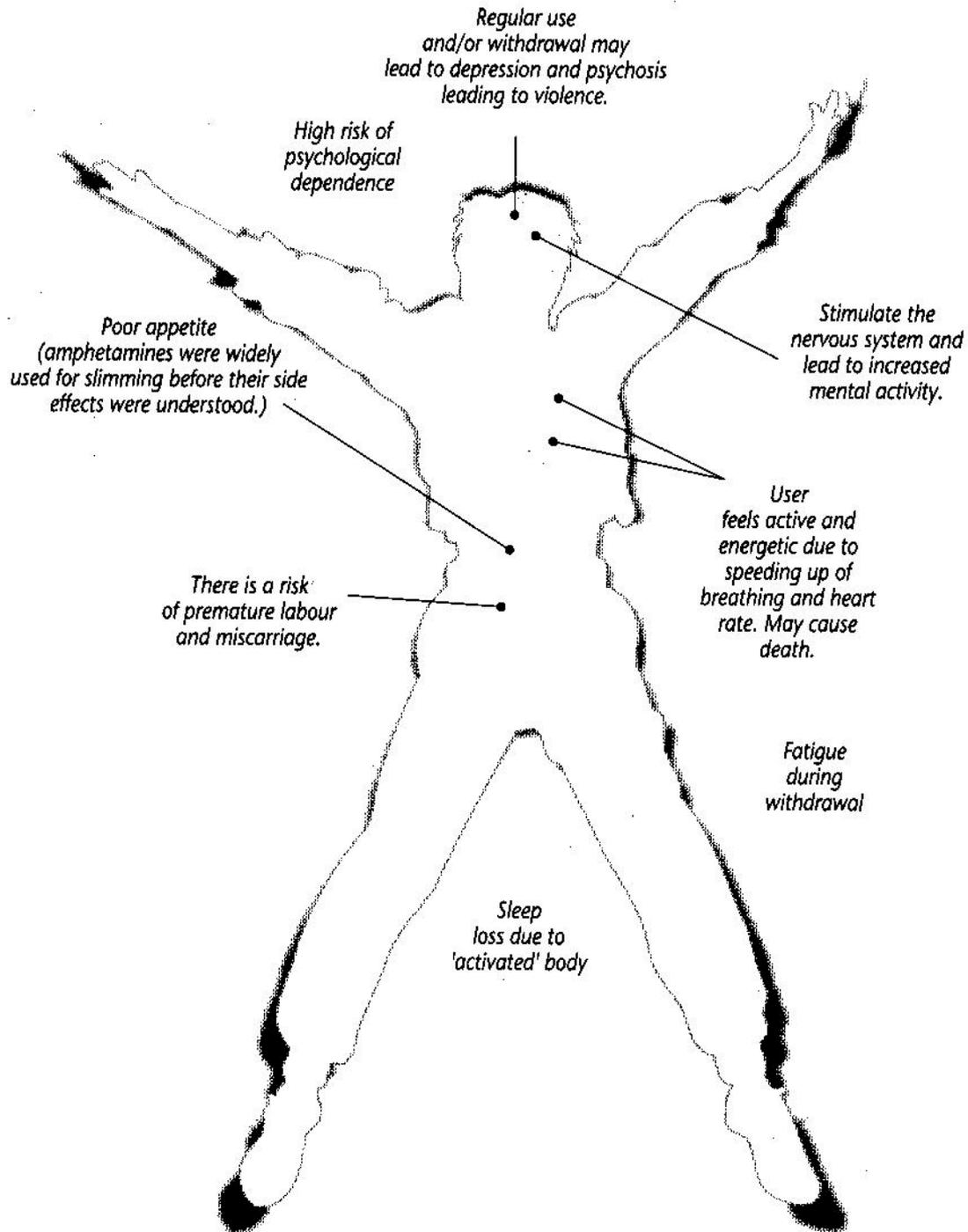


# ALCOHOL



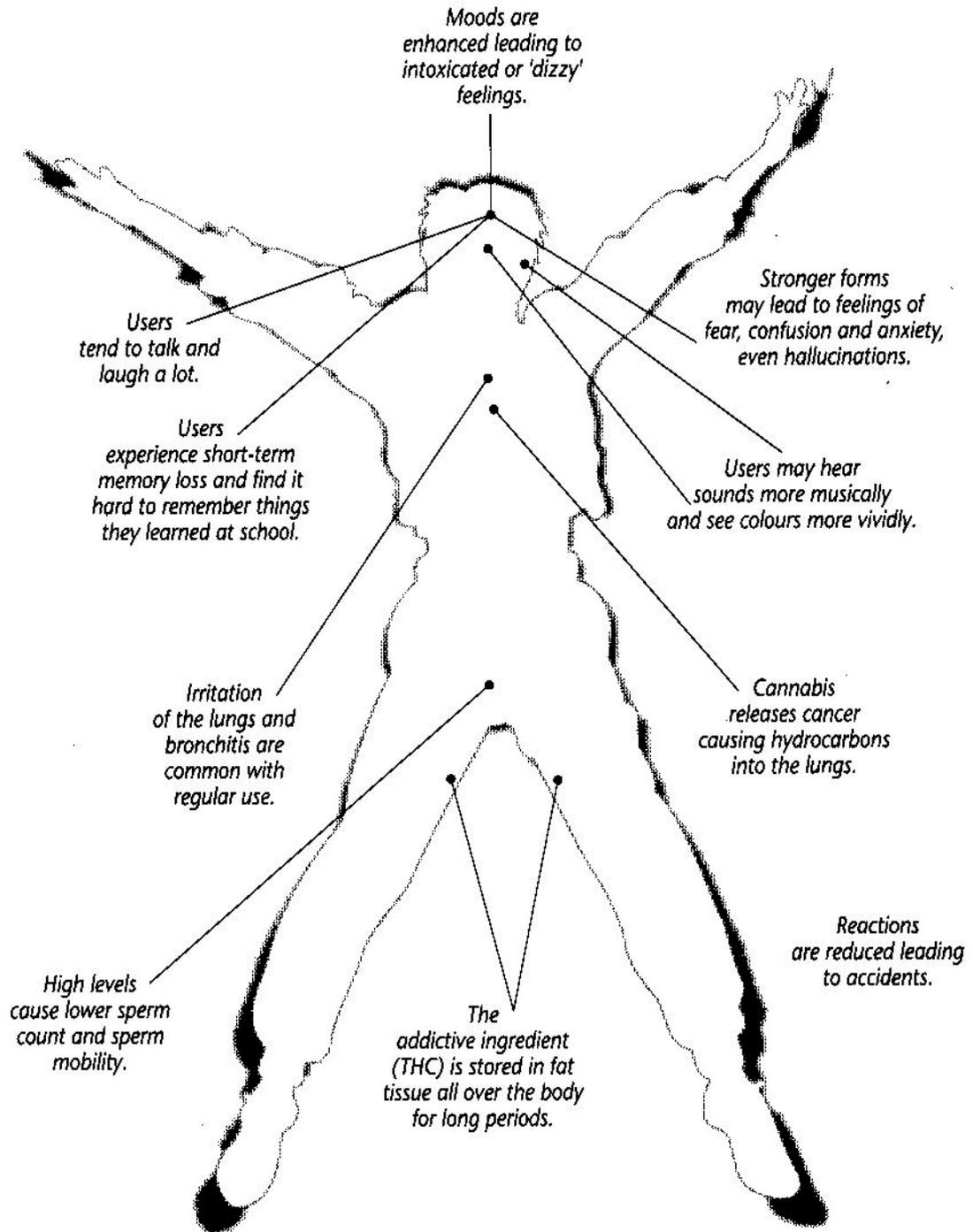


# AMPHETAMINES



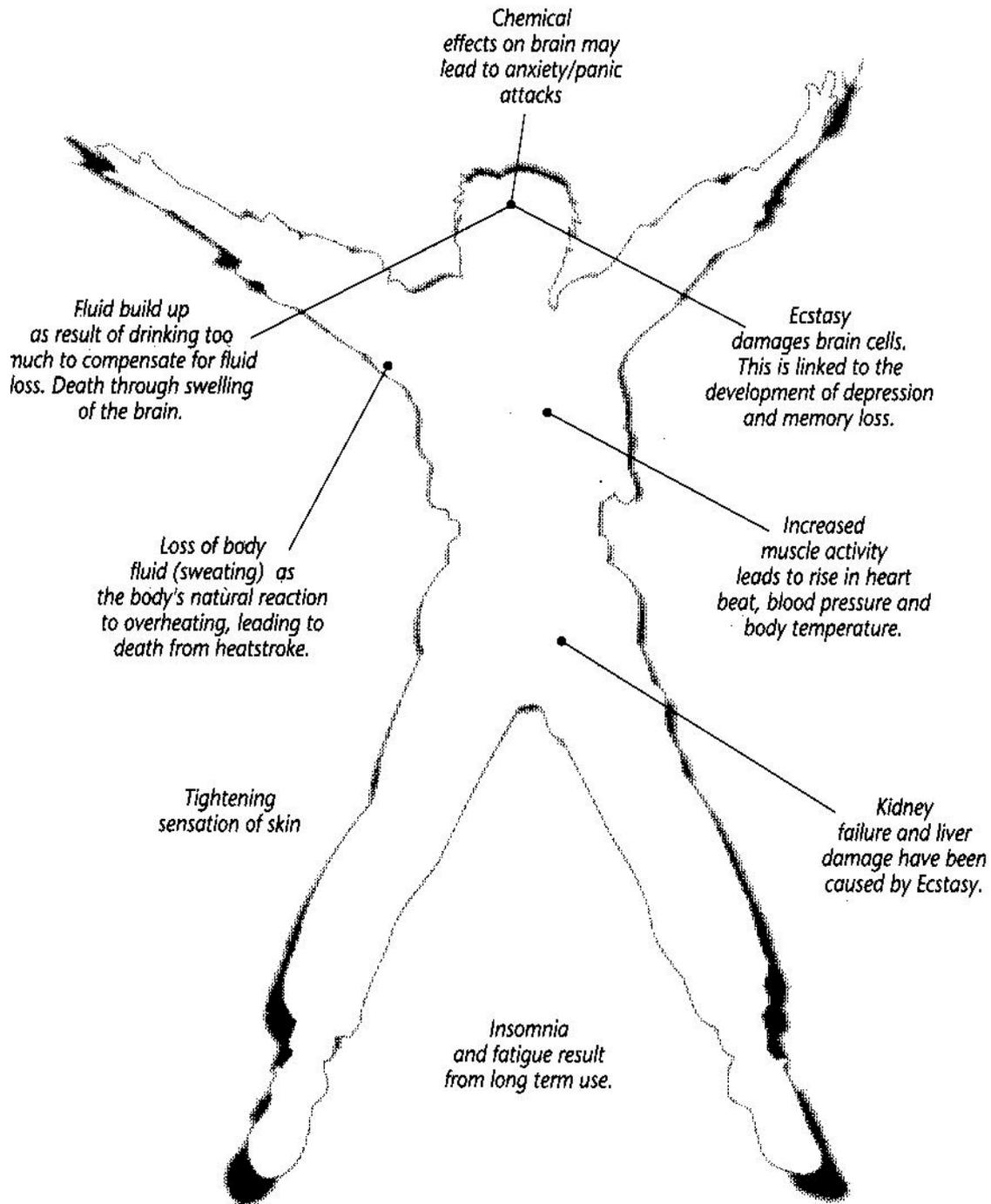


# CANNABIS



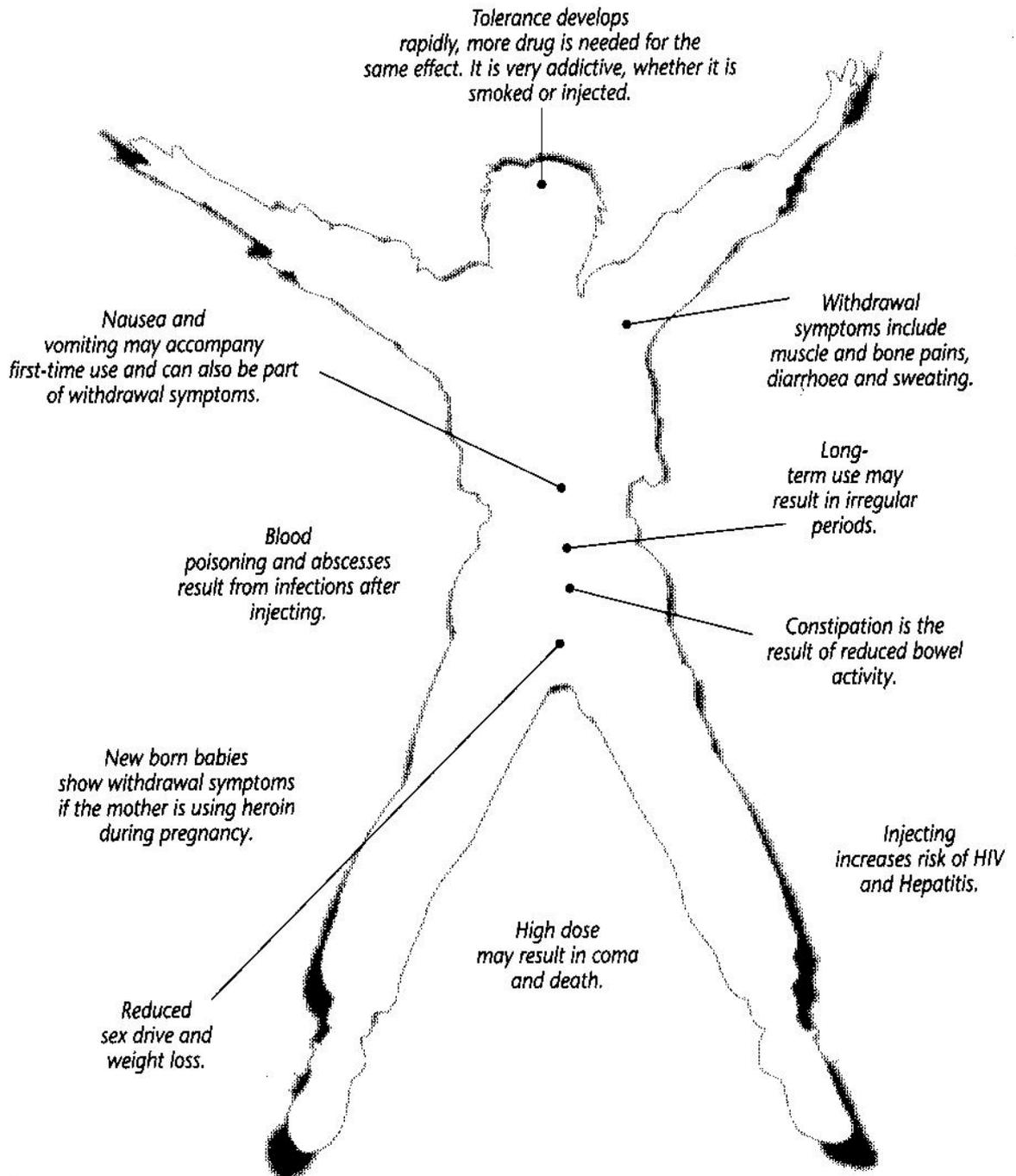


# ECSTASY



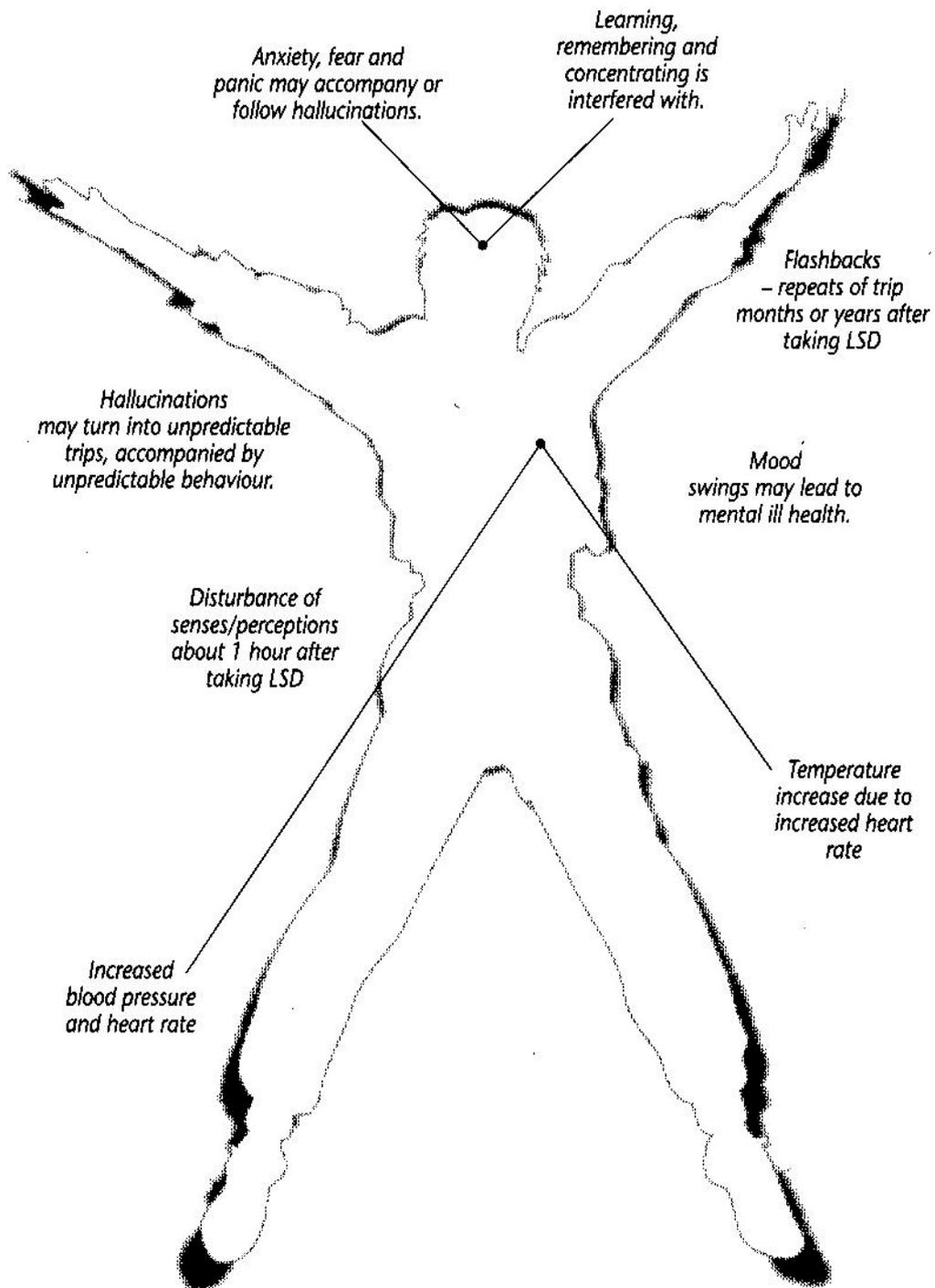


# HEROIN



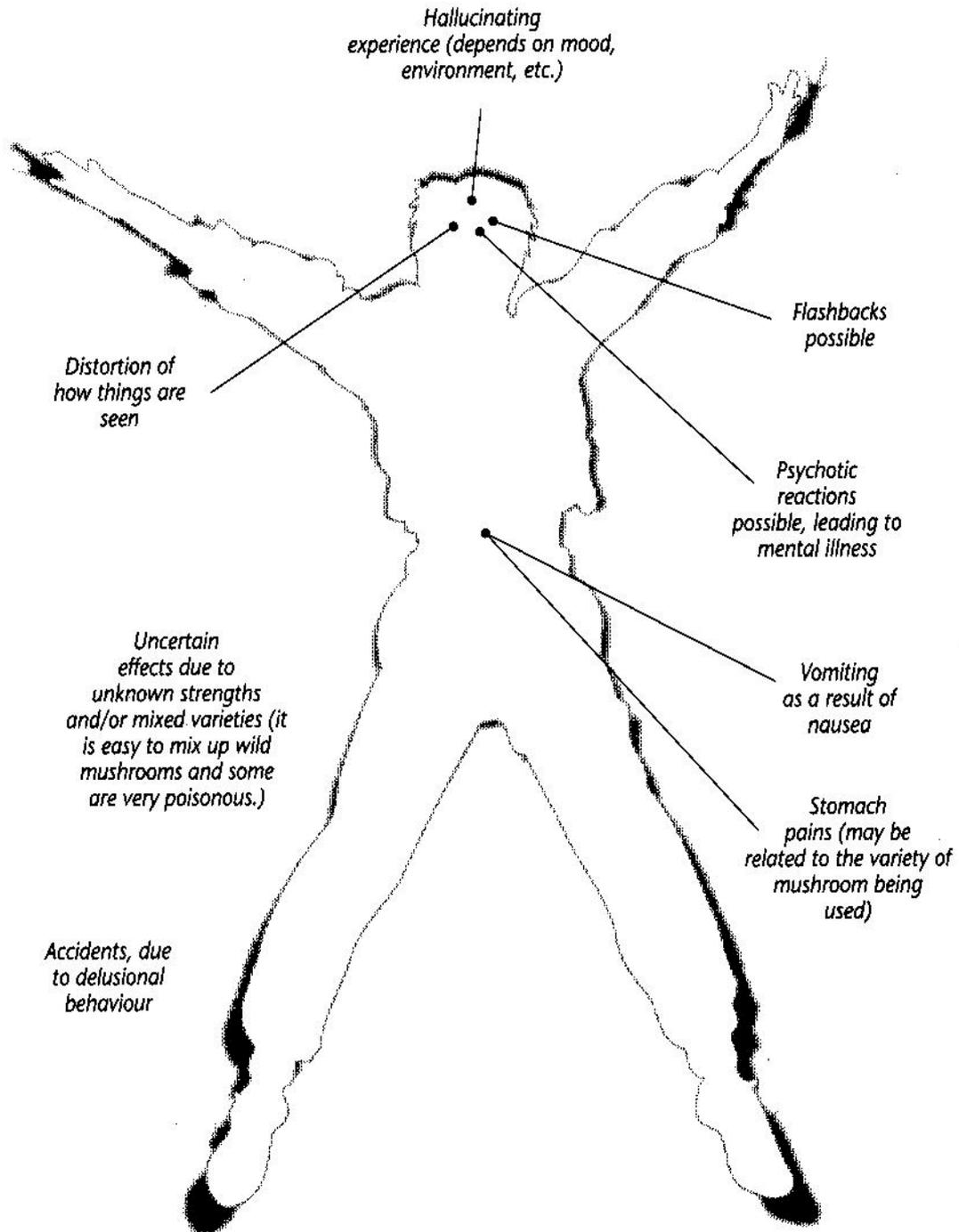


# LSD



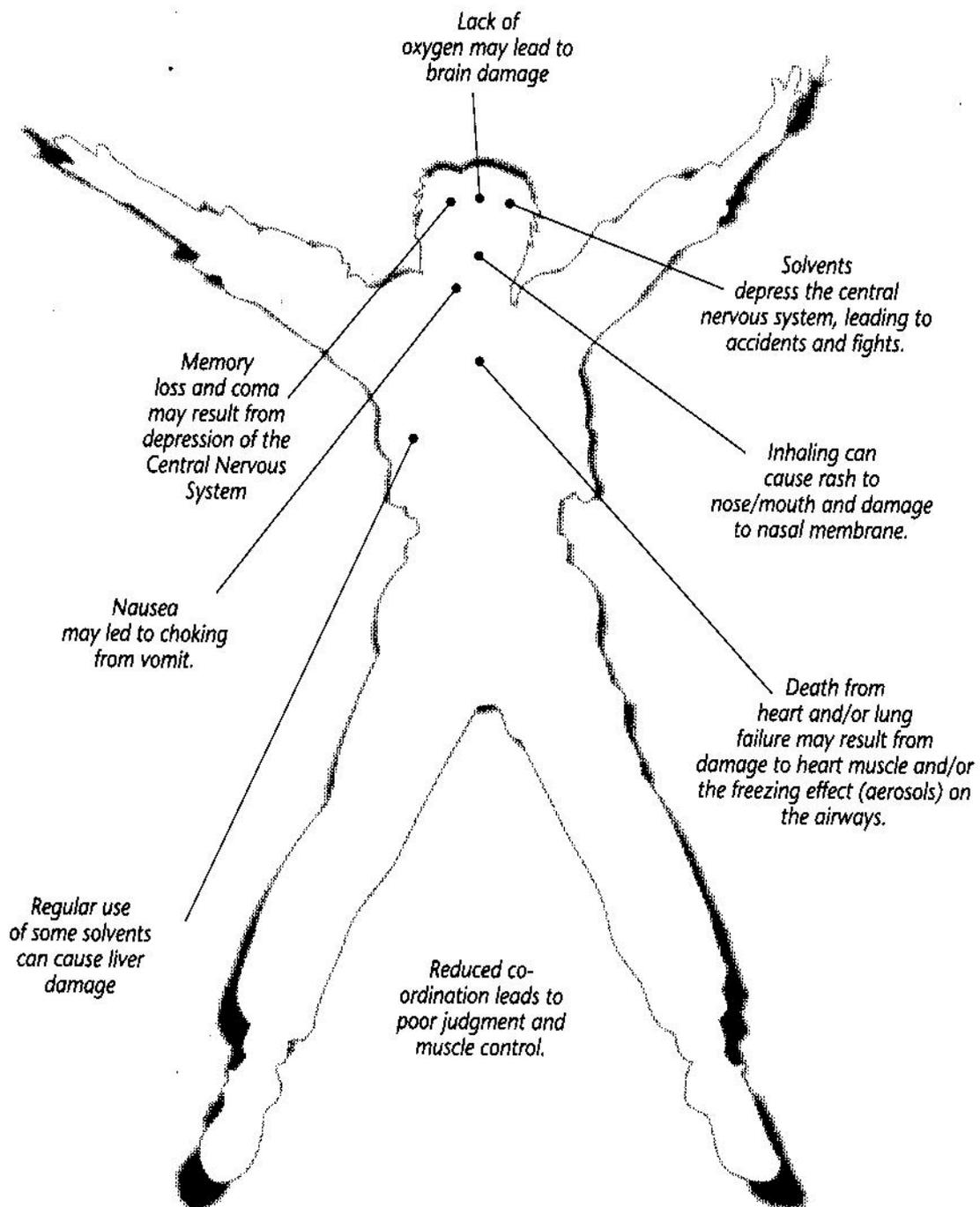


# MAGIC MUSHROOMS



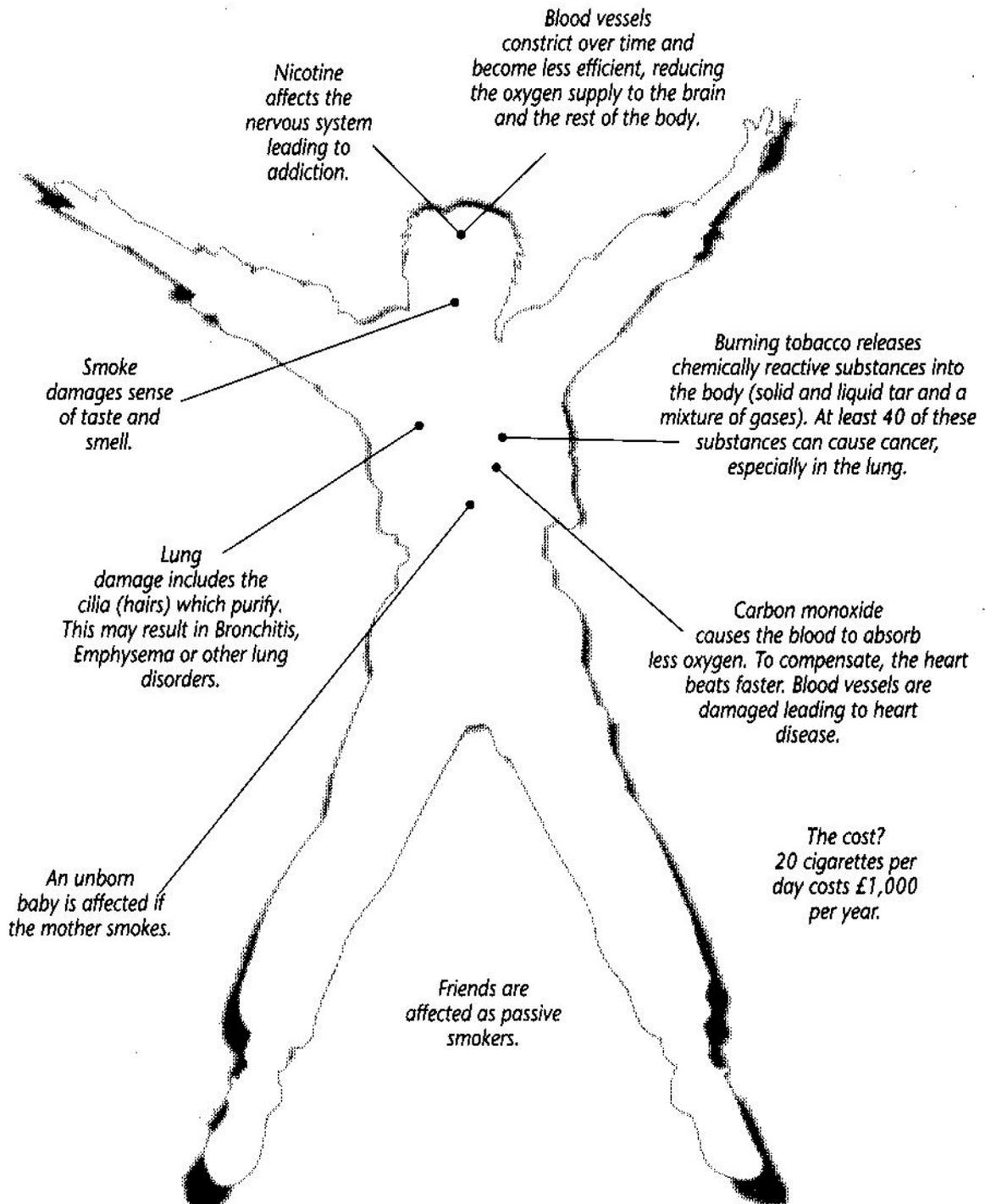


# SOLVENTS



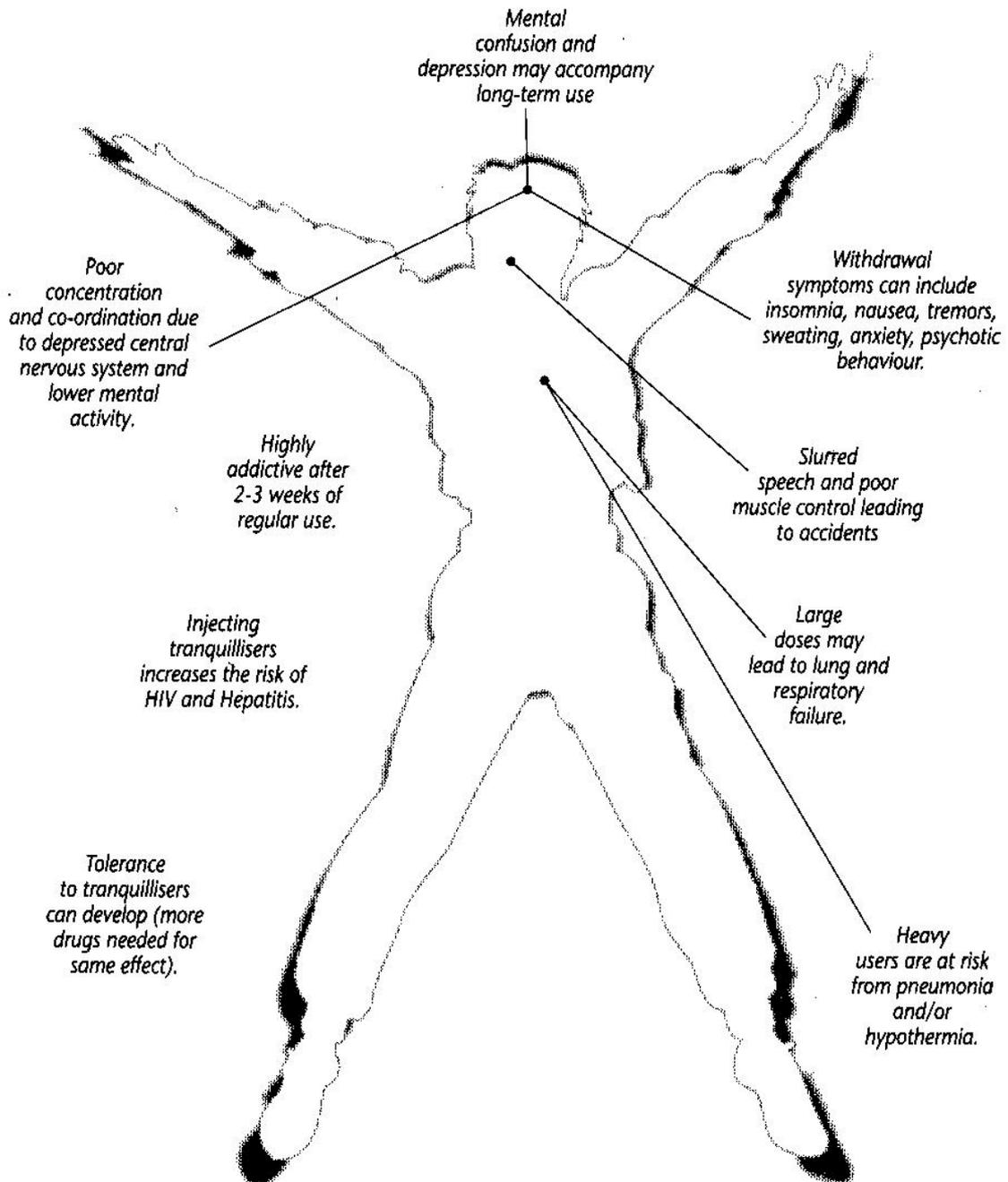


# TOBACCO





# TRANQUILLISERS





CORE CONCEPT: *Accurate information is necessary, if we re to make responsible decisions.*

## DRUG QUIZ

### PURPOSE

To clarify information about the effects of drugs.

### PRACTICAL CONSIDERATIONS

*Links with:* All work on drugs

#### Materials

Copies of Handout 1: Drug Quiz

Teacher Material: Notes on Quiz

### PROCEDURE

#### Outline

1. Small groups
2. Class discussion

#### Detailed Procedure

1. Small groups

Distribute a copy of Drug Quiz to each student. Divide the class into small groups (3/4) and ask the groups to complete the quiz.

2. Class discussion

Discuss the answers using Teacher Material 'Notes on Quiz' to clarify information.



## DRUG QUIZ

True or False? (\* Tick the relevant box for True or False)

	True	False
1. Cannabis produces physical dependence	<input type="checkbox"/>	<input type="checkbox"/>
2. Solvent sniffing is not illegal	<input type="checkbox"/>	<input type="checkbox"/>
3. Injecting can be one of the most dangerous ways of taking drugs	<input type="checkbox"/>	<input type="checkbox"/>
4. Smoking heroin is not harmful	<input type="checkbox"/>	<input type="checkbox"/>
5. Smoking cigarettes speeds up the heart rate.	<input type="checkbox"/>	<input type="checkbox"/>
6. It is safe to drink moderately and drive.	<input type="checkbox"/>	<input type="checkbox"/>
7. Withdrawal from heroin is dangerous.	<input type="checkbox"/>	<input type="checkbox"/>
