

UNPLUGGED

**AN EFFECTIVE SCHOOL-BASED PROGRAM
FOR THE PREVENTION OF SUBSTANCE USE
AMONG ADOLESCENTS**



Eudap Final Technical Report n.1





Author

the EU-Dap Study Group*

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Preface

EU-Dap, the European Drug Addiction Prevention trial, is a multicenter study implemented by nine partners from seven different European countries. EU-Dap project has been funded by the European Commission within the Community Programme for the prevention of drug dependence in 2002.

The project aimed both to develop a theory-based school program for the prevention of use of tobacco, drugs and alcohol, and to assess its effectiveness by mean of a rigorous experimental design.

UNPLUGGED, the program's name, has been developed by the EU-Dap Intervention Planning Group, and evaluated during the 2004-2005 school year among about 7000 12-14 years old students. On a short-term follow-up the program was able to reduce the use of tobacco, drugs, and intoxication drinking by 25-30% compared to the expected trends. The results are in publication in the scientific literature, and details can be found in the project's web site (www.eudap.net). The medium term evaluation is in progress and the results will be soon available.

In the meantime, this manual presents the instructions for the implementation of the program in schools, as it has been used during the evaluation study. During the experimental implementation several problems emerged, indicating that the program needs improvement, which is planned during the coming months. For this reason a caution statement has been added in the introduction for those wanting to apply the program in the present form.

We do hope that this manual will be useful for the schools' drug prevention activities, and we are grateful to those of you that will help the EU-Dap group's revision task with comments and suggestions.

Prof. Fabrizio Faggiano
Avogadro University - Italy
Project coordinator

Unplugged Introduction

THEORETICAL BACKGROUND AND INTRODUCTORY GUIDELINES FOR THE TEACHER
Use this with the annexes and unit outlines

1. UNPLUGGED

UNPLUGGED aims at delaying tobacco, alcohol and drug initiation among adolescents. It has been developed within the EU-Dap project in order to summarise all relevant knowledge on drug intake determinants and protective factors.

Today adolescents get values and ideas that are influenced from several different agents such as media, music, friends and movies. These influences are often and in many ways conflicting with the norms and values being taught at home and in school.

1.1 The Life-skills model

The "Life-skills" approach, uses a concept model that focuses on developing the adolescents' "life-skills", and integrates theoretical methods based on several related areas and studies. The model includes facts and knowledge on alcohol, drugs and tobacco as well as methods to solve problems, to enhance critical thinking, decision making and coping with emotions, communication and goal setting [1].

Usually several didactic methods, such as group-work and role-play are used in order to mediate this type of program.

A "Life-skills" program focuses on intra- and interpersonal skills and enhance young people's self-discipline, self-respect, respect for others and their feelings, trustfulness, privacy and individuality. The program also covers areas as how to take responsibility, how to fulfil obligations to one- self and to others, the ability to carry out an open, honest and clear communication and to act independently.

1.2 What causes drug problems?

Drug addiction is commonly described from both the medical and the sociological point of view [2] as a chronic, relapsing disease, characterised by the effects of the prolonged use of the drug itself and by the behavioural disorder due to its compulsive seeking.

Once established, addiction "is an uncontrollable compulsion to seek and use drugs". Two groups of drug users have so far been identified, "sensation seekers" and people who use drugs as a way to deal with life's problems or with a dysphoric mood [3]. Far from all users progress from experimental use to drug addiction. In fact, experimental use is considered typical of adolescents' behaviour, if by experimental we mean, the "use of drugs simply for the pleasant feelings or the euphoria that drugs can produce, or to feel accepted by their peers" [5]. Biological predisposition has also been forwarded as explanation for drug and alcohol abuse [2]. A genetic trait would make some individuals more prone to abuse than others. Individual vulnerability, due to neurological or psychological susceptibility, may in its turn speed up the trajectory from occasional drug use to addiction.

The aim for primary interventions should be to prevent initiation (from a population point of view, to reduce incidence of the first use), and to hinder the progression, i.e. the transition from experimental use to addiction. Different intervention models may employ selective approaches. Prevention of cigarette smoking, for instance, is a prototype of the latter approach, insofar initiation is nearly universal, while progression concerns 30-50% of the triers at any given point in time.

Marihuana use could be a target of interventions aiming both to reduce initiation and to hinder progression to hard drugs. The patterns of alcohol use are more complex than for tobacco and other drugs, since alcohol consumption and its occasional misuse is perceived by a majority of young people in Europe as an acceptable behaviour in the transition from childhood to adulthood [6, 7]. Research shows that intoxication drinking in youths, while hazardous for health, is in most cases a transient behaviour [8]. There is also evidence of a strong association between early onset of alcohol consumption and later misuse and dependence, especially if the problem drinking co-occurs with antisocial behaviours [9-11].

The risk for substance use increases in the process of the many different transitions, which the majority of adolescents go through. These transitions consist of major changes in physical development (ex. puberty) or social situations (ex. moving or parents divorcing) as well as the transition from primary, secondary school as well as to College and University.

Due to this multiplicity of occasions it is important for prevention planners to implement programs that provide appropriate support for different stages of children's development [1] and strengthen the protective factors throughout these transitions. In summary, the development of drug addiction among youths can be considered as

a largely substance-independent problem, and the preventive measures should target age categories instead of specific drugs.

1.3 Social determinants

Since long there has been a common understanding that young people initiate substance use due to peer-pressure. Lately however the importance of peer pressure on adolescents' use of substances has been questioned. It has been purported that the important process would rather be the "peer affiliation". Adolescents would mutually choose each other and form groups on the basis of pre-existing attitudes and susceptibility to specific behaviors (such as risk-taking behaviors and substance use) [2].

Parent's different behaviors and attitudes can be directly related to the drug use of the children in terms of protective and risk factors [7, 12-16]. Besides parents' own substance use, strong and positive bonds within a pro-social family; parental monitoring; clear rules of conduct that are consistently enforced within the family and parents that are involved in the lives of their children are factors that has a protective effect of substance use. Factors that are associated with "risk" include chaotic home environments, particularly in which parents abuse substances or suffer from mental illnesses; ineffective parenting, especially for children with difficult temperaments or conduct disorders [4].

2. Why is school-based prevention important?

Schools are appropriate settings for alcohol, illicit drugs and tobacco use prevention for many reasons. A primary reason is that schools offer the most systematic and efficient way to reach a significant number of students each year. Secondly, school staff can target youths at a young age before their beliefs about smoking have been established. Finally, school general curricula in itself can be used as part of a preventive approach, since positive school environment and school performance have been linked to lower probability of drug use. For instance, students who use tobacco are less likely than nonusers to participate in extracurricular activities or to get good grades [4].

It is important to remember that the school's primary role is to mediate knowledge, skills and sound values in relation to health and drug use. To change behaviours that are determined by factors beyond the influence of the school is not part of the school responsibility [17].

A school policy should cover:

An explanation of the rationale for preventing drug use.

Rules against use by students, all school staff and visitors on school property, in school vehicles and at school-sponsored functions away from school property.

Prohibitions against alcohol and tobacco advertising in school buildings, at school functions and in school publications.

A requirement that all students receive instructions on avoiding drug use.

Provisions for students and all school staff to have access to programs to help them quit using drugs.

Procedures for communicating the policy to students, all school staff, parents or families, visitors and the community.

School-based interventions do not need to be substance specific. It is indeed an advantage if such programs are designed to prevent the use of all substances.

3. Models and components of successful prevention

Traditional approaches to prevention are known as the knowledge model and the affective model [18]. These models have achieved limited success. The knowledge model is based on the assumption that providing adolescents with factual information about potentially destructive behaviour, like smoking or drug use, will prevent them from initiating that behaviour [19]. The information may be presented in several different ways, such as lectures presented by teachers or experts in the area, videotapes, posters and pamphlets. Research has shown that this method of prevention, with foundations on fear arousal, has limited or no effect. The affective model has a wider approach. It addresses factors related to self-esteem, decision-making and goal setting and often exclude detailed information concerning health consequences of the behaviour it self. The third model is the social influence model, of which "Life skills" is an example, recognises drug-use as a primarily social behaviour [20].

The following components have shown to increase the effectiveness of school-based programs: (i) teacher training and support from program developers or prevention experts. (ii) appropriate information about drugs, including information on short-term effects and long-term consequences. (iii) emphasis on normative education and reinforcement of awareness that most adolescents do not use alcohol, tobacco or other drugs. Since many youths overestimate the frequency of drug-use among peers, it's important that they learn to correctly interpret the occurrence and acceptability of the behaviour in their environment [4]. (iv) focus on personal, social and resistance skills in order to help identifying internal (e.g. anxiety and stress), as well as external (e.g. peer and

advertising) pressures. (v) structured broad-based skills training such as goal setting, stress management, communication skills, general social skills and assertiveness skills. (vi) active family and community involvement. (vii) cultural sensitivity- for example by including activities that require teacher and student input and which can be tailored to the cultural experience of the classroom [21, 22].

Independently of the underlying theoretical model, an interactive curriculum has shown to be more effective than a non-interactive one in preventing both illicit and legal drug uses among adolescents. Non-interactive program employ traditional communication from teacher to student, i.e. the teacher conveys knowledge and the learner is the recipient of information. Interactive programs focus on information exchange and on skill enhancement [23]. The basic idea is that feedback and constructive criticisms in a safe environment facilitate the practice of skills being taught in the intervention. Active learning engages the pupils in a dynamic process of learning, by using methods such as brainstorming, group discussion and debates.

Teaching models however should not be seen in a vacuum.

They should instead acknowledge the importance of allied components in the family and community that can increase the effects of school-based prevention. Prevention programs should indeed be designed to enhance "protective factors" i.e. factors that are associated with protective effects and reduced potential for drug-use, while reversing or minimising known "risk factors". Following the above mentioned evidence prevention programs should include: general life skills training, training of skills to resist the pressure to accept drugs when offered, reinforcement of personal attitudes and commitments against drug use, enhancement of social competence (e.g. in communications, peer relationships), self-efficacy, and assertiveness. Prevention programs for children and adolescents should include developmentally appropriate interactive methods, such as peer discussion groups and group problem solving and decision making.

Prevention programs should also be long-term (throughout the school years), with repeated interventions to reinforce the original prevention goals. For example, programs carried out in the elementary and middle school should include booster sessions to help with the critical transition from middle to high school.

Teachers are the keys to effective implementation of interventions based in school environment. In order to reach the best and most sustainable effect of an intervention it is important that the whole programme is implemented [24]. The motivation and enthusiasm of the teachers are other significant factors that can increase the endurance of the intervention [25]. It is vital that the teachers are familiar with the theory and conceptual framework of the program as well as with content of the guidelines. Adequate curriculum implementation and overall program effectiveness are enhanced when teachers are trained to deliver the programme and the didactic methods [25].

4. What are Life Skills?

Life skills are the ability to appreciate and respect others and create positive relations with family and friends, to listen and communicate effectively, to trust others and to take responsibility. Defined this way life skills might differ across cultures and settings. However, the analysis of the field suggests that there is a core set of skills that are at the heart of initiatives for the promotion of the health and well being of children and adolescents [1].

These are:

- Critical thinking
- Decision-making
- Problem solving
- Creative thinking
- Effective communication
- Interpersonal relationship skills
- Self awareness
- Empathy
- Coping with emotions
- Coping with stress
- Normative belief

Critical thinking is the ability to analyse information and experiences in an objective manner. Critical thinking can contribute to health by helping us to recognise factors that influence attitudes and behaviour, such values, peer and media pressure.

Decision-making helps to deal constructively with decisions about our lives. This applies to the field of health prevention if young people actively make decisions connected to personal health by assessing the different options, and the consequences that different decisions may entail.

Problem-solving enables us to deal constructively with problems in our lives. Significant unresolved problems could cause mental stress and give rise to accompanying physical strain.

Creative thinking contributes to both decision-making and problem-solving by enabling a person to explore the available alternatives and various consequences of actions or non-action. It helps to look beyond direct

experiences. Even if no problems are identified, or no decision is to be made, creative thinking can help to respond adaptively and with flexibility to situations of daily life.

Effective communication is the ability to express oneself, both verbally and non-verbally, in ways that are appropriate to one's culture and situation. This means being able to express options and wishes, but also needs and fears. It also may mean being able to ask for advice and help in time of need.

Interpersonal relationship skills help to relate in positive ways with people. Being able to make and keep friendly relationships can be of great importance for our mental and social well being. Keeping good relations with persons is an important source of social support. Being able to constructively end a relationship is also part of intra-personal skills.

Self-awareness includes recognition of ourselves, of our character, of our strengths and weaknesses, tastes and aversions. Developing self-awareness can help us to recognise when we are stressed or feel pressure. It is also often a prerequisite for effective communication and interpersonal relations, as well as for developing empathic relations with others.

Empathy is the ability to imagine what another person may experience in a situation that we are not familiar with. Empathy can help to understand and accept others who are very different from ourselves, can improve social interactions and encourage nurturing behaviour towards people in need of care, assistance or tolerance.

Coping with emotions involves recognising emotions in others and in ourselves, being aware of how emotions influence behaviour, and being able to respond to emotions appropriately. Intense emotions like anger or sorrow can have negative effects on our health if we do not react appropriately.

Coping with stress is about recognising the sources of stress in our lives, how these affect us, and acting to control our levels of stress. This may mean taking action to reduce the sources of stress (for example by making changes to our physical environment or lifestyle) as well as learning how to relax, so that tensions created by unavoidable stress do not give rise to health problems [1].

Normative belief is the phenomenon where your belief in something becomes the norm for your behaviour. If this belief is based upon wrong information or wrong interpretation, the norm is not adequate. Young people tend to have exaggerated beliefs concerning the attitude of older teenagers (e.g. *almost everybody smokes hash at 16*). This belief becomes their norm and influences their behaviour. The issue is also referred to as *normative education*: correcting normative expectations and attempting to create or reinforce conservative beliefs about prevalence and acceptability of drug use [25].

5. Teaching Techniques

Two techniques frequently used in life skill lessons are brainstorming and role-play.

Brainstorming is a creative technique for generating ideas and suggestions on a particular subject. Any topic can be explored using brainstorming. A question may be asked or an issue raised, and everyone in the group is asked to give suggestions about it in very simple terms, ideally with one word or a short sentence. In brainstorming, people just call out what they think, there should be no need to go round the group one by one. All suggestions would be listed for the whole group to see and summarise them. Brainstorming gives an opportunity for everyone's ideas to be valued and accepted without criticism. It represents also a moment for the life skills teacher when it is possible for them to learn how much the children understand of a subject and to note how they describe it in their own terms. It is also a very effective way of hearing ideas from the whole group in a limited period of time. Later in the lesson, the ideas generated during the brainstorming can be put in relation to the concepts being taught [1]. Role-Play consists of acting out a scenario, based on example situations described by the teacher or students. In role-plays various aspects of the same situation can be tried out, and the students can be given a chance to practice the life skills they are learning. Role-play can be of considerable value for dealing with sensitive issues that may cause anxiety in "real-life" situations because, the learner can practice alternative behaviours in a safe and controlled environment (appendix).

6. How is UNPLUGGED structured?

Un-plugged is a program based on the development of life skills, adopting the more effective teaching techniques to involve students in an interactive curriculum. Two separate models involve class peers and parents, in order to test the effect of this components increasing the effectiveness of the program, UNPLUGGED is therefore actually offered in three different shapes:

- basic curriculum: basic intervention with students alone. Composed by 12 lessons to be carried out weekly;
- class-peer curriculum: basic intervention plus the involvement of peers.
- parents curriculum: basic intervention plus the involvement of parents.

6.1 Structure of the BASIC curriculum

The program is structured in 3 parts and divided in 12 units.

Part one: Knowledge and Attitudes

Unit 1: Opening UNPLUGGED

Pupils will ...

- receive an introduction to the programme and the 12 lessons
- set objectives and rules for the lessons
- start reflecting on present or missing knowledge on drugs

Unit 2: Choices - risk and protection

Pupils will ...

- learn that there are different factors that influence people to take drugs, (effects/expectations on the effects of the drugs, environmental and personal factors)
- experience working in groups
- present their work to a forum

Unit 3: Drugs – get informed

Pupils will ...

- learn to sort out positive effects, negative effects and risks of drugs use
- Come back to the information that they assembled for the second lesson

Unit 4: Smoking the cigarette drug – get informed

Pupils will ...

- learn what effects are and especially negative effects of smoking
- learn that expected effects do not reflect real effects
- learn that positive short-term consequences are often more important for us than long-term negative effects
- discuss why people smoke even though they know about the health damaging effects

Part two: Interpersonal Skills

Unit 5: Your beliefs, norms and information: are they correct?

Pupils will ...

- understand the need to look critically at the accessible information sources
- experience differences between own thinking or opinions and actual data
- achieve a realistic estimation of peer drug use

Unit 6: To be or not to be in a group

Pupils will ...

- learn to identify how much their behaviour is modified by the group
- experience how it feels to be excluded and reflect on this experience

Unit 7: Express yourself

Pupils will ...

- learn how to communicate emotions in an adequate way
- distinguish between verbal and nonverbal communication
- experience that communication is more than talking

Unit 8: Party tiger

Pupils will ...

- recognise and appreciate the positive qualities of other people (positive feedback)
- learn to accept positive feedback
- experience how to make contact with other people
- practise non-verbal and verbal ways to present oneself to others and reflecting upon the way this is done

Part three: Intrapersonal Skills

Unit 9: Get up, stand up

Pupils will ...

- give and hear examples of assertive expressions
- learn how to stand up for ones' rights
- develop respect for the rights and opinions of the other people

Unit 10: Coping competences

Pupils will ...

- train conversation with peers about difficult experiences or feelings
- learn that negative feelings are not wrong or dangerous
- deal with weaknesses and limitations in a constructive way

Unit 11: Problem solving and decision making

Pupils will ...

- learn a technique to solve personal problems
- learn creative thinking
- exercise to stop, calm down and think when they have a problem, instead of reacting impulsively
- distinguish between long-term and short-term positive and negative consequences of different actions / solutions

Unit 12: Goal setting and closure

Pupils will ...

- train to split long term in short term objectives
- reflect on the opportunities to apply what they learnt in an individual context
- to assess strengths and weaknesses in the process of this program
- to explore ways of consolidation of the positive influence of these lessons in the group climate

6.2 Structure of a lesson

A standard structure for each lesson is the following:

Title

This expresses the essence of the lesson.

