

Health and Well-being

A Guide to Working with Young People



This online resource has been produced based on two previous publications:

Caerphilly Local Public Health Team and Caerphilly Youth Service. Health Resource Pack for youth work practitioners. Caerphilly: National Public Health Service for Wales; 2008.

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Introduction

Whilst young people's health and well-being has always been at the heart of what we do it appears that many young people do not receive the appropriate access to the relevant information, support and advice

In addition, there are pockets of deprivation where coordinated and targeted services are needed to reduce inequalities. There is a concern that the levels of obesity, smoking, alcohol consumption and sexually transmitted infections may make today's adolescents grow up to be less healthy than their parents. By addressing the health and social needs of young people in Wales we can, over time, influence and improve people's lives.

Though Youth Work practitioners are in an appropriate position to deliver health related work to young people, resources to act upon this have been lacking. Therefore, the Welsh Government welcomed the opportunity for a revised version of a Health Resource Pack, to replace the previous Health Promotion Wales Pack produced in 1996. In 2008, Caerphilly Local Public Health Team and Caerphilly Youth Service successfully attracted funding from the Welsh Assembly Government to develop a Health Resource Pack for Youth Work Practitioners for the Caerphilly County Borough area.

In 2010, the Welsh Assembly's Youth Work Strategy branch prompted the further development, this work undertaken by a national, cross-sector working group. Further updating was carried out in 2013 by the South East Wales Youth Work region (in line with their remit for Health and Well-being on behalf of the National Youth Service of Wales), in collaboration with Public Health Wales colleagues from the across the Gwent area.

This resource was originally designed as a toolkit for youth workers based on the premise that health promotion and education work with young people in youth work settings is important and valuable. However, this latest version of the resource has been amended and made available online to recognise that it is not only of benefit to Youth Workers but also to other professionals and volunteers such as school nurses and teachers who also deliver health and well-being messages to young people. This practical resource aims to help those working with young people to deliver a variety of health related activities in a variety of settings.

We have no claims that all of the activities in this toolkit are original, only that they have been tried and tested by the contributors.

How to use this toolkit

This resource aims to provide practical activities that can be used for setting up and running health-related workshops or lessons aimed at young people between 11 – 25 years of age and contains activities for each individual health topic. Please read through and familiarise yourself with the activities prior to delivery. It might be necessary for you to supplement your preparation with some reading of your own before starting the activities. Many of the topics covered in this resource are interlinked; therefore it is possible to cross-reference the activities and fact sheets.

Some of the activities will require you to print and cut out the activity sheets before delivering the activity to young people. Where this is necessary the activity sheets will be available to print from the online document. There are a number of fact sheets containing information to support the content of the activities, as well as information on the resources and training that is available from local services to assist session delivery.

Objectives:

- To give practical ideas on working with young people.
- To present a wide range of methods and activities linked with specific health topics.
- To act as a stimulus for further reading and in-depth discussion.
- To signpost to appropriate materials and resources available on health related issues.
- To establish a framework for the delivery of health promotion and health education in youth work and other settings.

To decide exactly how best to use this online resource we suggest that you:

1. Read and familiarise yourself with the content
2. Identify training programmes and local resources (for example, training aids, posters, and leaflets) that are available to use to support your work (as listed at the end of each section)
3. Familiarise yourself with the settings in which you will be delivering the various activities (in terms of health and safety, size of venues and facilities available)
4. Establish the health needs of the young people you are working with
5. Ensure that the activities being delivered are both age appropriate and departmentally appropriate for the young people taking part in the session
6. Inform parents/carers of the health activities you will be covering and seek consent where appropriate
7. Meet with other practitioners to provide opportunities to share good ideas and practice
8. Evaluate and reflect over the session making suggestions for improvements if needed, recording the activity and noting anything of significance

Equal Opportunities

When undertaking any of the activities with young people, practitioners should take account of equal opportunities. Any young person wanting to take part in activities should not receive less favourable treatment on the grounds of disability, sex, sexual orientation, race, religion or language, nor should he/she be disadvantaged by conditions or requirement which cannot be shown to be justifiable.

Should it be necessary, the activities within this resource are able to be modified to meet the needs of the young people.

When working with young people we recommend that you:

Do:

- Be aware of the professional boundaries between you and the young people you engage with
- Ensure that you are familiar with all necessary policies, for example: Safeguarding, Health and Safety, Data Protection
- Ensure that your knowledge is up-to-date by engaging with management, training and attendance at key events
- Ensure your safety, your colleagues' and young people's safety at all times
- Always plan and record your work
- Ensure the young people you work with understand the terms 'confidentiality' and 'safeguarding' before delivering health related activities

- Use appropriate language that the young people understand, if you use any new words, explain the meaning so the young people can learn
- Use this resource at your own pace and at the pace of the young people you are working with
- Be honest – if you don't know the answer explain that you will find out for the young person
- Treat everyone equally and show respect for the young people
- Use eye contact
- Challenge inappropriate behaviour
- Manage conflict objectively

Do Not:

- Be patronising or judgemental – offer all points of view so the young people can make their own informed decisions
- Put yourself in potentially compromising situations - if doing one-to-one work ensure that you are in close proximity to a colleague
- Keep confidences that relate to the safety of young people – these should be relayed to your line manager
- Smoke or drink alcohol in the company of young people
- Give your personal contact details to young people – address, telephone numbers, email addresses, social media account details etc.

Confidentiality and Safeguarding

Confidentiality is very important when working with young people on health issues. It is important to treat the young people with respect and also 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 refer to your own organisation's policies and procedures. If you have concerns about abuse or exploitation of any young people you work with please follow direction within the All Wales Child Protection Procedures and contact your local Safeguarding Team.

It is important to ensure the young people you work with understand the term Confidentiality; that there are certain things that must be reported to your manager or social services. 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.

Icebreakers

In this section you will find a sample of icebreakers that can be used as warm up activities. Icebreakers will help the group to get to know each other and to feel more comfortable speaking in front of the group.

The icebreaker activities can also be used to gently introduce the topic. The use of an appropriate ice breaker is important, especially when discussing sensitive issues.

If the group already know each other and are at ease with one another then there may be no need to have an ice breaker.

You might find it beneficial to carry out the Ground Rules activity in order to give the young people a sense of ownership over the session. This can also be referred to throughout the session to remind the young people that they created the rules and that they are there to be followed.



Activity 1 - Ground Rules



ESTIMATED TIME

10 minutes

FORMAT



INDIVIDUAL



SMALL GROUP



WHOLE GROUP

AIM

To encourage the young people to set the rules they need in order to feel safe and to work together.

RESOURCES

- Paper
- Pens
- Flipchart paper
- Information on Confidentiality and Child Protection issues

INTRODUCTION

Before starting any session with young people, you should address guidelines for working together in a positive way, as agreed by the group. This activity is an appropriate method that can be applied to young people who already know each other, or for young people who are forming a new group.

TASK

Introduction

Introduce the activity to the young people and give out paper and pens.

Ground Rules

Ask the young people to write down on a piece of paper what they feel is important when working in a group. Some examples include:

- Confidentiality
 - The right to ask questions
 - The right not to contribute or join in activities
 - Practical issues, such as timing of breaks and finishing on time
 - The use of appropriate language
 - Taking account of equal opportunities.
- owning feelings and opinions, for example saying 'I' not 'you'

Ask the group to form pairs or small groups and discuss each other's rules.

SUMMARY

As one group, ask for feedback on the rules developed. Discuss and record the agreed rules on flipchart paper and display for the rest of the session. You could also refer to these ground rules during future sessions.

Activity 2 - Human Bingo



ESTIMATED TIME

10 minutes

FORMAT



WHOLE GROUP

AIM

To encourage young people to talk to one another and participate in group work.

RESOURCES

- Enough copies of Activity 2 Human Bingo Activity Sheet 2a
- Pens

INTRODUCTION

This ice breaker encourages young people to move around, find out different things about one another before participating in a health-related activity.

TASK

Introduction

Introduce the activity to the young people, explaining that it is intended for them to find out different things about one another.

Human Bingo

Provide copies of Activity sheet 2a and a pen to each young person. Each person has to find someone in the room that can fit into the various categories and if they do, write their name in the box. When all boxes have been completed, the person with this activity sheet is the winner

SUMMARY

Check that the winner has answered all tasks. Ask the young people if they found out anything interesting or anything they didn't already know about another person.

Activity Sheet 2a - Human Bingo

HUMAN BINGO	Likes ham and pineapple pizza	Favourite colour is blue	Supports the Welsh Football Team	Likes listening to music	HUMAN BINGO
	Has a pet dog	Can swim	Has been to Spain on holiday	Would like to drive a sports car	
	Likes motorbikes	Likes dancing	Has a pet cat	Has a sister	
	Supports the Welsh Rugby Team	Has a brother	Likes watching TV	Has a mobile phone	

Activity 3 - Pairs



ESTIMATED TIME

10 minutes

FORMAT



PAIRS

AIM

To encourage young people to work in pairs and share information.

RESOURCES (optional)

- Paper
- Pens

INTRODUCTION

This ice breaker provides an opportunity for young people to talk to one another about themselves before participating in group work.

TASK

Introduction

Introduce the activity to the young people and separate them into pairs; if possible, not working with someone they already know well.

Pairs

In pairs, ask each person to tell their partner about themselves, for example:

- Their full name
- School they attend
- What they ate for breakfast
- Favourite sport
- What they like about youth club/school as appropriate

Provide pens and paper if necessary. Allow enough time for both partners to have opportunity to speak. As a whole group, ask each person to feed back about their partner.

SUMMARY

Summarise the activity by emphasising how much the young people have found out about one another.

Activity 4 – Similar and Different



ESTIMATED TIME

10 minutes

FORMAT



SMALL GROUP

AIM

To encourage young people to find out what they have in common and what are their differences.

RESOURCES

(optional)

- Paper
- Pens

INTRODUCTION

This ice breaker encourages young people to share information about themselves and to find out some interesting things about their peers. There is also an opportunity for young people to speak in front of the whole group.

TASK

Introduction

Introduce the activity to the young people, separate them into small groups. Provide paper and pens, if necessary. .

Similar and Different

Ask each group to find out what they have in common, read out examples, such as:

- A food they all like
- A local place they have visited.
- A food none of the group like

Ask each group to feedback to the whole group. Next, ask each group to find out what their differences are, for example, does each person have a different:

- Favourite food
- Favourite music or song
- A food you have eaten that none of the other group members has ever tried
- A place they have visited that no one else has been to.

Ask each group to feedback to the whole group.

SUMMARY

Summarise what the groups have found out about each other and encourage them to try this activity again with other young people

Activity 5 – Fruit Salad



ESTIMATED TIME

10 minutes

FORMAT



WHOLE GROUP

AIM

To energise the young people before starting an issue-based activity.

RESOURCES

- Chairs in a circle

INTRODUCTION

This ice breaker encourages young people to move around, find out different things about one another and speak in front of the whole group. It is suitable for preparing young people to participate in a health-related activity.

TASK

Introduction

Introduce the activity to the young people, clarifying the rules of the activity:

- No pushing
- No inappropriate questions
- Once you are standing you are not allowed to sit in the same seat you have just left

Organise a circle of chairs with one less chair than the number of young people, this means there will always be one person standing.

Fruit Salad

Ask all the young people to sit on the chairs, except for one person who starts the activity. This person calls out 'Swap places if you...'. Here, they could say 'have brown eyes' or 'are wearing trainers'. If you agree with the statement, you have to leave your chair and find another one as fast as you can. The person who does not get a chair in time then stands in the middle of the circle and calls out the next statement, and the activity starts again.

SUMMARY

Ask the group members if they enjoyed the activity and prepare them for the next health activity.

Activity 6 – 'POW'



ESTIMATED TIME

15 minutes

FORMAT



WHOLE GROUP

AIM

To energise the young people before starting an issue-based activity.

RESOURCES

INTRODUCTION

This ice breaker encourages young people to move around and participate in group work before participating in a health-related activity. .

TASK

Introduction

Introduce the activity to the young people.

POW

Ask the group members to stand in a circle with one young person stood in the middle. The person in the middle will point at a random other standing in the circle. They will then say 'POW'. The person they are pointing to must duck. The two people either side of the person that has ducked must then turn and point at one another, saying 'POW'. Whoever points last is asked to leave the circle. Also, if the original person who is supposed to duck does not, then they are asked to leave the circle.

SUMMARY

Summarise the activity by asking the group members if they enjoyed the activity and prepare them for the next health activity.

Food and Fitness

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 having both short term and long term impacts on health and well-being. Body mass index (BMI) is an accurate way to measure if someone is a healthy weight. It is calculated by weight in kilograms divided by height in metres squared.

A BMI of: 18.5 - 24.9 is classed as a healthy weight

25 - 29.9 is classed as overweight

30 - 39.9 is classed as obese

Over 40 is severely 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 and low confidence levels, which may lead to depression. As a result, obesity can impair a young person's well-being and quality of life.

The health care costs associated with treating obesity are increasingly high and show that maintaining a healthy weight and preventing overweight and obesity can lead to significant economic gains for people, communities and the public sector.

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 2015 Welsh Health Survey showed that 59 per cent of adults in Wales were classified as overweight or obese, with 24% being obese. Less data is available about the prevalence of overweight and obesity amongst young people, but the Child Measurement Programme for Wales 2015/16 data has shown that more than a quarter of children (26.2%) in Wales in reception year are classified as overweight or obese.

The 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**.

Evidence based **guidelines** for the management of obesity have been published by NICE (National Institute for Health and Clinical Excellence).

What is being done to manage the impact?

Public Health Wales provides specialist public health advice about obesity to the Welsh Government in their development of programmes and policies. Other work carried out by Public Health Wales includes:

- gathering information and evidence to monitor trends in overweight and obesity related health in Wales;
- reviewing and disseminating evidence of effective action to prevent and treat obesity;
- managing the **Public Health Network Cymru**. This Network offers a 'one-stop shop' for practitioners working on public health topics in Wales by providing quality timely advice, information and support on a range of topics including obesity, healthy eating and physical activity;
- providing support through specialist local public health teams to local authorities and health boards to develop and 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.

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 Well-being of Future Generations Well-being Plans are an opportunity for Health Boards and Local Authorities to work closely together along with other partners 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 young people against four tiers of intervention and to identify any gaps. This Obesity Pathway describes minimum service requirements and best practice, and has four levels:

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

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:

- 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
- Ensuring all food and drink offered throughout the school day is consistent with the Healthy Eating in Schools (Wales) Measure 2009 and the Healthy Eating in Schools Regulations 2013.

Level 2: Community and primary care weight management services:

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

A level 2 weight management service for children and young people is currently being developed in Gwent. Other examples of services include:

- The National Exercise Referral Scheme which is a 16 week programme that enables sedentary individuals (over 16) 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

Level 3: Specialist multi disciplinary team weight management services:

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.

Level 4: Specialist medical and surgical services:

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

A childhood obesity strategy for Gwent has been developed as a call to organise the collective work of all partners to coordinate effective action on childhood obesity prevention.

Food and Fitness Activities

The activities in this section aim to increase young people's awareness of nutrition and stimulate their interest. 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, this may require practitioners to possess a valid Food Hygiene Certificate.

An activity on physical activity is also included with the aim of increasing young people's awareness of the importance of exercise. Being active is also one of the ways of improving and supporting emotional well-being. Exercise programmes should give prior consideration to any health issues young people may be experiencing and whether they affect their ability to take part and may need to check with a medical practitioner.



Activity 1: 5 a Day Everyday



ESTIMATED TIME

1 - 1.5 hours

FORMAT



INDIVIDUAL



WHOLE GROUP

AIM

- To raise awareness about the importance of eating fruit and vegetables, following the recommendation of at least 5 portions a day
- To promote awareness of the variety of fruit and vegetables available
- To promote awareness of the taste and texture of different fruit and vegetables
- To demonstrate practical examples of 'What's a portion?'

RESOURCES

- Fact sheet 1a: Fruit and vegetables- Enjoy 5 a day
- Copies of activity sheet 1a: Fruit and Vegetable word-search
- Answer sheet 1a: Fruit and Vegetable word-search
- Copies of activity sheet 1b and 1c: Fruit and vegetable identification game and answer sheet 1b and 1c: Fruit and vegetable identification game
- Copies of activity sheet 1d: What's a portion? and answer sheet 1d: What's a portion?
- Food Cards
- Pens

INTRODUCTION

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.

TASK

Before starting the activity, print enough copies of activity sheets 1a, 1b and 1c for the young people to use.

Activity 1: 5 a Day Everyday

Introduction

Introduce the activity to the young people, explaining the importance of healthy eating and following the at least 5 a day recommendation for fruit and vegetables (Use Food Fact Sheet: Fruit and Vegetables – How to get 5 a day).

Fruit and vegetable wordsearch

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.

Fruit identification game

Provide copies of activity sheet 1b and 1c and ask the young people, as a group, to identify as many of the fruits as possible shown in the pictures. Some of the fruit and vegetables may be unfamiliar to the young people and this will promote interest and discussion in unusual fruit and vegetables. 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 and 1c.

Taste Identification Game

Prior to delivering this activity it is vital that the facilitator is aware of any food allergies. Provide the young people with a blindfold to cover their eyes. One at a time give each young person a piece fruit or vegetable to taste and see if they can guess the item they have tasted. Discuss with the young people items of fruit and vegetable that they have never tried and would like to try.

What's a portion?

Using the Food Fact Sheet: Fruit and Vegetables – How to get five-a-day - discuss with the group what a portion of fruit and vegetables is. Provide each young person with a copy of Activity sheet 1d 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 1d. Discuss with the young people ways to increase their fruit and vegetable intake each day.

Game: Who Am I?

Give each young person in the group a food card to hold ensuring they do not look at the card. One at a time ask each young person to guess what fruit or vegetable they have on their food card by posing questions to their peers. Once the correct food card item is answered move onto the next young person.

Summary

Ask the group to feed back some of their thoughts on the activities;

- 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 day?

Fruit/vegetable juices and smoothies

A glass (150ml) of unsweetened 100% fruit, vegetable juice or smoothie also counts as one portion. However, no matter how much you drink (for example more than 150ml), or how many varieties of fruit juice, it will still only count as one of your portions per day because the juicing process removes most of the fibre from the fruit.

Crushing fruit into juice releases the sugars contained in the fruit. So to reduce the impact on teeth, enjoy a small glass at mealtimes.

Five-a-day the easy way!

Try to eat one or two portions with each meal and make fruit or vegetables the first choice for a snack and it will be easy to eat at least five a day.

What about supplements?

Don't rely on supplements to get the vitamins and minerals your body needs unless you have been told to by a health professional, for example by a health visitor when you are planning a pregnancy. Supplements are no substitute for a healthy diet and lifestyle.

A well-balanced diet containing plenty of fruits and vegetables is cheaper and more nutritious and it is possible that certain supplement combinations can be damaging to the body. For more information, talk to your GP or another health professional like a dietitian.

Sample day:

Breakfast

A bowl of wholegrain breakfast cereal with a sliced banana and a glass of pure fruit juice.

Mid-morning snack

Munch your favourite raw vegetable crudité – cherry tomatoes, button mushrooms, carrots batons or celery sticks.

Lunch

Add a side salad, to your lunchtime sandwich and a small pack of dried raisins.

Mid-afternoon snack

Ditch the biscuits for fresh melon or mango slices.

Dinner

Indulge in a spicy chilli or hearty winter casserole packed full of seasonal vegetables.

Further information: Food Fact Sheets on other topics including Healthy Eating and Packed Lunches are available at www.bda.uk.com/foodfacts

Top tips to get your five-a-day

- **Go for those in season:** Opting for fresh produce as they are more likely to be locally grown, are value for money and often look and taste the best.
- **Eat a rainbow:** Variety is important. Different coloured fruits and vegetables contain their own combination of vitamins, minerals and fibre, so to get the most benefit, try to eat one portion from each colour group. Choose from red, green, yellow, white, purple and orange varieties of fruits and vegetables.
- **Cut down or avoid butter, cream or cheese sauces!** Even though fruit and vegetables are low in calories, remember that their calorie content is determined by what you prepare them with.
- **Be careful not to eat too many dried fruits:** While a 30g portion of dried fruits, like apricots, dates, raisins etc. counts towards your five-a-day, once fruit is dried it also becomes a concentrated source of sugar and calories. To minimise damage to teeth, keep to mealtimes and not as a between-meal snack.
- **Check nutrition information on labels and look out for the '5-a-day' logo:** Vegetables contained in convenience foods such as ready-meals, pasta sauces and takeaway meals can contribute to your five-a-day but many of these foods may be high in added salt, sugar or fat. Check out the nutrition information to see whether you can get your five-a-day, a healthier way.
- **Cut down on your meat portion sizes:** Bulk up on vegetables and pulses by adding them to stews, curries and casseroles to get extra flavour, texture and plant-based nutrition.
- **Treat your fruit and veggies right:** Nutrients in fruit and vegetables can be easily destroyed during food preparation and by heat, so whenever possible eat raw. When cooking vegetables, try steaming, microwaving, roasting or poaching rather than boiling, so the maximum amount of nutrients can be retained.
- **Keep your freezer and cupboards well stocked:** Keep a supply of frozen and/or canned vegetables and fruits at home. They are a convenient alternative to fresh varieties, stay fresher for longer and they all count towards your five-a-day.

Summary

Achieving the five-a-day target is not too hard. By eating at least five portions of a variety of fruits and vegetables a day, you will not only look and feel better, but you will give your body many essential nutrients that it needs to maintain your overall long-term health.

This Food Factsheet is a public service of The British Dietetic Association (BDA) intended for information only. It is not a substitute for proper medical diagnosis or dietary advice given by a dietitian. If you need to see a dietitian, visit your GP for a referral or: www.freelancedietitians.org for a private dietitian. To check your dietitian is registered check www.hcpc-uk.org. Food Fact Sheets on general dietary topics are available to download free of charge at www.bda.uk.com/foodfacts.
Written by Helen Bond, Dietitian.
The information sources used to develop this fact sheet are available at www.bda.uk.com/foodfacts.
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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
broccoli
cherry
grape
lychee
peach
pepper
rhubarb

apricot
carrot
cucumber
kiwi
melon
peas
plum
sweetcorn

banana
celery
fig
lemon
olive
pear
raisin
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 to find:

apple
broccoli
cherry
grape
lychee
peach
pepper
rhubarb

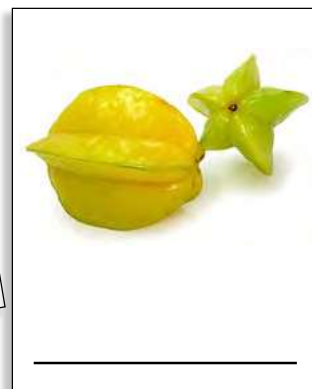
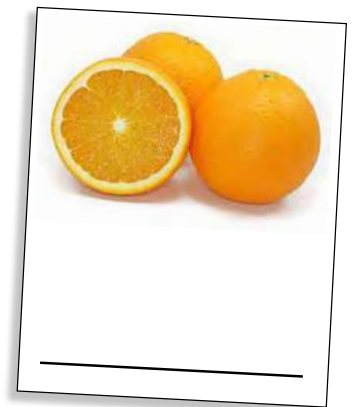
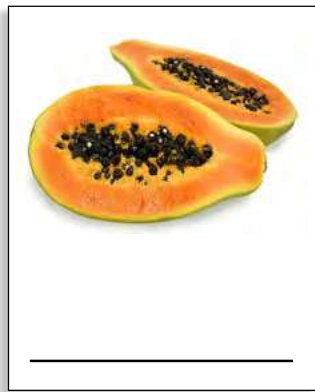
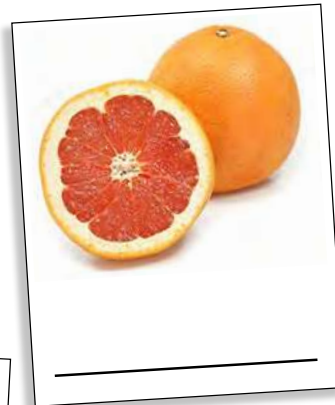
apricot
carrot
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plum
sweetcorn

banana
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fig
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raisin
tomato



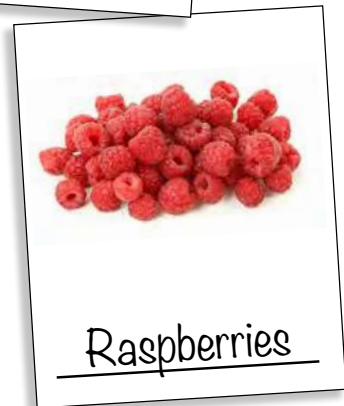
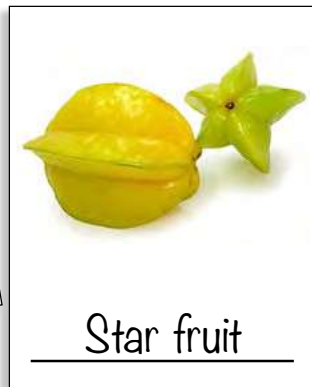
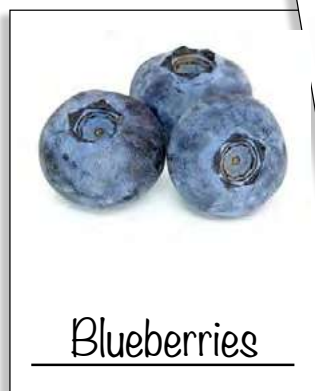
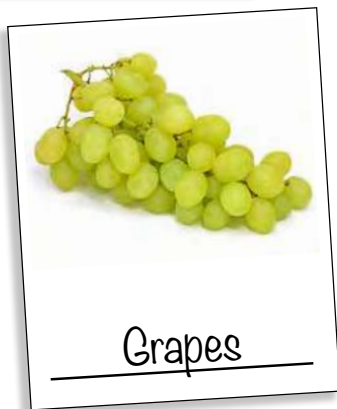
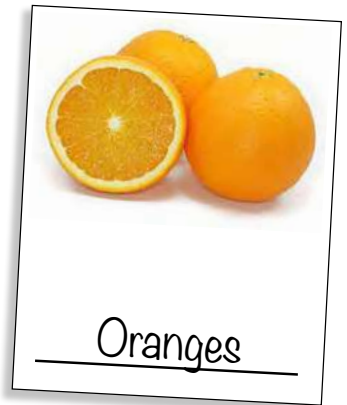
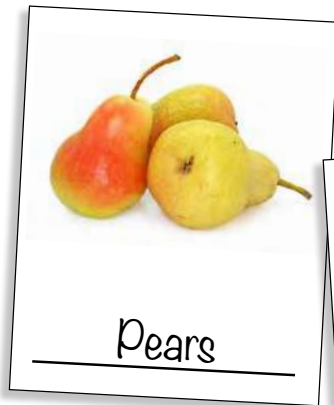
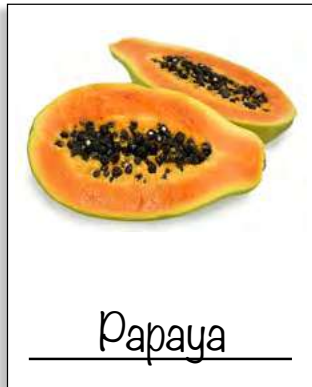
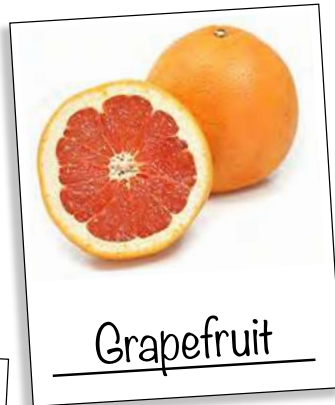
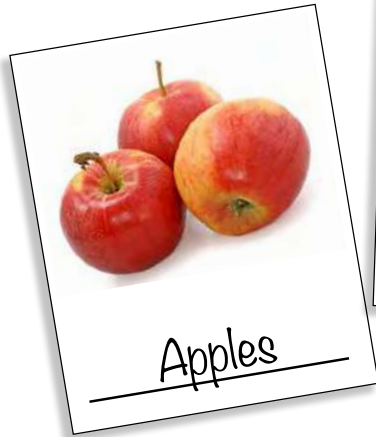
Activity sheet 1b: Fruit Identification Game

What are the names of these fruits?



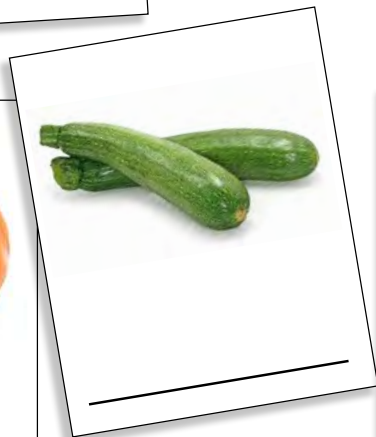
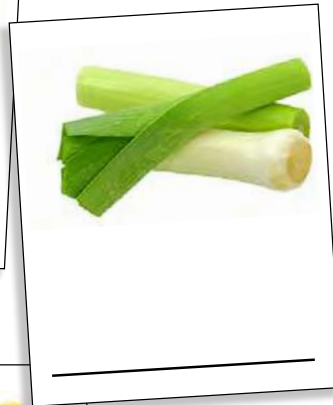
Answer sheet 1b: Fruit Identification Game

What are the names of these fruits?



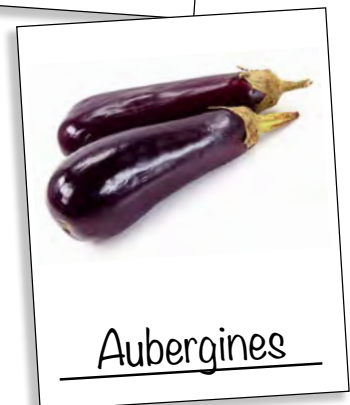
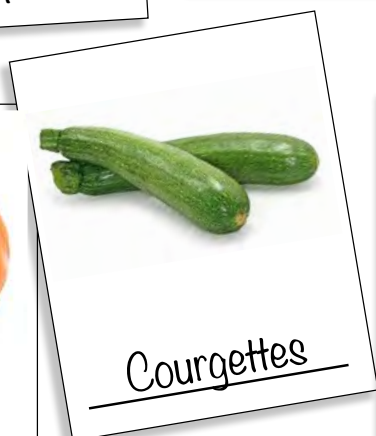
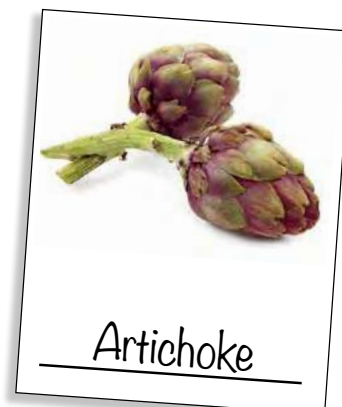
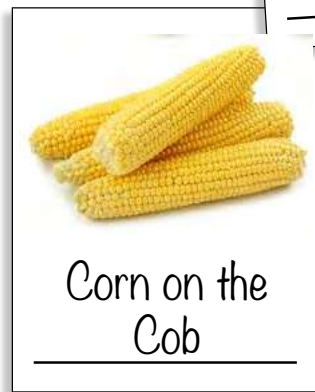
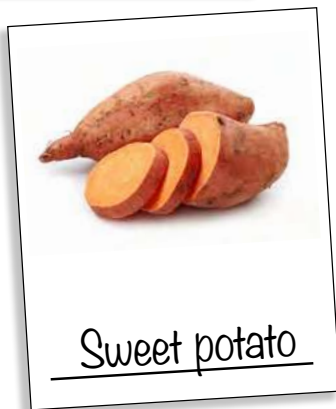
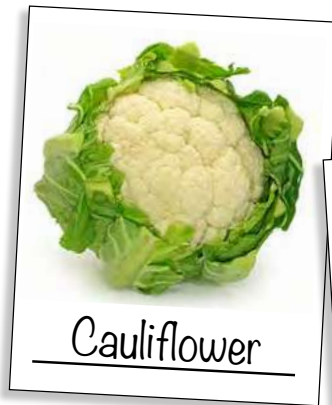
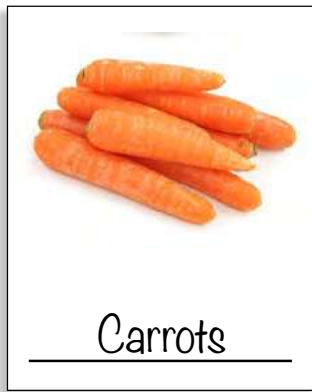
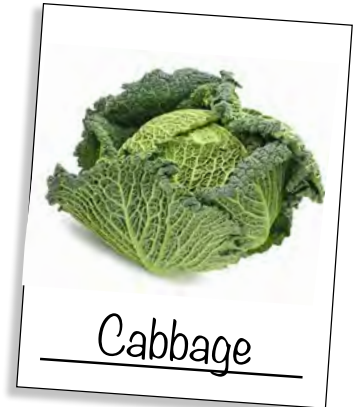
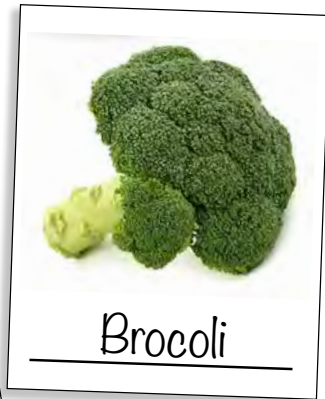
Activity Sheet 1c: Vegetable Identification Game

What are the names of these vegetables?



Answer Sheet 1c: Vegetable Identification Game

What are the names of these vegetables?



Activity Sheet 1d: What is 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 1d: What is a portion?

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

Apples



Half



One



Two



Three

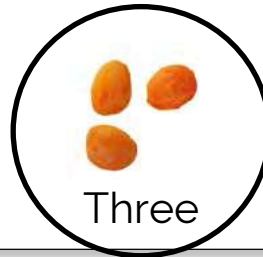
Dried apricots



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

Activity 2: Eat Well



ESTIMATED TIME

1 - 1.5 hours

FORMAT



WHOLE GROUP

AIM

- To inform young people about healthy eating.
- To encourage young people to compare their diet to the ideal Eatwell guide.