8. Regular users of amphetamines need to take more and more to get the same effect.	<input type="checkbox"/>	<input type="checkbox"/>
9. LSD does not affect concentration.	<input type="checkbox"/>	<input type="checkbox"/>
10. Ecstasy is not a hallucinogenic drug.	<input type="checkbox"/>	<input type="checkbox"/>
11. Using drugs regularly is alright if you can afford it and know your source.	<input type="checkbox"/>	<input type="checkbox"/>
12. A drug addict is only an addict if s/he is physically dependent on the drug.	<input type="checkbox"/>	<input type="checkbox"/>



## NOTES ON DRUG QUIZ

- 1. True** – Cannabis can produce physical dependence. Recent research in animals has shown the existence of physical withdrawal symptoms, when the drug is suddenly stopped. Psychological dependence also occurs and may affect up to half of those using cannabis regularly. Regular use may lead to a need to escape from reality. As a result, some young people do not learn to cope with reality, slowing the maturing process and damaging their relationship with family and friends.
- 2. True** – Solvents are readily available to people because they can be found in almost all homes and workplaces. The substances enter the lungs in vapour form and then go quickly into the bloodstream giving an intoxicating effect. Apart from the dangers that one might associate with being drunk from alcohol, other dangers include sudden death from suffocation, difficulty in breathing and heart and/or lung failure. It is illegal to sell solvents knowingly to those under 18 years.
- 3. True** – The risks include infections such as hepatitis and HIV from shared needles; abscesses and blood clotting; gangrene from injecting into an artery instead of a vein; and bacterial infections associated with interfering with the body's natural defence system (breaking the skin).
