Erasmus+

prevention++

Non-formal education and prevention work

idei și proiecte pentru tineri activi

Watergratt

centrs marta

Erasmus+

prevention++

Non-formal education and prevention work

A manual with 40 methods suitable for both offline and online facilitation, for speacialists working on preventive education against addictions

idei și proiecte pentru tineri activi

Watergratt

centrs marta

prevention++

Non-formal education and prevention work

Consortium

Asociaţia Idei şi Proiecte pentru Tineri Activi (IPTA), Romania

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Centrs Marta, Latvia

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Introduction

Prevention++ is a project through which we wanted to provide wider access to prevention education for vulnerable youth exposed to substance abuse disorders, with a focus on tobacco, alcohol and cannabinoids. The project, a Strategic Partnership developed under the Erasmus+ Programme was implemented in 36 months by a consortium that includes IPTA (Romania), Centrs Marta (Latvia) and Watergratt Pirita MTÜ (Estonia). This manual is one of the main results of this initiative and is the creation of a team of professionals with a background in education, sociology, psychology, linguistics, community development and international cooperation, all of them with sound knowledge of the principles of NFL (non-formal learning).

The manual consists of three components: a set of guidelines for delivering preventive work to groups of youngsters, a set of 40 methods suitable for delivering preventive education on addictions, and a set of guidelines for creating local campaigns on preventive education. The manual is focused on working mainly with youngsters who are exposed to the abuse of tobacco, alcohol and cannabinoids, nevertheless it is highly transferrable for other psychoactive substances.

All the elements of this manual are based on an extensive testing activity with more than 1.000 teenagers in local activities. These activities were conducted with youngsters aged 13-21 form both urban and rural areas, with a focus on youngsters who are exposed to substance abuse disorders in their micro-social environment (family, school, working place). We are in close contact with local organizations in each country where the methods are in use, either as stand-alone activities of preventive education on addictions, or as elements of personal development programs dedicated to teenagers.

An important particularity of the manual is that preventive education does not come to address areas of intervention or rehabilitation of teenagers or young adults, hence it cannot replace the professional intervention of clinical the therapeutic practice specific to addictology. We provide a methodology that is useful mainly as a preventive tool for practitioners, while some professionals indicated the effectiveness of some methods also for intervention and even rehabilitation. Irrespective of the scope of using the methods created in this manual, we recommend this tool as suitable mainly for prevention work on substance abuse disorders.

We consider that the manual has a high transferability for youth workers, teachers, social workers and other professionals in education and it could easily be inserted in their curriculum in schools, NGOs, social centers or support institutions, combining it with their current practice. Moreover, to an extent, the manual can be used to address other behavioral tendencies with an addictive potential, such as: use of illegal drugs, gambling, social media, pornography, video games, binge eating, etc.

We want to express our gratitude to all the individuals (members, volunteers, collaborators and friends) who allocated time, creativity and other resources for completing this project. You contributed to a healthier society and to a brighter future for the younger generations.

We would like to acknowledge the wonderful contribution and support received from local NGOs, schools, public bodies and private entities from all the three countries. With their support, we had the chance to test this manual with a large number of beneficiaries, followed by valuable feedback on our work. Prevention++ is an initiative dedicated to organizations who believe in a higher quality of life for the next generations, and we will continue promoting this mindset by using this product.

Prevention++ team

Conceptual approach

ADDICTIVE SUBSTANCES and TEENAGERS

The consumption of drugs, tobacco, alcohol or other addictive substances during adolescence indicates an increased risk of consumption in adult life (Chou, C., 1998 Effects of a community-based prevention program on decreasing drug use in high-risk adolescents). Adolescence represents, as a developmental stage, the critical point regarding the specific behaviors of the addiction, for which early prophylaxis is required. The objective is to prevent from childhood, from primary school, when beliefs and behaviors are outlined that will determine the further development of a person. So we talk about *early prophylaxis*, by offering an alternative, a set of social and emotional skills. Through this manual, we aim to counteract the addiction by offering a functional and healthy alternative.

Addiction is, from a psychological point of view, a response to a number of psychological factors, a defense mechanism against what the child perceives as dangerous, threatening. It is a learned response either within the family, in the school environment or in the surroundings, but it is, in essence, a cry for help. The child feels threatened and, not having the tools to cope, he chooses to what he observes around him, in the face of aggressive or addictive behaviors. The instantly gratified child for the school effort, or the instantly punished for unwanted behaviors, in turn seeks immediate solutions. The drug, through its biological mechanism, offers *immediate pleasure, quickly relieving the pain*. So, we can look at addiction as a response to meaninglessness, insecurity, maladaptation, exclusion and rejection, trauma, emotional pain. The latter is perceived, from a neurological point of view, *as physical pain*, which makes the addiction an attempt to relieve pain, and from the drug an analgesic (Dr. Mate, G., 2008, In the Realm of Hungry Ghosts).

So how do we offer different ways to handle such situations? What is the functional and healthy answer? Education in the spirit of cooperation towards a common purpose and the development of the community spirit, of the individual responsibility towards the social group to which the child belongs is important. Thus, the child will adhere to norms more easily, reducing the risk of counterproductive behaviors.

Moreover, students with a *developed community sense* identify and show commitment to school rules and values (Schaps, E., 2003, The Role of the School's Social Environment in Preventing Student Drug Use), so that the risk of engaging in risky behaviors decreases significantly. The objective of preventive education is to promote a mentality in which, to the detriment of rejection, the child learns the understanding and acceptance of himself and others. It is necessary to present and practice social skills in this regard, so it is necessary to promote tools such as assertive training, empathetic relationships, cooperation and active listening.

There is a need for a minimum of *relational hygiene*, as psychoeducation is not that developed in schools at this time. Primary intervention programs on social skills have proven effective not only on children who have not tried addictive substances, but also those who have already engaged in addictive behaviors (Chou, C., 1998).

'Healthy relationships' is one concept that is frequently used in this manual, as we observed its importance when working with teenagers who have none or limited ability to analyze the way they socialize with others. Most of the abusive behavioral patterns, addictions included, are developed and fueled among teenagers who either have a limited critical approach towards the habits or substances, or a reduced assertiveness for encountering peer pressure. A young person who is permanently exposed to substance addictions and do not receive any support from the adults, is at a real risk of developing at least a tendency of using an addictive substance, if not to abuse substances with a clear frequency. There is no evidence that these youngsters will also develop an addiction, nevertheless they are actually the most 'fertile soil' for the third-parties who have a clear financial interest in promoting the use of addictive substances.

EMOTIONAL EXPRESSIVITY and the INTERACTION with ADDICTIVE SUBSTANCES

There are multiple shortcomings of the classic education system regarding emotional literacy, as it tends to inhibit the expression of emotions, seeing the emotional manifestations as undesirable and maladaptive behaviors. The child thus learns that being sad is embarrassing, that he has no right to be nervous or upset, that it is disturbing to show joy. Obedience is frequently promoted in the classic educational systems, to the detriment of education for a language that allows the child to express himself, to express what he feels assertively and in a healthy manner.

The alternative is to *show emotion through creation, movement, relationships*. Therefore, what will make the difference for the children of this generation is the creation of a framework in which they can develop these inner skills and resources. It is important to train teachers, but also parents, to protect the child, as the protection perceived by the child is a factor in reducing the risk of unhealthy behaviors (Hawkins, JD, 1999, Preventing Adolescent Health-Risk Behaviors by Strengthening Protection During Childhood).

Also, *low self-esteem and feelings of rejection* are important risk factors in developing addictive behaviors (Oetting E., 1997, Risk and protective factors for drug use among rural American youth), both substance and relational, as well. It is necessary to educate the children in order to develop an accurate and healthy perception of themselves. It is necessary to *intervene in the level of self-esteem and self-image*, so that the child is not defined by the dysfunctionalities of others.

Again, it is emphasized the need to give the child a meaning, through creation, through love for self and others, through effort to reach a common goal. Therefore, the activities specific to *occupational therapy and drama* can provide children with a framework in which they feel safe, a framework in which to discover their own resources.

The POWER of BALANCE

Last but not least, the physiological balance is important in order to prevent addiction. A healthy lifestyle, a balanced diet and regular exercise represent the starting point of the child's harmonious development. The mind is always influenced by the well-being of the body. In the presence of physical illness, it is especially difficult to manage stress or other psychological problems. It is necessary to involve the children in physical activities, to give them meaning, structure and an alternative management of emotions and stress.

Therefore, it is important to provide a framework for developing social skills, learning healthy responses to emotion and mechanisms to prevent maladaptive behaviors. The general aproach of our methodology is based on the previously stated points, studies and research. We propose a set of methods based on the NFL principles, including drama and improvisation, art-based tools, psycho-social concepts, mindfulness, income generating activities, cognitive-behavioral approach, logotherapy techniques, healthy life choices, emotion regulation.

The approach that was taken into consideration when proposing this project claims that two major "recipes" are considered for developing an addiction: spontaneously and progressively. A spontaneous addiction is often associated with an unpredictable and overwhelming event: emotional or physical trauma, sudden change in material/financial status, professional failure, rejection by the closest persons, loss of social prestige.

A progressive addiction involves compensations for the emotional, cognitive and physical shortcomings arising from long term unsatisfied needs and the permanent presence of the addictive substance in the person's environment. However, it doesn't mean that any young person going through one of these scenarios will automatically develop an addiction, but it is certain the person becomes a vulnerable one.

PREVENTIVE EDUCATION is not about ABSTINENCE

As well, it is not about saving others' lives. The manual promotes our perception about how the 'Good wolf and bad wolf' inside us can be integrated, heard and nourished with understanding and compassion. There are multiple prevention programmes based on sudden abstinence. This is an approach that could work for some people, with good results in a long-run. The 'cold turkey' approach is an approach that require strong motivation and commitment, along with a clear desire of not relapsing. In most of the cases when this approach worked, an emotional trigger backed the decision. The same mechanism works also when the addiction takes the lead in one's life: an emotional shortcoming which is not integrated and processed, sometimes with the support of a professional.

Our approach goes exactly in this direction: increasing self-awareness, building emotional resilience and emotional literacy, working on self-esteem and acceptance of those triggers that seemed to be crucial challenges. In most of the cases, it's all about honest and simple communication.

What to follow with this manual?

By this manual, we want to offer exactly a tool through which young people become aware that addictions will unhealthy fill an emotional emptiness caused by events independent of them. The methods included in this manual embody the following features as a conceptual basis.