RESOURCES

- Activity Sheet 2a: What do you eat and drink?
- Activity Sheet 2b: What do you eat and drink?
- Activity Fact Sheet 2c: Eat Well Guide
- Activity Fact Sheet 2d: What is a serving/portion?
- Activity Fact Sheet 2e: Eat well, be well tips – helping you make healthier choices
- Activity Sheet 2f: Eatwell Guide

INTRODUCTION

The activities in this session allow the young people to familiarise themselves with the Eatwell Guide.

The Eatwell Guide shows the proportions of the main food groups that are required to have a well-balanced and healthy diet. The proportions represent how much of each food group we should consume over a day or a week, not necessarily at each meal.

The key messages of the Guide are:

- Eat at least 5 portions of a variety of fruit and vegetables every day
- Base meals on potatoes, bread, rice, pasta and other starchy carbohydrates; choosing wholegrain versions where possible
- Have some dairy or dairy alternatives (such as soya drinks); choosing lower fat and lower sugar options
- Eat some beans, pulses, fish, eggs, meat and other proteins (including 2 portions of fish every week, one of which should be oily)
- Choose unsaturated oils and spreads and eat in small amounts
- Drink 6-8 cups/glasses of fluid a day

Activity 2: Eat Well

TASK

Before starting the activity, reproduce Activity sheet 2a for the young people to use.

Introduction

Introduce the activity to the young people, emphasising the two key messages around a healthy diet are:

- 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

What do you eat and drink?

Provide the young people with copies of Activity sheet 2b and pens; ask the young people to tick how many portions they eat every day from each food group. Ask the young people if they think they eat a healthy balanced diet.

Use Activity Fact sheet 2c (Eatwell Guide) to inform young people of what a balanced diet consists of. The Eatwell Guide is an ideal way to show in a photographic format the ideal make up of our diet. Discuss each of the five sections of the Eatwell Guide and highlight how few sugary and fatty foods we should be including in our diet; too many can lead to us becoming overweight.

Use the questions on Activity sheet 2a to stimulate discussion about their eating habits: Ask the young people if they are eating 5 portions of fruit and vegetables a day?

Next, suggest changes to make the young people's diet healthier, encourage the consumption of starchy foods, and fruit and vegetables. Use Activity Fact sheets 2d and 2e.

Towards the end of the session ask the young people to complete Activity Sheet 2f.

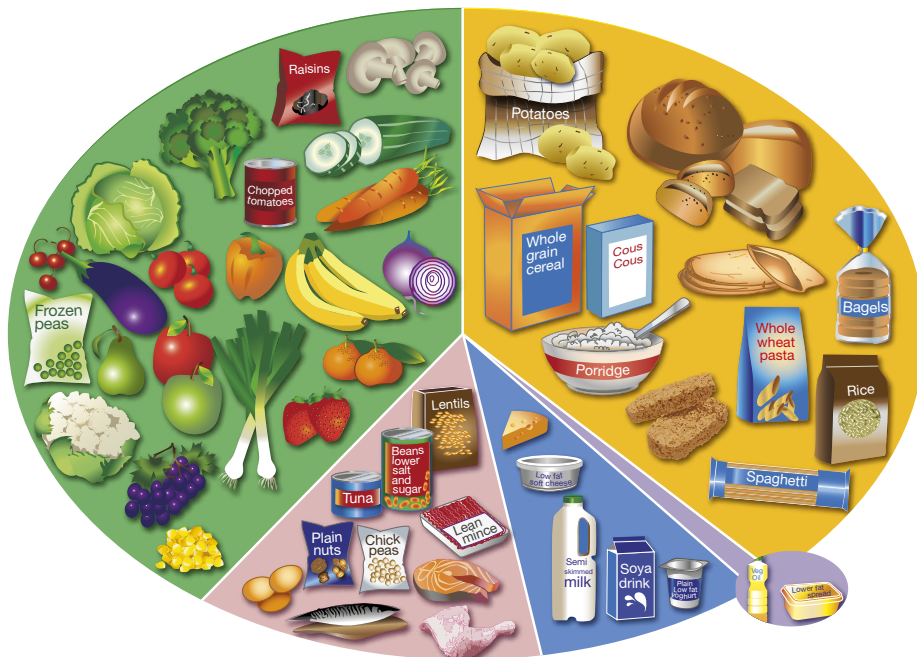
Summary

Summarise what has been learnt during the activity and encourage the young people to make changes to their diet, where necessary.

Activity 2a: What do you eat and drink?

Categories	Portions a Day
Fruit and vegetables	5 portions a day
Dairy and alternatives	3 servings a day
Beans, pulses, fish, eggs, meat and other proteins	2-3 servings a day
Potatoes, bread, rice, pasta and other starchy carbohydrates	7-12 servings a day as an approximate guide. Include starchy foods at every meal.
Oil and spreads	Choose unsaturated oils and use in small amounts

If consuming foods and drinks high in fat, salt or sugar have these less often and in small amounts



Activity 2b: What do you eat and drink?

Please tick how many portions you eat everyday from each group



Tick the relevant box

Do you eat 3 meals a day? Yes No

Do you eat takeaways, including chips, more than once a week? Yes No

Do you ever have sugar in drinks or on cereal? Yes No

Do you fry food more than once a week? Yes No

Do you eat 5 portions of fruit and vegetables a day? Yes No

Activity Fact sheet 2c: Eatwell Guide

Eatwell Guide

Check the label on packaged foods

Each serving (150g) contains

Energy 1046kJ 250kcal	Fat 3.0g	Saturates 1.3g	Sugars 34g	Salt 0.9g
	LOW	LOW	HIGH	MED
13%	4%	7%	38%	15%

of an adult's reference intake
Typical values (as sold) per 100g: 697kJ/ 167kcal

Choose foods lower in fat, salt and sugars

Use the Eatwell Guide to help you get a balance of healthier and more sustainable food. It shows how much of what you eat overall should come from each food group.



Water, lower fat milk, sugar-free drinks including tea and coffee all count.

Limit fruit juice and/or smoothies to a total of 150ml a day.



Eat less often and in small amounts

Per day 2000kcal 2500kcal = ALL FOOD + ALL DRINKS

Source: Public Health England in association with the Welsh Government, Food Standards Scotland and the Food Standards Agency in Northern Ireland

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Activity Fact sheet 2d: What is a serving/portion?

Fruits and vegetables

- 2-3 tablespoons vegetables
- 1 fruit (that you can fit in your hand e.g. apple/orange/handful of grapes/berries)
- 2 small fruit (e.g. tangerines/plums)
- 2 tablespoons tinned/stewed fruit
- 100ml (small glass) fruit juice

Bread, Rice, Pasta, Cereals and Potatoes

- 1 slice bread
- ½ bread roll
- 3 tablespoons cereal
- 3 crackers
- 1 small potato (roughly egg-sized)
- 2 tablespoons rice/pasta – cooked

Meat, Fish, Chicken, Eggs, Nuts and Pulses

- 50g – 70g (3-4 oz) beef, pork, ham, liver, chicken, oily fish
- 100g – 150g (4-5 oz) 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

Milk and Dairy Foods

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

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.



Activity Fact sheet 2e: 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 and well diluted fruit squash drinks will hydrate you and give you some energy.

Activity 3: Food Labels



ESTIMATED TIME

1 hour

FORMAT



WHOLE GROUP

AIM

- To help young people interpret the information found on food labels to make healthier choices.
- To identify a food from its list of ingredients.

RESOURCES

- 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.
- Activity Sheet 3c: Comparison of Food Labels
- Copies of Activity 3 Fact sheet: Credit card

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.

Activity 3: Food Labels

TASK

Before starting the activity, reproduce and cut out the cards on Activity sheet 3a, 3b and 3c, and Activity 3 Fact Sheet for the young people to use.

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.

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 3b). Explain that foods are labelled with their ingredients in descending order of their weight.

Explain that ingredients 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.

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 the Fact Sheet (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).

Examples of Food Labels

In pairs ask the young people to compare the ingredients in the following items on Activity Sheet :

- Cola and Diet Cola
- Wholemeal Bread and White Bread
- Fully Skimmed Milk, Semi Skimmed Milk, and Full Cream Milk

Ask the young people to feed back to the group what they think are healthier choices and why.

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 another session.

Ingredients

1

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

2

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

Activity sheet 3a Continued: Cards 3-4

3

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
mono-unsaturates	1.6g	4.8g
poly-unsaturates	0.9g	2.7g
FIBRE	2.1g	6.3g

4

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

Activity sheet 3a Continued: Cards 5-6

5

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	16.7g	1.7g
saturates	17.5g	1.8g
mono-unsaturates	35.1g	3.5g
poly-unsaturates	0.7g	0.1g
FIBRE	Nil	Nil

6

Ingredients

Potatoes, vegetable oil, salt

Nutritional Information

Average Values	Per pack (25g)	Per 100g
ENERGY	550kJ / 133kcal	2200kJ / 530kcal
PROTEIN	1.6g	6.5g
CARBOHYDRATE	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

7

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
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)

8

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-acetyltaric 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
mono-unsaturates	0.1g	0.4g
poly-unsaturates	0.3g	0.8g
FIBRE	0.6g	1.8g

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

Item 1	
Item 2	
Item 3	
Item 4	
Item 5	
Item 6	
Item 7	
Item 8	

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

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

Activity 3 Fact sheet: Credit Card

Many foods are now labelled with 'traffic light' colours, so you can see if they are **high (red)** or **low (green)** in fat, sugar and salt

Look at food labels to make healthier choices

Nutrient per 100g	HIGH	LOW
Total Fat	>17.5g	<3.0g
Saturates	>5.0g	<1.5g
Sugars	>22.5g	<5.0g
Salt	>1.5g	<0.3g

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	>17.5g	<3.0g
Saturates	>5.0g	<1.5g
Sugars	>22.5g	<5.0g
Salt	>1.5g	<0.3g

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	>17.5g	<3.0g
Saturates	>5.0g	<1.5g
Sugars	>22.5g	<5.0g
Salt	>1.5g	<0.3g

Eat a variety of foods from each group each day



Activity Sheet 3c: Comparison of Food Labels

Look at your food item and complete the table below.

Name and brand food item: _____

Nutrient per 100g	Content	Is nutrient amount considered healthy?
Total Fat		<input type="checkbox"/> Yes <input type="checkbox"/> No
Saturated Fat		<input type="checkbox"/> Yes <input type="checkbox"/> No
Salt		<input type="checkbox"/> Yes <input type="checkbox"/> No
Fibre		<input type="checkbox"/> Yes <input type="checkbox"/> No
Sugar		<input type="checkbox"/> Yes <input type="checkbox"/> No

Overall would you say that your food is healthy? Yes No

Why?

Activity 4 – Fun & Fruity



ESTIMATED TIME

30 - 45 minutes

FORMAT



SMALL GROUP

AIM

- 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.

Note: A **total of 150mls/day** of smoothie/ fruit juice counts as one of the 5 a day. This is due to their high sugar content.

RESOURCES

- 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
- Copies of Activity sheet 4b: Sample recipes
- Pens

INTRODUCTION

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.

Activity 4 – Fun & Fruity

TASK

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, ensure copies of Activity sheets 4a and 4b are printed for the young people to use.

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).

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.

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.

Summary

Summarise what has been covered and encourage the young people to try making fruit smoothies at home.

Activity sheet 4a: Fun and Fruity

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).

1. Juicer



Ingredients:

- Oranges
- Sparkling mineral water

Equipment:

- Lemon squeezer
- Glasses

Method:

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

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!

3. Banana Milkshake

Ingredients:

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



**ESTIMATED
TIME**
1+ hour

FORMAT



**PRACTICAL
COOKING**

AIM

- To teach young people practical cooking skills.
- To increase young people's confidence to cook.
- To enjoy eating in a social setting.
- To raise awareness of healthy snack options

RESOURCES

- Activity sheet 5a: Recipes
- Fruit salad: ingredients, chopping board, knife, mixing bowl and small serving bowls
- Soup: ingredients, saucepan, mugs to serve the soup
- Tuna pasta bake: ingredients, 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
- Activity Sheet 5e: Healthy Snack Menu

INTRODUCTION

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.

It is good practice for the person delivering the session to complete a Certificate in Food Safety and Food Hygiene before facilitating the session.

Activity 5: Get Cooking

TASK

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.

Introduction

Introduce the activity to the young people, explaining that the session aims to demonstrate basic cooking skills.

Get Cooking

Separate the young people into two groups and show each group Activity sheet 5a. Suggest that each group uses a different recipe. 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.

Healthy Snack Menu

Split the young people into groups of four and ask them to design a Healthy Snack Menu. Ensure the young people include the following things:

- Healthy Snacks and Lunchtime Meals
- Healthy Drinks
- List of Ingredients and Prices
- Images of Menu Items

Summary

Summarise what has been covered in the activity and encourage the young people to cook at home using healthy recipes.

It would be a good idea to see if the fruit and vegetables could be purchased at a local fruit and vegetable co-op, for affordable, fresh local produce.

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 seedless grapes
- 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.



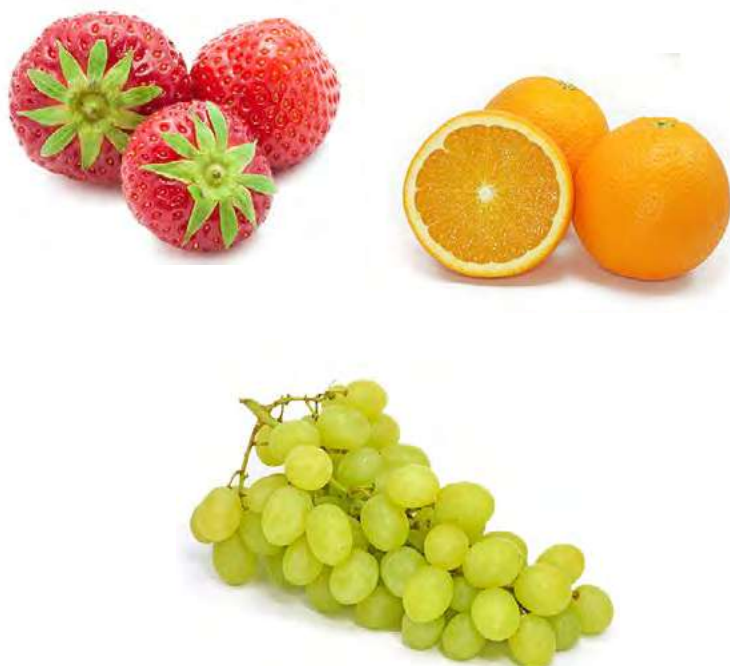
Fruit Salad 2 (Serves 8)

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
- 1 vegetable stock cube
- 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. Potatoes don't count as a portion but all other fresh, frozen and canned fruits and vegetables are included within this food group. 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 such as Sardines or Mackerel.

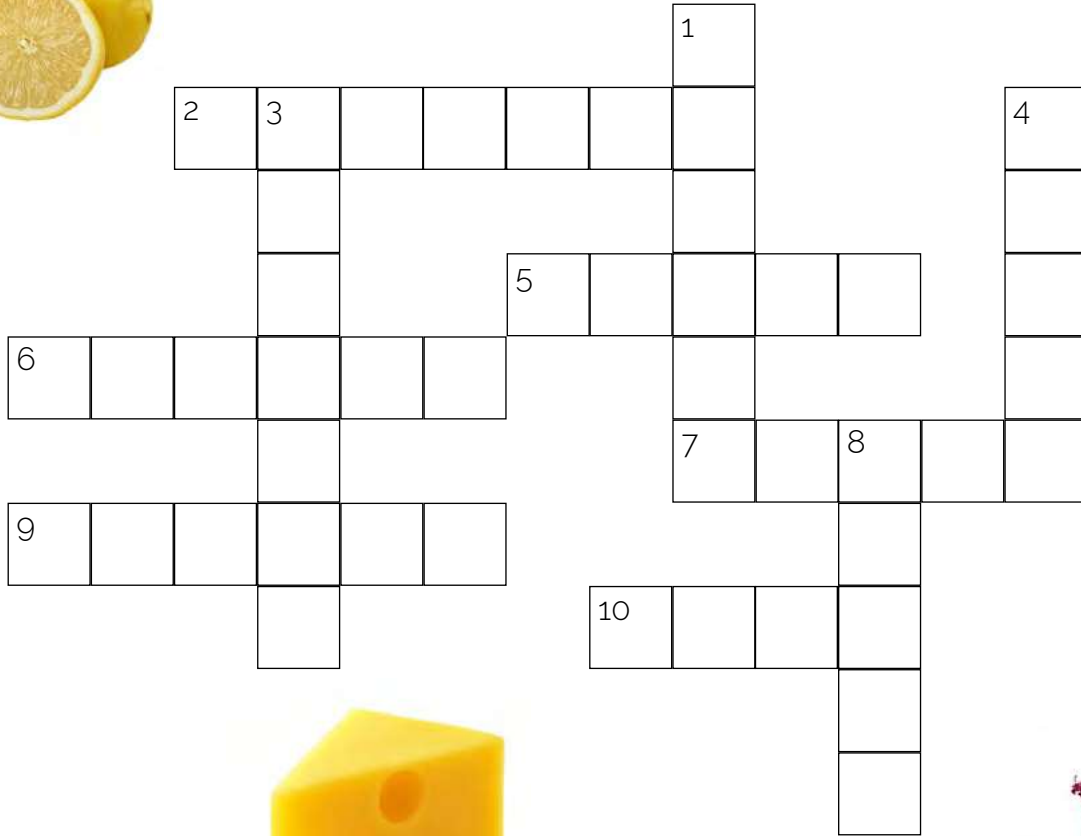
- 7 Raw chicken. Salmonella is the second most common cause of food poisoning after campylobacter. It has been found in unpasteurised milk, eggs and raw egg products, meat and poultry. It can survive if food is not cooked properly.

- 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 are 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)

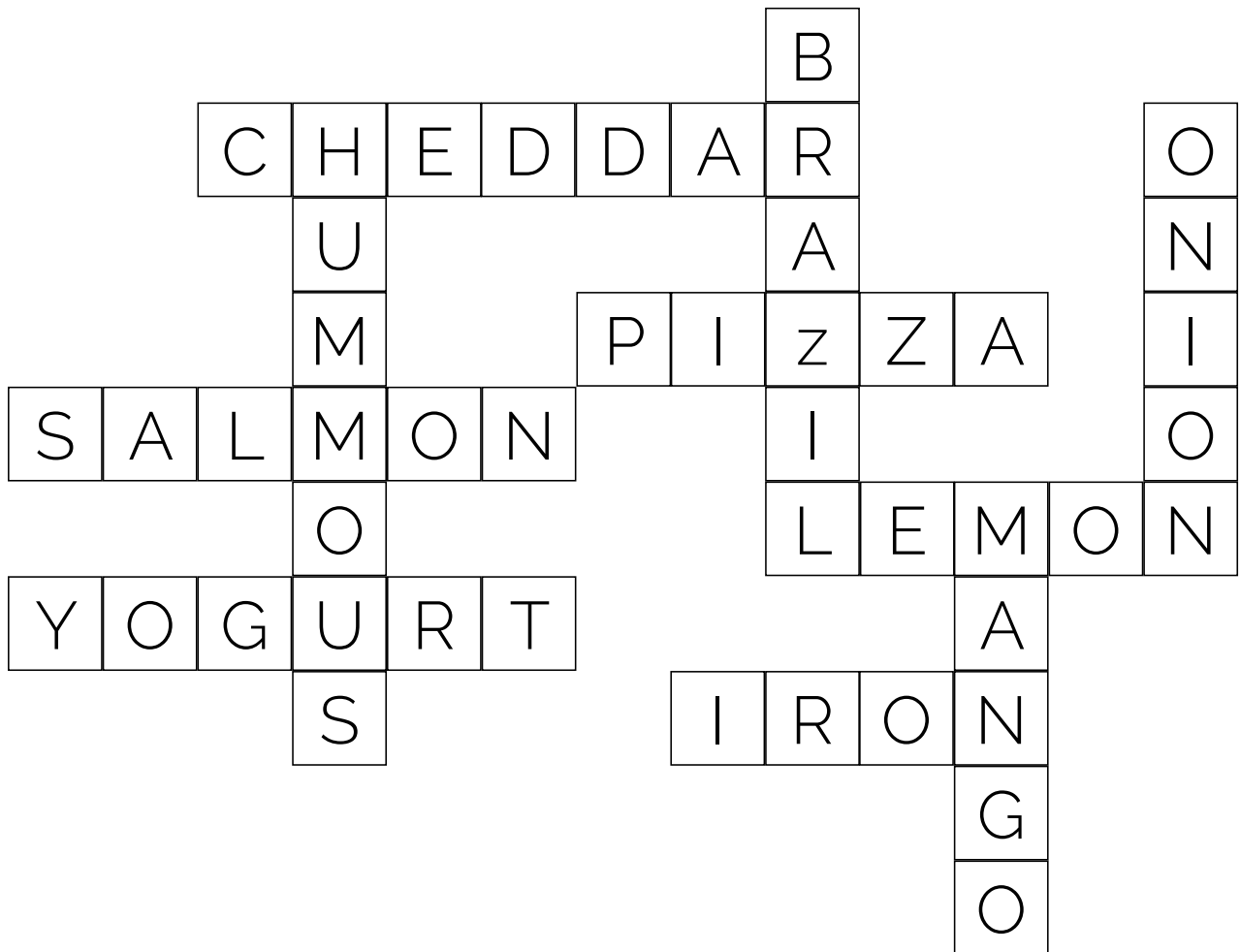


DOWN

- 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



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



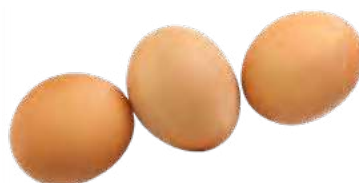
9 You don't need to wash vegetables before you eat them.

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 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.

Design a Healthy Snack Menu for young people

Healthy Snack Menu

Include the following:

Healthy Snacks

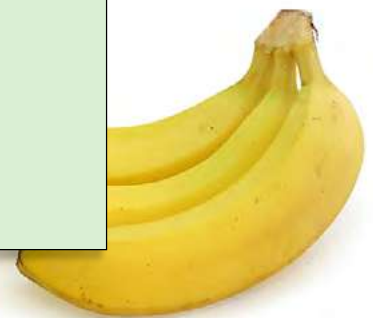
Healthy Lunchtime Meals

Healthy Drinks

List of Ingredients

Price of Menu Items

Images (e.g. photos/drawings) of
Menu Items



Activity 6: Being Physically Active



**ESTIMATED
TIME**
1 hour +

FORMAT



INDIVIDUAL



WHOLE
GROUP

AIM

- To raise awareness of the importance of being physically active.
- To encourage the young people to identify ways they can be physically active.

RESOURCES

- Flipchart paper and pens
- Fact Sheet 6: Physical Activity
- Activity Sheet 6a: Types of Physical Activity
- Activity Sheet 6b: Physical Activity Timetable
- Activity Sheet 6c: Barriers To Physical Activity
- Activity Sheet 6d: Barriers To Physical Activity Answers
- Activity Sheet 6e: Timetable Adaptations

INTRODUCTION

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 section 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.

Activity 6: Being Physically Active

TASK

Introduce the activity to the young people, emphasising that it is important for young people to understand the benefits of being physically active.

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. Use Fact Sheet 6 to stimulate a discussion.

Next, using flip chart paper ask the group to list as many examples of physical activity as they can. Use activity sheet 6a to summarise the different types of activities.

Following this, ask each young person to fill in the physical activity timetable on activity sheet 6b. Ensure they include the name / duration / cost of the activities.

Using the completed timetables, ask the young people to feedback to the group what they included. Discuss with the young people potential barriers that may prevent them from taking part in physical activity – ask the young people to complete activity sheet 6c (use activity sheet 6d to stimulate a discussion).

Ask the young people to think of ways in which they could overcome the barriers discussed. Use the timetable on activity sheet 6e to allow the young people to try and increase their

physical activity levels that were entered onto their timetable on activity sheet 6b.

When working with a group of young people, for example, in a Youth Club setting, encourage the young people to think of a list of physical activities that the young people could take part in during Youth Club. Ask each young person to take a lead on being in charge of an activity over the next few youth club sessions. The young people will need to think about: setting up and clearing away / equipment / number of young people involved etc. Ensure the young people keep an account of their plans / experiences of their chosen activity.

Summary

Summarise the activity, ensuring young people understand the benefits of being physically active.

Did you know?

- 1 All children and young people should engage in moderate to vigorous physical activity for at least 60 minutes and up to several hours a day
- 2 Vigorous intensity activities, including those that strengthen muscle and bone, should be incorporated at least three days a week.
- 3 All children and young people should minimise the amount of time spent being sedentary (sitting) for extended periods

What are the benefits of being active for at least 60 minutes each day?



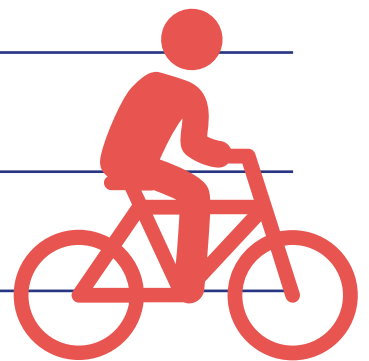
Improves cardiovascular health

Maintains a healthy weight

Improves bone health

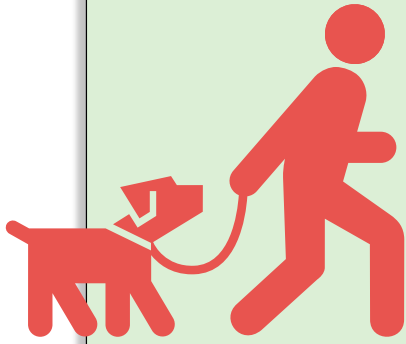
Improves self-confidence

Develops new social skills



In addition, participation in physical activity can assist in the social development of young people by providing opportunities for self-expression, building self-confidence, social interaction and integration.

Types of Physical Activity



Moderate-intensity aerobic activity

Walking to school
Skateboarding
Bike riding
Walking the dog

Vigorous-intensity aerobic activity

Running
Aerobics
Gymnastics
Football
Swimming



Muscle-strengthening activity

Sit-ups
Push-ups
Gymnastics
Rock climbing
Sports such as football,
basketball and tennis



Bone-strengthening activities

Dance
Aerobics
Weight-training
Martial Arts
Water-based activities
Running
Sports such as gymnastics, hockey,
badminton and tennis



Activity Sheet 6b

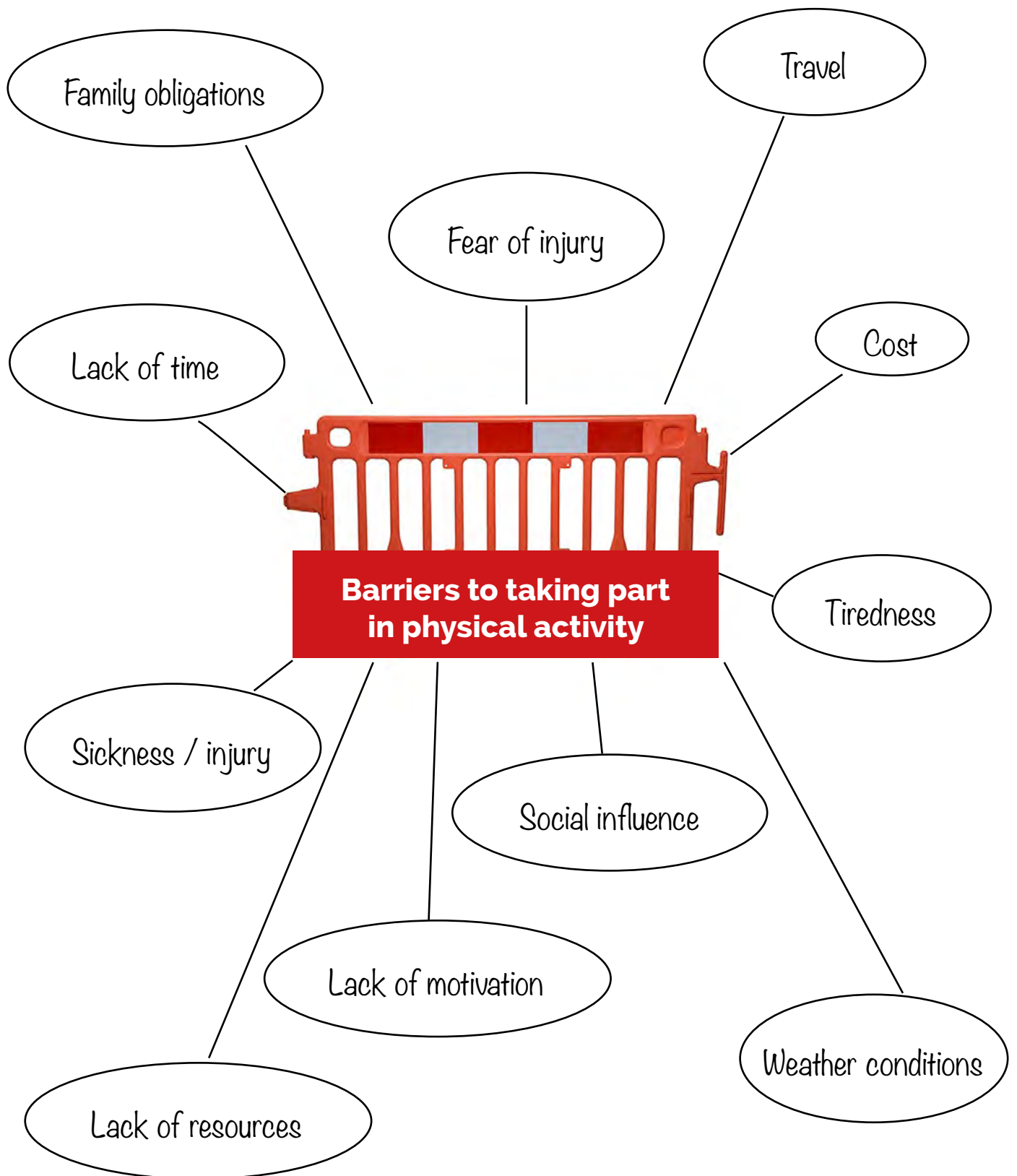
Fill in the timetable below showing what physical activity you currently take part in each week. Include: name / duration / cost of each activity.

	Morning	Afternoon	Evening
Sunday			
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			

In groups think of as many reasons as you can that would prevent someone from taking part in physical activity



In groups think of as many reasons as you can that would prevent someone from taking part in physical activity



Activity Sheet 6e

Use the timetable to plan the physical activity that you aim to do for a week. Take into account potential barriers and think about alternative activities that you could take part in.

	Morning	Afternoon	Evening
Sunday			
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			

Acknowledgements

We would like to acknowledge Ambition (ambitionuk.org) and Young Devon (www.youngdevon.org) for allowing the use of material and activities from the 'Somewhere to talk... Someone to listen' project, some of which have been reproduced in this resource.

Emotional Well-being

Emotional well-being is important to everyone and can affect all aspects of our lives, including relationships, education and work. During the course of our lives, we will all experience difficult life events and feelings of sadness, anxiety, anger or confusion at some time. One in four of us will be affected by mental illness in any one year. Our levels of well-being and resilience will affect our ability to cope with difficult times and can protect against developing mental health problems.



Your role

You can play an important role in promoting good emotional well-being and strengthening young people's resilience and ability to cope by:

- Being a supportive adult, promoting friendships with peers & supporting relationships
- Observing a young person's behaviour and what they might be feeling
- Helping to develop problem solving skills and positive thinking
- Giving the message that asking for help is a sign of strength, not weakness
- Demonstrating that our emotions don't have to govern our behaviour

(Adapted from: Ambition UK / Young Devon 'Somewhere to talk...Someone to listen')

What affects emotional well-being?

Some of the things that may affect young people's emotional well-being include:

- Stress
- Relationships
- Coping with people
- Coping with emotions
- Coping with change
- Low self esteem
- Self-harm

Aim of this section

This section aims to provide ideas for practitioners to promote young people's emotional well-being. We have used the Five Ways to Well-being as a basis for many of the activities. If you are planning an emotional well-being activity, you may like to consider the following actions:

- Putting up Five Ways to Well-being posters or displays as a prompt for people to think or talk about well-being (see 'Useful Resources and Websites' for details)
- Undertaking some group sessions to enable young people to consider their own strategies for looking after well-being
- Supporting individuals to find positive strategies for improving their own well-being (see 'Working one-to-one')
- Providing and facilitating activities linked to each of the Five Ways (e.g. a dance or walking group, volunteering, learning a new skill).

The Five Ways to Well-being

The 'Five Ways to Well-being' is the well-being equivalent of 'five fruit and vegetables a day'. The New Economics Foundation reviewed a wealth of research to come up with five simple things that improve and support emotional well-being. Everyone should try to incorporate more Five Ways activities into their daily lives in order to improve their own well-being.

Each of the 'Five Ways' and how they might relate to young people are described below:



Connect... with the people around you. With family, friends, colleagues and neighbours. At home, work, school or in your local community.

Think of these as the cornerstones of your life and invest time in developing them. Building these connections will support and enrich you every day.

- Friendships are vital to young people, and the richness of face-to-face interaction cannot be reproduced with internet connections. Aim to increase direct contact with people in the real world!
- Although this can be the most daunting area for young people with low self confidence, it is also often the most useful protective behaviour.
- Typical goals might include identifying occasions when the young person could speak to a specific person (even if only to have a brief conversation). It does not have to involve talking about anything personal or intimate.
- Lots of opportunities for being social also combine with Be Active and Keep Learning



Be Active... Swap your inactive pursuits with active ones. Go for a walk. Step outside. Cycle. Play a game. Garden. Dance. Walk or cycle when making short journeys. Being active makes you feel good.

Most importantly, discover a physical activity you enjoy and that suits your level of mobility and fitness.