- 4. False** – The effects of Heroin are similar no matter how it is taken into the body (smoked, swallowed or injected). It is an addictive drug. It causes euphoria, followed by a slowing down of the breathing rate and drowsiness. It can make concentration and quick reactions difficult. Side effects can include nausea, dizziness and constipation. Regular use leads to the need for more and more. It is very easy to become addicted and withdrawal is very painful – (Shakes, sweats, muscle cramps, diarrhoea and vomiting).
- 5. True** – Nicotine influences practically the entire nervous system and through this stimulates the heart. Up to 40 of the substances released in burning tobacco cause cancer. The carbon monoxide released causes a decrease in the absorption of oxygen into the blood. Heart beat speeds up to compensate. Long-term use can cause cancer and/or lead to heart disease and circulatory problems. Smoking also makes breath, hair and clothes smell.
- 6. False** – Alcohol slows down reactions and lessens muscular control and co-ordination. Judgements about speed, distance etc., are also impaired. Because many road accidents are drink-related there is a legal limit on alcohol for drivers. This limit at present is 80mg/100ml blood. (It can also be measured in breath and urine). A court conviction for drink driving will at least lead to a loss of licence and loss of no claims bonus or car insurance. Conviction for causing an accident, while over the

limit, will lead to far more severe sentences. This may include a jail sentence.

7. **False** – It may be very unpleasant because of ‘flu-like’ symptoms and cramps, but it is not dangerous. The biggest problem with stopping Heroin use is the psychological craving for the drug. The side effects include nausea and vomiting, which may be dangerous in itself.