INTERACTIVITY

The basis of our methodology relies on the need of interacting during an activity, no matter how the interaction is organized. The facilitators using the methods should prioritize the open communication in the group, either in couples or in plenary. Each activity provisions a set of questions that facilitate the discussion in the begining or in the closing part. Vulnerable youngsters are not always eager to open up, therefore we promote the practice of addressing questions as often as possible. The methods stimulate the following elements interactivity:

- Peer – peer, group – peer, facilitator – peer, peer – itself, peer – spiritual entity, peer – nature
- Assertive communication
- Relational hygiene

EMOTIONAL INTROSPECTION

Before making a decision in relation to an abusive tendency, it is mandatory to understand what happens inside the emotional universe of one. We resort again to the reflection questions: a large part of the methods promote the emotional exploration through opening questions that are not intrusive, but effective with proper timing.

- Developing emotional literacy and resonance
- Confronting emotional shortcomings
- Self-empathy and compassion
- Tackling oppression and verbalization of the abuse
- Understanding defense mechanisms

SOCIAL INCLUSION

Multiple local communities tend to stigmatise and marginalize the persons who are exposed to addictive behaviors, irrespective of their age, medical condition or background. One of the key aspects that are at the basis of the project is the relationship between social inclusion and addictions, since the latter one is one of the most prominent factors that fuels marginalization and stigma.

- Experiencing self-acceptance
- Sense of belonging
- Community building
- Developing openness to others
- Experiencing and expressing labelling and social stigma
- Income generating activities

COGNITIVE PROCESSES

When addressing addictions and other related topics, a facilitator will observe that the youngsters are well informed, even if that is not necessary something positive. More than a half of the methods aim at increasing the critical thinking towards the impact of addictive substances on health, social status, finances and other relevant aspects. The methods include multiple case studies that are connected to the reality of the youngsters: we created the scenarios based on their stories and by analyzing their living environment. In line with this, we included multiple sessions where creativity is the main 'tool' for solving a task, hence making preventive work less rigid. The main cognitive-related elements we work with in this manual are:

- Research activities
- Cognitive patterns identification
- Stimulation of creativity
- Critical thinking
- Identifying irrational beliefs

RESILIENCE

When working with teenagers and especially with those living in precarious conditions, building resilience is a compulsory factor for avoiding an addictive tendency. The methods where this topic is addressed are based on case-studies and role-play. It is hihgly important that the facilitator knows the living environment of the beneficiaries before working with this concept, hence avoiding the reconnection with traumatic experiences of the youngsters. While this concept is specific to therapeutical interventions, we will prioritize the following concepts:

- Understanding what relapse means
- Understanding breakdowns
- Exploring/recalling growth moments
- Learning vulnerability

BODY EXPRESSIVITY

One of the well known impact of addictive substances is related to health and body and medical conditions. However, our manual touches briefly the topic from a cliché perspective ("smoking kills"), since there are multiple research that proved the limited efficiency of these messages. The methods mainly touch the mindfulness practice of understanding the physical limitations in terms of substance intake. Most of the topics that are connected to this dimension refer at:

- Experiencing self-directed violence
- Self-body mapping
- Body-environment nourishing process
- Exploring connecting body memory with emotional reactions
- Physical exercises

COMMITMENT

This dimension is 'imported' from logotherapy, since the goal-setting approach is one of the basis for nourishing healthy relationships among youngsters. The facilitators are advised to promote in their work a constructive resolution for each situation. A large part of the methods are closed with a future-related perspective, so the participants could draft conclusions about their upcoming actions. We advise the facilitators to explore the following concepts:

- Self-directed motivation
- Behavioral techniques
- Exploring alternative values system
- Motivational interview: understanding change, benefits and consequences, the stages of change

EMOTIONAL REGULATION

This dimension promotes an open communication approach for the facilitators. It is highly important that each session to be introduced as a safe space for expression, while labeling and stigma to be left aside. Emotional literacy and emotional regulations are concepts that we prioritized in this manual, mainly because we believe that addictions are triggered by emotional shortcomings for young persons. With this manual, we aim at increasing the level of awareness, not necessary to fix a shortcoming or a trauma. The visualization and acceptance of own emotions is a starting point in this direction. Peer pressure causes multiple traumatic experiences for teenagers, so we developed multiple methods that gravitate around this topic. We recommend the users of this manual to prioritize working with the following concepts:

- Labeling emotions
- Understanding the mechanism behind emotions – evolutionary perspective, physiological manifestation, thoughts and images
- Normalizing and validating emotions
- Accepting and owning emotions

CREATIVIY AND MEANING

This dimension is connected to the cognitive processes, the main difference consists that this one promotes self-introspection for finding meaningful connections with ones self. Again, we considered techniques that explores life goals and log-lasting resolutions as a basis for developing healthy relationships mainly with yourself. The facilitators are advised to resort to the these elements only with a minimum preparation with the group:

- Logotherapy techniques
- Finding meaning and purpose
- Creativity for self-expression and for coping
- Integration of polarities
- Artistic expressivity
- Kinesthetic learning techniques

SELF-ESTEEM

This dimension is one of the most important one that we included in the methods. Building self-esteem is one of the pillars of preventive education: a young person with low self-esteem is prone to have limited resistance towards peer-pressure and community pressure. In addition to this, a low self-esteem is likely to fuel a self-marginalization process that eventually takes the young person in the proximity of fast pain relievers, namely the addictive substances. We highly recommend the facilitators to promote this concept in their work through the following elements:

- Perfectionism and social pressure
- How to turn self-criticism to self-motivation
- Avoiding comparisons
- Setting realist goals
- Accepting mistakes and turning them into opportunities – learning process

Tips & tricks & recommendations

The second part of the manual consists of 40 methods of preventive education that covers multiple relevant topics: sources of addictions, factors that fuel addictions, relation between the addictive behavior and employability, social exclusion, health, financial and social status, emotional literacy, peer pressure, healthy relationships, community development.

Each method outlines clear description of all the steps of facilitation, timing, tips about arranging the space or materials, external data, evaluation of the process, preparation for the facilitator.

The methods are designed in an accessible way for a youth worker with basic experience in using NFL-based programmes. The manual has a high degree of transferability for multiple professionals engaged in education: teachers, educators, social workers, facilitators, psychologists, etc.

Each method has to be read entirely, as a whole. There is a widespread tendency to skip the preparation and evaluation parts of a methodology, nevertheless these sections could ease the experience of facilitating preventive education, since all the details are incorporated there. The adaptaion for an online setting is as well, accessible, since we promoted only applications that are free to use for both the facilitators an participants.

We recommend to include the methods in a programme that aims the same youngsters for a minimum of five workshops, since the impact is consireably higher. Nevertheless, each method may be delivered as a stand-alone one. The duration of one method can vary from 40 minutes to more than 90 and it is the facilitators' decision to extend or to shorten the sessions.

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Non-formal education and prevention work

Welcome to the 40 methods developed for you and for your groups.

We wish you a meaningful journey in the universe of preventive education on addictions, together with all the surprises prepared here.

Enjoy!

ANNOUNCE YOUR PREFERENCES

Initiator:	IPTA Romania
Overall description:	This method explores the youngsters' perception regarding their own decisions. Its main goal consists of raising one's awareness about the possibility to choose an alternative scenario to a compelling situation in a way which will also validate others' needs.
Duration:	50 minutes
Activity's objectives:	To understand the importance of saying YES or NO and the need for courage in substance resistance; To become aware of how self-management works; To show techniques to valid others' needs and also announce your clear preferences.

Step-by-Step Description

STEP 1 : (10 MIN)

All the participants will be asked to recall a real scenario from their lives, in which they felt compelled to do something. The scenario should have only two possible answers (e.g. one would ask their colleague to skip a class lesson, one would ask their colleague to steal a ball from the shop, one would persuade their colleague to drink alcohol, etc.). The facilitator will introduce the chain of consequences and will illustrate how the participants should use the method. The facilitator picks one example and shows which were the consequences of answering in a way or another.

STEP 2 : (10 MIN)

The participants will work individually and will describe their own scenario on the handout they'll receive (the handouts have two pages with two possibilities: YES and NO). The participants are asked to describe what they answered in reality and what they could have answered, comparing the both alternatives. Every answer should contain the impact of their decision on themselves, but also on others.

Thus, they will go from action to action and from consequence to consequence.

The facilitator(s) will assist all the participants in the process, by stimulating them to recall/imagine as many consequences as possible.

STEP 3 : (10 MIN)

The whole group will divide in groups of four participants. They will be asked to share their chain of consequences and discuss it with their peers, getting to reflect on their own choices and life experiences.

STEP 4 : (10 MIN)

In the same groups of four, the participants will be asked to share ways of validating others' needs and also announce their preferences: e. g.: 'your idea is pretty brilliant, BUT I prefer....'

STEP 5 : (10 MIN)

In the big group, the facilitator will address some reflection questions:

- How challenging was the activity?
- How difficult was to recall a situation when you were compelled to make a decision?
- How difficult was to manage the decision you made in a stressful situation in the past?
- Was there any stressful moment when you felt that you needed someone to advise you?
- How often do your colleagues and friends constrain you to make a decision against your will?
- How your decision making process look like? What do you think first, second, third of ?
- What is the hardest/easiest for you when making a decision about drink/smoke or not?"
- Do you ever think about the consequences of your decisions on other people? What do you think about this?
- Do you think it is important to valid others' needs when you try to refuse a proposal? Why do you think so?
- How can you better verbalize your clear preferences when you are compelled to make a decision?
- Was this activity helpful in any way?

Preparations for the activity:

The facilitator should pay attention to every step of the method as it can take less or more time than anticipated depending on the group size and dynamic.

It is highly recommended that the facilitator introduce a scenario that is linked to an addictive substance. The facilitator together with the group could go through one scenario as an example to show – how step by step handout should be filled in?

LIST OF MATERIALS:

Handouts, pencils, flipchart, marker

EVALUATION OF THE ACTIVITY:

The impact of the activity on the participants:

- How many participants filled their chain of consequences?
- How complex were the contributions of the participants?
- How intrigued were the participants when working in groups?
- How active was the group during the reflection time?

Appendices

Handout with the chain of consequences.

The decision you made (What exactly happened? Where? How? Who else was involved ?):

Consequence - actions & persons (How did you feel? How did you act? Who else was there with you/ was involved? How did they acted/felt?) :

.....

.....

Consequence (actions & persons):

.....

.....

Consequence (actions & persons):

.....

.....

Consequence (actions & persons):

.....

.....

The decision you could have made:

.....

.....

Consequence (actions & persons):

.....

.....

Consequence (actions & persons):

.....

.....

Consequence (actions & persons):

.....

.....

Consequence (actions & persons):

.....

.....

Consequence (actions & persons):

.....