- Guidelines state that children and young people up to the age of 18 should do at least 60 minutes (1 hour) of physical activity on five days of the week. This should be a mix of moderate-intensity aerobic activity, such as fast walking, and vigorous-intensity aerobic activity, such as running. Three times per week this should include muscle and bone strengthening activities such as skipping, climbing and dancing.
- Even modest amounts of activity can boost well-being, and it is important to find an activity that is enjoyable as this will be easier to maintain in the long run
- There is evidence that outdoor activity is especially good for boosting well-being
- Typical goals in this area might be to identify specific times in the week when the young person will do their chosen activity
- If the goal involves contact with other people or getting out of the house, so much the better!
- The 'Food & Fitness' section of this toolkit contains further information and ideas about physical activity



Take notice... Be curious. Catch sight of the beautiful. Remark on the unusual. Notice the changing seasons. Savour the moment, whether you are walking to work, eating lunch or talking to friends. Be aware of the world around you and what you are feeling. Reflecting on your experiences will help you appreciate what matters to you.

- There are two parts to "mindfulness" – one relates to awareness of your surroundings, the other to awareness of your own thoughts and feelings.
- Linking the two is the key, as it helps you to recognise that feelings and thoughts can be separated from actions, and that deciding upon particular actions can be a way of affecting your mood.
- Typical goals might include identifying "me time" in the week when the young person will find a quiet space to consider what is happening around and inside them.
- Various sorts of diary sometimes appeal – for example, a diary of dreams or feelings.
- Practitioners can help young people to develop problem solving skills and ways of positively managing emotions.



Keep learning... Try something new. Rediscover an old interest. Sign up for that course. Take on a different responsibility at work. Fix a bike. Learn to play an instrument or how to cook your favourite food. Set a challenge you will enjoy achieving. Learning new things will make you more confident as well as being fun.

- Learning that takes place outside of school or college is equally important as academic learning
- Gaining new knowledge or skills results in a sense of achievement that improves well-being
- Actions can include "small" things such as learning to boil an egg. If it's something bigger, such as achieving a qualification, breaking it down into small, achievable steps can help.
- Learning opportunities could include passing on skills to others, e.g. DIY, photography, crafts or combining with other healthy living topics in this toolkit e.g. healthy cooking



Give... Do something nice for a friend, or a stranger. Thank someone. Smile. Volunteer your time. Join a community group. Look out, as well as in. Seeing yourself, and your happiness, linked to the wider community can be incredibly rewarding and creates connections with the people around you.

- Every young person can be encouraged to see that they do matter to someone else, even if only in apparently small ways.
- If they struggle to see this, something as simple as their warm smile can be highlighted as a genuine and positive contribution to other people's happiness.
- Committing an act of kindness once a week for six weeks is associated with elevated well being.
- Volunteering and community participation are strongly linked to well being.
- Actions might include giving someone else a compliment or an appreciation, picking up litter in the local park, or having a conversation with the old person down the road.

Further information and ideas for Five Ways activities can be found on the Ideas Cards and other resources on the Five Ways to Well-being website (see 'Useful Resources and Websites')

Working One to One with Emotional Well-being: Guide for Practitioners

When working with young people who are having emotional well-being difficulties it is important to remember that as a practitioner you are not a mental health specialist and your role is to support them with any issues that you feel confident dealing with.

If you have any concerns about a young person's mental or emotional well-being you can refer to the following:

- Ring the Primary Care Mental Health Support Service in your area for advice (see Section 5 'Useful Resources & Websites').
- Consult the South East Wales' LSCB guidance on 'Handling issues of Self Harm and thoughts of Suicide in young people' (see Section 5 'Useful Resources & Websites')
- Direct the young person to one of the following services:
 - Schools Based Counselling Service (if in secondary school)
 - Their GP
 - A helpline or online support (see Section 5 'Useful Resources & Websites')

In the event of a disclosure of abuse, self harm or suicidal thoughts you should always follow your organisation's child protection procedures.

Supporting a young person using the Five Ways to Well-being

- You can use the Five Ways to help a young person feel that they are able to do something positive to improve their mood
- It is important that the young person feels in control of finding solutions and setting manageable goals for themselves. A practitioner's role is to guide and coach them through this process.
- A 'well-being action plan' template can be found in this section and provides somewhere to document and review goals the young person sets for themselves.
- If they aren't ready to do anything yet, setting goals is unlikely to help. Instead concentrate on giving the message that you are ready to talk whenever they want

Some points to consider when using the action plan

- Invite the young person themselves to identify which area(s) they would like to work on
- Help them set positive goals, rather than "Don't do..."
- Help them to be very specific about the actions, including when and how they will do them (e.g. specify exactly what time of day, days of the week etc)
- Encourage them to set realistic, manageable goals
- Set a definite date for your next meeting to review progress
- At the review meeting:
 - Ask how the young person has got on with the action plan.
 - If there have been problems implementing it, focus on reinforcing all the effort and positive steps they have taken. Suggest adjusting the plan to make it more achievable. Agree new goals and a time when you will meet again to discuss further.
 - If there has been a deterioration in the situation, review whether a referral to the GP or specialist mental health service is required.

Case Study: Hannah

The following case study shows an example of using the Five Ways to enable a young person (Hannah) to take positive steps to improve her emotional well-being.

Hannah is 15 and is at secondary school, she has a group of friends who she hangs around with and also plays football for the school team. She normally feels quite happy and gets on with life quite well.

Hannah's younger brother has cerebral palsy and Hannah helps out with him at school and at home. She gets very frustrated when people don't treat him properly. Academically Hannah is quite successful at school, she struggles with maths and doesn't like her history teacher but she doesn't really get into trouble.

Hannah's mum has recently started a new job and is often not home when Hannah and her brother get home from school, her mum's partner tries to be there to cook tea and Hannah's Gran pops in sometimes. The household is quite busy and Hannah sometimes finds it hard to get any peace, she is also starting to get a little behind on her homework.

Hannah has started feeling very angry and quite often has outbursts at her mum, she has recently stopped playing football and doesn't bother socialising with her friends as much preferring to stay in her room and listen to music.

When she was at youth club, which she attends sporadically, the youth worker noticed she seemed more withdrawn than normal and wasn't really bothering. She also went out to smoke which is new for her, she has never smoked before. The youth worker asks Hannah if she wants to have a coffee and they sit and have a chat. Hannah talks all about how she is feeling.

Using the Five Ways to Well-being to support Hannah

The youth worker talks to Hannah about the Five Ways and explains that it is a good way to help yourself feel better. Using the 'well-being action plan' they talk through each of the Five Ways.

Connect

- Hannah talked about feeling lonely and isolated from her family and friends. She felt that she didn't have a place anymore.
- The youth worker talked about the importance of Connecting and encouraged Hannah to come up with ways to connect with the important people in her life.

Actions:

- Hannah decided to suggest to her mum that they set aside regular times to spend time together
- Hannah thought of ways to get back in touch with her friends at football.
- Talking is very important to Hannah as she finds it helpful in dealing with her feelings. They discuss who Hannah might be able to talk to, and Hannah decides to try and talk to her mum. The youth worker suggests meeting with Hannah in a week or so to see how she got on.

Give

- They talked about how much time Hannah spent doing things for others and how she often felt pulled in several directions. Hannah is a very caring person and finds it hard to say no.
- Hannah is doing her the Duke of Edinburgh bronze award and as part of this has started volunteering in a nursing home.
- Volunteering is important to Hannah as it will help her career; she also wants to spend time with her brother.
- The youth worker talks about the importance of looking after yourself and how Hannah also needs to have time to get on with her school work and have peace and quiet.

Actions:

- Hannah decided to focus only on what is important for achieving the Duke of Edinburgh award rather than trying to do too many things at once.
- Hannah decided that for a couple of hours each evening she would tell her family that she would like some time for herself and that she would give herself time to just think and relax.

 **Be Active**

- Hannah talks about going back to playing football as it is something that she really enjoys and makes her feel good.
- She has missed a couple of weeks and feels bad about this, so they discuss how this could be made easier.

Actions:

- Hannah says a couple of the team have been on to her about returning to football so she decides to get in touch and go along with them to the next session.

 **Keep Learning**

- As Hannah is in school she feels learning is something she has to do all the time and doesn't feel there is any more she wants to do on this.
- They talk about school work and how she can keep on track with deadlines etc,

Actions:

- Hannah decides to start a timetable to be more organised and in control with homework and the Youth Worker suggests talking to her form tutor about any worries.

 **Take Notice**

- The Youth Worker talks about the importance of Taking Notice, as it will help Hannah to feel more in control and handle her emotions.
- They talk about noticing what makes her feel stressed, what helps and what makes her worse.

Actions:

- The Youth Worker suggested a mood diary might help with this and Hannah decided she could do this in her quiet time in the evenings

During this discussion the Youth Worker and Hannah completed an action plan template together and Hannah agreed to come back and chat to the youth worker about how she got on the following week.






Well-being Action Plan: Case study example

Name: Hannah

	Goal	How	When	Review
 Connect...	Arrange time to spend with mum	Chat to mum and get dates in the diary for next 6 weeks	Today when I get home	
	Weekly catch up chats with youth worker	Appointment arranged for next week	Next week at youth club	
 Be Active...	Get back into football	Txt friends from football and arrange to meet them before next training session	This weekend	
 Take Notice...	Start keeping mood diary to help understand emotions and keep a record.	Go out and buy a nice diary to keep notes in	Start as soon as possible and get in the habit of noting down important things.	
 Keep Learning...	Develop a timetable to help organisation and prioritising	Make a timetable	This weekend	
	Talk to a teacher about worries with school work.	Make an appointment with form tutor	Tomorrow at school	
 Give...	Give time through D of E project to keep focused	Attend meetings of D of E and form a plan through this	Next Thursday	
	Take time out to relax	Talk to family about having two quiet hours each evening	Today at home	

Well-being Action Plan

Name: _____

	Goal	How	When	Review
 Connect...				
 Be Active...				
 Take Notice...				
 Keep Learning...				
 Give...				

Facilitators Notes: What is Well-being?

Well-being is personal to individuals and changes throughout life. Everyone experiences life differently and depending on their circumstances, life events and psychological resources will have differing levels of well-being. Well-being is not the same as mental illness, even someone who is ill or disabled can have good well-being.

Promoting positive well-being is very important as it influences our ability to respond to difficult circumstances, form relationships, engage with others in the community, take care of our own health and achieve important personal goals in life such as education and work.

It is very difficult to define well-being precisely, but it is made up of emotional, physical, and social components (Adapted from: NEF (2009) National Accounts of Well-being):

- Feeling positive (more often than negative)
- Feeling satisfied with life, enjoying life
- Vitality: having energy, feeling well rested, feeling healthy, being physically active
- Self-esteem – feeling good about yourself
- Feeling optimistic about the future
- Resilience – being able to deal with life's difficulties
- Having control over your day to day life
- Feeling free to do what you want and having the time to do it
- Feeling a sense of achievement in things that you do
- Being able to make use of your abilities
- Enjoying what you do in life
- Having opportunities to learn
- Feeling that what you do in life is valuable and worthwhile
- Feeling valued by others
- Having supportive relationships with family and friends
- Trusting other people in your social circle and neighbourhood
- Being treated fairly and respectfully by others
- Feeling that you belong

Activity 1 – Exploring the Five Ways to Well-being

Facilitator introduces the Five Ways to Well-being

We can all do things to look after our own well-being; the Five Ways to Well-being are simple things that everyone can do to feel healthier and happier.

Describe the Five Ways (you can use the ideas cards or posters as visual aids) – we will move on to thinking about what each one means to you in a minute:



Connect – is about the importance of connecting socially with family, friends, neighbours and the wider community. Building and having supportive relationships



Be Active – is about being physically active as we know this is good for mental and physical well-being



Take Notice – is about taking the time to notice the world around you and your own thoughts and feelings



Keep Learning – is about how learning something new can build confidence, is enjoyable and can help you to feel good about yourself.



Give – is about how doing something nice for someone else can make you and the other person feel good, and helps to build relationships with people around you.

Activity 1 – Exploring the Five Ways to Well-being



ESTIMATED TIME

10 minutes

FORMAT



WHOLE GROUP

AIM

To enable young people to discover practical ways of looking after their own well-being.

RESOURCES

- Paper/flip chart/post-its/pens
- Facilitators notes: What is well-being?
- Five Ways to Well-being ideas cards, posters and post cards
- Well-being action plan worksheet

Five Ways to Well-being resources can be downloaded and printed from the 'Professionals' section of the website: www.publichealthwales.org/gwentfiveways

INTRODUCTION

This activity introduces the concept of well-being and actions that everyone can take to feel healthier, happier and more resilient to cope with difficult times in life. The Five Ways to Well-being are simple things that anyone can do in daily life to improve their well-being.

This activity can be used with any group of young people to raise their awareness and help them develop practical ways of looking after their own well-being.

TASK

Part 1 – Introduce the Five Ways to Well-being (15 minutes)

Introduce the activity to the young people, separate them into small groups. Provide paper and pens, if necessary.

Group discussion: What is Well-being?

Aim of exercise: to get the group thinking about what well-being means to them

Resources: Paper, pens, Facilitator's notes: What is well-being?

- Ask group to consider - what is well-being? What does it mean to me? What things affect well-being for good or bad?
- Get the group to call out their ideas or jot them down on flipchart/paper
- Use 'What is well-being?' facilitator's notes to start off discussion if group are reluctant to begin with.
- There are no right or wrong answers - well-being is individual to everyone.

Activity 1 – Exploring the Five Ways to Well-being



Connect



Be Active



Take Notice



Keep Learning



Give



ESTIMATED TIME

30 minutes

FORMAT



SMALL GROUP

AIM

To allow the group to explore the Five Ways to Well-being in more detail and think about how each one is relevant to their own lives.

RESOURCES

- Five Ways to Well-being Ideas Cards
- Posters
- Blu-tack
- Flip chart paper
- Pens
- Stop-watch / clock

TASK

Part 2 – Introduce the Five Ways to Well-being (15 minutes)

- Set up five 'stations' around the room, one for each of the Five Ways. Set up each 'station' with a sheet of flip chart paper and pens, a Five Ways ideas card and poster.
- Split the group into five. At their 'station' they have 3 minutes to write down ideas and examples of the 'Way' in question
- After the time is up, move each group along to the next station where they should add to the last group's list for another 3 minutes, and so on..
- By the end of the exercise each group should have visited all the 'stations'. The time needed at each station will reduce as each group adds ideas to the list.
- After the final round, ask each group to pick out their 3 favourite ideas and feed them back to the group

SUMMARY

- Bring the group back together to share their thoughts: What do you think of the Five Ways? Are they easy to fit into your life? Do you already 'do' any / all of the Five Ways to Well-being? Are there things you'd like to do more of?

Activity 1 – Exploring the Five Ways to Well-being



Connect



Be Active



Take Notice



Keep Learning



Give



ESTIMATED TIME

30 minutes

FORMAT



INDIVIDUAL

AIM

To allow each person to come up with some practical things they can do to improve their own well-being.

RESOURCES

- Five Ways to Well-being ideas cards
- Postcards
- Well-being action plan sheets
- Flip chart sheets from previous activity
- Pens

TASK

Part 3 – Fitting the Five Ways into your life (15 minutes)

How can you fit the Five Ways into your life?

- Give everyone a set of postcards and/or action plan sheet. These can be taken away as a reminder of the Five Ways and are also a place for noting down personal goals.
- Individually or in pairs:
Use the postcards or action plan sheet to write down / discuss with a partner how they will incorporate the Five Ways to Well-being into their life. They can choose to address all five or pick out ones that particularly resonate with them.
- Encourage the young people to think specifically about what they are going to do and how, when they are going to do it and anything that might get in the way (barriers).
- If the group are comfortable, you could share and discuss individual goals and encourage them to help each other find solutions to potential barriers.

SUMMARY

- Finish on a positive note with a round robin e.g. each person states one small (or big!) thing they will go away and do today to look after their well-being.

Activity 1 – Exploring the Five Ways to Well-being



Connect



Be Active



Take Notice



Keep Learning








Give

Ideas for extension activities

- The exercise could be a catalyst for helping the group to choose other activities they might like to do together in order to achieve one or more of the Five Ways.
- The exercise could be done as one session or split into five smaller ones, concentrating on one of the Five 'Ways' each time. Theme the session, so it will include a discussion of ideas around one of the Five Ways then an activity that follows the theme
- If young people are willing to share their personal goals, there could be feedback and celebration of success in subsequent weeks
- Blank ideas cards are available electronically on the Five Ways to Well-being website (see details below) and can be customised and printed off with ideas specific to the group or individual
- Following the session, Five Ways materials and the ideas generated in the session could be posted on notice boards around the setting as a reminder and to generate interest

Worksheet: Well-being Action Plan

Name: _____

	Goal	How	When	Review
 Connect...				
 Be Active...				
 Take Notice...				
 Keep Learning...				
 Give...				

Activity 2: Emotions Bingo



ESTIMATED TIME

10 minutes

FORMAT



WHOLE GROUP

This works best with larger groups and usually needs little explanation!

AIM

To encourage young people to find out what they have in common and what are their differences.

RESOURCES

- A bingo sheet for each person
- Pens
- A prize (Optional)

INTRODUCTION

Explain that you are going to play Emotions Bingo – it is similar to other bingo; the first person to complete the sheet shouts 'house' and wins!

TASK

The rules are that nobody can ask the same person twice, although you may need to review this if you have a small group.

Find people in the group whose name you can put against the following statements. When you have got a name in each square shout 'HOUSE!'

Review the process, pulling out things for discussion. For example, crying at sad films – is there a gender issue here? Is it okay for young men to cry? Are there other emotions that have gender stereotypes?

Taken from: 'Somewhere to talk...Someone to listen' project Ambition / Young Devon

Activity 2a: Emotions Bingo – Bingo Cards

Find someone who has laughed out loud today	Find someone who can tell you a song they just have to dance to!
Find someone who cries at sad films	Find someone who finds the same TV shows as you funny
Find someone who can name four emotions	Find someone who can tell you three words to describe anger
Find someone who can tell you how they cope with stress	Find someone who will tell you their most embarrassing moment
Find someone who can tell you the thing they are proudest of	Find someone to tell you what colour they think love is
Find someone who feels strongly about a cause or issue that means a lot to them	Find someone to tell you something that makes them feel happy
Find someone to share with you a time they felt nervous	Find someone to tell you about the last time they felt angry

Activity 3: Stress Gallery



ESTIMATED TIME
20 minutes

FORMAT



GROUP

AIM

This activity encourages young people to consider stress factors and develop some positive coping strategies.

RESOURCES

- Five large sheets of coloured paper
- A selection of coloured markers
- Sticky tape
- Flipchart paper

TASK

Ask the group for a definition of stress. Emphasise that stress can cause powerful feelings, as well as biological changes in the body.

Ask the young people for ideas about some of the feelings and biological changes that stress can cause.

Next, stick up the five large sheets of coloured paper at different points in the room. Each sheet should have one of the headings below:

- **Situations that Anger Me**
- **Situations that Worry Me**
- **Situations that Make Me Happy**
- **Situations that Make Me Excited**
- **Situations that Scare Me**

If you are working with a small group do this as a whole group activity, if not, divide the main group into five smaller ones. Position each group next to one of the posters and hand out a selection of markers.

Each group has one to two minutes to write down their responses to the situation on the poster in front of them. When the designated time is up, ask each group to move to the poster on their right.

Continue rotating the groups until each one has written their responses to the situations on all five posters.

Invite a spokesperson from each group to read the responses on the poster in front of them. Discuss similarities, insights, or perceptions related to the ideas listed. Talk about which responses are positive stressors and which are negative stressors. Conclude that stress isn't necessarily a bad thing, it can be positive in some situations.

As a group consider healthy strategies to cope with the stressful situations identified. For example, going for a walk, playing sport, using art to express feelings, talking to someone, Five Ways to Well-being. Record these onto the flipchart paper and display or type up and distribute later.

Taken from: 'Somewhere to talk...Someone to listen' project Ambition / Young Devon

Activity 4: Words, Stereotypes and Feelings



ESTIMATED TIME
15 minutes

FORMAT

This is a warm up activity for young people to explore the language of mental health and attitudes linked with it, including their own.

AIM

To look at stereotypes associated with mental health and to challenge these.

RESOURCES

- Post-it notes
- Large sheets of paper
- Felt tip pens

TASK

Divide the young people into groups of four. Hand out a small wad of Post-it notes and a pen to each young person and a large sheet of paper per group.

Working in groups, invite each young person to think of as many words or thoughts that come into their head when they hear the term 'mental health'.

Then write them on a post-it note and stick it onto their group sheet.

At this stage all contributions are welcomed and not challenged.

After five minutes call time and ask each group to share their sheet.

Often the list of words will focus on mental 'illness' and include a number of slang words that are offensive or ill-informed. How many words are seen to be positive or negative? Ask if they have used words like these. What feelings are generated in the person who uses these words: fear, superiority?

Explore with the group the possible origin of some of these terms and the potential effect upon our attitudes to people with mental health problems.

What might they feel: isolation, shame, anxiety, not belonging, anger?

Assess with the group the possible impact on people with mental health problems especially in terms of their sense of worth.

Raise the issue and reinforce the point that mental health is also about being emotionally healthy and not exclusively about illness.

Taken from: 'Somewhere to talk...Someone to listen' project Ambition / Young Devon

Activity 5: Young People's Case Studies



ESTIMATED TIME

Will vary depending on how you use the activity

FORMAT



INDIVIDUAL



GROUP

AIM

To enable young people to familiarise themselves with using the Five Ways to Well-being as a tool to support emotional well-being.

RESOURCES

- Case Studies & blank well-being action plans (provided)

INTRODUCTION

There are three different case studies to use:

Case study 1: Dane (self-esteem)

Case study 2: Kayleigh (self-harm)

Case study 3: Amy (coping with emotions)

TASK

Young people should read the case studies (individually, in pairs, threes or groups), list any points that they would like to discuss or feedback, then use the 5 Ways Action Plan provided to suggest ways that the person in each case study could improve their emotional well-being.

Activity 5a

Case Study 1: Self-esteem

Dane is in your year in secondary school and is tall and slender with messy brown hair with highlights. You have known him for a couple of years but he has always seemed like an 'odd one out' – he doesn't hang around with your group of friends and is very quiet in school, although he has a group of friends who he hangs round with during break times and who you see him riding round the town with after school sometimes.

Dane doesn't go to the youth club you go to, although you do sometimes see him out and about and always smile or nod. In school some of your year group have been asked to attend some focus groups over a 6-week period and Dane is one of the other group members. Dane attends the same number of sessions as you, but only speaks when he is spoken to. The other group members are friendly to him, but comment on his shyness and his blushing red cheeks when people who he doesn't seem to know very well speak to him.

During one of the sessions the group leader started talking about shyness as a topic, and you see Dane look down at the floor. The leader asked the group about being shy and asked them if being shy ever stopped any of them from doing things. The leader asked everyone in the group to give their input, including Dane. The group leader's question causes some of the group to open up about times when they feel shy and how sometimes it makes them afraid to do things or meet new people, even if they want to.

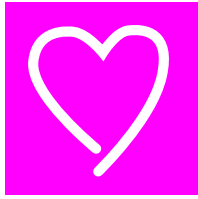
Activity: Discussion Points:

- 1.
- 2.
- 3.
- 4.
- 5.

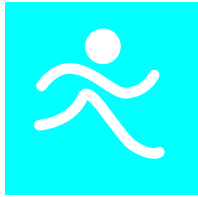
Activity 5a

Case Study 1: Action Plan Using the Five Ways to Well-being:

What could Dane do to help improve his self-esteem?



Connect...



Be Active...



Take Notice...



Keep Learning...



Give...

Activity 5b

Case Study 1: Self-Harm

Kayleigh is 14 and a friend of yours. She lives with her mum and about 6 months ago, took a long time off school after she was bullied by people in your class. This has been sorted and Kayleigh is now back attending school again. She has always attended youth club, but the youth workers who run the club have noticed that she has seemed less self confident in recent months and is not taking part in activities which she previously enjoyed.

Three weeks ago, Kayleigh told you that she has been secretly cutting her arms to deal with stress and that this had gone on for about a year. After you both spoke to a youth worker at the club Kayleigh goes to see the doctor and school counsellor, and is feeling a little better. Her cutting has reduced by about half, and she wants to know if you can think of anything else that might help.

Activity: Discussion Points:

- 1.
- 2.
- 3.
- 4.
- 5.

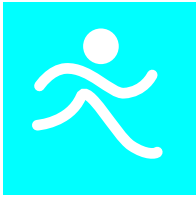
Activity 5b

Case Study 1: Action Plan Using the Five Ways to Well-being:

What could Kayleigh do to help improve her well-being?



Connect...



Be Active...



Take Notice...



Keep Learning...



Give...

Case Study 3: Coping With Emotions

Amy is 15 and a girl you know of from secondary school. She has a group of friends who she hangs around with and also plays football for the school team. She normally feels quite happy and gets on with life quite well. Amy's younger brother has cerebral palsy and Amy helps out with him at school a bit, but she gets very frustrated when people don't treat him properly. Amy is quite successful at school but struggles with maths and doesn't like her history teacher, although she never really gets into trouble. Amy's mum has recently started a new job and is often not home when Amy and her brother get home from school. Her mum's boyfriend tries to be there to cook tea and Amy's Gran pops in sometimes. The household is quite busy and Amy sometimes finds it hard to get any peace, so she is starting to get a little behind on her homework. Amy has started feeling very angry and quite often has outbursts at her mum and has recently stopped playing football. She doesn't bother socialising with her friends as much and prefers to stay in her room and listen to music. When she was at youth club which she attends now and then the youth worker noticed she seemed more quiet than normal and wasn't really getting involved in anything. She also went out to smoke which is new for her, as she has never smoked before. You ask her if she wants to sit and chat.

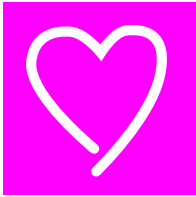
Activity: Discussion Points:

- 1.
- 2.
- 3.
- 4.
- 5.

Activity 5c

Case Study 1: Action Plan Using the Five Ways to Well-being:

What could Amy do to help cope with her emotions?



Connect...



Be Active...



Take Notice...



Keep Learning...



Give...

Activity 6: Risk and Resilience



ESTIMATED TIME
30 minutes

FORMAT



GROUP

AIM

To enable young people to explore risk and resilience factors.

RESOURCES

- Flipchart and markers

INTRODUCTION

This activity explores risk and resilience factors that contribute to mental health and emotional well-being.

TASK

Start the session by explaining the concepts of risk and resilience factors. 'Risk factors' are events or situations that can put mental health at risk and 'resilience factors' are those that can help people cope and counter influence the risks. Break the group into two. One group will consider what risk factors they think might affect young people's emotional well-being. The other group will look at resilience factors.

Encourage the young people to think about their own experiences of things that helped them and things that triggered worry and anxiety. For example risks may include: difficult family relationships, bullying, or drug and alcohol misuse. Resilience factors might include: feeling loved, playing sport, a faith or having someone to talk to.

Facilitate a feedback session that takes points from all groups and discuss any issues raised. Conclude by stressing that just because young people are subject to significant risk factors the resilience factors surrounding them may counter the risks enough to enable them to cope.

You can link this session with the Five Ways to Well-being which help to promote well-being and resilience.

Useful Resources and Websites

Gwent Five Ways to Well-being Network

Five Ways to Well-being information and downloadable resources as referred to throughout this section can be found on the website: www.publichealthwales.org/gwentfiveways

Resources can also be ordered by contacting Aneurin Bevan Gwent Public Health Team

E-mail: publichealth.aneurinbevan@wales.nhs.uk

Telephone: 01633 261448

Aneurin Bevan University Health Board Road to Well-being Programme

'Road to Well-being' is an exciting new initiative to help people manage stress and improve mental well-being. The Gwent initiative started in April 2015 has proved very popular with hundreds attending the 'Stress Control' and 'Activate your life' courses.

We also have a range of self-help resources available, including links to online CBT websites and mindfulness apps. We have an online bookshelf of downloadable Self-Help guides, available in PDF format and in easy-read versions.

"Stress Control" and "Activate Your Life" are two courses, run in a non-interactive, lecture-style format for anyone that would like to develop skills that enable them to "be their own therapist", control stress and live a more meaningful life. Although the classes are

aimed at adults, young people are also welcome to attend.

For more information:

Online: www.wales.nhs.uk/roadtowell-being/

Phone: 0330 053 5596

Handling Issues of Self Harm and Thoughts of Suicide in Young People: Guidance for frontline professionals and volunteers

South East Wales' LSCB have produced a document on 'Handling issues of Self Harm and thoughts of Suicide in young people'. This guidance document is for front line professionals and volunteers and also includes an information sheet about self-harm for young people.

Access online: http://www.sewsc.org.uk/fileadmin/sewsc/documents/misc/Messages_for_Practice_SELF-HARM.pdf

Primary Care Mental Health Support Service

If you have concerns about a young person's mental well-being you can call your local Primary Care Mental Health Support Service for advice:

Blaenau Gwent: 01495 363249

Caerphilly: 02920 888904 or 02920 889617

Monmouthshire: 01873 735549

Mental well-being Information and Fact Sheets

Newport: 01633 261850
Torfaen: 01495 765785(6)

The Royal College of Psychiatrists

Fact sheets and information is available for young people, parents, youth workers and others working with young people.

Some of the topics covered include:

- Anxieties and worries
- Bereavement
- Bullying
- Coping with Stress
- Depression
- Divorce
- Eating Disorders
- OCD
- Self-harm
- Sleep problems
- Surviving Adolescence
- When Bad Things Happen

This information is available online at www.rcpsych.ac.uk/healthadvice/parentsandyouthinfo.aspx

Young Minds

Website: www.youngminds.org.uk/for_children_young_people

The Young Minds website offers information to young people and children about mental health and emotional well-being.

MEIC

Website: www.meiccymru.org Freephone: 0808 80 23456
Meic provides information, support and advice for children and young people up to the age of 25.

The Samaritans

Website: www.samaritans.org.uk
24 Hour Helpline: 116 123 (free any time, from any phone)
Welsh Language Line: 0808 164 0123 (7pm – 11pm, 7 days a week)
Email: jo@samaritans.org.uk

The Samaritans provide confidential emotional support

Childline

Website: www.childline.org.uk
Helpline: 0800 1111
24 hour help line and information online for children and young people

Dewis Cymru

For information about local services please visit **Dewis Cymru:**
www.dewis.wales

Dewis Cymru is an online service directory for health and well-being services across Wales. It can be used to access information

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 to the number of unplanned teenage pregnancies and the increasing rates of sexually transmitted infections.



about where you live, how safe and secure you feel, getting out and about, and keeping in touch with family and friends.

Those working with young people have an important role to play in providing the opportunity for young people to access well designed sex and relationship education programmes. It is important that these programmes 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 practitioners who will have undertaken appropriate sexual health training, have an understanding of the pressures that 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/carers, to inform them of the work that is being delivered.

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 the facilitator should establish ground rules and clarify issues regarding confidentiality. Practitioners should also familiarise themselves with their organisation's guidelines on confidentiality.

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 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 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, personal advisers, youth workers, social care practitioners and parents.

Under 16s - Fraser Guidelines state that any competent young person, regardless of age, can independently seek medical advice and give valid consent to medical treatment.

The current legal position states 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 competent.

Gillick Competency and Fraser Guidelines:

A health professional can proceed to give advice and treatment provided he/she is satisfied in the following criteria

- that the young person understands the advice and has sufficient maturity to understand what is involved
- that the doctor could not persuade the young person to inform their parents, nor to allow the doctor to inform them
- that the young person would be very likely to begin, or continue having sexual intercourse with or without contraceptive treatment
- that, without contraceptive advice or treatment, the young person's physical or mental health would suffer
- that it would be in the young person's best interest to give such advice or treatment without parental consent.

For more information about Gillick Competency and Fraser Guidelines please visit <https://learning.nspcc.org.uk/media/1541/gillick-competency-factsheet.pdf>

Activity 1 – Sexual Health Words



ESTIMATED TIME
30 minutes

FORMAT



WHOLE GROUP

AIM

The aim of this activity is to explore young people's understanding of different words relating to sexual health. It is important to bear in mind that young people may use different terminology for some of the words in this activity.

RESOURCES

- Copies of Activity sheet 1a: Sexual Health Words
- Answer sheet 1a: Sexual Health Words
- Scissors

INTRODUCTION

The facilitator should use slang where appropriate to ensure that the young people understand what is being discussed

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.

The facilitator should read through the words on Activity sheet 1a before delivering the activity, to ensure they are confident and comfortable delivering this activity.

Before the session, photocopy and cut out the cards from Activity sheet 1a for the young people to use.

TASK

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 1a).

Sexual Health Words

Ask the young people to read out a word in turn from Activity sheet 1a 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 1a is available if the young people are unsure of any word meanings. It is important that the facilitator clarifies any misunderstandings.

If the young people are not comfortable reading out the words, the facilitator can do this.

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.

Activity sheet 1a: Sexual Health Words

Abortion	Anal sex	Asexual	Bisexual
Celibate	Child Sexual Exploitation	Confidentiality	Consent
Contraception	Female Genital Mutilation	Feminine	Friend
Gay	Gender	Gender Dysphoria	Heterosexual
Homophobia	Homosexual	Kissing	Lesbian
Love	Masculine	Masturbation	Non-binary
Oral sex	Orgasm	Pansexual	Partner
Puberty	Rape	Relationship	Safer Sex
Sex	Sexting	Sexist	Sexual
STI	Straight	Transgender	Vaginal sex

Answer sheet 1a: 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.

Asexual - People who don't fancy others. Some people find that they don't want to date or be in a relationship with other people because they don't feel any attraction to them.

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

Celibate - A person who chooses not to have sex

Child Sexual Exploitation - Child sexual exploitation (CSE) is a type of child abuse. It happens when a young person is encouraged, or forced, to take part in sexual activity in exchange for something.

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

Female Genital Mutilation - The cutting or partial or total removal of the external female genitalia for cultural, religious, or other non-medical reasons.

