

HEALTH AND WELL BEING IN YOUTH WORK

METHOD and RESOURCE HANDBOOK

March 2012

Overview

Youth work delivers information, advice, activities and support to young people who are learning about the many aspects of Health and Well-being. Youth workers have generally been in the position of seeking the resources to deliver these effectively through their own research. This handbook contains advice, guidance and suggestions for delivering good quality Health and Well-being youth work in one place. It is not meant to be the definitive answer to this but offers resources on most areas in which youth workers engage with young people. The resources are intended to be useable by all youth workers, paid or unpaid, in any setting and for whatever length of time that setting is operational.

The activities are available for use through photocopying. They can be added to in order to add local or group relevance by copying and pasting into a word document.

The handbook is part of a library of Good Practice Method and Resource Handbooks for Youth Work in Wales. The reader is encouraged to delve into the other handbooks for a plethora of practical resources which enhance youth work practice to deliver the best possible outcomes for young people in Wales.

Where new activities are found or information, particularly legal, is found to have changed, please inform the Youth Work Strategy branch in order that it may be included on their website.

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As noted later in the Introduction, the above wish to recognise the previous work on creating a resource pack for Health and Well-being in Youth Work by Caerphilly Youth Service and its partners in 2008. This pack owes a huge debt to the vast number of activities and resources they produced.

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1. Introduction

This handbook considers a number of key public health priority areas with respect to young people aged 11 - 25. A range of data sources and methodologies are drawn on which reflect the fact that many of the factors affecting the health of young people lie beyond the control of the National Health Service (NHS). For NHS and allied agencies, maintaining and improving the health of young people through a partnership approach with Youth Services are vital to achieve the associate aims of health gain and reduction in health inequality.

Regularly and consistently addressing the health needs of young people in Wales Youth Services can influence and improve their lives. There is clear local and national evidence to suggest that young people do not receive appropriate health information, support and advice. Youth Work practitioners are ideally placed to raise awareness and deliver health related information and resources to young people. This Handbook aims to help youth workers deliver a variety of health related activities to young people in youth work settings.

This Handbook builds on Caerphilly County Borough Council's Health Resource Pack for Youth Work Practitioners for which Caerphilly LPHT and Caerphilly Youth Service attracted funding from the Welsh Government in 2008. This has since been amended and added to in order to produce this Handbook. Not all activities included are original but they have been tried and tested by the contributors to that Pack and the present Handbook.

In addition to previous acknowledgements, therefore, Welsh Government thanks all those who contributed to the previous resource packs which now form the basis of this one.

2. Aim

To provide a range of information and resources which enhance youth work practice relating to the Health and Wellbeing of young people

Objectives

1. Providing practical guidelines for setting up and running health-related workshops for young people aged 11 – 25.
2. Giving practical ideas on working with young people.
3. Presenting a wide range of methods and activities linked with specific health topics.
4. Acting as a stimulus for further reading and in-depth discussion.
5. Signposting appropriate materials and resources available on health-related issues.
6. Establishing a framework to deliver health promotion and health education in youth work settings.

The sections within this pack and the work that inspired them are based on the premise that health promotion and health education work with young people, within youth services, are necessary, important and valuable.

3. How to use the Handbook

This Handbook has been designed to provide guidance and support for youth workers in developing a flexible approach towards setting up and running health related activities. The Handbook contains activities for 6 health topic areas. It is important to feel confident to deliver the activities so training should be accessed and the Handbook should be considered in its entirety before delivering the activities to young people. Supplementing the pack with additional reading before delivering an activity will also give a wider breadth of understanding of the issues discussed. Many of the sections covered in the pack are inter-linked, so the activities and fact sheets may be cross-referenced.

Some of the activities will require photocopying and the cutting out of activity sheets before delivering the activity to young people. There are a number of fact sheets containing information in support of the activities, as well as information on the resources and training that is available from local services to assist session delivery. These can be copied and pasted from the website they are linked to. Information is constantly changing and therefore so are the activities. Please do not copy more than necessary and file them away and use later unless checking before on the website as to whether the activity has been updated, particularly where legal issues may be involved.

To make best use of this resource pack the following is suggested:

1. Familiarisation with the content of the resource pack by reading through it fully.
2. Identifying training programmes and local resources (for example, training aids, posters, and leaflets) that are available to support the work.
3. Familiarisation with the settings in which the various activities will be delivered (in terms of health and safety, size of venues and facilities available).
4. Establishing the health needs of the young people you are working with.
5. Encouraging young people to take letters home to inform their parents of the health activities to be covered.
6. Meeting other youth workers for opportunities to share practice.

Where there are websites which give additional information, they are indicated in blue text. Hovering the mouse over this text and control and clicking will take you to that page.

4. Recommendations for delivering health related youth work

1. Be aware of the professional boundaries between staff and young people.
2. Ensure familiarity with all necessary policies, for example: Child Protection, Health and Safety, Data Protection.
3. Ensure that personal knowledge is up-to-date by engaging with management, training and through attendance at key events.
4. Ensure the safety of staff and young people at all times.
5. Always plan, record and evaluate work.
6. Ensure young people understand the terms 'confidentiality' and 'child protection' before delivering health related activities.
7. Use appropriate language that young people understand. When using new words, explain their meaning so that young people can learn.
8. Use the resource pack at your own pace and the pace of the young people.
9. Be honest – if you don't know the answer explain that you will find out.
10. Treat everyone equally and show respect for the young people.
11. Use eye contact.
12. Challenge inappropriate behaviour.
13. Manage conflict objectively.

BUT

1. Don't be patronising or judgemental – offer all points of view so the young people can make their own informed decisions.
2. Avoid being in potentially compromising situations - if doing one-to-one work, ensure that you are in close proximity to a colleague.
3. Don't keep confidences that relate to the safety of young people - these should be relayed to your line manager.
4. Don't give your personal contact details to young people – address, telephone numbers, email address.
5. Don't use Youth Work to recruit others to your beliefs. Youth Work is a distinct activity, different from work with young people such as that which takes place in religious or political settings or where a particular line of belief is supported.

5. Health - The Eighth of the 10 Entitlements

The 10 entitlements have been developed by Welsh Government with and for young people and are included in full in the General Resources Handbook. The eighth is related specifically to the Health and Well Being of young people. It states:-

8. Health and Wellbeing

You are entitled to lead a healthy life, both physically and emotionally. Young people should be able to access advice and support relating to their health when they need it.

6. Equal Opportunities

When undertaking Health and Wellbeing activities with young people, youth workers should take account of equal opportunities. Any young person, including their beliefs, should not receive less favourable treatment or consideration on the grounds of disablement, sex, sexual orientation, race, religion or language, nor should s/he be disadvantaged by conditions or requirements which cannot be shown to be justifiable.

When planning the delivery of health related work, consider the following:

- How accessible is the activity / session?
- Are there issues which are sensitive to young people of a specific culture or religion which they may need to know about before they make the decision to take part?
- Ensure that your colleagues have knowledge of the activity – a consistent approach to the topic by all staff will make any health education more effective.

7. Confidentiality

Confidentiality is very important when working with young people on health issues. It is important to treat the young people with respect and to be sensitive to the private and personal matters that you cover. Young people's confidentiality should be respected unless you believe someone is at risk of significant harm, or of someone harming someone else. Please follow the local County Borough Council's or host's organisational procedures if you have concerns about abuse or exploitation of any young people you work with (as outlined on the next page).

It is important to ensure the young people you work with understand the term confidentiality. There are certain things you have to report to your manager or social services and they must be told this before they decide to confide in you. This includes any information a young person shares with you which makes you think they are at risk of danger. This should be explained to the young people at the start of each session, so the young people can choose whether to share information with you. Young people should feel safe, confident and comfortable about asking for support at all times and know that they will be supported through whatever happens next.

8. Child Protection

If you have concerns over a young person or a young person tells you something you believe to be 'abuse' the following is an outline of your responsibilities should child protection issues arise:-

- Inform the Centre/ Service/ Organisation / Project Manager who will complete a referral form and contact the appropriate authority.
- Do listen but don't promise not to tell anyone
- Reassure but don't ask leading questions
- Record what has been said
- Don't express disbelief

Doing nothing is **NOT** an option! If you are unable to contact your line manager contact:

SEWEDT – Emergency (out of hours) duty team **0800 328 4432**

NSPCC Child Protection Helpline **0808 800 5000**

If the above fails contact the Police.

9. How to introduce the activities

When planning the timetable for your youth setting, consider linking health related activities with national initiatives. Around the time of national initiatives, there will be an increased awareness in the media, schools and other local venues which can support the messages you are conveying.

Make use of notice boards and displays in the youth venue, to advertise health campaigns and activities. This will generate interest and encourage young people to talk to youth work practitioners about health issues.

It is important to ask young people what health activities they would like to do in the youth setting; a short consultation exercise can ensure you deliver activities appropriate to the young people you work with, covering the issues they are interested in.

Getting Started

1. Understand your youth work environment

Undertake research to determine whether the delivery of key public health priority areas is an appropriate response to young people's needs within their community. Data can be sourced from partner agencies to inform this process.

2. Assessment of need

An assessment of need is essential. It will enable you to determine what the key national and local health priority areas are for young people. A needs assessment should include the following:

- Identify young people's key health priority areas through evidenced based data sources – these can be accessed through partners within the field such as the Local Public Health Team.
- Work with young people to the key health priority areas that **they** would like to examine. Tools such as questionnaires and focus groups can be utilised to determine these areas.

10. Health Initiatives Calendar

The events calendar below details a number of key national health initiatives..

Month	Event	Website
January	Cervical cancer Prevention week	www.jotrust.co.uk
February	Contraceptive Awareness Week	www.fpa.org.uk
March	No Smoking Day	www.nosmokingday.org.uk
	Obesity Awareness Week	www.toast-uk.org.uk
April	World Health Day	www.who.int/world-health-day
	Mental Health Action Week	www.mentalhealth.org.uk
May	National Walk to School Week	www.walktoschool.org.uk
	Cancer Prevention Week	www.fruityfriday.org
	World No Tobacco Day	www.euro.who.int/tobaccofree
	Sunsmart Campaign	www.sunsmart.org.uk
June	Child Safety Week	www.capt.org.uk/csweek
	National Men's Health Week	www.menshealthforum.org.uk
August	International Youth Day	www.un.org/youth
September	World Heart Day	www.worldheartday.com
	Sexual Health Week	www.fpa.org.uk
October	International Walk to School	www.walktoschool.org.uk
	World Mental Health Day	www.wfmh.org/wmhd
	Healthy Breakfast Week	www.healthybreakfastweek.co.uk
November	Road Safety Week	www.roadsafetyweek.org.uk
December	World Aids Day International	www.worldaidsday.org
	Day of Disabled Person	www.un.org/esa/socdev/enable

11. The Activity Areas

a. Healthy Diet and Exercise

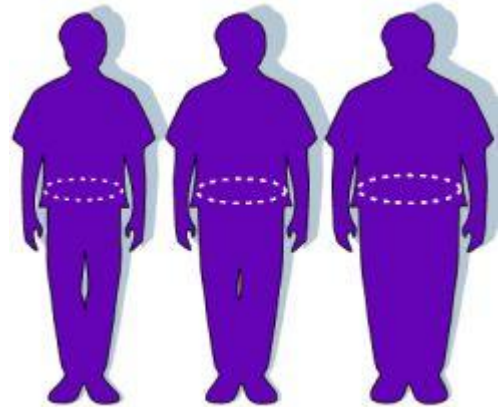
Obesity is a major public health concern. It affects the ability of an individual to participate in everyday activities as well as, when a person is carrying too much body fat for their height and sex, having both short term and long term impacts on health. The most widely used way to measure this is the [body mass index \(BMI\)](#)

– weight in kilograms divided by height in metres

squared. A BMI of: 25 – 29.9 is classed as overweight

30 – 39.9 is classed as obese

Over 40 is very (morbidly) obese.



What are the impacts?

Obesity can cause breathlessness, difficulty sleeping, feeling tired, back and joint pain. Some young people may also experience psychological problems such as low self-esteem, poor self-image, low confidence

levels, which may lead to [depression](#). As a result, obesity can impair a young person's wellbeing and quality of life.

Longer term health problems include coronary heart disease and stroke which are more common in obesity as a result of high blood pressure and a greater risk of high cholesterol which leads to narrowing of the arteries. Young people who are overweight or obese are also more likely to develop type two diabetes and some types of cancer, such as that of the breast and colon.

The health care costs associated with treating obesity are high and increasing and show that maintaining a healthy weight and preventing overweight and obesity has benefits for both the individual and the health service.

What is the scale of the problem?

Obesity is a result of an energy imbalance which occurs when the energy consumed from food does not equal the energy expended to keep the body working properly and through taking part in physical activity. A poor diet and a sedentary lifestyle are the main causes of overweight and obesity.

The 2009 [Welsh Health Survey](#) showed that 57 per cent of adults were classified as overweight or obese, including 21 per cent obese. Less data is available about the prevalence of overweight and obesity amongst young people; however data from the survey of [Health Behaviour in School age Children \(HBSC\)](#) in Wales, suggests that

amongst those aged 13 years 18 per cent of boys and 17 per cent of girls are overweight or obese in Wales.

Prevalence of overweight and obesity are steadily increasing and have been described as a worldwide epidemic. The UK Government's [Foresight programme](#) produced a report in October 2007 considering how society might deliver a sustainable response to obesity in the UK over the next 40 years. The report shows that nearly 60 per cent of the UK population could be obese by 2050 with the socially and economically disadvantaged and some ethnic minorities being more vulnerable.

What can be done?

The best way to prevent becoming overweight, or obese, is by eating healthily and exercising regularly. More detailed information is available from the [NHS Choices website](#).
<http://www.nhs.uk/Pages/HomePage.aspx>

Evidence based [guidelines](#) for the management of obesity were published by NICE (National Institute for Health and Clinical Excellence) in 2006.

What is being done to manage the impact?

Obesity is a public health priority for Welsh Government. At a European level a [Strategy on Nutrition, Overweight and Obesity related Health Issues](#) (European Commission, 2007) and the European Obesity Charter (World Health Organisation, 2006) have been developed. Reducing unhealthy eating, increasing participation rates in physical activity and reducing obesity are priorities for public health [policies, strategies and action plans](#) in Wales. Locally, the development of Health, Social Care and Well-being Strategies and Children and Young People Plans are an opportunity for Health Boards and Local Authorities to work closely together to create a comprehensive and community-wide approach to managing these issues, covering both prevention approaches and access to treatment for those who need it.

The Welsh Government has produced an obesity pathway which is a tool for Health Boards, working jointly with Local Authorities and other key stakeholders such as Youth Services, to map local policies, services and activity for both young people against four tiers of intervention and to aid the identification of any gaps. This Obesity Pathway describes minimum service requirements and best practice.

The four tiers are:

Level 1: Community based prevention and early intervention (self care)

Level 2: Community and primary care weight management services

Level 3: Specialist multi disciplinary team weight management services

Level 4: Specialist medical and surgical services.

Community based prevention activities include all initiatives to promote healthy eating, physical activity and the maintenance of a healthy body weight throughout the lifecycle such as in schools or for the workforce. Examples include:



- [Change4Life](#) the social marketing programme designed to help young people make changes to their lifestyles so that they can eat well, move more and live longer
- Planning policy to support physical activity and healthy eating - including active travel planning, consideration of green spaces and availability of land for growing food and the number and location of fast food outlets
- Community based cookery clubs in disadvantaged communities
- Schools adopting Appetite for Life recommendation and developing and implementing a food and fitness policy

Community and primary care weight management services include the availability of a range of services for young people who wish to lose weight.

Examples include:

- [Mind, Exercise, Nutrition, Do it!](#) A weight management programme for children aged 7 -13 and their families which is available in all local authorities in Wales.
- The National Exercise Referral Scheme which is a 16 week programme that enables sedentary young people with a medical condition to become engaged in structured physical activity opportunities supervised by a qualified exercise professional.
- Identification of overweight and obesity as part of health checks in primary care.

Specialist multi-disciplinary team weight management services are those that provide more specialist interventions including dietary, physical activity and behavioural components and are delivered both through primary and secondary care. They can be combined with drug therapy.

Specialist medical and surgical services include access to bariatric surgery for those who have failed to achieve weight loss.

Public Health Wales:

- provides specialist public health advice about obesity to the Welsh Government in their development of programmes and policies;
- gathers information and evidence to monitor trends in overweight and obesity related health in Wales
- reviews and disseminates evidence of effective action to prevent and treat obesity;
- manages the [Physical Activity and Nutrition Networks Wales](#). The Network recognises that many different professionals and sectors have a role to play in improving the nutrition and physical activity levels of the people of Wales. It supports members by providing and improving access to information and by providing a forum for sharing knowledge and good practice, enabling members to learn from each other. As part of this Network a website [PlanET Health Cymru](#) (Planning for the Environment, Transport and Health in Wales) has been set up aimed at improving joint working between health professionals and planners;
- support is provided through specialist local public health teams to local authorities and health boards to develop assess local needs, develop evidence based local strategies and plans to address obesity and stimulate local action in the form of local projects and programmes.

The activities in this section aim to increase young people's awareness of nutrition and stimulate their interest in it. Some activities involve practical cookery which will result in the acquisition of new cookery skills along with the enjoyment of eating together.

It is important to complete a risk assessment for delivering cookery based activities and an example form is provided in Chapter 14. For some of the activities it is good practice for youth workers to have an up to date Food Hygiene Certificate.

An activity on physical activity is also included with the aim of increasing young people's awareness as to the importance of exercise. Exercise programmes should give prior consideration to any health issues young people may be experiencing and whether they affect their ability to take part or give rise to a need to check with a medical practitioner.

Activity 1: 5 A Day Everyday

NAME OF ACTIVITY 1	5-A-Day Everyday (Fruit and Vegetables)
ESTIMATED TIME	30 – 45 minutes
FORMAT	Individual / Whole Group
AIM	<ul style="list-style-type: none"> • To raise awareness about the importance of eating fruit and vegetables, following the 5-a-day recommendation. • To promote awareness of the variety of fruit and vegetables available. • To demonstrate practical examples of 'What's a portion'.
INTRODUCTION	<p>The activities in this session allow the young people to engage in discussion concerning fruit and vegetable promotion. The session looks at portion sizes and some of the more unusual fruit and vegetables that might be consumed.</p>
TASK	<p>Before starting the activity, reproduce activity sheets 1a, 1b and 1c for the young people to use.</p> <ol style="list-style-type: none"> 1. Introduction Introduce the activity to the young people, explaining the importance of healthy eating, and eating the 5-a-day recommendation for fruit and vegetables. 2. Fruit and vegetable word-search Provide copies of activity sheet 1a and pens to the young people; ask them to identify as many of the fruit and vegetables as they can from the list provided. Reveal the answers using answer sheet 1a. 3. Fruit identification game Provide copies of activity sheet 1b and ask the young people, as a group, to identify as many of the fruits as possible shown in the pictures. Some of the fruits may be unfamiliar to the young people and this will promote interest and discussion in unusual fruits. Point out to the young people that it is important to eat a wide variety of fruits and vegetables. Reveal the answers using answer sheet 1b.

<p>TASK (Continued)</p>	<p>4. What's a portion? Provide each young person with a copy of Activity sheet 1c and a pen. Ask them to circle the correct example of fruit and vegetables that demonstrate what counts as a portion. Reveal the answers using answer sheet 1c.</p> <p>5. Summary Ask the group to feed back some of their thoughts on the activities;</p> <ul style="list-style-type: none"> • Were they surprised how much/how little they knew? • Have they tasted most of the fruits and vegetables on the activity sheets? • How many portions of fruit and vegetables do they eat per days? <p>Use information from Fact sheet 1 to highlight the importance of eating fruit and vegetables; young people should aim to eat at least 5-portions of a variety of fruits and vegetables a day (a portion is equivalent to 80 grams).</p>
<p>RESOURCES</p>	<p><i>Copies of activity sheet 1a: Fruit and Vegetable word-search</i> <i>Answer sheet 1a: Fruit and Vegetable word-search</i></p> <p><i>Copies of activity sheet 1b: Fruit identification game</i> Answer sheet 1b: Fruit identification game</p> <p>Copies of activity sheet 1c: What's a portion? Answer sheet 1c: What's a portion?</p> <p>Fact sheet 1: Fruit and vegetables- Enjoy 5 a day</p> <p>Pens</p>

Activity sheet 1a: Fruit and Vegetable word search

Find the words listed below in the grid by circling them or colouring them in.

a	p	p	l	e	c	o	e	o	t	a	m	o	t	a
e	d	r	u	d	i	p	e	a	c	h	e	e	h	g
p	b	l	f	p	e	e	a	p	n	c	a	c	p	r
l	a	g	e	l	e	a	d	s	e	o	f	e	o	a
e	n	h	g	i	f	p	l	h	t	v	m	l	e	p
a	a	n	m	l	l	o	p	o	o	y	e	e	a	e
h	n	r	a	u	h	l	c	e	r	a	l	r	l	t
e	a	o	m	c	e	i	e	h	r	i	o	y	s	e
e	e	c	e	s	r	v	e	y	a	g	n	t	a	n
h	c	t	y	p	m	e	r	e	c	y	w	j	p	i
c	p	e	a	s	v	r	e	h	v	e	a	w	e	s
y	a	e	h	c	e	g	k	i	w	i	c	a	a	i
l	w	w	r	h	u	b	a	r	b	t	a	o	r	a
t	e	s	c	a	w	i	l	o	c	c	o	r	b	r
a	c	u	c	u	m	b	e	r	t	e	a	t	c	o

Words to find:

apple

carrot

fig

lychee

peas

raisin

apricot

celery

grape

melon

pear

rhubarb

banana

cherry

kiwi

olive

pepper

sweetcorn

broccoli

cucumber

lemon

peach

plum

tomato

Answer sheet 1a: Fruit and Vegetable word search answers

a	p	p	l	e				o	t	a	m	o	t	
						p	e	a	c	h				g
	b			p					n			c		r
	a				e					o		e		a
	n		g	i	f	p			t		m	l		p
	a	n			l	o	p	o	o		e	e		e
	n	r		u		l	c	e	r		l	r	l	
e	a	o	m			i			r		o	y		
e		c			r	v		y	a		n			n
h		t		p		e	r		c				p	i
c	p	e	a	s		r							e	s
y		e			e		k	i	w	i			a	i
l		w	r	h	u	b	a	r	b				r	a
		s	c			i	l	o	c	c	o	r	b	r
	c	u	c	u	m	b	e	r						

Words include:

apple
carrot
fig
lychee
peas
raisin

apricot
celery
grape
melon
pear
rhubarb

banana
cherry
kiwi
olive
pepper
sweetcorn

broccoli
cucumber
lemon
peach
plum
tomato

What are the names of these fruits?



Answer sheet 1b: Fruit Identification Game



Kiwi



Sharon fruit



Pineapple



Ramboutan



Grapefruit



Papaya



Passion fruit



Mango



Lychees



Oranges



Bananas



Pears



Pomegranate



Apples



Coconut

Activity sheet 1c: What's a portion?

Circle the fruit and vegetables that make up one portion size.

Apples



Half



One



Two



Three

Dried apricots



Six



Four



Three



One

Glass of fruit juice



One



Two



Three

Grapes



Medium bunch



Handful



Large bunch



Four

Strawberries



Seven



Five



Four



Three

A heaped tablespoon of Peas



Three
Two
One

Answer sheet 1c: What's a portion?

Apples



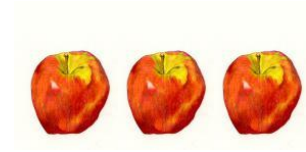
Half



One



Two



Three

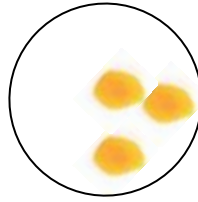
Dried apricots



Six



Four



Three



One

Glass of fruit juice



One



Two

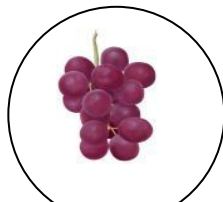


Three

Grapes



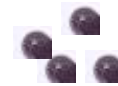
Medium bunch



Handful

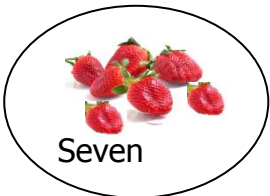


Large bunch



Four

Strawberries



Seven



Five



Four



Three

A heaped tablespoon of Peas



Three
Two
One



Fruit and Vegetables - Enjoy 5 a day!

Eating more fruit and vegetables could significantly reduce the risk of many chronic diseases, including, high blood pressure, obesity, cardiovascular disease and some cancers.

It has been estimated that diet is likely to contribute to the development of one-third of all cancers, and that eating more fruits and vegetables is the second most important cancer prevention strategy, after stopping smoking.

There is evidence to show that for every portion of fruits and vegetables eaten there is greater protection against strokes (by up to 40%) and some cancers (by up to 20%). Other health benefits found have included a delay in the development of cataracts, reducing the symptoms of asthma, improving bowel function and better management of diabetes. Including more fruits and vegetables in the diet reduces the overall calorie density, which helps us to maintain a healthier weight.

Why are fruits and vegetables so beneficial?

Fruits and vegetables not only contain lots of vitamins and minerals, and important fibre, they also contain a wide range of plant nutrients or phytochemicals, such as flavonoids, glucosinolates and phyto-oestrogens. Some of these phytochemicals act as antioxidants, which may reduce damage to cell DNA and cell membranes. Other phytochemicals are thought to influence the activation of carcinogens (cancer causing agents), or increase the level of protective liver enzymes. The phytochemicals and plant nutrients act together to provide us with the protective benefits of fruits and vegetables.

Vitamin and mineral supplements do not contain the range of phytochemicals found in fruits and vegetables, and so are unlikely to provide us with the additional benefits that eating fruits and vegetables do.

What counts as a fruit and vegetable portion?

Fresh, frozen, canned, juiced or dried fruits and vegetables all count in the diet. Potatoes and similar starchy foods, such as yam, plantain, and cassava, are carbohydrate foods, and are included in the bread and cereals food

group. These foods cannot be counted as a daily portion of vegetables.

You should aim to eat a minimum of five portions of a variety of fruits and vegetables each day.

Quick guide to fruit and vegetable portions

One portion of fresh fruit is:

- medium-sized: one medium fruit, such as one apple, banana, pear, orange, nectarine, or a sharon fruit
- small-sized fruit: for example; two plums, two satsumas, three apricots, two kiwi fruit, seven strawberries, 14 cherries, six lychees
- large fruit: half a grapefruit, one slice of papaya, one slice of melon (two-inch slice), one large slice of pineapple, two slices of mango (two-inch slices)



Dried fruit:

One tablespoon of raisins, currants, sultanas, one tablespoon of mixed fruit, two figs, three prunes, one handful of banana chips.

Canned fruit:

Roughly the same quantity of fruit that you would eat as a fresh portion: two pear or peach halves, six apricot halves, eight segments of canned grapefruit. Fruit canned in fruit juice is a healthier option



Juice:

One medium glass (150ml) of 100% fruit juice. Juice only counts as one portion a day, no matter how much you drink

One portion of vegetables is:

Green vegetables:

Two broccoli spears, eight cauliflower florets, four heaped tablespoons of cabbage, spinach, spring greens or green beans

Cooked vegetables:

Three heaped tablespoons of cooked (e.g. steamed, boiled, microwaved) vegetables such as courgettes, carrots, Brussels sprouts or swede.

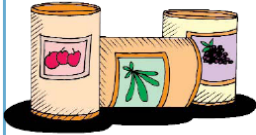
Salad vegetables:

Three sticks of celery, two-inch piece of cucumber, one medium tomato, seven cherry tomatoes.



Canned and frozen vegetables:

Roughly the same quantity as you would eat as a fresh portion. For example, three heaped tablespoons of canned or frozen carrots, peas or sweetcorn



Pulses and beans:

Three heaped tablespoons of kidney, cannelloni or butter beans or chick peas. Remember that beans or pulses only count as one of your five a day portions.

What about portion sizes for children?

These portion sizes are for adults. Children should be encouraged to eat five portions of a variety of fruit and vegetables each day, but the portion sizes will be smaller - especially for young children. An easy measure of a portion is the amount that fits into the child's hand. Children under five will learn to eat fruit and vegetables by copying their parents or other children when they are eating together.

Do fruit and vegetables included in a composite meal count?

Composite dishes that contain several different fruits or vegetables, e.g., vegetable soups, ready-meals, pasta sauces, puddings and takeaway meals, can contribute to your 5 a day. However, many of these foods are high in added salt, sugar or fat, so check the nutrition information on food labels to help make suitable choices. It is unlikely that a ready-meal will contain more than a single portion of vegetables. In order to increase your intake, cook some fresh, canned or frozen vegetables to accompany ready-meals.



The Food Standards Agency is currently reviewing composite dishes in relation to five a day portions, and will be producing further guidance on this shortly. For more information see: www.5aday.nhs.uk

Prepared by Wendy Parker, Registered Dietitian

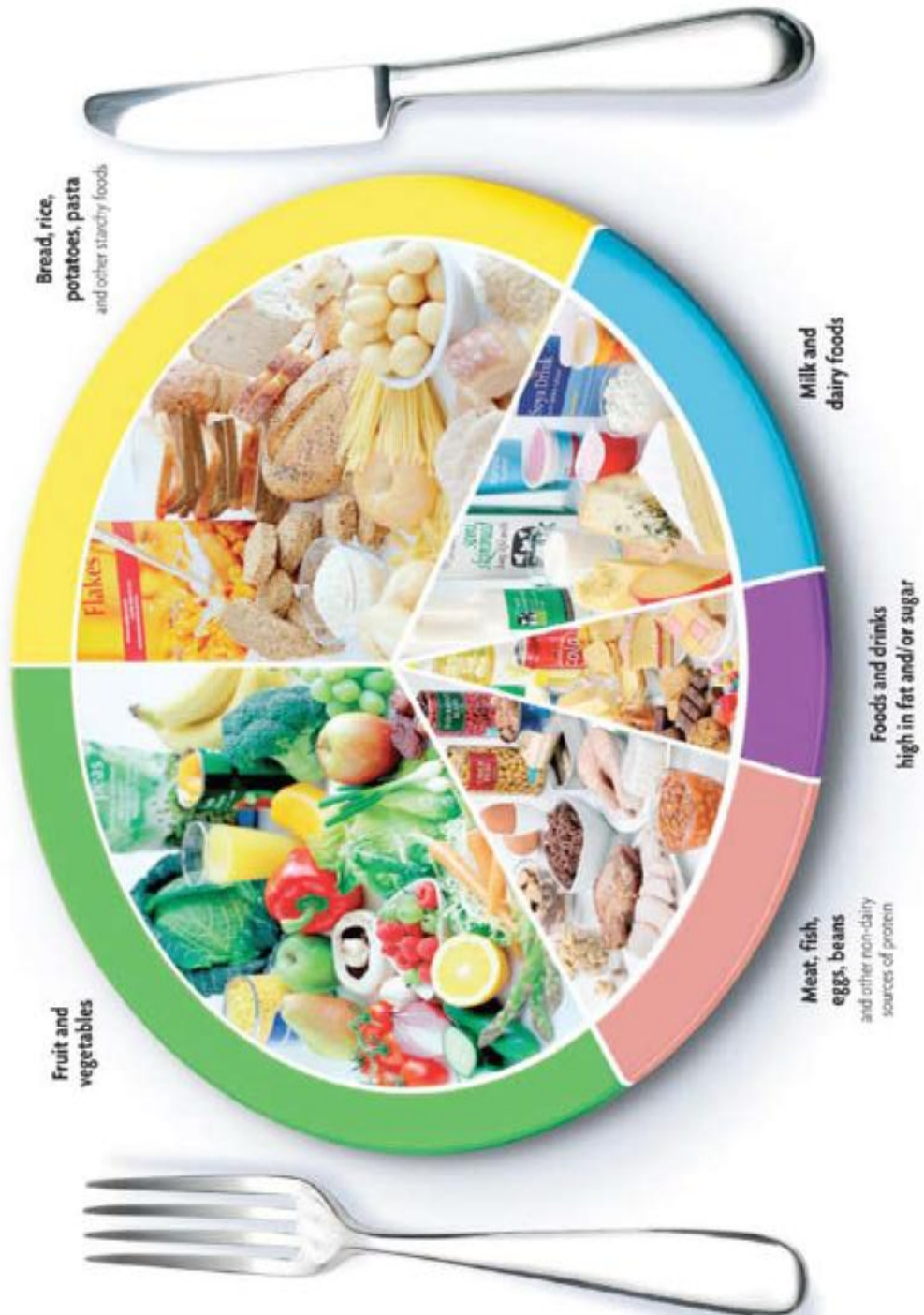
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NAME OF ACTIVITY 2	Eat Well
ESTIMATED TIME	30 minutes
FORMAT	Whole group
AIM	<ul style="list-style-type: none"> • To inform young people about healthy eating. • To encourage young people to compare their diet to the ideal Eat Well plate.
INTRODUCTION	The activities in this session allow the young people to familiarise themselves with the Eat Well Plate. It shows how much of what you eat should come from each food group.
TASK	<p>Before starting the activity, reproduce Activity sheet 2 for the young people to use.</p> <p>1. Introduction Introduce the activity to the young people, emphasising the two key messages to a healthy diet are:</p> <ul style="list-style-type: none"> • Eating the right amount of food for how active you are. • Eating a range of foods to make sure you are getting a balanced diet. <p>2. What do you eat and drink? Provide the young people with copies of Activity sheet 2 and pens; ask the young people to tick how many portions they eat every day from each food group.</p> <p>Fact sheet 2a (Eat Well plate) is an ideal way to show in a photographic format the ideal make up of our diet. Highlight how few sugary and fatty foods we should be including in our diet; too many can lead to us becoming overweight.</p> <p>Use the questions on Activity sheet 2 to stimulate discussion about their eating habits: Ask the young people if they are eating 5 portions of fruit and vegetables a day?</p> <p>Next, suggest changes to make the young people's diet healthier, encourage the consumption of starchy foods, and fruit and vegetables. Use Fact sheets 2b and 2c.</p>

	<p>Summary</p> <p>Summarise what has been learnt during the activity and encourage the young people to make changes to their diet, where necessary.</p>
RESOURCES	<p>Fact sheet 2a: Eat Well Plate Fact sheet 2b: What is a serving / portion? Fact sheet 2c: Eat Well, Be Well Tips Copies of Activity sheet 2: What do you eat and drink?</p>

Activity 2: Eat Well

Fact sheet 2a: Eat Well Plate



Fact sheet 2b: What is a serving / portion?