.....

WHAT DO YOU KNOW ABOUT VAPING AND E-CIGARETTES?

Initiator:	Maarta Centre Latvia
Overall description:	Idea was born after watching a Ted Talk on “What you should know about vaping and e-cigarettes”. Overall the topic of vaping, e-cigarette and heated tobacco products is still missing research and data. Therefore it's important to create space and time for conversation about these drugs and break some myths.
Duration:	45-50 minutes
Activity’s objectives:	To break myths about vaping, e-cigarettes and heated tobacco products. To raise awareness of its harmful effects on teenage development. For educators - to rise understanding, why vaping, e-cigarettes and heated tobacco products are so appealing among youth.

Step-by-Step Description

STEP 1 : (10 MIN)
Introduce the topic to the group by reading/explaining the objective of activity.
Participants are invited to work individually or in pairs. Each participant/pair receives a printout of Resource Sheet A. Participants are (individually or in pairs) reading the statements and ticking either “TRUE” or “FALSE” box.

STEP 2 : (10 -20 MIN)
Once that's done, invite participants one by one to read out loud every statement and explain - why they think it is true or false. Discuss every correct answer by providing the explanation from the Resource Sheet B

STEP 3 : (10 -20 MIN)
Discussion in the group:
> Why vaping, e-cigarettes and heated tobacco products are so popular among young people?
> Is there any linkage between social status/gender and using vaping, e-cigarettes and heated tobacco products?
> Why these myths we discussed are so common among youth and adults in general?
> What are the risks of daily usage?
> What would be the best strategy of quitting vaping, e-cigarettes or heated tobacco products?

OPTIONAL :

If the time allows and group is interested, you can watch the Ted Talk video together and have a conversation around that.

Preparations for the activity:

Watch the Ted Talk:
https://www.ted.com/talks/suchitra_krishnan_sarin_what_you_should_know_about_vaping_and_e_cigarettes

Watch the video: What happens both when we start smoking and when we stop:
https://www.ted.com/talks/krishna_sudhir_how_do_cigarettes_affect_the_body#t-1910

Check what are the legal restrictions in your country regarding vaping, e-cigarettes and heated tobacco products usage among minors.
Resources in Latvian:
https://www.diena.lv/raksts/sestdiena/pasaule/elektronisko-cigaresu-serga-14228575
https://www.rsu.lv/aktualitates/jauna-petniece-par-elektronisko-cigaresu-ietekmi-uz-mutes-veselibu
https://www.tvnet.lv/6771475/veiposanas-del-miris-jau-otrais-cilveks
https://www.tvnet.lv/6712202/pusaudzim-mute-uzspragst-e-cigarete-rezultata-lauzts-zoklis-un-izsisti-zobi

LIST OF MATERIALS:

Hangouts of Resource Sheet A. PC, projector, speakers - if the group is willing to watch the video.

EVALUATION OF THE ACTIVITY:

Discussion:
1. Was it hard/ difficult to know the right answer (while filling in the Resource Sheet A)? Why yes/no?
2. Was there anything that surprised you in the answers? What was it and why it was surprising?
3. What would be a reliable source of information regarding vaping, smoking e-cigarettes and heated tobacco products?

Appendices

Vape Myths
https://www.tobaccofreeco.org/tfc/wp-content/uploads/2018/04/CDPHE_Vape_My thsvsFacts.pdf

Vaping and Teens
https://newsinhealth.nih.gov/2019/02/vaping-rises-among-teens Vaping Rises Among Teens
https://www.drugabuse.gov/related-topics/trends-statistics/infographics/teens-e-ci garettes

How do heated tobacco products compare to and differ from e-cigarettes?:
https://www.pmi.com/our-science/difference-between-heated-tobacco-products-an d-ecigarettes

RESOURCE SHEET A:

Statement	TRUE	FALSE
There are more than 15000 e-liquid flavours out in the market		
It's just harmless water vapor.		
Vaping is a healthy alternative to cigarettes.		
Vaping can cause smoking regular cigarettes later on in life.		
Vapes contain nicotine.		
E- cigarette is not harmful for others		
E- cigarettes contain tobacco		
Vaping has no health risks		
E-cigs can help you quit smoking		
E-cigarettes are 95% safer than conventional cigarettes.		
Nicotine is addictive, and it does pose any other substantial risks as well.		
It is illegal to use vaping and e-cigarettes in school.		
It is easier for teenagers to become addicted than for an adult		
E-cigarettes can be explosive		
There is a real tobacco in heated tobacco devices		
There is no nicotine in heated tobacco products or e-cigarettes.		
E-cigarettes also contain tobacco.		

RESOURCE SHEET B: (for the facilitator): correct answers.

Statement	TRUE	FALSE
There are more than 15000 e-liquid flavours out in the market. Based on the web pages found on the internet, which sell e-liquid for vapour, there can be a huge variety of smells and tastes found. Some of them have very common names like mint, vanilla, strawberry, peach, caramel etc., some - very extraordinary like Alien Souce, Nut House, Vampire Breath, Unicorn Vomit and even Unicorn Poop.	X	
It's only water vapor, which is safe. **It's not just water vapor, yet it's not innocuous either. It might contain carcinogens, toxic substances, and hazardous substances including diacetyl, which is known to induce popcorn lung, a potentially deadly lung condition. Propylene glycol, vegetable glycerin, flavorings, and nicotine are the most frequent ingredients.** (Source: https://chronicdata.cdc.gov/Policy/Electronic-Nicotine-Delivery-SystemsKey-Facts-Inf/nwhw-m4ki/data)		X
Vaping is a healthy alternative to cigarettes. Vaping is a healthy alternative to cigarettes. Vape e-juice may contain nicotine, chemicals that cause cancer, and can lead to health problems including wheezing, coughing, sinus infections, nosebleeds, shortness of breath and asthma. (Source: https://www.livescience.com/46053-e-cigarettes-myths-safety-facts.html)		X
Vaping can cause smoking regular cigarettes later on in life. Youngsters who started vaping had a more than four times increased risk of smoke traditional cigarettes a year later, according to one study. (Source: https://tobaccocontrol.bmj.com/content/26/e2/e106?papetoc=)	X	
Vapes contain nicotine. A 2015 study found that 99 percent of e-cigarettes sold in U.S. convenience stores, supermarkets, and similar outlets contained nicotine, the same highly addictive substance that is found in regular cigarettes. It's worth noting that 100 percent of JUULs – teens' top choice for vaping devices – contain nicotine. And each JUUL pod contains the same amount of nicotine as a whole pack of cigarettes. (Source: https://www.tobaccofreeco.org/tfc/wp-content/uploads/2018/04/CDPHE_Vape_MythsvsFacts.pdf)	X	
E- cigarette is not harmful for others **There is currently no proof that vaping is harmful to others. On the other hand, exposure to secondhand smoke while smoking is acknowledged as extremely detrimental to health. An e-cigarette only produces the inhaled aerosol; unlike cigarettes, it does not emit any vapour into the atmosphere.**	X	

Unlike tobacco smoke, e-cigarette vapour dissipates quickly in the atmosphere. (Source: https://www.nhs.uk/smokefree/help-and-advice/e-cigarettes) Public Health England's 2018 independent evidence review found that to date, there have been no identified health risks of passive vaping to bystanders. (Source: https://www.gov.uk/government/publications/e-cigarettes-and-heated-t obacco-products-evidence-review)		
E- cigarettes contain tobacco An e-cigarette is a device that allows you to inhale nicotine in a vapour rather than smoke. E-cigarettes don't contain tobacco and don't produce tar or carbon monoxide, two of the most damaging constituents in cigarette smoke. E-cigarettes work by heating a solution (e-liquid) that typically contains nicotine, propylene glycol and/or vegetable glycerine, and flavourings. Using an e-cigarette is known as vaping.		X
Vaping has no health risks Vape cigarettes have their own unique potential health risks. There are organs in the body that are immune to the effects of cigarette smoke but can potentially be harmed by e-cigarette aerosol. For example, e-cigarette aerosol contains propylene glycol. Accumulated in the body it increases the potential for liver damage. This chemical also accumulates in the retina, so there's the potential for retinal damage and blindness. Additionally, the American Lung Association also recently revealed that many e-cigarette products may contribute to a rise in the number of cases of Scarring of the small air sacs in the lungs, which causes the airways to thicken, is known as "popcorn lung.". Many e-cigarette products are not as natural or healthy as they claim to be. In fact, a majority of these products, especially those with added flavors, contain diacetyl, a dangerous chemical known to cause "popcorn lung". "Popcorn lung" is a serious lung disease that causes coughing, wheezing and shortness of breath, similar to the symptoms of chronic obstructive pulmonary disease (COPD). (Source: https://www.pennmedicine.org/updates/blogs/health-and-wellness/2019/july/vaping-myths)		X
E-cigs can help you quit smoking The research examining whether or not using electronic cigarettes aids in habit reversal have produced conflicting findings. According to these studies, those who tried e-cigarettes ended up smoking less regular cigarettes overall, nevertheless they were not more prone to completely stop. "Studies that reflect real-world e-cigarette use found that e-cigarette use is not connected with effective stopping," write the authors of a recent scientific review. Collectively, the research indicates that e-cigarettes are not associated with successful quitting in general population-based samples of smokers." [Kick the Habit: 10 Scientific Quit-Smoking Tips] And there is even some evidence that e-cigs may get non-smokers hooked on nicotine. Studies have found as many as one-third of young e-cigarette users have never tried conventional cigarettes.		X

E-cigarettes are 95% safer than conventional cigarettes. There has been a substantial literature published indicating important cardiovascular and pulmonary risks associated with e-cigarette use. Cardiovascular and pulmonary disease kill about 2/3 of smokers. (Source: https://tobacco.ucsf.edu/five-myths-about-e-cigs-and-some-evidence-the y-are-well-myths)		X
Nicotine is addictive, and it does pose any other substantial risks as well. Nicotine is a reproductive toxin. While not a carcinogen, nicotine plays an important role in promoting tumor progression by promoting cell proliferation and inhibiting normal cell death by activating nicotinic acetylcholine receptors and β adrenergic receptors. Nicotine also promotes the angiogenesis needed to supply blood to growing tumors. Nicotine's effects on nicotinic acetylcholine receptors also accelerates atherosclerosis.It also aggravates lung disease and other diseases. (Source: https://tobacco.ucsf.edu/five-myths-about-e-cigs-and-some-evidence-the y-are-well-myths)	X	
It is illegal to use vaping and e-cigarettes in the school. In front of the law - vaping and e-cigarettes is as illegal for minors as smoking, alcohol and any other substance use. (Important to check national laws.)	X	
It is easier for teenagers to become addicted than for an adult Vaping is very addictive due to the high nicotine levels, and teens are already more prone to develop an addiction than adults due to the fact that their developing brains make them more likely to become accustomed to using psychoactive substances. (Source: https://childmind.org/article/teen-vaping-what-you-need-to-know/)	X	
E-cigarettes can be explosive Multiple incidents where the e-cigarettes exploded when in use were related to defective lithium-ion batteries. This can easily result in severe burns that entail long-term medical treatment. (Source: https://www.bbc.co.uk/news/health-44161348)	X	
There is a real tobacco in heated tobacco devices Using an electronic heat-control technology, heated tobacco products warm actual tobacco to a set temperature range while preventing it from burning. By contrast, e-cigarettes vaporize an e-liquid solution containing nicotine and flavors when a user draws on it. (Source: https://www.pmi.com/our-science/difference-between-heated-tobacco-p roducts-and-ecigarettes)	X	