Objectives

This section describes the desired results of the different parts of the lesson, such as the preparation, opening, main activities and closure. In most lessons we list three objectives.

What you need

A list of materials that are needed to prepare or have at hand during the activities. An individual notebook specifically kept for these lessons is one of them.

Opening

A suggested introductory activity opens the lesson. It could also be called “positioning” or “starting point” of the lesson.

Main activities

For each lesson, there is a detailed and concrete list of suggested activities. Research has shown that a careful application of any prevention programme increases its degree of effectiveness. Therefore the order, structure and character of the activities in each lesson should not be altered.

Closure

This part contains a summary of the main activity and sometimes its evaluation. It can be a group round or a dialogue with open questions. Closing may also be done by a game, sometimes very short.

7. Teacher training

The teacher’s training for the basic curricula will be carried between June and August 2004. In order to achieve the highest effectiveness the teachers involved will be trained for 2,5 days. The training will be led by be experienced life skills trainers and include the following topics:

Day 1 - Main objective: Theoretical basics

- welcome, introduction of the trainer
- warming-up of the group
- theoretical background of the programme: introduction to
- the life-skills-approach
- studies on the effectiveness)
- group-dynamics (role of the teacher)
- developmental aspects in youth and drug-taking
- information on drugs
- overview of the programme manual
- nationally: integration of the programme into other school-based prevention programmes
- “flashlight”: feedback on the first day

Day 2 - Main objective: Getting to know the programme and teaching the units

- programme-specific exercises in order to get comfortable with the units: Teachers prepare lessons of the programme in small groups and present them to their colleagues
- “flashlight”: feedback on the first day

Day 3 (half day) - Main objective: “Bits and pieces”

- discussion of problems that might occur, addressing teacher’s anxieties
- introduction in the European evaluation study
- presentation of the questionnaire

- explanation of the data assessment procedure
- evaluation of the training and good-bye

8. Caution statement and support

The EU-Dap study demonstrated that Unplugged program, when applied to students of 12-14 years, is able to reduce the use of tobacco and cannabis, and the frequency of intoxication drinking by about 25-30%. This is in line with the better results from the application of life skills programmes already evaluated, mainly in the United States (Tobler 1997; Foxcroft 2002; Faggiano 2005). The results are not yet published in the scientific literature by now (June 2006), thus the evaluation study has not been submitted yet to a scientific peer-review process.

Since the program is funded by European Commission, it is a public property, and can be used freely.

However, it is important to underline that the observed efficacy was linked to some pre-requisites:

a. the program requires a specific training for teachers. At present, the only professionals authorised to supply the training course work in connection with the EU-Dap national centres. Please contact the closer EU-Dap centre for details.

b. the current version of the program underestimated the time needed for the implementation of some units.

When planning the intervention in the school we suggest to foresee more than one standard lesson hour for each unit. During next months, the program will be redesigned to take into account this problem.

Suggestions for the teacher

9. Suggestions for the teacher

9.1 Pedagogical tips and reminders

How to increase the positive climate in your class:

Appreciation and reinforcing positive behaviour

Everybody learns new behaviour by the consequences it has. If an act leads to a positive consequence, you are likely to repeat it. *Pupils, who are encouraged with a lot or only a few words because they contributed something, get more self-confident to speak up later on.*

If pupils learn to show appreciation the positive consequence will be an increased feeling of solidarity in class.

The feeling of solidarity between pupils grows if they notice by showing appreciation, they make someone's self-confidence grow.

By joining in yourself ...

... you give an example, you encourage active participation, you give a reward to the children, you show them that you don't ask something you don't like doing yourself.

Silent pupils ...

... sometimes don't need verbal expression because they learn as much by listening as their related classmates learn by talking.

Other children, who remain silent, actually prefer to take part but they are shy. Just a skill to involve these children (or children who acquired timid behaviour): each child whispers his own idea in the ear of its neighbour. The neighbour says aloud what he or she has heard.

Close to each other in a small circle ...

... children will speak freely, they will listen more intensive, they feel strongly connected, they experience less mutual rivalry.

Silence ...

... in the conversation doesn't mean that the learning process has stopped. Your pupils are thinking. Many of your questions are quite difficult. You should think about it yourself. To wait 10 seconds is surely not redundant. You can make silence more comfortable by explicitly announcing "let us now think about it all together", or by taking a recognisable position 'I am thinking now'.

The right to pass

If you ask about personal experiences, thoughts or feelings, you must give pupils the right to pass. They do not need to tell confidential things or something that could embarrass them. It is easier if you let the children talk to a doll, tell about a pet or a cuddly toy instead of somebody at home. You offer them opportunities to pass, without conspicuous.

Making ridiculous ...

... is very effective in causing frustration and humiliation. Sometimes it happens in a group that children are made laughable, either aloud or very secretly. Those you must strongly forbid in your classroom, preferably short after the occurrence. When you notice that there is humiliation and laughter, on the sly or even sneaky, you must tell them what you hear or see. That's very hard to do, but it gives your class the security and safety it needs.

"Talk about this matter at home" clearly isn't enough

Sometimes it can give the opposite effects if you give the task without any consideration. In order to avoid undesirable consequences it is recommended to inform the parents or caretaker of the tasks given. Examples of different ways to contact parents and caretakers are:

- ✓ By homework and tasks of which the pupils have to inquire their family members.
- ✓ By giving the pupils the task to read stories and discuss them shortly at home.
- ✓ By active participation in projects and activities.
- ✓ By 5 workshops for parents.

Questions about values

... you should answer in good conscience. Children want to know what you think. But you should let them think too. By analysing behaviour or expressions of the others, children learn to discover what is good or bad.

9.2 Role play

For a role play, a situation is taken from reality to another context – the more hands-on context of a role play. Role plays can be useful to analyse specific behaviours (a more "diagnostic" perspective) and to try and practise new or alternative behaviours in a protected frame.

Those pupils, who are not actively involved into the role play (i.e. the "audience"), serve as observers and should both give constructive and valuable feedback and learn by observing the actors ("modeling"). The teacher should

take the function of a moderator or “director” who is responsible for planning, realisation and evaluation of the role play.

A basic requirement for using role plays is an open and warm climate in the class. They should only be used if neither the class nor the teacher show resistance to express themselves in a play.

Steps to implement a role play

- **Introducing the technique of the role play and establishing rules for the role play:** It is important for all participants to get an idea about the sense of role plays and an agreement about some basic rules for working together in a structured manner. Therefore, the teacher should explain the method of the role play briefly and the class should then establish some rules for the acting and the observing pupils at the outset of a role play. Writing them down on a poster or the black board may be useful for keeping them in mind.

Some examples for the audience:

- we sit down quietly
- we observe the actors with attention
- we do not distract the actors by laughing or the like
- we assist the actors if they want it

Some examples for the actors:

- we play with concentration
- we try not to be distracted or amused
- we do not argue

- **Choosing the topic for the role play:** the topic is set as a concrete situation and should be described in detail (e.g.: Peter is meeting Paul and John in the afternoon. Paul and John have just started smoking and offer Peter a cigarette. But Peter does not want to smoke and wants both to resist the offer and to perpetuate the friendship).

- **Brainstorming for different solutions:** several ways of dealing with the topic are collected. The method of brainstorming is useful at this stage (i.e. collecting all ideas without censorship, also strange or “mad” ideas are allowed to get a range of different ideas as broad and creative as possible).

- **Assigning the roles the actors:** all roles who are needed for acting the respective role play are assigned.

- **Assigning a target and way to reach the target (formulation of the “script”):** the class decides together which targeted behaviour should be played. It is important to formulate the targeted behaviour as concrete as possible (e.g.: what does Peter say in detail? How does he express his intention? What is the reaction of Paul and John?) and to choose a realistic and practicable behaviour. Furthermore, the selected scene should not take longer than some minutes.

- **Assigning the roles to the observers/audience:** the other pupils get the instruction to observe the play. Different aspects of the behaviour can be highlighted (e.g. eye contact, gesture, posture, sound and loudness of speech). The rules for the audience (e.g. not to laugh) can be remembered.

- **First turn of the role play and evaluation:** the first turn of the role play is played. Afterwards, the actors describe their experience and feelings during the role play (this may be assisted by the teacher, e.g. asking “What was it like for you when Paul called you a coward?”) and the audience give a feed back what was done well.

Important rules for the feedback:

Only positive feedback is given!

The feedback should:

- be descriptive (not interpretative or evaluating)
- be directed to concrete and observable behaviour (not global impressions or traits of the actor)
- not ask too much of the actor (neither in quantity nor quality)

Positive feedback is a essential requirement for modifying behaviour in the long run. Negative comments should be avoided entirely. More appropriate are concrete, helpful and constructive suggestions what might be acted in a different and better way in the next turn (“you could try to speak a little bit louder in the next turn” instead of “I can never hear what you are saying”).

- **Planning of the next turn of the role play:** one or two concrete suggestions for the next turn of the role play are extracted from the feedback process.

- **Next turn of the role play an evaluation:** the next turn of the role play is played in the modified manner. Afterwards, the evaluation is done in the same way as after the first turn.

- The last three steps can be **repeated** as often as necessary or possible (until the actors and audience are comfortable with the solution).

- Possible **transfer** of the practised behaviour to real life can be discussed to complete the role play.

Further hints for the implementation of role plays:

- The selected situations should be graded by difficulty. Start with an easy one (e.g. well known situation, reduced complexity, actors with lowest anxiety).
- The actors should formulate their targeted behaviour themselves, the teacher can assist (e.g. by asking "how do you want to express this?"). The actors should repeat again in own words what they want to achieve ("self instruction").
- If the play stumbles, the teacher can assist the actors by giving short suggestions ("you could ask him, whether ..."), encouragement ("that was fine, go on") or recollection of former agreements ("you decided to say ...").
- It is important that everybody regards the role play as a situation of practise, i.e. it is not necessary that everything is perfect and mistakes are hidden, but the process of modification and amelioration can be prompted by "director's instructions". Furthermore, it should be highlighted that the actors are acting in a decided way and not showing their "real" behaviour. This can be supported by separating the "stage" for the role play strictly from the usual context of the class (e.g. the actors should leave the stage for the discussion of the next turn).
- Pupils who do not want to take the role of an actor should not be forced, because this could trigger anxiety and resistance. This pupil can be integrated e.g. by assigning a special task in observing the actors.
- Because of uncertainty and scepticism toward role plays it might be useful to introduce this technique slowly and step by step to reduce the sceptical attitude. At the beginning, it can be helpful to start with just playing some scenes or stories which are known from literature instead of playing every day's situations. Another possible step is the practical unit "What would you say, if ...": the class is sitting in a circle, one pupil describes a situation and throws a ball to someone else. This pupil has to react spontaneously and give a possible answer to the respective situation. Afterwards, he throws the ball to someone else. After collecting some possible reactions, a new situation is given. Examples for situations are:
 - You are standing in a line in the super market and somebody pushes to the front.
 - You are in the cinema and two people in front of you are talking continuously.
 - You are in the bus and the heater is much too hot.

9.3 Energisers

Howdy Howdy

Participants stand in a circle. One person walks around the outside of the circle and taps someone on the shoulder. That person walks the opposite way around the circle, until the two people meet. They greet each other three times by name, in their own continuing in opposite directions around the circle, to take the empty place. Whoever loses walks around the outside of the circle everyone has had a turn.

Juggling ball game

Everyone stands in a close circle. (If the group is very large, it may be necessary to split the group into two circles.) The facilitator starts by throwing the ball to someone in the circle, saying their name as they throw it. Continue catching and throwing the ball establishing a pattern for the group. (Each person must remember who they receive the ball from and who they have thrown it to.) Once everyone has received the ball and a pattern is established, introduce one or two more balls, so that there are always several balls being thrown at the same time, following the set pattern.

Names and Adjectives

Participants think of an adjective to describe how they are feeling or how they are. The adjective must start with the same letter as their name, for instance, "I'm Hnery and I'm happy". Or, I'm Arum and I'm amazing." As they say this, they can also mime an action that describes the adjective.

Three truths and a lie

Everyone writes their name, along with four large sheet of paper. For example, and loves PRA. Participants then circulate with their sheets of paper. They meet in pairs, show their paper to each other, and try to guess which of the "facts" is a lie.

Connecting eyes

Participants stand in a circle. Each person makes eye contact with another person across the circle. The two walk across the circle and exchange positions, while exchange at the same time, and the group should try to make sure that everyone in the circle is included in the exchange. Begin by trying this in silence and then exchange greetings in the middle of the circle.

Match the cards

The facilitator chooses a number of wellknown phrases, and writes half of each phrase on a piece of paper. For example, they write 'Happy' on one piece of paper and 'Birthday' on another (the number of pieces of paper should match the number of participants in the group). The folded pieces of paper are put into a hat. Each participant takes a piece of paper from the hat and tries to find the member of the group with the matching half of the phrase.

Space on my right

Participants are seated in a circle. The facilitator arranges for the space on their right to remain empty. They then ask a member of the group to come and sit in the empty space; for example, "I would like Lili to come and sit on my right". Lili moves and there is now a space on the right to another participant. The participant who is sitting next to the empty space calls the name of someone different to sit on his or her right. Continue until the entire group has moved once.

Who is the leader?

Participants sit in a circle. One person volunteers to leave the room. After they leave, the rest of the group chooses a "leader". The leader etc, that are copied by the whole group. The volunteer comes back into the room, stands leading the actions. The group protects the leader by not looking at him/her. The leader must change the actions at regular intervals, spots the leader, they join the circle, and the person who was the leader leaves the room to allow the group to choose a new leader.

Who are you?

Ask for a volunteer to leave the room. While the volunteer is away, the rest of the participants decide on an occupation for him/or her, such as a driver, or a fisherman. When the volunteer returns, the rest of the participants mime activities. The volunteer must guess the occupation that has been chosen for him/her from the activities that are mimed.

What kind of animal?

Ask participants to divide into pairs and to form a circle. Put enough chairs in the circle so that all but one pair has seats. Each pair secretly decides what type of animal they are. The two participants without chairs are the elephants. They walk around the circle calling the names of different animals. Whenever they guess correctly, the animals named have to stand up and walk behind the elephants, walking in mime. This continues until the elephants can guess no Then they call "Lions" and all pairs run for seats. The pair left without chairs becomes the elephants for the next round.

Killer wink

Before the game starts, ask someone to be "the killer" and ask them to keep their identity a secret. Explain that one person among the groups is the killer and they can kill by winking at them. Everyone then walks around the room in different directions, keeping eye contact with everyone they pass. If the killer winks at you, you have to play dead. Everyone has so try and guess who the killer is.

The sun shines on...

Participants sit or stand in a tight circle with one person in the middle. The person in the middle shouts out "the sun shines on..." and names a colour or articles of clothing that some one in the group possess. For example, "the sun shines on all those wearing blue" or "the sun shines on all with brown eyes" or "the sun shines on all those wearing socks" All the participants who have the attribute must change place with one other. The person in the middle tries to take one of their place as they move, so that there is another person left in the middle without a place. The new person in the middle shouts out "the sun shines on..." and names a different colour or type of clothing.

Coconut

The facilitator shows group how to spell out C-O-C-N-U-T by using full movements of the arms and the body. All participants then try this together.

Body writing

Ask the participants to write their name in the air with a part of their body. They may choose to use an elbow, for example, or a leg. Continue in this way, until everyone has written his or her name with several body parts.

Who am I

Pin the name of a different famous person to each participant's back, so that they cannot see it. Then ask participants to walk around the room, asking each other questions about the identity of their famous person. The questions can only be answered by "yes" or "no". The game continues until everyone has figured out who they are.

Group statues

Ask the group to move around the room, loosely swinging relaxing their heads and necks. After a short while, shout out a word. The group must form themselves into statues that describe the word. For example, the facilitator shouts "peace". All the participants have to instantly adopt, without talking, poses that show what 'peace' means to them. Repeat the exercise several times.

Move to the spot

Ask everyone to choose a particular spot in the room. They start the game by standing on their 'spot'. Instruct people to walk around the room and carry out particular action for example, hopping, saying hello to everyone wearing blue or walking backwards etc. When the facilitator says "stop", everyone must run to his or her original spots. The person who reaches their place first is the next leader and can instruct the group to do what they wish.

Banana game

A banana or other object such as a bunch of keys is selected. The participants stand in a circle with their hands behind their backs. One person volunteers to stand in the middle. The facilitator walks around the outside of the circle and secretly slips the banana into someone's hand. The banana is then secretly passed round the circle behind the participant's backs. The job of the volunteer in the middle is to study people's faces and work out who has the banana. When successful, the volunteer takes that place in the circle and the game continues with a new person in the middle.

Taxi rides

Ask participants to pretend that they are getting into taxis. The taxis can only hold a certain number of people, such as two, four or eight. When the taxi reaches a certain number of people, such as two, four, right sized groups. This is a useful game for randomly dividing participants into groups

Fruit salad

The facilitator divides the participants into an equal number of three to four fruits, such as oranges and bananas. Participants then sit on chairs in a circle. One person must stand in the centre of the circle of chairs. The facilitator shouts out the name of one of the fruits, such as 'oranges' and all of the oranges must change places with one another. The person who is standing in the middle tries to take one of their places as they move, leaving another person in the middle without a chair. The new person in the middle shouts another fruit and the game continues. A call of 'fruit salad' means that everyone has to change seats.

PRRR and PUKUTU

Ask everyone to imagine two birds. One call 'prrr' and the other calls 'pukutu'. If you call out 'prrr', all the participants need to stand on their toes and move their elbows out sideways, as if they were birds ruffling its wings. If you call out 'pukutu', everyone has to stay still and not move a feather.

Dancing on paper

Facilitator prepares equal sized sheets of newspaper or cloth. Participants split into pairs. Each pair is given either a piece of newspaper or cloth. They dance while the facilitator plays music or claps. When the music or clapping stops, each pair must stand on their sheet of newspaper or cloth. The next time the music or clapping stops, the pair has to fold their paper or cloth in half before standing on it. After several rounds, the paper or cloth becomes very small by being folded in small by being folded again and again. It is increasingly difficult for two people to stand on. Pairs that have any part of their body on the floor are "out" of the game. The game continues until there is a winning pair.