Bread, Rice, Pasta, Cereals and Potatoes

- 1 slice bread
- ½ bread roll
- 3 tablespoons cereal
- 3 crackers
- 1 small potato
- 2 tablespoons rice/pasta

Fruits and vegetables

- 2 tablespoons vegetables
- 1 fruit
- 2 tablespoons tinned/stewed fruit
- 100ml (small glass) fruit juice

Milk and Dairy Foods

- 1/3 pint (200ml) milk
- 1 small pot yoghurt / cottage cheese / fromage frais
- 1 ½ oz (40g) cheese (small match box-sized)

Meat, Fish, Chicken, Eggs, Nuts and Pulses

- 3-4 oz (50g – 70g) beef, pork, ham, liver, chicken, oily fish
- 4-5 oz (100g – 150g) white fish (not in batter)
- 2 eggs
- 3 tablespoons baked beans
- 2 tablespoons (60g) nuts/nut products, for example, peanut butter
- 3 tablespoons pulse based dish

Food and Drinks high in fat and/or sugar

- 1 teaspoon butter/margarine/spread
- 2 teaspoons low fat spread
- 1 teaspoon oil/lard/dripping
- 1 teaspoon mayonnaise/salad dressing
- sugar (for example, in drinks), fatty bacon, sausages, pork pie, sausage roll, crisps, biscuits, fatty gravies, cream doughnut, cakes, ice cream, sweets, chocolates.

Fact sheet 2c: Eat well, be well tips – helping you make healthier choices.

Eating the right foods will give you the energy you need if you want to exercise or go out with your friends.

If you are into sport, then eating well will also mean you will be able to train and compete better, and for longer.

Eating well will also help your mind stay sharp.

Energy should come from foods high in carbohydrate, such as bread, pasta, potatoes and breakfast cereals. If you're particularly active, try to eat regularly and have a selection of healthy foods available at all times so you don't get so easily tempted to have an unhealthy snack.

Four top tips to keep up your energy levels:

1. Don't skip breakfast!

By the morning, your body has been without food for many hours, so no wonder it needs refuelling. Your body is a bit like a mobile phone: it needs recharging regularly.

Eating breakfast will help stop your stores of energy – your blood sugar – from dipping during the morning.

It will help boost your energy and set you up for the day ahead. Good choices include:

- A bowl of breakfast cereal (try to choose one that is high in fibre, and low in sugar) with semi-skimmed milk and a glass of fruit juice.
- Boiled egg and toast and a banana.
- Porridge made with semi-skimmed milk and topped with fresh or dried fruit.
- Banana smoothie.

2. Eat regularly!

Try to make sure you eat three meals every day and top up with healthy snacks such as:

- Fruit – choose fresh or dried.
- Flavoured yoghurt or milk.
- Toast.
- Cereal and milk.
- Fruit buns, fruit loaf or malt loaf.

3. Eat foods rich in iron!

We need lots of iron, and girls need even more than boys. Iron helps the body make haemoglobin, the red pigment in our blood, which carries oxygen around the body.

These are all good sources of iron:

- Red meat such as beef and lamb.
- Breakfast cereals.
- Wholegrain bread.
- Green vegetables such as green cabbage, broccoli and dark salad leaves.
- Dried fruit such as apricots or raisins,
- Nuts such as cashews.
- Lentils, peas and beans, including baked beans.

4. Keep well hydrated!

When you are really rushing about, whether you are shopping, exercising or clubbing, you've probably noticed that this can make you sweat.

When you sweat you lose fluids so you could become dehydrated.

If you are into sport this means you could start to lose your winning edge and you may have to stop your training session or competition altogether.

By the time you feel thirsty, it's too late and you are already dehydrated. To avoid this, remember to drink plenty before, during and after any sport activity such as a training session.

And remember everyone needs 1.2 litres (6-8 glasses) every day (in climates such as the UK) to avoid dehydration. But if you're active or the weather is hot, you need to drink even more.

Best drinks include:

- Water.
- Semi – skimmed milk.
- Diluted fruit juice.
- Diluted fruit squash.

It's not usually necessary to drink sports drinks just because you're active. Fruit juice mixed with water, well diluted fruit squash drinks will hydrate you and give you some energy.

For Further information on healthy eating designed for teenagers, look at the Food Standards Agency website: www.eatwell.gov.uk/agesandstages/teens

Activity 3: Food Labels

NAME OF ACTIVITY 3	Food Labels
ESTIMATED TIME	30 minutes
FORMAT	Whole group
AIM	<ul style="list-style-type: none"> To help young people interpret the information found on food labels to make healthier choices. To identify a food from its list of ingredients.
INTRODUCTION	The activities in this session will stimulate the interest of young people to look at the ingredients and nutritional content of the food they eat.
TASK	<p>Before starting the activity, reproduce and cut out the cards on Activity sheet 3a, 3b and 3c, and Fact sheet 3 for the young people to use.</p> <ol style="list-style-type: none"> 1. Introduction Introduce the activity, emphasising how we can learn a lot about our food by looking at food labelling. This fun activity will help young people understand more about the nutritional value of their food. 2. Guess the food from the label Separate the young people into pairs and give out cards from Activity sheet 3a and copies of Activity sheet 3b and pens; ask them to identify a food from its list of ingredients (the answers are provided on Answer sheet 3). Explain that foods are labelled with their ingredients in descending order of their weight. Explain that ingredient lists provide useful information about what's in your food. Be careful when a food claims to be "healthy" or "good for you". Although the product may be low in one ingredient, such as fat, it may be high in another, such as sugar. It might not be very healthy and could be high in calories. 3. Is your food healthy? Introduce the next activity, emphasising that it is a very useful skill to be able to understand the level of different nutrients in our food. Separate the young people into pairs and give each pair four samples from Activity sheet 3a. Ask each pair to check if the nutrients in each of the four samples are healthy; write the answers on Activity sheet 3c. Use Fact sheet 3 (Credit Card) to check the level of nutrients first (the credit card will show how to work out if a food is high or low in sugar, fat, or salt). 3. Summary Summarise what has been covered and encourage the young people to look at food labels over the next week and feed back to group members at the next youth club meeting.
RESOURCES	<p>Copies of Activity sheet 3a: Cards 1-10 Copies of Activity sheet 3b: Guess the food from the ingredients Answer sheet 3b: Guess the food from the ingredients. Copies of Activity sheet 3c: Is your food healthy? Copies of Fact sheet 3: Credit card</p>

Ingredients

Ingredients

Wheat flour, sugar, partially inverted sugar syrup, vegetable oil and hydrogenated vegetable oil, ground ginger, raising agents, sodium hydrogen carbonate, ammonium hydrogen carbonate, salt, lemon oil

Nutritional Values per 100g	
ENERGY	1941kJ (461kcal)
PROTEIN	5.5g
CARBOHYDRATE	76.9g
Of which sugars	35.0g
Starch	41.2g
FAT (total)	14.6g
Of which saturates	6.5g
Of which mono-unsaturates	5.2g
Of which poly-unsaturates	1.7g
FIBRE	1.7g
SODIUM	0.5g

1

Added Ingredients

Skimmed milk, strawberries (7.7%), fructose syrup, thickener, modified maize starch, pectin, flavourings, aspartame sweetener, carob gum, colour, betanin

Nutritional Information- analysis per 100g	
ENERGY	47kcal
PROTEIN	5.2g
CARBOHYDRATE	6.11g
Of which sugars	5.3g
FAT	0.2g
FIBRE	0.2g
SODIUM	0.05g

2

Activity sheet 3a Continued: Cards 3-4

Ingredients

**Carbonated water, colour (caramel E150d), sweeteners (aspartame, acesulfame K), phosphoric acid, flavourings, citric acid, preservative (E211), caffeine
Contains a source of phenylalanine**

<i>Nutrition information per 100ml</i>	
ENERGY	1.6kJ / 0.4kcal
PROTEIN	0g
CARBOHYDRATE	0g
FAT	0g

3

Ingredients

Sugar, glucose syrup, hydrogenated vegetable fat, citric acid, acidity regulator, E331©, modified tapioca starch, cornflour, flavourings, glazing agent (carnauba wax), galeatin, colours (E171, E104, E124, E122, E133)

<i>Nutritional Information per 100g</i>	
ENERGY	1661kJ / 391kcal
PROTEIN	Trace
CARBOHYDRATE Of which sugars	93.3g 71.5g
FAT Of which saturates	2.0g 1.9g
FIBRE	Nil
SODIUM	Trace

4

Activity sheet 3a Continued: Cards 5-6

Ingredients

Dried apricots (30%)- contains sulphur dioxide, conservation grade rolled oats, oat flour, honey, blended rape and palm oil, rice flour, raw cane sugar, glucose syrup, malt extract, dried apricot powder, lemon juice concentrate, natural flavouring, sea salt

Typical Nutrition	Per 33g bar	Per 100g
ENERGY	513kJ / 122kcal	1540KJ / 365kcal
PROTEIN	1.7g	5.0g
CARBOHYDRATE	21.3g	63.8g
Of which sugars	10.2g	30.7g
FAT	3.3g	10.0g
Of which		
saturates	0.8g	2.5g
Monounsaturates	1.6g	4.8g
Poly-unsaturates	0.9g	2.7g
FIBRE	2.1g	6.3g
SODIUM	0.02g	0.06g

5

Ingredients

Beans (46%), water, tomato puree (11.7%), sugar (2%), modified maize starch salt (0.8%), spices, onion powder, sweetener (sodium saccharin)

Nutritional Information		
Average Values	Per 210g serving	Per 100g
ENERGY	515kJ 121calories	247kJ 58 calories
PROTEIN	6g	2.9g
CARBOHYDRATES	23g	11g
Of which sugars	6g	2.9g
FAT	0.4g	0.2g
Of which saturates	0.2g	0.1g
FIBRE	5g	2.6g
SODIUM	0.8g	0.4g
0.4g fat 121 calories per serving		

6

Activity sheet 3a Continued: Cards 7-8

Ingredients

Sunflower oil, vegetable oils, reconstituted whey, salt (1.7%), emulsifier (mono & di-glycerides of fatty acids) colours (annatto & curcumin), Vitamin E, flavourings, Vitamins A &D

Nutritional Information		
Average Values	Per 100g	Per 10g serving
ENERGY	2610kJ / 635kcal	261kJ / 63kcal
PROTEIN	0.2g	Trace
CARBOHYDRATE	1.0g	0.1g
Of which sugars	1.0g	0.1g
FAT	70.0g	7.0g
Of which saturates	16.7g	1.7g
Mono unsaturates	17.5g	1.8g
Poly unsaturates	35.1g	3.5g
Trans fatty acids	0.7g	0.1g
FIBRE	Nil	Nil
SODIUM	0.7g	Trace

7

Ingredients

Potatoes, vegetable oil, salt

Nutritional Information		
Average Values	Per pack (25g)	Per 100g
ENERGY	550kJ / 133kcal	2200kJ / 530kcal
PROTEIN	1.6g	6.5g
CARBOHYDRATES	12.3g	49.0g
Of which sugars	0.1g	0.5g
FAT	8.5g	34.0g
Of which saturates	4.0g	16.0g
DIETARY FIBRE	1.0g	4.0g
SODIUM	0.2g	0.7g

8

Activity sheet 3a Continued: Card 9

Ingredients

Wholewheat, malt extract, sugar, salt, Niacin, Thiamin (B1), Riboflavin (B2), folic acid

Nutritional Information		
	Per 37.5g serving	Per 100g
ENERGY	540kJ / 128kcal	1440kJ / 340kcal
PROTEIN	4.2g	11.3g
CARBOHYDRATE	25.4g	67.6g
Of which sugars	1.8g	4.7g
FAT	1.0g	2.7g
Of which saturates	0.2g	0.6g
FIBRE	3.9g	10.5g
Soluble	1.2g	3.2g
Insoluble	2.7g	7.3g
SODIUM	0.1g	0.3g

Vitamins	Per 37.5g serving	Per 100g
THIAMIN (B1)	0.4mg (32%RDA)	1.2mg (85%RDA)
RIBOFLAVIN (B2)	0.5mg (32%RDA)	1.4mg (85%RDA)
NIACIN	5.7mg (32%RDA)	15.3mg (85%RDA)
FOLIC ACID	64.0µg (32%RDA)	170.0µg (85%RDA)
IRON	4.5mg (32%RDA)	11.6mg (85%RDA)

(RDA = recommended daily allowance)

9

Ingredients

Wheat flour, water, yeast, salt, vinegar, vegetable and hydrogenated vegetable oil, soya flour, emulsifiers: mono and di-saccardides of fatty acids, Mono- and di-acetyltataric acid esters of mono and di-glycerdies of fatty acids, flour treatment agent, ascorbic acid (vitamin C)

*** contains soya, wheat & gluten**

Nutritional Information		
Typical Values	Per Slice	Per 100g
ENERGY	364kj 86kcal	101kj 238kcal
PROTEIN	2.7g	7.5g
CARBOHYDRATE	17.5g	48.5g
Of which sugars	0.4g	1.0g
Of which starch	17.1g	47.5g
FAT	0.6g	1.6g
Of which saturates	0.1g	0.3g
Of which mono-unsaturates	0.1g	0.4g
Of which poly-unsaturates	0.3g	0.8g
FIBRE	0.6g	1.8g
SALT	0.25g	1.0g
Of which sodium	0.1g	0.4g

10

Activity sheet 3b: Guess the food and drink from the ingredients

1	
2	
3	
4	
5	
6	
7	
8	
9	
10	

Answer sheet 3b: Guess the food and drink from the ingredients

1	Ginger biscuits
2	Strawberry yoghurt
3	Diet coke
4	Sweets
5	Cereal bar
6	Baked beans
7	Sunflower margarine
8	Crisps
9	Cereals (Weetabix)
10	White bread

Activity sheet 3c: Is your food healthy?



Look at your food item and complete the table below.

Name and brand of food item: _____

Nutrient per 100g	Content	Is this nutrient amount considered healthy? Yes or No
Total fat		
Saturated Fat		
Salt or sodium		
Fibre		
Sugar		

Overall, would you say that your food item is healthy?

Why? _____



Fact sheet 3: Credit Card

Look at food labels to make healthier choices		
Nutrient per 100g	HIGH	LOW
Total Fat	20g	3g
Saturates	5g	1.5g
Sugars	15g	5g
Sodium Salt	0.6g 1.5g	0.1g 0.3g
Fibre	3g	0.5g

Eat a variety of foods from each group each day



Look at food labels to make healthier choices		
Nutrient per 100g	HIGH	LOW
Total Fat	20g	3g
Saturates	5g	1.5g
Sugars	15g	5g
Sodium Salt	0.6g 1.5g	0.1g 0.3g
Fibre	3g	0.5g

Eat a variety of foods from each group each day



Look at food labels to make healthier choices		
Nutrient per 100g	HIGH	LOW
Total Fat	20g	3g
Saturates	5g	1.5g
Sugars	15g	5g
Sodium Salt	0.6g 1.5g	0.1g 0.3g
Fibre	3g	0.5g

Eat a variety of foods from each group each day



Activity 4: Fun & Fruity

NAME OF ACTIVITY 4	Fun & Fruity (Fruit Smoothie session)
ESTIMATED TIME	30 – 45 minutes
FORMAT	Small groups
AIM	<ul style="list-style-type: none">• To encourage the young people to make practical use of fruits and juices by making Fruit Smoothies for themselves and others to drink.• To promote awareness of the '5-a-day' recommendation.• To promote awareness of the variety of fruit and vegetables available.
INTRODUCTION	<p>The activities in this session allow the young people to engage in planning a fruit promotion session and enjoy a fun experience of making delicious fruit smoothies and shakes. The activity is intended to be fun, informative but safe; please refer to your organisation's risk assessment on use of knives and food handling.</p>

<p>TASK</p>	<p>Before the session, buy a selection of fruits and juices (a variety of regular and exotic fruits) or even frozen fruits. Alternatively ask the young people to bring in a fruit of their choice. Also, copy Activity sheets 4a and 4b for the young people to use.</p> <p>1. Introduction Introduce the activity to the young people, working in small groups of 4. Provide copies of Activity sheet 4a, ask the young people to write down a maximum of four fruits and two juices that they think will combine to make the tastiest smoothie. Examples of recipes are provided (Activity sheet 4b).</p> <p>2. Fruit Smoothies Ask the young people to wash and cut the fruit on the chopping boards and put into the blender. Add the chosen juice and rest of the ingredients. Once blended, allow the group and others to taste the smoothie and write down their comments onto Activity sheet 4a.</p> <p>Encourage a discussion on the importance of eating fruit and vegetables, referring to the 5-a-day message and the benefits of a balanced and varied diet (Fact sheet 1 from Activity 1 in this section).</p> <p>3. Summary Summarise what has been covered and encourage the young people to try making fruit smoothies at home.</p>
<p>RESOURCES</p>	<p>A selection of fruits and juices Chopping board Knives A blender Plastic cups Basic washing facilities to rinse the equipment Copies of Activity sheet 4a: Fun and Fruity Pens Copies of Activity sheet 4b: Sample recipes.</p>

Activity sheet 4a: Fun and Fruity

Name of Youth Group

Group Names

Fruits (Please choose a max of 4)

(1)

(2).....

(3).....

(4).....

Fruit Juice (Please choose a maximum of 2)

(1).....

(2).....

COMMENTS:

(For example; lush, cool, horrible, yummy, mega, disgusting).

.....

.....

.....

.....

.....

Activity sheet 4b: Sample Recipes 1-4

1. Juicer

Ingredients:

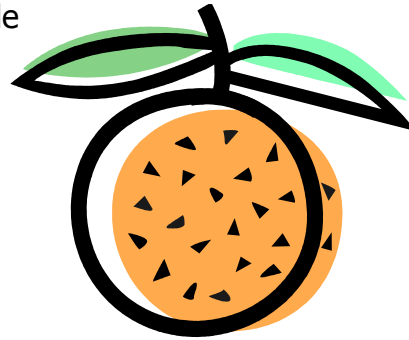
- Oranges
- Sparkling mineral water or low calorie lemonade

Equipment:

- Lemon squeezer
- Glasses

Method:

- Use a simple lemon squeezer to extract the juice
- Dilute with mineral water or lemonade



Oranges are full of vitamin C, which is good for your skin!

2. Fruit Smoothie

Ingredients:

- 250 ml / 9 fluid oz. Orange juice
- 125 ml / 4 fluid oz. Natural yoghurt
- 2 Bananas

Equipment:

- Blender
- Glasses

Method:

- Pour the orange juice and yogurt into a blender and mix
- Add the bananas, and process until smooth



Bananas give you vitamins and fibre!

Activity sheet 4b Continued: Sample Recipes 1-4

3. Banana Milkshake

Ingredients:

- 300 ml / half pint of milk
- Half a banana
- Little squeezey honey

Equipment:

- Blender
- Glasses

Method:

- Put the milk, banana and honey into blender
- Blend until smooth

Calcium in milk makes your teeth and bones strong!



4. Strawberry Smoothie

Ingredients:

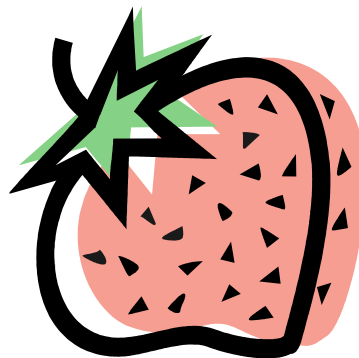
- 6 Large strawberries
- 300 ml Milk
- 1 Small pot of fruit yoghurt

Equipment:

- Small knife
- Chopping board
- Blender
- Glasses

Method:

- Remove the green stalks from the strawberries and slice
- Put the strawberries, milk and yoghurt into the blender
- Blend until smooth



Activity 5: Get Cooking

NAME OF ACTIVITY 5	Get Cooking
ESTIMATED TIME	1 hour
FORMAT	Practical cooking
AIM	<ul style="list-style-type: none"> • To teach young people practical cooking skills. • To increase young people's confidence to cook. • To enjoy eating in a social setting.
INTRODUCTION	<p>The activities in this session will allow the young people to practice some basic preparation skills in the kitchen. This will increase the familiarity of the young people with basic cooking skills which can lead onto more adventurous cooking.</p> <p>It is good practice for the youth worker to complete a Certificate in Food Safety and Food Hygiene before facilitating the session.</p>
TASK	<p>Before the activity, bring along the appropriate resources, as listed below. Also, copy Activity sheets 5b, 5c, and 5d for the young people to use.</p> <ol style="list-style-type: none"> 1. Introduction Introduce the activity to young people, explaining that the session aims to demonstrate basic cooking skills. 2. Get Cooking Separate the young people into two groups and show each group Activity sheet 5a. Suggest each group uses a different recipe and the youth club vote on the favourite. Recipes include: soup, tuna pasta bake and fruit salad. Help the young people to follow the instructions for the recipes. Provide copies of Activity sheets 5b, 5c and 5d, which can be used during the session while the young people are preparing food. 3. Summary Summarise what has been covered in the activity and encourage the young people to cook at home using healthy recipes. <p>It would be a good idea to see if the fruit and vegetables could be purchased at a local fruit and veg co-op, for affordable, fresh local produce.</p>

RESOURCES	<p>Activity sheet 5a: Recipes Fruit salad: chopping board, knife, mixing bowl and small serving bowls. Soup: saucepan, mugs to serve the soup. Tuna pasta bake: saucepan, colander, measuring jug, mixing spoon, baking dish, grater, knife, can opener, chopping board, plates to serve. Copies of Activity sheet 5b: Quiz Answer sheet 5b: Quiz Copies of Activity sheet 5c: Cross word Answer sheet 5c: Cross word Copies of Activity sheet 5d: True or false questions Answer sheet 5d: True or false questions Food Standards Agency Get Cooking Toolkit and DVD. Available: www.food.gov.uk/wales/nutwales/getcooking</p>
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Activity sheet 5a: Recipes

Fruit Salad 1 (Serves 8)

Ingredients

2 bananas, peeled and sliced
2 apples, cored and sliced
2 oranges, peeled and segmented
8 strawberries, halved
20 grapes seedless
2 kiwi fruits, peeled and sliced
200ml orange juice



Method

Prepare fruit and place into a large serving dish. Add orange juice.

Tips:

- Use fresh fruit in season, like raspberries in summer or apples in winter
- Mix in some canned fruit, like pineapple or peaches
- Use whatever fruit you have
- Serve with low-fat yogurt for a great breakfast or dessert.

Fruit Salad 2 (Serves 8)

Ingredients

2 oranges
230g (8oz) seedless grapes
1 x 400g can pineapple pieces
230g (8oz) cherries
450g (16oz) apples
450g (16oz) bananas
250ml (8fl oz) orange juice



Method

Peel and segment the oranges over a dish. Cut into pieces and place in a large bowl (adding the juice that has collected in the dish as well). Halve the grapes and add to the orange. Add the pineapple pieces and their juice. Halve the cherries and remove the stones. Peel the apples, if you wish, and core them and cut into bite size pieces, add to the bowl. Stir, and leave to rest, covered, for about half an hour so that the flavours combine. Just before serving, peel and chop the bananas into small pieces, and mix with the rest of the fruit and orange juice.

Thick Leek and Potato Soup (Serves 8)

Ingredients

30g (1 oz) butter
2 tablespoons oil
2 large onions, chopped
1.8 kg (4 lb) potatoes, peeled and cut into chunky pieces
1.4 kg (3 lb) leeks, washed, trimmed and sliced
1.2 ltrs (2 pints) water
2 vegetable stock cubes
Salt and pepper (optional)
Grated cheese (optional)

Method

Heat the butter and oil in a large saucepan. When the butter has melted, put in the onion and fry gently for 5 minutes. Then add the potatoes and leeks and fry gently for a further 5 minutes, stirring often. Pour in the water, crumble in the stock cube, stir and bring to the boil. Then cover and leave to cook gently for about 15 minutes, until the vegetables are just tender. Serve with grated cheese. Liquidise if a smooth texture is preferred.

Vegetable and Lentil Soup (Serves 8)

Ingredients

2 tablespoons vegetable oil
30g (1 oz) butter/margarine
2 onions, finely chopped
4 carrots, finely chopped
2 large potatoes, finely chopped
2 parsnips, finely chopped
1 teaspoon turmeric
6 teaspoons mild curry paste
2.4 litres (4 pints) vegetable or chicken stock
150g (6oz) split red lentils, rinsed
Salt and pepper (optional)

Method

Heat the oil in a saucepan, add the onion, and fry for 5 minutes, stirring until soft. Add the butter and vegetables and fry for 5 more minutes, stirring all the time. Put in the turmeric and curry paste and cook for 1 minute, then add the stock, lentils and sprinkle with salt and pepper. Bring to the boil, cover and simmer for 40 minutes until the lentils are soft. The soup can be liquidised to make a smooth texture. Serve with crusty bread.

Tuna Pasta Bake (Serves 3-4)

Ingredients

250g (8oz) pasta shapes
1 x 200g can tuna fish drained
1 x 150g can sweetcorn (or frozen)
2 tomatoes cut into chunks
75g (3oz) cheddar cheese, grated

Sauce

25g (1oz) butter or margarine
25g (1oz) plain flour
250ml (1/2 pint) semi-skimmed milk
Mixed herbs
Seasoning

Method

Preheat the oven to 200°C or Gas mark 6. Boil the pasta for 10 minutes, until tender. Drain the pasta.

To make the sauce: melt the butter or margarine in a saucepan. Add the flour and stir into a paste. Gradually add the milk, stirring constantly. The sauce will become thick. Reduce the heat, and allow to simmer for 2 minutes. Add seasoning and mixed herbs if desired. Add the pasta, tuna and vegetables to the sauce and stir the mixture together. Pour the pasta mixture into a baking dish. Sprinkle grated cheese over the top. Bake for 20 minutes, until golden brown. Serve with fresh salad.

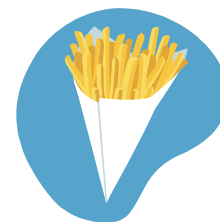
Activity sheet 5b: Quiz

1. Cheese is a good source of which nutrient?
a. Calcium b. Vitamin C c. Iron d. Fibre
2. How many Portions of fruit and vegetables should we all eat every day?
a. 0 b. 2 c. 3 d. 5 or more
3. What 'K' do you do when making pizza or bread dough?
a. Knuckle b. Knead c. Kneel d. Knaw
4. What is a calzone?
a. A type of pasta b. A drink c. A folded pizza d. An oven
5. Red meat is a good source of which nutrient?
a. Vitamin C b. Folate c. Carbohydrate d. Iron
6. At least how many portions of fish should we aim to eat every week?
a. 2 b. 5 c. 7 d. 10
7. The main food poisoning bacteria Salmonella is sometimes present in:
a. Grapes b. Raw chicken c. Butter d. Cheese
8. What is the correct temperature range for a fridge?
a. - 20°C b. -4°C c. 0-5°C d. 5-10°C
9. Why are potato wedges a healthier choice compared to thin chips?
a. They contain more fat b. They contain less salt
c. They taste better d. They contain less fat
10. Which vitamin is provided by raw peppers, radishes and oranges?
a. Vitamin C b. Vitamin E c. Vitamin A d. Vitamin B

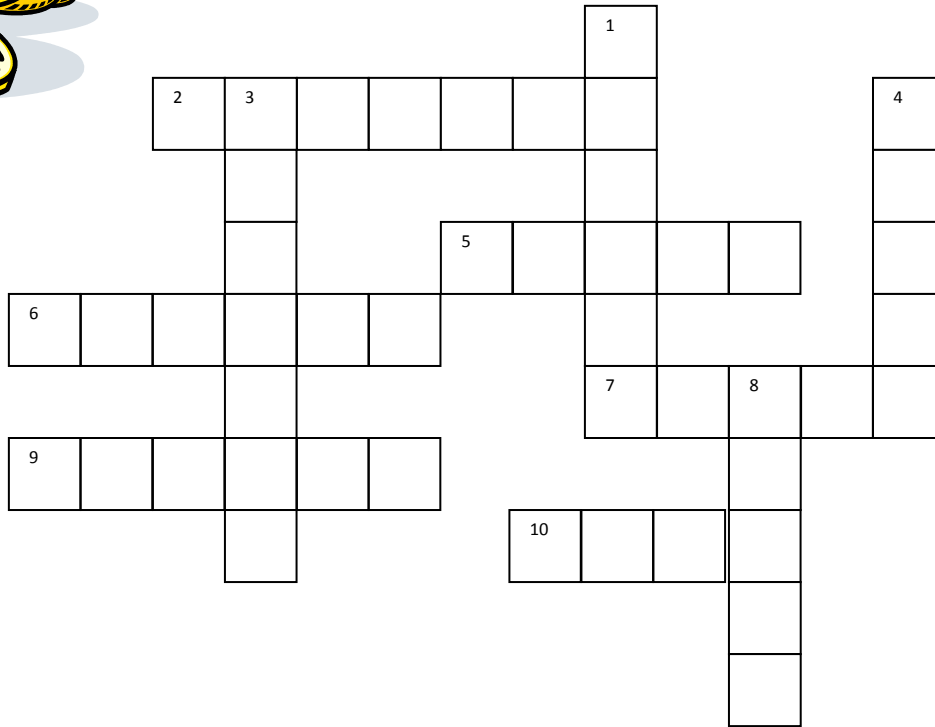
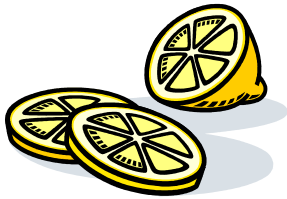


Answer sheet 5b: Quiz

1. Calcium – which is needed for healthy bones and teeth
2. 5 or more portions. It is recommended that everyone aim to eat at least 5 portions of fruit and vegetables daily. All fresh, frozen and canned fruits and vegetables are included within this food group. In addition pure fruit and vegetable juices are included. The more different types of fruit and vegetables you include in your diet the better.
3. Knead
4. A folded pizza
5. Iron is a pigment of red blood cells which carry oxygen around the body.
6. At least 2 portions a week, these can be fresh, frozen or canned. One of these portions should include an oily fish because the canning process reduces the levels of beneficial oils.
7. Raw chicken. Salmonella is the second most common cause of food poisoning after campylobacter. It has been found in unpasteurised milk, eggs and raw egg products, meat and poultry. It can survive if food is not cooked properly.
8. 0-5°C. Keep a fridge thermometer in the coldest part of the fridge and check the temperature regularly.
9. They contain less fat. The thicker chips the better, as they absorb less fat.
10. Vitamin C, which helps protect cells and keeps them healthy and helps the body absorb iron.