There is no nicotine in heated tobacco products or e-cigarettes. In heated tobacco products, nicotine is naturally present in the tobacco used in the product. By contrast, in e-cigarettes, nicotine derived from tobacco is added to the e-liquid used in the product. (Source: https://www.pmi.com/our-science/difference-between-heated-tobacco-p roducts-and-ecigarettes)		X
E-cigarettes also contain tobacco. E-cigarettes vaporize an e-liquid solution containing nicotine and flavors when a user draws on it. (Source: https://www.pmi.com/our-science/difference-between-heated-tobacco-p roducts-and-ecigarettes)		X

WATCH THE MATCH

Initiator:	MARTA Center Latvia
Overall description:	In this fast spinning world we need to be very efficient with our performances. Especially when we have very limited time to argue about or describe something important for us. This activity will help to build competencies for providing important information in very limited time.
Duration:	30 - 40 min, depending on the group size
Activity's objectives:	To raise competencies needed for providing important information and building arguments in very limited time.

Step-by-Step Description

STEP 1 : (10 MIN)
Pass around the box of matches. Each participant takes one match. Share the rules: the floor will be given to each participant to argue - why should one avoid using drugs/ alcohol/ smoking etc. (What's bad/dangerous about it?). Inform that participant can talk as long as the match is burning. So the information should be given in a very precise, informative, constructive and also - funny way. In a manner so that information will "stick with the audience". Give 5 min for the group to think individually. Whoever is ready can start.

For more entertainment you can do the voting (as in the Eurovision song contest, for example) - where participants give grades (1 to 10) to each of the performances. In the end the "most memorable" performance/story can win a prize.

STEP 2 : (20 MIN)
Performances of each participant

STEP 3 : (10 MIN)
Reflection

Preparations for the activity:

Box of matches. Safe and fire-proof space. Bucket of water for the case of emergency.

LIST OF MATERIALS:

Box of matches

EVALUATION OF THE ACTIVITY:

Reflection questions:

- How easy/hard this activity was for you? What made it fun/ exciting/ entertaining/ boring etc.?
- What makes the performance memorable?
- What is the most important information which should be included in such a short talk, so that information would “stick” with the audience (people who listened could remember the dangers of substance abuse)

SUBSTANCE MISUSE TRIVIA GAME

Initiator:	MARTA Center - Adapted from: https://www.niagararegion.ca/health/schools/curriculum/substance-misuse.aspx
Overall description:	Simple trivia game approach serves as an engaging tool for not only building knowledge on certain topics, but also to improve one's ability to work in a team, make an agreement, come up with ideas and develop critical thinking skills.
Duration:	80 min
Activity's objectives:	In an engaging and interactive way check in with participants - how well the knowledge, skills and attitudes regarding substance abuse are built. To raise awareness on substance abuse and its main issues.

Step-by-Step Description

STEP 1 : (10 MIN)
Divide the group into 2 or 3 teams.
Explain that:

- Each group will receive a resource sheet with different facts about addictions.
- Each group's task is to prepare a trivia game (question-answer) for the other teams, consisting of 6 questions. Each question should be formed in a way that there is just 1 right answer possible.
- Game will be organized in a way that one group asks a question and the group which rings the bell first or raises the hand first (depending on which signal you agree) gets to answer first (Referee should be appointed to observe, who was the first one).

If the answer is correct, the group gets 1 point. If the answer is not correct, the other group gets to answer. If the miss, an answer is given by the group who has prepared the question.

STEP 2 : (20 MIN)
Groups have time to prepare 6 questions with correct answers.

STEP 3 : (30 MIN)
Time for each group to present their questions to the other 2 teams. Remind the rules of the game.

STEP 4 : (10-15 MIN)
Facilitate discussion by asking some of the questions:

- How was the preparation process for you? How did you manage to organize your group work?.
- Did you learn anything new during this game? If so, what was it?

- Do you think that your knowledge has been extended throughout this game (now you know more than before)?
- What other topics would be relevant/interesting for you to include in this game?

Preparations for the activity:

Read through the resource sheets and see -if something could be added, based on the group needs and knowledge (especially if the facilitator knows the group well/has been already working on these topics together).

LIST OF MATERIALS:

Resource sheets with information.
Whiteboard and markers to track scores.
Bells or other signaling devices (if teams are ringing in to answer).

EVALUATION OF THE ACTIVITY:

Evaluate how well students understand the questions and are able to give an extended answer. See whether some questions have to be changed or added.

Information for the resource sheets taken from:
https://www.niagararegion.ca/health/schools/curriculum/documents/substance-misuse-core-content-knowledge.pdf

RESOURCE SHEET 1

A drug is any substance that affects the way you think, act, and/or feel. Peer pressure and the desire to "fit in" may drive young people to attempt drugs and alcohol.. 18 years of age is the legal age to drink any alcohol beverage. The word “addiction” is often used to refer to any behaviour that is out of control in some way. A person addicted to a substance feels that he/she cannot do without the substance. One simple way of describing addiction is the presence of the 4 Cs: • craving • loss of control of amount or frequency of use • compulsion to use • use despite consequences. Depressants have a relaxing effect and can slow physical functions, such as breathing. Stimulants and depressants can be found in food components, prescription medicines, and illicit drugs. Like many other drugs that affect the brain, many stimulants and depressants are addictive and may have serious side effects. Examples of depressants include alcohol, tranquilizers, narcotic analgesics, and sedative hypnotics. Alcohol is often thought of as a stimulant, but is actually a depressant that slows down brain functions, breathing and heart rate. The effect that alcohol has on your health depends on many factors, including your weight, sex, age, overall health, drinking patterns, and the amount of your drink. Women, seniors, and adolescents tend to be more strongly affected by alcohol than men because typically they are smaller and have less of the liver enzyme that breaks down alcohol. Young people are especially vulnerable to the effects of alcohol. This is because their brains and bodies and still developing. They also tend to be less familiar with the effects of alcohol, and are more likely to do something impulsive or dangerous. The younger a person starts drinking, the more likely they are to experience problems with alcohol and poor health.

Hallucinogens are a group of drugs that may cause an individual to see, hear, or feel things that are not really there. They distort the way a user perceives time, motion, colours, sounds, and self. These drugs can disrupt a person's ability to think and communicate rationally, or even to recognize reality, sometimes resulting in bizarre or dangerous behaviour.

Cannabis (marijuana) comes from the cannabis sativa plant and contains the chemical THC (Tetrahydrocannabinol). THC is the main mind altering ingredient in the plant. The amount of THC determines its potency or strength. Youth are at higher risk for negative health effects associated with cannabis use. Use of marijuana and other cannabis products has potential to cause problems in daily life or worsen existing problems. Physical and mental health, cognitive abilities, social life, and school/career can be negatively affected. Intoxication leads to decreased concentration, disorientated behavior, loss of coordination, distortions in perception and depth, which can lead to poor decision making. It is dangerous to drive, operate machinery, or play sports when under the influence of cannabis. Long-term abuse of cannabis can lead to addiction.

RESOURCE SHEET 2

What is understood by drug: A drug can come from a plant or can be made in a laboratory. A drug can enter the body by being ingested, smoked, injected, inhaled, or absorbed (e.g. under the tongue or through the skin). Curiosity, rebellion, and boredom are other reasons young people may use drugs. Individuals experiencing stress or mental health concerns may turn to drugs/alcohol as a way to escape or relax. Stimulants and depressants are a classification of drugs that alter how the brain functions and works. This can result in affecting how people feel and act. Stimulants increase mental and physical functions, such as alertness and heart rate. Stimulants are chemicals that elevate mood, alertness, and energy. At low doses, stimulants narrow blood vessels in the body, which causes a decrease in blood flow and oxygen to the heart, at the same time causing an increase in blood pressure and heart rate. Stimulants also increase body temperature and breathing rate, as well as decrease the ability to sleep and the desire to eat. Other short-term effects can include sweating, dilated pupils, restlessness, aggressive behaviour, dizziness, tremors, increased ability to concentrate, paranoia, and hallucinations. Stimulants and depressants may negatively affect health and well-being. If the drug has been prescribed by a doctor, the drug must be used exactly as recommended. Using high doses of these drugs, mixing them simultaneously, and/or combining stimulants or depressants with other drugs or alcohol increase the risk for side effects. Side effects may include panic attacks, hallucinations, paranoia, hostile behavior, depression, sleep and appetite problems, overdose and death. Alcohol poisoning is a medical emergency. Alcohol slows breathing and heart rate. If either slows too much then it can result in death. Alcohol also slows down brain and body functions. The body will naturally try to get rid of the poison (alcohol) by vomiting. This could be dangerous or even fatal for individuals who are passed out as they could choke on their own vomit.

The effects of hallucinogens on an individual vary depending on a number of factors including a person's size, weight, sex, age, and physical and mental health. The type, quantity, frequency, and duration of drug use will also influence the way a person responds to the drug. Mixing any drugs with other drugs and/or alcohol can further alter a person's response to the drug. As a result, individual's experiences with hallucinogens are often unpredictable. A person using hallucinogens may experience sensations that are enjoyable and mentally stimulating and that produce a sense of heightened understanding. However, individuals may also have negative experiences or "bad trips", including terrifying thoughts and nightmarish feelings of anxiety and despair that include fears of losing control, insanity, or death.

Problematic substance use and mental illness can be closely connected. The presence of a mental illness such

as depression, psychosis, and personality disorder, have been found to have links to substance abuse/misuse. In addition, traumatic events, grief or loss, and social isolation may also lead to substance misuse. Mental illness may contribute to problematic substance use. OR Drug use can lead to the development of mental illnesses.