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

Gender - Whether you are male or female

Gender Dysphoria - this is when someone feels uncomfortable about the gender they were assigned and who they really are. For example, if someone was assigned as a boy at birth and grew up feeling that this wasn't right, they may have gender dysphoria. There is help and support available for people who experience this

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

Homophobia - The dislike or prejudice against homosexual people

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

Masculine - Having qualities or an appearance traditionally associated with men

Answer sheet 1a: Sexual Health Words

- Masturbation** - Touching rubbing or stroking your own or another person's sexual organs for pleasure
- Non-binary** - Someone who doesn't feel that they are either a boy or a girl. They might feel a combination of the two or at times, one or the other
- 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 excitement, usually resulting from stimulation of the sexual organs and usually accompanied in the male by ejaculation
- Pansexual** - People who fancy people of any gender. This might be someone who says that they don't think someone's gender is important when they fancy people.
- 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 the UK rape includes vaginal, oral or anal sex with either a man or a woman
- Relationship** - How two people interact with each other. There are different types of relationship, including family, friend, professional or intimate
- 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
- Sexting** - Sexting is when someone shares sexual, naked or semi-naked images or videos of themselves or others, or sends sexually explicit messages. Sexting can be seen as harmless, but creating or sharing explicit images of a child is illegal, even if the person doing it is a child
- Sexist** - Someone who is prejudiced against someone else because of their gender
- 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
- 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
- Straight** - A common word used to describe people who are heterosexual
- Transgender** - a word used to describe anyone who does not feel they completely fit in the gender and or sex they were born with
- 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

Activity 2 – Healthy Relationships



ESTIMATED TIME
30 minutes

FORMAT



SMALL GROUP



WHOLE GROUP

AIM

To enable young people to understand the characteristics of a healthy relationship and an unhealthy relationship.

RESOURCES

- Flip chart paper and pen
- Activity Sheet 2a and Activity sheet 2b (enough pre cut for each group)

INTRODUCTION

The purpose of this activity is to ensure the young people are able to notice when a relationship might not be healthy. This includes being able to understand the boundaries of a relationship and being able to recognise signs of abuse.

TASK

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.

The Activity

Write the word 'relationships' on a piece of flipchart paper. Ask the young people to list people who they have a relationship with (family members, teacher, friends, boy/girlfriends...) Ask them to think of words that they would use to describe each of these relationships and make a note of these on the flipchart paper.

Ensure that enough cards have been cut out for each group. Separate the young people into small groups (no more than 5-6) and give them 10 minutes to discuss whether they feel each card is a characteristic of a healthy or unhealthy relationship and place the cards on Activity Sheet 2a in the correct column.

SUMMARY

Summarise what has been discussed in this activity and discuss each card in some detail and whether it would be a characteristic of a healthy or unhealthy relationship.

Activity Sheet 2a: Healthy Relationships

Healthy Behaviour	Unhealthy Behaviour

Activity Sheet 2b: Healthy Relationships

Texts you everyday

Respects your boundaries and doesn't push you into things

Wants to spend all their time with you

Tells you your problems aren't important

Doesn't want to spend time with your friends

Refuses to use a condom

Able to disagree politely on personal tastes

Tells their friends about your sex life

Likes to be affectionate

Makes you feel guilty for saying no to sex

Keeps your sex life private

Listens to you when you are upset

Says you're fit, sexy or hot

Struggles to trust you

Shares all the same interests as you

Tells you you're the only one in your year that hasn't had sex yet

Respects that even if they are ready to have sex that you might not be

Makes mean comments about your appearance

Likes to know where you are

Respects if you want to end the relationship

Apologises if they make a mistake

Activity 3 – Attitudes to Sexual Behaviours



ESTIMATED TIME
30 minutes

FORMAT



WHOLE GROUP

AIM

For young people to explore their attitudes towards some sex related scenarios/behaviours

RESOURCES

- Activity Sheet 3a
- Activity Sheet 3b

INTRODUCTION

The purpose of the activity is for the young people to explore how they feel about certain things relating to sexual behaviours. There may be times when the young people disagree and this will provide an opportunity for further discussion around the topic.

TASK

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.

The Activity

Explain to the young people that they are going to explore their attitudes and values towards sexual behaviours. Highlight that whilst there might be different opinions and that this is ok, there may be instances where actions can impact negatively on other people and it's important to consider the consequences before deciding whether you think an action is ok.

Show the young people the 'ok' and 'not ok' cards and position them at opposite ends of the room. The facilitator will read the cue cards (activity sheet 3a) and ask the young people stand at the relevant end of the room based on their opinion. Ask some of the young people to volunteer why they feel that way and generate discussion between the two groups.

The facilitator may need to select some of the more relevant statements to read out as there may not be time to go through them all.

SUMMARY

Summarise what has been discussed during the session and highlight that people have different attitudes and values but it is very important to consider any consequences as some of the actions discussed could result in hurting another person (for example, having sex with someone knowing you have an STI) or some could even result in breaking the law (for example, sexting or having underage sex).

Activity Sheet 3a: Attitudes towards Sexual Behaviours

To have sex with someone knowing you have an STI

Sexting

Staying the night at an older person's flat

To have more than 25 sexual partners

To have anal sex

Meeting with someone from the internet

To have an abortion

To have 5 abortions

To have a one night stand

To identify as non-binary gender

To be pan-sexual

For a 15 year old boy to have sex with a 22 year old woman

To have sex with someone as long as your partner doesn't find out

To get drunk to have sex

For a 16 year old boy to have sex with a 21 year old man

For a 14 year old girl to have sex with 18 year old man

Masturbation

To watch porn

To give oral sex without a condom or dam

To get contraception/condoms under the age of 16

For a 17 year old to freely swap drugs for sex

OK

NOT

OK

Activity 4 – 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.

RESOURCES

- A3 printouts of Activity Sheet 4a (three scenarios)
- Activity Sheet 4b – Discussion Points
- Pens

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.

Before starting photocopy one of each of the scenario cards on Activity Sheet 4a onto A3 paper. Place one scenario on each of three tables.

TASK

Introduction

Explain that this activity looks at the laws surrounding sexual health. Encourage the young people to think of any laws that they are aware of relating to sex. Tell the young people that they will be working in groups and taking it in turns to look at three different sexual health scenarios and discuss what the outcomes/consequences are in each scenario.

The Activity

Each group will have 3 minutes to look at a scenario and write their thoughts down before moving on to the next table and next scenario. At the end of the activity each group will have moved around all three tables and written some responses for each scenario.

Summary

Bring the group together and summarise the activity by asking the young people to read out some of the outcomes or consequences for each scenario.

Scenario 1: Jack & Chloe

Jack is a 17 year old male who has been in a relationship for 6 months. His girlfriend, Chloe, will be 16 in a couple of weeks. The couple are at a friend's house party where there are no adults and they are both drinking alcohol. One thing leads to another and they end up having unprotected sex. The next day Chloe regrets what she has done and is worried about her parents finding out.

What could be the consequences of this scenario?

Scenario 2: Grace

Grace is 14 years old. She is not in a relationship but she had unprotected sex about a month ago and thinks she may be pregnant. She doesn't want her parents to know but she is scared about having a baby and doesn't really know who to turn to for help. She does not want to be a single mum and doesn't think she is ready to look after a baby.

What options does Grace have?

Scenario 3: Laura and George

Laura is 15 years old, she has thought for a while that a boy in her class called George likes her. They have been texting each other for a couple of weeks and recently he has been talking about sex and asking Laura to send him a naked photo. Laura knows that she shouldn't but she also doesn't want George to stop liking her or think she's boring so one night she sends him a photo. In school the next day she sees George and his friends all looking at his phone and laughing. She feels so embarrassed and doesn't know what to do.

What could happen in this situation?

Discussion Points

Scenario 1: Jack & Chloe

- Inhibitions being lowered when drinking alcohol
- Jack could be accused of statutory rape if Chloe stated that she did not consent. As a result he could be charged with underage sex of a minor and be placed on a sex offender's register
- Chloe could be pregnant (this could affect education, future employment, social life...)
- Jack could have an STI which Chloe may now have caught
- Jack could tell all his friends what happened

Scenario 2: Grace

- She will be able to have a free pregnancy test without her parents knowing
- If she is pregnant then there are professionals that she can speak to who can help her make the best decision for her and her baby
- If she is pregnant and she doesn't feel that keeping it is the best option then she is able to have an abortion without parental consent
- She is able to get tested for STI's at a local clinic without her parents finding out that she has had underage sex
- She could have a Long Acting Reversible Contraception (LARC) fitted without parental consent to avoid the same thing happening in the future

Scenario 3: Laura & George

- By creating an explicit image of a child Laura has broken the law. It is illegal to create an explicit image or video of a child even if the person taking it is a child themselves.
- If George has the photo on his phone he has also broken the law as it also illegal to possess an explicit image of a child.
- It is also illegal to share an explicit image of a child even if it being shared amongst people who are the same age.

Activity 5 – Contraception and condom use



ESTIMATED TIME

1 hour

FORMAT



SMALL GROUP



WHOLE GROUP

AIM

To inform young people of the various methods of contraception that are available to them. To ensure that the young people have gained an understanding of the various types of contraception.

RESOURCES

- Activity Sheet 5a: Fact Sheets
- Paper and pens
- Flipchart paper

INTRODUCTION

This activity provides young people with the opportunity to acquire knowledge and understanding as to the methods of contraception available

Before starting the activity print out 6 copies of the fact sheets on Activity Sheet 1.

TASK

Introduction

Introduce the activity by explaining that contraception is an important part of sex and allows couples to decide if and when they are ready to have children, control how many children they have and also reduce the risk of STI transmission.

Ask the young people to think of the types of contraception that they are aware of and write these on a piece of flipchart paper. When this is done ensure that condoms, IUD coil, birth control pill, implant, injectables and withdrawal are all on the board. If any are missing add them to the list.

Explain to the group that you are going to focus on the contraceptives that are most commonly used by young people and draw a circle around condoms, IUD coil, birth control pill, implant, injectables and withdrawal

The Activity

Ask the young people to put themselves into 6 pairs/groups and give each group a fact sheet (Activity Sheet 5a) and a form of contraception. Explain that they are going to produce an advert informing young people about their contraceptive method. It is important that they answer the following questions:

1. Will it prevent pregnancy?
2. Does it prevent STI's and HIV?
3. How effective is the method?
4. What are the possible side effects?

Activity 5 – Contraception and condom use

These questions can be written on the flipchart as a reminder to the young people. The advert can be for TV, radio or internet (e.g. YouTube, Facebook).

When the young people have produced and rehearsed their adverts they can be presented to the rest of the group. When each group has finished presenting correct any misinformation you may have heard.

Ask pupils to decide which they feel is the most effective method of contraception and which is the most effective at protecting from STIs. **(Answer: Using two methods together since no one method is 100% by itself).**

Summary

Bring the group together and discuss where they might be able to get more information about contraception and where they may be able to get contraception from. Highlight that young people do not need parents' permission to receive any of the contraceptive methods discussed in this session.

Activity Sheet 5a: Contraception

Fact Sheets

QUESTION	ANSWER
What is it?	Combined Pill
How is it used?	Usually taken daily for 21 consecutive days, followed by 7 pill free days (some products contain dummy pills for these days) May also be taken continuously, or with less frequent and shorter breaks
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 Typical use has a failure rate of 9% per year
What risks are there in using it?	Minor side effects e.g. 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. Women for whom it would not be a disaster if they got pregnant. 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, practice nurse, Sexual Health Clinic.

QUESTION	ANSWER
What is it?	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 on the care in use but generally 98% effective Typical use has a failure rate of 18% per year.
What risks are there in using it?	Some people are sensitive to the chemicals in latex condoms, though rare. Latex free condoms are available. 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, and in addition to an effective method of contraception.
Where would you get it from?	Sexual Health and family planning clinics can provide them free of charge. Vending machines, supermarkets and chemists. A Condom Card Scheme may also operate in your area.

Activity Sheet 5a: Contraception

QUESTION	ANSWER
What is it?	Injectable contraception
How is it used?	A contraceptive injection which is repeated every 12 weeks.
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% + but you have to remember to come back for your injections on time.
What risks are there in using it?	Menstrual disturbance, bleeding or complete cessation of periods. Weight gain, may be a delay in return of fertility (up to one year) . Does not protect against STIs. Small loss in bone density, which recovers after stopping.
Which groups is it best suited for?	All women, particularly those who cannot remember to take the pill. Women with heavy or painful periods, as it often stops them. Not 1st choice for very young girls or women near menopausal age
Where would you get it from?	GP, practice nurse, Sexual Health Clinic.

QUESTION	ANSWER
What is it?	IUS Coil
How is it used?	Inserted into uterus
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 inhibit 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.
Which groups is it best suited for?	Women who want a very effective method of contraception. Those who may forget to take the pill, or who can't for medical reasons. Good for women with heavy or painful periods. Also suitable for young women who have never had children.
Where would you get it from?	GP or nurse trained in fitting IUD or Sexual Health Clinic.

Activity Sheet 5a: Contraception

QUESTION	ANSWER
What is it?	Implant (small flexible rod place 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); can cause irregular bleeding
Which groups is it best suited for?	Most women Good for those who forget to take the pill, or who can't take the pill for medical reasons Women who have heavy or painful periods
Where would you get it from?	GP or nurse trained in fitting implants or Sexual Health Clinic

QUESTION	ANSWER
What is it?	Withdrawal
How is it used?	By pulling penis out of the vagina before ejaculation (before coming)
How does it work to prevent pregnancy?	Only works if penis is pulled out in time. This will mean sex being interrupted and a loss of pleasure for some
How effective is it (%)	78%-96%
What risks are there in using it?	Does not protect against STI's Does not work if penis is not pulled out in time
Which groups is it best suited for?	Not best suited to any particular group
Where would you get it from?	N/A

PREVENT PREGNANCY GET LARC

(Long Acting Reversible Contraception)



IUS

(Intra Uterine System)

Sometimes called Mirena.

Works for five years.



ATAL BEICHIOGI GYDA LARC

(Dull Atal Cenhedlu Gwrthdroadwy, Hirdymor)

IUS

(Y System Fewngroth)

Gelwir weithiau'n Mirena.

Mae'n gweithio am bum mlynedd.

IUCD

(Intra Uterine Copper Device)

Sometimes called the 'coil'

Works for five to ten years, dependent on which type you have.



IUCD

(Y Ddyfais Fewngroth Gopr)

Gelwir weithiau'n 'coil'

Mae'n gweithio am bump i ddeng mlynedd, yn dibynnu pa fath sydd gennych.

Injections

Sometimes called 'Depo'

Works for 12 weeks, then you need another one.



Chwistrelliadau

Gelwir weithiau'n 'Depo'

Mae'n gweithio am 12 wythnos, yna bydd angen un arall arnoch.

Implant

Sometimes called 'Rod'

Works for three years.



Mewnblaniad

Gelwir weithiau yn 'rod'

Mae'n gweithio am dair blynedd.

For more information visit

www.youchoose.wales.nhs.uk

or visit your local sexual health clinic or your GP.

Am fwy o wybodaeth ewch i

neu ewch i'ch clinig iechyd rhywiol lleol neu eich meddyg teulu.

LARCs prevent pregnancy. Condom use is essential to prevent Sexually Transmitted Infections (STIs)



Mae LARC yn atal beichiogi. Mae defnyddio condomau yn hanfodol i atal heintiau a drosglwyddir yn rhywiol.

Where can young people get condoms?

Free:

Young people's sexual health clinics

Contraception and Sexual Health Clinics

Genitourinary Medicine (GUM) Clinics

C-Card schemes (<http://www.wales.nhs.uk/sitesplus/888/page/59781>)

To buy:

Supermarkets

From machines in some toilets

Chemists

Corner shops

Garages

Quality of condoms

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

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, and these lubes – e.g. Vaseline, massage oil or baby oil – will damage most condoms.



Spermicides

In the UK condoms are no longer lubricated with spermicide.

There is no evidence that spermicides reduce conception rates, and there is some evidence that they increase STI rates and HIV transmission. It is still recommended to use spermicide with diaphragms and caps, but these methods are not recommended in women with HIV or those with a high risk of exposure to HIV.



Types of Condoms

All condoms with the above mark and BSi kitemark have been designed to be safely used for oral, anal and vaginal intercourse. They 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.

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 used 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 are available from many chemists.

Additional Information: Condoms

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

Dams

These are thin latex or non-latex films which are used during oral-vaginal or oral-anal contact, which are recommended for reducing transmission of STIs.



Additional Activity 5b: Effective use of a Condom

Cut out the cards and ask young people to work in groups to place in the cards in the correct order. If you have received sexual health training you could carry out 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 down to the base 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. Check the condom for damage, wrap it in a tissue, and 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 been properly made

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. Ensure condom remains in place throughout

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

Additional Information: Emergency Contraception:

A woman can use emergency contraception to prevent pregnancy after having unprotected sex, or if a method of contraception has failed, for example a condom has split or you've missed a pill.

There are two methods of emergency contraception:

- the copper intrauterine device (IUD).
- the emergency contraceptive pill (the morning-after pill)

Both of these methods are very effective at preventing pregnancy if they are used soon after unprotected sex. The most effective way of minimising your chance of becoming pregnant in this situation is to have an "IUD" or intrauterine device fitted.

Be aware however that emergency contraception does not protect against sexually transmitted infections.

Copper intrauterine device (IUD)

The copper intrauterine device (IUD) is a small, plastic and copper device that can be fitted into your womb by a doctor or nurse within five days of having unprotected sex or sometimes even longer depending on the length of your normal menstrual cycle.

The IUD stops sperm from reaching an egg and fertilising it. It is the most effective method of emergency contraception and prevents up to 99% of pregnancies. It's more effective at preventing pregnancy than the emergency pill, and it does not interact with any other medication.

You can also choose to have the IUD left in as an ongoing method of contraception.

Most women can use the IUD for emergency contraception. It is particularly suitable if:

- you cannot or do not want to take hormones
- you are taking certain medication, such as epilepsy drugs
- you want to use the IUD as an ongoing method of contraception

See the [intrauterine device \(IUD\)](#) topic for further information.

Emergency contraceptive pill

There are two types of emergency contraceptive pill:

- **Levonelle** is the most commonly used. It can be taken up to three days (72 hours) after having unprotected sex, and is available free of charge on prescription or can be bought from your local pharmacy if you are over 16.
- **ellaOne** is a type of emergency contraceptive pill that can be taken up to five days (120 hours) after having unprotected sex.

The effectiveness of the emergency contraceptive pill decreases over time.

A trial undertaken by the World Health Organization (WHO) indicated that levonorgestrel (the drug in Levonelle) prevented:

- 95% of unexpected pregnancies when taken within 24 hours of sex
- 85% if taken within 25–48 hours
- 58% if taken within 49–72 hours

More recent studies suggest that the prevention rate might be lower, but still substantial.

A study published in 2010 showed that of 1,696 women who received the emergency pill within 72 hours of sex, 37 became pregnant (1,659 did not). Of 203 women who took the emergency pill between 72 and 120 hours after unprotected sex, there were three pregnancies.

Most women can use the emergency contraceptive pill, including women who are breastfeeding and those who cannot usually use hormonal contraception (such as the combined pill or contraceptive patch).

The emergency contraceptive pill should not be used as a regular method of contraception.

For more information, see the A-Z topic on the emergency contraceptive pill.

The statistics

If 1000 women have sex without a condom and are not using contraception:

- 80 will become pregnant if they do not access any emergency contraception
- 10 will become pregnant if Levonelle is used as emergency contraception
- 5 will become pregnant if ellaOne is used as emergency contraception
- Only 1 will become pregnant if the emergency IUD is used

Where to go for help

The IUD can be fitted at:

- GP surgeries
- contraception/sexual health clinics
- some young persons' clinics and Brook advisory centres

Acting quickly and using emergency contraception after unprotected sex will usually prevent a pregnancy. The emergency contraceptive pill is available free from:

- a GP
- any contraception/sexual health clinics
- some pharmacies
- any genitourinary medicine (GUM) clinic or sexual health clinic
- any young persons' clinic
- some hospital accident and emergency (A&E) departments

The emergency contraceptive pill can also be bought from pharmacies and some private clinics. It costs around £25.

The Facts

- Both types of emergency contraception are effective at preventing pregnancy if they are used soon after unprotected sex. Less than 1% of women who use the IUD get pregnant, whereas pregnancies after the emergency contraceptive pill are not as rare. It's thought that ellaOne is more effective than Levonelle.
- The sooner you take Levonelle or ellaOne, the more effective it will be.
- Levonelle or ellaOne can make you feel sick, dizzy or tired, or give you a headache, tender breasts or abdominal pain.
- Levonelle or ellaOne can make your period earlier or later than usual.
- If you're sick (vomit) within two hours of taking Levonelle, or three hours of taking ellaOne, seek medical advice as you will need to take another dose or have an IUD fitted.
- If you use the IUD as emergency contraception, it can be left in as your regular contraceptive method.
- If you use the IUD as a regular method of contraception, it can make your periods longer, heavier or more painful.
- You may feel some discomfort when the IUD is put in – painkillers can help to relieve this.
- There are no serious side effects of using emergency contraception.
- Emergency contraception does not cause an abortion.

Information taken from NHS Direct Wales: <http://www.nhsdirect.wales.nhs.uk/encyclopaedia/e/article/emergencycontraception/>

Activity 6 - Sexually Transmitted Infections (STIs)



ESTIMATED TIME

30 minutes

FORMAT



SMALL GROUP



WHOLE GROUP

AIM

- To increase young people's understanding and knowledge of sexually transmitted infections.
- To develop awareness of local sexual health service

RESOURCES

- Flipchart paper and pens
- Copies of Activity Sheet 6a: STI Card Game
- Fact sheet 6a: Types of STIs
- Fact Sheet 6b: Information on STIs
- Fact Sheet 6c: STIs - where to get help and advice.

INTRODUCTION

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 the symptoms and effects of the more common STIs, how they can be prevented and where they can go for treatment. This activity assesses the young people's current knowledge and perceptions of STIs and also encourages them to learn factual information about the main STIs and where they can go locally for advice and treatment.

Before starting the activity, photocopy and cut out the jigsaw cards on Activity sheet 6a for the young people to use. Keep a copy of the original activity sheets for the answers.

TASK

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.

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, test, treatment and caused by 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.

SUMMARY

Summarise what has been covered and provide the young people with information on the local treatment services, as outlined on Fact Sheet 6c.

Chlamydia

Caused By:

- Bacteria

Test:

- Self taken swab for females
- Urine test for males

Treatment:

Can be cured with antibiotics.

All sexual partners will also need to be tested and they can be informed by a clinic if it's not convenient for you to do so

Symptoms:

Males:

- a whitish, cloudy or watery discharge
- pain when urinating

Females:

- a change in the vaginal discharge
- pain when urinating
- pain in the belly or lower back
- pain during sex
- bleeding between periods or after sex

Effects on health/complications:

None if treated. If Chlamydia is left untreated it can cause infertility in men and women. It is important that any sexual partners are told and clinics will be able to do this if it is too uncomfortable for you to do

Genital Warts

Caused By:

- A Virus

Test:

- No test available

Symptoms:

- Warts in genital area for males and females. Warts, bumps or skin changes may also appear around the anal area and on upper thighs.
- Warts are usually painless but they may become itchy, inflamed or bleed.

Effects on health/complications:

Warts are caused by the human papillomavirus (HPV). However, the strains of HPV that cause genital warts (types 6 and 11) do not cause cancer of the cervix, vulva, anus or penis.

Treatment:

An ointment usually works, however, some warts may respond better to freezing treatment

Gonorrhoea

Test:

- Self taken swab for females
- Urine test for males

Caused By:

- Bacteria

Treatment:

Antibiotics can cure gonorrhoea completely. All sexual partners will also need to be tested and they can be informed by a clinic if it's not convenient for you to do so

Symptoms:

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

Males

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

Females

- Unusual discharge
- Burning feeling when passing urine
- Painful lower abdomen or pain during sex
- Irregular bleeding

Effects on health/complications:

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

Hepatitis (A, B and C)

Test:

Blood test

All sexual partners will also need to be tested and they can be informed by a clinic

Caused By:

- Viral Infection

Treatment:

For many types of hepatitis there is no treatment but symptoms can be managed with antiviral medication. It is also important to rest, stay hydrated and rest your liver (not drinking any alcohol). Some infections pass within a few months while others can become more chronic.

Symptoms:

In many cases there are no signs and symptoms. However, the following symptoms may be experienced:

- Early signs of include experiencing flu like symptoms such as muscle and joint pain, headaches, feeling sick, temperature and jaundice (yellowing of the skin and eyes).
- Symptoms of chronic cases include feeling tired all the time and generally feeling unwell, jaundice and depression. Some types of hepatitis (such as hepatitis A) can also cause itching.
- As hepatitis can have no symptoms the only way to know for sure is to get tested if you have recently had unprotected sex.

A vaccine is available for Hepatitis A and B and is usually given to people who will be travelling to countries where hepatitis is widespread as well as MSM (Men who have sex with Men), sex workers, drug users and people who may be exposed to hepatitis through their job.

Effects on health/complications:

In some cases it can cause cirrhosis (scarring of the liver)

Genital Herpes

Test:

Swab taken from sores

Caused By:

- A Virus

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)
- Pain or burning feeling when you pass urine (pee).

Effects on health/complications:

Recurrent episodes are common, although they tend to get less frequent and less severe as time goes on.

Treatment:

- Antiviral tablets are given to speed up recovery of episodes.
- There is also treatment to help relieve the pain from blisters.

Human Immunodeficiency Virus (HIV)

Treatment:

HIV can be controlled with medication. Although there is no cure for HIV, it is able to be managed very well and kept at a level where it is unidentifiable. This means that it cannot be passed on to sexual partners. This means that when treated, the risk of it being passed on to sexual partners is almost 0%.

Symptoms:

Some people notice no symptoms when they are first infected with HIV. But within six weeks of infection most people suffer a short illness (lasting around two weeks) as their body reacts to the virus.

This involves two or more of the following:

- body rash
- sore throat
- fever

Caused By:

- A Virus

Test:

A blood test can detect the virus

Effects on health/complications:

In the 1980s and early 1990s HIV treatment wasn't very good at fighting the virus and most people with it were eventually diagnosed with AIDS. But now anti-HIV drugs can control the virus and a lot less people in Britain develop serious HIV-related illnesses. The word 'AIDS' isn't used much by doctors now. Instead they talk about late-stage or advanced HIV.

Syphilis

Symptoms:

- **First stage** - 10 days to 3 months after infection a painless sore may appear at the site of infection - on the penis or vagina, in the mouth or around the rectum. This heals about 2 to 6 weeks later.
- **Second stage** - a few weeks later you may get a rash, usually on the palms of the hands or soles of the feet. You may feel ill, with a fever or headache. You may have patchy hair loss, weight loss or growths similar to genital warts around the anus in men and women and also around the vulva in women. Between the second and third stage there will be no symptoms.
- **Third or late stage** - If untreated, years later, syphilis can damage your heart, brain and nervous system.

Treatment:

Antibiotics, given by injection or tablets, cure it - but don't have sex until the treatment has finished or you could pass on the infection.

Test:

There is a blood test for syphilis, and if you have a sore the fluid inside it will also be tested
All sexual partners will also need to be tested and they can be informed by a clinic if it's not convenient for you to do so

Caused By:

- Bacterial Infection

Effects on health/complications:

If syphilis is left untreated it can cause serious damage to the heart, brain and nervous system.

Pregnant women are offered syphilis testing as it can cause miscarriage or stillbirth. Syphilis can be treated safely during pregnancy with no harm caused to the baby.

TYPE	INFECTION
Viral	Genital Herpes Genital Warts HIV Hepatitis
Bacterial	Chlamydia Syphilis Gonorrhoea
Parasitic	Pubic Lice Trichomonas Vaginalis (TV) Scabies

Fact sheet 6b: Information on STI

GENITAL HERPES / HERPES SIMPLEX VIRUS	
Signs and symptoms	<p>Often no symptoms</p> <p>Fluid filled blisters which burst and leave sores</p> <p>Flu-like symptoms</p> <p>Tingling or itching around the genitals or anus</p> <p>Urinating over the sores is painful</p>
How it's transmitted	<p>Direct skin contact during vaginal, oral or anal sex</p> <p>Kissing</p>
How to protect against infection	<p>Avoid contact with blisters and sores</p> <p>Condoms may provide some protection</p>
Treatment	<p>No treatment can cure genital herpes</p> <p>Some anti-viral treatments can ease the symptoms and reduce transmission</p> <p>Self-help measures</p> <p>Avoid stress</p> <p>Eat a balanced diet</p> <p>Cut down or stop smoking and drinking</p> <p>Avoid direct sunlight on affected area</p> <p>Rest</p>
Consequences	<p>Serious problems are uncommon but outbreaks can be very painful</p>

Fact sheet 6b: Information on STI

GENITAL WARTS CAUSED BY HUMAN PAPILLOMA VIRUS (HPV)	
Signs and symptoms	<p>Only 1% of infected people have visible warts</p> <p>Warts – small painless lumps, one or many around the genitals</p>
How it's transmitted	<p>Transmitted by close skin to skin contact including vaginal or anal intercourse</p> <p>Close body contact</p>
How to protect against infection	<p>Condoms provide limited protection</p>
Treatment	<p>Warts are painted with a liquid or frozen off</p> <p>Treatment may be uncomfortable but not painful</p> <p>Qualified practitioners must carry out the treatment</p>
Consequences	<p>Generally no long term health problems but women with the human papilloma virus should have regular smears tests.</p>
HPV Vaccine	<p>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 HPV-16 and HPV-18 types that cause most cases of cervical cancer. Because the vaccine does not protect against all types of HPV young people may still develop genital warts. Therefore, it is still important that they practice Safe Sex.</p> <p>It is essential that females attend regular screening either through their General Practice Nurse; Family Planning Association; or, local sexual health clinic.</p>

Fact sheet 6b: Information on STI

HUMAN IMMUNODEFICIENCY VIRUS (HIV)	
Signs and symptoms	<p>A person can be infected with the HIV virus for many years without showing any signs or symptoms</p> <p>Some people experience mild flu - like symptoms when infected</p>
How it's transmitted	<p>HIV can be transmitted through blood, semen, vaginal fluid or breast milk.</p> <p>Vaginal or anal intercourse</p> <p>From mother to baby at birth</p> <p>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.</p>
How to protect against infection	<p>Condoms reduce the risk of transmission</p> <p>Pre-Exposure prophylaxis (PrEP) – a course of HIV drugs taken by HIV negative people before sex to reduce the chance of getting HIV</p> <p>Post-exposure prophylaxis (PEP) - a month-long course of HIV drugs that someone takes very soon after sex which had a risk of HIV transmission. The drugs are the same ones taken by people with HIV</p>
Treatment	<p>There is no cure for HIV but complex combined antiretroviral treatments can prolong the life of those given a positive diagnosis to the infection.</p>

Sexual Health Clinics

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. Clinics are also able to provide testing for sexually transmitted infections and provide treatment should it be required.

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)

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 under the age of 25

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

Dewis Cymru

For information about local services please visit **Dewis Cymru**: www.dewis.wales

Dewis Cymru is an online service directory for health and well-being services across Wales. It can be used to access information about where you live, how safe and secure you feel, getting out and about, and keeping in touch with family and friends.

Smoking

This section is designed as a resource for young people aged from 11-25 who want to have control of their own future, and not to be manipulated by big businesses whose concerns are focused on making profits not on promoting health.

It helps young people to understand the whole picture surrounding tobacco including advertising and media, finance, the law and health. Smoking is the world's largest cause of preventable illness and death. Most adult smokers tried their first cigarette before the age of 18 and 40% started smoking regularly before the age of 16 (<https://ash.wales/wales-headline-statistics/>). This is why it is so important that young people have access to the information and support that they need to make an informed decision about smoking.



E-cigarettes have become increasingly popular since the introduction of the smoking ban in public places across the United Kingdom. The subject is often raised in discussions around the topic of smoking and smoking cessation and a fact sheet on e-cigarettes from ASH Wales (along with other factsheets) is available by clicking [here](#).

For children and young people the use of e-cigarettes is likely to be harmful to health and current smokers who want to quit are advised to find out about the range of services available to them by contacting [Help Me Quit](#). Public Health Wales issued a statement which highlighted that the only people who benefit from using e-cigarettes are those adults who are unable or unwilling to quit and in this circumstance they are probably a safer alternative to cigarettes (this advice does not apply for pregnant women). However, if a smoker would like to quit, the best thing that they can do is to seek support from a proven and free NHS service such as Help Me Quit. The statement also reiterated the fact that for young people under the age of 18 nicotine use is unsafe and that there are no benefits to young people from using e-cigarettes. The major concern is that they are seen as being 'safe' but this is definitely not the case and should be presented to young people as being harmful to health.

Each of the activities within this section are stand alone and contain smoking prevention and educational activities that can be used with young people in a variety of settings.

In addition to activities, this section highlights training opportunities for practitioners such as brief intervention, so that regardless of where you work with young people, you can offer signposting to other services and consistent information and advice.

As part of your role, you are in a good position to discuss smoking related issues with young people in a way that is non-judgemental and non-threatening. You have the opportunity to educate, advise and inform young people to make educated decisions that affect their lives.

Remember, you might be the first adult to raise the smoking issue directly with a young person and make them think seriously about how it will affect their health, now and in the long term.

In particular, youth workers tend to bridge the gap between friends and adult authority figures, this makes for an ideal role model. This is a great responsibility as young people may emulate youth workers behaviour, both good and bad, to gain attention or earn respect. This is also true of other practitioners and therefore if you are a smoker it is vital that a good example is set and that you refrain from smoking in the presence of young people. This also maintains a high level of professionalism and ensures that your behaviour represents the messages being portrayed in this section of the resource. The smoke free

workplace policy also puts a legal responsibility on employers to prevent people from smoking in relevant premises at work as well as in certain workplace vehicles.

It is important for practitioners to be aware that electronic cigarettes or 'portable vaporisers' are increasingly being used for the consumption of other substances including illegal drugs. Cannabis and any type of water soluble drug such as cocaine, mephedrone and many other New Psychoactive Substances (NPS) can be consumed by the use of these devices. Electronic cigarettes heat up very quickly and vaporize the flavoured liquid that comes in small cartridges; however, instead of dissolving nicotine into the liquid, users can dissolve drugs like methamphetamine, powdered cocaine, and common drugs such as cannabis. Some electronic cigarette devices such as the G-Pen are specifically adapted to vaporize herbal cannabis and are openly sold in electronic cigarette shops or vape cafes. The vapour has little to no odour, making it hard for professionals to detect.