Tide's in/Tide's out

Draw a line representing the seashore and ask participants to stand behind the line. When the facilitator shouts "Tide's out!", everyone jumps forwards over the line. When the facilitator shouts "Tide's in!" everyone jumps backwards over the line. If the facilitator shouts "Tide's out!" twice in a row, participants who move have to drop out of the game.

I Like you because...

Ask the participants to sit in a circle and say what they like about the person on their right. Give them time to think about it first.

10. References

- [1].The Development and dissemination of Life Skills Education: An overview. The Development and dissemination of Life Skills Education: An overview. Geneva: Division of Mental Health, WHO; 1994.
- [2].Leshner AI. Drug abuse and addiction treatment research. The next generation. *Arch Gen Psychiatry* 1997;54(8):691-4.
- [3].Guidelines for School Health Programs to Prevent Tobacco Use and Addiction. *Morbidity and Mortality Weekly Report*. Atlanta: CDC; 1994:43(RR-2):.
- [4].Using Multiple Strategies in Tobacco Use Prevention Education. First Look Report. Washington: American Legacy Foundation; 2002:8.
- [5].Leshner AI. Science-based views of drug addiction and its treatment. *JAMA* 1999;282(14):1314-6.
- [6].Jessor R. Problem behavior and developmental transition in adolescence. *J Sch Health* 1982;52(5):295-300.
- [7].Velleman R, Mistral W, Sanderling L. Taking the message home: involving parents in drug prevention. Bath: University of Bath; 2000:117, pp 67-96.
- [8].Filmore K. Alcohol use across the life course. A critical review of 70 years of longitudinal research. Alcohol use across the life course. A critical review of 70 years of longitudinal research. Toronto: Addiction research foundation; 1988.
- [9].Gruber E, DiClemente RJ, Anderson MM, Lodicco M. Early drinking onset and its association with alcohol use and problem behavior in late adolescence. *Prev Med* 1996;25(3):293-300.
- [10].Pedersen W, Skrandal A. Alcohol consumption debut: predictors and consequences. *J Stud Alcohol* 1998;59(1):32-42.
- [11].DiFranza JR, Savageau JA, Rigotti NA, Fletcher K, Ockene JK, McNeill AD et al. Development of symptoms of tobacco dependence in youths: 30 month follow up data from the DANDY study. *Tob Control* 2002;11(3):228-35.
- [12].Brook JS, Brook D, Gordon AS, Whiteman M, Cohen P. The Psychosocial Etiology of Adolescent Drug Use: A Family Interactional Approach. Genetic,Social and General Psychology Monographs. The Psychosocial Etiology of Adolescent Drug Use: A Family Interactional Approach. Genetic,Social and General Psychology Monographs. . ; 1990.
- [13].Petraitis J, Flay BR, Miller TQ. Reviewing theories of adolescent substance use: Organising pieces of the puzzle. *Psychol Bull* 1995;117:67-96.
- [14].Steinberg L, Lamborn SD, Dornbusch SM, Darling N. Impact of parenting practices on adolescent achievement: Authoritative parenting, school involvement, and encouragement to succeed. *Child Dev* 1992;63:1266-81.
- [15].Mendes F et al. Family relationships and primary prevention of drug use in early adolescence. Coimbra - Portugal.: IREFREA; 1999.
- [16].Simons-Morton B, Crump AD, Haynie DL, Saylor KE, Eitel P, Yu K. Psychosocial, school, and parent factors associated with recent smoking among early-adolescent boys and girls. *Prev Med* 1999;28(2):138-48.
- [17].School-Based Drug Education: a guide for practioners and the wider community. School-Based Drug Education: a guide for practioners and the wider community. . United Nations Office for Drug Control and Crime Prevention; 2003.
- [18].Botvin G, Botvin E, Ruchlin H. School-Based Approaches to Drug Abuse Prevention: Evidence for Effectiveness and Suggestions for Determining Cost-Effectiveness. Cost-Benefit/Cost-Effectiveness Research of Drug Abuse Prevention: Implications for Programming and Policy. Rockville, Maryland: NIDA; 1998:176, pp 59-82.
- [19].Cuijpers P. Effective ingredients of school-based drug prevention programs. A systematic review. *Addict Behav* 2002;27(6):1009-23.
- [20].Stothard B, Ashton M. Education's uncertain saviour. *Drug and Alcohol Findings* 2000;3:4-26.
- [21].Komro KA, Toomey TL. Strategies to prevent underage drinking. *Alcohol Res Health* 2002;26(1):5-14.
- [22].Tobler N, Stratton H. Effectiveness of School-based Drug Prevention Programs: A Meta-Analysis of the Research. *J Prim Prev* 1997;18(1):71-128.
- [23].Tobler NS, Roona MR, Ochshorn P, Marshall DG, Streke AV, Stackpole KM. School-Based Adolescent Drug Prevention Programs: 1998 Meta-Analysis. *J Prim Prev* 2000;20(4):275-335.
- [24].Botvin GJ, Griffin KW, Diaz T, Scheier LM, Williams C, Epstein JA. Preventing illicit drug use in adolescents: long-term follow-up data from a randomized control trial of a school population. *Addict Behav* 2000;25(5):769-74.
- [25].Kealey KA, Peterson AV, Gaul MA, Dinh KT. Teacher training as a behavior change process: principles and results from a longitudinal study. *Health Educ Behav* 2000;27(1):64-81.
- [25].Botvin G. Preventing drug abuse in schools: social and competence enhancement approaches targeting individual –level etiologic factors. *Addict Behav*, 2000;25(6):887-897)
- [26].Faggiano F, Vigna-Taglianti FD, Versino E, Zambon A, Borraccino A, Lemma P. School-based prevention for illicit drugs' use. The Cochrane Database of Systematic Reviews 2005, Issue 2. Art. No.: CD003020.pub2. DOI: 10.1002/14651858.CD003020.pub2.
- [27].Foxcroft DR, Ireland D, Lowe G, Breen R. Primary prevention for alcohol misuse in young people. The Cochrane Database of Systematic Reviews 2002, Issue 3. Art. No.: CD003024. DOI: 10.1002/14651858.CD003024.

Outline and suggestions for the
12 lessons in the EU-Dap
trial intervention

Unit 1: Opening Unplugged

Introductory notes for the teacher:

Use this with the introduction and the annexes to the units.

1. *Group circle.* Take care of a setting where you can sit with the group in a circle so that the pupils can see each other. In most lessons you also need a blackboard or a flipover, implying a $\frac{3}{4}$ circle in order to be visible. For some active parts of the lesson you will need space to move around.
2. *Unplugged notebook.* Ask the pupils to bring a notebook that serves specifically for the Unplugged lessons. They will use it to make personal remarks and reflections. It's a personal notebook, serving as a journal and big enough (A4) to insert copies of fill in sheets.

Objectives

Pupils will:

- receive an introduction to the programme and the 12 lessons
- set objectives and rules for the lessons
- start reflecting on present or missing knowledge on drugs

What you need

- a poster with headlines of the 12 units
- 3-4 copies of a list with both stupid and necessary rules (annex 1)
- big sheet of paper with the headings of the units. Put it up on the wall in the classroom for the whole duration of the Unplugged programme.
- big sheet of paper for writing down the rules the class agreed on. This sheet will become as class contract and will be signed by all pupils and teachers (see annex 2 to get an idea how to prepare the rule poster and class contract). Put the sheet up on the wall in the classroom.
- big sheets of paper for collecting pupils' material (homework). Put them up on the wall in the classroom, for a few weeks.

Opening

Introduction to the programme

Show the poster with the headlines of UNPLUGGED on the wall.

Introduce the programme: "within the next 12 weeks we will do something really special here in class. Each week, we will have one special lesson together, called UNPLUGGED. Not only our class, but some other classes in our country and in 6 other European countries will do the same.

Show the twelve headlines of the units on the poster and explain that one of the pupils will highlight each lesson that you have done. In that way the pupils can see where they will arrive and what they have done so far.

Main activities

1. Set up rules – fill in sheet

Give a short overview of the lessons. You can make clear what they are about by explaining a few objectives, e.g. to get information about drugs, learn how you can discuss about smoking, learn how to make friends. Take care that you refer to the lesson objectives in words the pupils understand.

Explain that we all want to feel safe when we carry out our unplugged-lessons in order to enjoy them. What do we need in order to feel safe and good and to reach the objectives? Some rules are important in order to feel comfortable during the unplugged-sessions.

Ask the pupils to get together in 3 or 4 small groups. Hand over to each of the groups a list containing different rules (annex 1). On the sheet there are stupid and necessary rules. The groups discuss which rules they think are important and useful for the lessons (put a circle around it) and also think of rules that might be missing on the sheet (add them underneath).

2. Creating the class contract

Each group reports on the selected and added rules. Only the rules that all groups agree with will be put on the class contract (or ‘rule poster’). Rules on which there is no agreement will be discussed.

At the end all pupils and the teacher sign the class contract.

Be sure to have a connection between the rules and the objectives you mentioned: if we want to achieve these objectives we have to keep to those rules.

Note on sanctions

Rules have consequences and sanctions, of course. Always positively notice if the pupils stick to the rules. If pupils contravene the rules, find sanctions that are directly linked to the behaviour. Be open to discuss possible sanctions with the pupils.

Closure

Explain that for the following lesson, the pupils shall collect all information that they find with regard to drugs, addiction and dependency. Possible questions:

- If you think of addiction, what kind of addictive substances do you know?
- What do you know about them?
- Where can you get them?
- Did you happen to meet people taking drug?
- What did you notice?
- What was surprising for you?

If the pupils did not suggest it themselves, mention that alcohol, cigarettes and many medications are also drugs. Ask to bring their information in form of articles, brochures, outprints from internet sites, or write them on little cards and stick them on a big sheet that you have put up against the wall, all before the next lesson.

In a nutshell

- 1) Introduce the headings and objectives of the programme
- 2) Explain European idea of the programme
- 3) Set up and discuss rules for the lessons with the pupils
- 4) Explain homework to the pupils

Unit 1 Opening Unplugged – Annex 1	Unit 1 Opening Unplugged – Annex 2
Rules	Class contract
<p>Here you find some rules – which one sound good and which one would you consider rather stupid?</p> <ol style="list-style-type: none"> 1) I listen when somebody talks 2) I do not laugh about others in class 3) I treat confidentially when other pupils in class talk about personal things 4) if somebody disturbs the lesson, I kick him / her in the bump 5) when I want to say something, I start shouting so that everybody can hear what I want to say 6) I do not help others in class <p>Which rules do you find important for the UNPLUGGED-lessons?</p> <ol style="list-style-type: none"> 1. 2. 3. 4. 5. 6. 7. 	<p>On this sheet you can create your own class contract. You can also call it a <i>rule poster</i>.</p> <p style="text-align: center;">Our UNPLUGGED class contract</p> <p>We take part in the unplugged programme for the next few month and keep to the following rules that we all agreed on:</p> <ol style="list-style-type: none"> 1. 2. 3. 4. 5. 6. 7. 8. <p>If you do not keep to the rules, you will have to</p> <p>Signatures of the pupils and the teacher</p>

Unit 2: Choices - Risk and protection

Objectives

Pupils will:

- learn that there are different factors that influence people to take drugs, (effects/expectations on the effects of the drugs, environmental and personal factors),
- experience working in groups
- present their work to a forum

This unit focuses on alcohol as one of the drugs.

What you need

- The poster with collected material on drugs, addiction and dependency (homework of unit 1)
- Extra information on personal, social and physical factors of alcohol use
- A big sheet of paper for a collage (see example for the collage at the end of this unit)

Opening

Introduce the three factors relevant to alcohol use

Go back to the former lesson and the request to assemble materials on drugs, addiction and dependency. Focus on the information about alcohol. Assign together with the pupils alcohol information to three different groups:

PERSONAL FACTORS (e.g. you want to experience something unknown).

SOCIAL FACTORS (e.g. you want to keep the friends you are with and they drink or the availability of drugs in shops and supermarkets). *You can also refer to 'environmental' additional to 'social'.*

PHYSICAL FACTORS of alcohol (e.g. the alcohol gets into my blood and changes something in my brain function)

Identify the information from each group with a coloured sticker and show the pupils which extra information you have provided for them. Summarize the three factors and make clear that this is also valid for other drugs than alcohol. The pupils will work with the information on other drugs in the next few units.

Main activities

1. Factors relevant for drug use: Risks and Solutions

Divide the class with an active energizer in three groups.

Each group is responsible for one of the three factors and has to work with the collected materials. The following questions are important for the different groups:

Physical factors of the alcohol itself:

- What do you know about alcohol?
- What are the risks by drinking alcohol?

Social factors or environmental:

- Where can we get alcohol from?
- Who earns money from it?
- How do the producers make us buy the alcohol?
- Who in my environment drinks alcohol, who gets drunk? What can you do in order to protect yourself (solution)

Personal factors:

- Why do people (or myself) get drunk with alcohol?
- What do they expect?
- Are their expectations right?
- Why do they get drunk, even though they know about the negative consequences for their health?

The answers should be written or fixed on the big collage sheet.

Discuss with the group possible solutions or protections for the different factors. Add them to the collage.

Trigger questions:

- Why do other people do not drink alcohol?
- Why does someone drinks but does not get drunk?
- What can you do to protect yourself against the risks of alcohol?

Example for the collage:

	RISK	SOLUTION
PHYSICAL FACTORS		
SOCIAL FACTORS		
PERSONAL FACTORS		

Closure

Game: "get to the right, get to the left"

The pupils sit in the circle, one chair is missing, the pupil without the chair stands in the middle. When the pupil in the middle says "get to the right", (or left) everybody in the circle has to move one chair further to the right (or left). While the others are moving the pupil in the middle tries to get a seat in the circle. The pupil who cannot catch a seat has to go into the middle and so on.

In a nutshell

- 1) Distinguish the three factors relevant to drug use: physical or drug-related, environmental or social and personal factors
- 2) Let pupils compile information on these factors from the information they collected as homework in lesson 1.
- 3) Discuss in class the risks and solution related to these factors.

Unit 3: Drugs – Get informed

This lesson further elaborates the unit on alcohol and provides more specific information on drugs and their effects. The unit is differentiated in each country.

Objectives

Pupils will ...

- learn to sort out positive effects, negative effects and risks of drugs use
- come back to the information that they assembled for the second lesson

What you need

- prior reading of the information sheets on drugs (annex 1)
- copies of the quiz (annex 2)

Opening

Start with reminding the former lesson, what was it about? Did the pupils have any recognition of what they learnt in their every day's life the past week? Are there questions to be answered today or in the next lessons? Don't go into discussion too far, but keep track of the pupil's feedback.

Group forming and introduction in the lesson

Form 5 groups or less, if there are not many pupils in your group. Explain that in this lesson, pupils will get more information on different drugs through playing a game.

Main activities

Trivial pursuit

The 5 (or any other number of) groups play a quiz on effects of drugs (annex 2). Each group picks up 3 cards with questions and answers on drugs. They play 5 rounds (as many rounds as there are groups). In each round a different group is the quiz-master. The group that is first in bringing up the correct answer gets a point. At the end of all rounds the group with the highest score is the winner.

After the game, you can suggest to pin the the answer cards up on the information posters in the classroom.

Closure

Identify some common feelings or findings in what the pupils have learnt. For example:

- all drugs can be medicinal
- sometimes I had the wrong idea and I didn't know at all
- effects are on short-time and long-time
- there are plus and minus effects on the use of drugs

In a nutshell

- 1) Let pupils learn more on drugs in an interesting and interactive way

Annex 1

General Questions on Drugs

1. What does it mean, that drugs can influence our psychic life (emotions, behaviour and perception)?

All drugs are influencing our psychic living, i.e. they are able to change our emotions, thoughts and perception by having an effect on the brain. Under drugs, one is in a different and unusual state of consciousness: What one sees, feels or thinks is new and unknown. In this state, everything can seem to be new, more colourful, darker, happier, more sad, more intense or just unknown and frightening.

2. Why are drugs dangerous?

All drugs have a range of negative effects both on the body and the soul. Therefore, every (also experimental) use is a risk for your health. One of the most important risks of any drug is to become addicted.

3. Is the effect of a drug increasing if one takes more of it?

YES, IT IS. But that does not imply, that a higher dose makes you feel better. If one is funny and amused after having drunk e.g. two glasses of beer, it does not mean that one is even more funny and amused after having drunk 5 glasses of beer. Usually, this amount just makes you feel sick. This is the same for all other drugs.

4. Do all drugs effect all people in the same way?

NO. There are immense differences in the effects of drugs. It depends on many conditions in which direction drugs are having an effect on people, whether the drug makes you feel very good and euphoric or bad. For example, it depends on the way of having taken it, on the mood, the people around, the physical condition at the time of use and how one has felt before.

One of the most important conditions are the expectations. One example: If anybody pours a drug into your drink and you take the drink without noticing that, you will probably just feel sick. On the other hand: if you expect the drug to make you feel great and to get higher abilities, you will probably concentrate on the expected effects and ignore sickness or bad emotions.

5. Are drugs more dangerous for girls than for boys?

YES. Young people are more at risk by drugs in general, because their body and soul are still in development and therefore more sensitive. Girls can be affected stronger by drugs because of their physical condition (girls usually have a lower weight and less body liquid than boys) and may experience the negative effects of drugs more intense.

6. Are drugs also used as medicine for treating illnesses?

YES. Many drugs were or are still used for curing illnesses. Due to their strong and dangerous side effects, physicians use them only in very distinct illnesses with high prudence.

7. Are there any drugs, which do not have the risk on getting addicted to?

NO. There are no such drugs. The risk of addiction is given with all drugs – either alcohol, ecstasy or heroin. The risk is higher in drugs, which are injected, smoked or sniffed, because they are affecting the body very fast and intense. Because these effects do not last for a long time, the consequence may be that one wants to repeat the use very fast and may therefore lose control easily.

8. What are the reasons for young people to try drugs?

There are many reasons why somebody tries a drug. One possible reason is curiosity, another the drive to challenge the own limits and “to play with fire”. There may be also “deeper” reasons, e.g. that somebody believes that he might forget his problems when using drugs or that one wants to become more courageous and assertive.

9. Will other people like me more if I use drugs?

NO. People who are ready to take risks are often admired by others and might therefore be liked more for a short period. But in the long run, the most popular and liked people are those who are mastering their life. That is not really a typical characteristic of drug users.