RESOURCE SHEET 3

Alcohol is a drug because it affects the mind and body and can be addictive. Alcohol is a depressant and slows down the mind and body so it makes a person feel more tired. Portrayal of drug and alcohol use in movies, commercials, or TV shows may glamorize drug use and downplay the negative consequences. Beer companies want TV viewers to associate beer with happiness, health, wealth, and popularity so you buy more of the product. Though this can lead to misperceptions and vaguely understood risks of substance abuse. Warning signs of substance misuse one should pay attention to, may include: · changes in behavior · gradual withdrawal from social circles · drop in grades · loss of interest in normal activities.

Long-term side effects of stimulants: Repeated use of stimulants can lead to feelings of hostility and paranoia. At high doses, they can lead to serious cardiovascular complications including heart attack, stroke, and seizures. Long term use can lead to the development of tolerance, which can lead to reduced effects of the drug. This may prompt the user to increase the dose to reinstate the desired effects. The potential for dependence and addiction increases with repeated use of higher doses. The abuse of stimulants can alter a person's judgment and decision-making ability, which can increase the likelihood of engaging in risky behaviors. If stimulants are used chronically, withdrawal symptoms including fatigue, depression, and disturbed sleep patterns can emerge when the drugs are discontinued. Examples of stimulants include caffeine, nicotine, steroids, ecstasy (MDMA), cocaine, and methamphetamines.

Binge drinking is considered having five or more standard drinks on one occasion for males; four or more standard drinks on one occasion for females. Binge drinking can cause a hangover (headache, nausea/vomiting, and shakiness) and/or alcohol poisoning. Symptoms of alcohol poisoning include slow breathing, vomiting, confusion, shakiness, slow/weak pulse, and/or cold/clammy, pale or bluish skin. Individuals with alcohol poisoning may also lose consciousness (pass out). What to do if someone has alcohol poisoning: Check if person is breathing. Check for pulse. Never leave an unconscious person alone. Turn them on their side (Bacchus Maneuver) and call 911. Make sure that person returns to confirm that they called. If no one else is around, call 911 and return to the victim. Give nothing by mouth (no coffee). Don't leave a person alone, the risk for injuries is high. Notify parents/guardians.

Example of trivia game:
https://www.niagararegion.ca/health/schools/curriculum/documents/substance-misuse-trivia-cards.pdf

MYTHS. TALKING ABOUT ALCOHOL AND ALCOHOLISM

Initiator:	MARTA Center. Inspiration from material "Young Men's Initiative"
Overall description	In an engaging way open a conversation about the risks and harms of alcohol consumption and break the myths around alcoholism.
Duration:	45- 50 min
Activity's objectives:	We all eventually have to make the decision about whether to drink or not.. This activity provides some information - myths and facts on alcohol. Discussion includes questioning its effects on one's body, mind and behavior. The more open and straightforward, accompanied with facts, the conversation is, the more young people can make an educated choice.

Step-by-Step Description

STEP 1 : (5 MIN)

Introduce the group with the rules and the process of activity.

- Invite each participant to take a seat on one of the chairs which are arranged in the circle.
- Explain that participants will hear different statements. And if they agree to the statement - they stand up and sit elsewhere. If they disagree or are not sure what their thoughts are about the statement, they stay seated.
- Explain that there are 1-2 more chairs in the circle in case just 1 participant agrees to the statement,
- Explain some additional questions after each statement might be asked by the facilitator/other participants. Participants are invited to share their thoughts/feelings/perceptions.

STEP 2 : (30-40 MIN)

Statements to be red out loud by the facilitator one by one:

> Alcohol is a drug which is used the most among teens.

> Having a high alcohol tolerance means that the person will not become an alcoholic

> Mixing drinks makes you drunk faster than if you just stick to one drink (even if its liquor)

> Beer does not make you drunk

> Alcohol boost up the function of the central nervous system (you are becoming more alert, focused)

> Warning signs of teenage alcoholism can include drinking alone or in isolation; drinking increasing amounts at one sitting, extreme changes in behavior.

> Alcoholics are those that drink daily

> Drunk people are always friendly

> In all of the project countries (Latvia, Romania, Estonia) the share of 15 year olds who had consumed alcohol

in the last 30 days are bigger among the boys than girls.
> Drinking is a risk free activity
> Its worse when girl is drunk than the boy is drunk
> Alcohol does affect one's fertility
> Alcohol does not leave any negative effect on the brain development

After every statement reveal the “right answer” from the Resource Sheet A, by reading or projecting it.

STEP 3 : (10 MIN)
Comment from the facilitator: It is important to reflect on these ideas and myths about alcohol use, which nearly all of us have encountered, and maybe even believed, at some point.

Possible questions for the plenary discussion with the group::

- Which of the myths are more common among your peers/ other young people? Why is it so?
- Did you learn anything new during this activity? What was it?
- What other myths have you heard? What one could do to break them?
- Do you know any reliable sources where you can search for information? Which are the ones?

Preparations for the activity:

Make sure the place is large enough so that chairs (number of participants + 1 or 2 extra chairs) can be arranged in the circle.
Activity can also be done online, using zoom poll function or any other online tools which allows users to vote for “agree” or “disagree”.

LIST OF MATERIALS:
(from pens to papers to wifi to an elephant)

Chairs (1 or 2 more than the number of participants), arranged in the circle.
For online version: prepared online platform with a voting option.

Appendices

Resource Sheet A: Myths about Alcohol
Is Alcohol Harming Your Fertility:
https://www.drinkaware.co.uk/alcohol-facts/health-effects-of-alcohol/fertility-and-pregnancy/is-alcohol-harming-your-fertility/
Fertility and Substance Abuse
https://fcionline.com/our-center/for-physicians/hot-topics-from-our-physicians/fertility-and-substance-abuse/

RESOURCE SHEET A:

Alcohol is a drug which is used the most among teens.	Alcohol is a drug in the sense that it alters the functioning of the organism that ingests it, particularly the central nervous system on which thoughts, emotions, and behavior depend. It can also cause dependence. Alcohol use remains high among adolescents in Europe, with an average of over three-quarters (79%) of school students having used alcohol in their lifetime and almost half (47%) having used it in the last month. Source:https://www.emcdda.europa.eu/news/2020/9/highlights-espad-2019_en
Having a high alcohol tolerance means that the person will not become an alcoholic.	The truth is exactly the opposite; high tolerance means that the brain is becoming accustomed to the drug.
Mixing drinks makes you drunk faster than if you just stick to one drink (even if its liquor)	According to the NHS Alcohol Myth Buster, mixing your drinks does not get you drunk quicker. Your blood alcohol content is what determines how drunk you are and when you mix your drinks it only upsets your stomach making you feel sicker, but not more intoxicated.
Beer does not make you drunk.	In the case of beer, the absorption of alcohol through the stomach is a little slower, but depending on the quantity consumed, it does cause drunkenness.
Alcohol boost up the function of the central nervous system (you are becoming more alert, focused)	It does the opposite. Alcohol is a depressant, which means it slows the function of the central nervous system. Alcohol actually blocks some of the messages trying to get to the brain. This alters a person's perceptions, emotions, movement, vision, and hearing.
Warning signs of teenage alcoholism can include drinking alone or in isolation; drinking increasing amounts at one sitting, extreme changes in behavior.	Although addiction to alcohol is often thought of as an adult issue, teenage alcoholism is a very real and common problem. Other warning signs include hanging out with friends who drink; Reckless behavior; Drinking with increased frequency; Making excuses for alcoholism; Withdrawing from friends and family; Teenage Binge Drinking. (Source:https://www.rehabspot.com/alcohol/who-alcoholism-affects/teenage-alcoholism/)
Alcoholics are those that drink daily.	The majority of alcohol-dependent persons, in the initial and intermediate stage of the process, drink mainly on the weekend, and continue with their normal school and work activities, but with increasing difficulty.

Drunk people are always friendly	In very small amounts, alcohol can help a person feel more relaxed or less anxious. More alcohol causes greater changes in the brain, resulting in intoxication. People who have overused alcohol may stagger, lose their coordination, and slur their speech. They will probably be confused and disoriented. Depending on the person, intoxication can make someone very friendly and talkative or very aggressive and angry. Reaction times are slowed dramatically — which is why people are told not to drink and drive. People who are intoxicated may think they're moving properly when they're not. They may act totally out of character. (Source: https://kidshealth.org/en/teens/alcohol.html)
In all of the project countries (Latvia, Romania, Estonia) the share of 15 year olds who had consumed alcohol in the last 30 days are bigger among the boys than girls.	According to the survey of 2018: Romania (50% boys; 32% girls), Latvia (35% boys; 47% girls), Estonia (32% boys, 31% girls) Source: https://www.statista.com/statistics/1126269/alcohol-intake-among-teenagers-in-europe/
Drinking is a risk free activity.	In addition to the many negative health impacts that are caused directly by drinking, young drinkers are especially vulnerable to fatalities related to alcohol abuse. According to the Center on Alcohol Marketing and Youth, 5,000 people 21 and under die from alcohol-related injuries, including homicide and suicide, every year, and an additional 600,000 students were injured due to alcohol abuse. (USA data)
Its worse when girl is drunk than the boy is drunk	Although there might be and are certain expectations how girls and boys should or should not behave (and therefore are judged) in different circumstances, alcohol does harm to one's body and mind, without taking into account ones gender and biological sex. Girls though are more likely to be exposed to sexual abuse or sexual violence. Whereas boys tend to become more involved in risky behaviors (fights, driving while drunk etc.). Here we can talk about gender roles and stereotypes which might differ from community to community.
Alcohol does affect one's fertility	Yes, it does. And goes for both -male and female (affecting libido, quality of sperm and ovum (egg), pregnancy etc.) For men, heavy drinking can cause impotence, reduce their sex drive (libido) and their sexual performance and affect the quality of their sperm. Women who drink large amounts of alcohol (seven or more drinks a week or more than three drinks on one occasion) are more likely to have heavy or irregular periods and fertility problems.

	(Source: https://www.yourfertility.org.au/everyone/lifestyle/alcohol#:~:text=Women%20who%20drink%20large%20amounts,make%20it%20difficult%20to%20conceive)
Alcohol does not leave any negative effect on brain development.	Alcohol can change the way the brain develops, perhaps impacting both the structure and function of the brain, which refers to how well it processes information, even though young people's brains continue to develop into their 20s information. This may cause cognitive or learning problems later in life. It's especially risky when people start drinking young and drink heavily. Read more about young people and drinking here: https://pubs.niaaa.nih.gov/publications/MakeADiff_HTML/makediff.htm

IT LOOKS COOL ON TV

Initiator:	MARTA Center
Overall description	Media (movies, music, commercials, shows etc,) is something that we consume daily. a lot of content we are perceiving, stays with us subcounsciously. Including information and perception of substances- how it is portrayed in the media. The positive associations around smoking and drinking, formed at a young age may be predisposing to early substance use. Being aware of this influence is an important step towards prevention of addictions.
Duration:	80-90 minutes
Activity's objectives:	To discuss the different types of drugs portrayed in media: TV shows, movies, music and music videos. To raise awareness on how the media shapes our reality and perception about drugs and addiction. To develop one's ability of critical thinking and information analysis.