8. **True** –Tolerance to amphetamines develops quickly, and more and more are needed to get the same effect. As stimulants they make people more awake and lively. They also reduce appetite. When the effects wear off the user may feel tired and depressed. Regular use makes people jumpy and upset. Large amounts lead to heart damage and even death.
9. **False** – LSD affects concentration and causes hallucinations, which make people see or hear things that are not there. The powerful effect on the mind can last for varying lengths of time and some takers become very frightened by the hallucinations. Flashbacks are possible. It is difficult to predict different people’s reactions and it occasionally leads to mental illness.
10. **False** – Ecstasy gives an open friendly feeling with changes in perceptions of colours and sounds. It is a stimulant, which makes a user feel very energetic and active leading to sweating and dehydration. Ecstasy, itself, increases body temperature. It affects different people differently and has caused a number of deaths. Because of the way it is produced, without quality control, it is difficult to be certain what one is taking in a tablet of ecstasy.
11. **False** – All drugs affect the body in some way. They may change perceptions, or the nervous system, or the heart, or the lungs or the liver. They affect the way you see things, hear things, behave, think, talk, walk, sleep, feel, cope with pain and fight germs. Some drugs are addictive. With no quality control and large amounts of profit to be made, the risks in not knowing what you are taking when you use illegal drugs are high.
12. **False** – The World Health Organisation defines addiction under four headings:
  1. Uncontrollable craving for the drug.
  2. Increasing tolerance to the drug, i.e. needing more and more to get the same effect.
  3. Physical depending on the drug, i.e. having withdrawal symptoms if drug use is stopped.
  4. Harmful effects of the drug on the person and on society.