Activity sheet 5c: Crossword

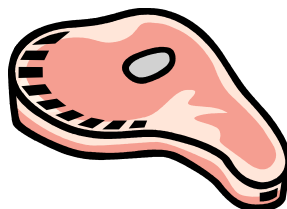


ACROSS

- 2. A common make of cheese (7)
- 5. An Italian dish (5)
- 6. A fresh water fish (6)
- 7. A citrus fruit (5)
- 9. A good source of calcium (6)
- 10. A mineral provided by red meat (4)

DOWN

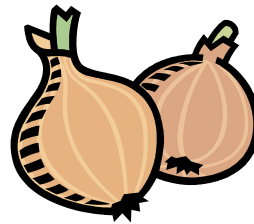
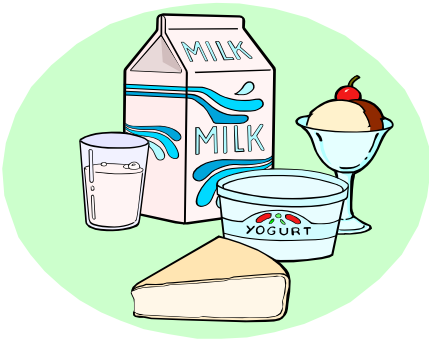
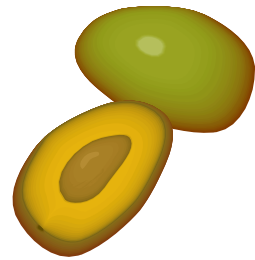
- 1. A nut and a country (6)
- 3. A dish made from chickpeas (7)
- 4. A vegetable beginning with O (5)
- 8. An orange coloured fruit (5)



Answer sheet 5c: Crossword



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Activity sheet 5d: True or False questions



1. Savoury things are less fattening than sweet.
True False
2. Vegetarian diets are better for you than those containing meat.
True False
3. A healthy diet is expensive.
True False
4. I should cut out dairy products to lose weight as they contain a lot of fat.
True False
5. I can substitute my five portions of fruit and veg with five glasses of fruit juice.
True False
6. Sea salt is better for me than common table salt.
True False
7. Honey is healthier than sugar.
True False
8. I should aim to cut all fat from my diet.
True False
9. You don't need to wash vegetables before you eat them.
True False
10. Eggs have a best before mark printed on their shell.
True False



Answer sheet 5d: True or False questions

1. **False** – Both sweet and savoury snacks can be high in fat, check the labels to find out.
2. **False** – Not always it depends on the balance of your diet.
3. **False** – It is often lack of knowledge that contributes to the misconception that healthy eating is expensive. A healthy diet can be made cheaper if food is prepared from scratch rather than buying ready made processed foods.
4. **False** – Dairy products are an excellent source of calcium and there are lots of low fat alternatives available such as virtually fat free milk, low fat yoghurts and reduced fat cheeses. Include low fat dairy products in the diet everyday.
5. **False** – You need a variety of fruit and vegetables everyday to keep healthy. Fruit juices only count as one portion however much you drink.
6. **False** – They are exactly the same thing but come from different places. All salt contains sodium and it is the sodium that can raise blood pressure.
7. **False** – There is no nutritional difference between honey and sugar. They have a different taste so choose the one you like and use in moderation.
8. **False** – Some fat is needed in the diet to provide essential fatty acids and vitamins. We should all try to cut down on saturates, i.e those found in meat pies, sausages, butter, cheese and cakes, as it can lead to heart disease.
9. **False** – It is advised that you always wash and peel as appropriate.
10. **True** – Always check they are in date before using.

Activity 6: Being Physically Active

NAME OF ACTIVITY 6	Being Physically Active
ESTIMATED TIME	30 minutes
FORMAT	Whole group
AIM	<ul style="list-style-type: none"> • To raise awareness of the importance of being physically active. • To encourage the young people to identify ways they can be physically active.
INTRODUCTION	<p>It is important to ensure young people are physically active, but also to ensure they understand the importance of physical activity and the health benefits. This activity will highlight to young people the importance of being physically active, as well as encouraging the young people to think of ways to be more physically active throughout their daily lives.</p>
TASK	<p>1. Introduction Introduce the activity to the young people, emphasising that it is important for young people to understand the benefits of being physically active.</p> <p>2. Benefits of physical activity On flipchart paper, draw an outline of a body and ask the group to label or draw all the benefits of physical activity that a person can experience.</p> <p>Next, ask the group to name ways they currently take part in physical activity. Ask if anyone knows what the recommended amount of physical activity for young people is? Reveal the correct answer using Fact sheet 6 for support.</p> <p>Give each group member 3 cotton buds each and explain the rules of the activity:</p> <ul style="list-style-type: none"> • The group will be asked to discuss ways they can be more physically active. • You can only talk in exchange for a cotton bud. • When you have used all your cotton buds you can not talk anymore. • If you don't want to use your cotton bud, you can give it away to someone else. • Only one person to talk at a time.

TASK (continued)	<p>Start the activity by stating ‘young people these days are not active enough because they are too busy playing computer games’.</p> <p>Encourage a discussion on physical activity; consider ways the youth club can provide more physical activity opportunities. Encourage the young people to access local services as outlined at the end of this section. Encourage the young people to organise a physical activity to take place in the youth setting over the coming weeks, using the available resources and equipment in the youth setting.</p> <p>3. Summary Summarise the activity, ensuring young people understand the benefits of being physically active.</p>
RESOURCES	<p>Flipchart paper and pens Fact sheet 6: Being Physically Active 3 cotton buds per person (or an alternative item).</p>

Fact sheet 6: Being physically active

Did you know?

For maximal benefits, young people should aim to do at least 60 minutes of exercise on 5 days on the week.

What can people get out of being more active?

- Look and feel better about themselves
- Feel fitter and have the energy to do more
- Better weight control
- Improved body shape
- Reduced stress and improves mood

As well as the long term benefits:

- Reduced risk of heart disease
- Reduces high blood pressure
- Less risk of brittle bones (osteoporosis)

Many young people complain that they are **too tired, too busy or too unfit** to exercise, but it is so easy to fit exercise into your daily routine.

- **Too tired?** – Physical activity gives you more energy.
- **Too busy?** – There are plenty of opportunities to do different types of physical activity, plus they will take hardly any time at all.
- **Too unfit?** – It's never too late to start being more active, be sure not to confuse activity with formal exercise, walking is a great way to start!

To be active, people don't have to be the "sporty type", try walking, dancing, gardening or housework, swimming, skateboarding, cycling or running. Gradually build up activity levels, and then keep up the good work!

Tips to get started:

1. Start the day with a few minutes of gentle stretching
2. Take the stairs instead of the lift
3. Put more effort into physical tasks
4. If you use public transport, get off a stop earlier and walk the rest of the way
5. Try to go for a walk every day – increasing the distance and time you walk gradually
6. Try different types of activity and choose something you enjoy

To find out about local sports clubs, contact Sports and Play Development on 01446 704614.

b. Exploring Mental Health

Improving the mental health and wellbeing of the young people of Wales and delivering improved mental health services continues to be a key health and social care priority for the Welsh Government and its partners.

The question 'what is mental health?' has been the subject of much debate over many years. As yet there is no definition of 'mental health' that is universally agreed. This handbook will adopt the definition taken by the Welsh Assembly Government. This starts with a holistic understanding of 'health', which has been defined by the World Health Organisation (WHO) as:

“A state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.”¹

From this, we can understand that mental health is

- an integral part of health
- more than the absence of mental illness
- intimately connected with physical health and behaviour.

However, the term 'mental health' has long been used interchangeably with, or as a euphemism for, 'mental illness'. It is important that this is challenged, so that 'mental health and wellbeing' is valued as a desirable quality in its own right, and as more than the absence of symptoms of mental illness.³

Promoting mental health

From this perspective, it becomes clear that 'mental health promotion' should focus on actions that make people 'mentally healthy'.

The extent to which an individual or a population is 'mentally healthy' is constantly changing. It will respond to the circumstances confronting an individual or community such as employment status, housing quality, access to leisure and sense of security.

Given the wide range of factors that can affect mental health, improvements to the social, environmental and economic circumstances of young people's lives are essential if they are not to experience poor mental health as an understandable consequence of their living conditions. Individual mental health will also vary in accordance with an individual's ability to deal with these factors. This is often termed 'resilience', and building individual resilience (for example, through promoting self esteem, or by providing social support) is key part of promoting mental health.

Mental health promotion actions need to address issues both within individuals (influencing their knowledge, attitudes and behaviours) **and** the wide range of social, environmental and cultural conditions where these attitudes and behaviours occur.

The activities in this section are intended to raise awareness and increase understanding with respect to mental health.

Activity 1 - What is Mental Health?

NAME OF ACTIVITY 1	What is Mental Health?
ESTIMATED TIME	30 minutes
FORMAT	Small groups
AIM	<ul style="list-style-type: none"> To identify what young people understand by the term mental health. To clarify facts and myths about mental health issues.
INTRODUCTION	Many young people do not understand what is meant by the term mental health and therefore it is important to encourage them to find out more about the topic and to provide opportunity to discuss mental health issues in a safe environment.
TASK	<p>1. Introduction Introduce the activity to the young people, separate the young people into small groups and give out pens and paper to each group.</p> <p>2. What is Mental Health? Ask each group to write down what they understand by the term mental health. Ask each group to provide feedback; display the paper on the wall if possible. Discuss the similarities and differences that each group identified.</p> <p>Using leaflets, the internet and Fact sheet 1, ask the young people to write a definition of mental health. Using the ideas the young people have identified, explain that the information will be used in future sessions to further explore this issue.</p> <p>3. Summary Summarise what has been covered during the session and provide an outline of what will be covered in future sessions. Make notes on any issues as they arise as a result of the activity and keep all papers as they can be used in future sessions.</p>
RESOURCES	<p>Paper Pens Flipchart paper Leaflets Internet access Fact sheet 1: Definition of Mental Health</p>

Fact sheet 1: Definition of Mental Health

The word 'mental' means 'of the mind'. It describes your thoughts, feelings and understanding of yourself and the world around you.

The word 'health' generally describes the working order of your body and mind. When we talk about 'mental health' we are referring to the working order of your mind.

Activity 2: What impacts on Mental Health? Part 1

NAME OF ACTIVITY 2	What impacts on Mental Health? Part 1
ESTIMATED TIME	30 minutes
FORMAT	Small groups / Whole group
AIM	<ul style="list-style-type: none"> • To identify the facts and myths about mental health. • To identify what can affect our mental health. • To look at the impact our mental health can have on us as a whole person.
INTRODUCTION	Mental health is a topic that is often misunderstood by young people, it is important to provide opportunity to clarify the facts and myths on this topic, to support young people to be mentally healthy.
TASK	<p>Before starting the activity, copy Activity sheet 2 for the young people to use.</p> <ol style="list-style-type: none"> 1. Introduction Re-cap what was covered from Activity 2 and introduce this next activity to the young people. Separate the young people into small groups and give out copies of Activity sheet 2 and pens to each group. 2. What impacts on your Mental Health? Ask each group to answer the quiz, discussing each question in their small groups. <p>Bring the groups together and share feedback; discuss responses as a whole group. Refer to Answer sheet 2.</p> <p>Once again, split into small groups and using flipchart paper and pens; draw an outline of a person on the paper. Encourage the young people to write down everything they can think of that depend on our mental health. Consider:</p> <ul style="list-style-type: none"> • Thoughts and feelings • Behaviour • Physical response.

<p>TASK (continued)</p>	<p>Use the internet to find factual information, if possible. Ask each small group to feedback to the whole group what they have identified and encourage a group discussion. Display the paper on the wall.</p> <p>3. Summary</p> <p>Summarise what has been covered during the session. Make notes on any issues as they arise as a result of the activity and keep all papers as they can be used in future sessions.</p>
<p>RESOURCES</p>	<p>Copies of Activity sheet 2: Mental health quiz Answer sheet 2: Mental health quiz Flipchart paper Pens Internet access</p>

Activity sheet 2: Mental Health Quiz

	TRUE	FALSE
1. Everyone has mental health.	<input type="checkbox"/>	<input type="checkbox"/>
2. Our mental health is affected by stress.	<input type="checkbox"/>	<input type="checkbox"/>
3. The way we think, feel and behave all depend on our mental health.	<input type="checkbox"/>	<input type="checkbox"/>
4. Everybody sometimes experiences mental health problems.	<input type="checkbox"/>	<input type="checkbox"/>
5. One of the best ways to cope with mental health problems is by using drugs such as cannabis and amphetamines.	<input type="checkbox"/>	<input type="checkbox"/>
6. Ignoring signs that we are stressed can lead to greater difficulties.	<input type="checkbox"/>	<input type="checkbox"/>
7. Arguments, problems sleeping, changes in diet and feeling snappy can all be indicative that we are stressed.	<input type="checkbox"/>	<input type="checkbox"/>
8. More serious mental health problems (such as schizophrenia and Bi-Polar disorder) are relatively rare.	<input type="checkbox"/>	<input type="checkbox"/>
9. Mental health problems such as anxiety and depression are much more common and most people are affected by some form at some time.	<input type="checkbox"/>	<input type="checkbox"/>
10. People with serious mental health problems are rather mad, bad or dangerous.	<input type="checkbox"/>	<input type="checkbox"/>

Answer sheet 2: Mental Health Quiz

1. Everybody has mental health? True

Mental health properly describes a sense of wellbeing: the capacity to live in a resourceful and fulfilling manner, having the resilience to deal with the challenges and obstacles which life presents. Mental health 'problems' or 'difficulties' are terms that can be used to describe temporary reactions to a painful event, stress or external pressures, or systems of drug or alcohol use, lack of sleep or physical illness; this terminology may also be used to describe long-term psychiatric conditions which may have significant effects on an individual's functioning.

Everyone has physical health: it is the state your body is in.
Everyone has mental health too: it is the way you feel in your mind, or the state your feelings are in.

Your physical health and your mental health are very individual to you - what feels 'normal', healthy and good for one person does not necessarily feel 'normal', healthy and good for another.

Physical health changes all the time because it depends on so many things such as:

- Whether you are eating and sleeping well
- Whether you have a virus or an infection
- Whether you are doing a lot of exercise
- How you are feeling in yourself.

Mental health also changes all the time and it depends on all kinds of different things too, such as:

- Whether you are feeling good about yourself
- Whether you are getting on with your family and friends
- Whether there are lots of things stressing you out
- Whether you are feeling physically well
- Whether you are sleeping and eating well.

Answer sheet 2 Continued: Mental Health Quiz

2. Our mental health is affected by stress? True

Stress in itself is not necessarily harmful. Everyone needs goals and challenges, but too much can be damaging.

Some people may feel great without doing much exercise; others need to do lots of activity to feel healthy. Some people can cope with loads of stress without feeling under pressure - they may even enjoy it! But other people begin to feel anxious and unhappy if they have a lot of stress to cope with.

Everyone feels stressed at times. You may feel under pressure, worried, tense, upset, sad, and angry - or maybe a mixture of uncomfortable feelings. There are many ordinary situations that can make you feel stressed. For example, your school work may pile up, preparing for exams may seem as if it is taking forever, you may be being teased or bullied at school, or having problems with teachers. At home you may be arguing with parents, brothers or sisters, or close friends.

Stress can affect you mentally. You may find it hard to keep your mind on your work, to cope with frustration or to control your temper. You might get depressed. Stress that goes on for a long time can be exhausting.

We all face different challenges and obstacles, and sometimes the pressure is hard to handle. When we feel overwhelmed, or unsure how to meet the demands placed on us, we experience stress. In small doses, stress can be a good thing. It can give you the push you need, motivating you to do your best and to stay focused and alert. But when the going gets too tough and life's demands exceed your ability to cope, stress becomes a threat to both your physical and emotional well-being.

The potential causes of stress are numerous and highly individual. What you consider stressful depends on many factors, including your personality, general outlook on life, problem-solving abilities, and social support system. Something that is stressful to you may not faze someone else, or they may even enjoy it.

Major life changes

Major life events are stressors: changing schools, bullying, problems at home, divorce of parents, and death of a loved one. Furthermore, the more major life changes you are dealing with at any one time, the more stress you will feel.

Daily hassles and demands

While major life changes are stressful, they are also relatively rare. Because these small upsets occur so regularly they end up affecting us the most.

Answer sheet 2 Continued: Mental Health Quiz

2. Our mental health is affected by stress? True (Continued)

Daily causes of stress include:

- Environmental stressors – Your physical surroundings can set off the stress response. Examples of environmental stressors include an unsafe neighbourhood.
- Family and relationship stressors – Problems with friends, romantic partners, and family members are common daily stressors.
- School stressors – Work pressure, teachers, friendships.
- Social stressors – Friendships, relationships, drugs, alcohol, peer-pressure, arguments, isolation.

3. The way we think, feel and behave all depend on our mental health? True.

See the above signs of stress.

4. Everybody sometimes experiences mental health problems / difficulties? True

One in four of us will have some sort of mental health problem in our life. This means there are millions of people in Britain who are either encountering problems themselves or know someone else who is experiencing them.

As you can see from above, we all experience changes to our mental health due to what is going on in our lives. It is normal to feel anxious when faced with change or a stressful situation but it is how we react and cope with these difficulties. When we feel unable to cope and these changes to our mental health persist that's when we need to get help.

5. One of the best ways to cope with mental health problems is by using drugs such as cannabis and amphetamines? False

There is growing evidence that people with serious mental illness, including depression and psychosis, are more likely to use cannabis or have used it for long periods of time in the past. Regular use of the drug has appeared to double the risk of developing a psychotic episode or long-term schizophrenia. However, does cannabis cause depression and schizophrenia or do people with these disorders use it as a medication?

Over the past few years, research has strongly suggested that there is a clear link between early cannabis use and later mental health problems in those with a genetic vulnerability - and that there is a particular issue with the use of cannabis by adolescents.

For more information, see Fact sheet 3 in this section.

Answer sheet 2 Continued: Mental Health Quiz

6. Ignoring signs that we are stressed can lead to greater difficulties? True

Although just enough stress can be a good thing, stress overload is a different story - too much stress is not good for anyone. For example, feeling a little stress about a test that's coming up can motivate you to study hard. But stressing out too much over the test can make it hard to concentrate on the material you need to learn. Pressures that are too intense or last too long, or troubles that are shouldered alone, can cause people to feel stress overload.

Here are some of the things that can overwhelm the body's ability to cope if they continue for a long time:

- Being bullied or exposed to violence or injury
- Relationship stress, family conflicts, or the heavy emotions that can accompany a broken heart or the death of a loved one
- Ongoing problems with schoolwork related to a learning disability or other problems, such as ADHD (usually once the problem is recognised and the person is given the right learning support the stress disappears)
- Crammed schedules, not having enough time to rest and relax, and always being on the go.

Signs of Stress Overload

People who are experiencing stress overload may notice some of the following signs:

- anxiety or panic attacks
- a feeling of being constantly pressured, hassled, and hurried
- irritability and moodiness
- physical symptoms, such as stomach problems, headaches, or even chest pain
- allergic reactions, such as eczema or asthma
- problems sleeping
- drinking too much, smoking, overeating, or doing drugs
- sadness or depression.

Everyone experiences stress a little differently. Some people become angry and act out their stress or take it out on others. Some people internalise it and develop eating disorders or substance abuse problems.

Answer sheet 2 Continued: Mental Health Quiz

7. Arguments, problems sleeping, changes in diet and feeling snappy can all be indicative that we are stressed? True

Stress Warning Signs and Symptoms

Cognitive Symptoms

- Memory problems
- Indecisiveness
- Inability to concentrate
- Trouble thinking clearly
- Poor judgment
- Seeing only the negative
- Anxious or racing thoughts
- Constant worrying
- Loss of objectivity
- Fearful anticipation

Emotional Symptoms

- Moodiness
- Agitation
- Restlessness
- Short temper
- Irritability, impatience
- Inability to relax
- Feeling tense and "on edge"
- Feeling overwhelmed
- Sense of loneliness and isolation
- Depression or general unhappiness

Physical Symptoms

- Headaches or backaches
- Muscle tension and stiffness
- Diarrhoea or constipation
- Nausea, dizziness
- Insomnia
- Chest pain, rapid heartbeat
- Weight gain or loss
- Skin breakouts (hives, eczema)
- Loss of sex drive
- Frequent colds

Behavioural Symptoms

- Eating more or less
- Sleeping too much or too little
- Isolating yourself from others
- Procrastination, neglecting responsibilities
- Using alcohol, cigarettes, or drugs to relax
- Nervous habits (e.g. nail biting, pacing)
- Teeth grinding or jaw clenching
- Overdoing activities (e.g. exercising, shopping)
- Overreacting to unexpected problems
- Picking fights with others

Answer sheet 2 Continued: Mental Health Quiz

8. More serious mental health problems are relatively rare? True

Schizophrenia

Schizophrenia is a word that many people have heard of. They probably know that it is something to do with mental health problems, but they do not understand what it really means or what it is like to have schizophrenia. The actual word 'schizophrenia' means split mind. Some people think schizophrenia is like having a split personality, that sometimes you are okay and other times you act strangely, like the two halves of the fictional character, Dr Jekyll and Mr Hyde. This is not true for schizophrenia; it is more like the mind has split away from the daily reality of life.

So if you have schizophrenia you may:

- have a different understanding of the world around you.
- see or hear things that others do not; your brain may interpret information it receives from the senses in different ways to others.
- think that everyday objects have a secret or coded meaning; for example, if the newsreader on television was wearing a yellow tie, your brain may tell you that means he is sending you a coded message to go out of the house.
- think others are putting thoughts into your head or that everyone can hear your thoughts without you saying anything.
- feel others are out to harm you.

About 1 in a 100 people will be diagnosed with Schizophrenia.

Bi-Polar Disorder/Manic Depression

Bi-polar disorder is a condition where you have extreme mood swings from feeling really high for a while to feeling really low or depressed.

It can be quite hard to tell if a young person is suffering from bi-polar disorder because mood swings are a very common part of growing up. It is completely normal to feel really high sometimes and then really low. But it is when mood swings become exaggerated, overwhelming and get in the way of making friendships or managing your life that you might want to seek professional advice.

When you are feeling low or depressed you might:

- Have no energy
- Find it hard to enjoy things
- Feel there is no hope for the future
- Have no interest in eating

Answer sheet 2 Continued: Mental Health Quiz

8. More serious mental health problems are relatively rare? True
(Continued)

You might also find it hard to sleep because you can't stop thinking or sleep too much and can't get out of bed.

When you are feeling high (sometimes called mania) you might:

- Have lots of energy and can't keep still
- Talk really fast
- Feel like your thoughts are speeded up
- Not feel the need to sleep
- Feel frustrated or annoyed because you have lots of energy and other people can't keep up

Again about 1 in 100 people will develop bipolar disorder.

Psychosis

To best describe what can happen to people with psychosis, imagine a person talking to you or having a conversation with you. The clarity with which you can hear that person's voice is exactly what people with psychosis can often experience, but no one is actually talking to them - the voices are in their head. Psychosis is a form of mental illness which can seriously affect the way young people think and feel. Someone experiencing psychosis loses touch with what is usually accepted as reality.

Unsurprisingly, psychosis can leave a person feeling confused, anxious or suspicious of those around them, agitated and restless.

Almost anyone can have a brief psychotic episode. It may result from a lack of sleep (through severe jet lag, perhaps), through illnesses and high fevers (including malaria, pneumonia, flu and other viral infections) or abusing alcohol or drugs (street drugs, and prescription medication, including steroids). There is considerable evidence that psychotic experiences are connected to using cannabis in some vulnerable people.

Psychosis affects 3 in 100 people (about one person per classroom will experience psychosis during their lifetime!) and it seems to come about as a combination of an individual's personality mixed with stressful life events.

Answer sheet 2 Continued: Mental Health Quiz

8. More serious mental health problems are relatively rare? True
(Continued)

People often use terms such as 'psycho' or 'split personality' to describe a person with psychosis, however not only are such terms inaccurate, they are also unhelpful.

Psychosis is considered a serious mental health condition which often starts in young adulthood, (late teens- early twenties).

For more information on psychosis, please visit www.mind.org.uk

9. Mental health problems such as anxiety and depression are much more common and most people are affected by some form at some time? True

Anxiety

Anxiety is when you feel fearful and tense, for example if an angry person confronts you. It can also be a feeling of unease, for example during exams or worrying about an interview.

The psychological symptoms of anxiety include:

- feeling worried or uneasy a lot of the time,
- having difficulty sleeping - making you feel tired,
- an inability to concentrate,
- being irritable or quick to get angry,
- feeling that you have no control over your actions, or
- feeling detached from your environment.

Feeling anxious can not only affect you emotionally, but it can also mean you experience unpleasant physical symptoms, such as:

- fast heart rate,
- breathing faster,
- palpitations (irregular heart beats),
- feeling sick,
- chest pains,
- headaches,
- dry mouth,
- sweating.

Answer sheet 2 Continued: Mental Health Quiz

9. Mental health problems such as anxiety and depression are much more common and most people are affected by some form at some time? True
(Continued)

Depression

Depression is a mental health disorder that can affect the way you eat and sleep, the way you feel about yourself, and the way you think about things. A depressive disorder is more than a passing mood. It is not a sign of personal weakness, and it cannot be willed or wished away. A depressive disorder involves the body, mood, and thoughts. People who are depressed cannot "snap out of it" and get better.

Symptoms of Depression:

- Persistent sad, anxious, or "empty" mood.
- Feelings of hopelessness, pessimism.
- Feelings of guilt, worthlessness, helplessness.
- Loss of interest or pleasure in hobbies and activities that were once enjoyed, including sex.
- Decreased energy, fatigue, being "slowed down".
- Difficulty concentrating, remembering, making decisions.
- Insomnia, early-morning awakening, or oversleeping.
- Appetite and/or weight loss or overeating and weight gain.
- Thoughts of death or suicide; suicide attempts.
- Restlessness, irritability.
- Persistent physical symptoms that do not respond to treatment, such as headaches, digestive disorders, and chronic pain.

Please note: the following provides information on other mental health problems that are not the same as 'anxiety and depression'.

Anorexia/bulimia/binge eating (eating disorders)

Sometimes food can be used as a way of showing feelings that are hard to talk about, or as a way of feeling in control of things. Sometimes people feel the only way they can feel accepted, successful or safe is for their bodies to look a certain way. There are three main types of eating problems.

Anorexia nervosa

The word 'anorexia' means loss of appetite. However, people with anorexia nervosa often still feel hungry, but have a need to stop themselves eating food and from keeping or gaining weight. There are many reasons why someone will develop anorexia. Some may see putting on weight as losing control. They may feel that the only aspect of life they are able to take charge of is their intake of food.

Answer sheet 2 Continued: Mental Health Quiz

9. Mental health problems such as anxiety and depression are much more common and most people are affected by some form at some time? True
(Continued)

Bulimia nervosa

People with bulimia often find it difficult to keep to a regular eating pattern. As the problem develops they may find themselves swinging between eating a lot of food at once (binge-eating) and then feeling the need to get rid of what has been eaten (purging). The binge eating is often done in secret and the food is often eaten as quickly as possible.

Overeating

Most people know what it is to overeat, especially at Christmas time. Some people have a need to keep on eating when they are full or to turn to food when they feel upset or even when they are excited. The more they eat the more they are likely to put on weight. This increase in weight can make them feel unhappy and so they start to eat again. So an unhappy cycle of eating is set up. If they go undetected, eating disorders can cause real health problems as they stop the body getting all the essential energy and nutrients it needs to function properly

Self Harm

Self-harm is when someone deliberately hurts or injures him or herself. This can take a number of forms including:

- cutting
- taking overdoses of tablets or medicines
- punching oneself
- throwing their bodies against something
- pulling out hair or eyelashes
- scratching, picking or tearing at one's skin causing sores and
- scarring
- burning
- inhaling or sniffing harmful substances

Some young people self-harm on a regular basis while others do it just once or a few times. For some people it is part of coping with a specific problem and they stop once the problem is resolved. Other people self-harm for years whenever certain kinds of pressures or feelings arise.

It is worth remembering that most people behave self-destructively at times, even if they do not realise it. Perfectly ordinary behaviour, such as smoking, eating and drinking too much, or working long hours, day after day, can all be helping people to numb or distract themselves and avoid being alone with their thoughts and feelings.

Answer sheet 2 Continued: Mental Health Quiz

10. People with serious mental health problems are mad, bad or dangerous? False

The media reporting that the mentally ill or disordered 'kill people' does not help the stigma of mental health problems and difficulties. Although this can happen, there are comparatively larger numbers of people who murder who do not have a mental illness – so who should we fear the most?

Mental health difficulties, illnesses and disorders can often have a disabling impact on those who struggle to cope with them. They can often cause a person a great deal of stress, anguish and even absolute fear. Negative attitudes are partly constructed through the language we use to describe mental illness. People with mental distress are often described in pejorative terms. For example, perpetrators of acts of violence are often described as 'psychos' and 'maniacs' (particularly in the tabloid press), making a clear link between violence and mental distress. The noun 'schizophrenic' is often used in stories describing violent events, as if the diagnosis explains why the violence occurred. In reality, the person who happens to have a diagnosis of schizophrenia may have been taking illegal drugs or may be inherently violent.

Activity 3 – What impacts on Mental Health? Part 2

NAME OF ACTIVITY 3	What impacts on Mental Health? Part 2
ESTIMATED TIME	30 minutes
FORMAT	Small groups / Whole group
AIM	<ul style="list-style-type: none"> To find out about specific topics that relate to mental health.
INTRODUCTION	Mental health is a topic often misunderstood by young people; this activity provides opportunity to discuss what issues are covered by the term mental health in a safe, comfortable environment.
TASK	<p>Before starting the activity, reproduce and cut out the cards on Activity sheet 3 for the young people to use.</p> <ol style="list-style-type: none"> Introduction Re-cap what was covered during Activity 2 and introduce the activity to the young people. Separate the young people into small groups. What impacts on our Mental Health? Give each small group a flash card (Activity sheet 3) and ask them to use leaflets, the internet and support materials to find out how these subjects are affected by and/or impact on mental health. Refer to Fact sheet 3. <p>When each group has found information, encourage the young people to make a poster on what they have found out, encourage them to be as creative as possible.</p> <p>When posters are finished, encourage each group to feed back to the other young people on what they have found. Display the posters in the youth setting and encourage young people to look at the other posters that have been created.</p>

<p>TASK (continued)</p>	<p>3. Summary Summarise what has been learnt this session. Make notes on any issues as they arise as a result of the activity and keep all papers as they can be used in future sessions.</p> <p>If there is not enough time to complete the activity, encourage the young people to gather more information over the next week and bring to the next session, to help them complete their posters.</p>
<p>RESOURCES</p>	<p>Copies of Activity sheet 3: Flash cards Fact sheet 3: Mental health topics Leaflets Internet access Pens Paper Crafts to create posters</p>

Activity sheet 3: Flash cards

Self Esteem	Bullying
Drugs	Sleep
Relationships – Family, Friends, Partner	Exams / School Work

Fact Sheet 3: Mental Health topics

Specific topics relating to Mental Health

- Self esteem
- Bullying
- Drugs
- Sleep
- Relationships
- Exams / School work

Self-Esteem

Self-esteem is defined as one's sense of worthiness as a person. High self-esteem functions as a protective factor against anxiety. Low self-esteem is associated with an experience of uncontrollable stress, depression, and various measures of ill health.

Self-esteem is very important because it affects how you think, act and even how you relate to other people. It affects your self-motivation_ and your potential to be successful. Low self-esteem means poor confidence and that also causes negative thoughts, which means that you are likely to give up easily rather than face challenges. In addition, it has a direct bearing on your happiness and wellbeing.

Bullying

Bullying happens when another child or group of children picks on another child. It is hurtful and deliberate and it can happen in many different ways. Children who bully may:

- hit or punch another child
- kick them or trip them up
- take or spoil their things
- call them names
- tease them
- give them nasty looks
- threaten them
- make racist/sexist remarks about them
- spread nasty rumours or stories about them
- not let them join in play or games
- not talk to them.

Victims find it difficult to defend themselves. Bullying usually happens again and again, and can go on for a long time unless something is done about it.

Bullying is very common and probably happens in all schools. Recent surveys in this country have shown that one in four primary school pupils and one in 10 secondary school pupils are being bullied.

Being bullied can seriously affect a child's physical and mental health. They lack confidence, feel bad about themselves, have few friends and spend playtime alone. They may find it hard to face going to school and difficult to concentrate on their work. They may complain of various physical symptoms as a result of their upset. They may worry and try to avoid going to school. Others become very anxious, find it hard to sleep and may feel depressed, or even suicidal. These problems can carry on long after the bullying has stopped.

The targets of bullies grow socially insecure and anxious with decreased self-esteem and increased depression rates, even into adulthood.

Fact Sheet 3 Continued: Mental Health topics

Drugs

Two million people in the UK smoke cannabis. Half of all 16 to 29 year olds have tried it at least once. In spite of government warnings about health risks, many people see it as a harmless substance that helps you to relax and 'chill' – a drug that, unlike alcohol and cigarettes, might even be good for your physical and mental health. On the other hand, recent research has suggested that it can be a major cause of psychotic illnesses in those who are genetically vulnerable.