TRAINING OPPORTUNITIES:

Public Health Wales Tobacco Making Every Contact Count (MECC) – Level 2 Face to Face Training (2.5 hours)

This training will support and encourage effective and routine delivery of brief intervention and referral to NHS Stop Smoking Services.

The training includes:

- How to **explain** the impact of smoking upon health
- **Identifying** the benefits of referring to NHS Stop Smoking Services and the relevant pathways
- How to **explain** the benefits of quitting smoking
- **Recognising** reasons why people continue to smoke and why it can be difficult to quit
- **Demonstrating** the core skills needed for delivering an effective brief intervention

Suitable for: Anyone in regular contact with smokers who has an opportunity to provide brief intervention support.

For more information about MECC training contact Bethan Winstone

Email: bethan.winstone2@wales.nhs.uk

Telephone: 02920 104619

NCSCT Online Training

The NCSCT (National Centre for Smoking Cessation and Training) provides online training resources based around smoking and second hand smoke. This training includes filmed scenarios about how to raise the issue of smoking with service users and clients.

These short training sessions can be easily completed online and are helpful for building an understanding about the best ways for professionals to discuss issues around smoking.

There is also accreditation available through the NCSCT around delivery of smoking based information to clients.

The training is available at elearning.ncsct.co.uk/wales

Quick Guide:

Here are some simple steps to de-normalising smoking within your setting and supporting young people who want to quit smoking:

- Remember, it's smoking that's the issue, not the smoker
- Make sure the no smoking policy is clear, understood and upheld by all staff, support staff, volunteers, visitors and young people that smoke
- Ensure that the use of electronic cigarettes is included in the no smoking policy
- Clearly display information about local cessation support and have further signposting information available to Help Me Quit
- Ensure all staff complete online NCSCT training or MECC Level 2 training and are supported to be confident enough to talk to the young people about smoking
- Create a supportive environment for all young people who want to quit smoking
- Run the tobacco education activities regularly

Activity 1: Moral Advertising



ESTIMATED TIME

60 minutes

FORMAT



Groups of between 6 – 12 young people

AIM

To show how tobacco advertising affects young people and how tobacco industry practices are encouraging young people to take up the habit from an early age.

To provide young people with the opportunity to explore their personal attitudes and opinions on smoking issues

RESOURCES

- Laptop
- Projector
- Screen

INTRODUCTION

In 2010, a young child by the name of Aldi became known as the “smoking baby” with the two-pack-a-day habit. He was the star of a viral video that raised very serious questions about addiction, parenting and the influence of Big Tobacco in developing countries. A correspondent for Vanguard, Christof Putzel, travelled to Indonesia to find Aldi and uncover the truth behind this child’s story.

TASK

Use this [video](#) to make the group aware of how the tobacco companies recruit new smokers in other countries regardless of their age.

The video is 42 minutes long and so it might be of benefit to watch the clip prior to delivering the session and selecting the most relevant sections.

Once the young people have watched the video consider the following questions to encourage a group discussion:

- Have you seen that video or similar videos before?
- What did it make you think/feel when you saw Aldi smoking?
- What did you think of the way tobacco is advertised and sold in Indonesia?
- Who do you think that the advertising was aimed at?
- Would you want to attend the music concerts in Jakarta?
- Do you think there should be more laws around tobacco in Indonesia?
- How do laws in Wales and the UK differ to Indonesia?
- What part of the film did you think was the most concerning?
- What do you think can be done to stop young children from starting to smoke?
- What laws would you create to protect children?
- Discuss as a group how it makes you feel towards the family, the tobacco industry and youth worker.

Activity 1: Moral Advertising

ADDITIONAL SESSION

Make your own anti-smoking film

Within the group discuss ideas for making a short video that would warn other young people about the dangers of smoking.

Cut Films:

Explain to the group that there is a charity called Cut Films that holds a competition open to young people who want to create their own 2 minute anti-smoking film.

Cut Films started after Deborah Hutton, who was Health Editor for Vogue fashion magazine, died of lung cancer after smoking for just a few years. Deborah realised too late the harm smoking does and died leaving behind her husband and four children.

Films can be made using a Smartphone or a camera and there is no need for expensive equipment. There are some rules that need to be followed and more information is available on the Cut Films website www.cutfilms.org

Previous film submissions can be accessed via the Cut Films YouTube page:

<https://www.youtube.com/user/CutFilmsCampaign>

Activity 2 – The Target Audience



ESTIMATED TIME

20 - 30 minutes
(can be extended if necessary)

FORMAT



Groups of between
6 – 12 young people

AIM

To raise awareness that tobacco products are still marketed subliminally even though the practice is banned in the UK.

To show that young people are specifically targeted by the tobacco industry

INTRODUCTION

Tobacco advertising in the UK is illegal but in just a few minutes on the internet you can find ways in which tobacco companies create awareness of their products.

It is illegal for tobacco companies to pay for product placement of tobacco products in music videos produced in the UK, however, this law does not apply to videos made outside of the UK. These music videos are easily accessed by young people either on television or on websites such as YouTube. The tobacco companies pay thousands of pounds every year to have their products shown in such videos knowing that young people will see the videos and be influenced by the celebrities appearing to be smoking in their music videos.

Here is a [PowerPoint presentation](#) which can be used to deliver this activity:



TASK

Group Work

Ask the young people to design their own advert in the form of either a poster or short video to warn other young people about the dangers of tobacco and smoking.

Activity 3: Laws & Legislation



ESTIMATED TIME

20 - 30 minutes

FORMAT



Groups of 6 – 20 young people

AIM

To provide young people with the opportunity to explore their personal opinions on smoking issues.

To encourage young people to discuss differing attitudes

INTRODUCTION

This activity encourages young people to look at their own views about smoking and smoking-related issues and to consider the views of others.

In this activity encourage the young people to think about how they view smoking. It is likely that the young people will have varying opinions and it's important to highlight that this is ok. Start to introduce the subject of tobacco lobbyists and ask the young people how they feel about this and also about the laws and legislation the Welsh Government have introduced over the years.

In order for laws to be passed the Welsh Government collects evidence and data from other countries who have demonstrated that introducing these laws has reduced smoking rates and protected the health of its population. The following courses of action could either be a change in UK law or set by Local Government or Health Boards.

TASK - Questions:

- What are your thoughts about each of these laws (See Resources)?
- Are they a good thing? Are they a bad thing?
- Do you think most people will agree to this?
- Where do you think the line is between creating laws to protect people's health and removing people's right to choose?
- Did you know about any of these laws before they came into force?
- Where did you hear about them?
- Do you think the government could do more to protect people?

SUMMARY

Summarise what the groups have found out about each other and encourage them to try this activity again with other young people

Activity 3: Laws & Legislation

RESOURCES

Current Legislation

Smoking in Vehicles (October 2015):

Smoking in vehicles carrying children under the age of 18 was made illegal to protect children from the effects of second-hand smoking. The law applies to any private vehicle enclosed by a roof, even if the window is open, the air conditioning is on or the smoker is sitting in the open doorway of the vehicle. It is also illegal if the driver fails to stop someone smoking in this situation. This law now means that the driver/passenger of the vehicle may be fined and have points added to their license.

Point of sale displays:

Point of sale displays have been banned meaning that shops are no longer allowed to display tobacco products and that they must now be behind shutters. This is to reduce the number of children and young people impulse buying cigarettes and also to further remove the advertising of tobacco.

Tobacco retailer licensing/retailer register:

Creating a register of licensed tobacco suppliers is to encourage responsible tobacco retailing and to discourage the violations of tobacco laws, especially those laws that forbid the sale and distribution of tobacco products to young people under the age of 18. If premises are found to break these laws, then their license can be removed, meaning that the owners should take more care in checking ID.

Banning smoking in children's playgrounds:

In July 2017 the Public Health (Wales) Act was passed by the Welsh Government. This included measures to ban smoking in playgrounds or any area that is designed for use by children and will become law in 2019. When a playground is defined by a clear border (for example, a fence), smoking will not be permitted inside this border and where no border is present smoking will not be permitted within 5 metres of any play equipment. Introducing this ban will mean that children will no longer see people smoking whilst they are playing at a local park, this will further reinforce the de-normalisation of smoking.

Smoke free hospitals:

Since the introduction of the Public Health (Wales) Act 2017, all hospital grounds in Wales have become smoke free. This means that anyone arriving or leaving hospital won't have to pass by smokers. It's also hoped that many patients will not smoke which will make their recovery quicker and may cause less complications.

Suggested legislation to reduce smoking uptake:

Higher taxation on cigarettes & tobacco:

Increase the cost of buying tobacco and cigarettes to discourage people from buying them at all

Reducing smoking imagery to young people:

Reclassifying films and TV shows to remove smoking images for any under 18's certificate film or pre-watershed programs.

Activity 4 – Attitudes towards Health



ESTIMATED TIME

30 - 40 minutes

FORMAT



Groups of 6 – 12 young people

AIM

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.

RESOURCES

- Printed copy of Activity Sheet 4a: Statements
- Printed copy of Answer Sheet 4a: Statement Responses
- Printed copied of AGREE, DISAGREE, and NOT SURE

INTRODUCTION

Establishing the topic:

For young people to discuss smoking without prejudice or feeling singled out, the session should be started by talking about health in general. Ask the young people what they feel are the main risks that affect peoples' health (generally the main 3 are alcohol, smoking and obesity/poor diet/lack of exercise). From these choose the one that affects people the most, which will be smoking. Now that you've established the discussion topic is smoking move on to the task.

This 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

Print out the cue cards stating AGREE, DISAGREE and NOT SURE and place them around the room. 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/a friend or because they think it is the correct thing to say.

Read out a statement from the activity sheet to the group and ask the young people to think about how they feel about the statement. Encourage them to think about whether they agree or disagree with the statement. It is likely that some young people will not know how they feel about some of the statements so highlight that this is ok.

Ask them to stand by the card which displays their choice of response. Encourage the young people to explain why they have stood at a certain point; on hearing the opinions of other group members they can change their minds if they want to.

Finally, bring the whole group together for a general discussion.

Activity 4 – Attitudes towards Health

It is possible to add more statements or encourage the young people to create 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 4a); however most of the statements do not have one correct response and are therefore open to interpretation.

SUMMARY

Summarise the activity by discussing:

- What the young people thought of the activity.
- What they found out about attitudes to health and in particular smoking.
- Whether there were different views and why?
- Whether anyone changed their minds after listening to others and if so what about and why?

Activity 4a: Statements

1. Smoking is the world's largest preventable killer
2. More people die from smoking than from alcohol, fires, murders, overdose, suicides, car accidents, AIDS combined
3. Friends are the biggest influence on young people's choice of un-healthy behaviours
4. Young people smoke because adults tell them not to do it
5. Smoking makes you look older
6. Smoking should be allowed in public places
7. Smoking helps you keep your weight down
8. Most people smoke
9. People who smoke shouldn't be treated in hospital if they have an illness that is smoking related
10. Smoking a cigarette doesn't harm others
11. Some parents, teachers and youth workers smoke so it must be safe
12. Smoking helps you deal with stress
13. The government should double the price of cigarettes
14. The majority of smokers in Wales want to give up smoking
15. It is safe to use electronic cigarettes

Additional questions for discussion:

1. What health issues do you see where you live?
2. What do you feel are the un-healthiest habits people have?
3. Why do you think these are the worst?

Activity 4b: Statement Responses

Note: not all statements have one correct answer

1. Smoking is the world's largest killer.

2. Smoking and smoking related diseases are the world's biggest killer; smoking kills more people each year than all the others combined.

3. Friends do influence our behaviour both positively and negatively. It is more likely that a person will smoke if their friends do so that they can feel like they fit in.

4. The young people may have different opinions on this and there is no right or wrong answer. Encourage discussion and ask for reasons why the young people agree or disagree.

5. Some young people might think they look older if they smoke. Ask the young people why they think people their age might want to look older. Some suggestions could include:

- To attract boyfriends/girlfriends who are older
- To fit in with older groups of friends
- Because young people want to look older

6. Smoking has been banned in public places in Wales since April 2007, to protect people from exposure to second-hand smoke.

7. This is not true, explain to the group that there is nothing in a cigarette to keep you thin and the young people have probably seen smokers of all shapes and sizes. Some people think that smoking helps them to stay thin because sometimes people put on weight when they stop smoking. This is only 2-3kg on average and this weight is usually lost over time and the person will return to their usual weight.

8. This is not true; in fact in 2015 only 19% of adults in Wales smoked and in 2013/14 9% of girls and 8% of boys aged 15-16 reported smoking regularly.

Activity 4b: Statement Responses

9. The young people are likely to have a range of views about this statement. Consider the following:

- Smokers know the risks before they decide to take up smoking
- Smokers pay tax on their cigarettes
- Everyone is entitled to be treated equally

10. False, cigarette smoke is harmful to smokers and non-smokers. This is called passive smoking. Another way in which smoking can harm others is if a pregnant female is smoking as it can harm her unborn baby. Smoking can increase the risk of miscarriage, stillbirth, premature birth and babies being born with a low birth weight.

11. The fact that somebody else smokes does not make it safe. Nicotine is highly addictive and when a person starts smoking they often find it difficult to quit even if it's what they really want to do. People have become increasingly aware of the risks associated with smoking and there has been a decrease in the number of smokers in Wales over the past few years.

12. False, cigarettes contain nicotine which is a stimulant and therefore increases your heart rate and blood pressure – things that aren't associated with being relaxed. Smokers may feel that cigarettes reduce stress because if they don't smoke for a while they start to experience cravings which create the feeling of stress. When more nicotine is delivered to the body this feeling eases giving the impression that smoking relieves stress.

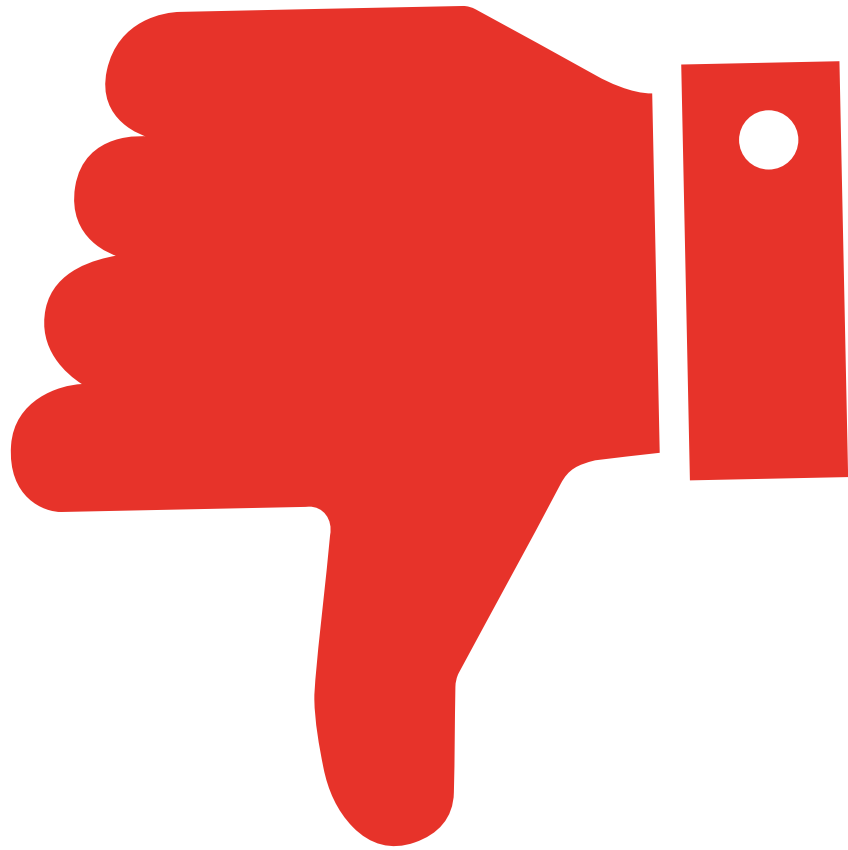
13. Encourage the young people to contribute to discussion around this statement. There is no right or wrong answer and so it can be used to explore the reasons behind why the young people agree or disagree with this statement.

14. This is true, 70% of smokers reported that they want to quit smoking.

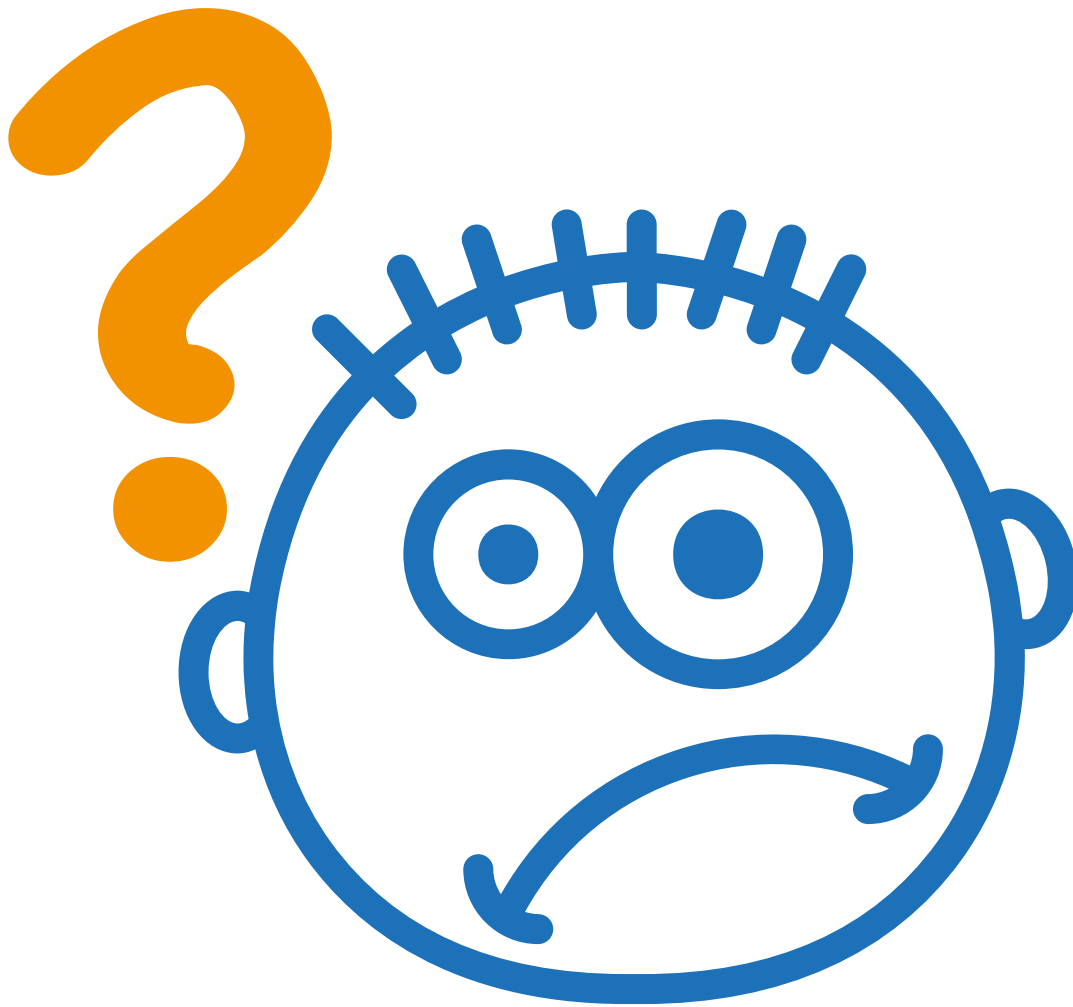
15. Electronic cigarettes are not safe and the long term effect of their use is currently unknown. They have become known as a quitting device however in many cases they still contain nicotine and therefore the user will still be nicotine dependant. The advice from Public Health Wales is that people who wish to quit smoking should access NHS stop smoking services via Help Me Quit.



Agree



Disagree



Not sure

Activity 5: Money Matters



ESTIMATED TIME

30 - 60 minutes

FORMAT



SMALL GROUP

Small groups of 4 - 6 or individuals

NOTE: *This is to be undertaken with a group of young people that currently smoke and who want to quit or for young people who specifically want to support others to quit*

AIM

To encourage young people to think about the cost of smoking

To look at the positive financial benefits of stopping smoking

INTRODUCTION

This activity aims to raise awareness and prompt discussion about the cost of smoking.

Separate the young people into small groups and ask them to work out how much they think a smoking habit costs per day, week, month, and year. The group may want to work out exactly how much they spend on their habit. Use the resource chart to work out the total amounts.

TASK

Encourage the young people to think about what else they could use this money for. For example, clothes, cinema tickets, holidays, and driving lessons. 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. Reinforce the positive message to the group, highlighting the benefits of spending their money on other hobbies. 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.

Bring the group together and use a flip chart to discuss the group's responses.

Activities:

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

RESOURCES

Example: A 5-a-day smoker will spend £2 a day, £56 a month and £6,720 in 10 years on cigarettes!

		Number of cigarettes per day			
		5 a day	10 a day	15 a day	20 a day
Time	1 day	£2	£4	£6	£8
	1 week	£14	£28	£42	£56
	2 weeks	£28	£56	£84	£112
	3 weeks	£42	£84	£126	£168
	1 month	£56	£112	£168	£224
	6 months	£336	£672	£1,008	£1,344
	1 year	£672	£1,344	£2,016	£2,688
	10 years	£6,720	£13,440	£20,160	£26,880
	20 years	£13,440	£26,880	£40,320	£53,760

ADDITIONAL RESOURCES:

Product Labelling:

With a free Argos Catalogue ask the young people to choose 5 of the items that they'd like to have the most. Use the cost chart above to re-label the item giving it's value in cigarettes. For example, an item costing £10 would be 8 cigarettes.

This will highlight just how expensive smoking is and if they smoke, just how much they waste on cigarettes. Use obtaining the products as a challenge for the ones who smoke. Ask them to save their cigarette money up until they get these items and use this as a reward for quitting smoking.

Activity 6: How to Quit



ESTIMATED TIME

30 - 40 minutes

FORMAT



Small groups or individuals

SMALL GROUP

NOTE: *This is to be undertaken with a group of

young people that currently smoke and who want to quit or for young people who specifically want to support others to quit*

AIM

To provide young people with information and advice on how to stop smoking.

To support young people to try and stop smoking

RESOURCES

A Smoking Diary

Using Activity Sheet 6a, write in the times when you smoke, and the reason that you smoke at this time. Next, plan what you could do in that situation instead and write out your ideas in preparation for the time you give up.

INTRODUCTION

Many young people would like to stop smoking but do not know how to go about it. This activity provides 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

Remember: Even if they're not successful in trying to quit the first time, don't let them get discouraged. Inform them that the average smoker tries to quit 5-7 times before being successful. They'll learn from their mistakes and know more about it next time and they'll be more prepared for any of the pitfalls they may come across.

Before starting the activity, print the activity sheet for the young people to use.

Introduce the activity to the young people, emphasising that the activity aims to provide suggestions for how those who wish to quit smoking can do so successfully. Re-cap anything that 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.

Ask the young people if they have tried to stop smoking before and encourage a discussion on how they coped. Encourage the young people to set a Quit Date; they can use the activity sheet to help

them plan how they will do this. Ask the young people if they are aware of local services to support their quit attempts, for example:

There is a lot of information available to support young people in stopping smoking. For young people over the age of 12 there are various Nicotine Replacement Therapies available, e.g. patches. These can reduce the impact of some of the cravings they may get. For more support on helping young people to quit smoking, contact Help Me Quit.

Summarise what has been covered during the activity and arrange a follow-up meeting to monitor the young people's progress with stopping smoking.

Before your quit date:

- Identify times when you smoke the most. You can do this by keeping a smoking 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/or friends that you are trying to quit so that they can support you
- Plan rewards that you can buy yourself with the money you save
- Practice saying 'no' so when you are offered a cigarette, you'll have a response prepared and you may not be as tempted

The night before your quit date:

- Prepare the night before by throwing away all ashtrays, lighters and cigarettes
- Buy chewing gum or mints
- Clean your clothes and bedroom so they don't smell of smoke
- Have a shower or bath so you smell clean and fresh

After your quit date:

- Drink lots of water
- Deal with cravings by keeping yourself busy - chew sugar-free 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 the situations where you would normally smoke for a while
- Think positively – keep telling yourself that you can do it, you are a non smoker
- Think negatively about smoking – the smell, the cost, the cough
- If you're feeling stressed; try relaxing by listening to music, having a bath, watching TV, reading a book, walking or exercising
- Phone a smokers' helpline for advice on quitting or visit a website/chat room
- Reward yourself for your achievements

If you relapse and have one cigarette – don't worry; just remember not to reach for another one! Think about why you had the cigarette and learn from this. Keep on trying.

Activity Sheet 6a: Diary Sheet

Date:

When do I smoke?	Why did I choose to have a cigarette at that time?	What could I have done instead?

Help Me Quit

Website: www.helpmequit.wales

Phone: 0800 085 2219

Text: HMQ to 80818

Ash Wales

Website: www.ashwales.org.uk

Phone: 029 2049 0621

Signposting Contacts

Ash Wales produce a number of information leaflets which are aimed at young people. These can be accessed online at <https://ash.wales/leaflets/> and are available to download and print to display as required.

Dewis Cymru

For information about local services please visit **Dewis Cymru:** www.dewis.wales

Dewis Cymru is an online service directory for health and well-being services across Wales. It can be used to access information about where you live, how safe and secure you feel, getting out and about, and keeping in touch with family and friends.

Information about Electronic Cigarettes and Electronic Nicotine Delivery Systems (ENDS)

Public Health Wales published a position statement on the use on electronic cigarettes in January 2017. This statement concluded that Public Health Wales is committed, in the longer term, to a smoke free and nicotine free Wales.

It stated that ENDS present both potential benefits and potential harms, so a balance of approaches is needed to help minimise the risks to children and young people and non-smokers in the general population and to maximise the potential benefits to committed smokers who are unwilling or unable to quit as well as those who wish to quit smoking.

For children and young people:

The use of nicotine by children and young people is unsafe, it can cause addiction and can harm the developing adolescent brain - there are no benefits to children and young people in using ENDS. There is concern that ENDS are seen as 'safe' but this is not the case, while the known health risks of ENDS are significantly lower than cigarettes they are not without risk.

- ENDS should feature alongside other health-harming substances e.g. tobacco and alcohol, in all health education for children and young people, and be presented as harmful to health.
- There should be restrictions on the use of ENDS in settings predominantly used by children e.g. in schools and school grounds and around the entrances to schools.

There are a number of potential risks to population health from the rise in use of ENDS. These include:

- The potential role of widespread use of ENDS in re-normalising smoking, and further research is needed in this area.
- The use of ENDS will act as a gateway to tobacco use. The absence of appropriate research in this area means that it is very difficult to answer this question definitively, but evidence suggests that ENDS use is associated with tobacco use, with the relationship being poorly understood.
- ENDS, while presenting a lower health risk for existing smokers than tobacco use, are not safe. There is an international consensus that for non-smokers, the use of e-cigarettes represents a potential risk to health.

Alcohol

Alcohol is a big part of the culture of Wales. Many people enjoy alcoholic drinks in moderation but alcohol use can lead to significant harm to the individual, their families and society. The harmful use of alcohol ranks among the top five risk factors for disease, disability and death throughout the world.



Alcohol problems are a major concern for public health in Wales. Short-term problems such as intoxication can lead to risk of injury and is associated with violence and social disorder. Over the longer term, excessive consumption can cause irreversible damage to parts of the body such as the liver and brain. Alcohol can also lead to mental health problems, for example, alcohol dependency and increased risk of suicide. In addition, alcohol is recognised as a contributory factor in many other diseases including cancer, stroke and heart disease. Wider social problems include family disruption, absenteeism from work and financial difficulties.

Every week in Wales alcohol results in 29 deaths, this is equivalent to around 1,500 deaths every year and equates to 1 in 20 of all deaths in Wales

Alcohol and health in Wales 2014, Public Health Wales Observatory
<http://www.publichealthwalesobservatory.wales.nhs.uk/alcohol-file-download>

It is important that our problems with alcohol in Wales are tackled early in life. A greater proportion of children drink alcohol in Wales than in England, Scotland or the Republic of Ireland. The normalisation of drinking at a young age (particularly when associated with binge drinking) is especially harmful and is linked with poor educational performance, sexual health problems in early life and harmful drinking behaviour in adulthood. While all communities in Wales are affected by alcohol, its impact is greatest in our most deprived communities which suffer substantially higher levels of both alcohol related disease and deaths.

Minimum Pricing

The Public Health (Minimum Price for Alcohol) (Wales) Act 2018 was granted Royal Assent by Her Majesty the Queen in August 2018.

The new law introducing a minimum price for alcohol in Wales is part of the Welsh Government's wider efforts to reduce excessive drinking, recognising the impacts it can have on people's health and well-being.

The legislation supports the Welsh Government's comprehensive strategy to tackle hazardous and harmful drinking by tackling the availability and affordability of cheap, strong alcohol.

Key Messages

- The hospital admission rate in children and young people under 18 for alcohol-specific conditions has been decreasing steadily for several years, but around 400 young people are admitted per year
- Public Health Wales Observatory published 'Alcohol and Health in Wales 2014' which highlighted that alcohol is attributed to around 1,500 deaths in Wales each year (1 in 20 of all deaths)
- Mortality and hospital admissions are strongly related to deprivation, where rates in the most deprived areas are much higher than in least deprived areas

Alcohol and health in Wales 2014, Public Health Wales Observatory
<http://www.publichealthwalesobservatory.wales.nhs.uk/alcohol-file-download>

Harms:

In 2010 the Chief Medical Officer for Wales published guidance on the consumption of alcohol by children and young people. This report clearly detailed the long term physical harms and social and health risks. It also highlighted the relationship between children drinking at an early age, particularly those under 13 and those who drink more frequently and in greater quantities, having a greater vulnerability to alcohol misuse in later life. The CMO stated that there are no safe drinking limits for young people and this highlights the importance of delaying the initiation of drinking. From the available evidence he developed Underage Drinking: The Three Principles which are as follows:

- Children under 15 shouldn't drink alcohol as there is evidence that it can harm the developing brain, bones and hormones
- Drinking at age 15 and older can be hazardous to health. Binge drinking and heavy alcohol use puts young people at serious risk - from injuries, fights, regretted sexual activity and substance misuse
- If parents use alcohol responsibly, it is more likely their children will too. Parents and carers can protect children from misusing alcohol by maintaining a close relationship with their children, setting clear rules about alcohol and supervising their children's drinking

As a result of developments in technology, in particular the increased use of brain scanning techniques such as MRI, neuroscientists have developed a much clearer picture of the damaging effects of alcohol on the developing adolescent brain.

We are now aware that the adolescent brain is still very much a work in progress and that taking powerful drugs such as alcohol into the brain while it still undergoing some important changes can lead to detrimental effects for the young person, both in the short term and potentially for their adult years.

The final part of the adolescent brain to fully form is the area at the front of the frontal lobe – an area referred to as the 'pre frontal cortex'. This part of the brain is responsible for planning, thinking through the consequences of actions and impulsive behaviour. It is still developing up until the age of around 21 with billions of brain synapses being 'pruned' between the age of 14 – 21.

Research indicates that the effects of alcohol and other strong drugs on this part of the brain can lead to:

- Short attention span
- Short term memory problems
- Anxiety
- Problems with impulse control (impatience)
- Poor planning and organisational skills
- Hyperactivity
- Emotional problems (withdrawing from people or 'shutting down')
- Serious mental health problems such as psychosis

A concise overview of the effects of alcohol on the young brain can be downloaded from:

'Alcohol and the Developing Adolescent Brain: Evidence Review' by SHAAP http://www.shaap.org.uk/images/shaap_developing_adolescents_brain_press.pdf

Key Recommendations:

- 1) To embed protecting young people from alcohol-related harm in national and local policy
- 2) To use emerging evidence that the adolescent brain may be especially vulnerable to alcohol harms to inform all health-promoting activities
- 3) To use emerging evidence that the adolescent brain may be especially vulnerable to alcohol harms to prompt investment in interventions to delay the age at which young people consume alcohol and emphasise that abstinence is an option

Notes for facilitators:

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. The purpose of the following section is to help you enable young people to make healthy informed choices. The activities will assist you to provide opportunities for young people to develop their knowledge, understanding, skills and attitudes towards alcohol and how to reduce the harms associated with its use.

It is essential that you follow the All Wales Child Protection Procedures and always be mindful of potential child protection issues, for example, family situations where alcohol and/or substance misuse may be present and/or the need for young people to share their concerns. Refer to the child protection and confidentiality section in the introduction section of this toolkit or speak to your manager if you need further information. As always, respect confidentiality.

It is recommended that you start each session with group rules. Ask the young people whether they think group rules are needed and who benefits from them.

Some suggestions include:

- Provide a non judgemental environment
- Encourage young people to bring their own personal experiences to the group activity, but only to share as much as they are comfortable with
- Acknowledge that some people will know more than others about certain substances but this does not mean they are using these substances
- Participation is voluntary and everyone should respect a young person's right to participate or not

The activities in this section provide practitioners with useful tools for encouraging discussion about these important issues in a way that is informative, fun and relevant to the needs of young people.

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

Alcohol 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.

RESOURCES

- Cue cards
- Alcohol Activity sheet 1a: Attitudes Towards Alcohol

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

Before starting the activity, print and cut out the cue cards on Activity Sheet 1a.

Introduction

Use the cue cards to encourage the young people to think about their attitudes towards alcohol. Display the cue cards around the room either on the walls, tables or floors depending on where is most appropriate for the space and ask the young people to move around the room depending on whether they agree, disagree or are unsure about the statements that are being read out. Encourage the young people to discuss the reasons why they agree/disagree or are unsure.

Attitudes towards alcohol

Read out a statement from Alcohol Activity sheet 1a 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 stand by, or indicate, the cue card which best reflects their opinion.

Encourage the young people to explain why they have chosen that cue card, on hearing opinions of other group members they can change their minds if they want to, emphasise that there is no correct answer.

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.

Alcohol Activity Sheet 1a: Attitudes towards alcohol

These are examples statements - other statements may be used if preferred and if appropriate to the group

People need alcohol to have fun.

Alcohol is more dangerous than cannabis.

Drinking alcohol only affects the person who is drinking.

A party isn't really a party without alcohol.