10. Are drugs helpful in solving problems?

NO. When somebody uses drugs, he might forget his worries and problems for a short time. But the use of drugs will lead to even more problems, because drugs have strong unwanted effects and drug use may sometimes also have legal consequences.

Information and Questions on Inhalants

“Scientific” information:

- Inhalants subsume a range of gaseous substances which are absorbed via the nose or mouth by inhaling

- The following substances are used as inhalants: gasoline, adhesive, stain remover, paint remover and paint thinner, polish remover or expanding agents in aerosol cans
- Inhalants are affecting the psyche and mind, i.e. they are influencing the emotions, perceptions, thoughts and judgements.
- Use of inhalants can lead to addiction.
- It is very harmful for the health to inhale these substances, because enduring problems with concentration and coordination as well as brain damages may result.

Possible effects:

- Some seconds after inhaling, the user is feeling relaxed, warm, cheerful and in a flush. This effect usually continues for some minutes.
- At the same time, vision and hearing is affected and everything gets a little bit blurry.
- Because the blood vessels are expanded quickly, the user often experience headache, dizziness, strong heart beats, red skin and he possibly feels sick.

Risks that should be known:

- Inhaling these substances can be especially dangerous. In the state of flush, loose of control e.g. on the coordination of movements may happen. The breath is slowed down and often the user experiences an inner nervousness.
- The inhaled amount is only hard to control. In case of inhaling very high amounts, dysfunctions of the blood circulation in the brain may occur which can provoke damages in the brain or paralysis.
- If the substances have contact with the skin accidentally, corrosion and enduring damages may result.
- Laying kerchiefs or sacks used for inhalation directly on the face risks the danger of suffocation.
- In extreme cases, inhalation of these substances can induce apnoea and cardiac arrest.

Questions:

1. Why is it dangerous to inhale paint, adhesive or gas?

These substances are toxic and inhaling them can cause brain damages. Furthermore, inhaling these substances is inducing a state comparable to being drunken which increases the risk for accidents.

2. Are inhalants like gasoline, adhesives or paint removers drugs?

YES they are, because they influence emotions, perception, thoughts and judgement and users can become addicted to them.

Information and Questions on Alcohol

“Scientific” information:

- The chemical name of alcohol is ethyl alcohol or ethanol.
- Alcohol is dampening the central nervous system. This means that all reactions are slowed down under alcohol without having influence on this.
- Furthermore, alcohol is affecting the psyche and mind (so-called psychoactive substance), i.e. our emotions, thoughts and perception are changed by alcohol.
- Alcohol reaches all organs of the body via the blood. About 90% of the used alcohol reaches the brain. Low doses of alcohol result in a stimulation of some areas in the brain and a lowering of activity in many other areas of the brain. Greater amounts of alcohol have only dampening effects.
- 30-60 minutes after consumption, the alcohol level in the blood reaches the highest concentration. The exact level of blood alcohol depends on the amount of consumed alcohol, speed of absorption in bowel and stomach, body weight, gender and individually different speed in degradation of alcohol. The level of blood alcohol is measured in “per mill”. One per mill means that one litre of blood contains one millilitre of pure alcohol.
- Alcohol has an effect in “two stages”: first, a pleasant reaction is directly beginning, quite pronounced and lasting for a not very long time (this is experienced as relaxation, calming down, disinhibition or comparable). Secondly, a slowly beginning, not very pronounced but long lasting unpleasant reaction is experienced as nervousness, bad temper, listlessness or hangover. This unpleasant effect can be stopped or substituted by the pleasant effect of new alcohol consumption. That implies the risk of drinking more or more frequent.
- A glass of beer (250ml, 4%), a cocktail (70ml, 18%), a “hard” drink like whiskey (25ml, 45%) and a glass of wine (100ml, 12%) contain the same amount of pure alcohol, namely 8-10g.
- The degradation of alcohol takes quite a long time. For the degradation of 0.1 per mill of alcohol, our liver needs about one hour (females need even longer). After an evening with a lot of alcohol one is still alcoholized on the next day (which can be smelled by the others around).
- A male adult should not drink more than 20 g pure alcohol per day (i.e. 2 glasses of beer at maximum). A female adult should not drink more than 10 g pure alcohol per day (i.e. 1 glass of beer at maximum)

- Perennial, regular and intense alcohol use can result in severe physical and psychic addiction.
- Moderate alcohol use (i.e. little amounts in any case) is not harmful for the health in the long run. Even some positive and health promoting effects were found for moderate alcohol use (especially for wine).

Possible effects:

- Usually, one feels relaxed, cheerful and fine after one or two glasses of alcohol. The heart is beating faster and the breath is fastened, too. In many cases, one experiences himself as more sociable and courageous in the contact to others.
- Drinking more (alcohol blood level of 0.2-1.2 per mill, usually reached in young people after two to three drinks) may result in losing control over the situation, misinterpreting risks and taking on too much. It might happen that one is reacting impulsively and is doing things which one regrets afterwards. For example it is possible that one is reacting more intense, possibly also in an aggressive way, or is exposing oneself to situations which would be avoided in sobriety. Already at this time, you can not coordinate your movements well and you are reacting more slowly (though you are not noticing that).
- After having drunk even more (alcohol blood level 1.3- 3 per mill), one is hardly able to coordinate movements, is staggering and is able to concentrate in limits. Often one perceives everything double and talks indistinctly. Furthermore, many people feel sick.
- From 3 per mill on, undercooling, overheating or deep sleep are resulting, from 4 per mill on, coma and death can occur.
- After having drunk too much (the exact amount is different from person to person), one feels bad and sick on the following day. Usually one suffers by head ache and stomach ache and is not very powerful.

Risks which should be known:

- Most accidents are caused by alcohol: car accidents, accidents in the household, destructive behaviour and also suicides are very often caused by too intense alcohol use.
- Alcohol also disinhibits risky behaviour like e.g. aggressive behaviour or risky sexual behaviour. A special note should be taken on the fact that rapes are often happening under the influence of alcohol.
- Regular alcohol use is impairing the power, concentration and cognitive capacity. In people with intense alcohol use, destroying of cells in the brain is observed. This damage is the stronger the more alcohol is used per day.
- Regular drinkers develop a “tolerance” against alcohol. That means that the body needs higher amounts of alcohol to reach the same relaxing effect. Establishing of tolerance is one criterion for beginning alcohol dependence.
- Being drunken one might do or say things which are not remembered on the following day. It could be somewhat embarrassing to be the only one who does not know what was happening the evening before, couldn't it?
- Alcohol makes thick: one glass of beer contains 100 calories. Especially alcopops contain many calories.
- Alcohol damages the heart and liver and influences the blood pressure. People with specific illnesses should therefore renounce the use of alcohol.
- A mixed consumption of alcohol with other substances is very dangerous. Combining alcohol with other downers like sleeping or relaxation drugs increases the risk to lose consciousness, to collapse or the risk of respiratory arrest with possibly lethal outcome.

Questions:

1. Is alcohol good for quenching one's thirst?

NO not at all. Alcohol extracts fluid from the body. Therefore, it is extremely dangerous to use alcohol together with ecstasy or speed (amphetamines). The risk of a heat stroke is heightened. To prevent these effects it is advisable to drink as much non-alcoholics as possible before, during and after drinking alcohol (the best is mineral water).

2. If one has eaten enough before, is it possible to drink much alcohol without getting drunk?

NO, that is not fully true. With an empty stomach, the effects of alcohol are really more intense and occur more fasten. To avoid getting drunken fast, one should have eaten something before starting to drink alcohol. Nevertheless, alcohol makes you drunken (some after the one or two, others after several glasses).

3. After having drunk too much in the evening, is it possible to sleep in and to be fit on the next day?

NO, that is not possible. After having drunk alcohol, the physical power is impaired also on the following day. Furthermore, the most relaxing stage of sleep – the dream stage – is disturbed by intense alcohol use resulting in reduced ability on the next day.

4. Can one get used to drinking?

YES. One gets used to drinking in the way that one needs more and more alcohol to reach the same effect and that one gets drunken after higher amounts by the time. But that implies also, that more damage is done of which some usually are leading to enduring consequences.

5. Is it true that drinking increases the chances in flirting?

NO, that should be doubted. It might happen that somebody feels more courageous and assertive in flirting. But in getting into contact with other people it is important to interpret the reactions of the other person in an appropriate way and to register his or her emotions. Because alcohol influences our feelings and thoughts, it might easily happen that one is acting too fast or that one is hurting his or her emotions. Another important point is that one smells strongly after having drunk a lot. That is not always attractive for everybody.

6. Should I rather drink alcopops (mixed drinks consisting of alcohol and a sweet soft drink), which are not that strong?

NO. Alcopops contain as much alcohol as e.g. beer, though they are mixed with soft drinks. Furthermore, due to their sweetness one does not taste the alcohol and gets used to it very fast. This might result in drinking too much without noticing it and in wanting to drink more and more after having got used to it.

7. Can girls drink as much as boys?

NO. Girls should never start this kind of competition. The same amount of alcohol results in a 20% higher alcohol blood level in women compared to men. Because girls are usually having a lower weight than boys, the difference is even more pronounced.

8. Is the amount of alcohol changed by mixing drinks?

NO, the amount of pure alcohol remains the same, equal if one adds juice, water or ice. But it is recommended to drink a lot of juice or water when drinking alcohol as a protection against a hangover.

9. Is it true that one loses the flush faster by taking a cold shower, drinking coffee or having a walk in the cold air?

NO, there is no specific method to get sober again. On average, it takes about 8 to 16 hours to degrade the alcohol completely. In young people and especially in girls the effects of alcohol consumption are holding on even longer. To extenuate the unpleasant effects of a hangover one should eat light meals and drink a lot (non alcoholics) on the next day.

10. What is a hangover?

A hangover is the result of having drunk too much alcohol. It is a sign for an intoxication and dehydration of the body, which is usually experienced on the following day. Somebody who has a hangover suffers by headache, is tired and flabby and has difficulties in concentrating.

11. Will other people like me more if I use alcohol?

NO. It is possible that one gets more courageous and, therefore, is getting into contact with other people with less doubts after having drunk alcohol. But because one usually drinks too much to become courageous and sociable and because alcohol leads to a loss of control over the situation and oneself, the risk of making oneself ridiculous is high.

Information and Questions on Cannabis

“Scientific” information:

- Cannabis is used as an umbrella term for the hemp products hashish and marihuana.
- Hashish is composed by the resin of the bloom of the cannabis plant, while marihuana is a mixture of pulverised leafs, blooms and stem of the plant.
- Cannabis contains tetrahydrocannabinol (THC). This substance is influencing our psychic live (psychoactive substance), in other words: our thoughts and emotions are influenced by cannabis. The direction in which this influence is manifested (i.e. whether it is a pleasant or irritating experience) depends on many factors (see possible effects).
- THC is absorbed by the mucosa of the lung if cannabis is smoked and by the mucosa of the bowel if cannabis is eaten or drunk. Via the blood, THC is transported to all organs. Traces of THC can be detected in the urine also weeks after consumption.
- When THC reaches the brain, it influences areas which are responsible for remembering new information and for executing specific movements automatically. That explains why most people can not remember new things under the influence of cannabis, have a disturbed perception of time and can hardly control their movements. The effect on memory is going on for quite a long time.

Possible effects:

- It can be very different how somebody feels after having used cannabis. The effect depends on the amount used, the experiences of the person, the external circumstances and also very much on the expectations of the person. Therefore, it might happen that somebody does not feel anything special at the first uses, but it is also happening that one is feeling sick or panicking at the first use.
- Cannabis has a psychoactive effect. That means, it is influencing emotions, perception, thoughts and estimation of risks. Usually, one feels cheerful and relaxed after the use, music sounds more intense and one is laughing more. Time and surrounding is perceived differently. Some people like this, others get ruthless and even others

may experience panic or hallucinations. Under the effect of cannabis one can not concentrate on external situations or remember new information. This period usually lasts one to two hours and then fades away slowly. Afterwards, one usually feels dozy and faint.

- Physical effects of cannabis are red eyes, an increased heart rate and a dry mouth. Arms and legs seem to be heavier and it is harder to coordinate movements. These effects are doubled by drinking alcohol at the same time. Very often one gets very hungry (usually for sweets).
- Recently, negative effects of cannabis on intelligence were shown. Especially people who are not on the top intellectually and use cannabis regularly, get remarkable difficulties in their cognitive functions (e.g. ability of memory or reaction). These cognitive impairments may go on for up to one month even after having stopped the use of cannabis.

Risks which should be known:

- Since the effect of cannabis can be very different, there is always the danger of having a very bad experience in using cannabis. Especially in case of feeling sad or anxious or having mental problems, one should not use cannabis. Namely, these feelings are increased by cannabis and very unpleasant experiences may result.
- Use of cannabis can lead to psychic addiction, i.e. that one needs cannabis to relax, to enjoy and be happy, to have intense feelings and to feel comfortable.
- High doses of cannabis can cause circulatory disturbances (dizziness or even fainting).
- Under the influence of cannabis one is more susceptible to accidents because the perception and the appraisal of critical situations is biased.
- Attention, memory and concentration are influenced by THC. Daily use can result in remarkable problems in school achievement, cutting down of activities and loss of interest in former liked issues.
- One effect of cannabis use is a higher concentration in internal processes, i.e. on own emotions, thoughts and perceptions. Some people shield themselves completely under cannabis. In this sense, one is not really the best “party type” and has no satisfying contacts to others.
- Smoking of cannabis increases the risk for respiratory problems like bronchitis, trachea or lung infections.
- Comparable to smoking of cigarettes, physical condition and performance in sports are impaired.
- Since the smoke of cannabis (which is mixed with tobacco) usually is inhaled more deeply and kept for a longer time in the lung than the smoke of cigarettes, the harm of one joint is comparable to the harm of 3 to 5 cigarettes (as far as carbon monoxide and tar are concerned).
- Drinking or eating cannabis have stronger effects, though these effects start with a delay (of about one hour). Oral consumption more often leads to hallucinations.
- Use of hashish and marihuana are illegal in most countries and not tolerated by society. Being caught while using cannabis can lead to severe problems.
- Nowadays, cannabis products are much stronger (i.e. they contain much more THC) than some years ago. With this higher concentration also problems and risks are on the rise: a high proportion of young people admitted to psychiatric clinics is treated because of problems due to cannabis. Especially those who use cannabis to feel less nervous and tense should be careful.

Questions:

1. Is it possible to get addicted to hashish or marihuana?

YES, it is. If one uses cannabis to relax, to be happy, to enjoy music or to be together with other people, one is on the best way to become addicted. The consequences of psychic dependence refer to many areas of live. An important point is, that an addicted person needs help and counselling in any case.

2. Is it less harmful for the body to smoke hashish than to smoke cigarettes?

NO. Since the smoke of cannabis (which is mixed with tobacco) usually is inhaled more deeply and kept for a longer time in the lung than the smoke of cigarettes, the harm of one joint is comparable to the harm of 3 to 5 cigarettes (as far as carbon monoxide and tar are concerned).

3. Why should I avoid cannabis when I do not feel fine?

Cannabis can not solve any problems, it can just make you forget about them for some hours. Furthermore, it is very likely that somebody with worries feels not better under cannabis, because cannabis amplifies emotions and does not change negative emotions into positive. Especially somebody who is feeling sad or anxious or is having mental problems should not use cannabis. There is the risk that cannabis increases mental problems which might break out then completely.

4. Will I become more attractive in a group when I use cannabis?

NO. If a group considers the use of cannabis as a “must”, it might be that one is only accepted when using it. But the question arises whether it is worth being part of such a group in which one needs to be in a flush to feel comfortable. Besides this, cannabis has the effect of concentrating on oneself and having not very distinct interest in other people. That is usually not very attractive for people who want to get into contact to others.

5. Is cannabis a gateway drug for other, “harder” drugs?

NO. We know that most cannabis users do not use “hard” drugs afterwards and stop the cannabis use after some time of experimentation. But in the sense of getting used to a drug to feel comfortable or to forget one’s problems, one increases the risk to try also other drugs.

6. Is it less harmful to eat or drink cannabis than to smoke it?

NO. Drinking or eating cannabis has stronger effects compared to smoking it, though these effects start with a delay (of about one hour). Oral consumption more often leads to hallucinations.

7. What kind of problems may arise if one smokes a joint once in a while?

Many different problems may arise. On the one hand, one is in danger as far as accidents, irresponsible decisions and ruthless behaviour are concerned. Besides this, one runs the risk of getting addicted and uses it always when feeling uncomfortable.

8. Is it true that cannabis increases the chances in flirting?

NO, that should be doubted. First of all, one gets red eyes by cannabis and the eyelids are often swelled also on the following day – which does not appear very attractive. Besides this, one often says senseless things or concentrates on oneself under cannabis. In this state, one communicates worse with others and is therefore probably also worse in flirting.

Information and Questions on Ecstasy

“Scientific” information:

- Ecstasy is used as a term for several different chemical substances (mainly MDMA).
- All these substances are influencing our psychic live (psychoactive substance). That means that they change our thoughts and perception by influencing our brain. Under ecstasy, one is in a different state of consciousness: what is thought, seen or felt is especial and not familiar. In this state, everything might appear new, more colourful, darker, happier, more sad, more intense or just unfamiliar and irritating.
- It was often shown that sometimes other substances which are not psychoactive (placebos) or are very harmful for health (e.g. methadone) are sold as ecstasy.
- Ecstasy is used orally (via the mouth) or nasally (via the nose) in form of pills, fluid, capsules or powder.
- The time in which ecstasy is effective depends on the dose, the way of use and personal factors like body weight, gender or ingestion in advance. An average dose is effective for 3 to 6 hours, MDA up to 12 hours.

Possible effects:

- 20-60 minutes after the use of ecstasy the entire body is prickling. The arms seem to be rigid, the mouth is dry and the heart is beating faster. The pupils are widened. Sometimes one is feeling sick or experiences tension in the jaw or grinding with the teeth.
- Somewhat later, the psychic effects of ecstasy occur: positive and negative feelings are more intense, inhibitions are reduced and one feels more attracted to other people. Hunger and thirst disappear and one feels very awake and alert. After the effect of ecstasy is faded out, exactly the opposite occurs: People feel very tired, exhausted and sad. These negative effects may last for up to 24 hours.