Around 1 in 10 cannabis users have unpleasant experiences, including confusion, hallucinations, anxiety and paranoia. The same person may have either pleasant or unpleasant effects depending on their mood and circumstances. These feelings are usually only temporary – although as the drug can stay in the system for some weeks, the effect can be more long lasting than users realise. Long-term use can have a depressant effect, reducing motivation.

Mental health problems and drugs

There is growing evidence that people with serious mental illness, including depression and psychosis, are more likely to use cannabis or have used it for long periods of time in the past. Regular use of the drug has appeared to double the risk of developing a psychotic episode or long-term schizophrenia. However, does cannabis cause depression and schizophrenia or do people with these disorders use it as a medication?

Over the past few years, research has strongly suggested that there is a clear link between early cannabis use and later mental health problems in those with a genetic vulnerability - and that there is a particular issue with the use of cannabis by adolescents.

Why should teenagers be particularly vulnerable to the use of cannabis? No one knows for certain, but it may be something to do with brain development. The brain is still developing in the teenage years – up to the age of around 20, in fact. A massive process of 'neural pruning' is going on. This is rather like streamlining a tangled jumble of circuits so they can work more effectively. Any experience, or substance, that affects this process has the potential to produce long-term psychological effects.

Amphetamines can also increase paranoid thinking. This ranges from people vaguely worrying that someone is out to get them, through to certain belief that they are the victim of plots and conspiracies. When this happens people are usually only paranoid while 'speeding' and recover when the effects of the drug wear off. But for some susceptible individuals or those who have taken large doses and/or used for a long period of time, it can persist and become a serious mental health problem.

For more information on drugs, please see the Drugs section in this Handbook

Fact Sheet 3 Continued: Mental Health topics

Sleep

Sleep deprivation destroys not only physical health, but mental health as well. It can cause everything from minor irritation to outbursts of temper to full-scale mental illness.

There is a close relationship between depression and sleep deprivation. Those suffering from depression either sleep much longer than normal, perhaps in an effort to escape the things that depress them, or they are unable to sleep, and end up sleep deprived. However, this can work the other way. A continuous lack of sleep - too few hours for too many nights - can lead to depression.

In the short term:

- **Decreased Performance and Alertness:** Sleep deprivation induces significant reductions in performance and alertness. Reducing your night time sleep by as little as one and a half hours for just one night could result in a reduction of daytime alertness by as much as 32%.
- **Memory and Cognitive Impairment:** Decreased alertness and excessive daytime sleepiness impair your memory and your cognitive ability (your ability to think and process information).
- **Poor Quality of Life:** You might, for example, be unable to participate in certain activities that require sustained attention, like going to the cinema, seeing your child in a school play, or watching a favourite TV show.
- **Road Accident Injury:** Dept. of Transport and Highways-30% of U.K traffic accidents are estimated to be due to tiredness. Of the 2946 UK road deaths in 2007, 884 would be due to tiredness using the 30% approximation.

In the long term, the clinical consequences of untreated sleep disorders are large indeed. They are associated with numerous, serious medical illnesses, including:

- High blood pressure
- Heart attack
- Heart failure
- Stroke
- Obesity
- Psychiatric problems (depression and other mood disorders)
- Attention Deficit Disorder (ADD)
- Mental impairment
- Fetal and childhood growth retardation
- Injury from accidents
- Poor quality of life.

Fact Sheet 3 Continued: Mental Health topics

Sleep (Continued)

To be your best, academically, socially, athletically, physically, you must sleep for at least eight hours a night. Some say that the last two hours of the night's sleep are the most important, so continually restricting yourself to six hours or less will take its toll.

The effects of sleep deprivation were demonstrated by Randy Gardner an American young person who in 1964 stayed awake for eleven days in order to obtain an entry in the Guinness Book of World Records. Gardner's symptoms grew in severity with each day that he did not sleep. The first few days, he experienced difficulty focusing his eyes, moodiness and irritability. On the fourth day he began to experience hallucinations, the first being that he imagined he was a famous black football player. The proceeding days, Gardner experienced more hallucinations, his speech became slow and slurred, and he had difficulty naming common objects, and had frequent memory lapses. The last days of the experiment, Gardner became increasingly paranoid, had a short attention span, and an expressionless appearance.

Although these are not symptoms for the common sleep-deprived person, they demonstrate the effects prolonged sleep deprivation can have on an individual. For most people who are sleep deprived, they may experience impaired performance, irritability, lack of concentration, and daytime drowsiness. Because sleep is associated with a restorative process, a sleep-deprived person may suffer from a weakened immune system.

Relationships (peers)

You might not hear a lot about it, but peers have a profoundly positive influence on each other and play important roles in each other's lives:

Friendship:

Among peers you can find friendship and acceptance, and share experiences that can build lasting bonds.

Positive Examples:

Peers set plenty of good examples for each other. Having peers who are committed to doing well in school or to doing their best in a sport can influence you to be more goal-oriented too. Peers who are kind and loyal influence you to build these qualities in yourself. Even peers you have never met can be role models! For example, watching someone your age compete in the Olympics, give a piano concert, or spearhead a community project might inspire you to go after a dream of your own.

Fact Sheet 3 Continued: Mental Health topics

Relationships (peers) (continued)

Feedback and Advice:

Your friends listen and give you feedback as you try out new ideas, explore belief, and discuss problems. Peers can help you make decisions, too: what courses to take; whether to get your haircut, let it grow, or dye it; how to handle a family argument. You might turn to your peers for all sorts of advice — even about intimate or potentially risky decisions like whether to have sex or try drugs.

Socialising:

Your peer group gives you opportunities to try out new social skills. Getting to know lots of different people, such as classmates or team-mates, gives you a chance to learn how to expand your circle of friends, build relationships, and work out differences. You may have peers you agree or disagree with, compete with, or team with, peers you admire, and peers you do not want to be like.

Encouragement:

Peers encourage you to work hard to get the solo in the concert, help you study, listen and support you when you are upset or troubled, and empathise with you when they have experienced similar difficulties.

New Experiences:

Your peers might get you involved in clubs, sports, or religious groups. Your world would be far less rich without peers to encourage you try sushi for the first time, listen to a CD you have never heard before, or to offer moral support when you audition for the school play.

Good Advice:

Peers often give each other good advice. Your friends will be quick to tell you when they think you are making a mistake or doing something risky.

Exams and School Pressure

Throughout their school years, teenagers are subject to a lot of stress. There is more to learn than ever before, and a much greater emphasis on grades, especially at GCSE and A level. It is no wonder that they feel under constant pressure to learn, achieve and perform.

While much of the stress comes from school situations, especially at exam time, social factors (friends, boyfriends, girlfriends) can also contribute to the feelings.

As the examination period approaches, you may be letting the pressure of the exams get to you. This is not surprising and, in fact, it can be quite normal to feel some anxiety about exams. Some students find that it is that little bit of pressure which spurs them on and enables them to get down and do some serious work.

Fact Sheet 3 Continued: Mental Health topics

Exams and School Pressure (Continued)

If you are feeling anxious, you may find it helpful to talk to your teacher or youth worker. Share your thoughts about the exam with other students. Talking to your friends and family will also help you keep things in perspective.

Some children sail through exams with very little stress. In fact, some parents wish their children would get more stressed about exams! For others even small tests cause real anxiety.

Taking exams is bound to be stressful because of what is at stake. You may be feeling a weight of expectation from your family, school, university or workplace to succeed. You may be afraid you are not good enough, or have not worked hard enough. You may be scared of letting yourself down, or that you will miss out on a job, university place or career move.

Your pre-exam nerves may seem much worse if you are doing exams for the first time or after a long gap, if English is not your first language or if you have particular learning difficulties. Nor do exams exist in isolation; there may well be other events going on in your life that are putting you under pressure (see below).

If your stress levels rise too high for too long, it can be harmful both to you and to your chances. Everybody's stress 'threshold' is different. A situation that is too much for one person to tolerate may be stimulating to another. Controlled at the right level, however, stress can work to your advantage, because it can help you to produce your peak performance.

Stress

Feeling stressed is a natural response to such pressure. We all respond to pressure as if it were a physical threat. The body releases chemicals into the bloodstream that make you feel nervous and edgy. Muscles tense, ready for action and the heartbeats faster to carry blood to the muscles and the brain. You breathe faster, sweat more and your mouth becomes dry. Hormones, such as adrenalin, cause these physical reactions. This automatic response is known as the 'flight or fight' reflex. These are some of the early signs that you might be under too much stress:

- Headaches
- Sleeping badly
- Loss of appetite
- Being unusually bad tempered
- Feeling tired all the time
- Feeling sick.

Fact Sheet 3 Continued: Mental Health topics

Stress (continued)

You may also be feeling restless, finding it difficult either to relax or to concentrate. You may be drinking or smoking too much. Or you may be very disorganised, with a sense that you and your life is in danger of getting out of control. Panic can sometimes produce physical sensations, such as chest pains, muscle cramps, pins and needles, dizziness or fainting and stomach problems, which may worry and alarm you. Sometimes, too much stress can be a trigger or fuel for other problems, including panic attacks, depression, drug abuse, eating distress or self-harming behaviour. It is important to talk to someone about these, and to get appropriate help, if necessary.

What is stress?

Stress is worry or tension. The chemical reaction behind it is actually a normal part of our animal nature, our 'fight or flight' protection that keeps us alert and aware of danger. If it is extreme or present all the time, it makes us feel ill. 'It is like something frightening me all the time'.

Is it the same as pressure?

The word 'pressure' is often used to mean stress - worries which we can't escape and burden us down, making us feel stressed. 'I feel like I have a block of wood balanced on my head all day'

When do I feel stressed?

It is quite normal to feel stressed some of the time - if you are late for an appointment, if you have relationship worries or when you are studying for exams. You need to learn ways to deal with this 'normal stress', always keeping in mind that it will get better.

If you start to feel stressed or anxious for no obvious reason, it is more worrying. See your doctor. Sometimes stress can be a chronic problem needing medical treatment. 'I just can't get things off my mind, especially when I am trying to get to sleep'.

Activity 4 - How to keep mentally healthy?

NAME OF ACTIVITY 4	How to keep mentally healthy
ESTIMATED TIME	30 minutes
FORMAT	Small groups
AIM	<ul style="list-style-type: none"> • To identify what young people can do to keep mentally healthy. • To raise awareness to mental health issues. • To encourage young people to think about their mental health and well being.
INTRODUCTION	It is important for young people to understand the term mental health and to acknowledge that mental health promotion is an important part of their health and wellbeing. This activity encourages young people to think about being mentally healthy.
TASK	<p>1. Introduction Introduce the activity to the young people and re-cap what was covered in previous activities. Separate the young people into small groups and give out pens and paper to each group.</p> <p>2. How to keep mentally healthy? Ask each group to write down what they think they can do to keep mentally healthy. Encourage them to consider the following:</p> <ul style="list-style-type: none"> • Resilient factors • Self esteem • Emotional literacy • Physical health • Balanced diet • Social and working life <p>Ask each group to provide feedback; display the paper in the youth setting. Use Fact sheet 4 for more information.</p> <p>3. Summary Summarise what has been covered during the session. Make notes on any issues as they arise as a result of the activity and keep all papers as they can be used in future sessions.</p>
RESOURCES	<p>Paper Pens Fact sheet 4</p>

Fact Sheet 4: How to stay Mentally Healthy

Staying mentally healthy is not just about treating illness – far from it! There are lots of things we can do to keep us mentally healthy, and plenty more we can try if we (or those around us) do encounter problems. Here are just a few ways of keeping ourselves mentally healthy:

- Emotional literacy
- Keeping active
- Eat well and drink sensibly
- Social and working life
- Resilient Factors
- The way we are with others.

Emotional Literacy

Emotional literacy is the ability to express feelings with specific feeling words, in 3 word sentences. For example, "I feel rejected."

The purpose for developing our emotional literacy is to precisely identify and communicate our feelings. When we do this we are helping nature fulfil its design for our feelings. We must know how we feel in order to be able to fill our emotional needs.

The very act of trying to put how we feel into words makes us think more clearly about a situation and can help cut the problem down to size. If we talk to someone about what's happening, they might have useful suggestions about where to go for help or support. If not, even just the knowledge that someone else has tried to understand can go a long way towards helping us feel better.

Write it down

Putting whatever is troubling us into words can help us to think more clearly and cut problems down to size. Lots of people find that keeping a record of thoughts and feelings is useful in helping to understand how their mental wellbeing changes over time.

Keeping active (Physical activity)

Physical activity is a proven way to keep mentally well. Exercise makes us feel better immediately through the release of uplifting chemicals into our bodies.

Even just half an hour brisk walk every other day can make all the difference. Joining a gym or taking up a sport are also great ways to meet new people and to see new places and things. If you take enough regular exercise, you are:

- Less likely to be depressed, anxious or tense
- More likely to feel good about yourself
- More likely to concentrate and focus better

Fact Sheet 4 Continued: How to stay Mentally Healthy

How does exercise work?

It may work by distracting us from our worries or by helping to boost our self-esteem. It may cause chemical changes in our brains by increasing serotonin and endorphin levels. These are chemicals, which seem to play a part in keeping our mood good.

Eat well (Balanced Diet)

A balanced diet is essential to maintaining good mental health. A growing body of research shows direct links between what we eat and how we feel.

How does food affect mood?

There are many explanations for the cause-and-effect relationship between food and mood. The following are some examples:

- Fluctuations in blood sugar levels are associated with changes in mood and energy, and are affected by what we eat.
- Brain chemicals (neurotransmitters, such as serotonin, dopamine and acetylcholine) influence the way we think, feel and behave. They can be affected by what we've eaten.
- Low levels of vitamins, minerals and essential fatty acids can affect mental health.

It is generally accepted that how we feel can influence what we choose to eat or drink (mood to food). What is less well known is how what we eat can affect our mental functioning (food to mood). The use of caffeine is one example of what is a complex relationship. Caffeine, found in tea, coffee, cola drinks and chocolate, is probably the most widely used behaviour-modifying drug in the world. We often choose to drink it if we are feeling tired and irritable, because it can give us a boost and help us to concentrate. Having a cup of coffee or tea also has a lot of positive psychological associations. We meet a friend for 'coffee and a chat' or give ourselves a break by sitting down with a cup of tea, and these things are very important. But too much caffeine (which is a different amount for each of us) can cause symptoms, such as anxiety, nervousness and depression. Any exploration into food and mood needs to take into account this two-way relationship and include the psychological aspect behind what we are choosing to eat.

Drink sensibly

Even though it might make us feel good in the short term, alcohol is a depressant drug. Even a small amount of alcohol before bed stops us getting enough deep sleep to feel properly refreshed – and the world never looks good through a hangover. Avoiding too much alcohol is crucial for both our mental and physical health, but particularly when we are feeling low or anxious.

Fact Sheet 4 Continued: How to stay Mentally Healthy

Social and Working life

Lifestyle changes, such as taking more exercise, increasing social contact, improving diet, and spending more time outdoors can also do a lot to improve our mental wellbeing.

Sleep well

Apart from making you feel tired, overwrought and run down, not getting enough sleep can affect our mental wellbeing. Aim for eight hours sleep every night. Not only will you feel the benefits, but your skin will see them too.

Change the scene

When we are anxious or depressed, it is easy to end up 'stewing' in the same place for long periods. Try moving to a different room for a while or, even better, go out for a walk or meet a friend. A change of scene can help improve our mood, clear our heads and make it easier to see negative or troublesome thoughts for what they are.

Open your ears to music

Music has the power to relax, stimulate and elevate mood. By relaxing us, it can promote deeper, more restful sleep. Hearing uplifting music when we wake up in the morning can keep us in good spirits throughout the day. Hearing certain songs can also have a profound effect on our emotions by reminding us of special events or people.

Music can also be very sociable. Going out dancing with friends or relaxing with a favorite CD can improve our mood and help us feel connected.

Resilient Factors

Mental wellbeing can depend on some level to our individual 'resilience' factors- things about our personalities which protect us from Mental Health difficulties.

Things such as: **Self-esteem, Stress.**

What is self-esteem?

High self-esteem means that we appreciate ourselves and our personal worth. More specifically, it means:

- We have a positive attitude
- We value ourselves highly
- We are convinced of our own abilities
- We see ourselves as competent, in control of our own lives and able to do what we want.

In addition, we compare ourselves favourably with others. Low self-esteem can mean helplessness, powerlessness and even depression.

Life is not always fair; and even our best efforts aren't always successful. But high esteem can help us get through life's downturns.

Fact Sheet 4 Continued: How to stay Mentally Healthy

Stress

Stress in itself is not necessarily harmful. Everyone needs goals and challenges. But too much can be damaging.

Symptoms of stress

Some common signs of too much stress include:

- increased irritability
- heightened sensitivity to criticism
- signs of tension, such as nail-biting
- difficulty getting to sleep and early morning waking
- drinking and smoking more
- indigestion
- loss of concentration.

It is important to act to relieve damaging stress before it affects your physical or mental health.

Dealing with stress

The secret of managing stress is to look after yourself and, where possible, to remove some of the causes of stress. If you start to feel things are getting on top of you, give yourself some breathing space.

Some ways to cope with stress:

- accept offers of practical help
- do one thing at a time - do not keep piling stress on stress
- know your own limits - do not be too competitive or expect too much of yourself
- talk to someone
- let off steam in a way that causes no harm (shout, scream or hit a pillow)
- walk away from stressful situations
- try to spend time with people who are rewarding rather than critical and judgmental
- practise slow breathing using the lower part of the lungs
- use relaxation techniques.

The way we are with others

Why is friendship good for your mental health?

Friendship is good for a person's mental health because they can form one of the foundations of our ability to cope with problems that life throws at us. Friendships also help to reinforce a person's self-esteem.

Keep in touch with friends and loved ones

Close relationships have a huge impact on how we feel on a daily basis. A phone call, a couple of emails or a few texts, can help us feel connected to those we love. Or why not meet up for a quick tea or coffee?

Fact Sheet 4 Continued: How to stay Mentally Healthy

How to stay mentally healthy; To summarise:

- Make time to relax and enjoy yourself.
- Spend time with friends, having fun.
- Do something physical that you enjoy like playing football, dancing.
- Organise your time so you feel on top of the things you need to do.
- Spend time every day thinking about the things you really like about yourself.
- Take a thoughtful, compassionate attitude to yourself when you are struggling with something, as you would with a friend.
- Find things you can laugh about – humour is good for your physical and mental health.

For more information on Mental Health topics, please see the list of local and national services at the end of this section.

Activity 5 - What to do if you are concerned?

NAME OF ACTIVITY 5	What to do if you are concerned
ESTIMATED TIME	30 minutes
FORMAT	Small groups
AIM	<ul style="list-style-type: none"> • To identify what young people can do to keep mentally healthy • To outline the support services available
INTRODUCTION	It is important for young people to understand the term mental health and to be aware of the support services available locally and nationally, should they require more information.
TASK	<p>1. Introduction Introduce the activity to the young people and re-cap what has been covered in previous activities.</p> <p>2. What to do if you are concerned Encourage the young people to identify how they can access support services if they have concerns regarding mental health issues. Consider:</p> <ul style="list-style-type: none"> • Websites • Help lines • Local services • Resources. <p>Ask the young people if they would like to know more information about any of the issues covered. Local support services will be able to offer further help in addressing any issues raised.</p> <p>3. Summary</p> <p>Summarise what has been covered during the session. Make notes on any issues as they arise as a result of the activity and keep all papers as they can be used in future sessions.</p>

c. Sexual Health and Relationships

The sexual health of young people in Wales has been of particular concern for many health and educational professionals for some years. This, in the main, has been due to increasing rates of sexually transmitted infections and unplanned teenage pregnancies. Many health and educational practitioners are now taking on sex and relationship education as part of their roles within their work settings and youth workers in Wales are no exception to this.

Youth services have an important role to play in offering young people the opportunity to access well-designed sex and relationship education programmes that encourage young people to make informed choices regarding their sexual health and explore issues relating to relationships and sexual health in a safe, comfortable environment that is conducive to learning. This should be undertaken by youth workers who will have undertaken appropriate sexual health training, have an understanding of the pressures young people face regarding their sexual health and knowledge of secondary sexual health services to signpost or refer young people onto.

Before delivering sexual health activities, it is recommended that a consent form is sent to the young people's parents, to inform them of the work taking place in the youth work setting. An example of the consent form to be used is in Chapter 13.

The activities here aim to provide clear and accurate information to support young people to make informed choices regarding sexual health and relationships.

Before beginning the activities outlined below in support of awareness raising with respect to sexual health and relationships youth workers should establish ground rules and clarify issues regarding confidentiality. Practitioners should also familiarise themselves with their organisations guidelines on confidentiality.

Sexual Health, Confidentiality and the Fraser Guidelines

Confidentiality is vital when working with young people on issues such as sexual health and relationships. Young people's confidentiality should be respected, unless you believe someone is at risk of significant harm, or of someone harming someone else. Please follow your organisation's child protection and safeguarding procedures if you have concerns about abuse or exploitation of any young people.

It is important to ensure that the young people you work with understand the term confidentiality; and that there are certain things you have to report to your line manager or social services in order to protect and keep young people safe. This includes any information a young person discloses "*which you have concerns or suspicions that a young person is suffering, has suffered or is likely to be at risk of harm*". This should be explained to the young people at the start of each session, so they can choose whether or not to share information with you.

Confidentiality

Confidentiality can cause concern for young people. A large number of young people are sexually active outside the age of consent, which can often lead to some resistance to young people disclosing the fact that they are at risk of pregnancy or transmission of Sexually Transmitted Infections (STIs). Research has shown that for young people concerns about confidentiality remains the biggest deterrent to seeking advice. This can prevent information being shared and may result in a delay or lack of treatment or advice, as well as adding to the young person's feelings of distress and isolation. To alleviate this problem for young people, it is important that professionals are clear about their confidentiality policies and feel confident about their responsibilities when talking to young people. Young people should also be made aware of when confidentiality may be breached, this maintains an amount of control on the part of the young person as to what information they wish to disclose.

The duty of confidentiality owed to a person under 16 in any setting is the same as that owed to any other person. Young people have a similar right to confidentiality as adults however this duty is not absolute. Where there is a serious child protection risk to the health, safety or welfare of a young person or others this outweighs the young person's right to privacy. In these circumstances professionals should act in accordance with legal requirements and their work place child protection policy.

Child Protection

It is difficult to balance the young person's rights to confidentiality, privacy and personal development with the need to protect the young person's safety. There may be some cases where confidentiality may have to be broken. It may appear that a young person may be suffering, or is at risk of suffering, significant harm. It is then that workers are bound by their work place policies and the Child Protection Act 1988. It is important to recognise that a sexual relationship involving a young person under 16 does not per se imply abuse or exploitation. If it is in the young person's best interest for information to be disclosed, every effort should be made to support the young person and to seek their consent. Information should be shared only on a strictly 'need to know' basis, and not without telling the young person what information will be given and to whom.

The Sexual Offences Act 2003

Under this act the legal age for young people to consent to have sex is 16 years whether they are straight, gay or bisexual. [*Children and Families: Safer from Sexual Crime*, Home Office May 2004 SOA/3]

Sexual activity with a child under 13 is never acceptable and children of this age can never legally give their consent.

Although the age of consent is 16 years, there is no intention to prosecute young people of a similar age involved in mutually agreed consensual sex unless it involves abuse or exploitation.

Under the Sexual Offences Act young people still have a right to confidential advice on contraception, condoms, pregnancy and abortion even if they are under 16 years old. [Working within the Sexual Offences Act 2003, Home Office May 2004 SOA/4]

The Act states that, a person is not guilty of aiding, abetting or counselling a sexual offence against a child where they are acting for the purpose of:

- protecting a child from pregnancy or sexually transmitted infection,
- protecting the physical safety of a child,
- promoting a child's emotional well-being by the giving of advice.

This exception, in statute, covers not only health professionals, but anyone who acts to protect a child, for example teachers, Connexions Personal Advisers, youth workers, social care practitioners and parents.

Under 16s - Fraser Guidelines also referred to as the Gillick Principle. Any competent young person, regardless of age, can independently seek medical advice and give valid consent to medical treatment.

Legally, this is understood under the 1985 House of Lords ruling in the Gillick case. It established the current legal position that if young people under the age of 16 are able to fully understand what is proposed and the implication of that treatment then they are legally entitled to medical treatment regardless of age. This is taken into consideration when young people under the age of 16 are seeking access to sexual health services. Professionals who deliver sexual health work with young people must do so in accordance with the Fraser Guidelines which ensure that a young person is considered to be Gillick competent.

Fraser Guidelines:

- That the young person understands the potential risks and benefits of treatment and the advice given.
- The value of parental support must be discussed. This is important for under 16s accessing contraceptive advice. The GP will explore this with young people, but more importantly, is bound to maintain their right to confidentiality.
- Is the young person likely to have sexual intercourse without contraception?
- Will the young person's physical or mental health, or both, suffer if they do not receive contraceptive advice or supplies?
- Is it in the best interest of the young person to provide the requested health care?

Activity 1: Sexual Health Words

NAME OF ACTIVITY 1	Sexual Health Words
ESTIMATED TIME	30 minutes
FORMAT	Whole group
AIM	To explore young people's understanding of different words relating to sexual health.
INTRODUCTION	<p>Many young people use words that they do not understand the meaning of. This activity is useful to clarify what words mean, when referring to sexual health issues.</p> <p>The facilitator should read through the words on Activity sheet 1 before delivering the activity, to ensure they are confident and comfortable delivering this activity.</p>
TASK	<p>Before the session, photocopy and cut out the cards from Activity sheet 1 for the young people to use.</p> <ol style="list-style-type: none"> 1. Introduction Introduce the activity to the young people, explain that the session will be confidential and ensure the young people understand what is meant by the term confidential (as explained in Answer sheet 1). 2. Sexual Health Words Ask the young people to read out a word in turn from Activity sheet 1 and explain what they think the word means. Encourage a discussion about the word meaning; when the young people agree on a common understanding of what is meant by the different words move on to the next word. Answer sheet 1 is available if the young people are unsure of any word meanings. It is important that the facilitator clarifies any misunderstandings. <p>If the young people are not comfortable reading out the words, the facilitator can do this.</p> <ol style="list-style-type: none"> 3. Summary Summarise what has been covered during the activity. If the young people have any concerns write these down and contact your local support services for more information.
RESOURCES	<p>Copies of Activity sheet 1: Sexual Health Words Answer sheet 1: Sexual Health Words Scissors</p>

Activity sheet 1: Sexual Health Words

Abortion	Anal sex	Bisexual	Boy / Man
Celibate	Confidentiality	Consent	Contraception
Cuddle	Feminine	Friend	Gay
Gender	Girl / Woman	Heterosexual	Homophobia
Homosexual	Kissing	Lesbian	Love
Masculine	Masturbation	Oral sex	Orgasm
Partner	Puberty	Rape	Safer Sex
Sex	Sexual	Sexist	Snogging
Straight	STI	Transgender	Transvestite
Tomboy	Vaginal sex	Transsexual	

Answer sheet 1: Sexual Health Words

Abortion - Ending [terminating] a pregnancy

Anal sex - Sex usually involving the penis entering the anus, but not limited to the insertion of the erect penis into the anus. The use of sex toys and other activities involving the anus can be considered anal sex as well.

Bisexual - A person who is sexually attracted to both men and women

Boy - Male child

Celibate – A person who chooses not to have sex

Confidentiality - When working with young people, youth practitioners should respect young people's confidentiality, but sometimes there are certain things that have to be reported to the line manager or social services, for example if they believe someone is at risk of significant harm, or of harming someone else. The youth practitioner should make young people aware of this before they begin a confidential session, so the young person can choose whether to share the information. Young people should feel safe and confident about asking for support at all times and know that they will be supported through whatever happens next.

Consent - It is against the law for anyone to have sex with a young person under the age of 16. This is the same for young men and women and for heterosexual and homosexual sex. This is known as the age of consent

Contraception - Methods of intentionally preventing conception/ pregnancy

Cuddle/cwtch - Hold someone closely as a way of showing love or affection

Feminine - Having qualities or an appearance traditionally associated with women

Friend - Someone you have a bond of mutual affection with

Gay – a person who is sexually and emotionally attracted to people of the same sex. Also known as homosexual and most commonly used to describe men and boys who are attracted to other men and boys.

Gender - Whether you are male or female

Girl - Female child

Heterosexual - A person who is sexually and emotionally attracted to people of the opposite sex. Also known as straight

Homophobia - Hating, abusing or bullying people because they are gay or lesbian

Answer sheet 1 Continued: Sexual Health Words

Homosexual – A person who is sexually and emotionally attracted to people of the same sex. [see also gay and lesbian]

Kissing - Touching or caressing with the lips as a sign of love, sexual desire or greeting

Lesbian – A woman who is sexually and emotionally attracted to other women

Love - Strong feeling of affection

Man - Adult human male

Masculine - Having qualities or an appearance traditionally associated with men

Masturbation - Touching rubbing or stroking your own or another person's sexual organs for pleasure

Oral sex - Arousal of a partner's sexual organs using the mouth and tongue

Orgasm - Sexual climax. The physical and emotional sensation experienced at the peak of sexual excitation, usually resulting from stimulation of the sexual organs and usually accompanied in the male by ejaculation

Partner - Person you are having a close relationship with [often, but not always, sexual]

Puberty - Is the process of physical changes by which a child's body becomes an adult body capable of reproduction. Ages vary as to when a child enters puberty and completes this process

Rape - Intentional penetration of the vagina, anus or mouth with a penis and without consent. This is against the law and convicted rapists are imprisoned, possibly for life. In England and Wales rape includes vaginal, oral or anal sex with either a man or a woman. In Scotland rape is defined as vaginal sex with a woman. In Northern Ireland rape can be vaginal or anal sex with either a man or a woman

Safer sex – Ways of having sex that lower the risk of catching an STI or getting pregnant

Sex – Sex means different things to different people so be aware that you may need to be quite specific when talking about sex, especially if it is important to the message you are trying to address. Clarify if you are talking about oral sex, anal sex, vaginal sex, penetrative sex, non-penetrative sex, touching each other's genitals, using sex toys, masturbation, and gay, lesbian, straight or bisexual sex.

Answer sheet 1 Continued: Sexual Health Words

Sexual - Relating to, involving, or characteristic of sex, sexuality, the sexes, or the sex organs and their functions including feelings relating to physical attraction or contact between two people

Sexist - Someone who is prejudiced against someone else because of their gender

Snogging - Another word for kissing

Straight - A common word used to describe people who are heterosexual

STI - Sexually transmitted infection is an infection that can be transferred from one person to another through sexual contact. In this context, sexual contact is more than just sexual intercourse [vaginal and anal] and also includes kissing, oral-genital contact, and the use of sexual "toys," such as vibrators

Transgender – a word used to describe anyone who does not feel they completely fit in the gender and or sex they were born with.

Transvestite – People who identify as, or desire to live and be accepted as, a member of the sex opposite to that assigned at birth. Transgender people do not always have surgery to change their bodies.

Transsexual – this is usually used to describe a person who feels that they were born the 'wrong sex' and who identifies with and would like to be accepted as a member of the opposite sex. Many transsexuals want to change physically and do undergo sexual reassignment to change their bodies so that they are the sex they feel is right for them.