There are degrees of addiction under each of these four headings.



CORE CONCEPT: *Our attitudes are important in making decisions about drugs.*

## DRUG ATTITUDES

### PURPOSE

To explore attitudes to drug use.

### PRACTICAL CONSIDERATIONS

It may be appropriate to substitute statements that reflect attitudes prevalent in the class group. Be alert to polarised attitudes.

*Links with:* All work on drugs.

### Materials

Copies of Drug Attitude Statements

4 pages labelled, in large letters – Strongly Agree/Agree/Disagree/Strongly Disagree

### PROCEDURE

#### Outline

1. Brainstorm
2. Carousel Exercise

### 3. Geographical Voting

### 4. Discussion

## Detailed Procedure

### 1. Brainstorm

Brainstorm response to the question ‘What is a drug?’ List these on the blackboard/flip-chart.

### 2. Carousel Exercise

Arrange the class in two equal size circles – an inner circle and an outer circle, facing each other. Distribute one attitude statement to each participant. Ask the participants to take 1 minute each to tell their partner whether they agree or disagree with the statement, and why. Ask the inner circle to remain static and the outer circle to move one place to the right. The discussion should now be repeated with the new partner. Repeat the move 4 or 5 times, as time allows.

### 3. Geographical Voting

Designate 4 points in the room and label with the pages – Strongly Agree/Agree/Disagree/Strongly Disagree. Read a statement from the Drug Attitude Statements. When you have read the statement ask the participants to move to the point in the room that reflects their attitude to the statement. Discuss the statement before moving to another statement. (It may be helpful to ask those at the extremities to explain their views to the class. Sometimes it may be helpful to present an alternative position and discuss from that standpoint).

#### **Discussion Questions:**

*Why are you in that position?*

*Would you have been in that position one year ago – Why? /Why not?*

*Did what you heard in the carousel exercise change your opinion in any way?*

*Were you influenced by the position taken by other group members?*

### 4. Discussion

*Have you changed your attitude in any way as a result of this exercise?*

*Do you have reservations about anything discussed?*

# DRUG ATTITUDE STATEMENTS

- **Young people like risks and they find drug taking exciting.**
- **Young people use drugs mostly because their friends do.**
- **Customs Officers should prevent drugs from entering the country at our ports and airports.**
- **The police and courts should be severe on people using drugs illegally.**
- **Parents shouldn't worry about their son/daughter taking an occasional Ecstasy tablet.**
- **Drug misuse is a real problem in our society and it is getting worse.**
- **If adults didn't use so much alcohol and tobacco young people wouldn't take drugs.**
- **Young people take drugs as a result of having inadequate parents.**
- **Drugs are OK; it is the drug subculture that is the problem.**
- **Cannabis use should be legalised.**
- **Tobacco and alcohol are 'harmless' drugs.**
- **The way to stop illegal drugs is to put all the pushers in prison.**
- **Newspapers and TV sensationalise drugs and fuel people's curiosity.**
- **The only drugs we need worry about are hard drugs.**
- **Cannabis and ecstasy are just the modern version of tobacco and alcohol.**
- **Drug users have only themselves to blame if they get sick.**



CORE CONCEPT: *Media is one of the influences on our attitudes to drugs.*

## NEWSPAPERS: WHAT THEY SAY

### PURPOSE

To raise awareness of drug issues in the media and to promote an ability to critically analyse such media items.

### PRACTICAL CONSIDERATIONS

Collect a range of recent newspaper and magazine articles that deal with issues connected with drugs.

*Links with* All work on drugs

### Materials

Suitable current newspaper and magazine articles

### PROCEDURE

#### Outline

1. Brainstorm
2. Small group discussion
3. Feedback

## Detailed Procedure

### 1. Brainstorm

Ask students to brainstorm recent stories/articles/features about drugs that appeared in the media. List. Discuss reactions to one/two items on the list.

### 2. Small group discussion

Distribute copies of recent, relevant newspaper and magazine articles – one per student. Break the class into small groups. Ask the groups to address the following questions:

*What images of drugs, drug pushers and drug users are being portrayed?*

*Do you agree or disagree with what is being said?*

*Which item(s) stand out for you and why?*

*To what extent do the media influence your views about drugs?*

### 3. Feedback

Have each group report back to the class and discuss to clarify reports. Summarise.

#### **Variations:**

*Students could themselves collect current print media items on drugs and use these to make a collage showing current attitudes to or trends of drug use.*

*The current music charts sometimes include lyrics which are drug related. If relevant, it may be possible to use them in addition to the print material.*

*The attitudes of 'famous people' to drugs could be explored.*



**CORE CONCEPT:** *Preparation for situations in which drugs may be offered, will increase students' ability to make responsible decisions in those situations.*

## WHAT WILL I DO?

### PURPOSE

To help students explore the reality of being offered drugs.

To help students to stop and consider the consequences of that key decision – to accept or refuse.

To explore what it feels like to say 'No' in public social situations.

### PRACTICAL CONSIDERATIONS

This exercise is suitable for any age group

**Links with:** AC 9, 10, 11, 12, 13 and all work on drugs

#### Materials

Copies of selected case studies, Handouts 1-3: 'What Will I Do?', 'Dear Amy', or 'What a Victory'

### PROCEDURE

#### Outline

1. Introduction
2. Case studies
3. Feedback and Discussion

#### Detailed Procedure

## 1. Introduction

Explain that we are going to look at some situation in which drugs may be offered and discuss what the person feels and thinks, as well as exploring the consequences of either accepting or refusing the drug. We also look at saying 'No' in public – is that easier or harder than if you had to say 'No' in private?

Ask students to *name any social situations you can think of where you might be offered drugs.*

## 2. Case studies

Select the most suitable Case Study/Studies. Divide the class into small groups (4/5). Read out one of the case studies. Give a copy of the case study to the students. Ask them to discuss the questions listed in Topics for Discussion. Encourage them to add any other points of interest that strike them.

## 3. Feedback and Discussion

Take feedback from the groups, perhaps by asking a group to feedback their opinions on a particular question and then ask for additional comments from the other groups to that question and discuss.

Ask the class to try to really imagine the person *being offered* the drug – either in the situations given by students or in the case study. Ask them:

*How do you think the people feel as they are being offered? E.g. tense.*

*What is going on inside their body, as they are being offered? E.g. heart racing.*

*What do you think is going on inside their head, as they are being offered? E.g. "How am I going to get out of this?"*

*What do they do – or how do they react as they are being offered e.g. walk away, fidget.*

Answer the same questions with a change of ending...instead of:

*"as they are being offered" change to "as they say No".*

These questions can be completed as homework or in class, but they should be discussed in class in either case. Point out that saying 'No' is a conscious choice and is one that we all have the ability to make.



## WHAT WILL I DO?

Siobhán and Rachael have been friends since they were babies. They don't go to the same school anymore. They don't go to the same school anymore, but are still best friends and really enjoy it when they meet up to go to discos.

Siobhán has arranged to come over early to Rachel's house. She arrives at seven and they spend ages together in front of the mirror. Rachael can't decide which top to wear, so after trying on about ten, Siobhán finally persuades her to wear the white one.

Finally they're ready. They're in great form as they leave the house. Rachael has extra money this week, because she babysat twice. The girls are in knots by the time they meet up with the others. The craic is mighty!

After about a half an hour inside the disco, the girls are really enjoying themselves. The music is rapid and they know loads of the guys who are there. Another girl, Claire, from Siobhán's school comes over to them. She offers them some E tablets. Siobhán looks at Rachael and Rachael looks at Siobhán. It's as if the people around them aren't there anymore and the music appears to be in the distance. They both know Rachael has enough money. Claire starts on about it being a great buzz and how it's good stuff.

### Topics for Discussion

*What options are open to Siobhán and Rachael?*

*What are the consequences of these options?*

*What might happen if they disagree?*

*What ways can you think of for saying No in this situation?*

*How can they make sure they sound convincing?*





Dear Amy

You won't believe it. Laura and myself went to the disco in town on Saturday night. You missed it. You really did. While we were in the queue outside, we were offered stuff three different times. Do you remember the lectures my Mum used to give me. "Now be careful when you're out, ... don't take any drink you didn't buy yourself ... , people even offer drugs in the queues outside discos." Can you believe it - she's right. That must be a first!

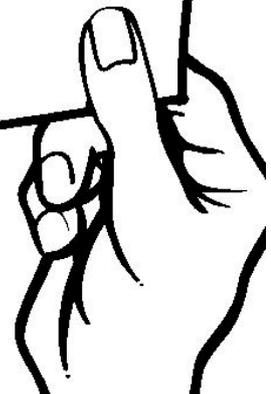
Anyway, Laura was totally cool. You should have seen her - "No", she said, "I'm fine thanks" and looked away. Cool as a breeze. He just moved on up the queue - no more hassle. You know your man Mark Delaney from 3rd year - he was the one who offered us the stuff next ... can you believe it. I always thought he had sense. Anyway, he started slagging us when we said 'No'. He called us nerds ... him calling us nerds; honestly he hasn't a clue - he's pathetic. Anyway I better not write what I told him to do - it's not printable.

Then two girls I'd never seen before offered us stuff. They really looked spaced out. You should have seen the nose ring on one of them. Not just your usual stud, it was weird. The other one was filthy. You know me, I'm not always perfect myself, but I mean there are limits. I bet the stuff they had was full of muck and stuff. You'd want to be in a bad way to take that - and you know what - you'd certainly be in a bad way if you did take it - funny eh!

I got a bit of a buzz saying 'No'. I thought Laura was really cool. It's funny though she says she thought I acted really cool too. If only she could have been inside my brain, she would have realised I wasn't - still, as long as I'm good at acting I'll survive.