Risks which should be known:

- You can never feel secure about the substances which are really in the pills or powder, in which concentration they are and how dangerous they are (unless you have analysed the substance chemically). Ecstasy is not a controlled medicament, but often self designed pills.
- Ecstasy eliminates thirst and tiredness. If one is dancing without a break in addition, one is running the risk that the body temperature is increasing very strong and that one might even get a heat stroke. Therefore it is vital to drink as much (non alcoholics) as possible and to rest at times.
- The use of ecstasy can lead to strong anxiety, horror visions and difficulties in orientation.
- Ecstasy burdens body and soul. In case of health or mental problems one should avoid ecstasy in any case.
- If one uses ecstasy regularly, the negative effects (tiredness and sadness) are stronger than the wanted effects. As consequence, one uses more ecstasy to reach the positive effects which increases again the harmful effects on body and soul.
- Ecstasy has only a short-time-effect in deleting sad emotions. “Weekend users” are usually suffering by mild depression during the week.

Questions:

1. If ecstasy makes me happy, why shall I avoid it?

Every feeling, which is established in an artificial way, has risks: it is a dangerous game with body and soul to try to establish an emotional state in an artificial way without feeling the way before. Furthermore, the happiness is lasting only as long as the substance is effective. After some hours the user usually feels mouldy: exhausted and sad for hours and often mildly depressed for days.

2. Why is it dangerous to dance for hours under the influence of ecstasy?

Due to its effect in the brain, ecstasy eliminates tiredness completely, i.e. one does not realise at all that one is actually completely exhausted. Furthermore one does not perceive hunger nor thirst, which is dangerous when dancing for hours. Dancing and loss of fluid can result in a heat stroke, in some cases with lethal consequences.

3. Is it possible to get addicted to ecstasy?

YES, it is possible to get addicted to ecstasy. After having used ecstasy often, the wanted effects (to feel good and fit) are getting weaker time by time. Increasing the dose is not followed by a reduction of tiredness and sadness. If one uses ecstasy to feel better at the weekend though one has felt depressed, tired and without energy during the entire week, one is on the way to become addicted to ecstasy.

Information and Questions on Cocaine

“Scientific” information:

- Cocaine is a white crystalline and bitter tasting powder which is produced by leaves of the coca plant which are mixed with water, chalk or sodium carbonate, kerosene and ammonia
- Cocaine is usually sniffed, but it can also be injected into the vein.
- Cocaine has very fast onset in effects and strong influence on our psychic life (thoughts, perception and emotions). If cocaine is sniffed, the effects begin just after some minutes.
- The effect of cocaine is lasting for 30 to 60 minutes.

Possible effects:

- Cocaine causes an intense euphoric feeling very fast. The user feels very awake, vital and restless and has the drive to move. Thoughts are running and sometimes, users talk very much and say senseless things. One feels excessively assertive, ready to take risks and can become very thoughtless and aggressive. This includes also the danger of underestimating real risks, e.g. to jump down from any high place or comparable.
- In a cocaine flush one does not perceive hunger, thirst or tiredness.
- After the effect of cocaine has faded out (i.e. approximately after one hour), one feels sad, tense or anxious for a longer period and has the urge to use cocaine directly again.
- High doses of cocaine can trigger strong feelings of anxiety or delusions, e.g. it is possible that one thinks to be observed or pursued steadily.

Risks which should be known:

- Cocaine can induce or amplify mental problems or disorders. Especially in young people the risk of inducing anxiety states, delusions or psychoses is high.
- One can become addicted to cocaine especially because one is feeling that bad after the flush that one wants to use the drug directly again to feel strong and assertive again.

Questions:

1. Will I become slim by the use of cocaine?

NO, you won't. Cocaine just has the effect of suppress the perception of hunger during the flush. This implies that one probably will not eat anything during this time, but it is very likely that one will eat later on (i.e. after approximately one hour), because one feels very sad (and therefore might especially eat sweets or fat things).

2. Does cocaine make somebody more attractive?

NO. Under cocaine one experience a strong drive to talk and might conclude to become more sociable or interesting. But others perceive this rather as unbearable and obstrusive babbling than as an attractive conversation. Furthermore, cocaine often causes an enduring rhinitis and strong sweating – which might ruin the “sexy image”.

3. Is it possible to get addicted to cocaine?

YES, it is. One can become addicted to cocaine especially because one is feeling that bad after the flush that one wants to use the drug directly again to feel strong and assertive again.

4. What does happen when using cocaine?

Cocaine causes an intense euphoric feeling very fast. The user feels very awake, vital and restless and has the drive to move. Thoughts are running and sometimes, users talk very much and say senseless things. One feels excessively assertive, ready to take risks and can become very thoughtless and aggressive. This includes also the danger of underestimating real risks, e.g. to jump down from any high place or comparable. In a cocaine flush one does not perceive hunger, thirst or tiredness. After the effect of cocaine has faded out (i.e. approximately after one hour), one feels sad, tense or anxious for a longer period and has the urge to use cocaine directly again.

5. Is it possible to increase school performance by using cocaine?

NO, it isn't. Use of cocaine causes the loss of control over one's thoughts. Furthermore, one has a biased self image under cocaine: one beliefs to know things better, but this perception is not matching with reality.

Information and Questions on Heroine

“Scientific” information:

- Heroine is an artificial derivative of morphine and subsumed under opioids.
- Heroine is a substance with influences on our psychic life (psychoactive substance), i.e. heroine changes our emotions, thoughts and perception by affecting the brain and inducing a different stage of consciousness.
- Heroine has an analgetic effect.
- Heroine induces both physical and psychic dependence.
- Heroine is injected, sniffed or smoked. The effect of heroine may last from one hour up to one day and depends on dose and way of application, body weight, gender and brain characteristics of the user.
- After a quite short time of use, tolerance develops, i.e. one has to use more and more to achieve the same effect.
- Once the body is used to the consumption of heroine, strong reactions result if the use is stopped. These so called withdrawal symptoms are strong aches in the limbs, hot or cold flushes, severe depression or very frightening hallucinations.

Possible effects:

- Heroine reduces anxiety and tension. Heroine users report warm and cosy feelings, happiness, better “understanding” of things, seeing beautiful or terrifying pictures and being in a floating state between being awake and sleeping. From outside, they appear apathetic and without interest.
- Negative effects of heroine are: feeling irritated, problems with orientation, difficulties in remembering and amnesia as well as imprecise speech.
- Further effects are extreme constipation, loss of sexual interest and hunger and thirst. The deficits in interests concerning nutrition, clothes and hygiene may lead to remarkable neglect.
- Heroine slows down the respiration including the risk of slowing it down that much that the user dies.

Risks which should be known:

- Heroine has effects with a very fast onset and causes a slowing down of thoughts and reactions. The effects may last for a long time and make the user more susceptible to accidents due to the biased perception and appraisal of critical situations.
- Use of needles and shots for the injection of heroin imply a very high risk of getting infected by illnesses like hepatitis or by the HI-virus (AIDS-virus).
- Regular use of heroine leads to development of tolerance. That means that one has to use more and more to achieve the same effect. Continued use leads to physical and psychic dependence and strong withdrawal effects when the use is stopped.
- Since heroine slows down the respiration, it is fatal to use heroine in case of lung illnesses (like asthma).
- The quality of heroine is often doubtful and there are very dangerous mixtures.

Questions:

1. Is heroine an addictive drug?

YES, it is. Regular use of heroine causes both physical and psychic dependence already after a short period of time. This implies that one feels bad without heroine (aches in the whole body, sleeplessness, nervousness and restlessness, weakness) and has an irresistible urge to use the drug again. People who are dependent to heroine are usually not able to take care or to be interested in any other issue than heroine. Heroine is becoming the absolute mean in their lives.

2. Is it less dangerous to smoke or sniff heroine?

NO, it is not. Equal if one smokes, sniffs or injects heroine, one is risking his physical and mental health. Heroine leads to dependence if used regularly and one is risking very much if one tries this drug.

3. How does one feel after the use of heroine?

It is true for all drugs that one might experience very different feelings after the use. It depends on many conditions whether one feels fine and euphoric or whether one has a bad sensation. Some people report that they felt happy in the flush, others had frightening visions and felt very anxious. It is well known that heroine dampens feelings and all reactions (slowing down speaking and thinking). Heroine users isolate themselves and are not very interested in other people or topics.

Annex 2

General Questions on Drugs

1. What does it mean, that drugs can influence our psychic live (emotions, behaviour and perception)?

All drugs are influencing our psychic living, i.e. they are able to change our emotions, thoughts and perception by having an effect on the brain. Under drugs, one is in a different and unusual state of consciousness: What one sees, feels or thinks is new and unknown. In this state, everything can seem to be new, more colourful, darker, happier, more sad, more intense or just unknown and frightening.

2. Why are drugs dangerous?

All drugs have a range of negative effects both on the body and the soul. Therefore, every (also experimental) use is a risk for your health. One of the most important risks of any drug is to become addicted.

3. Is the effect of a drug increasing if one takes more of it?

YES, IT IS. But that does not imply, that a higher dose makes you feel better. If one is funny and amused after having drunk e.g. two glasses of beer, it does not mean that one is even more funny and amused after having drunk 5 glasses of beer. Usually, this amount just makes you feel sick. This is the same for all other drugs.

4. Do all drugs effect all people in the same way?

NO. There are immense differences in the effects of drugs. It depends on many conditions in which direction drugs are having an effect on people, whether the drug makes you feel very good and euphoric or bad. For example, it depends on the way of having taken it, on the mood, the people around, the physical condition at the time of use and how one has felt before.

One of the most important conditions are the expectations. One example: If anybody pours a drug into your drink and you take the drink without noticing that, you will probably just feel sick. On the other hand: if you expect the drug to make you feel great and to get higher abilities, you will probably concentrate on the expected effects and ignore sickness or bad emotions.

5. Are drugs more dangerous for girls than for boys?

YES. Young people are more at risk by drugs in general, because their body and soul are still in development and therefore more sensitive. Girls can be affected stronger by drugs because of their physical condition (girls usually have a lower weight and less body liquid than boys) and may experience the negative effects of drugs more intense.

6. Are drugs also used as medicine for treating illnesses?

YES. Many drugs were or are still used for curing illnesses. Due to their strong and dangerous side effects, physicians use them only in very distinct illnesses with high prudence.

7. Are there any drugs, which do not have the risk on getting addicted to?

NO. There are no such drugs. The risk of addiction is given with all drugs – either alcohol, ecstasy or heroin. The risk is higher in drugs, which are injected, smoked or sniffed, because they are affecting the body very fast and intense. Because these effects do not last for a long time, the consequence may be that one wants to repeat the use very fast and may therefore loose control easily.

8. What are the reasons for young people to try drugs?

There are many reasons why somebody tries a drug. One possible reason is curiosity, another the drive to challenge the own limits and “to play with fire”. There may be also “deeper” reasons, e.g. that somebody believes that he might forget his problems when using drugs or that one wants to become more courageous and assertive.

9. Will other people like me more if I use drugs?

NO. People who are ready to take risks are often admired by others and might therefore be liked more for a short period. But in the long run, the most popular and liked people are those who are mastering their live. That is not really a typical characteristic of drug users.

10. Are drugs helpful in solving problems?

NO. When somebody uses drugs, he might forget his worries and problems for a short time. But the use of drugs will lead to even more problems, because drugs have strong unwanted effects and drug use may sometimes also have legal consequences.

Questions on Inhalants

11. Why is it dangerous to inhale paint, adhesive or gas?

These substances are toxic and inhaling them can cause brain damages. Furthermore, inhaling these substances is inducing a state comparable to being drunken which increases the risk for accidents.

12. Are inhalants like gasoline, adhesives or paint removers drugs?

YES they are, because they influence emotions, perception, thoughts and judgement and users can become addicted to them.

Questions on Alcohol

13. Is alcohol good for quenching one's thirst?

NO not at all. Alcohol extracts fluid from the body. Therefore, it is extremely dangerous to use alcohol together with ecstasy or speed (amphetamines). The risk of a heat stroke is heightened. To prevent these effects it is advisable to drink as much non-alcoholics as possible before, during and after drinking alcohol (the best is mineral water).

14. If one has eaten enough before, is it possible to drink much alcohol without getting drunk?

NO, that is not fully true. With an empty stomach, the effects of alcohol are really more intense and occur more fasten. To avoid getting drunken fast, one should have eaten something before starting to drink alcohol. Nevertheless, alcohol makes you drunken (some after the one or two, others after several glasses).

15. After having drunk too much in the evening, is it possible to sleep in and to be fit on the next day?

NO, that is not possible. After having drunk alcohol, the physical power is impaired also on the following day. Furthermore, the most relaxing stage of sleep – the dream stage – is disturbed by intense alcohol use resulting in reduced ability on the next day.

16. Can one get used to drinking?

YES. One gets used to drinking in the way that one needs more and more alcohol to reach the same effect and that one gets drunken after higher amounts by the time. But that implies also, that more damage is done of which some usually are leading to enduring consequences.

17. Is it true that drinking increases the chances in flirting?

NO, that should be doubted. It might happen that somebody feels more courageous and assertive in flirting. But in getting into contact with other people it is important to interpret the reactions of the other person in an appropriate way and to register his or her emotions. Because alcohol influences our feelings and thoughts, it might easily happen that one is acting too fast or that one is hurting his or her emotions. Another important point is that one smells strongly after having drunk a lot. That is not always attractive for everybody.

18. Should I rather drink alcopops (mixed drinks consisting of alcohol and a sweet soft drink), which are not that strong?

NO. Alcopops contain as much alcohol as e.g. beer, though they are mixed with soft drinks. Furthermore, due to their sweetness one does not taste the alcohol and gets used to it very fast. This might result in drinking too much without noticing it and in wanting to drink more and more after having got used to it.

19. Can girls drink as much as boys?

NO. Girls should never start this kind of competition. The same amount of alcohol results in a 20% higher alcohol blood level in women compared to men. Because girls are usually having a lower weight than boys, the difference is even more pronounced.

20. Is the amount of alcohol changed by mixing drinks?

NO, the amount of pure alcohol remains the same, equal if one adds juice, water or ice. But it is recommended to drink a lot of juice or water when drinking alcohol as a protection against a hangover.

21. Is it true that one loses the flush faster by taking a cold shower, drinking coffee or having a walk in the cold air?

NO, there is no specific method to get sober again. On average, it takes about 8 to 16 hours to degrade the alcohol completely. In young people and especially in girls the effects of alcohol consumption are holding on even longer. To extenuate the unpleasant effects of a hangover one should eat light meals and drink a lot (non alcoholics) on the next day.

22. What is a hangover?

A hangover is the result of having drunk too much alcohol. It is a sign for an intoxication and dehydration of the body, which is usually experienced on the following day. Somebody who has a hangover suffers by headache, is tired and flabby and has difficulties in concentrating.

23. Will other people like me more if I use alcohol?

NO. It is possible that one gets more courageous and, therefore, is getting into contact with other people with less doubts after having drunk alcohol. But because one usually drinks too much to become courageous and sociable and because alcohol leads to a loss of control over the situation and oneself, the risk of making oneself ridiculous is high.

Questions on Cannabis

24. Is it possible to get addicted to hashish or marihuana?

YES, it is. If one uses cannabis to relax, to be happy, to enjoy music or to be together with other people, one is on the best way to become addicted. The consequences of psychic dependence refer to many areas of live. An important point is, that an addicted person needs help and counselling in any case.

25. Is it less harmful for the body to smoke hashish than to smoke cigarettes?

NO. Since the smoke of cannabis (which is mixed with tobacco) usually is inhaled more deeply and kept for a longer time in the lung than the smoke of cigarettes, the harm of one joint is comparable to the harm of 3 to 5 cigarettes (as far as carbon monoxide and tar are concerned).

26. Why should I avoid cannabis when I do not feel fine?

Cannabis can not solve any problems, it can just make you forget about them for some hours. Furthermore, it is very likely that somebody with worries feels not better under cannabis, because cannabis amplifies emotions and does not change negative emotions into positive. Especially somebody who is feeling sad or anxious or is having mental problems should not use cannabis. There is the risk that cannabis increases mental problems which might break out then completely.

27. Will I become more attractive in a group when I use cannabis?

NO. If a group considers the use of cannabis as a “must”, it might be that one is only accepted when using it. But the question arises whether it is worth being part of such a group in which one needs to be in a flush to feel comfortable. Besides this, cannabis has the effect of concentrating on oneself and having not very distinct interest in other people. That is usually not very attractive for people who want to get into contact to others.

28. Is cannabis a gateway drug for other, “harder” drugs?

NO. We know that most cannabis users do not use “hard” drugs afterwards and stop the cannabis use after some time of experimentation. But in the sense of getting used to a drug to feel comfortable or to forget one’s problems, one increases the risk to try also other drugs.

29. Is it less harmful to eat or drink cannabis than to smoke it?

NO. Drinking or eating cannabis has stronger effects compared to smoking it, though these effects start with a delay (of about one hour). Oral consumption more often leads to hallucinations.

30. What kind of problems may arise if one smokes a joint once in a while?

Many different problems may arise. On the one hand, one is in danger as far as accidents, irresponsible decisions and ruthless behaviour are concerned. Besides this, one runs the risk of getting addicted and uses it always when feeling uncomfortable.

31. Is it true that cannabis increases the chances in flirting?

NO, that should be doubted. First of all, one gets red eyes by cannabis and the eyelids are often swelled also on the following day – which does not appear very attractive. Besides this, one often says senseless things or concentrates on oneself under cannabis. In this state, one communicates worse with others and is therefore probably also worse in flirting.

Questions on Ecstasy

32. If ecstasy makes me happy, why shall I avoid it?

Every feeling, which is established in an artificial way, has risks: it is a dangerous game with body and soul to try to establish an emotional state in an artificial way without feeling the way before. Furthermore, the happiness is lasting only as long as the substance is effective. After some hours the user usually feels mouldy: exhausted and sad for hours and often mildly depressed for days.

33. Why is it dangerous to dance for hours under the influence of ecstasy?

Due to its effect in the brain, ecstasy eliminates tiredness completely, i.e. one does not realise at all that one is actually completely exhausted. Furthermore one does not perceive hunger nor thirst, which is dangerous when dancing for hours. Dancing and loss of fluid can result in a heat stroke, in some cases with lethal consequences.