Tomboy – A girl who enjoys activities traditionally associated with boys

Vaginal sex - Sex usually involving the penis entering the vagina, but not limited to the insertion of the erect penis into the vagina. The use of sex toys and other activities involving the vagina can be considered vaginal sex as well

Woman - Adult human female

Activity 2: Body Parts

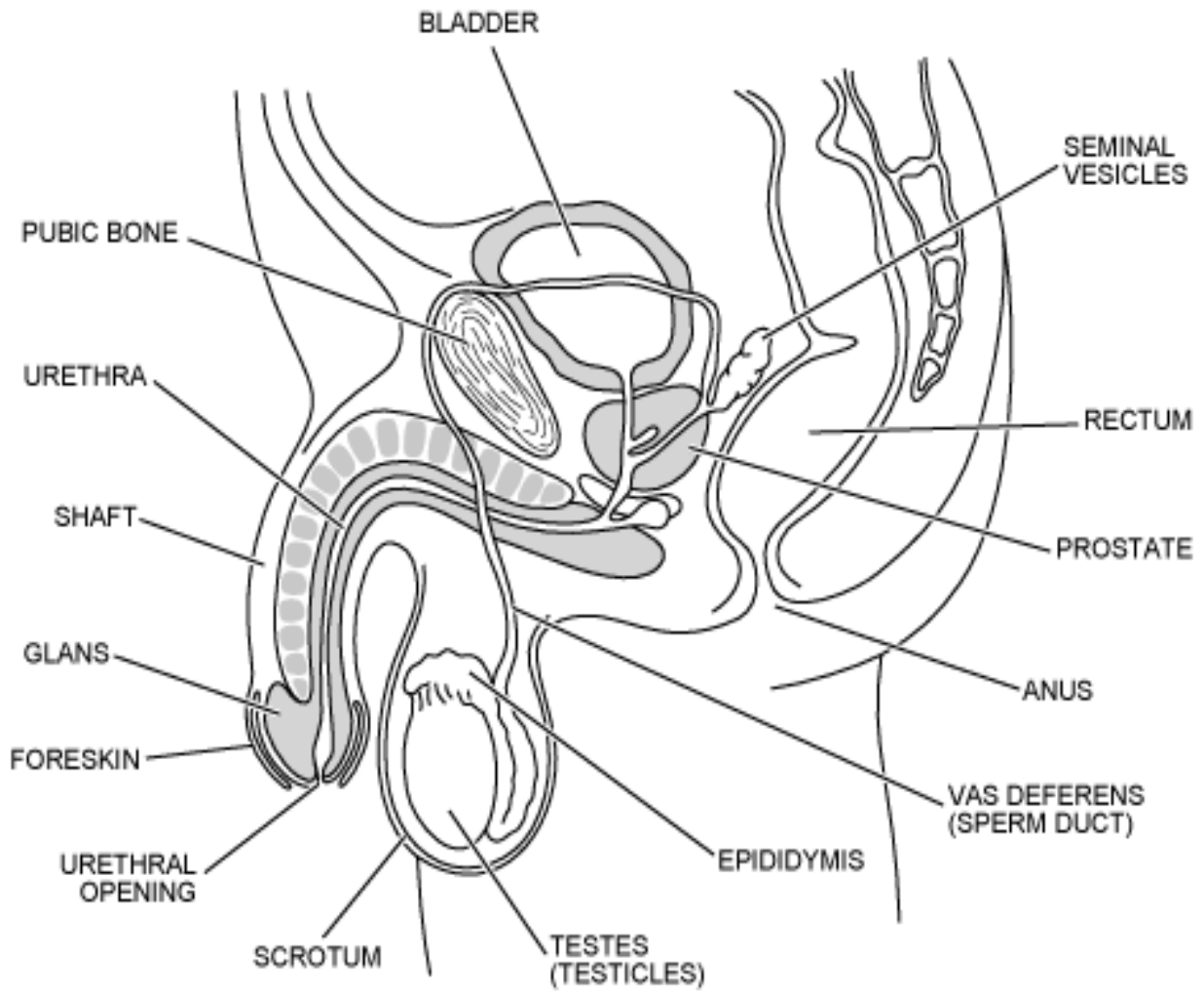
The Male & Female Reproduction System

NAME OF ACTIVITY 2	Body parts/ The Male and Female Reproduction System
ESTIMATED TIME	30 minutes
FORMAT	Small groups / Whole group
AIM	To increase young people's knowledge and awareness of the male and female reproductive system.
INTRODUCTION	The purpose of this activity is to ensure young people have a clear understanding of the function of both the male and female reproductive system, identify the male and female sex organs and to encourage them to feel more comfortable with their body and the topic before moving on to further activities in this section.
TASK	<p>Before starting the activity, photocopy and cut out the cards on Activity sheet 2, making enough copies for the young people to use. Keep the original copy for the answers.</p> <ol style="list-style-type: none"> 1. Introduction Introduce the activity to the young people, explain that the session will be confidential and ensure the young people understand what is meant by the term confidential (as explained on page 104). 2. Body parts Separate the young people into small groups and ask each group to match up the description to the appropriate body part. When all groups have completed this, make sure the information is correct by reading out the answers from the original activity sheet 2. 3. Summary Summarise what has been covered during the activity. If the young people have any concerns write these down and contact your local support services for more information.
RESOURCES	Copies of Activity sheet 2: Body parts

Activity sheet 2: Body Parts – Male Reproductive System

Male Reproductive System	
BODY PART/ MALE SEX ORGANS	DESCRIPTION/FUNCTION
Foreskin	This is the loose skin that covers and protects the tip of the penis. Removal of this skin from the penis is called a circumcision. This involves a minor operation and is done for medical or religious reasons.
Penis	Is made up of soft, spongy tissue and blood vessels. The end of it is called the <i>glans</i> . It is the organ used in sexual arousal and intercourse. When the male becomes aroused it becomes hard and upright, referred to as an erection. It deposits sperm at the top of the vagina when a man ejaculates [comes/cums] in heterosexual sex. It is also used to expel urine.
Vas Deferens	Also referred to as the sperm ducts, they are long, narrow, flexible tubes that start at the epididymis and ends up in the urethra. The tubes transfers sperm from the epididymis into the urethra and out of the male body through the penis when a man gets sexually aroused and ejaculates.
Urethra	Is a long narrow tube that carries urine from the bladder, where it is stored, and goes through the penis all the way to the opening at its tip. It is a passageway for both urine and semen. Urine is liquid waste from the body: liquid left over from food and drink not used by the body.
Scrotum	Is a soft pouch of wrinkly skin that hangs down behind the penis. It covers, holds and protects the two plum shaped testicles within it.
Testes/Testicles	These are soft plum shaped balls that produce sperm. They lie in the soft pouch called the scrotum.
Epididymis	The small tube like structure connected to each testicle. Sperm travel and grow in it on their way to the vas deferens. It is a tightly coiled, thin tube which, if stretched out, would be approximately 6 metres long.
Prostate Gland	Produces fluids that combine with the sperm to form a mixture called semen. Semen is the Latin word for seed. The sperm then travel along in the fluids to and through the urethra.
Anus	Is a small opening at the end of the back passage through which solid waste [faeces/pooh] leaves the male body when they go to the toilet.

Activity sheet 2 Continued: Body Parts – Male Reproductive System

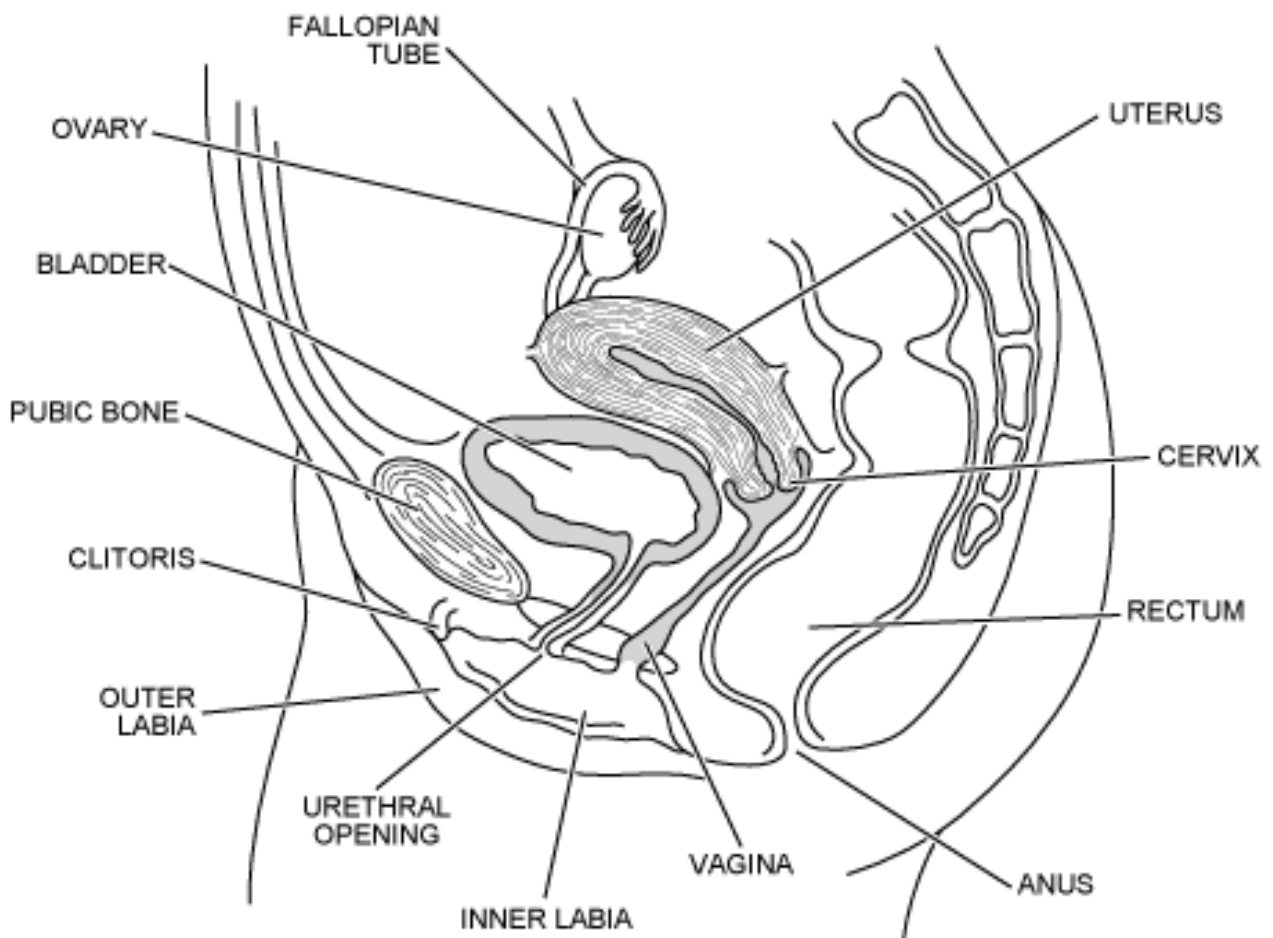


Activity sheet 2 Continued: Body Parts – Female Reproductive System

Female Reproductive System	
BODY PART/FEMALE SEX ORGANS	DESCRIPTION/FUNCTION
Vulva	The external genital parts of the female are together known as the vulva. This area includes the clitoris, opening to the vagina, urethra and labia.
Labia	Are the two folds of soft skin surrounding the vagina. It protects the opening of the vagina and are connected to the clitoris.
Clitoris	Is a small mound of skin above the opening of the vagina and is about the size of a pea. When touched/stimulated it becomes erect and can produce feelings of pleasure and excitement which enable some females to reach an orgasm.
Vagina	Is the elastic tube/passageway inside a female's body which connects her uterus/womb to the outside of her body. It contributes to sexual arousal and when touched the female may become aroused. It allows the penis access to the neck of the womb during penetrative sex/intercourse to deposit sperm when the male ejaculates. It is also the passageway for the menstrual blood and the birth canal during labour.
Cervix	Is a small opening near the lower end of the uterus/womb and connects the uterus/womb to the top of the vagina. This opening stretches wide when its time for a baby to be born.
Womb/Uterus	It is made up of strong muscle and is hollow inside. It is the size and shape of a small upside down pear and is connected to both the fallopian tubes and the inside end of the vagina. Its lining is shed each month when the female has a period. When the female becomes pregnant the baby grows inside it and it protects and nourishes the developing baby before birth.
Ovaries	These two oval sacs on each side of the female's womb are approximately the size of large strawberries. They contain female sex cells also called eggs or ova. A single egg is called an ovum. They take it in turn to release an egg each month. They also release hormones, which play a part in the menstrual cycle.

Fallopian Tube	These two tubes connecting the woman's ovaries to her uterus / womb are passageways through which ripe eggs travel on its way to the uterus/womb each month. Each tube is approximately three inches long and can be as wide as a drinking straw. They are also known as the oviduct or egg tube.
Urethra	The tube which carries urine from the bladder to the outside of the body. In girls and women it leads to the hole just above the vagina.
Anus	Is a small opening at the end of the back passage through which enables faeces to be passed.

Activity sheet 2 Continued: Body Parts – Female Reproductive System



Activity 3: Sexual Health and the Law

NAME OF ACTIVITY 3	Sexual health and the Law
ESTIMATED TIME	30 minutes
FORMAT	Whole group
AIM	To increase young people's understanding on sexual health and the law.
INTRODUCTION	The purpose of this activity is to ensure young people have the opportunity to learn about the law with regards to themselves and in relation to sexual health.
TASK	<p>Before starting the activity, photocopy Activity sheet 3 for the young people to use.</p> <ol style="list-style-type: none"> 1. Introduction Introduce the activity and separate the young people into small groups, provide each group with a copy of Activity sheet 3 and pens. 2. Sexual health and the law quiz Ask the young people to complete the quiz, encourage them to discuss the answers as they work through the questions. As a whole group, read out the correct answer and explanation using Answer sheet 3; ensure the young people are clear on the correct answer before moving on to the next question. If necessary, discuss each point further to clarify understanding. 3. Summary Bring the group together and summarise the activity by asking the young people what they have learned.
RESOURCES	<p>Copies of Activity sheet 3: Sexual health and the law quiz Pens Answer sheet 3: Sexual health and the law</p>

Activity sheet 3: Sexual health and the law quiz

	TRUE	FALSE
1. It is legal for a man to have sex with a 15 year old girl.	<input type="checkbox"/>	<input type="checkbox"/>
2. You can get married at 16 if your parents agree.	<input type="checkbox"/>	<input type="checkbox"/>
3. If a 19 year old man has sex with a 17 year old male he could be prosecuted.	<input type="checkbox"/>	<input type="checkbox"/>
4. If two 16 year old girls have sex they are breaking the law	<input type="checkbox"/>	<input type="checkbox"/>
5. It is illegal for a doctor to prescribe the pill to a 14 year old girl.	<input type="checkbox"/>	<input type="checkbox"/>
6. If a 14 year old girl goes to her family planning clinic or doctors for contraception her parents will have to be informed.	<input type="checkbox"/>	<input type="checkbox"/>
7. A man cannot be prosecuted for raping his wife.	<input type="checkbox"/>	<input type="checkbox"/>
8. It is illegal to buy condoms at the age of 13.	<input type="checkbox"/>	<input type="checkbox"/>
9. It is legal to have an abortion.	<input type="checkbox"/>	<input type="checkbox"/>

Answer sheet 3: Sexual health and the law

1. False.

In England and Wales the legal age to have sex is 16. It is an offence therefore, for anyone, male or female, to intentionally engage in sexual touching including sexual intercourse with someone under the age of 16.

2. True.

In England, Wales, Northern Ireland and Scotland the minimum age for marriage, for both males and females, is 16 years. In England, Wales and Northern Ireland, parental consent is necessary until the age of 18. In Scotland parental consent is not required.

3. False.

In England, Wales and Scotland young people, both males and females can consent to sexual activity once they are 16. This also applies to sexual relationships between young people of the same sex. In Northern Ireland they must be 17.

4. False. Same as question 3.

5. False.

Doctors can provide contraception to young females who are under the age of 16 and follow a set of guidelines to enable them to do so.

These guidelines, known as the Fraser guidelines, were laid down by Lord Fraser in the House of Lords and require the professional to be satisfied that:

- The young person will understand the professional's advice.
- The young person cannot be persuaded to inform their parents.
- The young person is likely to begin, or continue having, sexual intercourse with or without contraceptive treatment
- Unless the young person receives contraceptive treatment, their physical or mental health, or both, are likely to suffer.
- The young person's best interests require them to receive contraceptive advice or treatment with or without parental consent.

Although the above guidelines specifically refer to contraception, the principles are deemed to apply to other treatments, including abortion.

6. False.

Confidentiality is of paramount importance. Health professionals are bound by their professional codes of conduct which state that their duty of confidentiality to younger patients is the same as that owed to older patients

Answer sheet 3 Continued: Sexual health and the law

7. False.

Despite being married the husband can still be prosecuted for rape if his wife did not give her consent. Rape is classed as:-

Intentional penetration of the vagina, anus or mouth with a penis and without consent.

8. False

Brook states: 'anyone can buy condoms from shops or vending machines. There is no law that prevents people under the age of 16 buying condoms, nor any law restricting the seller'.

9. True.

It is your right to have an abortion

In England, Wales and Scotland any female, of any age, can have an abortion provided the requirements of the Abortion Act 1967, as amended, are met. However, this Act does not extend to Northern Ireland. A female under 16 can undergo an abortion without parental consent if health professionals believe she has enough maturity to understand what she is doing.

Youth workers can give young people, including those under the age of 16, information about contraception and sexual health and details of where to find local services.

When issuing condoms for contraception, rather than as a part of an education/information session, it is good practice for youth workers to adhere to the Fraser Guidelines. Youth workers are advised to establish organisational policy and procedures prior to issuing condoms to the young people.

The Law enables youth workers to respect the confidentiality of young people, including those under 16, unless there are exceptional circumstances that cause a practitioner to suspect that a young person is at risk of serious harm. Local policies on confidentiality may vary and youth workers should adhere to their contracts of employment with respect to these guidelines.

Youth workers in a school based setting should follow the policies of the school they are working in.

For additional information about the law and young people in relation to sexual health visit the Brooke Advisory website on: www.brook.org.uk

Activity 4: Attitudes towards sexual health

NAME OF ACTIVITY 4	Attitudes towards sexual health
ESTIMATED TIME	30 minutes
FORMAT	Whole group
AIM	To encourage young people to discuss a number of views relating to sexual health.
INTRODUCTION	The purpose of this activity is to encourage young people to think about their own and other people's attitudes to sexual health.
TASK	<p>Before starting the activity, photocopy and cut out the cue cards for the activity.</p> <ol style="list-style-type: none"> 1. Introduction Attach the cue cards to the walls in the room. Introduce the activity to the young people, asking them to stand up in a line. Explain that three cue cards are on the walls with 'Agree' at one end, 'Disagree' at the other end and 'Not sure' in the middle. Explain that you will read out a statement and you would like them to stand where they think is appropriate. 2. Attitudes Read out a statement from Activity sheet 4 to the group and ask the young people to think about whether they agree or disagree with the statement, or perhaps they are unsure. Ask them to go and stand by the wall which displays their choice of response. Encourage the young people to explain why they have stood at a certain point, on hearing opinions of other group members they can change their minds if they want to, emphasise that there is no correct answer. 3. Summary Bring the group together and summarise the activity by saying that people have mixed attitudes towards sexual health issues. Emphasise the importance of showing respect to each others' opinions.
RESOURCES	Cue cards Activity sheet 4: Attitudes towards sexual health

Cue Cards:

Agree

Cue Cards:

Disagree

Cue Cards:

Not sure

Activity sheet 4: Attitudes towards sexual health

1. 12-year-old girls are more grown up than 12-year-old boys
2. Boys are more interested in sex than girls
3. A good friend is someone who will tell you the truth
4. It is natural for women to be more caring than men
5. It is not okay for a girl to ask a boy out
6. It is embarrassing for a girl to carry a condom
7. There is nothing wrong with feeling attracted to someone of the same sex
8. It is okay to be attracted to other people while you are in a relationship
9. It is okay to do things to please your girl/boyfriend
10. It is okay to have sex with lots of different people
11. It is okay to stop seeing a friend because your girl/boyfriend does not like them
12. It is okay to disagree about issues
13. It is okay to lie to your parents/friends about where you are going and what you are doing
14. It is okay to go out with your friends without your girl/boyfriend
15. It is normal to argue a lot with your girl/boyfriend
16. It is okay to have a relationship with someone of a different religion
17. It is okay to go out with someone of a different race
18. It is okay to have sex without being in love
19. It is okay to be sexually faithful to one another
20. It is okay to tell lies to your girl/boyfriend, if you think the truth might hurt them

Activity sheet 4 Continued: Attitudes towards sexual health

21. Boys are only after one thing from girls
22. If a girl gets pregnant it is her fault
23. Girls who will have sex are more popular
24. Talking is the most important bit of a relationship
25. Boys need sex for their health
26. It is best to wait until you really love someone before having sex
27. If you are not sure whether you want to have sex, then you are probably not ready
28. Boys need sex more than girls do

Activity 5: Contraception and condom use

NAME OF ACTIVITY 5	Contraception and condom use
ESTIMATED TIME	30 minutes
FORMAT	Whole group
AIM	To inform young people of the various methods of contraception.
INTRODUCTION	The activity provides young people with the opportunity to acquire knowledge and understanding as to the methods of contraception available; to recognise the importance of correct use of both male and female barrier contraception; as well as provide details as to where the various contraceptive methods can be accessed from.
TASK	<p>Before starting the activity, photocopy and cut out cards from Activity sheet 5a, 5b and 5c for the young people to use.</p> <ol style="list-style-type: none"> Introduction <p>Introduce the activity to the young people, by explaining that you will look at methods of contraception and condom use. It may also be useful to provide each group with a set of Family Planning Association leaflets highlighting the contraception being discussed.</p> Contraception <p>Separate the young people into small groups and provide each group with a card from Activity sheet 5a, a copy of Activity sheet 5b, and pens. Ask them to complete Activity sheet 5b. When all groups have finished, encourage them to feedback to the other groups what they have learnt, refer to Answer sheet 5 for support.</p> Condom use <p>Ask the young people to create two lists about:</p> <ul style="list-style-type: none"> The advantages or reasons for using condoms. Why people might find condom use difficult.

	<p>Encourage a short discussion about some of the key points identified. Use Fact Sheet 5 for more information. Separate the young people into small groups and give each group a set of cards made from Activity Sheet 5c. Explain that the statements are about what you need to do to use condoms properly. Ask the groups to look through the cards and put them in the correct order, starting with what you have to do first.</p>
<p>Task (continued)</p>	<p>Go through the correct sequence with the groups discussing each step in turn. The correct order is: 7,9,3,10,8,2,11,4,6,1,12,5,13. (Although a few are interchangeable). If you have received C-Card Training then provide a condom demonstration to the group.</p> <p>4. Summary Bring the group together and discuss where young people can obtain condoms. Also, inform the young people about local and national services if they want more information on sexual health (as listed at the end of this section).</p>
<p>RESOURCES</p>	<p>Copies of Activity sheet 5a: Contraception cards Copies of Activity sheet 5b: Contraception Answer sheet 5: Contraception Pens Paper Fact sheet 5: Information about condoms Copies of Activity Sheet 5c: Effective Use of Condoms</p>

Activity sheet 5a: Contraception cards

Progestogen Only Pill	Combined Pill
Male Condom	Female Condom
Injectable Methods	IUS (intrauterine system)
IUD (intrauterine device)	Diaphragm or Cap
Contraceptive Implant	

Activity sheet 5b: Contraception

Your group has been given a method of contraception. Working as a group, see if you can answer the following questions. You will be asked to feedback to the whole group. Make a note of any questions you found difficult or could not agree on the answer.

QUESTION	ANSWER
What is it?	
How is it used?	
How does it work to prevent Pregnancy?	
How effective is it (%)	
What risks are there in using it?	
Which groups is it best suited for?	
Where would you get it from?	

Answer sheet 5: Contraception

Progestogen Only Pill

QUESTION	ANSWER
What is it?	Progestogen only contraceptive pill
How is it used?	One pill taken at the same time every day.
How does it work to prevent Pregnancy?	Prevents ovulation in 30 – 90 % of cases. Acts on cervical mucus, endometrium and fallopian tube making it difficult for sperm to enter the womb and making implantation difficult.
How effective is it (%)	Up to 99%, can be up to 20% failure rate.
What risks are there in using it?	Can cause disruption of menstrual cycle, breakthrough bleeding and amenorrhoea (cessation of periods). Can increase risk of ectopic pregnancy, ovarian cysts. Does not protect against STIs.
Which groups is it best suited for?	Those who cannot take the combined pill e.g. smokers over 35; migraine sufferers; those with history of Coronary Heart Disease; breastfeeding women. Need to be able to take regularly at same time.
Where would you get it from?	GP, Sexual Health Clinic.

Answer sheet 5 Continued: Contraception

Combined Pill

QUESTION	ANSWER
What is it?	Combined Pill.
How is it used?	Taken daily for 21 consecutive days, followed by 7 pill free days (some products contain dummy pills for these days).
How does it work to prevent pregnancy?	Prevent ovulation by suppression of hormones, act on cervical mucus to impair sperm transport, prevent changes in endometrium necessary for implantation, reduce mobility and secretion in fallopian tubes.
How effective is it (%)	99% + when used according to the instructions.
What risks are there in using it?	Minor side effects e.g. weight gain, headaches, breakthrough bleeding. Increased risk of hypertension, arterial and venous disease. Slight increased risk of breast cancer and cervical cancer. No protection against STIs.
Which groups is it best suited for?	Women in stable relationships (if used as only method) and any woman when used with condoms. Not suitable for women over 35 years who smoke. Need to check other contraindications e.g. family history of Coronary Heart Disease.
Where would you get it from?	GP, Sexual Health Clinic.

Answer sheet 5 Continued: Contraception

Male condom

QUESTION	ANSWER
What is it?	Male Condom
How is it used?	Fitted over an erect penis prior to intercourse.
How does it work to prevent pregnancy?	Acts as a barrier to fertilisation by preventing the sperm reaching the egg.
How effective is it (%)	Dependent of the care in use but generally 98% effective
What risks are there in using it?	Some people are sensitive to the chemicals in latex condoms, though rare. Needs to be used correctly if they are to be effective.
Which groups is it best suited for?	Anyone, particularly those who are not in a long term relationship and who want to protect themselves from contracting STIs
Where would you get it from?	Sexual Health and family planning clinics can provide them free of charge. Vending machines, supermarkets and chemists. Your Local Authority may also operate a Condom Card Project.

Answer sheet 5 Continued: Contraception

Female condom [femidom]

QUESTION	ANSWER
What is it?	Female condom [femidom- a brand make]
How is it used?	Fitted inside the vagina prior to intercourse.
How does it work to prevent pregnancy?	Acts as a barrier to fertilisation by preventing the sperm reaching the egg.
How effective is it (%)	Depending on how carefully it is used it is generally 95% effective.
What risks are there in using it?	There are no medical side effects and they are non-latex. However the female needs to ensure the man's penis enters the condom and not between the condom and the vagina. And that the open end of the condom stays outside the vagina.
Which groups is it best suited for?	Anyone, particularly those who are not in a long term relationship and who want to protect themselves from pregnancy and STIs
Where would you get it from?	Sexual health and family planning clinics can provide them free of charge. Some vending machines, supermarkets and chemists. Your Local Authority may also operate a Condom Card Project.

Injectable contraception

QUESTION	ANSWER
What is it?	Injectable contraception
How is it used?	A contraceptive injection within first five days of menstruation. This is effective immediately and repeated every 12 or 8 weeks depending on product.
How does it work to prevent pregnancy?	Similar to progestogen only pill but always prevents ovulation. Acts on cervical mucus, endometrium and fallopian tube making it difficult for sperm to enter the womb and making implantation difficult.
How effective is it (%)	99% +
What risks are there in using it?	Menstrual disturbance, bleeding or complete cessation of periods. Weight gain, long term delay in fertility (up to one year or more). Depression in some women. Does not protect against STIs. Slight loose bone mineral density.
Which groups is it best suited for?	All women, particularly those who cannot remember to take the pill. Not recommended for very young girls or women near menopausal age
Where would you get it from?	GP, Sexual Health Clinic.

Answer sheet 5 Continued: Contraception

IUS (intrauterine system)

QUESTION	ANSWER
What is it?	IUS (intrauterine system)
How is it used?	Inserted into uterus within 7 days of last period.
How does it work to prevent pregnancy?	Contains a hormone which acts on the endometrium to suppress implantation, acts on cervical mucus to prevent sperm transport and reduces mobility of fallopian tubes. Can have limited effect on ovulation in some women.
How effective is it (%)	99% +
What risks are there in using it?	Can cause irregular bleeding in first three months of use, it has to be fitted, can sometimes be expelled, may cause ovarian cysts, rarely perforation of uterus. Acne and breast tenderness.
Which groups is it best suited for?	Women who have had a pregnancy. Less suitable where risk of STI which could lead to pelvic inflammatory disease.
Where would you get it from?	GP trained in fitting IUD or Sexual Health Clinic.

IUD (intrauterine device)

QUESTION	ANSWER
What is it?	IUD (intrauterine device)
How is it used?	Insertion into the uterus.
How does it work to prevent pregnancy?	Acts in a variety of ways. Prevents fertilisation, it is thought presence of copper ions interferes with fluids and the viability of the gametes. Prevents implantation.
How effective is it (%)	98 – 99% depending on the type.
What risks are there in using it?	May cause menstrual irregularities, heavier and longer periods. Can be expelled. Some women develop pelvic infection particularly if at risk of STI. Does not protect against STIs.
Which groups is it best suited for?	Those who already have one child and are in a stable relationship.
Where would you get it from?	GP trained in fitting IUD and Sexual Health Clinic.

Answer sheet 5 Continued: Contraception

Diaphragm or Cap

QUESTION	ANSWER
What is it?	Diaphragm or Cap.
How is it used?	Inserted into the vagina before intercourse. Held in place by the vaginal muscles. Should be used with spermicide.
How does it work to prevent pregnancy?	Acts as a barrier between the egg and the sperm preventing fertilisation.
How effective is it (%)	When used correctly with spermicide an effectiveness rate of 92 – 96%
What risks are there in using it?	No real health risks. Can cause allergic reaction from latex or spermicide. May increase risk of cystitis or Urinary Tract Infections.
Which groups is it best suited for?	Women who feel confident about using the method. Needs to be able to plan to have sex in advance.
Where would you get it from?	GP, Sexual Health Clinic, Pharmacy.

Answer sheet 5 Continued: Contraception

Implant

QUESTION	ANSWER
What is it?	Implant – small flexible rod placed under the skin in the upper arm
How is it used?	Continuously releases progestogen into the blood stream
How does it work to prevent pregnancy?	Prevents ovulation Thickens mucus around cervix. Thins the lining of the uterus so a fertilised egg cannot implant.
How effective is it (%)	Over 99%
What risks are there in using it?	It can cause infection in arm (rare); slight increase in risk of breast cancer; can cause irregular bleeding.
Which groups is it best suited for?	Most women
Where would you get it from?	GP trained in fitting implants or Sexual Health Clinic

Fact Sheet 5: Information about condoms

Where can young people get condoms?

Free:

Young people's sexual health clinics

Family Planning Clinics

GUM clinics

Sexual Health Clinics

Others: _____

To buy:

Supermarkets

From machines in some toilets

Chemists

Corner shops

Garages

Others _____

Quality of condoms

All good quality latex condoms must show on the packet the CE Mark, the makers, name and "Certified to ISO 4074" as a minimum. The BSi Kitemark may also be present – this is an additional symbol that shows condoms have been tested more thoroughly than the minimum requirements. The Kitemark will also mention "ISO 4074" (the BS EN 600 number was phased out several years ago).

All condoms should have a 'use by' date, after which the rubber may start to weaken. It is therefore essential for people to check that condoms have a recognised CE mark and that they are still in date, prior to their use.

Lubricant

Some [but not all] non-latex condoms can be used with some oil based lubricants; they can all be used with water or silicone based lubes. All latex condoms can safely be used with water based or silicone based lubricants. There is no safe oil based lube to use with latex condoms.

Spermicides

Nonoxinol 9 [N9] spermicides are being phased out in most countries – there is no evidence that they reduce conception rates, and there is some evidence that they increase STI rates. Pasante [condom manufacturers] for example, no longer produce any N9 lubricated condoms.

Types of Condoms

All condoms with the above CE mark and BSi kitemark have been designed to be safely used for vaginal intercourse. These may have different shapes, textures, thickness,

colours, flavours and lubricants. It is a matter of personal preference as to which type of condom is used. Flavoured condoms can be used for oral, vaginal or anal sex. The rules governing "Extra Strong" condoms changed when ISO 4074 replaced BS EN 600, and it is no longer allowed to label any condom "Extra Strong" or "Extra Safe" unless a detailed clinical trial has been completed. At present there is no evidence that so-called "stronger" condoms are any less likely to fail during anal intercourse than "standard" condoms. For anal intercourse, lubricants should always be used.

Condoms worn by women (for example, 'femidom' - a brand name) are not eligible for kite marking, and therefore will only show the CE mark. They are not hugely popular but some young women feel the female condoms make it easier for them to negotiate safer sex. Female condoms are non-latex and available from many chemists and contraceptive services.

Condom size

The average condom can stretch up to 91cm long and 46cm wide. Therefore the majority of men can comfortably fit the average condom! However, some men will require either a larger or smaller condom. Some reputable manufacturers produce different sizes.

Sensitivity and allergies

Some people are sensitive to the chemicals in latex condoms, though this is rare. Latex-free condoms are available as an alternative from most sexual health clinics.

Advantages of using condoms

- ✓ Reduces the risk of pregnancy
- ✓ Reduces the risk of sexually transmitted infections including HIV
- ✓ Reduces the risk of a woman developing cervical cancer
- ✓ Helps some men sustain an erection for longer
- ✓ Reduces feelings of anxiety about pregnancy, STIs and HIV

Activity Sheet 5c: Effective use of male condoms

Cut out the cards and place in the correct order to put on a condom. If you have received sexual health training, then you can do a condom demonstration at the end of this activity.

1.

As the man withdraws his penis he holds the rim of the condom so that no semen spills out.

2.

Unroll the condom carefully over the erect penis and pinch out any air left in the end.