People only drink alcohol to get drunk.

Alcohol should be made illegal and classified like illegal drugs.

Everyone should drink alcohol.

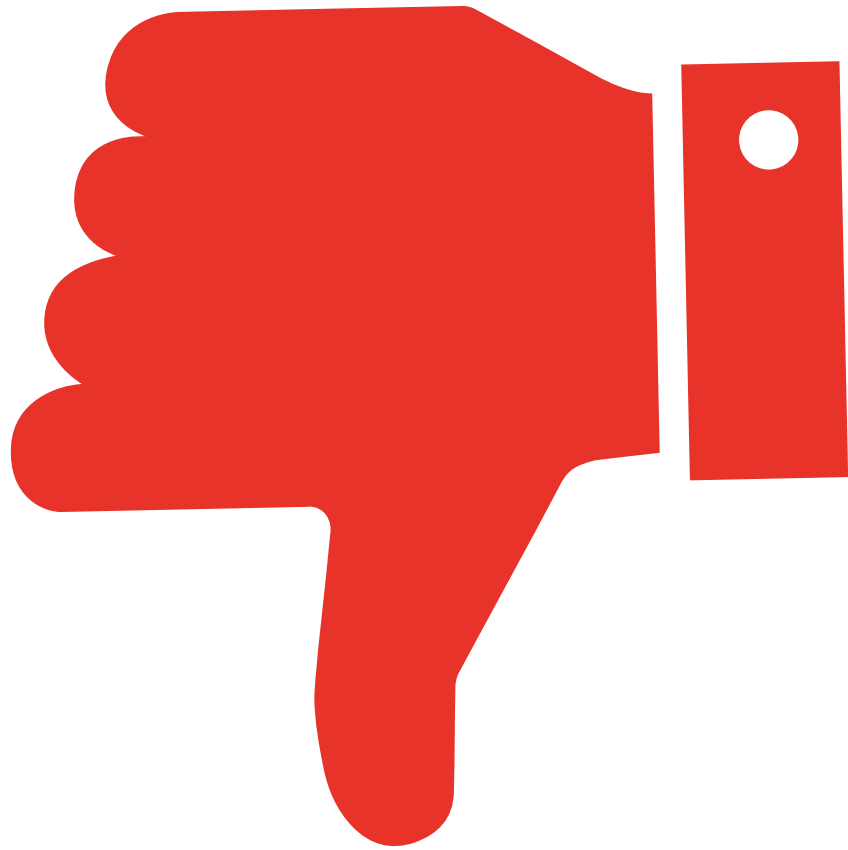
Alcohol is responsible for pregnancies.

Alcohol causes crime and/or anti social behaviour.

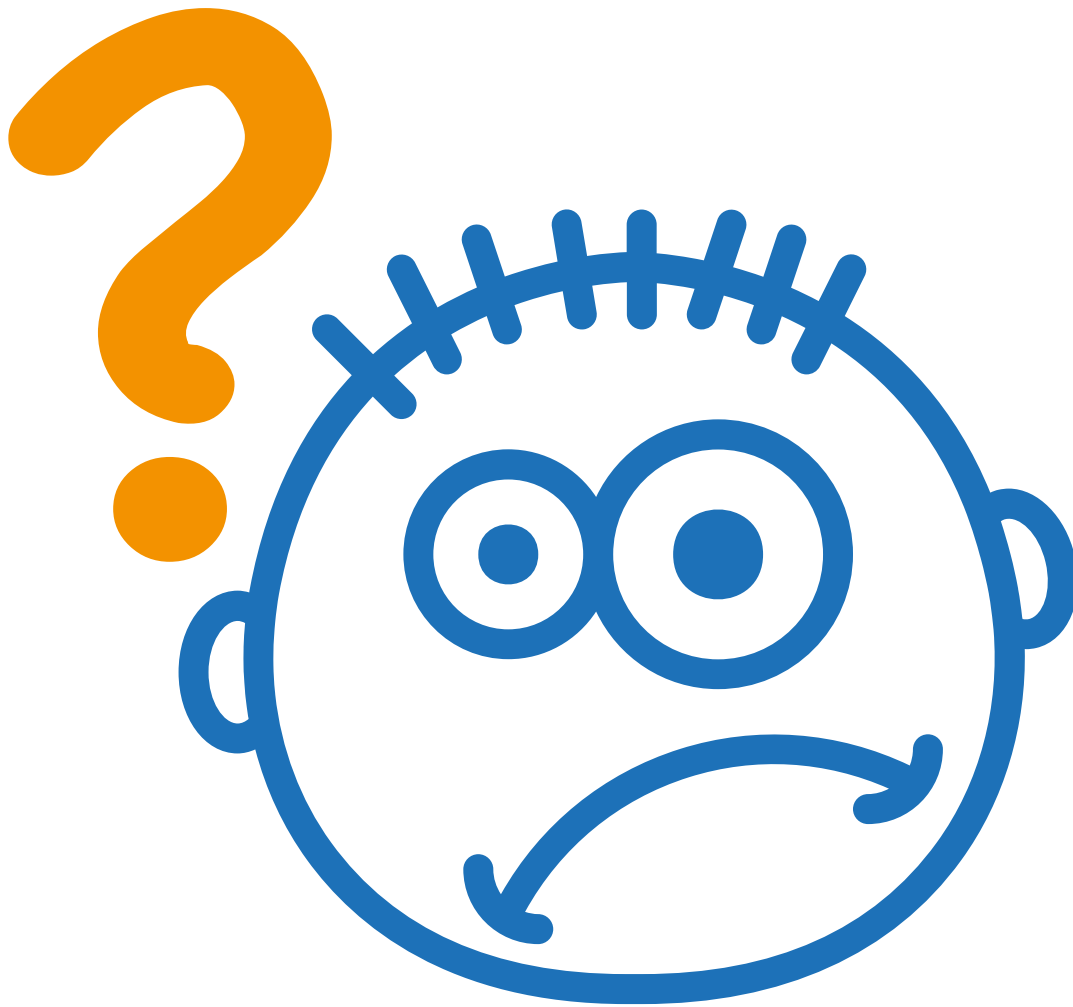
Drinking alcohol helps people to feel confident.



Agree



Disagree



Not sure

Alcohol Activity 2: Effects on the Body



ESTIMATED TIME

30 minutes

FORMAT



SMALL GROUP

AIM

To encourage young people to look at the effects of alcohol on the body and the damage it can cause.

RESOURCES

- Flipchart paper or copy of Activity Sheet 2a: Body Outline
- Answer Sheet 2b: Answer Sheet
- Coloured pens
- Alcohol Information Resource: Chief Medical Officer for Wales (2010) Guidance on the Consumption of Alcohol by Children and Young People

INTRODUCTION

Many young people are not aware of the effects of alcohol; this activity provides an opportunity to find out about the various effects it can have on our bodies.

TASK

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.

Body effects

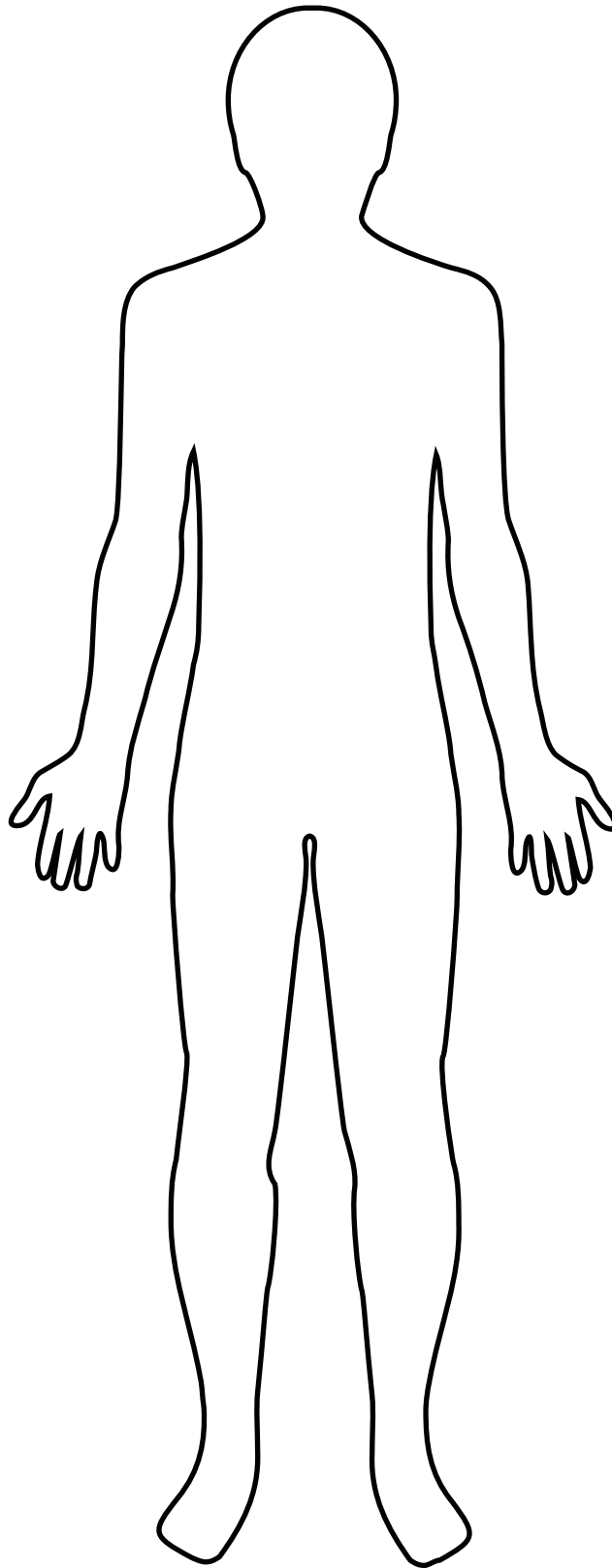
Join 3-4 pieces of flipchart paper together and ask one young person from the group to lie down on the paper, whilst another young person draws around his/her body. Or use the body outline in Alcohol Activity Sheet 2a.

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 Alcohol Answer Sheet 2b for more information.

SUMMARY

Summarise what has been covered in the activity.

Alcohol Activity Sheet 2a: Body Outline



Alcohol Activity Sheet 2b: Answer Sheet

Short Term Effects

Loss of balance
Loss of memory
Loss of inhibitions
Poor judgement making skills
Blurred vision
Ulcers
Unidentified bruises and injuries
Feeling sad/down or depressed
Alcohol breath
Feeling tired
Impaired sexual performance
Finding yourself attracted to the 'wrong' person
Falling out with friends, family, teachers
Change in behaviour such as crying, feeling angry or sad
Mental health problems
Hangover
Dehydration
Water infections
Weight gain
Unwanted or unplanned pregnancy
Sexual transmitted infections
Domestic violence
Increased vulnerability

Long term effects

Several cancers: such as liver cancer, breast cancer, throat and stomach cancers
Problems with bowels
Liver diseases
Skin problems (drinker's nose, premature eyes, puffy eyes)
Stomach ulcers
Kidney problems
Bad circulation
Falling out with friends, family, teachers
Infertility
Mental health problems
Impaired sexual performance
Anxiety and depression
Diabetes
Weight problems
Unwanted or unplanned pregnancy
Sexual transmitted infections
Domestic violence
Alcohol dependency

Alcohol Information Resource:

Chief Medical Officer for Wales (2010)

Guidance on the Consumption of Alcohol by Children and Young People

The guidance states that:

- **Children under 15 shouldn't drink alcohol.** There is clear evidence that alcohol can harm the developing brain, bones and hormones.
- **Children who begin drinking at a young age drink more frequently and in greater quantities** than those who delay drinking. Vulnerability to alcohol misuse in later adolescence appears to be greatest among those who begin drinking before the age of 13;
- **Heavy drinking in young people can affect brain functions related to motivation, reasoning and other processes.** Heavy drinking during adolescence may also affect normal brain functioning during adulthood. Young people who drink heavily may experience adverse effects on liver, bone, growth and hormones;
- **Beginning to drink in the early teens is associated with increased health risks,** including alcohol-related injuries, involvement in violence, and suicidal thoughts and attempts. Drinking at an early age is also associated with unwanted pregnancy, drug use, employment problems and risky drinking behaviours.
- **Drinking at age 15 and older can be hazardous to health.** Binge drinking and heavy alcohol use puts young people in peril – from injuries, fights, regretted sexual activity and other substance misuse. Potential harms include:
- **Inappropriate sexual activity.** Teenagers who use alcohol are more likely to have had unplanned sexual intercourse and contract sexually transmitted diseases. There is evidence that young women who binge drink are more likely to have experienced sex that they subsequently regretted, forced sex, and in increased risk of emotional and physical harm and unwanted pregnancies
- **Violence.** Young people who drink frequently or binge drink are more likely to be involved in fights, to be injured fighting, to commit violence offences including sexual offences and to carry weapons
- **Long term risks.** Young people who binge drink in adolescence are more likely to be binge drinkers as adults and have an increased risk of developing alcohol dependence in young adulthood. Young people who binge drink at an early age are more likely to experience drug use and dependence, be involved in crime, and achieve lower educational attainment as adults.

- **If parents use alcohol responsibly, it's more likely their children will too.** Parents and carers can protect children from misusing alcohol by maintaining a close relationship with their children, setting clear rules about alcohol, and supervising their children's drinking. Factors that influence alcohol use include:
- **Parental behaviour.** Parental use of alcohol increases the likelihood that children will also consume alcohol. In addition, a family history of alcoholism is associated with an increased risk of alcoholism in children. On the positive side, the use of incentives, setting limits and consequences for behaviour, and negotiating boundaries and rules for appropriate behaviour are associated with less alcohol use in early adolescence, and lower rates of problematic drinking in early adulthood.
- **Quality of relationships.** Warm and supportive parent-adolescent relationships are associated with lower levels of adolescent alcohol use, as well as lower rates of problematic alcohol use and misuse;
- **Peer pressure/influence.** Peers play an important role in the onset of an individual's drinking behaviours. The effect of peers has been shown to be particularly powerful when parent-adolescent relationships are poorer in quality.

Alcohol Activity 3: Alcohol: Difficult Situations



ESTIMATED TIME
30 minutes

FORMAT



SMALL GROUP

AIM

- 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

RESOURCES

- Copies of Activity Sheet 3a: Difficult Situations
- Paper
- Pens

INTRODUCTION

Young people may find themselves in difficult situations involving alcohol, this activity provides an opportunity to anticipate how they would respond in such situations.

TASK

Before starting the activity, print Activity Sheet 3a for the young people to use.

Introduction

Introduce the activity and separate the young people into small groups; give each group a different situation from Activity sheet 3a.

What happens next?

Encourage each group to read the situation cards and discuss the range of options as to 'what could happen next' and 'what would you do' in each situation. Ask them to write notes, draw their responses on paper or prepare a role-play of what happens next.

Consider:

- The possible consequences of the situation
- How you might respond to the situation immediately and in the longer term
- What advice and support you would offer

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.

SUMMARY

Summarise what has been covered and encourage the young people to consider how they would handle similar situations should they arise.

Alcohol Activity sheet 3a: Difficult Situations

Situation 1:

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

Kayley has never tried alcohol before. She feels 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 could happen next and what would you do?

Situation 2:

Louise and Gemma are 15 but they both look older. They have recently met two boys who are 17 and 18 and have started going out with them a lot. They have been going out in their cars and to the local pub.

Louise and Gemma have asked you to cover for them by saying that they are at your house because they want to go to an all night house party with the two boys.

What could happen next and what would you do?

Situation 3:

Kieran has failed his GCSE exams. He is really upset and angry because he was planning to go to college. After school he persuades some friends to get some cans of beer and he plans on getting really drunk. After all of the cans are finished, Kieran decides he wants more, but his friends don't think it's a good idea. Kieran starts to get really aggressive with all his friends and he calls them all boring. Kieran starts to push one of his friends and they have a fight.

What could happen next and what would you do?

Situation 4:

Adam is 17 years old. He has just passed his driving test and persuaded his dad to let him borrow his car for the night. He has taken some friends to the local pub with no intention of drinking alcohol. His friend bought him a pint by mistake.

What could happen next and what would you do?

Alcohol Activity 4: Signs of alcohol overdose



ESTIMATED TIME

40 minutes

FORMAT



SMALL GROUP

AIM

To raise awareness of the signs of an alcohol overdose.

To advise young people about what to do if someone has overdosed on alcohol.

RESOURCES

- The link below is a poster that could be used as a handout or displayed in a relevant place. <https://www.drinkaware.co.uk/media/1067/alcohol-poisoning-infographic-v6.png>
- This link shows a video where Dr Sarah Jarvis discusses the risks associated with underage drinking from a GP's perspective: <https://youtu.be/7ie-GuHxNSA>

INTRODUCTION

Many young people have a lot to drink and can be drunk but still able to function. Like other drugs however alcohol can be taken in excess and can lead to an overdose. Alcohol affects the brain stem in the same way as other drugs such as heroin. The brain stem controls our body's automatic functions such as breathing and heart rate and also suppresses the gag and vomit reflex.

This exercise will help young people to identify the signs of an alcohol overdose (often referred to as 'alcohol poisoning') and will provide guidance on what action to take if a friend has overdosed.

Before starting the activity explain to the group that alcohol is a powerful, intoxicating poison and can sometimes have lethal consequences. Your body can only process one unit of alcohol per hour and alcohol in the blood can stop the body from working properly.

It can:

- Slow down brain functions causing loss of balance
- Irritate the stomach and cause vomiting
- Prevent your gag reflex from working properly increasing the risk of inhaling or choking on vomit
- Affect the nerves that control breathing and heartbeat which can lead to both functions stopping
- Cause dehydration which can result in permanent brain damage
- Lower the body's temperature, which can lead to hypothermia
- Lower blood sugar levels which can cause seizures

Alcohol Activity 4: Signs of alcohol overdose

Before starting the activity show a clip of BBC's 'Just a few Drinks - Jordan's experience of getting drunk when he was 16' to generate discussion around this issue <http://www.bbc.co.uk/programmes/p015dp6c>

TASK

Many of the group will have seen friends who are drunk but there is a point at which a young person who has consumed large amounts of alcohol can overdose or suffer alcohol poisoning. Split the group into small groups and ask them:

What would be the 4 or 5 key signs that a friend has overdosed on alcohol and is in need of immediate medical assistance (as opposed to just being drunk)?

Ask each group to feedback asking them at the same time whether they have ever experienced someone in this state?

Clarify that the key signs to be looking out for are:

- They are unconscious (passed out) and can't be awoken
- Their breathing has slowed down considerably, is irregular or they are fighting for breath
- They have low body temperature and pale skin (often the lips will develop a blue tinge)
- If they are still semi-conscious they are very uncoordinated and highly confused
- They may vomit which can be highly dangerous in this state because of the dangers of choking

Alcohol Activity 4: Signs of alcohol overdose

Next ask the group to list what they should do next if a friend is in this state?

Get feedback from each group again asking them at the same time whether they have ever had to take action when a friend had overdosed?

Clarify that the key action points are to:

- Call for an ambulance giving clear details of their symptoms – don't be worried about getting into trouble, the emergency services will want to help
- Put them into the recovery position (demonstrate this either physically or by looking online) or at least emphasise that they should never, ever be left on their back – always get them onto their side so that the vomit can travel straight out
- If possible try to keep them awake and give them a little water
- Keep them warm
- Stay with them until the emergency services arrive

There is an acronym known as BARS to help people remember what to do:

- **Breathing** – check that the person is breathing regularly, if they are gasping for breath they are in serious danger
- **Ambulance** – call for an ambulance
- **Recovery position** – put them into the recovery position or if this is not possible put them on their side
- **Stay** – after ringing for help stay with your friend until help arrives to monitor their condition and provide information to the emergency services on arrival

Alcohol Activity 4: Signs of alcohol overdose

This session can then finish with the showing of the short 'Keep the Party Alive!' video produced by the Red Cross.

https://www.youtube.com/watch?v=_8XzYBky7KQ

It shows a scenario where a young women goes to a party, drinks huge amounts of alcohol and gives two scenarios for what could have happened.

1) In Scenario 1 she passes out on her back, stops breathing and is pronounced dead

2) In Scenario 2 her friend puts her into the recovery position, calls for an ambulance and all is well. This is very important guidance to get across to young people.

SUMMARY

Highlight to the young people that one of the main reasons that alcohol is so dangerous is that people don't think of it as being dangerous.

Alcohol Activity 5: Alcohol and the Media



ESTIMATED TIME

30 minutes

FORMAT



SMALL GROUP

AIM

To stimulate thought and discussion amongst young people around how the media portrays alcohol.

RESOURCES

Websites containing information to support the above include:

- Alcohol Concern: <https://www.alcoholconcern.org.uk/Pages/Category/advertising>
- Institute of Alcohol Studies: <http://www.ias.org.uk/Alcohol-knowledge-centre/Marketing.aspx>
- Alcohol Education Trust: <http://www.alcoholeducationtrust.org>
There is an interactive Learning Zone on the website which is particularly useful.
- Drinkaware <https://www.drinkaware.co.uk>

Despite the fact that it is funded by the alcohol industry the Drinkaware website is packed with very useful resources. The great advantage is that all of their materials are produced in the Welsh language.

INTRODUCTION

The activity encourages young people to look at how alcohol is portrayed in the media.

TASK

At the start of the session show this advert for Bacardi:

https://www.youtube.com/watch?v=xiki19C_SEw

This advert shows all the expected cliches associated with alcohol including attractiveness, sexual appeal, wealth and being part of the 'in crowd'.

Alcohol Activity 5: Alcohol and the Media

Emphasis needs to be put on the following points

- **It is estimated that each year more than £800 million is spent on advertising alcoholic beverages in the UK**
- **Children aged 10-15 years old in the UK see 11% more alcohol adverts than adults 25 years and older**
- **If everyone drank responsibly the alcohol industry might lose about 40% of its sales and some estimates are higher**
- **Research shows that exposure of alcohol marketing materials to children and young people leads them to consume alcohol at a younger age and to drink more than they otherwise would**

Alcohol Activity 6: Alcohol quiz



ESTIMATED TIME

10 minutes

FORMAT



INDIVIDUAL



SMALL GROUP

AIM

To encourage young people to find out for themselves some of the basic facts about alcohol.

RESOURCES

- Copies of Alcohol Activity sheet 6a: Alcohol quiz
- Pens
- Appropriate prizes if budget allows
- Alcohol Answer sheet 6a: Alcohol drinking quiz

INTRODUCTION

Many young people know a lot of information about alcohol; a quiz is a suitable way of ensuring they know the facts.

TASK

Before starting the activity, print Alcohol Activity sheet 6a for the young people to use

Introduction

Introduce the activity to the young people. The young people can work alone or in small groups for this activity.

Alcohol quiz

Hand out copies of Alcohol Activity sheet 6a and pens to each young person/group.

Bring the group together and check their answers against Alcohol Answer sheet 6a. Discuss any points that arise. Encourage the young people to keep their correct answer sheets for information.

SUMMARY

Summarise the activity and what has been learnt.

Alcohol Activity Sheet 6a: Alcohol Quiz

1. Alcohol affects women more than men? Circle your answer

True

False

2. How old do you have to be to buy alcohol in a shop? Circle your answer

16

18

21

3. Name 3 effects of alcohol on the body

4. What will help you to get sober if you have had a lot of alcohol? Circle your answer

Black coffee

Food

A cold shower

Time

5. What contains more alcohol? Circle your answer

A pub measure of whisky

A pint of average strength lager

6. How many young people are admitted to hospital after overdosing on alcohol each year?

100

1,000

10,000

7. Circle the correct answer: Once in the body alcohol affects...

Only the Kidneys

Only the Liver

All parts of the body

8. More people die each year from...? Circle your answer

Heroin Overdose

Ecstasy Overdose

Alcohol Overdose

9. What should you do if your friend collapses after drinking alcohol?

a. Put them in the recovery position

b. Make sure that they are safe

c. If possible, don't leave them alone

d. All of the above

Alcohol Answer Sheet 6a

1. True

If a woman and a man drink the same amount, the woman's blood alcohol level will almost always be higher than the man's. There are several reasons for this:

- ▶ Women tend to be smaller than men. That means, the same amount of alcohol is going into a smaller body.
- ▶ If a man and a woman weighing the same were to drink the same amount of alcohol the woman will have a higher blood alcohol level. This is because women have less water in their body and the alcohol is therefore more concentrated.

2. 18

It is illegal to buy alcohol under age even if it is for someone else to drink.

3. Answers might include:

Short-term:

Lowered heart rate
Blurred Vision
Alcohol breath
Poor concentration
Bloodshot eyes
Vomiting
Loss of balance
Mood swings

Long-term:

Mouth and throat cancer
Liver damage, cirrhosis
Stomach ulcers
Amnesia
Premature aging
High blood pressure
Obesity
Diabetes

4. Time

The fastest that alcohol can leave the body is 1 unit per hour
(1 unit = approximately ½ pint of beer)

5. A pint of average strength lager

A pint of beer contains roughly twice as much alcohol as a single measure of whisky

6. 1,000

All cases required emergency treatment

7. All parts of the body

8. Alcohol overdose

9. d. All of the above

Further Information

Alcohol and Young People: Drink driving

In 2015 road collisions involving the driver being over the drink drive limit caused 4 fatalities in Wales. 6% of all drivers and passengers of motorised vehicles and 8% of motorcyclist riders killed in traffic collisions were above the drink drive limit (Coroner's Court data). In 2016, 237 accidents occurred where an alcohol related contributory factor was recorded (Road Accident, STATS19 Data). Accidents can also be caused by pedestrians who are drunk and in 2016, 66 accidents were considered to be due to pedestrian being impaired by alcohol. 16% of those pedestrians who were killed in road traffic collisions were shown to have a blood alcohol level over the legal limit.

For the latest statistics please visit <https://gov.wales/statistics-and-research/drinking-driving/?lang=en>

By drinking and driving, you risk your life and those of your passengers and others on the road. Any amount of alcohol affects your ability to drive. You risk a fine of up to £5,000, a minimum 12-month driving ban and a criminal record.

Who drink-drives?

According to a survey of 1,000 drivers by Brake and Direct Line, one in three (32%) UK drivers admit to driving after drinking any amount of alcohol in the last year. Almost one in five (19%) admit driving the morning after having a lot to drink, when they are likely to still be over the limit.

Certain types of drivers are more likely to be in drink-drive crashes:

- In 2014 70% of drink-drive fatalities in 2014 were men, showing a worrying trend developing
- Three-quarters (73%) of drivers who fail breath tests following crashes are men, and more than twice as many men as women admit to drink-driving
- Young drivers aged 17-24 have the highest level of drink-drive crashes per distance travelled
- A quarter (25%) of all drink-drive deaths in 2014 resulted from crashes where the driver over the limit was aged 25-39

Taken from: <http://www.brake.org.uk/facts-resources/15-facts/1228-drink-driving>

How much can I drink and stay under the limit?

There is no fool-proof way of drinking and staying under the limit. The amount of alcohol you would need to drink to be considered over the driving limit varies from person to person. It depends on:

- your weight
- your gender (men tend to process alcohol faster than women)
- your metabolism
- your current stress levels
- whether you've eaten recently
- your age (younger people tend to process alcohol more slowly)

Even small amounts of alcohol can affect your ability to drive so the only safe advice is to avoid any alcohol if you are driving.

How alcohol affects driving

Many of the functions that we depend on to drive safely are affected when we drink alcohol, for example:

- the brain takes longer to receive messages from the eye
- processing information becomes more difficult
- instructions to the body's muscles are delayed resulting in slower reaction times

You can also experience blurred and double vision, which affects your ability to see things clearly whilst you are driving. You're also more likely to take potentially dangerous risks because you act on urges that you would normally suppress.

Sleeping it off?

Whether it's okay to drive the next morning depends on how much alcohol you've consumed and whether you have allowed enough time for the alcohol to leave your system.

In general, alcohol is removed from the blood at the rate of about one unit per hour. However, this can vary from person to person. It can depend on your size, gender, how much food you've eaten, the health of your liver and your metabolism.

There's nothing you can do to speed up the rate that alcohol leaves your system. Having a cup of coffee or a cold shower won't do anything at all to get rid of the alcohol.

How would I be tested for drink driving?

If the police want to investigate whether you are over the drink driving limit, they will carry out a screening breath test at the roadside. To do this, they will use a breathalyser.

If you fail this test, or if they have other grounds to believe that your driving was impaired through drinking alcohol, you will be arrested and taken to a police station.

At the station you will need to provide two more breath specimens into a complex breathalyser called an evidential breath testing instrument. The lower of the two readings is used to decide whether you are above the drink driving limit.

If the evidential breath sample is up to 40% over the limit you have the right to replace your evidential breath specimen with

blood or urine - the police officer will decide which test you will have. If your evidential samples show that you are over the limit, you will be charged.

The police can carry out a breathalyser test if you have committed a moving traffic offence (such as banned turns), been involved in an accident or have given the police grounds to believe that you are over the limit.

The police are allowed to stop any vehicle at their discretion and will often set up drink driving check points over periods such as Christmas and New Year's Eve.

The law: What's the law on drink driving?

The legal blood-alcohol concentration (BAC) limit for driving in England and Wales and Northern Ireland is 80 milligrams of alcohol per 100 millilitres of blood (80mg/100ml).

In many countries the BAC limit is much lower. In most of Europe, including Scotland, it is 50mg/100ml.

In some countries, such as Sweden, the legal limit is 20mg/100ml for all drivers - effectively zero tolerance.

A drink driving conviction can result in a prison sentence, driving ban and fine. If you're caught drink driving more than once in a 10 year period, you'll be banned for at least three years.

How to ensure you don't drink and drive

Arrange within your group of friends who's going to be the designated driver. A designated driver is the person who abstains from alcohol on a night out so they can drive the rest of their group of friends home safely. If you live somewhere with good public transport links - take advantage of them. If you're planning on staying out beyond the last train or bus, make sure you've got a couple of taxi numbers.

If you have no option but to drive, stick to zero alcohol beers, alcohol free cocktails or standard soft drinks.

Alcohol and young people: The Law

If you are under 18 and drinking alcohol in public, you can be stopped, fined or arrested by the Police.

If you are under 18 it is against the law:

- For someone to sell you alcohol
- To buy or try to buy alcohol
- For an adult to buy or try to buy alcohol for you
- To drink alcohol in licensed premises (e.g. a pub or restaurant)

However, if you are 16 or 17 and accompanied by an adult, you can drink (but not buy) beer, wine or cider with a meal.

If you are 16 or under, you may be able to go to a pub (or premises primarily used to sell alcohol) if you are accompanied by an adult.

However, this isn't always the case. It can also depend on:

- The specific conditions for that premises
- The licensable activities taking place there

It is illegal to give alcohol to children under 5.

Working in a restaurant or bar under 18

You can serve alcohol in a restaurant if you're 16 or 17 as long as the licence holder or bar manager has approved the sale.

You may be restricted to selling alcohol in sealed containers (such as cans or bottles) in some areas.

Taken directly from: <https://www.gov.uk/alcohol-young-people-law>

Useful Resources and Organisations

DAN 24/7

Free confidential bilingual drug and alcohol information
Wales Drug & Alcohol Helpline 0808 808 2234
Website: www.dan247.org.uk
Twitter: @dan_247
Facebook: www.facebook.com/dan247helpline

The Alcohol Education Trust

Website: <http://www.alcholeducationtrust.org>

Drinkaware

Website: <https://www.drinkaware.co.uk> (Includes Welsh language resources)

Just a Few Drinks

Four personal stories from young people about the problems that alcohol has caused them

Website: <http://www.bbc.co.uk/programmes/b01qnr62/clips>

Parentline Plus

Offers support and information for anyone parenting a child, and runs parenting courses
Telephone: 0808 800 2222
Website: www.parentlineplus.org.uk

It's The Drink Talking

Website aiming to give young people a voice in the alcohol debate and assist them if they want to complain about the prevalence, cost and advertising of alcohol
Website: www.itsthedrinktalking.co.uk

The Institute of Alcohol Studies

The Institute of Alcohol Studies is an independent institute bringing together evidence, policy and practice from home and abroad to promote an informed debate on alcohol's impact on society

Website: <http://www.ias.org.uk/Home.aspx>

Alcohol Concern Cymru

Alcohol Concern has been working closely with the Welsh Government since 2009 to help people in Wales to have a healthy relationship with alcohol. We undertake research into how alcohol is marketed, sold and consumed, and make evidence-based proposals for change.

Website: <https://www.alcoholconcern.org.uk/Pages/Category/alcohol-concern-cymru>

School Beat

SchoolBeat.org is a bilingual site from the All-Wales School Liaison Core Programme providing information and resources for teachers, pupils and parents to follow up on the lessons provided to primary and secondary school children by our School Community Police Officers.

Website: <https://www.schoolbeat.org/>

Joseph Rowntree Foundation

The Joseph Rowntree Foundation is an independent organisation working to inspire social change through research, policy and practice.

Website: <https://www.jrf.org.uk/report/young-people-and-alcohol-influences-how-they-drink>

ADFAM

Provides information and advice for families of alcohol and drug users. The website has a list of local family support services.

Tel: 0207 553 7640

Website: www.adfam.org.uk

Dewis Cymru

For information about local services please visit **Dewis Cymru:** www.dewis.wales

Dewis Cymru is an online service directory for health and well-being services across Wales. It can be used to access information about where you live, how safe and secure you feel, getting out and about, and keeping in touch with family and friends.

Drugs

Most children and young people do not and will not use drugs. Most children and young people who do use drugs will not develop serious problems or require support from treatment services. However, there is a risk of experiencing harm when taking drugs and it is therefore important that young people have access to high quality, evidence-based education and information.

Young people experiencing other problems in their lives are more vulnerable to drug (and alcohol) problems. As with alcohol misuse, early intervention and delaying initiation of drug taking are effective in avoiding long term and/or serious problems.



Drugs

In your role you can play a significant part in providing young people with information, advice and skills for decision making. It is therefore important that practitioners try to stay up to date with information on drugs and in particular new and emerging drugs such as New Psychoactive Substances (NPS).