So, Amy that was the scandal at the weekend. Besides that, school is still wrecking my head. Last week I was counting the days myself until the exams, but I was also counting the days until they're over. Then - Freedom - at last. It'll be good to see you next weekend. We'll bop until we drop.

Take it easy.  
Joanne.





## Topics for Discussion

*How do you think, Laura and Joanne felt when they were offered drugs?*

*How do you think Laura and Joanne felt when they refused?*

*What are the consequences for Laura and Joanne of their decision to refuse the offer?*

*What could have happened, if they had taken some?*

*Freedom was really important to look forward to. How might their freedom have been affected if they took drugs?*

*Both girls felt the other was handling the situation really calmly. What do you think?*

*How do you think they feel in front of one another – does it make it harder or easier to say 'No'?*

*How might you react in the same situation?*



## WHAT A VICTORY

### Richard on the phone

“Yes!! We won – We are the Champions! Can you believe it Mam – we did it. The place is buzzing – can’t stay – no, I won’t be too late home – don’t worry. I’ll be fine – see ya Bye.”



### Later on that evening

All the lads manage to get into the pub. They are nearly all tall, so they didn’t get any hassle about their age. Anyway the man who owns the pub went to their school and he’s delighted to see them with the cup. He keeps going on about playing on the team “in his day”. “Spare me,” thinks Richard. “Still, at least he’s serving the team without a problem.”

Richard played really well and he’s proud of himself. All evening people keep coming over and clapping him on the back, telling him, ‘Well done’. He’s on a high. He feels so relieved that the match is over but his head’s still buzzing. At this particular moment in time he feels he could do anything that he ever wanted to do.

The only problem is Declan. He keeps coming over the Richard and offering him E tablets. Richard has said ‘No’ a few times already, but Declan is so spaced that he hasn’t copped on yet. Richard just wants to get rid of him.

### Topics for Discussion

*At what age can one legally drink alcohol in pub?*

*What responsibility does a publican have towards young people?*

*How else should the team celebrate their victory?*

*What should Richard do? What are the consequences of your advice?*

*How do you think Richard feels? Is he really under pressure or not? Why?*

*Do you think Richard needs to take anything to make him feel high?*

*What do you do to give yourself a buzz?*



CORE CONCEPT: *By being involved in positive fun and positive leisure activities, we are less likely to misuse substances.*

## HAVING FUN

### PURPOSE

To counter the assumption that having fun has to involve taking a drug of some sort and to help students to look at ways of getting involved in some positive and enjoyable activities during their leisure time.

### PRACTICAL CONSIDERATIONS

The project is a time consuming exercise and will need some teacher assistance at all stages.

**Links with:** ID 13 'Think Positive, all work on drugs'

#### Materials

Copies of Handout 1 – 'Paula's Garage'

Copies of Handout 2 – 'Positive Fun Survey'

Page with 'What I do for fun' written in the centre

### PROCEDURE

#### Outline

1. Introduction
2. Small group discussion of case study
3. Feedback
4. Small group work
5. Feedback
6. Homework contract

## 7. Project

### Detailed Procedure

#### 1. Introduction

##### **Input:**

We are going to look at how important it is to be with people we are comfortable with. We will also look at what people do to enjoy themselves and what sort of things there are to do in this area. Some people who take drugs use the excuse that there is “nothing good to do around here”. So we will look at ways people your age enjoy themselves and maybe you can come up with a new hobby.

#### 2. Small group discussion of case study

Break the class into small groups. Distribute copies of ‘Paula’s Garage’ and read aloud. Give them one/two questions from the ‘Questions for Consideration’. Ask them to discuss the question(s) with a view to feeding back their comments to the class. Emphasise that they need to answer the ‘**Why**’ part of the question too.

### PAULA’S GARAGE

#### **Questions for Consideration**

*Do you think Susan feels comfortable here? Why? / Why not?*

*In what ways are the others enjoying themselves? Why might Susan find this boring?*

*Do you think people need smokes, hash or cans for fun? Why or why not?*

*How important is it to hang around with friends you are comfortable with? Why?*

*If the numbers were reversed and most people were taking the hash like Susan, in what way would it have changed the situation for Keith? Why?*

*Do you think that the majority rules? Why?*

Add any other questions that you think are appropriate for your own class.

#### 3. Feedback

Take feedback from each group one question at a time, and invite others to comment. Explore these comments.

#### 4. Small group work

Ask the students to return to the small groups.

Give each group a page with the words “What I do for fun” written in a circle in the middle of the page.

Ask them to write as many ideas as they can outside the circle. Point out that one person’s way of having fun may not be another’s, that we can enjoy different things, so no putdowns are allowed.

## 5. Feedback

A spokesperson from each group presents the ideas to the rest of the class. Record these on the board or a flipchart under the heading Positive Fun.

Explain that ‘Positive Fun’ is fun, which gives a ‘Natural High’, not like a high experienced after taking a dangerous substance.

Explain that everyone needs fun in their lives. Ensure that ‘free’ or ‘low cost’ ideas are included in the list.

## 6. Homework contract

Ask the pupils to look at the list and to make a commitment to engage in at least one activity from the list during this week. Pupils, who share interests, might be encouraged to engage in a shared activity. Then make out a contract.

<b>1. Positive Fun Activity</b>	
<b>2. Where</b>	
<b>3. When</b>	

Ask the students to fill number 1 (Positive Fun Activity).

They fill in numbers 2 and 3 after completing the activity. Time should be given, at a later stage, to allow the students to report back to the group.

## 4. Project

Organise a survey on what pupils in the school do to enjoy themselves after school or at week-ends. This could highlight what is available to get involved in, in their own area. This can be particularly useful for people who tell you ‘there’s nothing to do around here anyway’ as the end product is a list of leisure activities available locally. Contact names, where the activity is held, how much it costs and who else in the school is involved would be obtained. It can be useful then, to try to match up those not involved with someone, who might take them along to an activity they are interested in.

It can also be useful to invite someone, involved in organising some activities locally (Youth leader, Club Manager), to come to the school and talk to the pupils about various activities and how to join.

Possible steps involved in undertaking the project are outline on Handout 2: 'Positive Fun' Survey.



## PAULA'S GARAGE

**Laura** "Are you going over the Paul's house on Saturday?"

**Keith** "Yeh – see you there. I'm bringing my new guitar. You should see it – it's really something else. I'm not much good at it yet – but I'll give it a go anyway – see ya."

**Laura** "Do you want to come Susan? It must be hard for you, not knowing many people around here. We go to Paul's house most Saturdays – we have a great laugh. Someone usually brings a guitar. It's better than the disco – that's just for the young kids."

**Susan** "Great, thanks I'd love to come."

### SATURDAY

**Keith** "Are you enjoying yourself Susan – you seem a bit spaced?"

**Susan** "I'm fine, thanks, but this is not really my scene. It's all a bit tame for me. Does no-one bring any cans or any other stuff?"

**Keith** "No, but we still have a laugh. The craic here is always great. You should hear Laura when she starts singing – she's brilliant."

**Susan** "Do you never roll your own? Here, try some of this."

**Keith** "No thanks, I'm not into that. You must be mad smoking hash. Anyway I'm going over to get my guitar."

**Susan** "Suit yourself – this place is not for me. You'd swear I offered you something lethal. You're a load of saps – afraid of hash – chill out will you?"





# POSITIVE FUN SURVEY

Survey of your year group. Ask: What do you do locally for fun?

## Step 1:

Decide who will survey the different class groups in the year. Design a survey form to record details of any activity each student is involved in after school or at weekends e.g.

Name of Activity	Place	Cost	Contact name and number	Student's Name
Soccer	St Peter's Club	€25 per year	Mr O'Toole 473 1451	John Delaney

## Step 2:

Collate the results under headings and give the total number involved in each activity.

Name of Activity	Place	Cost	Contact name and number	Total number involved
A. Soccer	St Peter's Club	€25 per year	Mr O'Toole 473 1451	17
B. Youth Club	Community Centre	Free	Maureen Jones 473 0385	23
C. Order of Malta	Resource Centre	Free	Sean Flynn	5

## Step 3:

Display the results of the whole year group on a chart.

## Step 4:

Each pupil fills out a form stating any new activity s/he would like to join.

## Step 5:

Those wishing to join an activity are linked with someone who is already involved.



CORE CONCEPT: *Drug use affects the user and those close to him/her.*

## THE CHANGE

### PURPOSE

To provide students with an opportunity to reflect on how drug use can affect both the user and those who come in contact with the user.

### PRACTICAL CONSIDERATIONS

This lesson suggests the possible use of 'My Best Friend' Video, which has been supplied to schools. It is available from the H.P.U., Department of Health and Children. It is necessary to decide whether the video or one of the case studies is most relevant for the particular class.

*Links with:* **DM 16** 'Other People's Drug-taking Habits', **DM 17** 'The First Steps'.

### Materials

Copies of Handout 1 – 'Barry's Story' or Handout 2 – 'Fiona's Story or copy of *My Best Friend* (Video)

### PROCEDURE

#### Outline

1. Read case study or view video
2. Small groups
3. Feedback and Class Discussion
4. Small groups
5. Feedback and discussion

## Detailed Procedure

### 1. Read case study or view video

Select the most relevant situation for your group. Read the case study or view the video with the class.

### 2. Small groups

Divide the class into groups of 4/5. Give a sheet of paper and pen to each group and ask alternate groups to write as many words as they can, to describe the person using drugs

- (a) at the *start* of the story/video;
- (b) at the *end* of the story/video.

### 3. Feedback and Class Discussion

Take feedback from each group and record both lists side by side. In each list, circle the positive words and underline the negative words. Summarise and discuss the changes. Why has this happened?

### 4. Small groups

Divide the class into small groups, to discuss the effects of drug taking on:

- the user
- the family.

Take feedback and discuss the effects on the various people.

Ask the students to return to the small groups. Assign one of the following situations to each group and ask them to complete the story.

Complete the story focusing on:

- |  |   |   |
|--|---|---|
| <i>Drug user (Suzanne, Barry, Fiona)</i> | - | <i>if s/he continues her habit</i>          |
| <i>Family member</i>                     | - | <i>if the drug user continues to use</i>    |
| <i>Drug user</i>                         | - | <i>if s/he gives up the habit</i>           |
| <i>Family member</i>                     | - | <i>if the drug user gives up the habit.</i> |

### 5. Feedback and discussion

The groups present their stories to the class and discuss the issues arising.