3.

Carefully take it out of the condom packet. Make sure it is not damaged by fingernails or jewellery.

4.

The man usually ejaculates.

5.

Wrap it in a tissue. Throw it away in the bin. Do not put it down the toilet.

6.

The man withdraws his penis before he loses his erection.

7.

A new condom should be used each time intercourse takes place.

8.

The man puts the condom on once his penis is erect and before there is any intercourse.

9.

Check the expiry date on the condom packet. Check that it has a CE mark and or BS Kitemark – which tells you that it has

10.

Gently squeeze the top of the closed end between your finger and thumb. This will get rid of any air trapped inside.

11.

Intercourse takes place.

12.

The man carefully slips his penis out of the condom.

13.

The man must not put his penis back into his partner without having a new condom on.

Activity 6: Sexually Transmitted Infections (STIs)

NAME OF ACTIVITY 6	Sexually Transmitted Infections (STIs)
ESTIMATED TIME	30 minutes
FORMAT	Whole group and small groups
AIM	<ul style="list-style-type: none"> • To increase young people's understanding and knowledge of sexually transmitted infections. • To develop awareness of local sexual health services.
INTRODUCTION	<p>STIs are very common, particularly amongst young people. Infections can cause long-term damage such as infertility so it is important for young people to understand about symptoms and effects of the more common STIs, how they can be prevented and where they can go for treatment. The activities assess the young people's current knowledge and perceptions of STIs and also encourage them to learn factual information about the main STIs and where they can go locally for advice and treatment.</p>
TASK	<p>Before starting the activity, photocopy and cut out the cards on Activity sheet 6 for the young people to use. Keep a copy of the original activity sheets, for the answers.</p> <ol style="list-style-type: none"> 1. Introduction Introduce the activity to the young people and write the words 'Sexually Transmitted Infections' and 'STIs' on flipchart paper. Ask groups of young people to discuss what they have heard in relation to these words before. Discuss their ideas. 2. STI card game Provide the group with a set of the cards from Activity Sheet 6. Ask the young people to match the correct symptom, effect on health and treatment card for each STI. If you prefer, make more than one copy of the cards and the young people can do the activity in small groups. Go through the answers and discuss each STI in turn. Identify areas where more information may be needed. Additional facts about the main STIs can be found on Fact Sheets 6a and 6b.

	<p>3. Summary</p> <p>Summarise what has been covered and provide the young people with information on the local treatment services, as outlined on Fact Sheet 6c.</p>
RESOURCES	<p>Flipchart paper</p> <p>Pens</p> <p>Copies of Activity Sheet 6: STI Card Game</p> <p>Fact sheet 6a: Types of STIs</p> <p>Fact Sheet 6b: Information on STIs</p> <p>Fact Sheet 6c: STIs - where to get help and advice.</p>

Chlamydia

Symptoms:

Most women and some men don't have any symptoms for a long time. If there are symptoms, they might include:

- Discharge
- Inflammation
- Heavy periods
- Painful lower abdomen
- Need to pass urine (pee) more often than usual
- Pain or burning sensation when passing urine

Caused by:

- Bacteria

Treatment:

Special antibiotics need to be taken for at least a week.

Effect on health/ complications:

Left untreated in women, Chlamydia can spread to the womb and fallopian tubes. Infection here can eventually lead to pain, blockages and infertility (inability to have children).

Genital Warts

Caused by:

- A Virus

Effect on health/ complications:

It used to be thought that genital warts were associated with cervical cancer. Some variants of the papilloma virus are still linked with cervical cancer but not the one which causes genital warts.

Symptoms:

Growths or warts in the genital area. These can take a year to appear after infection discharge.

Treatment:

An ointment sometimes works. Otherwise treatment such as freezing the warts is necessary. Treatment can take months.

Gonorrhoea

Caused by:

- Bacteria

Treatment:

Antibiotics can cure gonorrhoea completely

Symptoms:

Most women and some men don't have any symptoms. If there are symptoms they are different for men and women.

Men

- Burning feeling when passing urine
- Yellow discharge from the penis

Women

- Unusual discharge
- Burning feeling when passing urine
- Painful lower abdomen
- Heavy periods

Effect on health/ complications:

None if treated
If left untreated, it can cause serious problems such as Arthritis or make women infertile (unable to have a child)

Hepatitis B

Symptoms:

There may be no symptoms but usually symptoms come in two stages, starting between 1 and 6 months after infection.

1st Stage

- Feeling as though you've got flu with a cough and sore throat
- Feeling very tired
- No appetite
- Painful joints e.g. knees, elbows etc.

2nd Stage

- Jaundice for between 2 and 8 weeks
- Yellowish skin and whites of the eyes
- Darkish brown urine
- Light and clay-coloured faces
- Sore abdomen
- Weight loss

Effect on health/ complications:

Hepatitis B can cause liver cancer

Caused by:

- A Virus

Treatment:

There is no treatment for Hepatitis B apart from plenty of rest and healthy food. It usually takes several months to recover. There is a vaccine for people who know they are at risk.

Herpes

Symptoms:

Small painful blisters or sores in the Genital area which heal in a week or two. There may also be

- Tingling or itching
- Feeling as though you've got flu (headache, high temperature, headache)
- Pain or burning feeling when you pass urine (pee)

Caused by:

- A Virus

Treatment:

There is treatment for the first episode and for people who have frequent episode (unusual). There is also treatment to help relieve the pain from blisters.

Effect on health/ complications:

A pregnant woman might infect her baby although this is very rare.

HIV

Human Immunodeficiency

Effect on health/ complications:

Most people with HIV develop AIDS within eight or ten years. People with AIDS get serious infections and / or cancer which eventually lead to their death.

Symptoms:

Most people have no symptoms for a number of years but the vast majority of HIV-positive people will eventually develop AIDS (Acquired Immune Deficiency Syndrome)

Treatment:

There is no cure for HIV or AIDS although there are drugs and treatments to delay the start of AIDS and to help people with AIDS live longer.

Caused by:

- A Virus

Fact sheet 6a: Types of STI

TYPE	INFECTION
Viral	<ul style="list-style-type: none">• Genital Herpes• Genital Warts• HIV• Hepatitis
Bacterial	<ul style="list-style-type: none">• Chlamydia• Syphilis• Gonorrhoea
Fungal	<ul style="list-style-type: none">• Thrush (not classed as a STI – but can be transmitted sexually)
Parasitic	<ul style="list-style-type: none">• Pubic Lice• Trichomonas Vaginalis (TV)• Scabies

GENITAL HERPES / HERPES SIMPLEX VIRUS

Signs and symptoms

- Often no symptoms
- Fluid filled blisters which burst and leave sores
- Flu-like symptoms
- Tingling or itching around the genitals or anus
- Urinating over the sores is painful

How it's transmitted

- Direct skin contact during vaginal, oral or anal sex
- Kissing

How to protect against infection

- Avoid contact with blisters and sores
- Condoms with spermicide may provide some protection

Treatment

- No treatment can cure genital herpes
- Some anti-viral treatments can ease the symptoms

Self-help measures

- Avoid stress
- Eat a balanced diet
- Cut down or stop smoking and drinking
- Avoid direct sunlight on affected area
- Rest

Consequences

- Serious problems are uncommon but outbreaks can be very painful

GENITAL WARTS CAUSED BY HUMAN PAPILLOMA VIRUS (HPV)

Signs and symptoms

- Only 1% of infected people have visible warts
- Warts – small painless lumps, one or many around the genitals

How it's transmitted

- Transmitted by close skin to skin contact including vaginal or anal intercourse
- Close body contact

How to protect against infection

- Condoms provide limited protection

Treatment

- Warts are painted with a liquid or frozen off
- Treatment may be uncomfortable but not painful
- Qualified medical practitioners must carry out the treatment

Consequences

- Generally no long term health problems but women with the human papilloma virus should have regular smears tests.

HPV Vaccine

Since September 2008 the Welsh Assembly Government has been rolling out the HPV vaccine programme. The vaccine is to reduce the risk of developing cervical cancer. Some types of HPV are linked to cause cervical cancer. The vaccine only protects against the two types that cause most cases (over 70%) of cervical cancer. Because the vaccine does not protect against all types of HPV young people may still develop genital warts. Therefore, it is important that they practice Safe Sex.

It is essential that females attend regular screening either through their General Practice Nurse; Family Planning Association; or, local sexual health clinic.

HUMAN IMMUNODEFICIENCY VIRUS (HIV)

Signs and symptoms

- A person can be infected with the HIV virus for many years without showing any signs or symptoms
- Some people experience mild flu - like symptoms when infected

How it's transmitted

- HIV can be transmitted through blood, semen, vaginal fluid or breast milk.
- Vaginal or anal intercourse
- From mother to baby at birth
- There is some risk of transmission through oral sex if the person licking or sucking the penis or vagina has open sores or cuts in their mouth or throat.

How to protect against infection

- Condoms reduce the risk of transmission

Treatment

- There is no cure for HIV but complex combined antiretroviral treatments can prolong the life of those given a positive diagnosis to the infection.

Young Person's Clinics

For free confidential help and advice, both sexes under the age of 25 can go to any Young Person's Clinic (or Sexual Health Clinic – any age). The clinics offer confidential advice and information on a range of sexual health issues (e.g. contraception, pregnancy testing, abortions, infertility, and sexually transmitted infections). Free condoms are also available and some offer referrals to secondary sexual health services where appropriate.

Fact Sheet 6c Continued: STI - where to get help and advice

How can I protect myself against STIs?

- Always practice safe sex.
- Correctly using a condom can offer protection against many STIs including HIV.
- Have regular sexual health check ups, available free from GUM clinics
- Go for immediate treatment if you or your partner(s) has an infection

For further information about STIs, the following services are available:

Family Planning Association (FPA) telephone helpline

Tel: 0845 122 8690 (Monday – Friday 9am to 7pm) or visit www.fpa.org.uk

NHS Direct (24 hour helpline)

Tel: 08454647

BROOK Advisory Service for young people aged under 25 years of age?

Tel: 0808 802 1234 or visit www.brook.org.uk

Sexual Health Wales helpline

Provides confidential information about STIs, sexual health or where to find local services.

Tel: 0800 567 123 or visit www.condomessentialwear.co.uk

Textphone (for people with hearing impairments) 0800 521 361 – 24 hrs.

Websites:

www.nhs.uk/worhtalkingabout

www.bbc.co.uk/health/sex

www.phls.co.uk

d. Tobacco Smoking

Smoking is the largest single cause of avoidable ill health and early death in Wales. It is estimated that around 5,600 deaths per year in Wales are caused by smoking, which is nearly one in five of all deaths. A similar proportion of hospital admissions can also be attributed to smoking, with the total cost to the NHS Wales estimated at £1 million every day. In 2008, 24% of people in Wales were smokers and smoking is generally more common in younger people: more than twice as many 16 to 24 year olds are smokers [24%] compared to people aged 65 and over [10%]. Also 12% of girls aged 13 in Wales report that they are smoking every week, which is twice the international average of 6% and over a third of women in Wales smoke during pregnancy, which are the highest rates in the UK.

The introduction of the smoking ban in public places and a rise in the legal purchasing age of cigarettes to 18 years of age has had some impact on the numbers of young people who smoke.

The activities in this section aim to provide clear and accurate information on issues relating to smoking and to support young people who want to stop. Reproducing and preparing some of the activity sheets, answer sheets and fact sheets before delivering the activities will therefore be necessary.

It is important to make sure that any smokers in your group do not feel victimised. Research shows that smokers who feel pressured to stop often develop a stronger desire to continue. If smoking awareness and cessation sessions are well planned and received, it may well lead to some young people wanting to give up. Where appropriate, one-to-one support may be necessary, if more than one young person is involved, setting up a smoking cessation group would be more beneficial.

Activity 1: Attitudes towards smoking

NAME OF ACTIVITY 1	Attitudes towards smoking
ESTIMATED TIME	30 minutes
FORMAT	Small groups or whole group
AIM	<ul style="list-style-type: none"> • To provide young people with the opportunity to explore their personal attitudes and opinions on smoking issues. • To encourage young people to discuss differing attitudes.
INTRODUCTION	The activity encourages the young people to look at their own views about smoking and smoking-related issues and to consider the views of others.
TASK	<p>Before starting the activity, copy and cut out the cue cards in this section for the activity.</p> <ol style="list-style-type: none"> 1. Introduction Attach the cue cards (pp115-117) to the walls in the room. Introduce the activity to the young people, asking them to stand up in a line. Explain that three cue cards are on the walls with 'Agree' at one end, 'Disagree' at the other end and 'Not sure' in the middle. Explain that you will read out a statement and you would like them to stand where they think is appropriate. Encourage the group to speak out about what they really think; they do not have to say something just because they think it will please you or because they think it is the correct thing to say. 2. Attitudes towards smoking Read out a statement from Activity sheet 1 to the group and ask the young people to think about whether they agree or disagree with the statement, or perhaps they are unsure. Ask them to go and

	<p>stand by the wall which displays their choice of response.</p> <p>Encourage the young people to explain why they have stood at a certain point; on hearing opinions of other group members they can change their minds if they want to.</p>
<p>Task (Continued)</p>	<p>Alternatively, give copies of Activity sheet 1 and pens to each young person and ask them to answer each statement; then ask the young people to get into groups of four to discuss their answers. Then bring the whole group together for a general discussion.</p> <p>It is possible to add more statements or encourage the young people to ask their own statements if they are interested in gathering feedback on particular issues. Some of the statements have explanations to support the correct responses (Answer Sheet 1); however most of the statements do not have one correct response and are therefore open to interpretation.</p> <p>3. Summary Summarise the activity by discussing: What the young people thought of the activity. What they found out about attitudes to smoking. Whether there were different views and why? Whether anyone changed their minds listening to others and if so what about and why?</p>
<p>RESOURCES</p>	<p>Cue cards pp115-117 Activity sheet 1: Attitudes towards smoking (copies will be required if the young people work individually) Answer sheet 1: Attitudes towards smoking Pens</p>

Activity Sheet 1: Attitudes towards smoking

1. Having friends who smoke is the biggest influence on becoming a smoker
2. Many young people smoke because adults tell them not to do it
3. Smokers are more fun
4. Smoking makes you look good
5. Smoking should be allowed in enclosed public places
6. Smoking helps you keep your weight down
7. Most young people smoke
8. Most adults smoke
9. If young people knew the facts about smoking they wouldn't start to smoke
10. People who smoke should not be treated in hospital if they have an illness associated with smoking or should be automatically supported to quit
11. Smoking a cigarette does not harm anyone else in the room
12. Some parents and youth workers smoke so it must be safe
13. Shopkeepers who sell cigarettes to children should be prosecuted
14. Cigarettes have over 4000 chemicals in them
15. Low tar and menthol cigarettes are not so bad for you
16. Smoking helps deal with stress
17. The government should double the price of cigarettes
18. The majority of smokers in the UK want to give up smoking

Answer Sheet 1: Attitudes towards smoking:
 (Note: not all statements have one correct answer)

	Statement	Response
1-3	1.Having friends who smoke is the biggest influence on becoming a smoker 2.Many young people smoke because adults tell them not to do it 3.Smokers are more fun	What do the young people in the group think about these statements? Who influenced them to smoke – or not? What do they do if their parents tell them (not) to do anything? Are smokers more fun? Would they want to kiss one?
4	Smoking makes you look good (Ash Wales have ageing software available for hire – see resources)	Smoking not only has a drying effect on the skin but deprives the skin of oxygen giving skin a greyish appearance. It can also speed up the effect of ageing on the skin.
5	Smoking should be allowed in enclosed public places	Smoking has been banned in public places in Wales since April 2007, to protect people from exposure to second-hand smoke.
6	Smoking helps you keep your weight down	False, smokers are not much lighter than non-smokers. Some people do put on weight when they stop but this is only 2-3kg on average.
7	Most young people smoke	False, in 2010 only 14% of 15 year old girls and 9% of 15 year old boys smoked weekly.
8	Most adults smoke	False, in 2008 only 24% of adults in Wales were smokers. Smoking is highest among the poorest at 31% compared with 10% amongst the most affluent groups.
9	If young people knew the facts about smoking they wouldn't start to smoke	Were those who smoked given information? Does being given information help you to make a decision?
10	People who smoke should not be treated in hospital if they have an illness associated with smoking or should be automatically supported to quit	This is often said and, in some cases where there is a transplant available and there is more than one possible recipient, it goes to the non-smoker. Does the group think this is OK?

11	Smoking a cigarette does not harm anyone else in the room	False, cigarette smoke is harmful to smokers and non-smokers. Second hand smoke can cause 24% increase of heart disease in non-smokers and a 25% increase in lung cancer in non-smokers.
12	Some parents and youth workers smoke so it must be safe	Do young people think anyone can be thought to do the best thing all the time – no matter how much respect they have?
13	Shopkeepers who sell cigarettes to children should be prosecuted	Shops are having more restrictions put on them. Manufacturers are also being told how to package cigarettes. So should it be an offence to sell them?
14	Cigarettes have over 4000 chemicals in them	True, over 40 of these are carcinogenic (they can cause cancer).
15	Low tar and menthol cigarettes are not so bad for you	Smokers may take in just as much or more tar because they inhale harder to get the same nicotine hit.
16	Smoking helps deal with stress	Smokers may feel that cigarettes reduce stress because if they don't smoke they feel worse due to nicotine withdrawal.
17	The government should double the price of cigarettes	The government puts up the price every year. Does it have any effect? Would it have more effect if the price went up in such a huge way?
18	The majority of smokers in Wales want to give up smoking	True, 70% of smokers reported that they want to quit smoking.

Activity 2: Health risks of smoking

NAME OF ACTIVITY 2	Health risks of smoking
ESTIMATED TIME	30 minutes
FORMAT	Whole group
AIM	To look at the effects, both short-term and long-term, of smoking on the body.
INTRODUCTION	The activity aims to raise awareness and prompt discussion about the effect that cigarette smoking has on the body. It is important that it is followed up by Activity 3 in this section.
TASK	<p>1. Introduction Introduce the activity to the young people, explaining they will look at the health effects of smoking on the body, both the immediate and long term effects.</p> <p>2. Health risks Join 3-4 pieces of flipchart paper together and ask one young person from the group to lie down on the paper, whilst another young person draws around his/her body.</p> <p>Ask the young people to draw or label the short and long term effects of smoking on the body. Encourage a discussion amongst the young people. Provide a copy of Answer sheet 2 and ask the group to add anything they have missed.</p> <p>3. Summary Bring the group together and ask them to feed back some of the health effects that are caused by smoking. Also ask them about the activity; for example, was there anything that surprised them?</p>
RESOURCES	<p>Flipchart paper Coloured pens Answer sheet 2: Health risks of smoking</p>

answer sheet 2: Health Risks of Smoking

Body part	Effect
Hair	Smelly, stained hair Premature hair loss Premature greyness
Brain	Smokers are more prone to strokes due to higher blood pressure
Eyes	Smoke can cause runny and stinging eyes Conditions causing blindness are more common in smokers than in non smokers
Skin	Causes damage to blood vessels and connective tissue that maintains skins elasticity Women smokers are four times more likely to have excess facial wrinkles at a younger age
Mouth	Smelly breath Mouth cancer Gum disease
Teeth	Yellow teeth – plaque can only be removed by the dentist
Throat	Throat cancer Throat infections
Ears	Ear infections – particularly in young children and babies
Lungs	Lung disease, bronchitis, emphysema The lungs are not able to work properly and get clogged with tar from cigarette smoke; this means the lungs cannot clean themselves effectively and become blocked
Heart	Heart attacks – due to lack of oxygen, the heart has to work harder to pump oxygen around the body The presence of carbon monoxide also results in the tubes that blood flows through becoming narrower

Answer Sheet 2 Continued: Health risks of smoking

Body part	Effect
Stomach	Stomach ulcers
Hands and Nails	Stained fingers and yellow nails are common in smokers due to nicotine staining
Legs and Feet	Poor circulation Worst-case scenario is amputation due to poor circulation; Carbon monoxide from smoking replaces oxygen in the blood; The feet and legs are deprived of vital oxygen and start to wither and die resulting in them having to be amputated
Kidneys/Bladder	Poisons from cigarette smoke are washed around the kidneys and pass through the bladder; this can result in kidney and bladder cancer
Immune System	Smoker's immune systems do not work as effectively as they should; natural defences the body uses to fight coughs and colds do not work as effectively
Infertility	Women- damage to fallopian tubes and makes becoming pregnant difficult The length of time a woman who smokes can become pregnant is also reduced Men - smoking results in sperm thickness becoming reduced therefore men may find it difficult to get their partner pregnant if they smoke
Cancers	At least 40 of the 4000 different chemicals found in cigarettes are proven to cause cancer
Nose	Sense of smell lessens
Athletic ability	Smokers who suffer injuries whilst exercising take longer to heal

Activity 3: Health benefits of stopping smoking

NAME OF ACTIVITY 3	Health benefits of stopping smoking
ESTIMATED TIME	30 minutes
FORMAT	Small groups
AIM	<ul style="list-style-type: none"> • To highlight the positive benefits of stopping smoking on the body. • To recap the health effects of continuing to smoke from Activity 2 in this section. • To encourage young people to think about quitting smoking.
INTRODUCTION	The purpose of this session is to raise awareness and prompt discussion about the positive effects that stopping smoking has on the body.
TASK	<ol style="list-style-type: none"> 1. Introduction Introduce the activity to the young people, explaining they will look at the health benefits of stopping smoking on the body. 2. Health benefits of stopping smoking Join 3-4 pieces of flipchart paper together and ask one young person from the group to lie down on the paper, whilst another young person draws around his/her body. Using the body outline, ask the group to label the positive effects of stopping smoking on the body. Provide a copy of Answer sheet 3 and ask them to add the benefits that they had not already listed. Encourage a discussion amongst the young people. 3. Summary Bring the group together and ask them to feed back some of the health benefits that are experienced when someone stops smoking. Also ask them about the activity, for example, was there anything that surprised them?
RESOURCES	Flipchart paper Pens Answer sheet 3: Health benefits of stopping smoking Fact sheet 3: Benefits of stopping smoking

Answer sheet 3: Health benefits of stopping smoking

Benefits of stopping smoking on the body
Feel fitter
Feel in control
Cough will improve or disappear
Skin will look better
Stains on teeth disappear
Fingers lose stains
Ability to exercise
Smell fresh
More money to spend / save
Circulation improves
Appetite improves
Lungs work normally
Sense of pride
Breathing improves
Free of worry of damaging health of friends, family and colleagues
Less likelihood of cancer of mouth, voice box, windpipe, bladder, kidney and cervix
Shortness of breath, cough and respiratory infections fade

Fact sheet 3: Health benefits of stopping smoking

As soon as you stop smoking, your body starts to feel the benefits:	
20 minutes:	Blood pressure and pulse rate return to normal
8 hours:	Nicotine and carbon monoxide levels in the blood reduce by half, oxygen levels return to normal
24 hours:	Carbon monoxide will be eliminated from the body. Lungs start to clear out mucus and other smoking debris
48 hours:	There is no nicotine left in the body. Ability to taste and smell is greatly improved
72 hours:	Breathing becomes easier. Bronchial tubes begin to relax and energy levels increase
2-12 weeks:	Circulation improves
3-9 months:	Coughs, wheezing and breathing problems improve as lung function is increased by up to 10%
5 years:	Risk of heart attack falls to about half that of a smoker
10 years:	Risk of lung cancer falls to about half that of a smoker. Risk of heart attack falls to the same as someone who has never smoked
15 years:	Risk of heart attack falls to that of a non smoker

Activity 4: Cost of smoking

NAME OF ACTIVITY 4	Cost of smoking
ESTIMATED TIME	30 minutes
FORMAT	Small groups or pairs
AIM	<ul style="list-style-type: none"> To encourage young people to think about the costs involved in smoking. To look at the positive financial benefits of stopping smoking.
INTRODUCTION	The activity aims to raise awareness and prompt discussion about the cost that tobacco smoking has upon an individual.
TASK	<p>1. Introduction Introduce the activity to the young people, explain they will look at the cost of smoking.</p> <p>2. Cost of smoking Separate the young people into small groups and ask them to work out how much they spend on their smoking habit per day, week, month, and year. Use Activity sheet 4 to work out the total amounts.</p> <p>Encourage the young people to think about what else they could use this money for. For example, clothes, cinema tickets, holidays, and driving lessons.</p> <p>Ask the group to make a list or to draw on paper what they will spend their money on if they stop smoking, based on a saving of £50 per month. Re-enforce the positive message to non-smokers in the group, highlighting the benefits of spending their money on other hobbies.</p> <p>Alternatively, cut out images from magazines to illustrate the possible purchases. Advise the young people to stop smoking and suggest that they start saving their money.</p> <p>3. Summary Bring the group together and use a flip chart to discuss the group's responses.</p>
RESOURCES	<p>Activity sheet 4: Cost of smoking</p> <p>Pens</p> <p>Flipchart paper</p> <p>Magazines</p> <p>Scissors</p> <p>Glue</p>

Activity sheet 4: Cost of Smoking

- Work out how many cigarettes you smoke a day
- Work out how much money you spend on your smoking habit over time

For example, at £7 for a pack of 20, a 5-a-day smoker will spend £1.75p a day, £12.25 a week and £6.360.00 in 10 years on cigarettes!

Cost (£) Time	5 a day	10-a-day	15-a-day	20-a-day
1 day	1.75	3.50	5.25	7.00
1 week	12.25	24.50	36.75	49.00
2 weeks	24.50	49.00	73.50	98.00
3 weeks	36.75	73.50	110.25	147.00
4 weeks	49.00	98.00	147.00	196.00
6 months	294.00	588.00	882.00	1,176.00
1 year	588.00	1,176.00	1,764.00	2,352.00
5 years	2,940.00	5,880.00	8,820.00	11,760.00
10 years	5,880.00	11,760.00	17,520.00	23,520.00
Cost (£) Time	25-a-day	30-a-day	35-a-day	40-a-day
1 day	8.25	10.50	12.25	14.00
1 week	61.25	73.50	85.75	98.00
2 weeks	112.50	147.00	171.50	196.00
3 weeks	183.75	220.50	257.25	294.00
4 weeks	245.00	294.00	343.00	392.00
6 months	1,592.50	1,764.00	2,058.00	2,352.00
1 year	3,185.00	3,528.00	4,116.00	4,704.00
5 years	15,915.00	17,650.00	20,720.00	23,520.00
10 years	31,830.00	35,280.00	41,160.00	47,040.00

- Think about what you could buy with this money if you stopped smoking?
- Write, draw or cut out images from magazines of the items you could buy instead of cigarettes
- Share your suggestions with others

Activity 5 : How to stop smoking

NAME OF ACTIVITY 5	How to stop smoking
ESTIMATED TIME	30 minutes
FORMAT	Individual or groups
AIM	<p>To provide young people with information and advice on how to stop smoking.</p> <p>To support young people to try and stop smoking.</p>
INTRODUCTION	<p>Many young people would like to stop smoking but do not know how to stop. The activity aims to provide suggestions on how to stop smoking, providing a supportive environment for the young people to try and stop, or to provide young people with the information and advice for when they are ready to stop.</p>
TASK	<p>Before starting the activity, reproduce Activity sheets 5a and 5b for the young people to use.</p> <p>1. Introduction</p> <p>Introduce the activity to the young people, emphasising that the activity aims to provide suggestions on how to stop smoking for those young people who would like to quit or know someone who does.</p> <p>Re-cap what has been covered in previous activities, ask the young people to share their numerous reasons for wanting to stop smoking and record these on paper.</p> <p>2. How to stop smoking</p> <p>Ask the young people if they have tried to stop smoking and encourage a discussion on how they coped.</p> <p>Encourage the young people to set a Quit Date, using Activity sheets 5a and 5b to help them plan how they will do this.</p>

<p>Task (continued)</p>	<p>Ask the young people if they are aware of local and national support services to support their quit attempts, for example Stop Smoking Wales, National No Smoking Day, as listed on Page 192. Emphasise that there is a lot of support and information available to support young people in stopping smoking.</p> <p>For more support on helping young people stop smoking, contact the Local Public Health Team or Stop Smoking Wales</p> <p>3. Summary Summarise what has been covered during the activity and arrange a follow-up meeting to monitor the young people's progress with stopping smoking.</p>
<p>RESOURCES</p>	<p>Paper Pens Copies of Activity sheet 5a: How to stop smoking Copies of Activity sheet 5b: Smoking Diary</p>

Activity sheet 5a: How to stop smoking

For help and advice on stopping smoking contact Stop Smoking Wales on 0800 0852219 or visit the Stop Smoking Website at www.stopsmokingwales.com

Before your quit date:

- Identify times when you smoke the most by keeping a cigarette diary
- Think of ways to change your routine to avoid the times and situations when you smoke the most. For example, brush your teeth first thing in the morning instead of having a cigarette
- Write down your reasons for wanting to quit and keep them with you as a reminder
- Ask a friend to quit with you or help you quit
- Set a quit date and stick to it
- Tell family and friends that you are trying to quit so that they can support you
- Read leaflets to reinforce quit attempts
- Get sponsored to stop or make a bet with someone
- Plan rewards that you can buy yourself with the money you save
- Practice saying 'no' so when you are offered a cigarette, you have a response prepared and you will not be tempted

The night before your quit date:

- Prepare the night before by throwing away all ashtrays, lighters and cigarettes
- Buy chewing gum or mints the day before. Nicotine replacement therapy (NRT) are available from the GP free of charge
- Clean your clothes and bedroom so they don't smell of smoke
- Have a shower or bath so you smell clean and fresh

Activity sheet 5a Continued: How to stop smoking

After your quit date:

- Drink lots of water
- Deal with cravings by keeping yourself busy - chew gum, eat mints or healthy snacks instead of having a cigarette. Keep your hands busy - play with a stress ball, text a friend, play a game on your mobile phone or computer
- Do something special on the day you quit, for example go to the cinema
- Distract yourself – play football, go swimming, visit a non-smoking friend
- Avoid situations where you would normally smoke for a while
- Think positive – keep telling yourself that you can do it, you are a non smoker
- Think negatively about smoking – the smell, the cost, the cough
- Try relaxing if you feel stressed by listening to music, having a bath, watching TV, reading a book, walking / exercise
- Phone a smokers helpline for advice on quitting or visit a website / chat room
- Reward yourself for your achievements

Activity 6: What do you know about Smoking? Quiz

NAME OF ACTIVITY 6	What do you know about Smoking? Quiz
ESTIMATED TIME	30 minutes
FORMAT	Individual or small groups
AIM	To find out what young people know about smoking.
INTRODUCTION	The purpose of this session is to find out what the young people know about smoking; this activity can be used either before or after completing the other activities in this Handbook to find out what they know about smoking.
TASK	<p>Before starting the activity, reproduce Activity sheet 6 for the young people to use.</p> <ol style="list-style-type: none"> 1. Introduction Introduce the activity to the young people. Display posters and leaflets in various places around the room. The young people can work alone or in small groups for this activity. 2. What do you know about smoking? Hand out copies of Activity sheet 6 and pens to each young person/group. Allow sufficient time for the young people to complete the quiz. Bring the group together and check their answers against Answer sheet 6. Discuss any points that arise. Encourage the young people to keep their correct answer sheets for information. 3. Summary Bring the group together and discuss any interesting findings. Offer a prize to the winner (if possible).
RESOURCES	<p>Posters and leaflets Copies of Activity Sheet 6: What do you know about smoking? Pens Answer sheet 6: What do you know about smoking? Prize</p>

Activity sheet 6: What do you know about Smoking?

1. Nicotine (which is in tobacco) is more addictive than cocaine and heroine:

- a. True b. False

2. British American Tobacco – A massive multi-national company based in London – made £117 every single second of 2009.

- a. True b. False

3. Who smokes more? 15 year old boys or 15 year old girls?

- a. Boys b. Girls c. The same

4. How many people die (roughly) from smoking each year in the UK?

- a. 20,000 b. 50,000 c. 100,000

5. 1 person dies in the world from smoking every...

- a. 6 Seconds b. 4 minutes c. 2 hours

6. You can't get addicted to tobacco if you smoke 'spliffs':

- a. True b. False

7. Which film star won't smoke in his films?

- a. Johnny Depp b. Jackie Chan c. Brad Pitt

8. Which of the following can be found in cigarettes?

Clove, Liquorice, Orange oil, Sugar, Apricot stones, Lime oil, Lavender oil, Dill seed oil, Cocoa, Carrot oil, Mace oil, Myrrh, Bay leaf, Oak, Rum, Vanilla, Vinegar.

Answer sheet 6: What do you know about smoking?

- 1) True
- 2) True
- 3) Girls – 14%
- 4) 100,000 (about 2,000 a week)
- 5) 6 seconds
- 6) False
- 7) Jackie Chan
- 8) All of the them

e. Alcohol

Alcohol has been identified as the third biggest risk to health in developed countries [Alcohol Concern, 2006].