34. Is it possible to get addicted to ecstasy?

YES, it is possible to get addicted to ecstasy. After having used ecstasy often, the wanted effects (to feel good and fit) are getting weaker time by time. Increasing the dose is not followed by a reduction of tiredness and sadness. If one uses ecstasy to feel better at the weekend though one has felt depressed, tired and without energy during the entire week, one is on the way to become addicted to ecstasy.

Questions on Cocaine

35. Will I become slim by the use of cocaine?

NO, you won't. Cocaine just has the effect of suppress the perception of hunger during the flush. This implies that one probably will not eat anything during this time, but it is very likely that one will eat later on (i.e. after approximately one hour), because one feels very sad (and therefore might especially eat sweets or fat things).

36. Does cocaine make somebody more attractive?

NO. Under cocaine one experience a strong drive to talk and might conclude to become more sociable or interesting. But others perceive this rather as unbearable and obtrusive babbling than as an attractive conversation. Furthermore, cocaine often causes an enduring rhinitis and strong sweating – which might ruin the “sexy image”.

37. Is it possible to get addicted to cocaine?

YES, it is. One can become addicted to cocaine especially because one is feeling that bad after the flush that one wants to use the drug directly again to feel strong and assertive again.

38. What does happen when using cocaine?

Cocaine causes an intense euphoric feeling very fast. The user feels very awake, vital and restless and has the drive to move. Thoughts are running and sometimes, users talk very much and say senseless things. One feels excessively assertive, ready to take risks and can become very thoughtless and aggressive. This includes also the danger of underestimating real risks, e.g. to jump down from any high place or comparable. In a cocaine flush one does not perceive hunger, thirst or tiredness. After the effect of cocaine has faded out (i.e. approximately after one hour), one feels sad, tense or anxious for a longer period and has the urge to use cocaine directly again.

39. Is it possible to increase school performance by using cocaine?

NO, it isn't. Use of cocaine causes the loss of control over one's thoughts. Furthermore, one has a biased self image under cocaine: one beliefs to know things better, but this perception is not matching with reality.

Questions on Heroine

40. Is heroine an addictive drug?

YES, it is. Regular use of heroine causes both physical and psychic dependence already after a short period of time. This implies that one feels bad without heroine (aches in the whole body, sleeplessness, nervousness and restlessness, weakness) and has an irresistible urge to use the drug again. People who are dependent to heroine are usually not able to take care or to be interested in any other issue than heroine. Heroine is becoming the absolute mean in their lives.

41. Is it less dangerous to smoke or sniff heroine?

NO, it is not. Equal if one smokes, sniffs or injects heroine, one is risking his physical and mental health. Heroine leads to dependence if used regularly and one is risking very much if one tries this drug.

42. How does one feel after the use of heroine?

It is true for all drugs that one might experience very different feelings after the use. It depends on many conditions whether one feels fine and euphoric or whether one has a bad sensation. Some people report that they felt happy in the flush, others had frightening visions and felt very anxious. It is well known that heroine dampens feelings and all reactions (slowing down speaking and thinking). Heroine users isolate themselves and are not very interested in other people or topics.

Unit 4: Smoking the cigarette drug

Get informed

Objectives

Pupils will ...

- learn what effects are and especially negative effects of smoking
- learn that expected effects do not reflect real effects
- learn that positive short-term consequences are often more important for us than long-term negative effects
- discuss why people smoke even though they know about the health damaging effects

What you need

- Prior reading of the fact sheet on smoking (annex 1)
- Copies of the quiz (annex 2)
- Big sheet of paper: on the left side it displays “effects of smoking” ; on the right side “what do young people expect from smoking”

Opening

Start with reminding the former lesson, what was it about? Did the pupils have any recognition of what they learnt in their every day's life the past week? Are there questions to be answered today or in the next lessons? Don't go into discussion too far, but keep track of the pupil's feedback.

Quiz on cigarettes

Let the pupils fill in the short quiz (annex 2) regarding effects of smoking and industry liability. After filling it in, go over the right answers together and have the pupils compare their score.

Main activities

Cigarettes – can they keep their promise?

The big sheet is put up on the wall in the class room.

Discuss with the group why people smoke, even though they know about the bad consequences on health. What are the advantages young people see in smoking?

You can make a link to the lesson before, when the class learnt that there are different factors that are responsible for drug taking: substance, environment and personal factors.

Also look with the pupils to short-term and long-term consequences:

- Are they balanced on both sides?
- What can you learn from that?
- Are short term positive effects more important to us than long-term negative?

Closure

A little feedback from the pupils on the UNPLUGGED programme itself could be appropriate at this stage:

- How do you feel with the programme?
- What do you think is interesting? What not?
- What would you like to suggest for the next lessons?

You can ask to write the answer to these questions in their personal UNPLUGGED-notebooks.

But you can also use the format of a game: Pupils walk in different corners of the classroom. For example: left corner means *I really like the programme*, right corner means *I have a suggestion for improvement*.

In a nutshell

- 1) Pupils learn facts about smoking and tobacco through a quiz
- 2) Discussion the difference between real effects and expected effects of smoking in class
- 3) Comparing short term and long term effects positive and negative effects and expectations of smoking in class

Annex 1

Information on Nicotine

“Scientific” information:

- Nicotine is the substance in cigarettes which is responsible for the wanted effects of smoking. Furthermore, it is the component of cigarettes which leads to addiction.
- Nicotine is absorbed in the lung and reaches the brain via the blood in less than 10 seconds. Due to this very high speed, the smoker realises the effects of nicotine very fast (and this speed is faster than if the substance was injected). In the brain, nicotine affects several areas and triggers changes in the entire body: the heart beats faster, the blood pressure is increased, the metabolism is accelerated, blood vessels contract and the blood circulation and temperature in hands and feet is decreased (that is the reason why smokers have more often cold hands and feet compared to non smokers). These effects are stressing the body.
- Nicotine is a toxic substance, i.e. in adults, a dose of 0.05 grams of pure nicotine causes death. In infants, already the swallowing of one cigarette is lethal.
- This toxic effect is apparent if somebody is smoking his first cigarettes: usual consequences are coughing, feeling sick, the throat feels rough, eyes get red and water – signs that the body “fights” against the toxic substance.
- Besides nicotine, cigarettes and the smoke of cigarettes contain about 3,700 different chemical substances, e.g. ammonia, arsenic, tar, hydrogen cyanid, carbon monoxide or butane gas. Many of them are well known from “other contexts”, e.g. arsenic is used as a poison against rats and ammonia is a component of detergents. These substances are responsible for the negative effects on health, about 40 of them are shown to cause cancer.
- Cigarette smoking is the single biggest avoidable cause for death and illnesses in Europe and other industrialised countries. In Europe, more than 500.000 people die per year due to the consequences of smoking.
- Each cigarette takes about 11 minutes from the life-span of a smoker.

Possible effects:

- When nicotine reaches the brain, the smoker perceives the effects of the body usually as an increase in attention and memory, decrease of hunger and pain and relief in digestion.
- Smoking is perceived as either relaxing or stimulating. The direction of the effect depends mainly on the state before the cigarette is smoked and the expectations of the smoker in the respective situation. Due to this “dual” effect, nicotine has a high potential to be the source of positive effects in any situation.
- Many studies have shown that nicotine does not lead to “real” relaxation or reduction of stress. It was shown that the effects which smokers perceive as relaxation or reduction of stress are rather a reduction of withdrawal symptoms. These withdrawal symptoms (like nervousness, restlessness, problems with concentration) are perceived as negative and therefore their disappearance and reduction due to smoking is perceived as pleasant and relief.

Risks that should be known:

- Nicotine is a drug with a very high probability to induce addiction. It is estimated that 60 to 80% of regular smokers are addicted. Signs of addiction are the urge to smoke, quit attempts without success, development of tolerance (compare the information sheet on drugs for an explanation of tolerance) and withdrawal symptoms if one smokes less or stops smoking. Usual withdrawal symptoms are nervousness, restlessness, craving for nicotine, problems with concentration and sleep, increased appetite and depressed mood. Most smokers who want to stop smoking fail several times – it is very hard to stop smoking once started. Furthermore, recent studies have shown that already in adolescents smoking leads to signs of dependence very fast (in days to weeks after onset of – not even regular - smoking).
- Carbon monoxide – a very toxic gas in the smoke of cigarettes – reduces the transport of oxygen to the inner organs. This results in loss of power and physical condition. This effects can be perceived already soon after one has started smoking. One example is getting out of breath quickly in sports or going upstairs.
- The reduced blood circulation is responsible for a worsening of skin. The skin of smokers is grey and pale and smokers get more and earlier wrinkles than non smokers.
- Other negative effects which are visible for others or occur in a short period after onset of smoking are: clothes and hair smell badly, teeth and fingers turn yellow, smelling and tasting are worsened and – last but not least – smoking is very expensive.
- Tar is a result of the burning process. A smoker who smokes one pack of cigarette per day “consumes” about one cup of pure tar per year. Tar covers the lung, induces coughing, increases the risk for infections in the respiratory system and contains substances which cause cancer.

- The very well known risks for health in the long run are the following: an increased risk for cancer (not only lung cancer but also very many other types of cancer e.g. in trachea, kidney or pancreas), increased risk for cardiac heart disease and other illnesses due to the disturbances in blood vessels and decreased blood circulation (stroke, smokers leg, impotence). Furthermore, smokers have a higher risk for parodontosis and other problems with the teeth and gum.
- In females, the combination of using the anti-baby-pill and smoking increases the risk for damage in the blood circulation (e.g. thrombosis, heart attack, stroke) even more. Therefore, girls and women who use the pill, should not smoke.
- Smoking during pregnancy leads to a decreased weight of infants, slower growth and heightened risk of premature birth and sudden infant death syndrome. Cigarette smoke is one of the most dangerous
- kinds of air pollution. Passive smoking impairs the well-being and health: the mucosa of eyes, nose and throat are irritated, coughing, head-ache, feeling sick and dizziness may occur, the risk for cardiac heart disease, cancer and damage in the respiratory system (e.g. asthma, bronchitis) is heightened. This is especially true for children.

Annex 2

Quiz on smoking and tobacco

Read every question or statement carefully and decide then, which answer is correct. Write your answer: a, b or c in the box.

1. How many really dangerous substances (some of them can even cause cancer) do cigarettes contain?

- (a) approx. 3.700
- (b) approx. 200
- (c) approx. 1.200

My answer

2. More than 80% of smokers start to smoke before ...

- (a) the age of 18
- (b) the age of 21
- (c) the age of 25

My answer

3. Each year, more people die of smoking than of ...

- (a) illicit drugs
- (b) car accidents
- (c) both reasons mentioned above together

My answer

4. After each cigarette you smoke, you live how many minutes less?

- (a) approx. 2 minutes
- (b) smoking does not influence the duration of your life.
- (c) 11 minutes

My answer

5. How many people die from smoking each year in Europe?

- (a) more than 10,000
- (b) more than 100,000
- (c) more than 500,000

My answer

6. What can happen to the baby when a pregnant woman (a woman having a baby) smokes?

- (a) babies grow more slowly
- (b) babies are born underweight
- (c) (a) and (b)

My answer

7. What amount of pure nicotine causes death?

- (a) 1 kilo
- (b) 100 grams
- (c) 0,05 grams

My answer

8. What percentage of smokers in Europe want to stop smoking and have tried to stop smoking?

- (a) 6%
- (b) 28%
- (c) 55%

My answer

9. How many people die from smoking each year worldwide?

- (a) 40,000
- (b) 400,000
- (c) 4,000,000

My answer

10. How many young smokers have tried to stop smoking at least once?

- (a) 11 %
- (b) 35 %
- (c) 61 %

My answer

11. What does happen immediately after one smokes a cigarette?

- (a) hands and feet get colder
- (b) stomach is irritated
- (c) clothes and hair smell badly

My answer

12. Who shows the best performance in difficult concentration-tests?

- (a) smokers
- (b) non-smokers
- (c) ex-smokers

My answer

13. In Tanzania, harvested tobacco-leaves are being dried with hot. How much wood is destroyed in order to “desiccate” 1 kilo of tobacco:

- (a) 1 kilo of firewood (made out of lumbered savannah-treas)
- (b) 5 kilos of firewood
- (c) no firewood at all, because in Africa the air is hot enough

My answer

14. How many smoking teenagers want to quit smoking or at least smoke less reduce it?

- (a) 2 %
- (b) 30 %
- (c) 68 %

My answer

15. Children who are exposed to environmental smoking, are more likey to develop:

- (a) inflammation of the middle ear
- (b) bronchitis
- (c) asthma or other infections of the airways more often

My answer

16. Tobacco industrie adds substances to cigarettes in order to make people more addictive. Which of these substances are added to cigarettes from the Tobacco Industrie for this purpose?

- (a) licorice
- (b) cacao
- (c) ammonia

My answer

17. How many of the substances contained in cigarette smoke can cause cancer?

- (a) none
- (b) approx. 10
- (c) approx. 40

My answer

Correct solutions

1a, 2a, 3a, 4c, 5c, 6c, 7c, 8c, 9c, 10c, 11abc; 12b, 13b, 14c, 15abc; 16abc; 17c

Unit 5: Your beliefs, norms and information: are they correct?

Objectives

Pupils will ...

- understand the need to look critically at the accessible information sources
- experience differences between own thinking or opinions and actual data
- achieve a realistic estimation of peer drug use

What you need

- Possibility to put posters up on the wall
- The information posters from unit 2
- Extra information about cigarettes and publicity on smoking
- Post-it's or stickers with TRUE, FALSE or ?
- Annex 1, a copy big enough to show to the class
- Annex 2, one copy for each pupil
- Annex 3 with national figures about drug use by 15-18 year old
- Annex 4 to be read and prepared by yourself and with two icons

Opening

Before you start: check if the drug information the pupils gathered for unit 2 is still on the wall. Put up copies of *publicity* about cigarettes and *information* about cigarettes on an adjacent wall. (*Your country might have restrictions on tobacco publicity, in that case you can take copy of an interview or article with pro-tobacco arguments.*)

Start with reminding the former lesson, what was it about? Did the pupils have any recognition of what they learnt in their every day's life the past week? Are there questions to be answered today or in the next lessons? Don't go into discussion too far, but keep track of the pupil's feedback.

Initiate the lesson by asking how many people smoke, according to the pupils. Note down some of the numbers and explain that you often have a wrong idea about something although you *think* you've based upon correct information. Give an example where you yourself have been misled by information through the media: publicity, films, websites, ... That's why the focus of this session is on critical thinking.

Main activities

1. Confronting figures

Show the students the chart with the numbers about sports practicing behaviour (Annex annex 1). Clarify the difference between the frequencies (lifetime, year, month, day ...). Also between 'everybody' and specific age groups. *You could use as well a graphic presentation of another behaviour: e.g. shopping behaviour or watching television.*

Verify if every student knows what the substances in the following question are. Have the students individually fill in the empty charts you have divided (annex 2). Ask them to estimate how many % of 15-18 year old people will use the noted drugs every day, at least once a month, at least once a year, at least once in their life. *You can skip some of the selected drugs or add any other.*

Present actual recent numbers of drug use (Annex A4). Compare it with their own figures and ask a few pupils to show the differences. Are they in general higher or lower? Explain that it happens very often that young people have a much higher idea of numbers of drug use by their peers than the reality is.

Lead a discussion on the possible reasons for that. Explore the significance of the phrase "beliefs set the norm": if you believe that most people at 15 drink alcohol, you will take that as a norm. Go to the subject of beliefs and discuss where beliefs come from. Close the activity mentioning that we often make up our mind, based on what we heard or saw in the media.

2. True, false or don't know?

Divide the students in groups of three and distribute post-it's with 'TRUE', 'FALSE' or '?'. Go to the posters with information on cigarettes and other drugs, ask the groups to stick their estimation on the exposed information. Process with the group, while staying at the information wall, why they estimate the information to be true, false or 'don't know'.

Draw specific attention of the students to the information on smoking. If you want, refer shortly to the text about falsification in the annex. Otherwise simply stick to the difference between smoking advertisements and smoking information. Possible questions:

- What are differences between advertising and information?
- What could be a reason to make advertising different from informing?
- Which false impression could the public get?
- What can you do to prevent that?
- Which examples do you know of "social environment information": family, friends, 'the street' as a resource for information.
- How do you estimate whether it is true or false in such a case?

3. Critical thinking

Let the pupils search for the significance of an icon (see annex 4) with a question mark turned upside down *or a similar one*. Make a link to 'critical thinking': looking to the information you get from different angles, looking behind it, sometimes turning it upside down.

Come back to the opening question of the lesson about the estimations of number of smokers.

Closure

Ask the students in the former groups of three to represent the concept of critical thinking in a statue or a frozen picture. Take a picture of each presentation and put it on the school website or put it up on the wall.