Step-by-Step Description

STEP 1 : (10 MIN)
Describe the task and its objectives to the participants. The facilitator projects the three examples (a TV show, music and/or music videos, a movie trailer) as prepared (please check the 'Preparation for the activity' section).

Invite them to split into the groups, according to the media they are going to analyze. The group size recommended is four youngsters. Groups can all choose different media to analyze, but can also choose the same. Most important is that participants are interested in this process.

STEP 2 : (30 MIN)
Each group receives a flip chart paper with the following questions:

- How many times alcohol/drugs/smoking is mentioned or visible?
- Who are the ones using drugs? (describe their appearance, character and relationships with others)
- How many times somebody is drunk/ overdosed? How are they portrayed?
- Is substance use portrayed more as a "good thing" or a "bad thing"?
- How the characters who are using substances are viewed by other characters? What are their relationships?
- Have you noticed any peer pressure? How did it look like and how involved people dealt with that?

Note: Facilitator should be ready to assist the groups in their process of research

BREAK

STEP 3 : (15-20 MIN)
Each group presents their findings to other groups

STEP 4 : (15-20 MIN)
Discussion

1. Was there anything surprising for you in the research done by your group? What? Why?
2. Was there anything surprising what you heard from other presentations? What? Why?
3. How do people suffering from addictions are portrayed in the movies/TV shows/music? What is similar and different from reality?
4. What might be the possible risks of this misrepresentation of drug abuse?
5. How does the media shape our way of seeing the world regarding usage of drugs?
6. How do the media portray women and men/boys and girls who use drugs? Are there any differences between how genders are portrayed?
7. How does it influence young people's attitudes about cigarettes, alcohol and other drugs?
8. What actions can you take to ensure that people in your community have accurate information about the consequences of using drugs?

CLOSING
Facilitator may conclude the session mentioning the following.

Media containing scenes or conversations about different particularly among children and young adults, substances can have an impact on drinking, smoking, and using illegal drugs. Often substance use is glorified in the media and portrayed in a light of popularity and fame. The same time media under represents risks and harms of substance abuse. Media also tends to stigmatize people who struggle with misusing drugs and alcohol are addicted, portraying them as weak and flawed. This aspect consciously or subconsciously forms our judgments and how we view loved ones and colleagues who struggle with drug and alcohol use. Therefore it's important to remember that training in media literacy skills will help you not only distinguish fake news but also to reduce the initiation of substance use in early years.

Preparations for the activity:

Facilitator prepare different concrete examples of TV shows/movies/ commercials/ music videos (preferably popular in their country/community). Each video (e.g. a movie trailer, a music video, a commercial) should not be longer than 3-4min.
Prepare the room/space so to be able to watch videos together with the group.
Therefore participants can choose from an already prepared list and the facilitator can be sure that there will be data for analysis.

LIST OF MATERIALS:

Flipchart paper, markers, access to phones and/or laptops, projector, and Internet access in case the media resources are not downloaded

EVALUATION OF THE ACTIVITY:

1. How easy/difficult was the group work? What was the hardest/easiest? Why?
2. How well did the research process go? Were there any challenges? Did you manage to overcome them? Why yes/no? How?
3. Have your perceptions about drugs and feelings towards your favorite TV show, music video or movie changed? Why yes/no?

Appendices

The media and substance misuse: How they get it wrong
https://helpmestop.org.uk/blog/media-and-substance-misuse

Media Representations Of Drinking, Drug Use, And Smoking
https://www.encyclopedia.com/education/applied-and-social-sciences-magazines/media-representations-drinking-drug-use-and-smoking

It looks cool on TV – media portrayals of substance use
https://www.recoveryanswers.org/research-post/looks-cool-tv-media-portrayals-substance-use/

DON'T USE, REFUSE - SKETCH IT OUT!

Initiator:	MARTA Center - Adapted from: https://www.niagararegion.ca/health/schools/curriculum/substance-misuse.aspx
Overall description	Activity that invites students to discuss various ways in which they might solve tricky, unpleasant and/or pressuring situations that involve decision-making, situation analysis, understanding causes and consequences, and peer-pressure.
Duration:	80 minutes
Activity's objectives:	To reflect on peer-pressure and decision-making in relation to substance use through acting out the given scenarios. Activity also boost creativity and use of body language, being spontaneous and engaging with the audience (as the group is acting out scenarios in silence)

Step-by-Step Description

STEP 1 : (10 MIN)

Introduce participants with the aim of this activity and explain the process:

1. Divide (or let the group divide themselves) participants in smaller groups (2-4 people).
2. Explain to participants that:

- each of the smaller groups will receive a scenario. The task is to act it out in 2-3min, in silence (without talking with each other), till the moment when the question of "What will you do?" appears (without giving possible solutions). The rest of the group are invited as observers.
- Each group will have 10 minutes to discuss and prepare the sketch, thinking of 1-2 possible scenarios of the ending: solutions of refusing.
- After 10 minutes of preparation each group will be invited to perform. After the performance, observers will be asked to explain - what did they see/ observed/noticed: what is the situation about and what is the challenge in the end of each situation?
- Once the explanation of the situation is given, someone from the observes will be invited to jump in and act out possible solutions. If no one will want to join, the group themselves sketch out possible solution for the situation.

STEP 2 : (10 MIN)

Groups are discussing and preparing their sketches

STEP 3 : (10 MIN)
Groups are presenting. Solutions are offered from the observers or from the presenting groups side.
After every sketch you might ask some of the following questions:

- How did you feel during the performance?
- How (if) the situation in performance could be different from a real life situation? What and why would be different? Would that help or interfere with your choice/way of refusal?
- What or who can help you in this scenario (e.g. skills, resources) to make a healthy decision?

Questions can be asked and discussion hold after all groups have presented (instead of each of the group)

BREAK

STEP 4 : (15-20 MIN)
Discussion in the group

- how did you feel throughout this activity?
- what you enjoy the most/did not enjoy at all? why?
- Did you learn anything new? What was it?
- Was there anything particularly challenging in this process for you? what and why?
- If you could change one thing/aspect about this activity, what would that be? And why?

STEP 4 : (15-20 MIN)
Close the activity by reviewing some of the refusal skills and resiliency resources together with the group.
Facilitator can organize it in a way of guided conversation/ plenary discussion.
Facilitator can ask participants to mention key words which come to their mind, answering the question "What helps you to refuse and/or build resilience/inner strength to say NO to drugs?" (e.g. trusted adults, supportive friends and family, school, community, talents/skills, etc). Encourage participants to be as specific and detailed as possible about their ideas.
Comments/ideas/answers mentioned by participants can be written down on the flipchart paper/white board.

Preparations for the activity:

Prepare copies of scenarios.
Prepare the space (stage for the performers and chairs for the audience).
Go through the scenarios and think of the possible risks, which might appear in this activity. E.g. some groups are showing violence, mocking each other etc. Think of possible actions if this appears in your group (e.g. stop the process and remind about care and mutual respect; together with the group come up with the group rules before the process etc.)
Think of different refusal skills for the closing part. Some examples can be found here: Refusal Skills https://www.poehealth.org/wp-content/uploads/2018/04/RefusalSkills_WEBPDF-1.pdf

LIST OF MATERIALS:

Scenario cards, chairs or pillows to sit down on
Chart paper, markers or any additional resources for sketches.

EVALUATION OF THE ACTIVITY:

Observations on students' reflections.

Appendices

Why Does Peer Pressure Influence Teens To Try Drugs?
https://archives.drugabuse.gov/blog/post/why-does-peer-pressure-influence-teens-try-drugs

The Relationship Between Peer Pressure and Addiction
https://www.addictioncenter.com/addiction/peer-pressure-substance-use/

SCENARIO CARDS

SCENARIO 1
You meet your friends at the park. Some of your friends are having beers. The can is passed around and you are also encouraged to take a sip. Suddenly one of your friends takes out some cannabis (pot) from his pocket.Your pals take turns smoking the joint after he lights it, then he gives it to you.
The joint now is in your hands. What will you do?

SCENARIO 2
You are at a party and you overhear some of the popular kids encouraging someone to drink. The person refuses but the group continues to pressure him by saying “C’mon, don't be such a loser! One beer will not do any harm to you. look - all of us are drinking, why wouldn't you try at least once!?” You observe that the person who is forced to drink is feeling really uncomfortable in this situation and his body language clearly states that he doesn't want to drink. Though he is not saying anything, What will you do?

SCENARIO 3
One of your best friends has been hanging out with a new group and spending less time with you. You notice that her new group of friends is often in trouble and your friend has started drinking. When you approach her, she says that you are welcome to join her new group of friends. You decide to join them for a party. There you see that after a while, when everyone looks more loose, somebody is passing around a little box with some pills in it. Everyone is taking them, including your best friend. Box has now arrived in your hands. Everyone in the room is looking at you now. What will you do?

SCENARIO 4
Your best friend just moved away and you are feeling sad and lonely. You have seen and heard that people tend to drink when they are sad because it makes them feel better. You think that it could make you feel better as well. You remember that your parents keep some vodka on the upper shelf. You go to the kitchen and reach for the bottle and pour a drink. Suddenly the kitchen door opens and your parents are standing there, looking at you with questioning sight. What will you do?

SCENARIO 5

You are hanging out at the beach with a group of older friends, one of whom agreed to drive you home after. Many of the older friends are drinking some cocktails and smoking pot (cannabis). You notice that the driver is also smoking. When it is time to leave, she gets in the driver's seat and tells you she'll bring you home now. Apparently you are looking confused and hesitating, so she says: "Don't worry. It's not like drinking. I'm fine to drive. Plus, cops don't have a breathalyzer for pot." You look at the other friends and they all seem fine with this and are getting in their cars as well. What will you do?

SCENARIO 6

One of your closest friends has been acting strangely lately. She has started to miss school and has stopped answering your phone calls and messages, when you text about her whereabouts. When you talk with your other friends, they all say that they have noticed the same changes in her behavior, but no one knows any specific reason - why it is so. In those rare moments when you have agreed to meet and hang out, she always arrives late and leaves earlier than the other. More than once, you've noticed she smells like alcohol. When you confront her and ask what's going on, she accuses you of being a bad friend and says she no longer desires to socialize with you.