The use of alcohol is embedded within British culture. However, for some people, social drinking can lead to heavier drinking, leading to excessive, hazardous or harmful alcohol consumption and sometimes dependence (collectively known as problem use of alcohol).

Binge drinking is becoming a major problem in the UK. Binge drinking is defined as drinking eight or more units of alcohol in one session for men, and more than six units in one session for women.

Problem use of alcohol can cause serious social, psychological and health problems, affecting work, social and personal relationships. Health risks associated with heavy drinking include:

- liver disease (cirrhosis of the liver),
- alcohol-related anaemia and nutritional disease,
- chronic calcifying pancreatitis
- heart muscle damage (cardiomyopathy),
- alcoholic dementia, and
- psychiatric disorders.

Adverse health outcomes resulting from alcohol use are common among young people and many alcohol-related deaths occur relatively early in life. They also include intentional and unintentional injuries, both of which are related to patterns of drinking. The negative social consequences include missing school, falling behind in schoolwork, unplanned and unprotected sexual activity, arguments with friends, destructive behaviour and trouble with the police (WHO, 2004).

In the Welsh Health Survey, 40 per cent of adults in Wales reported that their average alcohol consumption on a day of consuming alcohol was above the recommended guidelines of no more than four units a day for men and no more than three units per day for women. This varies by region in Wales with the highest rates in Merthyr Tydfil and lowest rates in Ceredigion.

Data from the Health Behaviour in School Aged Children (HBSC) Survey shows that seven per cent of 11-year old girls and 12 per cent of 11-year old boys in Wales reported drinking any alcohol on a weekly basis. For 13-year olds nearly a quarter of girls and a third of boys in Wales reported drinking any alcoholic drink weekly. Of all the countries participating in

the HBSC survey, Wales has the highest proportion of 15 year olds that reported drinking on a weekly basis (over 50 per cent of girls and almost 60 per cent of boys).

Concern at young people's drinking is generally justified by the consequences of alcohol-related harm rather than by the thought of alcohol dependence amongst this age group. Young people are most at risk from the consequences of careless and excessive drinking binges rather than from regular heavy drinking.

There is a need for early education and discussion about alcohol issues with young people. This should be an essential part of growing up, at least as important as discussion for the issues around the use of illicit drugs. Alcohol is by far the most readily available and socially acceptable drug in our society.

The activities in this section provide youth workers with useful tools for bringing discussion of these important issues into the youth setting in a way which is informative, fun and relevant to the needs of young people.

The activities you provide can be complemented by visits from local alcohol services. A list of local services to which young people can be referred is provided at the end of this section.

Activity 1: Attitudes towards alcohol

NAME OF ACTIVITY 1	Attitudes towards alcohol
ESTIMATED TIME	30 minutes
FORMAT	Whole group
AIM	To encourage young people to discuss a number of views that many people in society hold on alcohol, binge drinking and young people.
INTRODUCTION	The purpose of this activity is to encourage young people to think about their own attitudes to alcohol and binge drinking, and also other people's attitudes towards this issue.
TASK	<p>Before starting the activity, copy and cut out the cue cards on Page 115-117 for the activity.</p> <ol style="list-style-type: none"> 1. Introduction Attach the cue cards to the walls in the room. Introduce the activity to the young people, asking them to stand up in a line. Explain that three cue cards are on the walls with 'Agree' at one end, 'Disagree' at the other end and 'Not sure' in the middle. Explain that you will read out a statement and you would like them to stand where they think is appropriate. 2. Attitudes towards alcohol Read out a statement from Activity sheet 1 to the group and ask the young people to think about whether they agree or disagree with the statement, or perhaps they are unsure. Ask them to go and stand by the wall which displays their choice of response. Encourage the young people to explain why they have stood at a certain point, on hearing opinions of other group members they can change their minds if they want to, emphasise that there is no correct answer. 3. Summary Bring the group together and summarise the activity by saying that people have mixed attitudes towards alcohol. Emphasise the importance of showing respect to opinions of other group members.
RESOURCES	Cue cards (Page 115-117) Activity sheet 1: Attitudes towards alcohol

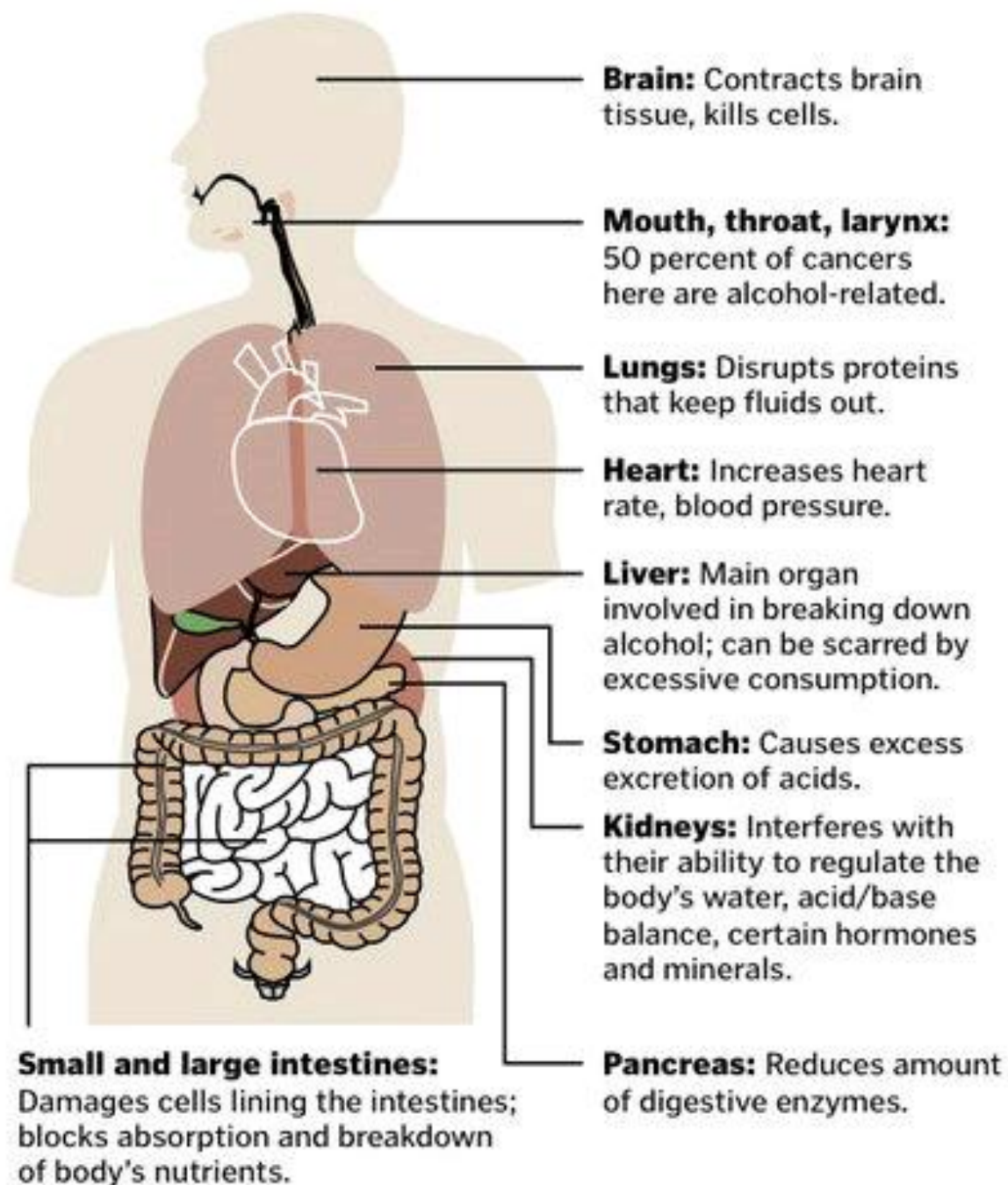
Activity sheet 1: Attitudes towards alcohol

1. You need alcohol to have fun.
2. Alcohol is more dangerous than cannabis.
3. Drinking alcohol affects me – and only me.
4. A party isn't really a party without alcohol.
5. I only drink alcohol to get drunk.
6. Alcohol should be made illegal and classified like illegal drugs.
7. Everyone should drink alcohol.
8. Alcohol is responsible for so many teenage pregnancies.
9. Alcohol causes crime.
10. Drinking alcohol helps people to feel confident to ask someone out.

Activity 2: Health effects of alcohol on the body

NAME OF ACTIVITY 2	Health effects of alcohol on the body
ESTIMATED TIME	30 minutes
FORMAT	Small groups
AIM	To encourage young people to look at the long term effects of alcohol on the body and the damage it can cause.
INTRODUCTION	Many young people are not aware of the long term effects of alcohol; this activity provides an opportunity to find out about the various effects.
TASK	<p>1. Introduction Introduce the activity to the young people and ask them to think about the effects of alcohol on the body; short term and long term.</p> <p>2. Body effects Join 3-4 pieces of flipchart paper together and ask one young person from the group to lie down on the paper, whilst another young person draws around his/her body.</p> <p>Ask the young people to draw or label the long term effects of alcohol on the body. Highlight the risks and encourage a discussion amongst the young people, referring to Answer sheet 2 for more information.</p> <p>3. Summary Summarise what has been covered in the activity.</p>
RESOURCES	<p>Flipchart paper Coloured pens Answer sheet 2: The long term effects of alcohol on the body</p>

Answer sheet 2: The long term effects of alcohol on the body



SOURCES: Johns Hopkins University; bloodalcohol.info; alcohol.org; McClatchy-Tribune

Answer sheet 2 Continued: The long term effects of alcohol on the body

Organ	Effect
General Body	<ul style="list-style-type: none">• Weight gain• Headaches• Muscle weakness.
Reproductive system (Male and Female)	<ul style="list-style-type: none">• Reduced fertility• Impaired sexual performance• Impotence• Decreased sperm count and movement• Increased risk of breast cancer in females• Early onset of menopause• Irregular menstrual cycle.
Pregnancy and Babies	<ul style="list-style-type: none">• Fetal alcohol syndrome

Activity 3: Alcohol-What happens next?

NAME OF ACTIVITY 3	Alcohol – What happens next?
ESTIMATED TIME	30 minutes
FORMAT	Small groups
AIM	<ul style="list-style-type: none"> • To stimulate thought and discussion amongst young people around several alcohol-related situations in which they may find themselves. • To encourage young people to be more prepared for similar situations should they arise.
INTRODUCTION	Young people may find themselves in difficult situations involving alcohol, this activity provides an opportunity to anticipate how they would respond to similar situations.
TASK	<p>Before starting the activity, copy Activity Sheet 3 for the young people to use.</p> <ol style="list-style-type: none"> 1. Introduction Introduce the activity and separate the young people into small groups; give each group a different situation from Activity sheet 3. 2. What happens next? Encourage each group to read and discuss the range of options as to 'what happens next' in each situation. Ask them to write notes or draw their responses on paper, or prepare a role-play of what happens next. Consider: <ul style="list-style-type: none"> • What are the possible consequences of the situation? • How would you respond to the situation immediately, and in the long term? • What advice and support would you offer these young people? <p>Bring the groups together with either their written, drawn or role played versions of what happens next, to discuss options. Ask how the situation might be prevented and what the characters could do to ensure their safety.</p> 3. Summary Summarise what has been covered and encourage the young people to consider how they would handle similar situations, should they arise.
RESOURCES	Copies of Activity Sheet 3: What happens next? Paper Pens

Activity sheet 3: What happens next?

Situation 1:

Kayley is 14 years old. All of her friends have clubbed together to get some vodka from the supermarket. They have all decided to go up the mountain, and light a fire, have a drink and a laugh.

Kayley has never drunk alcohol before, and is a bit nervous, and is worried that she won't be able to 'keep up' with her older friends. She goes along anyway because she cannot think of an excuse.

What happens next?

Situation 2:

Louise and Gemma are both 15. They both look older, and have recently met two boys who are 17 and 18, and the boys believe that Louise and Gemma are the same age as them. They have started going out a lot with these boys, going around in their car and to the local pub. Up until now, Louise and Gemma have experimented with alcohol on a couple of occasions, but feel the pressure to act older in front of the boys.

Louise and Gemma have asked some friends to cover for them, saying that they are at their house, as they are going to an all night house party with the two boys. They know that there will be alcohol there, and that there is also talk of some ecstasy tablets.

What happens next?

Activity sheet 3 Continued: What happens next?

Situation 3:

Kieran has failed his mock GCSE exams. He is really upset and angry, as he is planning on going to college to do Engineering. After school he persuades some mates to get some cans of beer, and is set on getting really drunk to 'drown his sorrows'. After all of the cans are finished, Kieran decides he wants more, but his mates say that they've got to go in, as it's a school night. Kieran starts to get really aggressive with all his mates, as he feels that they are not supporting him, and he calls them all boring. Kieran starts to push one of his mates, and they have a bit of a scuffle. Kieran then runs off down the road towards the river.

What happens next?

Situation 4:

Charlotte is 15 years old, and her mum and dad got divorced a year ago. She has three younger sisters and one older brother. Her brother is 21 and is at university, and is living away. Since her parents' divorce, she has had to look after her younger sisters after school and quite often at weekends too. All of Charlotte's friends are going out to youth club and hanging out at each other's house while she baby-sits. Charlotte feels like she has no one to talk to, as she is still upset about her parents' divorce, and feels she can't talk to her friends anymore, as they are annoyed that she doesn't go out with them.

Charlotte has been secretly drinking her mother's alcohol at weekends. She has now started to drink after school when she baby-sits for her sisters.

What happens next?

Activity sheet 3 Continued: What happens next?

Situation 5:

Adam is 17 years old. He and his mates have been playing rugby for his local team for years. Adam is really sporty, and ensures that he eats all the right food and drink for him to perform at his best.

He has recently felt the pressure after rugby matches to go to the rugby club with the older men and 'get wasted'. Adam is feeling the strain of this on his body, and struggles to keep up with the older men. He has also missed a few training sessions due to his hangovers.

What happens next?

Situation 6:

Callum is 16 years old and has been with his girlfriend Amy for two years. They are in the same year in school as each other. Amy has got plans to move away to go to University when she is 18, but Callum is unsure what he wants to do. Amy wants to end the relationship now, as she says it will be easier now, than in two years.

Callum is gutted about the end of the relationship, but feels like he can't let on to his mates that it has bothered him. After the relationship ended he went on an 'alcohol binge', and forgot all about Amy. When he woke up the next day, he was still as gutted as ever. This has been happening for the last five weekends.

What happens next?

Activity 4: Alcohol units and safe drinking

NAME OF ACTIVITY 4	Alcohol units and safe drinking
ESTIMATED TIME	30 minutes
FORMAT	Whole group / Small groups
AIM	<ul style="list-style-type: none"> To enable young people to think about how much alcohol they are drinking. To raise awareness of how much alcohol a unit consists of, and how many units are safe to drink.
INTRODUCTION	<p>Many young people drink alcohol in public places but have no idea how much they are drinking, as some tend to drink out of bottles, and do not measure the quantity. This activity raises young people's awareness about alcohol measures.</p>
TASK	<p>Before starting the activity, copy Fact Sheets 4a and 4b and Activity Sheet 4 for the young people to use.</p> <ol style="list-style-type: none"> 1. Introduction Introduce the activity to the young people and provide copies of the Fact sheets 4a and 4b. Read through the first few points on Fact sheet 4a, emphasising that alcohol is a depressant drug that can alter capabilities, perceptions, feelings, behaviours and health. Ask the young people if they can think of any other effects of drinking small or large amounts of alcohol. Use Fact Sheet 4b to clarify how alcohol is measured in units. 2. How many units? Give each young person a cup, ask them to measure one unit of alcohol using water into the cup (for example, one unit of wine, one shot); compare each person's measure with the correct measure to demonstrate the amount of alcohol per unit. If the young people have measured the wrong amounts, highlight this and show them the true measure. Facilitate a discussion about keeping track of how much they tend to drink at any one time. 3. Safe/Unsafe drinking Look at the paragraph 'What is safe drinking?' on Fact Sheet 4a to inform the young people of existing guidance about safer limits for drinking. Explain the different daily limits for men and women.

<p>Task (continued)</p>	<p>Initiate a discussion with the young people on the progression from safe to unsafe drinking. It is important to emphasise how quantity and speed of consumption are key to this.</p> <p>Separate the young people into small groups. Give each group a copy of Activity Sheet 4. Ask each group to read each scenario and decide where the situation lies on a continuum from safe to unsafe drinking.</p> <p>Ask each group to feedback, and encourage a discussion around their responses. Possible discussion points include:</p> <ul style="list-style-type: none"> • <i>type and strength of drink, speed of drink</i> • <i>buying drinks in rounds</i> • <i>maturity</i> • <i>accident potential</i> • <i>law breaking</i> • <i>drink-driving</i> • <i>drinking soft drinks in between alcoholic drinks</i> • <i>planned or opportunistic drinking</i> • <i>different effects due to gender</i> • <i>safe and unsafe drinking environments</i> <p>4. Summary</p> <p>Summarise the activity; find out if the young people were surprised with the information they have learnt, and ask how they will use this information in the future.</p>
<p>RESOURCES</p>	<p>Plastic jug and several plastic cups 25ml shot glass and alcohol bottles, filled with water Copies of Fact sheet 4a: What's a Unit? Copies of Fact sheet 4b: Unit Information. Copies of Activity sheet 4: Safe or unsafe?</p>

Fact Sheet 4a: What's a 'Unit'?

Alcohol:

- The scientific name for the alcohol that people drink is **ethanol** or **ethyl alcohol**
- In small amounts alcohol may produce feelings of relaxation, happiness, fun, confidence and sociability. However, alcohol is a **depressant** drug – it depresses (or slows down) the way in which the brain works.
- In large amounts, alcohol lessens self-control and may lead to a person taking risks without necessarily thinking of the consequences.
- Most people respect alcohol and drink it safely without causing them any harm.

Alcohol units:

The strength of alcohol drinks varies a lot. The amount of alcohol in drinks is measured in **Units**.

1 UNIT = ½ pint or a small can of ordinary strength beer, cider or lager or a small glass of wine, small sherry or a single pub measure of spirits.



However, the alcohol content of different products does vary. Some stronger beers and lagers may contain as many as 2.5 units of alcohol per ½ pint. The size of some drinks may also vary; home measures of spirits are usually more generous than pub measures, and many bars now serve large glasses of wine as standard. Cans of beer and lager often contain $\frac{3}{4}$ of a pint, rather than $\frac{1}{2}$, and so will contain 1.5. Units – more if the product is high strength.

As many beers and wines are much stronger, a pint of standard beer (4%) or lager contains around 2.3 units and a standard measure of wine (175ml) has between 1.9 and 2.5 units.

Fact Sheet 4a Continued: What's a 'Unit'?

What is safe drinking?

The risks from alcohol (for example, some cancers, high blood pressure) often arise when intake is considered to be really quite high. Moderation and balance is therefore the key. For adults, there are daily recommendations for safer drinking as follows:

*Three to four units
of alcohol per day
for men*

If a man regularly drinks more than 3-4 units of alcohol a day there is an increased risk to health. Below this amount there are no major risks.



It's a good idea to have 2-3 alcohol free days each week

*Two to three units
of alcohol per day
for women*

If a woman regularly drinks more than 2-3 units of alcohol a day there is an increased

The different daily recommendations for men and women are due to the fact that men are generally larger than women; therefore the alcohol is more dilute when in the body. Also, women have less of an enzyme that breaks down alcohol in the liver.

Fact sheet 4b: Unit Information

There is no known safe level of drinking for people under 18 years old.

Spirits

Vodka/Rum/Gin (37.5 % vol) 25ml measure (1 shot) = 1 unit
Whisky/Brandy (40% vol) 25ml measure (1 shot) = 1 unit

Alcopops (5% vol) 275ml bottle = 1.5 units

Lager

Standard strength lager (4% vol)
(E.g. Carling, Fosters) 1 pint, 568ml = 2.5 units

Premium lager (5% vol) 1 pint, 568 ml = 3 units
 1 bottle, 330 ml = 2 units
 1 can, 440 ml = 2.5 units
(E.g. Holsten Pils, Becks, Budweiser, Grolsch, Stella, Kronenburg, Carlsberg)

Super strength lager (9% vol) 1 pint, 568 ml = 4.5 units
 1 can, 440 ml = 2.5 units
(E.g. Special Brew)

Cider

Regular cider (5% vol) 1 pint, 568 ml = 3 units
(E.g. Magners, Strongbow, Dry Blackthorn)

Strong cider (8.5% vol) 275 ml bottle = 2.5 units
(E.g. White Lightening, Diamond White)

Wine

12% vol – Regular glass – 175 ml = 2 units
12 % vol – Large glass – 250 ml = 3 units

Activity Sheet 4: Safe or Unsafe?

Read each scenario and decide the level of risk to health. Put a cross on the line where you think this might be.

1. Four 18 year-old males go out for the night and start drinking lager. Buying in rounds, each person drinks four pints in two hours before going on to a night club.

Low risk Safe Borderline Unsafe High risk

2. Two 17 year-old girls at a party drink two bottles of alcopops, a half pint of cider and several glasses of coke each between 8pm and midnight.

Low risk Safe Borderline Unsafe High risk

3. A van driver drinks a pint and a half of beer during his lunch break between 12 and 1pm.

Low risk Safe Borderline Unsafe High risk

4. Five friends go out for an evening meal and share a bottle of expensive wine.

Low risk Safe Borderline Unsafe High risk

5. After completing their exams a group of students go out to celebrate. During the 'Happy Hour', each person drinks four bottles of alcopops before going to other pubs and clubs.

Low risk Safe Borderline Unsafe High risk

6. At a wedding a 12 year-old boy drinks three small beers and two glasses of champagne during the three hour reception.

Low risk Safe Borderline Unsafe High risk

Alcohol and the law

What does the law say about alcohol?

- Under 5
 - Under 5s may not be given alcohol except on medical orders

- Under 14
 - You can't go into a bar unless it has a 'children's certificate'.
 - You can go into licensed premises where alcohol is sold but not drunk so a shop that sells alcohol, but where you can't drink on the premises.
 - You can go somewhere where you can drink, but that doesn't sell beer like a pub beer garden.

- 14 or 15
 - You can go anywhere in a pub but not drink alcohol

- 16 or 17
 - You can be bought beer or cider to drink with a meal, but not in a bar

- Under 18
 - It's against the law for anyone under 18 to buy alcohol in a pub, off-licence, supermarket or other outlet
 - It is illegal for anyone to buy alcohol in a pub for someone under 18

Activity 5: Alcohol and advertising

NAME OF ACTIVITY 5	Alcohol and advertising
ESTIMATED TIME	30 minutes
FORMAT	Small groups
AIM	To stimulate thought and discussion amongst young people around alcohol advertisements in the media, and its desired affect on society.
INTRODUCTION	The activity encourages young people to look at how alcohol is advertised.
TASK	<p>Before delivering the activity, ask the young people to bring copies of alcohol adverts from magazines, newspaper articles, posters or leaflets or the internet. The youth worker can also bring in current examples of alcohol advertising.</p> <ol style="list-style-type: none"> 1. Introduction Introduce the activity to the young people and separate them into small groups; ask each group to look at the various resources they have brought along. 2. Alcohol and advertising Encourage each group to discuss what drink is being advertised, what is going on in the advert, how it makes them feel and what they think the message might be. Then ask the young people to share with all of the groups their thoughts and feelings about the adverts. <p>Get each group to write, draw or roleplay a 'true' advert for their drink, for example, Stella Artois= 'wife beater', Smirnoff Vodka = teenage pregnancy, Cider = anti social behaviour to name a few. You may want to include; making you fall over, talk rubbish, do drugs, act silly or even die, etc.</p>

<p>TASK (continued)</p>	<p>Use this to prompt discussion about the affect of glamourising alcohol in adverts, and what it would be like to have 'true' representations of alcohol in the media. Discuss any issues as they arise and encourage the young people to contact local support services for more information on alcohol.</p> <p>3. Summary Summarise the activity and encourage the young people to look at other advertising messages before the next session.</p>
<p>RESOURCES</p>	<p>Adverts on alcohol from magazines, newspapers, posters, leaflets and the internet. Paper Colouring pens/pencils.</p>

Activity 6: Sensible drinking quiz

NAME OF ACTIVITY 6	Sensible drinking quiz
ESTIMATED TIME	15 – 20 minutes
FORMAT	Individual / Small groups
AIM	To encourage young people to find out for themselves some of the basic facts about sensible drinking.
INTRODUCTION	Many young people know a lot of information about alcohol; a quiz is a suitable way of ensuring they know the facts. This activity can be used to find out what the young people have learned from other activities covered in this section of the Handbook.
TASK	<p>Before starting the activity, reproduce Activity sheet 6 for the young people to use.</p> <ol style="list-style-type: none"> 1. Introduction Introduce the activity to the young people. Display posters and leaflets in various places around the room. The young people can work alone or in small groups for this activity. 2. Sensible drinking quiz Hand out copies of Activity sheet 6 and pens to each young person/group. Instruct the young people that all the answers to the questions can be found on the various posters and leaflets in the room. Bring the group together and check their answers against Answer sheet 6. Discuss any points that arise. Encourage the young people to keep their correct answer sheets for information. 3. Summary Summarise the activity and what has been learnt.
RESOURCES	<p>Copies of Activity sheet 6: Sensible drinking quiz Pens A variety of alcohol posters and leaflets, available from local alcohol services or the Local Public Health Team. Answer sheet 6: Sensible drinking quiz</p>

Activity sheet 6: Sensible drinking quiz

1) How much alcohol is usually contained in a drink labelled low alcohol?

2) How many units are there in one pint of ordinary strength lager?

1

2

3

3) Name three social problems that drinking can cause.

-
-
-

4) Name three medical problems that drinking can cause.

-
-
-

5) Does alcohol affect men more than women?

Yes

No

6) What drinks contain one unit of alcohol?

7) Give three sensible drinking tips

-
-
-

Answer sheet 6: Sensible drinking quiz

1. Drinks vary in strength. Some low alcohol cider and lagers have up to 1 % alcohol – about a third of the strength of ordinary lager, so be careful.
2. Two units.
3. Answers might include:

Breakdown of relationships	Accidents at home or work
Drink driving	Un-wanted pregnancy
Debt	Violence
Drugs	
4. Answers might include:

Anxiety	Depression	Stroke
Alcohol poisoning	Cancer	Dementia
Cirrhosis of the liver	Fertility problems	
5. Yes, on average the same amount of alcohol will affect a woman far more than a man.
6. 25 ml measure of vodka/gin/rum
25ml measure of whisky/bourbon/brandy
50 ml measure of sherry
50 ml measure of port
50 ml measure of vermouth
7. Avoid going in rounds of drinks with friends.
Take care when drinking at home; home measures tend to be more generous.
Don't binge drink (saving up units to drink in one sitting).
Choose smaller measures, for example drinking halves rather than pints.
Try setting yourself limits.
Plan your night, for example, how you are getting home etc.

f. Drugs

The UK has a higher prevalence of drug misuse than any other country in Europe. This is important because the problem use of illicit or prescription drugs carry many serious health risks, often because they are not controlled or supervised by medical professionals. Street drugs are often mixed with many other substances, which can be more harmful than the drugs themselves.

As well as having immediate health risks, some drugs can cause physical or psychological dependency. The result can be that larger amounts are needed to get the same effect - often leading to long-term damage to the body. Heavy or long-term use of some illegal drugs may cause the user to overdose, which may cause permanent damage to the body or a fatality.

The activities included in the Handbook acknowledge that young people will bring to the session different levels of knowledge about drugs. Some may know very little while others may have more knowledge than the youth worker, and this knowledge can be shared as a group learns from each other.

It is important to agree ground rules with the young people before commencing any activities from this section of the Handbook. Please refer to your organisation's guidelines on confidentiality and the information on it in this Handbook.

Activity 1: Street Names

NAME OF ACTIVITY 1	Street Names
ESTIMATED TIME	30 minutes
FORMAT	Individual / Small groups
AIM	<ul style="list-style-type: none"> • To find out what young people know about drugs. • To raise awareness to the street names used for illegal drugs.
INTRODUCTION	Many young people know a lot of information about illegal drugs, it is important to educate young people about the street names for these drugs.
TASK	<p>Before starting the activity, Activity sheet 1 for the young people to use.</p> <ol style="list-style-type: none"> 1. Introduction Introduce the activity to the young people and give out copies of Activity sheet 1 and pens. Clarify issues of confidentiality (as outlined on page 6). 2. Street Names Ask the young people (working alone or in small groups) to list as many street names for each drug as they know. Allow enough time for the young people to guess names for each drug on the list then as a whole group, discuss the answers. Use Answer sheet 1 for support. Ask the group where they learn about drugs and encourage them to discuss their attitudes surrounding this issue. 3. Summary Summarise what has been covered. Make notes on any issues as they arise as a result of the activity and keep all papers as they can be used in future sessions.
RESOURCES	<p>Copies of Activity sheet 1: Street Names Pens Answer sheet 1: Street Names Factual information about drugs (leaflets, websites)</p>

THINK OF SOME STREET-NAMES FOR THE FOLLOWING

CAFFEINE	
NICOTINE	
HEROIN	
COCAINE-CRACK	
CANNABIS	
AMPHETAMINE	
POPPERS	
ECSTASY	
L.S.D.	
MAGIC MUSHROOM	
TRANQUILLISERS	
KETAMINE	
G.H.B.	
SOLVENTS	
ALCOHOL	
STEROIDS	
MEPHEDRONE	

Answer sheet 1: Street Names

CAFFEINE	Coffee, Tea, Coke, Red bull
NICOTINE	Fags, Smoke, Ciggies
HEROIN	Smack, Brown, Shit, H, Horse,
COCAINE-CRACK	White, Coke, Snow, Charlie, Wash, Rock
CANNABIS	Blow, Hash, Green, Weed, Skunk
AMPHETAMINE	Speed, Phet/Fet, Whiz
POPPERS	Liquid gold, Rush
ECSTASY	E, XTC, Pills
L.S.D.	Tab, Acid, Trips
MAGIC MUSHROOM	Madgies, Musheys, Puke
TRANQUILLISERS	Valium, Downers, Yellows, Blues
KETAMINE	Kit Kat, Vit K, Special K
G.H.B.	Liquid ecstasy, G.B.H, Date rape
SOLVENTS	Glue, Gas, Petrol
ALCOHOL	Booze, Drink, Bevy
STEROIDS	Roids, Rush
MEPHEDRONE	MKAT, MEOW

Activity 2: Drug Identification Game

NAME OF ACTIVITY 2	Drug Identification Game
ESTIMATED TIME	30 minutes
FORMAT	Whole Group
AIM	To raise awareness about the different types of illegal drugs.
INTRODUCTION	The activities in this session allow the young people to engage in discussion concerning illegal drugs. The session looks at the different types of drugs that exist.
TASK	<p>Before starting the activity, reproduce Activity sheet 2 for the young people to use.</p> <ol style="list-style-type: none"> 1. Introduction Introduce the activity by stating that you are going to ask the young people to identify different types of illegal drugs. Provide copies of Activity sheet 2 and pens. 2. Drug identification game Ask the young people to identify as many of the illegal drugs as possible shown in the pictures (Activity sheet 2). Some of the young people will know more than others about the different types of illegal drugs available, this will promote discussion amongst the young people. Use Answer sheet 2 to clarify the correct answers. 3. Summary Point out to the young people that it is important to be aware of street names and the types of drugs available. Provide information on local services.
RESOURCES	<p><i>Copies of Activity sheet 2: How drug wise are you?</i> Answer sheet 2: Drug Identification game Pens</p>

HOW DRUG WISE ARE YOU?



A



B



C



D



E



F



G



H



I



K



J

Activity sheet 2 Continued: how drug wise are you?