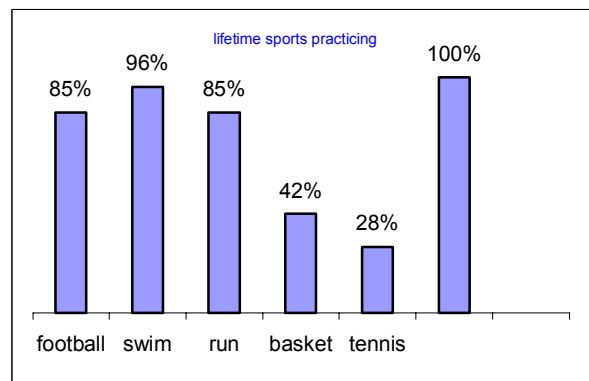
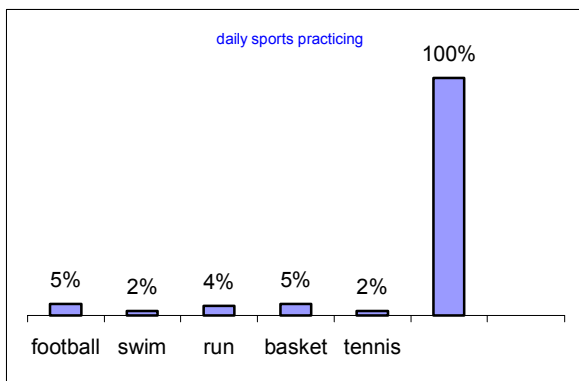
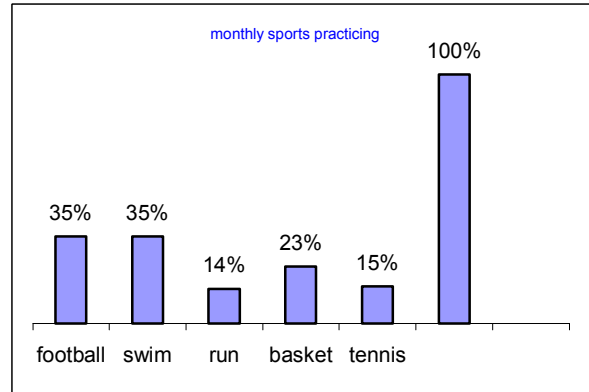
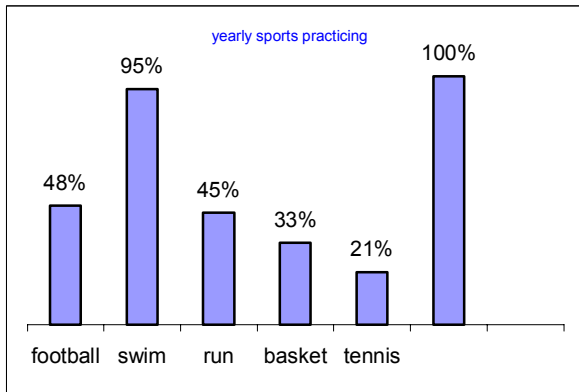
In a nutshell:

- 1) Go back to the information on drugs the pupils have put up on the poster and add publicity and information on smoking
- 2) Ask the pupils for their estimates of numbers of drug use for average youngsters of 15-18 yrs and confront this with actual statistical data
- 3) Discuss the relation of norms/beliefs and information/media
- 4) Groups of three stick true, false or don't know on the exposed information
- 5) Process with the group
- 6) Groups of three form a 'critical thinking' statue

Annex 1

Example of presentation of figures

Statistics about daily sports practicing, only to make clear what the difference is between daily, monthly, yearly and lifetime druguse. If you have spare time somewhere inbetween lessons, you can do this quick survey of sports practicing for your classgroup.

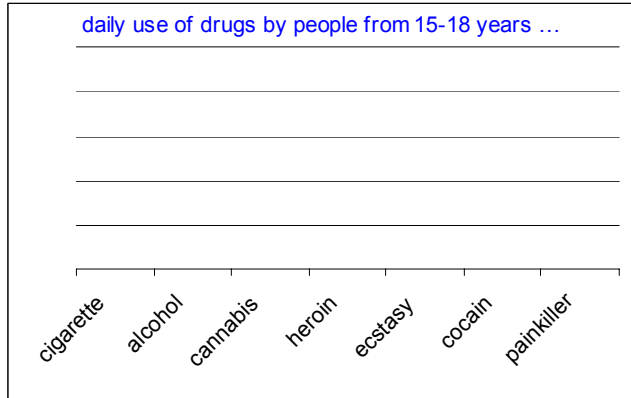


Annex 2

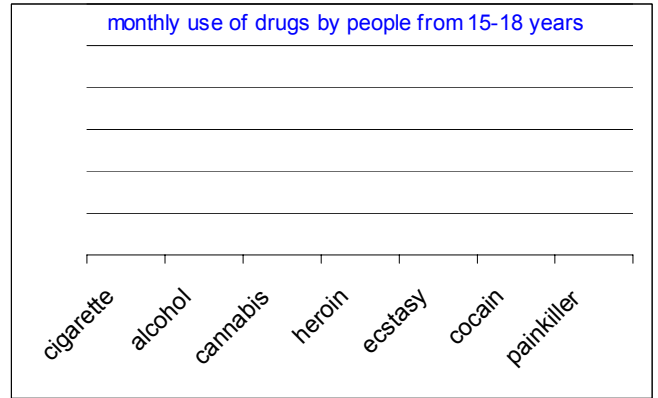
Your estimations

Fill in how much youngsters from 15-18 years use drugs to your estimation:

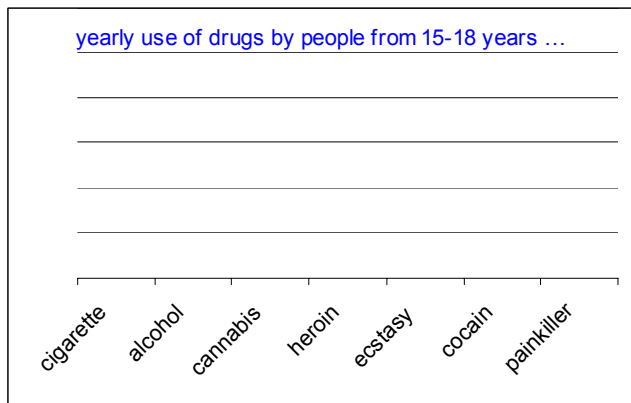
daily use of drugs by people from 15-18 years ...



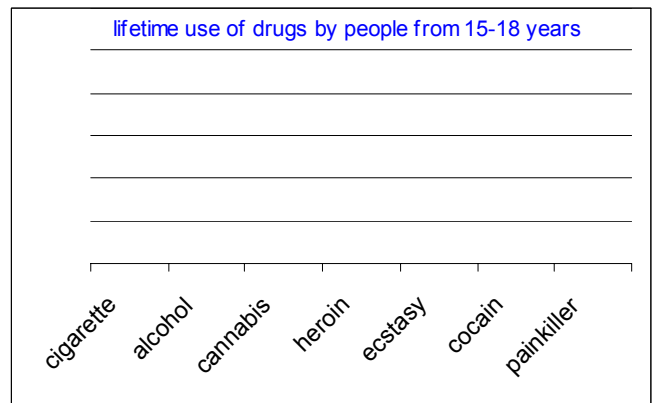
monthly use of drugs by people from 15-18 years



yearly use of drugs by people from 15-18 years ...



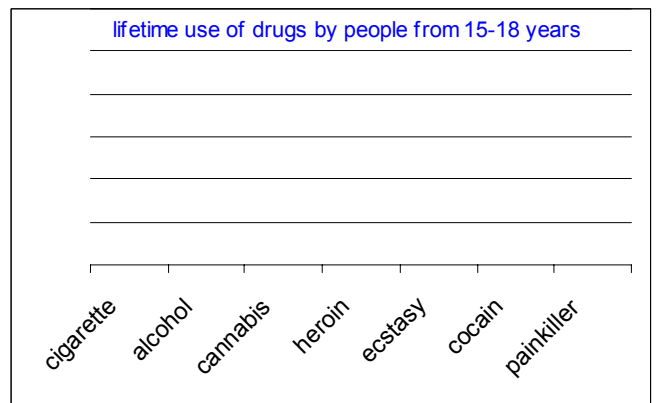
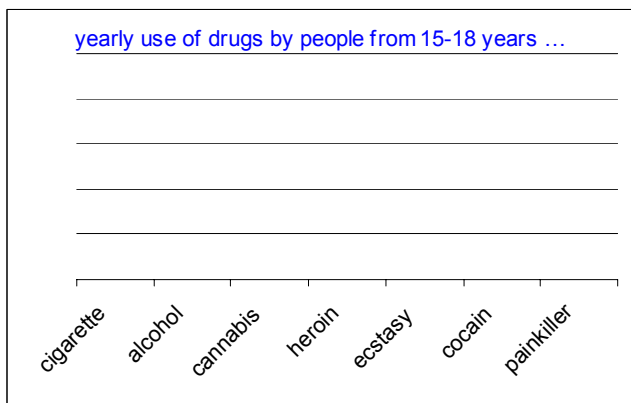
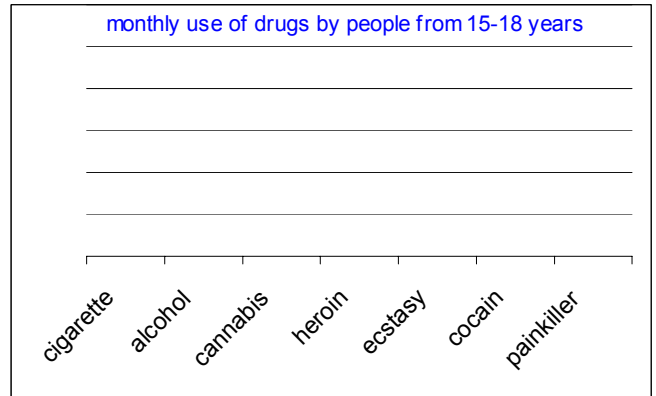
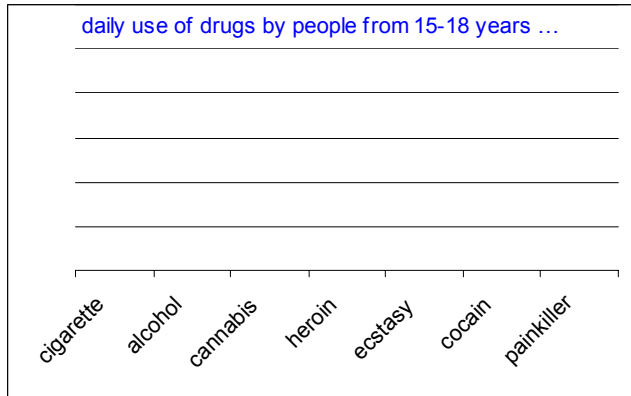
lifetime use of drugs by people from 15-18 years



Annex 3

Correct numbers of drug use for young people 15-18 years in our Country

The national DAP-centre delivers following figures for daily (if available), monthly, yearly, lifetime use of legal and illegal drugs



Annex 4

Falsification of information by the tobacco industry

Another “risk” of smoking is to be manipulated by the tobacco industry. Cigarette companies want to get as many customers as possible and want to sell as many cigarettes as possible. Therefore, they use different strategies to achieve this goal. One strategy is marketing and advertising. But usually the image of cigarettes transported in advertisement (e.g. freedom, attractive young people, sense of community) does not match the reality at all and risks and damages are hidden. Did you already know, that the “Marlboro Man” (the man who was acting as the cowboy in Marlboro ads for years) died of lung cancer? But there are even more strategies of the tobacco industry: denying of the addictive potential and harmful consequences of cigarettes and “designing” of cigarettes. This means that some substances are added to cigarettes to make them even more addictive and less “harmful”. Examples are sugar, liquorice, cocoa or magnesium oxide. These substances increase the uptake of nicotine in the lung (resulting in a higher chance to become addicted), reduce the irritation of the mucosa in the trachea (resulting in less counter-reaction against the smoke) and a lighter colour of the smoke (making it less visible and probably reducing the reactions of others who feel disturbed by the smoke).

Icon about critical thinking 1:



Icon about critical thinking 2:



Unit 6: To be or not to be in a group

Objectives

Pupils will ...

- learn to identify how much their behaviour is modified by the group
- experience how it feels to be excluded and reflect on this experience

What you need

- Prior reading of the information on role plays in the manual introduction

Opening

Start with reminding the former lesson, what was it about? Did the pupils have any recognition of what they learnt in their every day's life the past week? Are there questions to be answered today or in the next lessons? Don't go into discussion too far, but keep track of the pupil's feedback.

Role play 1: "how groups sometimes act" (how it should not be)

Form two groups of pupils, one pupil has to leave the room. One of the groups has a "code", which the pupil has to find out in order to become part of the group. The second group does not have a code, the pupils can become part of this group without any problems. Pupils in the group with the code have to decide, what their code will be, e.g. the pupils has to be sporty, has to smoke, has to be a smart pupil in class). Pupil comes in and has to try to become part of both of the groups. In the group without a code, this will not be a problem, in order to be part of the other group, however, he has to find out the code. In order to find out the code of the other group, he has to ask question, e.g. "Can I be part of the group, when I like football, when I like Eminem music".

Important: The protagonist should be someone who has a strong position in the class.

Main activities

Role play 2: "how groups should act" (how it should be)

This exercise deals with the group, not with the individual as it was in the role play 1.

One pupil has to go outside for a short while.

A group of pupils think about their own criteria to let other pupils in the group or to refuse to let them be part of the group.

Pupil comes in and group have to say clearly, which conditions have to be fulfilled to let somebody in the group.

(THE CODE CAN BE: CLOTHING, MUSIC YOU LISTEN TO,...)

Evaluation of the Role plays

Possible questions to discuss in class:

- What did you experience about your own opinion and thoughts?
- How did you stand up for your opinion in the role play?
- What made it easy? What made it difficult? How did you cope with that?
- Which suggestions from other role players did you pick up?
- In what kind of situations could you use these suggestions?
- What does it mean for the group and for the pupils who seeks to get into a group?
- Which possibilities do the pupils have to get into the group, and to deal with being excluded?
- How does isolation affect us (e.g. self-confidence)?
- What about the responsibility the group has when they decide they do not want to integrate somebody in the group?
- What would you do in order to become part of a group?
- If you have the choice to get into a group, on what aspects would you decide?

Conclusion

If it doesn't come out from the pupils themselves, you can add that it is important to stand up for what we think and to inform the others about it. Pupils can decide by themselves, whether they want to be part of the group (whether they want to agree with the condition the group gives) or not.

Closure

Game from the 'energize' suggestions in the introduction.

In a nutshell:

- 1) Pupils practise role-playing with the pupils
- 2) Pupils evaluate their role plays
- 3) They discuss different positions of those who want be part of a group and those who decide about who is allowed to be part of a group

Unit 7: Express yourself

Objectives

The pupils will ...

- learn how to communicate emotions in an adequate way
- distinguish between verbal and nonverbal communication
- experience that communication is more than talking

What you need

- Cards with a number, with the name of a city (annex 2) and with feeling-words. As many cards of each type as the number of pupils.
- Feeling-words on the blackboard or on the wall. (annex 1)

Opening

Start with reminding the former lesson, what was it about? Did the pupils have any recognition of what they learnt in their every day's life the past week? Are there questions to be answered today or in the next lessons? Don't go into discussion too far, but keep track of the pupil's feedback.

Students have cards with: 1 a number, 2 the name of a city, 3 an emotion-word. Ask them to align rapidly in order of increasing numbers. Regroup the students and ask them to align in order of increasing distance of the city from the school. Regroup the students and ask them to stand align in a descending order from 'very positive feeling' to 'very negative feeling' with the emotion-word. Process in group how pupils determine their place and draw attention on nuances, gradation, differentiation and interpretation.

Main activities

Redistribute cards with feeling-words. Exercise expressing the emotion: with words (verbally), with sound only, without sound, only with the face, with the body excluding face, etc. In subsequent pairs the students have to guess what word is on the card. State where they were wrong and ask what caused their mistakes. Note down tips in two columns: verbal/nonverbal.

Together with the students identify situations where expressing emotions is important. Look for examples where there is an explicit intention. For example: • after a conflict with my parents I want to say I was wrong • my sister is sad and I want to comfort her • I am in love and I want to say it but without exaggerating • I had an almost-fight and want to make clear that I was right

Show the list of feeling-words on the wall. Ask the students in groups of 3 to prepare the expression of an emotion in one of the given situations. They choose carefully one emotion-word they want to express and one they don't. A group watches one other group's result and tries to guess the 'wanted' and the 'unwanted' expression. In circle, process what went wrong. Give attention to verbal and nonverbal influences.

Have one group to demonstrate the application of the tips for clear communication of emotions. Inquire whether the experience of the other students confirms what is being shown.

Closure

The telephone book

This game is to find out how important the tone of the voice and non-verbal aspects can be in communicating with people.

One pupil reads numbers from a telephone book, but he has to do it in a certain emotional tone (for example sad or happy). The rest of the class finds out which emotion the pupil is demonstrating and explains from what they recognised it: gesture, mimic.

(the classes use to crack up with laughing, because they think it is so funny to read out telephone numbers in a very angry / sad etc. way.)

In a nutshell

- 1) Pupils stand in rows, ending in an order of negative to positive feelings
- 2) In pairs pupils express feelings verbally and non-verbally
- 3) In groups of three, pupils express feelings linked to given situations, taking tips in consideration
- 4) Closure: read out a phonebook with emotional express

Annex 1

Feeling words

Examples of feeling words:

Sad	Bored	Secure
Nice	In love	Insecure
Lovely	Creepy	Nervous
Good	Cool	Sunny
Very good	Heroic	Optimistic
Angry	Strong	Timid
Magnificent	Terrified	Beautiful
Shy	Afraid	Itchy
Boiling	Unsure	Special
Upset	Down	Empty
Fine	Bad	Up
Outrageous	Alone	Enjoyed
Excited	Explosive	Depressed
Relieved	Furious	Happy

Annex 2

38 Names of cities:

Amsterdam	Malaga
Athens	Malta
Barcelona	Moscow
Berlin	Munich
Bilbao	Naples
Bonn	Nice
Brussels	Paris
Cannes	Prague
Copenhagen	Rome
Corsica	San-Sebastian
Florence	Sardinia
Frankfurt	Sevilla
Geneva	St Petersburg
Hamburg	Stockholm
Helsinki	Stuttgart
Hamburg	Tallinn
Helsinki	Venice
Lisbon	Vienna
Madrid	Warsawa

Unit 8: Party tiger

Objectives

Pupils will ...

- recognise and appreciate the positive qualities of other people (positive feedback)
- learn to accept positive feedback
- experience how to make contact with other people
- practise non-verbal and verbal ways to present oneself to others and reflecting upon the way this is done

What you need

- Prior reading of the information on role plays in the teacher's handbook
- An empty sheet of thick paper (cardboard) for every pupil and one for the teacher
- Safety needles or tape to fix the paper on the back
- Cards with instructions/situations for role plays (annex 1)

Opening

Start with reminding the former lesson, what was it about? Did the pupils have any recognition of what they learnt in their every day's life the past week? Are there questions to be answered today or in the next lessons? Don't go into discussion too far, but keep track of the pupil's feedback.

Introduce the focus of this lesson. If we want to make friends, we all first have to get in contact with somebody. Sometimes that is not so easy. Search together with the pupils to examples of places where you meet people. What can you do to get to know them?

Main activities

Role play: First contact and getting acquainted – what is important?

After the pupils have identified some ways to get to know people, the class tries out some possibilities in a role play.