Since around 2009, there has been a growing interest in, and availability of, a new generation of drugs which are synthetically produced to mimic the effects of traditional illegal substances such as cocaine, MDMA, amphetamines and cannabis. The arrival of NPS was something of a 'game-changer' in that traditional models of drug diffusion and supply (e.g. for heroin or cocaine) were joined by the internet as a new supply route whilst many of the NPS were available in high street retail outlets without legal restraint. However, following on from the introduction of The Psychoactive Substances Act 2016, which came into effect on 26th May 2016 the high street sale and distribution of NPS has become increasingly difficult.

As revealed by the yearly Global Drugs Survey carried out by Dr. Adam Winstock, the other main group of new drugs causing a range of problems are the synthetic cannabinoids - from acute incidents requiring hospitalisation to dependency - especially among vulnerable young people, young offenders and prison populations and, again, among traditional drug service clients.

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



Drugs Activity Sheet 1: What is a drug?



ESTIMATED TIME

10 minutes

FORMAT



Group work and discussion

AIM

To gauge the groups understanding of what a drug is and what drugs can do to a person.

RESOURCES

- Flip chart paper
- Pens
- Definition of question
- Bluetac or sellotape
- The School Beat Website contains up to date information, resources and activities on drug and substance misuse.
www.schoolbeat.org

INTRODUCTION

Before speaking to young people about drugs it is important to check their understanding of what a drug is.

It is important to emphasise that most drugs that people use are 'legal' – drugs such as tobacco, alcohol, medicines and painkillers. It is also important to emphasise that most people with a 'drug dependency' will never break the law by taking illegal drugs. Those people with dependence on drugs such as heroin and cocaine are the tiny minority of those with a substance dependency.

TASK

Write up the question "What is a drug?", either onto the board or onto flip chart paper that is visible to everyone in the room.

After introductions and a reminder of the group rules, split the group into small manageable groups. Hand out pens and flip chart paper.

Ask the group to answer the question. If it makes it easier to explain they can imagine you are an alien and have only just landed on earth, ask them to explain what a drug is - NOT just names of drugs.

Explore the young people's answers; be sure to marry up their answers with the definition. They may not say the exact definition but may give associated answers.

An example might be: a drug is something that makes you act strangely or changes the way you act etc.

A drug is...

**Something that when taken
into the body,
changes the way you
think, feel, act and behave**



Drugs Activity 2: Street Names



ESTIMATED TIME

30 minutes

FORMAT



INDIVIDUAL



SMALL GROUP

AIM

- To find out what young people know about drugs
- To raise awareness of the street names used for illegal drugs

RESOURCES

- Copies of Drugs Activity Sheet 2a: Street Names
- Pens
- Drugs Answer Sheet 2a: Street Names
- Factual information about drugs (leaflets, websites)

INTRODUCTION

Many young people know a lot of information about illegal drugs and this session explores their knowledge of drugs and raises awareness of street names.

TASK

Before starting the activity print copies of Activity Sheet 2a for the young people to use.

Introduction

Introduce the activity to the young people and give out copies of Activity Sheet 2a and pens. Clarify any issues with confidentiality.

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 2a for support. Ask the group where they learn about drugs and encourage them to discuss their attitudes surrounding this issue.

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.

Activity Sheet 2a: Street Names

Think of some street-names for the following

Caffeine

Nicotine

Heroin

Cocaine-Crack

Cannabis

Amphetamine

Mdma

L.s.d.

Magic Mushrooms

Tranquillisers

Ketamine

G.h.b.

Solvents

Alcohol

Steroids

Mephedrone

Other White Powders

New Psychoactive Substances
(E.g. Synthetic Cannaboids)

Over The Counter Drugs

Answer Sheet 2a: Street Names

Caffeine Coffee, Tea, Coke, Red bull

Nicotine Fags, Smoke, Ciggies

Heroin Smack, Brown, H, Horse

Cocaine-Crack White, Coke, Snow, Charlie, Wash, Rock

Cannabis Blow, Hash, Green, Weed, Skunk

Amphetamine Speed, Phet/Fet, Whiz

MDMA E, XTC, Pills

L.S.D. Tabs, Acid, Trips

Magic Mushrooms Madgies, Musheys, Puke

Tranquillisers Valium, Downers, Yellows, Blues, Xanax

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, Meow Meow, Woof, Bubbles, Bath Salts, Plant Fertiliser

Other White Powders Young people may say white powder and it could be anything. We currently don't know what is in all white powders and they could be a mix of different drugs. KPOW

New Psychoactive Substances New Psychoactive Substances are often incorrectly called 'legal highs'. These are substances that mimic the effects of illegal drugs such as MDMA, cocaine or cannabis. These substances are not covered by the Misuse of Drugs Act but are covered by the 2016 New Psychoactive Substances Act which bans their production and sale including giving them to friends for free. The long-term effects of these drugs are still unknown, but the likely dangers are becoming clearer as more reports emerge. Although these substances may be 'legal' you can never be entirely sure that what you are buying is actually what it says it is. (E.g. Synthetic Cannaboids)

Over The Counter Drugs Spice, Black Mamba, Pandora's box, Happy Joker, Clockwork Orange, 'legal weed'.



Drugs Activity 3: Drug Identification Game



ESTIMATED TIME

30 minutes

FORMAT



WHOLE GROUP

AIM

To raise awareness about the different types of drugs.

RESOURCES

- Copies of Activity Sheet 3a

INTRODUCTION

The activities in this session allow the young people to engage in discussion concerning drugs. The session looks at the different types of drugs that exist.

Before starting the activity, print copies of Activity Sheet 3a for the young people to use.

TASK

Introduction

Introduce the activity by explaining that you are going to ask the young people to identify different types of drugs. Provide copies of Activity Sheet 3a and pens.

Drug identification game

Ask the young people to identify as many of the drugs as possible shown in the pictures (Activity Sheet 3a). 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 3a to clarify the correct answers.

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.

Activity Sheet 3a: How Drug wise are you?



Activity Sheet 3a: How Drug wise are you?



Solvents

**Anabolic
Steroids**

Methadone

Nicotine

Heroin

**Magic
Mushrooms**

Cannabis

Poppers

Tranquilisers

Alcohol

LSD

Cocaine

Ecstasy

Caffeine

Answer Sheet 3a: How Drug wise are you?

Image Number	Name of Drug
1	Solvents
2	Methadone
3	Tranquillisers
4	Poppers
5	Anabolic Steroids
6	Caffeine
7	Alcohol
8	Tobacco
9	Ecstasy
10	Heroin
11	Cocaine
12	Magic Mushrooms
13	Cannabis
14	LSD

Drugs are commonly divided into 4 categories:

DEPRESSANTS

Drugs which depress the body's nervous system and slow down brain activity

STIMULANTS

Drugs which stimulate the body's nervous system and increase brain activity

HALLUCINOGENS/PSYCHEDELICS

Drugs which alter perception and change what we hear and see

PAIN KILLERS

Drugs which control pain and block nerve impulses

DEPRESSANT DRUGS

The information provided below on the Law is correct as at May 2018. Drug classifications are subject to change, however, and it is recommended that you check the current legislation before using this fact sheet.

Information on individual drugs can be found on the Talk to Frank website. The A- Z section is of particular relevance and highlights the type of drug, the effects, risks and the law. The website is:
<http://www.talktofrank.com/drugs>

1. TRANQUILLISERS

Street names:

Eggs, Jellies, Tems, Temazzies, Tranx, Downers, Moggies, MSJ's, Xanax

How are they used?

- They are usually swallowed as pills or capsules but some users crush the tablets and inject.

Effects

- Depress the nervous system, slowing down the brain and body
- The drugs relieve tension and anxiety
- Bigger doses can make the user forgetful and overly sleepy
- Tolerance develops rapidly

Risks of use

- Strong physical and psychological dependence can develop quickly
- Mixing tranquillisers with another depressant drug (commonly alcohol) can cause 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 daze 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. Possession without a prescription could result in a prison sentence of up to 2 years and an unlimited fine
- Supplying, which includes 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
- Nitrous oxide can also be consumed when the gasses are released into a balloon which is then sucked

Effects

- Slow down body and brain giving a similar effect to alcohol
- Users feel dizzy and unsteady on their feet
- 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 use repeatedly

Risks of use

- More than 100 young people a year die as a direct result of solvent use. A third of these die the first time 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 sell these products to young people under 18, if they believe they are likely to be used to get 'high'
- In the UK it is illegal to sell petrol to anyone under the age of 16 and to sell gas lighter refills to anyone under the age of 18

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 using 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 is a white powder that can be sniffed or injected
- Crack is cocaine can be smoked

Effects

- Makes the heart beat faster
- Raises the body's temperature
- The effects of cocaine are short – lasting between 10 and 30 minutes

Risks of use

- Causes over confidence resulting in the user taking 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 use 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 cocaine regularly often develop serious problems with anxiety and paranoia. It's a known cause of panic attacks
- Large or frequent use of cocaine tends to reduce sexual desire
- Cocaine can bring previous mental health problems to the surface
- Injecting any drug can cause vein damage, ulcers and gangrene, particularly with dirty equipment. Sharing of needles can spread HIV and hepatitis viral 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

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

- The substance produces sensations of alertness, confidence and well-being 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 the heart.
- The combination of amphetamines and alcohol has been known to be fatal.
- Taking a lot can increase the risks of 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.
- Methamphetamine and Crystal Meth are Class A drugs with subsequent higher penalties for their possession and supply.

STIMULANT DRUGS

3. MDMA (Ecstasy)

Street names:

E, White Doves, Disco Biscuits, Mandy – 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 (Methylene-Dioxy-Meth-Amphetamine).
- They're usually swallowed although some people do smoke or snort them.

Effects

- Rushes of exhilaration 20-40 minutes 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. More recently drug testing facilities have discovered other more dangerous chemical stimulants such as N-Ethylpentylone in drugs that are sold as MDMA
- 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/POPPERS

Street names:

Ram, Locker Room, Liquid Gold, TNT

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 and lead to black outs or even suffering a stroke
- 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 swallowed
- Poppers can burn 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

STIMULANT DRUGS

5. MEPHEDRONE

Street names:

M-Cat, Meow Meow, Drone, Bubble

How is it used?

- Mephedrone can be found as a fine white, off-white or yellowish powder. It is usually snorted but can also be wrapped in paper and swallowed (bombed).

Effects

- Makes the user feel more alert
- Makes the user more talkative
- Creates feelings of empathy
- Reduces inhibitions
- Causes feelings of anxiety or paranoia
- Over stimulates the heart making it beat faster

Risks of use

- Over stimulates the heart making it beat faster
- Over stimulates the nervous system which can cause fits
- Restricts circulation which can cause cold/blue hands and feet
- Damages the nose through snorting and cause severe nose bleeds
- Cause low mood and comedown after heavy use
- Can cause death
- These risks are likely to be increased if Mephedrone is combined with alcohol or other drugs

The Law

- Mephedrone is a Class B drug under the Misuse of Drugs Act 1971 from 16 April 2010
- Possessing mephedrone is punishable by up to five years imprisonment and an unlimited fine
- Supplying mephedrone (including giving some to a friend) is punishable by up to 14 years imprisonment and/or an unlimited fine

HALLUCINOGENIC DRUGS

1. CANNABIS

Street names:

Grass, Blow, Weed, Hash, Pot, Draw, Herb, Marijuana, Skunk, Green, Bud

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. Increasingly vaporisers such as portable e-cigarette devices are being used and are seen as a 'healthier' option to traditional ways of using the drug

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 B drug
- Possession is illegal whatever it is being used for, including pain relief. The penalty is up to five years in prison
- Supplying someone else can result in up to fourteen years in prison and an unlimited fine
- Supplying includes giving cannabis to a friend (including sharing a 'joint') even when there is no money involved
- If the Police catch someone with cannabis, they will always take some action. This could be a warning, a reprimand, a formal caution, a fixed penalty or an arrest and possible conviction
- Allowing other people to use 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

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. It can also 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:
 - **The Onset**
Thirty minutes to an hour after being taken, colours appear sharper and moving objects leave traces behind them. Repeated patterns may be seen with closed eyes
 - **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
 - **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
 - **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 produce extreme anxiety and panic attacks, not only whilst 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 are they used?

- After picking, they are 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

Effects

- The effects 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 that is taken, the longer the trip could last
- They can cause the user feel confident, relaxed and in good spirits
- They can distort colour, sound and objects. One effect can be that the senses become mixed up so that, for example, it may be thought that colours can be heard and sounds can be seen
- They can also speed up and slow down the sense of time and movement. They may cause the user to feel like they are dreaming when awake
- The user can feel more emotionally sensitive. Some people become creative and feel enlightened
- They can cause feelings of sickness, tiredness and disorientation

Risks of use

- 'Bad trips' are seriously frightening and unsettling and the user cannot tell whether they are going to have a bad trip or a good trip before taking the drug. Magic Mushrooms can also cause flashbacks to be experienced for some time after the effects have worn off
- People who take magic mushrooms are at risk because they are not in complete control over their actions. Perception of the body and the world around can become distorted
- Eating the wrong mushroom can lead to serious illness and even death
- Magic mushrooms can complicate existing mental health issues

The Law

- 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 prison and/or an unlimited fine
- Supplying someone else, including friends, with magic mushrooms can be punishable up to life imprisonment and/or an unlimited fine

PAIN KILLERS

1. HEROIN

Street names:

H, Smack, Brown, Gear

How is it used?

- Heroin can be smoked or injected and if pure it can also be snorted. The effects are the same but each method has different risks
- Some users smoke the drug which is thought to be safer than sniffing because the drug enters the body gradually, so the dose can be more easily controlled
- Injecting is the riskiest method of taking heroin

Effects

- Heroin is an 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 physical withdrawal symptoms (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

IMAGE AND PERFORMANCE ENHANCING DRUGS (IPEDS)

Street names:

Roids, Hype, Juice, Pumpers,

How is it used?

- Image and Performance Enhancing Drugs (IPEDS) are used to enhance people's performance or looks. These include, anabolic steroids, energy drinks, slimming tablets, tanning tablets, botox and tattoos.

Effects

- Steroids can cause acne all over the body and it produces unnatural testosterone
- Tanning tablets change the colour of skin sometimes changing it to an orange colour
- Slimming tablets claim to help you lose weight. However the only safe way to lose weight is through healthy eating and exercise
- Botox is injected and relaxes facial muscles, affecting the appearance of wrinkles

Risks of use

- Anabolic steroids can lower sperm count in men and affect fertility in the future. They can also permanently stop the body producing natural testosterone
- Tanning tablets and injections are not tested and therefore the long term effect of their use is not known
- Slimming tablets also have side effects and can cause death

The Law

- The Misuse of Drugs Act 1971 states that anabolic steroids are a class C drug. Supplying anabolic steroids to others is punishable by up to 14 years imprisonment. It is illegal to buy steroids on the internet
- The tattooing of Minors Act 1969 makes it illegal for anyone to tattoo a person under the age of 18
- It is illegal for sun bed businesses to allow anyone under the age of 18 to use a sun bed
- Tanning tablets and injections are illegal
- There are no current laws against the sale of energy drinks however they are known to have harmful effects

Drugs Information Sheet: New Psychoactive Substances (NPS)

The arrival of NPS has been something of a game-changer in that traditional models of drug diffusion and supply (e.g. for heroin or cocaine) was joined by the internet as a new supply route – while many of the NPS were available in high street retail outlets without legal restraint. However, following on from the introduction of The Psychoactive Substances Act 2016, which came into effect on 26th May 2016, the high street sale and distribution of NPS has become increasingly difficult.

Now that the Psychoactive Substances Act has been introduced there is a blanket ban on these substances. The term 'legal highs' is no longer relevant, the more accurate term being used is 'New Psychoactive Substances'.

The 'Psychoactive Substances Act' makes it illegal to supply any 'legal highs' or NPS for human consumption. These changes in the law mean that it is now illegal to sell or give psychoactive substances to anyone for free, even to friends.

Police will intervene where they find people committing these offences. Punishments range from formal warning up to 7 years in prison. The Act also gives the police and local authorities greater powers to tackle the trade in psychoactive substances; including being able to stop and search people they think may be supplying these drugs.

Until now, there have been some psychoactive substances that have been legal, hence the name 'legal highs'. However, this name wasn't helpful because there have been an increasing number of these drugs which have been made illegal in recent years after their harms were looked at.

The message in relation to these drugs is the same as it was with legal highs. It is not known what the drugs will contain and what the exact risks will be and so they can be incredibly harmful and can put young people at risk particularly if they are being shared amongst friends.

So far, relatively few people are coming forward to treatment services citing an NPS as their primary drug problem. However, this may well be a reflection of the way the services are set up. An exception would be mephedrone which has caused problems across a range of user cohorts, from young people through to traditional service clients.

As revealed by the yearly Global Drugs Survey carried out by Dr. Adam Winstock, the other main group of new drugs causing a range of problems are the synthetic cannabinoids - from acute incidents requiring hospitalisation to dependency - especially amongst vulnerable young people, young offender and prison populations and amongst traditional drug service clients.

Psychoactive Substances Act 2016

This Act applies across the UK and:

- makes it an offence to produce, supply, offer to supply, possess with intent to supply, possess on custodial premises, import or export psychoactive substances; that is, any substance intended for human consumption that is capable of producing a psychoactive effect. The maximum sentence will be 7 years' imprisonment
- excludes legitimate substances, such as food, alcohol, tobacco, nicotine, caffeine and medical products from the scope of the offence, as well as controlled drugs, which continue to be regulated by the Misuse of Drugs Act 1971
- exempts healthcare activities and approved scientific research from the offences under the act on the basis that persons engaged in such activities have a legitimate need to use psychoactive substances in their work
- includes provision for civil sanctions – prohibition notices, premises notices, prohibition orders and premises orders (breach of the 2 orders will be a criminal offence) – to enable the police and local authorities to adopt a graded response to the supply of psychoactive substances in appropriate cases
- provides powers to stop and search persons, vehicles and vessels, enter and search premises in accordance with a warrant, and to seize and destroy psychoactive substances.

How many NPS are there?

In recent years, there has been a surge in the production and use of these new chemicals. Since Mephedrone (Methylmethcathinone/MM-Cat/Miaow) gained popularity in the UK in 2009/10 there have been over 500 new chemical compounds entering the drugs marketplace. In 2015 alone 101 new drugs entered the marketplace including powerful hallucinogenic drugs such as 1P-LSD, opiates and synthetic cannabinoids such as STS-135.

Why are people using NPS?

- **Availability:**

There were hundreds of websites where people can buy NPS but the recent introduction of the Psychoactive Substances Act has stifled the open selling of NPS on high street 'head shops', tattoo parlours and market stalls

- **Lack of detection/drug testing:**

The vast majority of NPS have no noticeable smell whereas drugs such as cannabis have a very strong distinctive smell. Many users are also aware that NPS will not be detected in the drug testing procedures being carried out in prison, workplaces and the new 'Drug Driving' roadside test

- **Better quality:**

Some users originally opted for various NPS because they simply saw them as better quality than some of the illegal substances they were able to purchase via illegal street dealers

- **Legal status:**

Many of the chemicals have been designed to mimic the effects of Class A drugs such as Cocaine, MDMA and LSD – but with the advantage of being 'legal' to possess and use (even after the recent Psychoactive Substances Act). It is important to point out however that as many as 19% of the drugs either seized or bought as 'legal highs' have turned out to contain a banned substance when tested at www.wedinos.org or at the toxicology department at Guys Hospital in London

TYPES OF NPS

SYNTHETIC CANNABINOIDS

These are synthetic drugs which are designed to mimic the active ingredient of cannabis (THC) and are traded under names such as 'Spice', 'Black Mamba' and 'Happy Joker'. These chemicals are NOT derived from the cannabis plant.

Appearance: In street form, the laboratory made substance is usually sprayed on to dried herbs or plant material. The finished product often has the appearance of herbal cannabis.

Use: Products containing synthetic cannabinoids – particularly Spice, Pandoras Box and Black Mamba – have become increasingly popular in the U.K. For many users the fact that many of the products are being sold as a 'legal alternative' to cannabis in shops and online has been a key factor in their increased use.

Drug effects: The product gives some users a similar experience to smoking cannabis and can lead to feelings of relaxation and euphoria. Some users have described products like Black Mamba as being 'stronger than skunk'. There are now many types of synthetic cannabinoids. In recent years there have been a number of deaths and hospitalisations caused directly from the use of the very potent forms of the chemical.

Dependency and Withdrawal: With heavy repeated use many people have developed a strong dependency with the so called 'spice' products. Many people experience severe after-effects of the drug can include fatigue, depression and anxiety.

Long-term use: There are already concerns with some of the stronger products that regular, long term users may increase the risk of developing psychotic illnesses including schizophrenia.

Overdose risk: The varied potency of different products containing batches of synthetic cannabinoids increases the risk that some users may overdose. User reports online have indicated that heavy use of products such as Black Mamba have led to extreme paranoia and hallucinations. Some other reports have linked excessive use of these products to rapid increases in blood pressure and convulsions.

Legal status: A large number of products containing synthetic cannabinoids are Class B drugs, illegal to have, give away or sell.

Maximum penalty: For possession: 5 years and/or unlimited fine. For dealing: 14 years and/or unlimited fine.

TYPES OF NPS

STIMULANT LIKE NPS DRUGS

For example: BZP, mephedrone, MPDV, NRG-1, Benzo Fury, MDAI, methiopropamine, ethylphenidate. The effects of these drugs replicate those encountered with amphetamine and MDMA and have a significant stimulant/ alerting effect on the brain. Brand names include Ching, GoGaine, Poke and Mr.White.

Appearance: invariably comes as a fine or crystallised off white powder.

Use: Mephedrone is usually snorted like cocaine or is wrapped in paper and swallowed ('bombed' is a slang name used for this). It can also be found as capsules and pills and can be smoked. Much less often, mephedrone is injected.

Drug effects: Most stimulant NPS such as Ethylphenidate give effects similar to drugs like amphetamine and cocaine. The drug increases the heart rate, confidence, euphoria and energy. Regular or heavy use can lead to feelings of anxiety, confusion, panic, and paranoia. Some users have become very violent and unpredictable under its effects

Dependency and Withdrawal: Users with a dependency to this drug will experience withdrawal symptoms when they stop taking it. These can include seizures, sickness and diarrhoea.

Long-term use: There isn't much evidence about mephedrone and its long term effects as it's quite a new drug but because it is similar to speed and ecstasy the long term effects may well be similar. Injecting can cause damage to the veins and arteries and can also cause ulcers and gangrene. Sharing needles, syringes and other injecting equipment can cause infections such as viral hepatitis and HIV/AIDS.

Overdose risk: Injecting mephedrone is particularly dangerous. It's much easier to overdose when injecting. Research suggests that on average mephedrone is 50% pure, so it's not just the mephedrone that goes in to your bloodstream

Legal status: Methedrone, MDPV and ethylphenidate are Class B drugs under the Misuse of Drugs Act. Others are covered by the Psychoactive Substances Act.

Maximum penalty: Possession is illegal and can get you up to five years in jail and/or an unlimited fine. Supplying someone else, even your friends, can get you fourteen years in jail and/or an unlimited fine.

TYPES OF NPS

BENZODIAZEPINES/DOWNERS

These drugs can have a significant inhibitory and relaxing effect on the brain and mimic various sedating, anti-anxiety drugs. This category includes benzodiazepines such as Etizolam, MSJ,s Xanax and Phenazepam.

Appearance: Pellet or tablet form.

Use: Benzodiazepines are swallowed in large numbers or can be injected by crushing tablets or injecting jelly from the capsules. Benzodiazepines are often mixed with other drugs. There is a growing market for "online benzo's" which are illicitly produced counterfeit benzodiazepines.

Drug effects: Benzodiazepines are depressants or 'downers'. They act on the part of the brain associated with anxiety, reduce tension and induce sleep. At high doses they produce 'drunken' and sometimes aggressive behaviour.

Dependency and Withdrawal: At low levels within the therapeutic range, tolerance does not develop to any great extent and only small increases in doses are reported over time. But among street users who are using large amounts, tolerance to the sedative effects (but not to the calming effects) develops rapidly and doses escalate. Some people report withdrawal symptoms after only four weeks use. Sudden withdrawal from benzodiazepines is dangerous as seizure can occur.

Long-term use: Mental confusion, depression, aggressive behaviour and loss of physical co-ordination. Injecting with dirty or used needles can cause serious infections like hepatitis B and HIV. Injecting crushed tablets or jelly can cause serious circulation problems and in some cases loss of limbs.

Overdose risk: Death from overdose is rare with this drug because large doses are needed but the risk increases if benzodiazepines are mixed with other 'downers' like opiates, barbiturates and alcohol.

Risk in pregnancy: Babies born to mothers who continue to take benzodiazepines during pregnancy may have withdrawal symptoms which include tremor, irritability and hyperactivity.

Legal status: Prescription only medicines and Class C controlled drugs. This means they can be possessed in medicinal form without a prescription but it is an offence to supply them to others.

Maximum penalty: For possession (if not in medicinal form): 2 years and /or unlimited fine. For dealing: 5 years and/or unlimited fine.

TYPES OF NPS

HALLUCINOGENIC NPS DRUGS

These drugs can make users hallucinate, feel relaxed and happy or agitated and confused. They mimic substances such as LSD and include 25i-NBOME ('N-Bomb'), Bromo Dragonfly and 1p-LSD.

Appearance: usually sold on blotter paper or in an off white powder.

Use: It is reported that N-Bombs don't work if swallowed, so they are usually placed under the tongue or held in the cheeks, where they are absorbed by the lining of the mouth. They can also be sniffed if in their powder form or absorbed via the nose or mouth if a spray form is used.

Drug effects: the first anecdotal evidence of human recreational use of NBOME drugs and Bromo Dragonfly began to emerge as people on online forums such as Bluelight.org started posting their experiences of taking the drugs. The effects have been reported by users to be more similar to LSD than MDMA and active at very low doses. Some users report blissful, psychedelic, almost spiritual experiences. Unlike LSD, which has a relatively low toxicity profile, NBOME drugs carry a number of additional health risks. Individuals presenting to emergency departments with acute NBOME toxicity have been reported to experience cardiovascular complications, agitation, seizures, hypothermia, metabolic acidosis (when the kidneys can't remove enough acid from the body), organ failure, and even death.

Dependency and Withdrawal: N-Bombs are relatively new drugs to the market so currently there's very little information about their addictiveness. .

Long-term use: The effects can last between 6 and 10 hours.

Overdose risk: N-Bombs are very powerful, with only a small amount needed to have an effect. This can make it easy to overdose if the powder or liquid forms of the drug are being used.

Legal status: Because of the recognized harms the Government followed the advice of the ACMD and made the NBOME family of drugs Class A controlled drugs. Other hallucinogenic drugs such as 1p-LSD are covered by the Psychoactive Substances Act.

Maximum penalty: Possession could result in up to seven years in jail and/or an unlimited fine and supplying someone else, including your friends, could result in a prison sentence between a minimum of eight years and a life sentence and/or an unlimited fine.

TYPES OF NPS

DISSOCIATIVE DRUGS

These drugs mimic the effects of Ketamine and PCP. These substances can lead to profound hallucinations, feelings of detachment and out of body experiences. This category includes substances such as Methoxetamine (sometimes referred to as MXE or Mexxy) and Methoxphenidine.

Appearance: It is most commonly found in white powder form but is also sold as pellets.

Use: In powder form the drug is most commonly sniffed or taken under the tongue. Some users prefer to put the powder in a cigarette paper and swallow it – a process commonly referred to as 'bombing'.

Drug effects: Generally up to 2 – 4 hours with the main peak of effects lasting approx. 1 ½ to 2 hours. The main psychological effects are stimulation, euphoria, loss of inhibition, anti depressant effects, paranoia and anxiety. The main physical effects include dizziness, sweating, insomnia and impaired co-ordination.

Dependency and Withdrawal: There's no direct evidence on whether you can become physically or psychologically dependent on MXE, but we do know that you can become dependent on ketamine. Because they are chemically related, it's reasonable to assume that you may be able to become dependent on MXE

Long-term use: Injecting MXE can damage the veins and can cause serious problems such as abscesses (swollen areas of tissue that are full of pus) and blood clots. Sharing injecting equipment, including needles and syringes, increases the risk of infection with hepatitis C and B viruses and HIV.

Overdose risk: Combining MXE and MXP with other strong depressants may significantly increase the dangers. As they are dissociative drugs, they affect your inhibitions and coordination so accidents are more likely to occur. There is not enough evidence to say whether MXE damages the bladder the same way as ketamine can.

Legal status: MXE is a class B controlled drug. MXP comes under the Psychoactive Substances Act.

Maximum penalty: Possession of products containing MXE can get you up to five years in jail and/or an unlimited fine. Supplying someone else, including your friends, can get you fourteen years in jail and/or an unlimited fine.

TYPES OF NPS

OPIATE TYPE DRUGS

These substances mimic the effects of drugs such as heroin, morphine and codeine.

Appearance: Synthetic opioids have been sold as white powder and they have also been found mixed with synthetic cannabinoids.

Use: Synthetic opioids can be used in a similar way to natural opiates; they can be injected, sniffed, swallowed or heated and inhaled.

Drug effects: Like all opioids these can reduce feelings of pain and can produce feelings of euphoria, relaxation and sleepiness. Users have also reported occasional itching, nausea and tremors. Side effects can also include constipation, itching, nausea and retching, lethargy, dizziness or fainting and suppression of normal breathing or respiratory arrest (when breathing stops completely).

Dependency and Withdrawal: Risk of both physical and psychological dependency.

Long-term use: If users inject these substances they can do serious damage to their veins and arteries and this can lead to gangrene (death of body tissue) usually in a finger, toe or limb, blood clots/thromboses and serious tissue infections such as hepatitis B, hepatitis C or HIV from sharing needles, syringes and other equipment used for injecting.

There are also social harms that can develop with repeated use of synthetic opioids, especially if you become addicted. These social harms can include committing crime in order to afford to buy more synthetic opioids, disruption to your family life and other relationships, general poor health and social functioning including through loss of employment.

Overdose risk: There is a greater risk of overdose and death if you mix synthetic opiates with other drugs that suppress breathing such as alcohol, benzodiazepines (like diazepam or valium), and/or other opiate drugs (like heroin).

Legal status: Synthetic opioids such as AH-7921 and Fentanyl were made Class A drugs in 2015. Milder plant based opiates such as Kratom are covered by the Psychoactive Substances Act 2016

Maximum penalty: If the Police catch you with synthetic opioids they are likely to take some action. This could include a formal caution or arrest and prosecution. Possession of a class A drug could result in up to seven years imprisonment and/or an unlimited fine. Supplying someone else, including your friends, could result in between eight years and life imprisonment and/or an unlimited fine.

Harm reduction tips to pass on to young users of NPS

If a young person wants to avoid any potential harm then we should be advising them not to take drugs. However, we know that a minority do experiment and some will use regularly. Here are some practical tips aimed at reducing the harm for those who do decide to use.

General Advice:

1. Research the substance before trying it. Use the online drug forums to find out exactly what the drug does and how long its effects will last
2. Plan how you are getting home before you start your night
3. Don't use drugs alone and preferably make sure you're with a sober friend
4. Tell someone what you have taken
5. Try not to accept or buy drugs from people you don't know
6. Avoid mixing with other drugs, including alcohol
7. If using for the first time or using a new batch or packet, take a test dose first
8. Use scales to measure the dose
9. Start by taking small amounts – this might be half a pill, one small line, a single skin joint
10. Pace yourself and wait at least two hours before taking any more
11. Keep hydrated, drink small sips of water (about one pint per hour)
12. If experiencing issues with jaw clenching chew gum or soft sweets
13. Take regular breaks when dancing
14. Use safe sex practices
15. If you start to feel unwell, get medical assistance, be honest about what has been taken
16. If the effects are too extreme try to relax and take small sips of flat sugary juice
17. If you are looking to cut down your use do so gradually to reduce withdrawal symptoms
18. Try to have a few drink/drug free days a week to allow your body to recover
19. Get regular health check-ups and tests for blood borne viruses (e.g. hepatitis B, hepatitis C, HIV)
20. If you are with a person taking drugs who is sleeping or unconscious, place them in the recovery position (on their side)

Smoking:

1. If using rolling papers use as little paper as possible
2. Use low strength tobacco
3. Use a non-printed, long roach
4. Avoid holding smoke in your lungs as this can damage tissue without giving a better 'hit'
5. Use glass or metal pipes where possible as these give off less fumes than wood and plastic
6. If smoking from foil use clean foil each time. This is available from needle exchange services.

Snorting:

Snorting often causes effects to happen quicker than swallowing and it can result in a more intense experience. Effects don't tend to last as long as when the drug is swallowed.

1. Grind substances before snorting (some new drugs are harsher and more crystalline than traditional drugs)
2. Use a straw as a 'tooter/snorter' rather than money and throw away after use
3. Position the 'tooter/snorter' as high up the nostril as possible
4. Don't share your 'tooter/snorter' with anyone else (this could spread viruses)
5. Alternate nostrils
6. Rinse out your nose with water afterwards. Some powders, like ketamine, clump in the nose and drip down the throat. Where possible spit this out as it won't improve your experience but may cause more harm.

Practical tips for coping with the 'comedown'

A comedown is the process your body goes through when recovering from the effects of drugs, like a hangover is to alcohol. If a young person has taken drugs and has that sinking feeling after a night out the following information may help.

When starting the comedown:

Advise the young person to resist taking more drugs. If they are worried or anxious they should speak to friends that they feel safe with. If dehydrated, they should sip water or an isotonic drink

Trying to get to sleep:

They may be irritable and bad tempered so it's important that they do something that will help them to relax. They should take a shower and drink some hot sweet decaffeinated tea or herbal tea

The next day:

If they feel low they should chill out with a friend. It's important that they eat healthy balanced meals; if they are not hungry they should try to eat fruit (especially bananas) and take multi-vitamins

The next week:

Their emotions could be up and down. They should not try to compensate by taking the drug again

Sources of up to date NPS information

WHY NOT FIND OUT – up to date information for young people on NPS www.wnfo.org.uk

The **School Beat Website** contains up to date information, resources and activities on drug and substance misuse. www.schoolbeat.org

WEDINOS Project providing information on NPS in Wales www.wedinos.org

Project Neptune: guidance on working with users of NPS www.neptune-clinical-guidance.co.uk

Practical information for those using NPS www.strangemolecules.org.uk

Useful Reports, Books and Publications

Steroids and Image Enhancing Drugs (SIEDs) Educational Toolkit for Young People (11-16 years), Public Health Wales.