Finally, ask the students to picture the drug user in the situation presented and to think about how s/he would like the story to end. Take some comments.



## BARRY'S STORY

Barry is 16 years and is in Transition Year. He has an older brother and a younger sister. His father is a lorry driver, which requires him to be away a lot and his mother works in catering.

Barry is an intelligent boy. He liked primary school okay. He also liked playing football and enjoyed meeting up with his friends. During first term, in first year, he was making good progress but towards the end of the year his work began to slip. At the parent teacher meeting in November of 2<sup>nd</sup> year a number of teachers expressed concern that he was becoming withdrawn and not working. His mother realised that he was changing at home as well.

When the concern was raised with Barry he first said that everything was alright. He then began to say that he felt excluded at home; he eventually admitted that he was smoking hash a couple of times a week – whenever he could afford it. He strongly believed that it was harmless.

In his third year his parents discovered that he was supplying hash to others on the road and that he was smoking much more than he first said. He quit his part-time job because he owed money to somebody there. He said he was 'threatened'. He stole his parents' camera and sold it in town. After a row, his parents gave him €260 to clear his debts and grounded him.

Within a short time, he was in trouble again. He said he wanted to leave school and get a job. One evening, two threatening individuals knocked at the door and asked for Barry. His mother has seen them sitting on the wall opposite and felt unsafe. Barry

owed them money. The threat looked so real that his parents once more gave Barry money to clear his debts. He promised that he was finished with drugs and asked them to trust him just once more.





## FIONA'S STORY

Fiona never seemed to have it easy. Whenever she thought back over her 17 years, she really found it hard to believe that things ended up as they did. If only she could turn the clock back and start over again. My God things would be different!

If only she could go back to when she was a little girl again, when she played with her sisters and had fun. That seems such a long time ago. How could she have been so stupid – it all seems so obvious now? Things started to go wrong when she was only about 12. She simply was not happy at school. It may sound ridiculous to say that 'cause everyone else says it too, but it was deeper for her. There didn't ever seem to be a light at the end of the tunnel.

Things weren't much better at home either. Her Dad was pretty useless. That's a laugh – he was a real loser. He never had a good word to say about any of them and snapped her Mam's head off for anything. Then again Fiona never could understand why her Mam didn't stand up to him more. She just seemed so scared. Anyway her Mam was usually so spaced out on Valium that Fiona never felt she could really talk to her.

Maybe that's why she always felt left out of things. She didn't seem to fit in at home and she certainly never fitted in at school. The other girls made sure she knew that. That was until she started hanging around with Deirdre and Rachael. Finally someone accepted her and really seemed interested in her. It made Fiona feel so much better going off to school knowing that the other girls would at least talk to her in the yard. It's funny how she thought they were so generous too. Fiona never had any money for smokes but they didn't seem to mind giving her some. It never occurred to her though that they might have been up to something. So when they offered her some hard drugs for nothing she thought it would all be fine. Looking back now this was where they really began to manipulate her. They were using her – but she didn't see it.

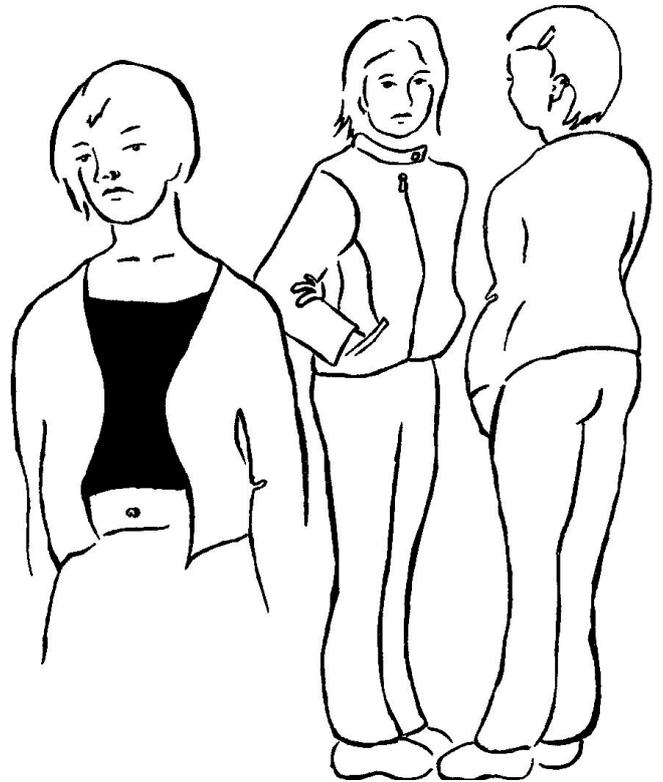
For the first few tries they were so reassuring, looked after her and gave her more. She liked the feelings of being free and calm. She was in a safer world. Deirdre and Rachael began suggesting that she would have to pay her way. Fiona felt this was fair. After all, they were so generous. She could also understand that they couldn't keep on giving her the stuff for free. She began to pay them

regularly. She really felt it was worth it even if it wasn't easy getting the money. These girls were her friends. Then one night they asked her to a party in town. She was a bit nervous about now knowing anyone else but she decided to go. At first when she saw so many people shooting up, she felt really frightened. That was until Daniel came over and took her by the arm so gently. She felt safe. He showed her how to inject herself and stayed with her all evening, minding her. She felt she belonged.

Unfortunately there was no turning back for her. After that evening her life changed beyond recognition. She wasn't completely hooked at first of course – that took a little while – but not all that long.

Now every day she wakes up looking for a fix. Her whole day and all her energy go into getting money for a fix. She has no problem getting the stuff, but it's the money that's a problem. €200 a day is how much she needs just to feel normal.

She hates herself – hates the muck she injects into herself but sees no way out. She hates the way she robs from everyone, but she reckons she has no choice. Life is hell. If only she had realised ...





CORE CONCEPT: *Drug taking can lead to addiction.*

## ADDICTION

### PURPOSE

To help students develop an awareness of how drug use can lead to growing dependency.

To raise awareness of the dynamics of addiction.

### PRACTICAL CONSIDERATIONS

This lesson continues from the lesson 'The Change' and uses the materials provided with that lesson. It will need two class periods, if the video *My Best Friend* is used. The profile cards need to be copied.

**Links with:** DM 14 'Other People's Drug-taking Habits', DM 17 'The First Steps', FE 13 'Children and Alcohol'

### Materials

Handout 1 or 2 or copy of *My Best Friend* Video as detailed in 'The Change'

Profile cards

Teacher Material – 'Addiction Tree'

### PROCEDURE

#### Outline

1. Introduction
2. Video/Case study and discussion
3. Round
4. Groups develop life stories

## 5. Discussion

### Detailed Procedure

#### 1. Introduction

Divide the class into groups of 4 and ask them to arrive at an agreed definition of addiction. Take feedback and discuss.

*What might a person become addicted to? Brainstorm. Draw up a list. (See teacher material).*

#### 2. Video/Case study and discussion

Have the following questions on a chart or blackboard.

*Why did Suzanne, Barry/Lisa (as appropriate) start taking drugs?*

*What were the critical points in her/his developing habit?*

*At each critical point, what might have helped her/him to stop?*

*At what point would you describe her/him as addicted?*

Ask the class to consider these questions as they view the Video/read the case study. When they have viewed the video/read the case study ask the class to return to their groups and to address each question. Take feedback after each question.

#### 3. Round

Ask each student to complete the following statement 'If I was Suzanne's Barry's/Lisa's (as appropriate) friend I would ...'

#### 4. Groups develop life stories

Divide the class into groups. Present a profile card to each group. Ask each group to develop a life story to match the profile they were given. When this is completed the life stories are presented to the class. Allow time for the class members to ask questions of the groups.

#### 5. Discussion

Ask the class to return to the small groups, and to suggest how their person could be helped to break the addiction. Feedback to the class and discuss.

# PROFILE CARDS

**Mary is in her thirties; she is married and has three young children. She is addicted to smoking.**

**Tom is aged forty something. He is 5 stone overweight and at times, feels uncomfortable. He loves food, eating three big meals every day, and in between is always nibbling at something.**

**Julie is 25 and is a heroin addict.  
Her boyfriend is also an addict.**

**Mark owns his own business, which is doing very well.  
He is married and has two young children.  
He is an alcoholic.**

**Trish is 20 and spends a lot of time in the arcade, where she particularly likes the fruit machines. She has started stealing in shops.**

**Mick is a man in his 30s. He always has cough medicine beside his bed, because he feels he cannot sleep without it.**



# ADDICTION TREE



*Addiction is within the person, not just in the substance or behaviour. It is an inner compulsion.*

With acknowledgement to Terry Kellog



CORE CONCEPT: *Understanding what co-dependency is will help students to avoid controlling other people or being controlled.*

## CO-DEPENDENCY

### PURPOSE

- To identify what co-dependency is
- To understand some of the feelings associated with co-dependency
- To learn more effective ways of caring for people

### PRACTICAL CONSIDERATIONS

Co-dependency is a complex concept and this lesson is best suited to senior cycle students. Sensitivity is needed as some students may be in co-dependent situations without realising it.

**Links with:** DM 16 'Other People's Drug-taking Habits'

### Materials

- Copies of Handouts 1-3 – Case Studies, selected as appropriate
- Copies of Handout 4 – 'Characteristics of Co-Dependents'

### PROCEDURE

#### Outline

1. Brainstorm in small groups
2. Case studies

3. Personal reflection
4. Discussion

## Detailed Procedure

1. Brainstorm in small groups

Brainstorm in small groups – *What is a co-dependent person?*

Feedback and record all contributions. Present the following definition as one that probably encompasses much of what has been said:

**‘A co-dependent person is one who has let another person’s behaviour affect him or her, and who is obsessed with controlling that person’s behaviour.’** (M Beattie – *Co-Dependent No More* – Harper & Row Publishers, 1987).