Two pupils get role play instruction cards (annex 1). *You can also divide the class into 2 groups, in order to make two role plays at the same time. This is only possible when your class has already experience with role plays.* The others watch the game.

On the role play cards, there is one active part (the one that makes the effort to get to know somebody) and one passive part (the one who is approached by the other).

It would be good to practice cross-gender: a boy meets a girl and vice versa. You could also do the role play without being allowed to use words.

Evaluation of the role play

Questions to the active player: • What are you satisfied about in your acting? • What was difficult in approaching the other? • What would you do different next time?

Questions to the passive player: • What did you find nice in the way you were approached? • If you noticed that the other player was nervous, what gave you that impression? • How could you influence the way the other player acted?

Questions to the observers in class: • How realistic was the situation? • What did you observe? • Which words, gesture or behaviour showed a clear feeling from the active player's part? • What would you do to get to know other boys and girls? • What have you observed with regard to the voice, eye-contact, mimics?

Closure

Giving and receiving compliments

All pupils and the teacher get a piece of thick paper pinned on their back. Everybody walks through the class and writes a compliment on other pupils' back. Each of the pupils has to gather at least 2-3 compliments on their back. After the exercise, the pupils read the compliments to their class mates. The pupils report briefly how they felt while giving and receiving the compliments.

Note: Make sure that all pupils have some compliments written on their backs. You, as the teacher, participate also but you don't have the time to write on every pupil's paper. Keep an eye on who is standing passively and prompt other pupils to go and write a compliment on the cards of these students.

If you assess your classroom not ready or fit for this situation, you can also organise it more strict. The pupils stand in three rows and write successively on the person in the row next to them. Repeat it three times...The pupils put the cards in their notebooks and take it home to show it.

In a nutshell

- 1) Pupils give and receive positive feedback to their classmates
- 2) Groups of two pupils practise in a role-play how to get to know other people
- 3) Class discusses with the teacher the feelings we have when we get into contact with others

Annex 1

Instructions for roleplays:

Role play 1 active part

In your school, you've met a boy or girl that you really like. You want to invite him or her to the movies.

What can you do? What can you say? What else do you have to think of when you talk to her / him (keep eye contact, speak loudly enough, but not too loud etc).

Role play 2 passive part

In your school, there is a girl or boy that you find quite nice. During the break he or she comes to you ...

Role play 1 active part

You are at a birthday party. You don't know anybody. You want to get into contact with one of the boys or girls.

What can you do? What can you say? What else do you have to think of when you talk to her / him (keep eye contact, speak loudly enough, but not too loud etc).

Role play 2 passive part

You are at a birthday party of one of your friends. A girl or boy you don't know, comes to you...

Unit 9: Get up, stand up

Objectives

Pupils will ...

- give and hear examples of assertive expressions
- learn how to stand up for ones' rights
- develop respect for the rights and opinions of the other people

What you need

- List of 'cool refusals' on the blackboard, or as overhead, with a copy for each pupil. (annex 1)
- Enough space to rehearse a short role play in groups.
- Five situations printed on cards, one for each group

Opening

Start with reminding the former lesson, what was it about? Did the pupils have any recognition of what they learnt in their every day's life the past week? Are there questions to be answered today or in the next lessons? Don't go into discussion too far, but keep track of the pupil's feedback.

Explain that if you have an opinion or a belief it is not always easy to express this in a group. Within every group there are people who try to influence others' behaviour. Learning to be effectively assertive can be a relevant step in preventing drug use. Being assertive to stand up against pressure of peers but also pressure of the community (advertising, for instance). Being assertive is necessary to behave according to your opinions and beliefs. Show the pupils a list of examples of answers and give the possibility to rate on the scale of 'assertiveness'. *You can also use another word than 'assertive': even 'cool answer' or 'good refusal' are acceptable. Take care to keep close to the pupils culture and lifestyle.* Assemble the individual rates of the pupils on the blackboard and ask for comments when there are similarities or great differences in rates.

Main activities

The students are divided in groups of five pupils to practice examples of assertive answers.

They should be "everyday life" situations related to the need to stand for personal opinions. For instance:

1. You are in a new group on a water-sport camp for a week in Easter holidays, where there is only one other friend of yours. You and your friend do not smoke. Two other camp-mates offer you a cigarette.
2. You're at home and your parents are out for the evening. They know that a few friends will visit you to watch a video. One of them has a bottle of wine and wants to share it.
3. You are a girl on a birthday party of a somewhat older friend. The party shifts slowly to dancing. Your friend's parents are at home but do not show up. You suddenly find yourself isolated from the friends you know, while some boys show clearly a sexual interest towards you.
4. A good friend of yours needs money to pay back a schoolmate from whom he borrowed € 20. He asks to borrow it from you.
5. On a school trip you have 2 hours free time in a big city. In the group there's only one good friend of yours. You each still have about 10 € pocket money. One person in the group suggests to spend the time in a luna-park (amusement park).

After some time instruct the groups to choose one situation. The group members divide the roles and try to give several ways to give assertive answers and respect other people's opinions. They search for a way that is as authentic and 'natural' as possible. Each group will practice two or more examples of assertive responses to the situation.

Closure

Explain that everybody needs to learn assertive responses. This is something that you can learn and needs to be trained. Real life is the best opportunity to improve this learning. Ask the pupils to use the assertive answers in some real situation they come across in the next few days.

In a nutshell:

- 1) Show examples of assertive refusal answers and have the pupils rate on a scale
- 2) Divide in groups of five, each group gets 5 situation cards and tries out different assertive answers
- 3) Group chooses one situation, practices 2 good responses
- 4) Each group shows his result

Annex 1

Cool refusals

EXAMPLES OF COOL REFUSALS:

No I don't want to smoke, ...

- ... there are too many things in a cigarette that nobody knows what they are
- ... I want to keep a clean breath
- ... it costs too much for what I enjoy from it
- ... I've seen too many older friends with a worse physical condition
- ... the industry that produces cigarettes is constantly giving false information
- ... I think it is foolish
- ... I'm feeling at ease without a cigarette just as well
- ... I want to stay in control of my own body
- ... you get cancer
- ... it is forbidden for my age to purchase cigarettes
- ... point

No I don't want to drink,...

- ... some people I know really have problems because of drinking
- ... I want to stay master over my own body and my mind
- ... I'm feeling good with a soft drink just as well
- ... because I will look silly
- ... some people really get aggressive in their way of discussing if they drank something
- ... many accidents happened under influence of alcohol
- ... point

No I don't want to use drugs,...

- ... it does things with your brain you cannot really control
- ... my imagination is fine just like that
- ... I don't want to be part of a sort of black market with mafia, criminals, murders ...
- ... it costs a lot of money
- ... I want to be in control of my own body and mind
- ... you can never know what is really in it
- ... point



cool refusal

Unit 10: Coping competences

Objectives

The pupils will ...

- train conversation with peers about difficult experiences or feelings
- learn that negative feelings are not wrong or dangerous
- deal with weaknesses and limitations in a constructive way

What you need

- Story of Peter (annex 1)
- Big sheet of paper to lie in the middle of the group round

Opening

Start with reminding the former lesson, what was it about? Did the pupils have any recognition of what they learnt in their every day's life the past week? Are there questions to be answered today or in the next lessons? Don't go into discussion too far, but keep track of the pupil's feedback.

Choose an active listening exercise, after that recapitulate ground rules of good listening and a safe atmosphere in the group. Explain that attention to these rules will be most necessary in this lesson

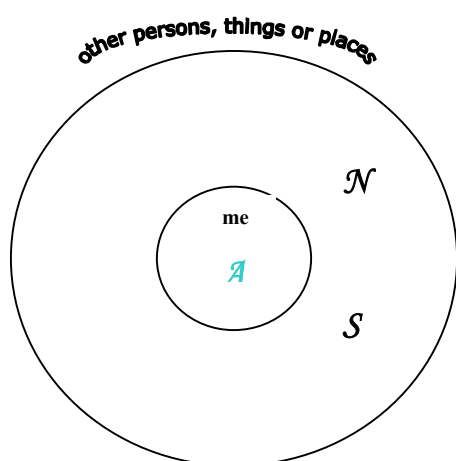
Main activities

1. The story of Peter

Read as an introduction the story where Peter, the main character has to cope with moving to a new town and school. Give the opportunity for some questions or immediate reactions to the story (*attend to pupils that recognize feelings or circumstances from Peter*).

2. Inner and outer circle

Put a large double circle on a paper in the middle of the group and ask to write the first letter of what you may lose. The middle circle is 'me', the outer circle represents not only other persons, but also things or places. Ask to think about how close or far from 'me' the student draws his letter before he starts. Start yourself with two examples from Peter's story: S for school, N for the neighbour's dog.



N: neighbour's dog
S: school
A: being alone at home

Examples from pupils' responses:

- my grandmother
- my pen
- my bike
- my pocket money
- the way

- the answer to a question
- my brain
- a finger...
- the primary school

Give students the opportunity to explain what they mean and why they put the letter in that specific place.

3. Coping with other difficulties or limitations

Another category of things you have to cope with are your own limitations or difficulties. You may be sorry that you have grown to a very tall boy or girl, but you cannot change it or become short again. You do not only have to cope with things you *lose or leave behind*, like Peter, but also with things that you cannot simply *change or find back*. Examples:

- being shy
- having a learning or concentration difficulty
- having a big or small handicap
- not knowing your mother or father
- being poor
- being addicted
- being often alone at home

Ask to add a few of such examples in the circles, in another colour.

4. Coping strategies on a poster

Divide the students in groups of 5 and give each group one example from the sheet with the circles. Mind that you choose as well issues from the first as the second category. Instruct the group to find a strategy how to cope with the given loss, limitation or difficulty in a positive and realistic way.

Let them present their strategy in a drawing on a poster with a few clarifying phrases. The posters are put up on the wall. If you still have time, look at the posters with the class and leave room for questions and answers. If time is over suggest the students to have a look at each other posters during the coming week.

5. Individual processing

Ask the pupils to complete these sentences in their Unplugged-notebooks

One thing I have learnt in this lesson is ...

What I wanted to say in the lesson but I didn't get the opportunity to, was ...

One thing I remember from someone else during the lesson is...

Something about myself that surprises me is ...

If there's anything I want to talk more about, I will try to talk with ...

Closure

Game: the human knot

The pupils stand in a big circle. They cross their arms and take the hand of their neighbours (their left hand to right neighbour and so forth). Ask to move carefully, thoughtful and slowly without letting their hands loose. They succeeded if they form a normal circle or an outer and inner circle. (If your class has more than 30 pupils you can perform the game with two separate groups)

In a nutshell:

- 1) Listening exercise
- 2) Read story about moving to another town and school
- 3) Discover and share examples of what you can lose
- 4) In groups of five pupils exchange strategies how to cope with losses and draw it on a poster
- 5) Posters are exposed and explained
- 6) Individual processing on paper
- 7) Group forming game

Annex 1

Peter's story

Peter lives in an old house in a long, busy street. Before he leaves for school, Peter always takes a few minutes to watch from the window on the 1st floor. Looking down to the tram stopping right before his house, he waves to the neighbour who carries his little dog in a special bag inside his big coat. They go for their walk in the park, only one stop further. Peter enjoys every instance of those few minutes watching out the window.

But today it's not so funny as yesterday. The minutes at the window are sadder than any other day Peter can remember. The boxes around him and the curtains taken off the least important windows make it impossible to reverse or to misunderstand. Today is Tuesday, three more days and he will move with his mother, father and sister to another house. In another town. He still does not fully understand the reason, something with his father's career. But that is not important. How will he ever get used to another view out of the window?

Peter is very worried about the new things he will encounter. The town is more than 50 kilometers away. He has already seen his new school building, the house, some sport field in the neighbourhood. It's all ok, the house is newer and much better than this one. But Peter wonders how he could ever have the same happy feelings that he has here?

He takes a deep breath, grabs his schoolbag, says see you to his mother and goes off to school. Three more days and then it's saying goodbye.



Unit 11: Problem solving and decision making

Objectives

The pupils will ...

- learn a technique to solve personal problems
- learn creative thinking
- exercise to stop, calm down and think when they have a problem, instead of reacting impulsively
- distinguish between long-term and short-term positive and negative consequences of different actions / solutions

What you need

- Big sheet of paper with the steps of the “five-steps-plan” written on it.

Opening

Start with reminding the former lesson, what was it about? Did the pupils have any recognition of what they learnt in their every day’s life the past week? Are there questions to be answered today or in the next lessons? Don’t go into discussion too far, but keep track of the pupil’s feedback.

Family problem:

Introduce this lesson by giving a typical problem situation: one of the pupils wants to have a mobile phone, the parents say no. Tell the pupils that in class you try to solve the problem and that there are different steps to do so.

Main activities

Give your pupils an introduction to the five steps to solve a problem.

The five-step-plan to problem solving

Step 1: What is my problem?

1. to identify a problem and to set a goal (prevent them from impulsive reactions or behaviours) and try to find the causes for the problem

Step 2: Let’s think about solutions

2. to generate many different solutions (creative thinking);

Step 3: Let’s have a closer look at my solutions

3. to weigh out advantages and disadvantages as well as short-term and long-term consequences

Step 4: Let’s decide for one solution

4. evaluate the solutions that they decide for.

Step 5: Try it out at home

5. to transfer the technique to real-life situations

Apply the scheme, step by step, for the mobile phone-problem given in the opening.

You can also take another example that has close liaison with the pupils. *Mind, however, if you take an event that actually has occurred in the group, that you don’t confront pupils with reactions from the group that can be taken personally.*

Group work

Have the pupils in small groups (3-4) think of a typical daily life problem and how they can solve it by using the technique. You can suggest that the problem could be peer-pressure-related. But it is of more importance that the pupils identify their own problem.

Ask the groups to present their identified problems and solutions in the class.

Closure

Propose to create a PROBLEM-SOLVING-SLOGAN or draw the five steps on a big sheet of paper and put it up the wall.

Ask to train this technique both inside and outside school and to note down examples in the UNPLUGGED-notebooks.

NOTE: As you advise the pupils to train the technique further, you should also hint the students to use the 5 steps whenever problems occur in the class. It is important to make clear to the pupils that this technique might not always work out. Ask to report on their experiences with this technique the next lesson.

A good metaphor might be to tell the pupils that the problem solving technique is like a tool, e.g. a screw driver. For different problems you need different screw drivers. Sometimes you cannot find the right one straight away. The message for the pupils is not to give up when they face the frustrating situation that the technique does not work, but to try again and look for another "screw driver".

In a nutshell

- 1) Pupils learn the five-step-model to problem solving
- 2) Class applies the model to a problem (e.g. the problem indicated in the opening or any other)
- 3) In small groups they practise the model
- 4) In class they discuss solutions for different problems

Unit 12: Goal setting and closure

Objectives

Pupils will ...

- train to split long term in short term objectives
- reflect on the opportunities to apply what they learnt in an individual context
- to assess strengths and weaknesses in the process of this program
- to explore ways of consolidation of the positive influence of these lessons in the group climate.

What you need

- A copy for each student of the fill-in sheet (annex 1)
- A big poster to write upon on the wall

Opening

An activity dividing the class in groups of 4 students

Main activities

Start with reminding the former lesson, what was it about? Did the pupils have any recognition of what they learnt in their every day's life the past week? Are there questions to be answered today or in the next lessons? Don't go into discussion too far, but keep track of the pupil's feedback.

1. Instruction

Make clear that the students fill in the sheets of annex 1 individually and that they can stick it in their notebooks afterwards. But the sheets are intended to be read by the teacher too, to give him feedback on the lessons.

Explain what you mean with long term objective and short term objective. Determine long term in this case as more than one month. Examples of long term objectives: to become part of a sports club, to choose a hobby like drawing or guitar playing, to have a better relationship with a specific friend, parent, sister or brother, to go on holiday, to continue being a non-smoker,...

Examples of short term objectives for the choice "guitar playing": look for information on guitar playing, try to make music with a friend a few times, figure out how I can get money for a guitar,...

2. Sit in groups and fill in individually

The groups of four are seated in a way that they can discuss serenely. Give the pupils enough time to complete the following sentences individually.

1. What I have learnt in the UNPLUGGED lessons is ...
2. Some of my objectives concerning what we discussed about in UNPLUGGED on long term (longer than one month) are ...
3. One thing that I liked or appreciated in the lessons was
4. One thing that should be changed or added next time the teacher gives these lessons is (You can also describe a negative experience under this topic.)

3. Discuss in groups and report in class

When they are finished, ask to discuss and fill in the objectives on shorter terms.

The group agrees on one positive "thing that I liked or appreciated in the lessons" and one negative "thing that should be changed or added next time or a negative experience" that they will report as a group. They circle this positive and negative remark and appoint one person to report that.

Ask the groups simply to read out their circled positive and negative remarks without going into detail or discussion. Explain that you will read their individual remarks in the workbooks.

4. Write a nice phrase

Every student writes the personal objective he chose, expressed as a public commitment, on a big poster on the wall. It is also allowed to write another objective than the one that he chose during the exercise (*take care of privacy*). Each pupil puts his signature at the bottom of the poster.

Closing

Talking train

Arrange the students in a train with four rows of 6 persons each. The train rhythmically goes forward until one student calls “hoot!”. He then gives a positive remark on the group or learning process during these lessons. He closes his remark with “hoot hoot!”. The train goes slowly backwards until another student repeats the procedure. Go forward and backward until everybody has had his turn or (more likely) until time is up.

In a nutshell:

- 1) Pupils write individually the answers on four questions about evaluation and personal objective
- 2) In groups of four, they share their answers and distinguish short-term objectives for each in the group
- 3) One positive and one negative comments per group is reported
- 4) The main objectives are written on a poster
- 5) exercise with closing remarks from the groups

Annex 1

My objectives: long term and short term

First answer these questions individually.

1. What I have learnt in the UNPLUGGED lessons is ...
2. Some of my objectives concerning what we discussed about in UNPLUGGED on long term (longer than one month) are ...
3. One thing that I liked or appreciated in the lessons was
4. One thing that should be changed or added next time the teacher gives these lessons is (You can also describe a negative experience under this topic.)

In your group of four, discuss one of your *long term* objectives and split it up in three steps. In this way you formulate *short term* objectives.

My long term objective:

Step one:

Step two:

Step three:

Finally, agree in your group which of the answers on question 3 you are going to circle (one answer in total for the group). Do the same for question 4.

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