<http://www.wales.nhs.uk/sitesplus/documents/888/SIEDS%20Toolkit%20English.pdf>

Guidance for the Youth Service, Drugwise

www.drugwise.org.uk

New Psychoactive Substances: resource pack for informal educators and practitioners (2015) by Home Office.

<https://www.gov.uk/government/publications/new-psychoactive-substances-nps-resource-pack>

Psychoactive Substances: What schools need to know about the new law, Mentor Adepis 2016 www.mentor-adepis.org/psychoactive-substances

NPS Come of Age: a UK Overview 2016, Drugwise.

www.drugwise.org.uk/nps-come-of-age-a-uk-overview

WEDINOS Annual Report 2015, www.wedinos.org

Not for human consumption: An updated and amended status report on new psychoactive substances (NPS) and 'club drugs' in the UK (2015) Drugwise, www.drugwise.org.uk/benzo-fury/not-for-human-consumption-2

New psychoactive substances: A toolkit for substance misuse commissioners (2014) Public Health England

<http://www.nta.nhs.uk/uploads/nps-a-toolkit-for-substance-misuse-commissioners.pdf>

PIKHAL: A Chemical Love Story (1991) by Alexander and Ann Shulgin

Drugs without the Hot Air: Minimising the harms of legal and illegal drugs (2012) by Prof. David Nutt.

Drugs 2.0: The Web Revolution That's Changing How the World Gets High (2014) by Mike Power.

Useful Video Resources for Discussing NPS/Synthetic Cannabinoids

THE HARD LIVES OF BRITAINS SPICE ADDICTS

<https://www.youtube.com/watch?v=t6pmc7Tpx4w>

14 minute video made for Vice TV about the impact of 'Spice' products. This video shows the attraction for some people but also the severe addiction and negative side effects experienced by many young users. The clip could be shown for a few minutes by practitioners to promote group discussion before then completing the video

LEGAL HIGHS: A LOSING GAME

<https://www.youtube.com/watch?v=IhgP9vb3Dgs>

5 minute video made by Fixers Youth Project. This video follows a fictional group of teenagers on a night out experimenting with a range of NPS. This clip demonstrates the unpredictability of drugs and random nature of their effects

Drug Information Sheet: Classes of Drugs and the Law

The Misuse of Drugs Act (1971) controls drugs by dividing them into categories A, B and C.

Class A* drugs include: Cocaine, LSD, Heroin, Methadone, Morphine, Fentanyl, Opium, Ecstasy, Methamphetamine and Cannabis Oil.

Class B* drugs include: Amphetamine, Ritalin, Barbiturates, synthetic cannabinoids, synthetic cathinones and Cannabis.

Class C* drugs include: Benzodiazepines (e.g. Valium), Steroids and prescription medicines.

*Classifications are subject to change. Correct as at May 2018.

Class B drugs become Class A when they are prepared for injection.

Drug offences are treated a particular way dependent on the class of the drug involved and other individual circumstances.

Drug driving

Driving under the influence of illegal drugs, or if you have certain drugs over a specified level in your blood.

The police are able to carry out roadside testing which makes it easier to know if someone has been driving under the influence of illegal drugs.

Being caught driving under the influence of illegal drugs can result in a driving ban, large fine and a prison sentence.

Young People's Rights

If the police have reason to suspect anyone is carrying an illegal drug they have the right to make them turn out their pockets. They can also take them to the police station and search them. If drugs are found they could be charged with possession, supply or possession with intent to supply.

Possession

Having drugs in your physical possession or having control of drugs (if you leave your bag in a shop you do not have physical possession of the drug but you do have control of it). If you take possession in order to destroy them (such as flush them down the toilet), this is not an offence but must be done immediately.

Supply

This is a much more serious offence. It is not just large-scale dealing for profit; it can be simply handing/returning drugs to another person. Decisions whether they will be charged with intent to supply are based on the circumstances in which they were caught and the quantity of drugs they were caught with.

The following table shows the sentence associated with each charge for each drug classification. These are maximum sentences.

	Possession	Supply	Possession with intent to supply
Class A	Maximum of 7 years imprisonment plus an unlimited fine	Maximum of life imprisonment plus an unlimited fine	Maximum of life imprisonment plus an unlimited fine
Class B	Maximum of 5 years imprisonment plus an unlimited fine	Maximum of 14 years imprisonment plus an unlimited fine	Maximum of 14 years imprisonment plus an unlimited fine
Class C	Maximum of 2 years imprisonment plus an unlimited fine	Maximum of 14 years imprisonment plus an unlimited fine	Maximum of 14 years imprisonment plus an unlimited fine

What happens if a young person gets a criminal record for a drugs offence?

Having a drugs record can seriously affect their future in many ways. It can often affect job prospects with many employers making checks on previous criminal records or past convictions.

Useful addresses:

DAN 24/7 – Free confidential bilingual drug and alcohol information

Website: www.dan247.org.uk

Twitter: @dan_247

Facebook: www.facebook.com/dan247helpline

Wales Drug & Alcohol Helpline 0808 808 2234

There is a single point of contact for safeguarding in each Local Authority. If you do not know your contact please see your manager.

For information about local services please visit **Dewis Cymru**:
www.dewis.wales

Dewis Cymru is an online service directory for health and well-being services across Wales. It can be used to access information about where you live, how safe and secure you feel, getting out and about, and keeping in touch with family and friends.

Immunisations

Immunisation is the most effective method of protecting young people against serious disease and is the second most effective public health initiative with clean drinking water being the first. Immunising young people means that their bodies will be equipped to fight the disease and prevent serious complications. Unimmunised people are at risk of catching the disease, spreading the disease to those who cannot be immunised and suffering serious complications as a result.



What is immunisation?

Immunisation is the process whereby a person is made immune or resistant to an infectious disease, this is typically, but not always, through the administration of a vaccine.

A vaccination stimulates the body's own immune system to protect the person against subsequent infection or disease.

Why do we immunise?

Immunisation saves lives

The World Health Organisation estimates that 3 million lives are saved every year worldwide through immunisation.

However, globally there is a huge amount still to do - 400,000 children still die every year from measles alone, when a safe effective vaccine has been available for over 30 years.

It is important that all children and babies are immunised – the risks of immunisation are very low in comparison with the risks associated with disease

Some previously common illnesses such as diphtheria and tetanus are now rare as a result of immunisation. Also as a result of immunisation programmes we are close to eliminating polio globally.

In the UK measles has not been eradicated despite there being an effective vaccine. In order to provide herd immunity and stop the spread of a disease, immunisation rates need to reach 95%. In the 1990's there was a decline in the number of immunised children as a result of a false claim that the MMR vaccination was linked to autism and bowel disease. As a result of the media coverage of this story, fewer children were vaccinated resulting in a rise in the number of measles cases in the UK. An example of this was a measles outbreak in 2013 in Swansea when 1,202 cases of measles were confirmed. The high number of cases was likely linked to the number of children who did not receive immunisations in the 1990's.

When do we immunise?

Currently in the UK we have a timetable of scheduled childhood immunisations, these are as follows:

Routine Immunisation Schedule

The most recent version of this document can be found [here](#):

Routine Immunisation Schedule Wales from October 2017				
Age due	Diseases protected against	Vaccine given and name		Usual site ¹
2 months old	Diphtheria, tetanus, pertussis (whooping cough), polio, <i>Haemophilus influenzae</i> type b (Hib) and hepatitis B	DTaP/IPV/Hib/HepB	Infanrix hexa	Thigh
	Pneumococcal	Pneumococcal conjugate vaccine (PCV)	Prevenar 13	Thigh
	Meningococcal group B (MenB)	MenB	Bexsero	Left thigh
	Rotavirus	Rotavirus	Rotarix	By mouth
3 months old	Diphtheria, tetanus, pertussis, polio, Hib and hepatitis B	DtaP/IPV/Hib/HepB	Infanrix hexa	Thigh
	Rotavirus	Rotavirus	Rotarix	By mouth
4 months old	Diphtheria, tetanus, pertussis, polio, Hib and hepatitis B	DTaP/IPV/Hib/HepB	Infanrix hexa	Thigh
	MenB	MenB	Bexsero	Left thigh
	Pneumococcal	PCV	Prevenar 13	Thigh
12 -13 months old	Hib and Meningococcal group C (MenC)	Hib/MenC	Menitorix	Upper arm/thigh
	Pneumococcal	PCV booster	Prevenar 13	Upper arm/thigh
	Measles, mumps and rubella (German measles)	MMR	MMR VaxPRO ² or Priorix	Upper arm/thigh
	MenB ²	MenB booster ²	Bexsero	Left thigh
2 and 3 years old and children in school reception class, year 1, 2, 3 and 4	Influenza (each year from September)	Live influenza vaccine	Fluenz Tetra ^{2,3}	Both nostrils
3 years 4 months old	Diphtheria, tetanus, pertussis and polio	DTaP/IPV	Infanrix IPV or Repevax	Upper arm
	Measles, mumps and rubella	MMR	MMR VaxPRO ³ or Priorix	Upper arm
Girls aged 12 to 13 years (school year 8)	Cervical cancer caused by human papillomavirus (HPV) types 16 and 18 (and genital warts caused by types 6 and 11)	HPV ⁴ (two doses 6-12 months apart)	Gardasil	Upper arm
14 years old (school year 9)	Tetanus, diphtheria and polio	Td/IPV (check MMR status)	Revaxis	Upper arm
	Meningococcal groups A, C, W and Y disease	MenACWY	Nimenrix or Menveo	Upper arm
65 years old	Pneumococcal	Pneumococcal polysaccharide vaccine (PPV)	Pneumococcal polysaccharide vaccine	Upper arm
65 years of age and older	Influenza (each year from September)	Inactivated influenza vaccine	Multiple	Upper arm
70 years old	Shingles	Shingles	Zostavax ²	Upper arm

¹ Where two or more injections are required at once, these should ideally be given in different limbs. Where this is not possible, injections in the same limb should be given 2.5cm apart. For more details see Chapters 4 and 11 in the Green Book. All injected vaccines are given intramuscularly unless stated otherwise.

² Contains porcine gelatine

³ If Fluenz Tetra is contraindicated and child is in clinical risk group, use inactivated flu vaccine

⁴ If the first dose is given after 15th birthday, three doses are required at 0, 2 and 6 months apart

The immunisation schedule of childhood immunisations has been designed to provide early protection against infections that are most dangerous for the population in the UK. This is particularly important for the very young and aims to prevent diseases such as whooping cough, pneumococcal, haemophilus influenzae type b (Hib), meningococcal, measles and others. Providing subsequent booster doses maximises continued protection.

If a young person is not completely immunised or is unaware of their immunisation status they should check with their GP Surgery. If they have an incomplete immunisation history they should arrange to have any outstanding immunisations. However, if there are no records of immunisation then they should assume they are not immunised and arrange to receive a full course of the required immunisations at their GP Surgery.

Key Messages

- Immunisation saves lives: The World Health Organisation estimates that 3 million lives are saved every year worldwide through immunisation
- Immunisation is a safe way of protecting babies, children and young people against a wide variety of serious diseases
- It is important that all children and babies are immunised in a timely manner as stated in the immunisation schedule (unless this is medically contraindicated)
- The risks of immunisation are very small compared to the risks of complications of the diseases themselves
- Unnecessarily deferring immunisation in a child carries the risk of the child contracting the disease. This is a far greater risk than immunising (i.e. The child who is under protected is susceptible to disease for longer than necessary)
- Missed immunisations – It is never too late to catch up on most immunisations. Speak to your doctor or nurse at your GP Surgery
- Immunisation of pregnant women protects both mother and baby
- Check with your practice nurse whether you need any immunisations before travelling abroad. Timescales are important; the nurse may need to order the vaccination before giving you an appointment. Allow at least four weeks prior to travel.

Activity 1 – Staying Healthy



ESTIMATED TIME

20 - 30 minutes

FORMAT



SMALL GROUP



WHOLE GROUP

AIM

To enable young people understand the value of immunisations and how they contribute to our health and well-being.

RESOURCES

- Flip chart paper and pen

INTRODUCTION

Do not tell the pupils this activity is about immunisations; instead explain that the session is going to be looking at maintaining a healthy lifestyle.

This activity is focused around immunisations and how they can contribute to living a healthy life. Immunisations protect people from communicable diseases such as measles, polio and human papilloma virus (HPV) and are the second most effective way of protecting against infectious disease after clean drinking water.

TASK

1. The Activity

Ask for one or two suggestions of how people can help themselves to live safe and healthy lives and write the suggestions on a flipchart. Split the young people into smaller groups of no more than 5 and give them 3-5 minutes to think of as many ways as possible that they can live a healthy life. After the 5 minutes ask the groups to feedback and add the suggestions on the flipchart.

Did anyone come up with immunisations, immunisation or preventing diseases? If yes, ask why, if no discuss whether the group think this is important to their health and well-being.

Suggested questions:

- What is immunisation?
- What do you know about it?
- What does it mean to us?
- Why is it important?
- Where can we find this information?

Activity 2 – True or False



ESTIMATED TIME

30 minutes

FORMAT



SMALL GROUP

To be completed in pairs or groups of three.

AIM

- For young people to broaden their understanding of immunisations
- To dispel myths and highlight the benefits of immunisations

RESOURCES

- Activity Sheet 2a printed and cut out
- Answer Sheet 2a
- Activity Sheet 2b (enough for group)
- Pens
- Blotac

INTRODUCTION

This session focuses on finding out what the young people know about immunisation. The activity takes the form of a short true or false quiz. The questions aim to dispel some misconceptions about immunisations.

TASK

Introduction

Explain to the pupils that this session is about looking at what they know about immunisation. Ask the group about immunisations they remember having and encourage a short discussion with the group about what they may have heard from their family, friends, health professional or in the media in relation to immunisations.

The Activity

Allow the group to split themselves into pairs or groups of three. Explain, placed around the room there are small cards with statements about immunisations and they need to decide whether each statement is true or false.

The statement cards are labelled 1 – 10 and when a card is found the young people are to write their answer in the appropriate space on their answer sheet. There is no need to complete the answer sheet in numerical order as long as the numbered statement card answer is written in the correct space.

This is a fast paced activity so encourage the young people to move around to find the statement cards.

Activity 2 – True or False

SUMMARY

Once all of the young people have completed the quiz, go through the answers highlighting the reasons why the statements are true or false.

At the end of the session ask the pupils if they were shocked by any of the answers to highlight some of the myths around immunisations. Ask the young people for their reasons why some of the answers shocked them to generate some discussion.

- 1.** Immunisations save lives
- 2.** If you miss an immunisation it's too late and you can't have it again
- 3.** Polio is no longer seen in most countries because of immunisations
- 4.** Without vaccination smallpox would kill around 1 million people every year
- 5.** If a disease is no longer seen in the UK we can stop immunising

- 6.** Too many immunisations can overload a child's immune system
- 7.** You can't have immunisations if you have asthma
- 8.** It's your parent's decision whether or not you can have the HPV vaccination
- 9.** MenACWY is very important if you are attending university for the first time
- 10.** You should not have a vaccine if you are ill

Question

Answer and Reason

1. Immunisations save lives

TRUE

The benefits of immunisation may be invisible but by preventing infectious diseases The World Health Organisation (WHO) estimates that immunisations save around 3 million lives every year.

2. If you miss an immunisation it's too late and you can't have it again

FALSE

You can have 'catch up' immunisations at your GP practice. It is always best to speak to your GP or practice nurse if you are unsure if there are any immunisations that you have missed and they can advise which ones you are eligible to have.

3. Polio is no longer seen in most countries because of immunisations

TRUE

By 2002, the incurable and deadly disease of polio had been eradicated from much of the world. This included the UK, the rest of Europe, the western Pacific and the Americas.

4. Without immunisation smallpox would kill around 1 million people every year

TRUE

As a result of immunisation, smallpox was officially wiped out in 1980. If it were still common, it would actually cause an estimated 2 million deaths every year around the world.

5. If a disease is no longer seen in the UK we can stop vaccinating

FALSE

If we were to stop vaccinating children against diseases that have not been eradicated worldwide then they can return with a vengeance.

After a scare about the safety of the whooping cough vaccine in the 1970s and 80s, parents stopped vaccinating their children against the disease. This led to three epidemics, and at least 100 children died after catching the disease.

Question

Answer and Reason

6. Too many immunisations can overload a child's immune system

FALSE

It is not true that immunisations can overload a baby's immune system. Only a tiny part of a baby's immune system is used by childhood vaccines and they come into contact with far more bugs in their daily life.

7. You can't have immunisations if you have asthma

FALSE

If you have asthma or an allergy such as hay fever or eczema you will still be able to have immunisations to protect you against infectious diseases.

8. It's your parent's decision whether or not you can have the HPV immunisation

FALSE

The decision to have the vaccine is legally yours. It's a good idea to check that you understand the issues in giving consent. Discuss this with your parents, the doctor or nurse to get more information.

9. MenACWY is very important if you're attending university for the first time

TRUE

Older teenagers and first time university students are at high risk of infection because they tend to live in close contact in shared accommodation, such as university halls of residence.

10. You should not have a vaccine if you are ill

TRUE AND FALSE

It is a fact that you should postpone immunisations if you or your child is ill and have a fever (high temperature). If it is a mild illness and there is no fever then it is fine to have the immunisation as planned.

True or False

1. True False

2. True False

3. True False

4. True False

5. True False

6. True False

7. True False

8. True False

9. True False

10. True False

Activity 3 – Know the Risks



ESTIMATED TIME

30 – 60 minutes

FORMAT



SMALL GROUP



WHOLE GROUP

AIM

To raise awareness of the symptoms of meningitis and the importance of getting vaccinated to protect from this disease.

RESOURCES

- IT equipment (optional)
- Coloured pens/pencils
- Paper
- Access to the internet to show video and poster examples
- More resources can be found online at:
<https://www.menacwy.co.uk/resources>

INTRODUCTION

Explain to the young people that in this session they are going to look at meningitis and why the MenACWY vaccine is so important for young people their age. Highlight that there is not an immunisation that prevents against all types of meningitis but that there are immunisations against certain strains (Hib, MenACWY, and Meningitis B and Pneumococcal)

Meningococcal cases in England and Wales have been falling since the early 2000s; however, Men W infections have increased from only 22 cases in 2009 to 117 in 2014. Currently, Men W alone accounts for almost a quarter of all meningococcal infections in England and Wales.

TASK

Introduction

Ask the young people if they have heard of meningitis and if they are able to identify some symptoms.

Video

After a 5 minute discussion show the video '**The Fastest Hour**'

Once the video has been watched encourage discussion around the following questions:

- Did you realise how quickly meningitis can take effect?
- Were you aware that it could cause cardiac arrest?
- How did it make you feel to watch the girl experience meningitis?
- In what ways have the girl in the video's life been changed forever?
- How could this have been prevented?

Activity 3 – Know the Risks

Highlight that if there are young people present who are yet to have the vaccine, they are still entitled to until they reach the age of 25. Those who are going to university are strongly advised to have the immunisation because they often live in close contact with others at halls of residence and are therefore at an increased risk.

Posters

Tell the young people they will have the opportunity to design a poster that could be displayed around the school or youth work setting advising other young people about the risks of meningitis and also about the importance of receiving the MenACWY immunisation. They are able to either produce the poster by hand or using IT equipment and the best, most informative poster can be used to display in the setting.

Some examples of posters can be found online at <https://www.menacwy.co.uk/generic> and shown to the young people as suggestions.

Prompt the young people to think about what would encourage them to have the immunisation and to make the poster appealing to people their own age.

Activity 4 – Staying Safe



ESTIMATED TIME

60 minutes

FORMAT



SMALL GROUP



WHOLE GROUP

AIM

To encourage the young people to think about immunisations needed when travelling abroad

RESOURCES

- Activity Sheet 4a (enough for one each)
- Pens
- Activity Sheet 4b (enough for each group)
- Activity Sheet 4c (enough for each group)

INTRODUCTION

Inform the young people that the session will be about safe travel and don't mention immunisations at this point.

TASK

Introduction

Ask pupils to write down a list of 5 items that they might need to make a holiday FUN. Then ask them to do the same but this time thinking about making a holiday SAFE. When this is completed encourage the young people to share their stories of travelling abroad or whether they intend travelling abroad in the future (for example, on a school trip or as a gap year etc)

Give each young person a copy of the suitcase resource and ask them to draw or write some items that they might need for a fun and safe holiday abroad. When this is completed tell the young people that they are only able to take 2 things with them and ask them to decide on what these would be. Encourage the young people to feedback to the group and give their reasons behind their choices.

Chloe's Diary

Ask the young people to read Chloe's Diary and discuss what the most important points are within the diary entries.

6:00 News

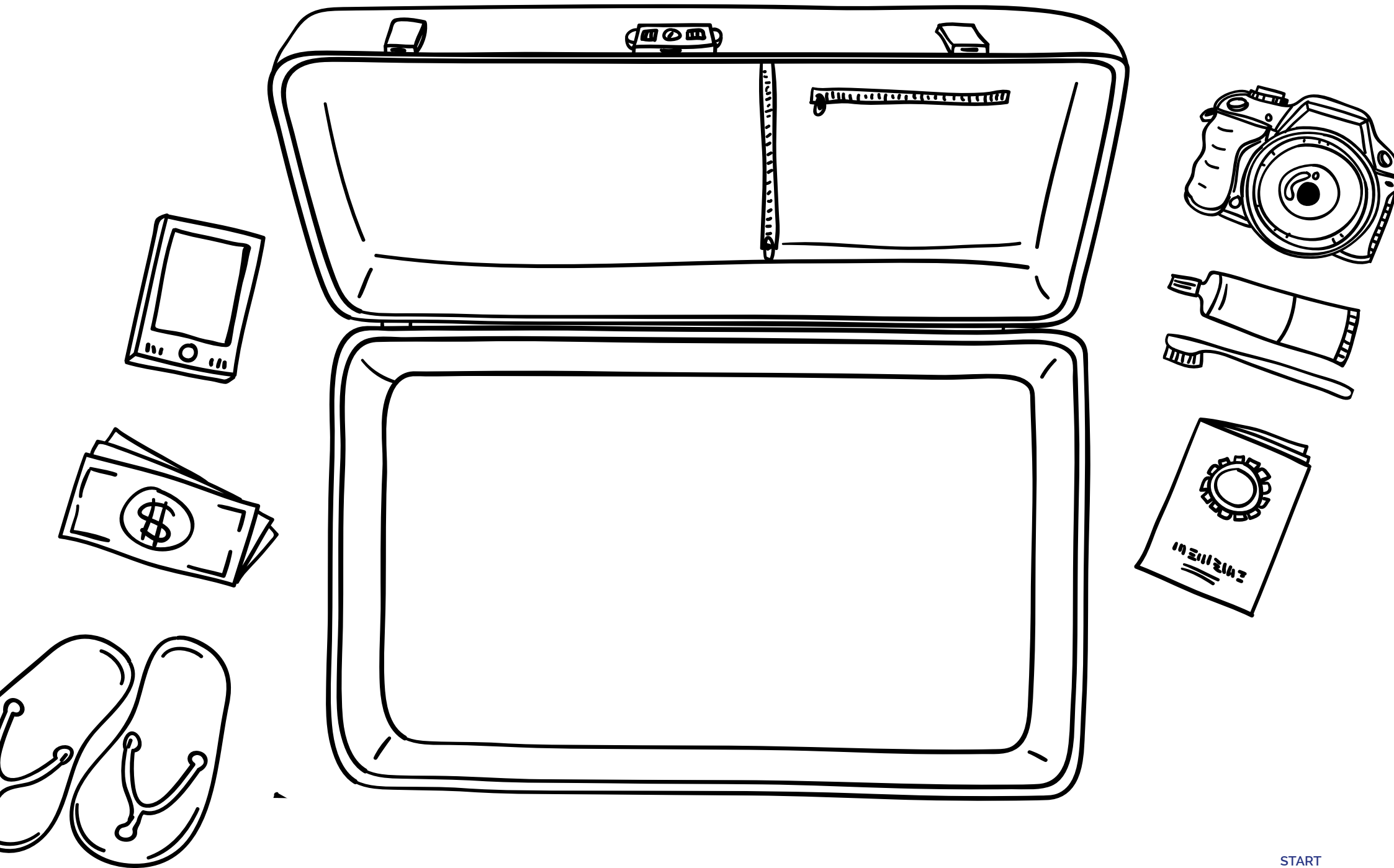
Tell the young people they are going to be reporting on the story for the 6:00 news and that they have to include all the key points to make the story. They can use the storyboard templates to plan their story and use it to write their script. They should work in groups of no more than 5 and everyone should have a role (for example, director, news reporter, news presenter, script writer).

Activity 4 – Staying Safe

SUMMARY

Emphasise that this activity was about highlighting the importance of checking whether you need to receive any immunisations prior to travelling abroad. Explain that there are some countries that have different diseases such as yellow fever or typhoid and immunisations to protect against these diseases are necessary if travelling to a country where they are present.

Activity Sheet 4a: Suitcase



AUGUST 12TH 2017

We have arrived. Me and all the girls are in Thailand and it's going to be amazing! Our hotel is right on the beach and it's so hot and the sea looks lush. Today we have just been chilling by the pool but tomorrow we are going to do a bit of exploring and go into the nearest town. We have found out that we can hire bikes to get around on so we'll probably end up doing that and going out for the day!

AUGUST 13TH 2017

It started off great, we got up and couldn't wait to go and explore a bit more. We hired the bikes like we had planned yesterday but it wasn't such a great idea... We were having a great time riding through the streets, sightseeing and enjoying the sunshine. We found some off road paths that we could cycle along but when we were on these road Sarah's wheel hit a rock or a stone and she fell off her bike. Luckily she wasn't seriously injured but Sarah had hurt her leg quite badly. We had to go to the nearest medical centre and when we

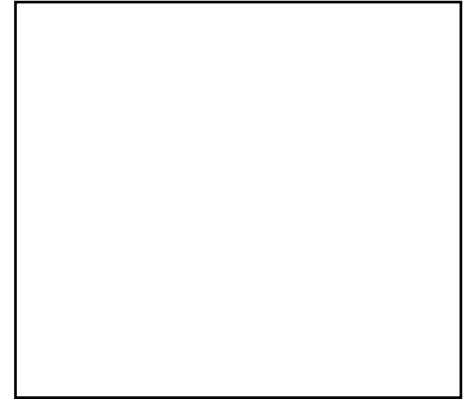
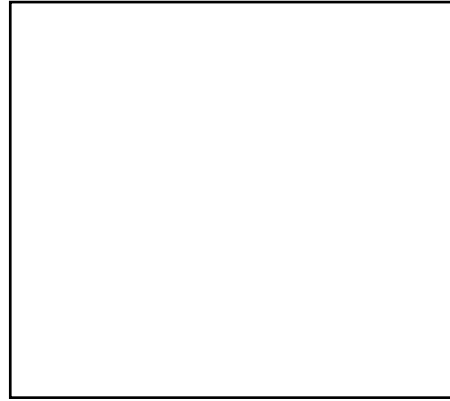
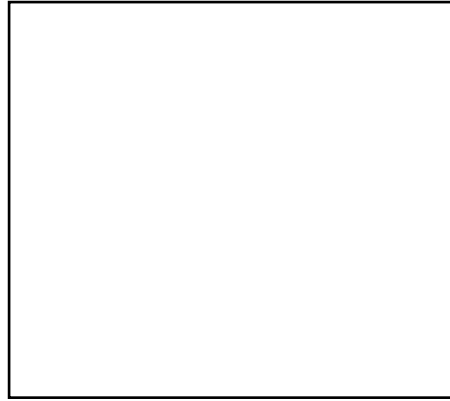
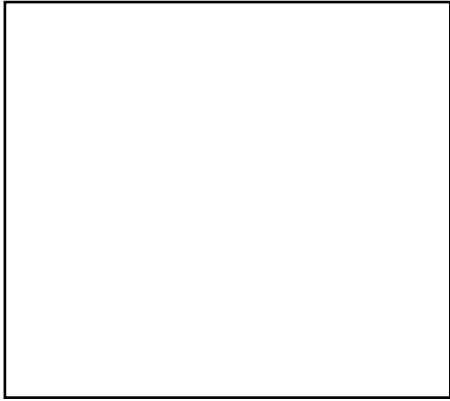
arrived we couldn't believe it - it was nothing like our hospitals but it was the only way of treating Sarah's wound. The nurse asked Sarah if she was up to date with her immunisations but she didn't know. Luckily a quick phone call to her mum and she found out that she had her teenage booster which included tetanus. If she didn't have this it would have meant a trip to the nearest city for her to have a booster injection. We were soon back at our hotel and planning a quiet week by the pool.

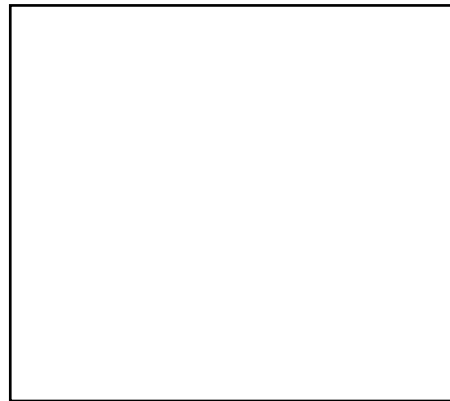
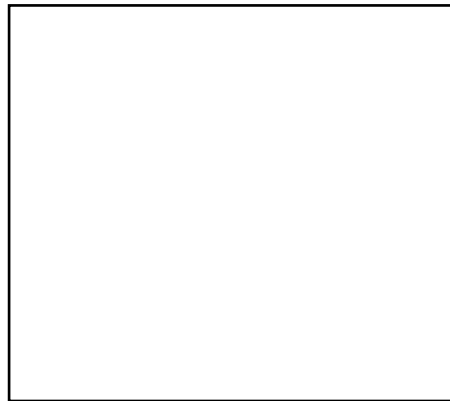
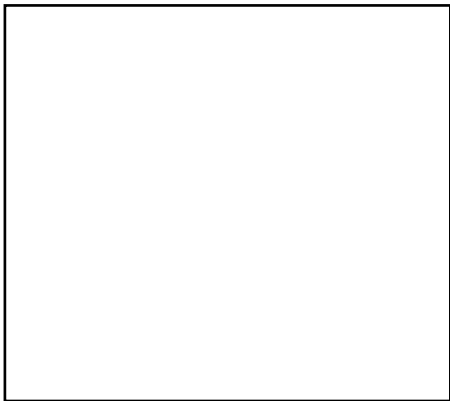
AUGUST 19TH 2017

We're home. That was a pretty dramatic holiday. Luckily we're all home safe but it could have been very different. We have all learnt how important it is to be up to date with immunisations especially when travelling abroad. Tetanus is found all over the world and it's important that you're up to date - especially if you're travelling somewhere with limited medical supplies. If I had one piece of advice before travelling abroad it would be to visit the GP Surgery to find out if there are any immunisations that you need.



Activity Sheet 4c: Storyboard Template





Activity 5 – What is Human Papilloma Virus (HPV)?



**ESTIMATED
TIME**
30 minutes

FORMAT



WHOLE
GROUP

AIM

To demonstrate the importance of girls being vaccinated against HPV and to reinforce that smear tests are still required for girls aged 25 and over even if they have been vaccinated against HPV.

RESOURCES

- HPV PowerPoint presentation (found in 'Further Information')

INTRODUCTION

All girls aged 12 to 13 are offered HPV immunisation as part of the NHS childhood immunisation programme. The vaccine protects from cervical cancer and is usually given to children in Year 8 in Wales.

According to Cancer Research UK, cervical cancer is the second most common cancer in women under the age of 35. In the UK, 2,900 women are diagnosed with cervical cancer every year, that's approximately eight women each day. It has been estimated that as a result of vaccinating girls before they are infected with HPV that around 400 lives could be saved every year in the UK.

The HPV vaccine is delivered largely through secondary schools, and consists of two injections into the upper arm spaced at least six, and not more than 24 months apart (girls who began immunisation before September 2014 receive three injections).

Studies have already shown that the vaccine can protect against HPV infection for at least 10 years with experts expecting protection to last much longer.

TASK

Introduction

Introduce the session by saying it is going to focus on HPV and that the young people are going to have the opportunity to learn a bit more about what HPV is and what exactly the vaccine protects against.

Presentation

Show the HPV Immunisation presentation. Following the presentation ask the young people if they have learnt anything new about HPV or about the immunisation

Spend some time discussing any worries or concerns the young people may have and signpost to the school nurse or other relevant person/service where necessary

Further Information

For information and resources relevant to all immunisations visit the Immunisation and Vaccine Preventable Disease Programme Website at: <http://www.wales.nhs.uk/sites3/page.cfm?orgid=457&pid=25355>

MMR <https://www.nhsdirect.wales.nhs.uk/livewell/vaccinations/MMRVaccine3/>

Meningitis <https://www.nhsdirect.wales.nhs.uk/encyclopaedia/m/article/meningitis>

HPV <https://www.nhsdirect.wales.nhs.uk/livewell/vaccinations/Humanpapillomavirus/>

HPV Presentation



Immunisation Animations

The animations on this page show the importance of immunisations in terms of community immunity whereby having enough vaccinated persons protects the population
<https://www.nhs.uk/video/Pages/vaccinationanimation.aspx>

Travelling Abroad

NHS Fit For Travel is a website you can use to check which immunisations you will need before travelling to a particular country.

<http://www.fitfortravel.nhs.uk/home>

Dewis Cymru

For information about local services please visit **Dewis Cymru**: www.dewis.wales

Dewis Cymru is an online service directory for health and well-being services across Wales. It can be used to access information about where you live, how safe and secure you feel, getting out and about, and keeping in touch with family and friends.

Evaluation

There are two feedback forms available, one to be completed by the session facilitators and one to be completed by the young people taking part in the activities.

Please take this opportunity to complete the
Facilitator Feedback form available here:

<https://www.smartsurvey.co.uk/s/FeedbackFacilitators/>

Please also encourage the **young people**
to provide their thoughts on the activities they took
part in by completing the form available here:

<https://www.smartsurvey.co.uk/s/FeedbackYoungPerson/>