Match the picture of the drug to the name of the drug below:

_____ Anabolic Steroids (commonly known as: Roids)

_____ Ketamine (commonly known as: Special K, Green, K, Super K)

_____ Magic Mushroom (commonly known as: Magee's, Liberties, Mushies, Magic's)

_____ Cannabis (commonly known as: Weed, Skunk, Puff, Blow, Bush, Dope, Draw, Ganga, Grass, Hash, Hashish, Hemp, Herb, Marijuana, Pot, Resin, Smoke, Spliff, Wacky Backy)

_____ Amphetamines (commonly known as: Base, Speed, Uppers)

_____ Cocaine/Crack (commonly known as: Charlie, Whizz, Crack, Coke, Dust, Snow, Toot, White)

_____ Heroin & Other Opiates (commonly known as: Brown, China White, Gear, H, Junk, Skag, Smack)

_____ Volatile Inhalants (commonly known as: Solvents, Gas)

_____ LSD (commonly known as: Trips, Acid, Dots, Drop, L, Liquid acid, Micro Dot, Paper Mushrooms, Rainbows, Smilies, Tab)

_____ Benzodiazepines (commonly known as: Benzos, Tranq's)

_____ Ecstasy (commonly known as: Disco Biscuits, Doves, E, M and Ms, MDMA powder, Mitsi(bushie)s, New Yorkers, Pills, X, XTC)

Answer sheet 2: Drug Identification Game

Anabolic Steroids – D

Ketamine – H

Magic Mushroom – F

Cannabis – K

Amphetamines – I

Cocaine/Crack - B

Heroin & Other Opiates – E

Volatile Inhalants – G

LSD – A

Benzodiazepines – J

Ecstasy – C

Activity 3: – Drug facts and myths

NAME OF ACTIVITY 3	Drug facts and myths
ESTIMATED TIME	30 minutes
FORMAT	Small groups
AIM	<ul style="list-style-type: none"> • To find out what young people know about drugs. • To discuss the importance of establishing accurate facts about drugs.
INTRODUCTION	The session will consolidate the young people's existing knowledge about drugs and to distinguish facts from myth.
TASK	<p>Before the session, make sure you have a range of drug information leaflets available. These are available from your local drug support services or Local Public Health Team. Also, ask the group to bring along any examples they can find.</p> <p>1. Introduction Introduce the activity by explaining the difference between facts and myths.</p> <p>Ask the whole group to think about where they get their drug information. List their ideas and discuss with the group which sources they feel are more reliable and more likely to give factual information rather than myths.</p> <p>2. Drug facts and myths Separate the young people into small groups. Give each group a piece of flipchart paper and pens and ask them to list the names of 3 drugs, then discuss and list the following points in relation to what they know or have heard about these drugs. The points they make can either be what they are sure is fact or what they think are myths.</p> <ul style="list-style-type: none"> • Appearances • Costs • Effects • Risks / dangers • How they are taken the Law <p>Ask each group to read out their lists and then develop a whole group discussion about whether they are correct or not. Discuss how they know whether these things are fact or myth. Refer to Fact sheet 3 for more information.</p>

TASK (continued)	3. Summary
RESOURCES	Summarise the activity by asking the group where they can find out whether drug information is fact or myth (for example, drug information leaflets; local organisations such as Drug Aid and Fusion; national organisations and web-sites. Make a list of local services.

Fact sheet 3: Types of drugs

A simple category for drugs commonly used in society is:

1. Drugs which depress the body's nervous system - 'DOWNERS'/DEPRESSANTS
2. Drugs which stimulate the body's nervous system - 'UPPERS'/STIMULANTS
3. Drugs which alter perception - HALLUCINOGENS/PSYCHEDELICS
4. Drugs which control pain - PAIN KILLERS

DEPRESSANT DRUGS

1. TRANQUILLISERS

Street names: Eggs, Jellies, Tems, Temazzies, Tranx, Downers, Moggies

How are they used?

- Swallowed as pills or capsules.
- Some users crush and inject tablets.

Effects

- Tranquillisers depress the nervous system.
- The drugs relieve tension and anxiety.
- 'Drunken' behaviour is a feature in higher doses.
- Tolerance develops rapidly.

Risks of use

- Strong physical and psychological dependence can develop.
- Mixing tranquillisers with another depressant drug (commonly alcohol) can precipitate an overdose.
- Sudden withdrawal after big doses or from some specific drugs can cause panic attacks and fits.
- There's been a big increase in sex crime involving tranquillisers like rohypnol. Victims' drinks are spiked with the drug, knocking them into an often paralysed stupor so they're either unaware of or unable to prevent a sexual assault.
- Some tranquillisers have been shown to cause short-term memory loss.

The Law

- Tranquilisers are Class C drugs under the Misuse of Drugs Act 1971.
- Tranquillisers can only be prescribed by a pharmacist.
- It's illegal to possess benzodiazepines, including temazepam, without a prescription. Unauthorised possession could result in a prison sentence of up to 2 years and an unlimited fine.
- Supplying, which means giving some to your friends, could mean up to 14 years in prison and an unlimited fine.

DEPRESSANT DRUGS

2. SOLVENTS AND GASES (i.e. Lighter fuel, Petrol, Aerosols, Glues)

Street names: Glue, Gas

How are they used?

- Vapours or gases are inhaled through the nose and/or mouth.
- Solvents are sniffed from a cloth, a sleeve or a plastic bag. Some users put a plastic bag over their heads and inhale that way.
- In the case of aerosols, the substance can be squirted directly into the back of the throat which makes it difficult to control the dose.

Effects

- For some, the effects of solvents are similar to alcohol.
- Users feel drowsy and unsteady on their feet.
- For others, solvents can produce visions and hallucinations.
- Inhalation causes the drug to take effect very rapidly, causing a euphoric 'rush'.
- The effects wear off rapidly, so users often sniff repeatedly.

Risks of use

- More than 100 young people a year die as a direct result of solvent use. A third of these die on the first occasion they use solvents.
- Intoxication can lead people to do dangerous things.
- If aerosols are sprayed directly into the mouth they can freeze the throat causing suffocation.
- People can experience vomiting and blackouts.
- You risk suffocation if you inhale from a plastic bag over your head.
- Sniffing can seriously affect your judgment and when you're high there's a real danger you'll try something reckless.
- Long-term abuse of solvents has been shown to damage the brain, liver and kidneys.
- It can be hard to get the amount right. Just enough will give the desired high – a little too much can result in coma.
- Using solvents in combination with alcohol can lead to an increased risk of death.

The Law

- It is illegal for shopkeepers/retailers to knowingly sell these products to young people under 18, if they believe they are likely to be used for intoxication.
- Since October 1999, the law makes it an offence to supply gas lighter refills to anyone under the age of 18. This law applies to the whole of the UK.

DEPRESSANT DRUGS

3. BARBITURATES

Street names: Downers, Barbs, Sleepers

How are they used?

- They can be swallowed as pills or capsules.
- Some users inject.

Effects

- Barbiturates are powerful depressant drugs.
- They offer relief from tension and anxiety.
- They can cause 'drunken' behaviour in moderate doses.
- Large doses can cause overdose.

Risks of use

- It is very easy to overdose on barbiturates, especially if they are mixed with another depressant drug.
- Stopping regular use suddenly can lead to convulsions and sometimes can be fatal.
- Physical and psychological dependence can develop rapidly.

The Law

- Barbiturates are Class B drugs under the Misuse of Drugs Act 1971.
- It is legal to possess the drug only if it has been prescribed by a doctor.
- Possessing barbiturates unlawfully is punishable by up to five years imprisonment and an unlimited fine.
- Supplying barbiturates is punishable by up to 14 years imprisonment.

STIMULANT DRUGS

1. COCAINE AND CRACK

Street names: Coke, Snow, Charlie, Rock, Wash

How are they used?

- Cocaine hydrochloride is a white powder that can be sniffed or injected.
- Crack is cocaine hydrochloride that has been chemically altered to form raisin-sized crystals, which are smoked.

Effects

- These are short acting stimulant drugs.
- They produce sensations of alertness, confidence and wellbeing.

Risks of use

- Some people are over-confident on it and so may take very careless risks.
- Crack and cocaine powder users have died from overdoses. High doses can raise the body's temperature, cause convulsions and respiratory or heart failure. Risk of overdosing increases if crack is mixed with heroin, barbiturates (sedatives) or alcohol.
- Those who get into cocaine very often find they begin to crave it more. And because the effects wear off so quickly, cocaine and crack can become an expensive habit to keep.
- Using cocaine a lot makes people feel depressed and run down.
- People who use crack or coke regularly often develop serious problems with anxiety and paranoia. It's a known cause of panic attacks.
- Large or frequent use of coke tends to knock sexual desire on the head.
- Cocaine can bring previous mental health problems to the surface. If a close relative of yours has had serious mental health problems, it's possible there might be an increased risk for you in taking cocaine.
- Injecting any drug can cause vein damage, ulcers and gangrene, particularly with dirty equipment. Sharing of needles and other injecting works can help the spread of HIV and hepatitis virus infections.
- It's easier to overdose if you're injecting your cocaine. Cocaine is a local anaesthetic and it deadens pain at the injection site. This makes it harder for users to notice the damage they may be doing.
- Using cocaine with other drugs or alcohol (whether with depressant or stimulant substances) can substantially increase risk of side-effects.
- Alcohol and cocaine together can be particularly dangerous as the substances interact in the body to produce a toxic chemical. The risks further increase if other drugs are taken as well.

STIMULANT DRUGS

1. COCAINE AND CRACK (Continued)

The Law

- Cocaine and crack are Class A drugs under the Misuse of Drugs Act 1971.
- Maximum penalty for possession is up to seven years imprisonment and an unlimited fine.
- Maximum penalty for supply can be life imprisonment and an unlimited fine.

STIMULANT DRUGS

2. AMPHETAMINES

Street names: Whizz, Speed, Uppers, Sulphate.

How are they used?

- Amphetamines are found as a white or coloured powder which can be sniffed, swallowed or injected.

Effects

- An amphetamine is a stimulant drug.
- The substance produces sensations of alertness, confidence and wellbeing and seems to raise levels of energy and stamina.
- Amphetamines lessen desire to eat and sleep.
- They can cause anxiety and panic in some users.

Risks of use

- Users have died from overdoses.
- Amphetamines put a strain on your heart.
- The combination of amphetamines and alcohol has been known to be fatal.
- Taking a lot can increase the risks of you getting colds, flu and sore throats.
- Shared needles and injecting works can help the spread of viral hepatitis and HIV infections.
- Injecting amphetamines may be particularly dangerous because it's so impure. It's also easier to overdose when injecting.

The Law

- Amphetamines are Class B drugs under the Misuse of Drugs Act 1971.
- Possessing amphetamine is punishable by up to five years imprisonment and an unlimited fine.
- Supplying amphetamines is punishable by up to 14 years imprisonment and an unlimited fine.

STIMULANT DRUGS

3. MDMA (Ecstasy)

Street names: E, White Doves, Disco Biscuits – plus many other names derived from the shape and colour of the drug.

How is it used?

- Ecstasy is a hallucinogenic stimulant usually found as white or coloured tablets or capsules. Although it's getting more common to see it sold as powder.
- Pure ecstasy is a white crystalline powder known to chemists as MDMA.
- They're usually swallowed although some people do smoke or snort them.

Effects

- Rushes of exhilaration 20-40minutes after taking the drug.
- Sensations are enhanced and music sounds better.
- Users report increased sensations of understanding and accepting other people.
- Inhibitions are reduced.
- Periods of depression are quite common after use of ecstasy.

Risks of use

- Very little is known about the long-term effects of MDMA.
- There have been deaths associated with MDMA in Britain, possibly due to overheating caused by dancing for too long in hot clubs, without taking fluids. However, drinking too much fluid is also thought to be hazardous.
- A lot of tablets and capsules sold as MDMA contain anything but, e.g. dog worming tablets, veterinary anaesthetics (Ketamine) etc.
- Long-term use of ecstasy in higher amounts can lead to anxiety and loss of confidence in social situations.
- Anyone with a heart condition, blood pressure problems, epilepsy or asthma can have a very dangerous reaction to the drug.

The Law

- Ecstasy is a Class A drug under the Misuse of Drugs Act 1971.
- The maximum sentence for possession is seven years imprisonment and an unlimited fine.
- The maximum sentence for supplying is life imprisonment and an unlimited fine.

STIMULANT DRUGS

4. AMYL/BUTYL NITRITE

Street names: 'Ram', 'Locker Room' (brand names)

How are they used?

- Nitrites are found as clear yellow liquid in small glass bottles.
- They are usually sniffed, although there have been reports of some users drinking the liquid.

Effects

- These substances are very short-acting stimulants (approximately three minutes)
- They relax muscles.
- They enhance sexual sensations.
- Amyl/butyl nitrites can cause headaches and/or vomiting.

Risks of use

- Nitrites lower blood pressure, therefore if users suffer with heart complaints or high blood pressure, this could cause physical problems.
- Tolerance to the drug can develop but there are no reports of withdrawal symptoms or dependence.
- The effects don't last long and can leave people feeling sick, faint and weak. Especially if taken while dancing.
- Some men have trouble getting an erection after sniffing poppers.
- Some people get a rash around their mouth.
- Poppers are toxic and can kill you if you swallow them.
- Poppers can burn your skin on contact.

The Law

- Amyl nitrite is very rarely used in medicine these days but is controlled under the Medicines Act.
- Possession is not illegal but supply can be an offence. There've been cases where the Medicines Act was used to fine shops for selling them, but they're still sold as Room Aromas or Deodorisers in sex shops and some clubs.

5. Mephedrone

Street names M-Kat, Meow

How is it used?

- Ingested in tablet form or can be taken as a powder.

Effects

- make you feel more alert
- make you more talkative
- create feelings of empathy
- reduce inhibitions
- make you feel anxious or paranoid
- over stimulate your heart making it beat faster

Risks of use

- over stimulate your heart making it beat faster
- over stimulate your nervous system which can cause fits
- restrict your circulation which can cause cold / blue hands and feet
- damage the nose through snorting and bring on severe nose bleeds
- bring on a low mood and comedown after a binge
- cause death

These risks are likely to be increased if you combine Mephedrone with alcohol or other drugs

The Law

- Mephedrone is a Class A drug under the Misuse of Drugs Act 1971 from 16 April 2010.
- Possessing mephedrone is punishable by up to seven years imprisonment and an unlimited fine.
- Supplying mephedrone (including giving some to a friend) is punishable by up to life imprisonment and an unlimited fine.

HALLUCINOGENIC DRUGS

1. CANNABIS

Street names: Grass, Blow, Weed, Hash, Pot, Draw, Herb, Marijuana

How is it used?

- Cannabis is classed as a hallucinogenic depressant and is found in the form of resin, leaf or oil.
- It is usually smoked with tobacco but can be eaten in food.

Effects

- In small quantities, users find cannabis both relaxing and stimulating. The senses are enhanced and it improves the appetite.
- The drug is often used by a group to enhance sociability. In larger quantities (or with stronger strains), cannabis may feel similar to LSD. Users may experience nausea, hallucinations, anxiety, panic attacks or paranoia.

Risks of use

- Smoking cannabis can trigger an underlying mental problem in some people.
- Cannabis use is illegal - a conviction may damage career prospects.
- Cannabis makes the reflexes slower, possibly leading to accidents.
- Some people become psychologically dependant on the drug.
- If used regularly, cannabis can lead to short-term memory loss.
- Regular, heavy use can lead to a loss of motivation to get things done.

The Law

- Cannabis is illegal; it's a Class C drug.
- If you're caught with cannabis the police will always take action.
- Allowing people to take cannabis in your house or any other premises is illegal. If the police catch someone smoking cannabis in a club they can prosecute the landlord, club owner or person holding the party.
- If you're caught with even a small amount of cannabis on you, you can be arrested. What the police will do depends on the circumstances and how old you are.
- Usually, you'll get a warning and the police will confiscate the drug and if you're under 18, your parent or guardian will also be contacted.
- The police are more likely to arrest you if: you are blatantly smoking in public and/or have been caught with cannabis before.
- If you continue to break the law, you can end up with a criminal record which could affect your chances of getting a job. It could also affect whether you can go on holiday to some countries.
- The maximum penalty for possession is two years in prison plus an unlimited fine.

HALLUCINOGENIC DRUGS

1. CANNABIS (Continued)

The law

- Dealing is a very serious offence.
- In the eyes of the law, this includes giving drugs to friends.
- People who grow cannabis in their homes or carry large amounts on them also risk being charged with intent to supply.
- The maximum penalty for supply is 14 years in prison plus an unlimited fine.

HALLUCINOGENIC DRUGS

2. LYSERGIC ACID DIETHYLAMIDE (LSD)

Street names: Acid, Trips, Tabs

How is it used?

- LSD is usually supplied on small squares of paper which have been impregnated with the drug. But it can be found as a liquid or as tiny pellets.
- Squares usually have a colourful design with film or cartoon characters.
- The paper is swallowed or placed under the tongue to dissolve the drug.

Effects

- The LSD experience is usually described as a 'trip' because it is like a journey to another place.
- This experience can be described as four 'phases'.
 1. The Onset – Thirty minutes to an hour after being taken, colours appear sharper, moving objects leave traces behind them. Repeated patterns may be seen with closed eyes.
 2. The Plateau – Over the second hour, the effects become more intense. Patterns are visible with eyes open. Fantastic visions can appear from nowhere – from shapes in smoke to lines on the palms of the hand.
 3. The Peak – Time is slowed almost to a standstill. Trippers may feel that they are in a different world. For some, this is profound and mystical, but it can be very frightening for others.
 4. The Comedown – Five or six hours after taking the drug the sensations begin to subside. After eight hours, the trip is usually over, although some residual effects may remain until after sleep.

Risks of use

- LSD can trigger underlying mental problems and produce delusions, paranoia and schizophrenia-like states.
- It can also produce extreme anxiety states and panic attacks, not only while under the influence of the drug, but for some time after.
- LSD may result in changes in the personality of the user.
- Some users report 'flashbacks'. These feelings of reliving a trip some time after taking LSD will stop after a while if no more LSD is used.

The Law

- LSD is a Class A drug under the Misuse of Drugs Act 1971.
- Possession is punishable by up to seven years imprisonment and an unlimited fine
- Supply of LSD (which can include giving a dose to a friend) can be punishable by life imprisonment and an unlimited fine.

HALLUCINOGENIC DRUGS

3. AMANITA MUSCARIA (Magic Mushrooms)

Street names: Liberties, Magic's, Mushies, Liberty cap, Shrooms, Amani, Agaric.

How is it used?

- After picking, they're often eaten raw or are dried out and stored.
- The fly agaric mushrooms tend not to be consumed raw as they can cause severe nausea.
- There are two main types and they're quite different. The most common form is a species called psilocybe semilanceata or 'liberty cap', while the other more potent variety is amanita muscaria or 'fly agaric'.

Effects

- The effects for both mushrooms can take between 30 minutes to two hours to happen. The strongest part of the trip takes 4-10 hours and the after-effects usually last a further 2-6 hours. The more you take, the longer your trip could last.
- Both mushrooms can make you feel confident, relaxed and in good spirits.
- They can distort colour, sound and objects. One effect can be that your senses get mixed up so that, for example, you think you can hear colours and you can see sounds.
- They can also speed up and slow down your sense of time and movement. You may feel like you're dreaming when you're awake.
- You can feel more emotionally sensitive. Some people become creative and feel enlightened.
- Both types of mushrooms can make you feel sick, tired and disoriented but fly agaric (*Amanita Muscaria*) is much more potent and risky to take.
- 'Bad trips' are seriously frightening and unsettling. And you can't tell whether you're going to have a bad trip or a good trip. Also you can get flashbacks some time afterwards.
- You may be at risk when not in complete control of what you're doing. Perception of your body and the world around you can be distorted.
- Eating the wrong mushroom can lead to serious illness, even death.
- Magic mushrooms can complicate mental health issues you may have.

The Law

- The new Drugs Act 2005 has changed the law so that now both fresh and prepared (e.g. dried or stewed) magic mushrooms that contain psilocin or psilocybin are classified as Class A drugs.
- Possession can get up to seven years in jail and/or an unlimited fine.
- Supplying someone else, including your friends, with magic mushrooms can get you life imprisonment and/or an unlimited fine.

PAIN KILLERS

1. HEROIN

Street names: H, Smack, Brown, Gear.

How is it used?

- Heroin can be sniffed, smoked or injected.
- The effects are the same but each method has different risks.
- Smoking is safer than sniffing. The drug enters the body gradually, so the dose can be more easily controlled.
- Injecting is the riskiest method of taking heroin.

Effects

- Extremely powerful pain killer.
- Users report feelings of warmth and contentment and state it is like being 'wrapped in cotton wool'.
- Heroin is habit-forming or addictive. Regular users may experience tolerance (a need for larger doses to get the same effect) and a physical withdrawal syndrome (running nose, sweats, chills) if use of the drug is stopped suddenly.

Risks of use

- Overdose is possible, due to the depressant nature of the drug on the body's nervous system.
- Injecting the drug can introduce impurities into the bloodstream, which could cause infection.
- Sharing needles and syringes can lead to hepatitis and/or HIV.
- Users can become psychologically and physically dependent on the drug.
- If heroin is taken with other drugs, including alcohol, overdose is more likely.

The Law

- Heroin is a Class A drug under the Misuse of Drugs Act 1971.
- Possessing heroin is punishable by up to seven years imprisonment and an unlimited fine
- Supplying heroin (including giving some to a friend) is punishable by up to life imprisonment and an unlimited fine.

Activity 4: Stereotypes

NAME OF ACTIVITY 4	Stereotypes
ESTIMATED TIME	30 minutes
FORMAT	Individual / Small groups
AIM	To encourage young people to think about stereotyping.
INTRODUCTION	It is important to discourage stereotypes amongst young people; this activity raises awareness that there is not a 'typical' drug user.
TASK	<p>1. Introduction Introduce the activity to the young people using Activity sheet 4, give out paper and pens.</p> <p>2. Stereotypes Ask the young people (working alone or in small groups) to complete the activity. Allow enough time for the young people to complete their drawings and then show their drawings to other young people in the group.</p> <p>Explain to the young people that there is no right or wrong answer – a drug user could be anyone and could look like anything. Encourage the young people to discuss this, sharing their opinions regarding drug use and misuse.</p> <p>3. Summary Summarise what has been covered. Make notes on any issues as they arise as a result of the activity and keep all papers as they can be used in future sessions.</p>
RESOURCES	<p>Activity sheet 4: Stereotypes</p> <p>Pens</p> <p>Factual information about drugs (to include; leaflets, books, websites)</p>

Activity sheet 4: Stereotypes



**DRAW A TYPICAL
MAGIC MUSHROOM USER**

Ideas:

- What sex – male/female
- What age – young/old
- What would he/she be doing (eating raw, dried, in tea etc.)
- What clothes might he / she be wearing
- What effects would happen to the body/mind (e.g. giggly, feeling sick etc.)
- What might he/she feel or say (use think bubbles if you want)
- Anything else you can think of...

Activity 5: Case Study

NAME OF ACTIVITY 5	Case Study
ESTIMATED TIME	30 minutes
FORMAT	Small groups
AIM	To encourage young people to think about issues surrounding drug use and misuse.
INTRODUCTION	This activity encourages young people to think about possible situations where they might be offered drugs and the consequences of drug misuse.
TASK	<p>Before starting the activity, copy Activity Sheet 5 for the young people to use.</p> <ol style="list-style-type: none"> 1. Introduction Introduce the activity to the young people and give out copies of Activity Sheet 5 and pens. 2. Case Study Separate the young people into small groups and ask them to complete Activity Sheet 5. Allow enough time for the young people to discuss the case study before writing down their answers. As a whole group, encourage feedback from each group and then hold a group discussion. Use Answer Sheet 5 for support. 3. Summary Summarise what has been covered. Make notes on any issues as they arise as a result of the activity and keep all papers as they can be used in future sessions.
RESOURCES	<p>Copies of Activity Sheet 5: Case Study Pens Answer sheet 5: Case study Factual information about drug support services</p>

Activity sheet 5: Case Study

Martin is 14 and at present lives in a home as his mother is going through a difficult time and can't cope with him.

Martin feels awful and has been finding it hard to make friends. When a new boy arrives at the home and really likes Martin, things seem to be looking up.

After a couple of days, the new boy arrives back at the home with supplies of cannabis. He presses Martin to share the drugs. Martin is afraid of what might happen but does not want to upset his new friend.

What Problems does Martin have?

What might happen here?

How might Martin be feeling?

What advice would you give to Martin?

Answer sheet 5: Case Study

Martin is 14 and at present lives in a home as his mother is going through a difficult time and can't cope with him.

Martin feels awful and has been finding it hard to make friends. When a new boy arrives at the home and really likes Martin, things seem to be looking up.

After a couple of days, the new boy arrives back at the home with supplies of cannabis. He presses Martin to share the drugs. Martin is afraid of what might happen but does not want to upset his new friend.

What Problems does Martin have?

Peer Pressure; missing his family; lonely; could have come from difficult childhood; doesn't want to lose his friend; insecurity.

What might happen here?

Martin might take the drugs; he might get caught; he might become mentally dependant on the cannabis; he could be moved from the care home which would make him more insecure; he may become depressed, paranoid and anxious; he might lose a friend if he says no.

How might Martin be feeling?

Lonely; angry; scared; confused; anxious; excited.

What advice would you give to Martin?

Say no; encourage him to talk to someone in the home, and get more information on what cannabis does to the body.

Activity 6: Drugs Quiz

NAME OF ACTIVITY 6	Drugs Quiz
ESTIMATED TIME	30 minutes
FORMAT	Individual / Small groups
AIM	To find out how much information young people know about drugs.
INTRODUCTION	This activity is an opportunity to find out what young people know about drugs. This activity can be used before and / or after the other activities in this section, to track young people's learning on this issue.
TASK	<p>Before starting the activity, reproduce Activity sheet 6 for the young people to use.</p> <ol style="list-style-type: none"> 1. Introduction Introduce the activity to the young people and give out copies of Activity sheet 6 and pens. 2. Quiz Ask the young people to complete Activity sheet 6, alone or in small groups. Allow enough time for the young people to complete the quiz, providing clues hidden in the room if required. Refer to Answer sheet 6 and add up the scores to determine the winner/s, provide a prize if possible. 3. Summary Summarise what has been covered. Make notes on any issues as they arise as a result of the activity and keep all papers as they can be used in future sessions.
RESOURCES	<p>Copies of Activity sheet 6: Quiz Answer sheet 6: Quiz Pens Factual information about drug support services Prize</p>

Activity sheet 6: Quiz

Drugs Quiz - True or False?

	TRUE	FALSE
1. One of the main dangers with heroin is that the user does not know how pure it is.	<input type="checkbox"/>	<input type="checkbox"/>
2. The 'buzz' from crack cocaine only lasts about 10 minutes.	<input type="checkbox"/>	<input type="checkbox"/>
3. Heroin kills more people than any other drug in this country.	<input type="checkbox"/>	<input type="checkbox"/>
4. People who use large amounts of a strong form of cannabis are likely to experience paranoia.	<input type="checkbox"/>	<input type="checkbox"/>
5. Picking magic mushrooms is a criminal offence.	<input type="checkbox"/>	<input type="checkbox"/>
6. Using steroids will make you stronger, fitter and will make you look better.	<input type="checkbox"/>	<input type="checkbox"/>
7. When taking ecstasy, you should always drink as much water as possible.	<input type="checkbox"/>	<input type="checkbox"/>
8. Alcohol is a stimulant drug.	<input type="checkbox"/>	<input type="checkbox"/>
9. Drinking strong coffee helps get rid of alcohol from the body.	<input type="checkbox"/>	<input type="checkbox"/>
10. Offering to get some ecstasy for a friend is a criminal offence.	<input type="checkbox"/>	<input type="checkbox"/>
11. Most street drugs are mixed with other chemicals.	<input type="checkbox"/>	<input type="checkbox"/>
12. You have to give your name and address to get free needles and condoms from a needle exchange scheme in a drug project.	<input type="checkbox"/>	<input type="checkbox"/>

Answer sheet 6: Quiz

Question	True or False
One of the main dangers with heroin is that the user does not know how pure it is.	True.
The 'buzz' from crack cocaine only lasts about 10 minutes.	True.
Heroin kills more people than any other drug in this country.	False – smoking then alcohol are the two biggest causes of premature deaths.
People who use large amounts of a strong form of cannabis are likely to experience paranoia.	True.
Picking magic mushrooms is a criminal offence.	True – they are illegal as soon as you pick them.
Using steroids will make you stronger, fitter and will make you look better.	False – you must train hard and eat well at the same time to achieve any change in body shape.
When taking ecstasy, you should always drink as much water as possible.	False – you should sip one pint per hour max.
Alcohol is a stimulant drug.	False – it is a depressant drug which means it slows the body down – it is not true that it lifts you up on a night out.
Drinking strong coffee helps get rid of alcohol from the body.	False – it takes 1 hour for the body to process 1 unit of alcohol, regardless of what else you eat or drink.
Offering to get some ecstasy for a friend is a criminal offence.	True – this counts as supplying, even if no money is exchanged and carries the penalties of supplying.
Most street drugs are mixed with other chemicals.	True - this could be anything that would allow the dealers to make more money.
You have to give your name and address to get free needles and condoms from a needle exchange scheme in a drug project.	False – they will only take your initials and your date of birth for statistical purposes.

12. Evaluation

Evaluation can be useful to provide information, improve the way activities are delivered, and produce models of good practice.

Two examples of evaluation forms are included in this section for you to photocopy and use. The first evaluation form is to be completed by young people. This will provide valuable information, finding out what the young people learnt, how well the activity was received, and provide details for further activities / issues that may need to be covered. The second form is to be completed by the youth work practitioners, to reflect on their delivery of the activity. It is important to feed back your evaluation to the young people who participated in the work, and also to colleagues to support them in future work they do.

By evaluating what we do, and by circulating the results, we can learn from each other and share methods of good practice.

Young People's Health Activity Evaluation Form

Activity: _____

What did you think of the activity? (Please circle)

Very Good

Good

Poor

Very Poor

What did you enjoy the most?

What did you least enjoy?

What did you gain from this activity?

Any other comments?

What other issues/ topics would you like to participate in?

Signed:

Date:

Youth Work Practitioners Health Activity Evaluation Form

Activity: _____

Date: _____ Number of Young People: _____

How well was the activity received by the young people?

Very Good

Good

Poor

Very Poor

Please provide details:

Do you have access to appropriate resources to deliver the activities?

Yes

No

Were any other Health issues/ topics identified required further training?

Yes

No

If yes, please provide details

Any other comments

Signed:

Date:

13. Consent Form

[Name]
[Address]

[Date]

Dear parent/guardian,

Your son/daughter is participating in health related workshops within youth club.

Contact name and number:.....

Issues addressed may include:

- Food and Nutrition
- Mental health
- Sexual health
- Smoking
- Alcohol
- Drugs

Only return if you do not wish for your child to participate.

I do not wish for to attend the health related workshops.

Signed parent/guardian

Date

If you do not return this form we will assume that consent has been given for your son/daughter to participate in these workshops.

YOUTH SERVICE – RISK ASSESSMENT ON COOKING ACTIVITIES FOR YOUTH WORKERS						
DORGANISATION NAME – RISK ASSESSMENT			WORK PLACE /ACTIVITY:			
HAZARDS	RISK ASSESSMENT			EXISTING CONTROL MEASURES	ANY ADDITIONAL PREVENTATIVE OR CONTROL MEASURES REQUIRED	ISSUE OF INFORMATION OR EQUIPMENT COMMENTS
	H	M	L			
Insurance			L	Organisation Name has insurance for using xxxxx buildings.	Check policies annually. Check public liability insurance of external organizations prior to taking the trip.	<i>Must be checked with senior manager.</i>
Planning			L	Ensure all forms are completed and returned prior to the activities. Clarify rules with staff and clients.	Ensure risk assessment is appropriate for the activity and an extra one is not necessary.	<i>Make a list of equipment needed for the trip.</i>
Slips/ trips/ falls		M		Ensure floor surface is dry and free of hazardous obstructions	Ensure clients know what is expected of them before they trip and inform staff of any fears.	<i>Floor area must be checked before and during workshop.</i>
Sharp utensils	H			Ensure young people follow rules. Give out leaflet on use of knives etc. Provide posters to reinforce this around the work area.	Checklist of health and safety requirements for sessions.	<i>Knives must be sharp enough to cut with ease and comply with BSS.</i>

HAZARDS	RISK ASSESSMENT			PERSONS AT RISK	EXISTING CONTROL MEASURES	ANY ADDITIONAL PREVENTATIVE OR CONTROL MEASURES REQUIRED	ISSUE OF INFORMATION OR EQUIPMENT COMMENTS
	H	M	L				
Hot liquids/ food	H			Staff, young people	Limit numbers around cookers and preparation area.	Remind participants before every session about working around others while cooking and carrying hot liquids and reinforce these rules as the session continues.	Provide oven gloves and ensure they are used.
Food Poisoning		M		Staff, young people	Staff hold Basic Food Hygiene Certificate and rules are adhered to. Cool boxes and fresh food are used within best of date. Ensure all food is thoroughly cooked. Use appropriate cleaning fluids before, during and after workshop.	Pre-visit sites and carry out a safety check list. Check cleanliness of facilities.	Provide colour coded chopping boards to ensure no cross contamination of meats and other. Ensure cleaning fluid is appropriate and does not directly contact food.
Cookers		M		Staff, young people	Members advised of safety rules re cookers, and while working around cooking area. Provide oven gloves	Reinforce safety tips as session continues.	Provide oven gloves (enough to ensure all members can use them as necessary).
Assessment carried out by:				Designation:		Signed:	
				Date:		Countersigned:	
				Review date:			