DRUG OVERDOSE: WHAT TO DO?

Initiator:	MARTA Center
Overall description	We all can appear in situations when drug or drugs have been used too much and/or been consciously or unconsciously mixed with other substances, causing poisoning and overdose. So to be safe and protect peers is important to know the symptoms and possible dangers of substance poisoning, being able to make responsible and informed decisions. This activity is designed in a way to open a conversation about possible risks of drug poisoning/overdose as well as to give key words-guiding principles of support and help one might need.
Duration:	40-45 minutes
Activity's objectives:	To learn about and discuss possible risks of **drug overdose** (**alcohol**, **cannabis**, **inhalants**, **opioids**, **stimulants**) and the importance of **intervening**. To open a conversation about risks and dangers regarding drug overdose; to build competencies to evaluate the situation and make proper decisions to support peers/oneself and/or to call an ambulance if someone is in danger.

Step-by-Step Description

STEP 1 : (5 MIN)
Introduce the purpose of the activity by referring to the 'Did you know...?'
Reads out the statements:

- When used in excess, alcohol, prescription pharmaceuticals, illicit substances, and even natural therapies can be harmful. Overdosing is the term for this.
- When you consume multiples of these drugs at once or if your body is unaccustomed to drug use, your chance of overdosing rises.
- Overdoses frequently result in death, although the majority of victims can be saved if medical care is given immediately.

Ask the group - what are their thoughts on what they just heard? Did they know this information? What else do they know about overdose?

STEP 2 : (7 MIN)
Tasks can be done individually or in pairs/smaller groups.
Each participant/group receives a resource sheet A, B, C or D with the letter grid. Task is to find 10 words which describe the symptoms of overdose (1 word or 2 words following each other)

STEP 3 : (8 MIN)

Once the 7 minutes are passed, invite participants (individually or in pairs/smaller groups) to think of at least 3 steps that need to be done when someone is experiencing overdose. Ask the participants/group to write them down on the piece of paper.

STEP 4 : (20-25 MIN)

Together with the group discuss the following steps that one can make to take care of the person who has overdosed. These steps should be expressed by the group and the facilitator guides the group through the conversation in order to mention the correct steps and avoid any misconceptions or myths. The answers are collected and written on a flipchart (or projected on a screen). Opening question: your friend has overdosed some substance.. What should you do first? What next actions should you make?

- Check in with the person- are they responding? Are they awake? Are they making contact with you?
- Call 112 if you think you or a close person may be experiencing a drug or alcohol overdose.
- Do not leave the person alone; stay with them until medical professionals arrive.
- If you see someone overdosing and they are unconscious, turn them onto their side in case they vomit. Should a choking incident occur, this should aid in preventing it.
- Additionally, nothing should be consumed by the individual.
- Friends should let emergency personnel know what drugs were consumed so that the proper care can be administered.
- Avoid forcing someone to drink coffee, stimulants, do physical exercises or take a cold shower if they have had too much alcohol. These remedies are based on beliefs and won't work to help the perons to be more present. These interventions may result in harm or even death.
- End any distractions: lights, loud music, strong incenses, smoke.
- All of your requests should be specific and direct.
- Find a sober person who knwos the person and can answer questions about the person.
- If vomiting occurs, clear the airway by sweeping out vomited material from the mouth.
- If affected person is able to verbally respond, determine if the victim:
    a. has allergies
    b. is on medications
    c. has any health conditions
- Monitor breathing and heart rate. If breathing and heart rate cease, begin CPR (if you know how to do it properly)
- Be ready to tell the EMT what and how much the person has had to drink, presence of other drugs, how long it has been since symptoms occurred, and other relevant information.

Comment from the facilitator: Users may feel that there is safety in numbers, believing that if something goes wrong while using drugs that the other people present will assist them as needed. However, even at parties or other group situations, friends or acquaintances may fear consequences from law enforcement if they call the emergency. As a result, some people may simply leave the scene if they suspect someone is overdosing on drugs.

STEP 5 : (10 MIN)

Discussion questions:

- A lot of students report that they have seen someone whose health or safety was in danger from drinking too much. What has your experience been?
- How did this activity help you to build new knowledge/confirm the existing one? Are there any questions/concerns? If yes- what are they?
- How confident do you feel now to make the right actions if someone would be experiencing drug overdose?
- How could you protect yourself from overdosing? How could you protect your friend or peer?
- What could you do to have fun without using substances?

Closing comment from the facilitators side: Remember, that being able to treat an overdose at home is not a replacement for a hospital. Even if the moment has passed, and your friend or peers seems fine, there is still a chance that something is going on in their body, leaving a negative effect on their health and well being. Taking your friend/peer to the hospital is the best thing you can do to make sure- they will be fine in the long term as well. Afterwards don't forget to take care of yourself as well and don't hesitate to talk this situation through with a trusted adult/specialist.

Preparations for the activity:

Prepare yourself with action steps by reading the resources mentioned in the appendices section. Get yourself familiar with all resource sheets and right answers. Refresh the knowledge on different substances and their effects on the body (alcohol, cannabis, inhalants, opioids)

LIST OF MATERIALS:

Printout of the Resource sheets A, B, C and D. Pens, pencils or markers to be used when finding the words in the letter grid.

In online setting this resource can be used: https://wordwall.net/

Important: make sure that all participants are able to read/access the information. If participants have reading difficulties or any visual impairments, think of other ways how this information could be provided to them (e.g. pictures/pictograms; using some audio etc.)

Appendices

Action Steps: Alcohol. Step Up! program
https://stepupprogram.org/topics/alcohol/#alcohol

Alcohol poisoning
https://www.mayoclinic.org/diseases-conditions/alcohol-poisoning/symptoms-causes/syc-20354386

What Is an Overdose? https://www.addictioncenter.com/drugs/overdose/
LAT https://www.skaidrs.lv/

RESOURCE SHEET A FOR FACILITATOR: ALCOHOL

S	L	O	W	B	R	E	A	T	H	I	N	G	W	F	U	N
L	Q	A	M	A	K	I	N	G	O	U	T	F	U	R	G	M
O	A	T	S	S	D	F	U	G	H	K	J	L	B	S	N	N
W	C	A	T	L	L	A	N	O	W	U	N	K	K	L	A	Z
H	I	L	U	S	E	E	C	O	N	F	U	S	I	O	N	H
E	Q	K	M	T	K	S	O	Q	I	S	B	E	Q	W	I	Y
A	M	I	B	E	I	I	N	I	L	L	C	I	A	R	W	P
R	L	N	L	V	S	Z	S	O	A	E	P	Z	L	E	O	O
T	U	G	I	Q	S	A	C	L	U	E	C	U	O	S	H	T
B	B	N	N	F	O	X	I	H	G	P	T	R	Q	P	R	H
E	I	L	G	B	N	O	O	P	H	I	Z	E	K	O	E	E
A	W	F	X	O	X	D	U	V	I	N	X	S	J	N	L	R
T	H	Y	P	S	S	T	S	E	N	G	R	J	S	S	O	M
Q	V	O	M	I	T	I	N	G	G	S	R	A	D	E	P	I
B	U	S	I	N	E	S	E	E	M	Y	E	S	L	G	L	A
W	E	I	N	I	N	G	S	J	D	R	I	N	K	I	N	G
B	L	A	P	A	L	E	S	K	I	N	X	Z	B	H	M	C

RESOURCE SHEET A FOR PARTICIPANT: ALCOHOL

S	L	O	W	B	R	E	A	T	H	I	N	G	W	F	U	N
L	Q	A	M	A	K	I	N	G	O	U	T	F	U	R	G	M
O	A	T	S	S	D	F	U	G	H	K	J	L	B	S	N	N
W	C	A	T	L	L	A	N	O	W	U	N	K	K	L	A	Z
H	I	L	U	S	E	E	C	O	N	F	U	S	I	O	N	H
E	Q	K	M	T	K	S	O	Q	I	S	B	E	Q	W	I	Y
A	M	I	B	E	I	I	N	I	L	L	C	I	A	R	W	P
R	L	N	L	V	S	Z	S	O	A	E	P	Z	L	E	O	O
T	U	G	I	Q	S	A	C	L	U	E	C	U	O	S	H	T
B	B	N	N	F	O	X	I	H	G	P	T	R	Q	P	R	H
E	I	L	G	B	N	O	O	P	H	I	Z	E	K	O	E	E
A	W	F	X	O	X	D	U	V	I	N	X	S	J	N	L	R
T	H	Y	P	S	S	T	S	E	N	G	R	J	S	S	O	M
Q	V	O	M	I	T	I	N	G	G	S	R	A	D	E	P	I
B	U	S	I	N	E	S	E	E	M	Y	E	S	L	G	L	A
W	E	I	N	I	N	G	S	J	D	R	I	N	K	I	N	G
B	L	A	P	A	L	E	S	K	I	N	X	Z	B	H	M	C

RESOURCE SHEET B FOR FACILITATOR: CANABIS

A	P	A	R	A	N	O	I	A	W	E	R	T	I	B	N	O
R	S	I	N	G	I	N	G	X	C	V	A	I	E	R	Q	P
T	L	S	A	D	K	F	V	B	R	E	W	P	A	N	I	C
F	S	V	O	M	I	T	I	N	G	H	O	W	A	S	T	R
G	D	F	G	H	Z	Y	I	O	K	L	G	C	A	I	S	U
V	H	E	R	C	A	T	S	B	I	P	N	A	U	S	E	A
A	S	I	N	O	R	E	N	L	R	A	L	D	X	Z	E	W
N	W	S	T	N	I	O	N	A	W	E	A	S	T	P	Q	T
X	A	L	L	F	Y	U	T	C	Q	O	U	L	A	S	R	E
I	G	E	O	U	E	F	D	K	E	I	G	N	M	Y	S	Y
E	S	E	U	S	S	U	O	O	M	A	H	T	O	C	I	O
T	U	P	G	I	U	N	E	U	K	O	T	C	I	H	P	T
Y	I	K	P	O	H	A	N	T	X	I	E	Z	A	O	U	D
V	D	L	F	N	S	I	A	T	E	S	R	O	U	S	O	P
C	P	O	O	R	C	O	O	R	D	I	N	A	T	I	O	N
B	X	Z	N	M	E	R	T	I	O	N	Y	W	I	S	A	T
H	A	L	L	U	C	I	N	A	T	I	O	N	W	H	Y	M