2. Case studies

Present a case study to each group of 4/5 students. Ask them to summarise the feelings of each person in the chosen case study/ies. Feedback and record. Present a copy of the Characteristics of Co-dependents to each group. Discuss this and clarify as necessary. Ask each group to agree on how many characteristics they might ascribe to each person in the case study/ies. Feedback and summarise.

3. Personal reflection

Ask the students to privately consider for themselves if there is anyone in their own lives whom they worry about and wish they could change. As they consider that relationship ask them to consider if they can see in themselves any tendencies towards any of the characteristics of co-dependents. Check if anybody wishes to clarify anything.

4. Discussion

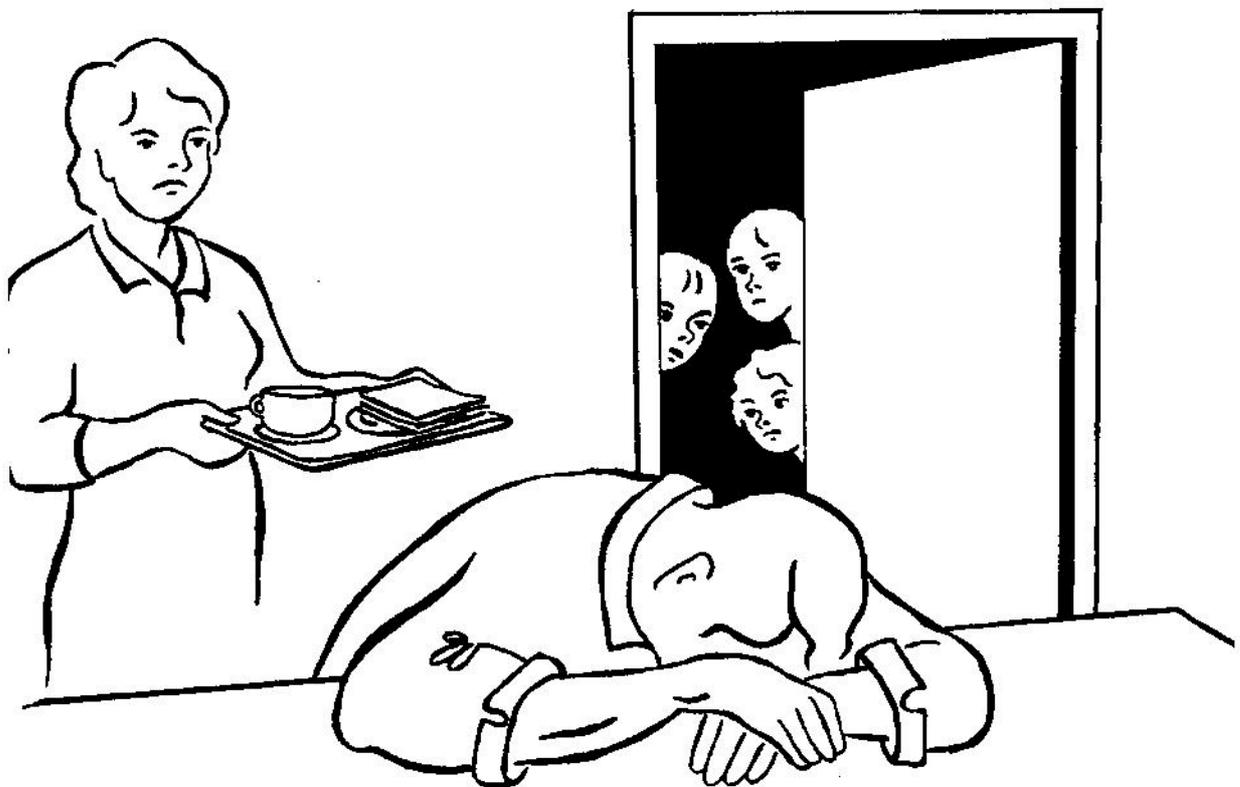
Full class discussion on ‘Everyone is co-dependent to some extent. When it is unhealthy and causes pain it is a problem’.



## CASE-STUDY A

Mary and Tom have been married for 20 years. They have three children. A fourth child died tragically 12 years ago. About that time Tom began to drink heavily. Mary both understood and felt responsible for this. Tom still drinks very heavily. He spends most of the money he earns on alcohol.

Anytime Mary found alcoholic drink in the house she hid it. She sometimes took money from Tom's pocket when he was asleep. When he comes home drunk she always makes a point of dropping what she is doing, makes him coffee and a sandwich, and helps him to bed if necessary. The children are now teenagers but Mary will not tolerate them saying a bad word about their father.



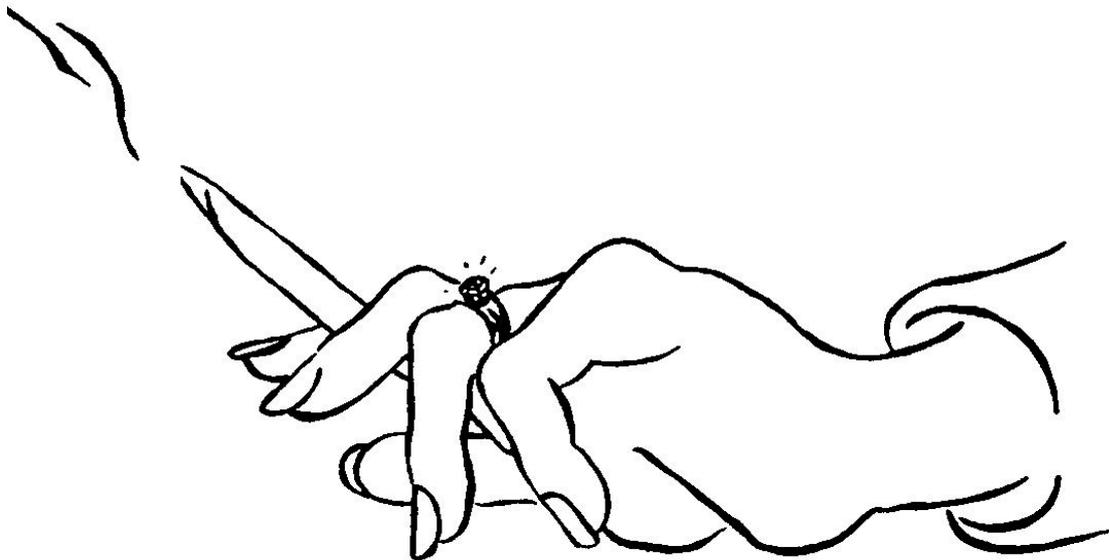


## CASE-STUDY B

Luke and Louise are engaged; they have been going out for three years. Luke has had strong feelings for Louise for as long as he can remember. In all that time Louise has blown hot and cold. Sometimes she appeared really friendly and at other times she was distant, giving her attention to the 'new boy on the block'.

One of the 'new boys on the block' introduced Louise to cannabis. When he disappeared Louise turned to Luke again. Sensing his interest, she told him how much she would value a friend who would keep her supplied. Luke knew a source, and saw this as a way of keeping close to Louise. At a time when he had obtained a good supply of cannabis for her, he proposed and she agreed.

So they got engaged, but anytime he raises the question of marriage she changes the subject.





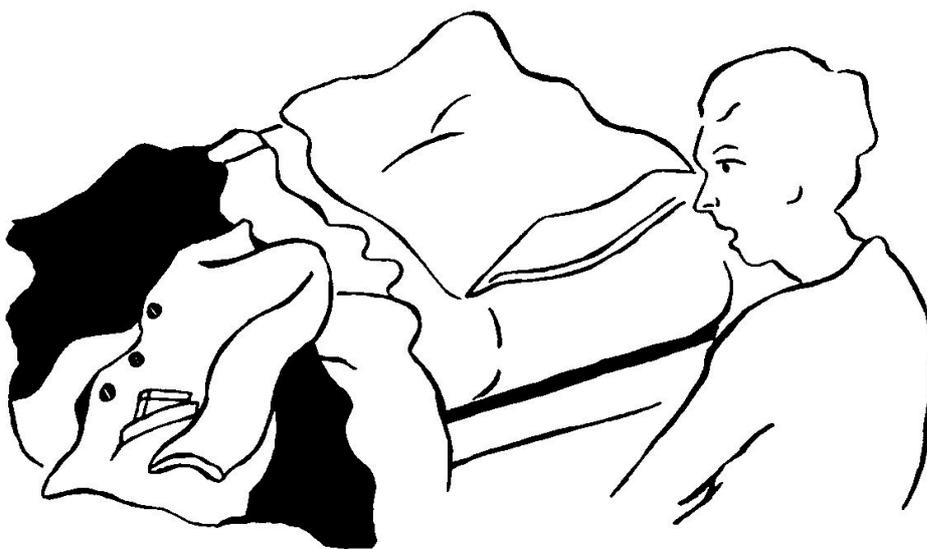
## CASE-STUDY C

Teresa has two children – Mark who is 18, and Eileen who is 14.

Mark has been a model son and student. Eileen has too, until recently that is. Teresa began to notice subtle changes – staying out late and poor school reports. Teresa found cigarettes in Eileen’s room and feels there may be more than this going on. She began to keep a close eye on Eileen by quizzing her about what she spends her pocket money on, and asking her for every detail about where she is going, and what she has been doing. She finds way to get close to Eileen every time she comes in, so she can smell her breath – without Eileen noticing (so she thinks!).

She contacts the parents of all Eileen’s friends to ask detailed questions about what is going on, and if they think the group might be smoking, or worse.

Eileen is getting short tempered and uncommunicative, and Teresa views this as more evidence that something is wrong. When Eileen asks Teresa if she trusts her, Teresa responds by saying, ‘Of course I do!’





## CHARACTERISTICS OF CO-DEPENDENTS

1. They think and feel responsible for other(s).
2. They try to please others rather than themselves.
3. they anticipate other people's needs (or think so).
4. They are sad because they give so much and get so little.
5. They feel angry when their help is ineffective or unaccepted.
6. They find themselves doing things that others are capable of doing for themselves.
7. They 'rescue' rather than 'help'.

*(The helper listens but allows the helped to make his/her own decisions. The rescuer takes responsibility for the other's thoughts, responsibilities, decisions, feelings and actions – even when not asked).*