Words to find: cannabis

1. vomiting
2. psychosis
3. hallucination
4. anxiety
5. panic
6. confusion
7. paranoia
8. blackout
9. poor coordination
10. nausea

RESOURCE SHEET B FOR PARTICIPANT: CANABIS

A	P	A	R	A	N	O	I	A	W	E	R	T	I	B	N	O
R	S	I	N	G	I	N	G	X	C	V	A	I	E	R	Q	P
T	L	S	A	D	K	F	V	B	R	E	W	P	A	N	I	C
F	S	V	O	M	I	T	I	N	G	H	O	W	A	S	T	R
G	D	F	G	H	Z	Y	I	O	K	L	G	C	A	I	S	U
V	H	E	R	C	A	T	S	B	I	P	N	A	U	S	E	A
A	S	I	N	O	R	E	N	L	R	A	L	D	X	Z	E	W
N	W	S	T	N	I	O	N	A	W	E	A	S	T	P	Q	T
X	A	L	L	F	Y	U	T	C	Q	O	U	L	A	S	R	E
I	G	E	O	U	E	F	D	K	E	I	G	N	M	Y	S	Y
E	S	E	U	S	S	U	O	O	M	A	H	T	O	C	I	O
T	U	P	G	I	U	N	E	U	K	O	T	C	I	H	P	T
Y	I	K	P	O	H	A	N	T	X	I	E	Z	A	O	U	D
V	D	L	F	N	S	I	A	T	E	S	R	O	U	S	O	P
C	P	O	O	R	C	O	O	R	D	I	N	A	T	I	O	N
B	X	Z	N	M	E	R	T	I	O	N	Y	W	I	S	A	T
H	A	L	L	U	C	I	N	A	T	I	O	N	W	H	Y	M

RESOURCE SHEET C FOR FACILITATOR: INHALANTS

M	I	C	O	N	V	U	L	S	I	O	N	S	P	U	D	A
A	S	D	E	T	R	O	I	T	S	P	O	L	A	K	H	E
C	H	E	S	T	P	A	I	N	U	S	T	A	R	Z	A	R
D	F	A	V	E	L	I	S	M	I	L	E	Y	A	X	O	T
I	H	O	W	D	G	A	S	O	L	I	N	E	N	P	E	I
S	E	H	A	L	L	U	C	I	N	A	T	I	O	N	S	A
O	W	R	T	I	N	X	T	A	O	S	N	E	I	D	E	M
R	I	V	E	R	C	A	R	E	S	T	O	X	A	Z	H	P
I	S	O	F	H	A	U	L	D	E	O	R	U	S	I	D	E
E	I	M	B	E	L	A	T	R	B	U	P	O	I	G	I	R
N	P	I	C	A	M	O	G	E	L	S	A	U	N	D	A	K
T	E	T	F	T	D	A	S	Y	E	X	N	Q	H	G	R	I
A	X	I	N	G	J	O	K	I	E	M	I	L	A	T	R	O
T	B	N	K	H	F	U	N	W	D	J	C	R	L	W	H	G
I	L	G	U	N	D	O	S	R	S	E	F	I	E	T	O	M
O	F	T	O	S	E	B	L	A	C	K	O	U	T	U	E	S
N	A	Y	E	A	H	N	O	C	I	N	G	K	L	I	A	N

Words to find: inhalants

1. disorientation
2. hallucinations
3. vomiting
4. blackout
5. panic
6. diarrhoea
7. paranoia
8. convulsions
9. chest pain
10. nose bleeds

RESOURCE SHEET C FOR PARTICIPANT: INHALANTS

M	I	C	O	N	V	U	L	S	I	O	N	S	P	U	D	A
A	S	D	E	T	R	O	I	T	S	P	O	L	A	K	H	E
C	H	E	S	T	P	A	I	N	U	S	T	A	R	Z	A	R
D	F	A	V	E	L	I	S	M	I	L	E	Y	A	X	O	T
I	H	O	W	D	G	A	S	O	L	I	N	E	N	P	E	I
S	E	H	A	L	L	U	C	I	N	A	T	I	O	N	S	A
O	W	R	T	I	N	X	T	A	O	S	N	E	I	D	E	M
R	I	V	E	R	C	A	R	E	S	T	O	X	A	Z	H	P
I	S	O	F	H	A	U	L	D	E	O	R	U	S	I	D	E
E	I	M	B	E	L	A	T	R	B	U	P	O	I	G	I	R
N	P	I	C	A	M	O	G	E	L	S	A	U	N	D	A	K
T	E	T	F	T	D	A	S	Y	E	X	N	Q	H	G	R	I
A	X	I	N	G	J	O	K	I	E	M	I	L	A	T	R	O
T	B	N	K	H	F	U	N	W	D	J	C	R	L	W	H	G
I	L	G	U	N	D	O	S	R	S	E	F	I	E	T	O	M
O	F	T	O	S	E	B	L	A	C	K	O	U	T	U	E	S
N	A	Y	E	A	H	N	O	C	I	N	G	K	L	I	A	N

RESOURCE SHEET D FOR FACILITATOR: OPIOIDS

I	R	T	E	N	S	C	R	A	T	C	H	I	N	G	A	L
R	F	E	R	T	G	A	D	I	L	H	W	U	N	I	N	G
R	S	A	B	L	U	I	S	H	S	K	I	N	L	O	L	T
E	U	S	D	C	A	R	E	W	I	E	W	R	I	N	G	O
G	N	O	H	E	A	L	T	H	Y	M	A	E	S	R	V	T
U	C	N	E	E	D	L	E	C	U	S	E	S	T	O	Y	A
L	O	C	Y	S	L	U	R	R	E	D	S	P	E	E	C	H
A	N	H	A	J	O	N	E	Y	U	R	T	O	E	S	V	Y
R	S	A	G	N	I	F	O	F	U	N	O	N	N	X	O	T
B	C	X	P	A	L	E	F	A	C	E	L	S	A	I	M	S
R	I	Q	U	A	R	A	N	T	O	L	S	I	G	X	I	I
E	O	W	S	L	O	W	H	E	A	R	T	B	E	A	T	E
A	U	K	R	T	E	R	O	D	E	N	S	L	O	B	I	J
T	S	D	M	I	E	S	L	E	A	P	O	E	C	V	N	A
I	G	O	N	D	R	Z	U	C	I	N	I	H	A	O	G	H
N	O	S	M	A	L	L	P	U	P	I	L	S	K	L	U	F
G	X	E	R	O	Q	S	T	H	E	R	O	I	N	G	A	D

Words to find: opioids

1. irregular breathing
2. unconscious
3. slurred speech
4. slow heartbeat
5. small pupils
6. unresponsible
7. vomiting
8. bluish skin
9. scratching
10. pale face

RESOURCE SHEET D FOR PARTICIPANT: OPIOIDS

I	R	T	E	N	S	C	R	A	T	C	H	I	N	G	A	L
R	F	E	R	T	G	A	D	I	L	H	W	U	N	I	N	G
R	S	A	B	L	U	I	S	H	S	K	I	N	L	O	L	T
E	U	S	D	C	A	R	E	W	I	E	W	R	I	N	G	O
G	N	O	H	E	A	L	T	H	Y	M	A	E	S	R	V	T
U	C	N	E	E	D	L	E	C	U	S	E	S	T	O	Y	A
L	O	C	Y	S	L	U	R	R	E	D	S	P	E	E	C	H
A	N	H	A	J	O	N	E	Y	U	R	T	O	E	S	V	Y
R	S	A	G	N	I	F	O	F	U	N	O	N	N	X	O	T
B	C	X	P	A	L	E	F	A	C	E	L	S	A	I	M	S
R	I	Q	U	A	R	A	N	T	O	L	S	I	G	X	I	I
E	O	W	S	L	O	W	H	E	A	R	T	B	E	A	T	E
A	U	K	R	T	E	R	O	D	E	N	S	L	O	B	I	J
T	S	D	M	I	E	S	L	E	A	P	O	E	C	V	N	A
I	G	O	N	D	R	Z	U	C	I	N	I	H	A	O	G	H
N	O	S	M	A	L	L	P	U	P	I	L	S	K	L	U	F
G	X	E	R	O	Q	S	T	H	E	R	O	I	N	G	A	D

FOUR CORNERS “RELATIONSHIPS AND SUBSTANCES”

Initiator:	MARTA Center
Overall description	Adapted from MARTA Center Youth work activities (“Youth Group Methodology”) Four corners is great for opening the conversation about different situations young people are/might be/will be facing and train the ability to see different possible exits from the same situation.
Duration:	40 minutes
Activity’s objectives:	To encourage the participants to reflect on their views on a subject, to train their capability to share their views, explain their opinion, and to learn to listen to the opinions and thoughts of others. During the course of the activity, participants may change their views as well as their physical location. The activities are not intended to open a debate where the participants attempt to convince each other that they're right. The aim is to stimulate discussion.

Step-by-Step Description

STEP 1 : (7-10 MIN)

Facilitator introduces participants with the process of activity, by explaining that:

- task is to start a meaningful conversation about different situations related to substances and its effects on the relationships;
- there will be different scenarios red out loud with 4 possible answers/choices. Each of teh answer will be placed in different corner/spot of the room/place.
- After listening to each scenario, participants will be invited to move to that corner/spot, which resonates with their point of view the most,
- One of the corners/spots will always be marked as “another answer”. Participants can choose this corner/spot if none of the 3 provided answers resonates with their thoughts/feelings.
- After every scenario participants will be invited to share with each other (OR in the big group, if that feels more comfortable)- why did they choose that specific answer? If one of the corners/places is occupied only by a single participant, the facilitator must go there and discuss that person’s choice with him or her.

Important to mention/remind that:

- Participants sharing the same corner/spot do not necessarily have to share a common opinion.
- Task is NOT to convince someone, but to hear each other out.

Mutual respect is important to maintain throughout the activity.

STEP 2 : (20 MIN)

Facilitator reads out statements and possible answers. Participants are moving to corners/spots which resonates with their thoughts/feelings the most. Short discussion after each scenario is held.

STEP 3 : (10 MIN)

Plenary discussion/reflection in the big group (possible questions to be asked by facilitator):

- Which of the statements was the hardest/ the easiest for you to answer? Why?
- If you changed your mind throughout the process, what made you to do so?
- How does alcohol and drugs affect our relationships with others?
- How does alcohol and drugs affect our intimate relationships?

Preparations for the activity:

Prepared statements (see below)

LIST OF MATERIALS:

A place with 4 corners or 4 spots away from each other. Facilitator needs to make sure that the place is large enough and arranged in a way where participants can easily move and change places.

STATEMENTS AND SCENARIOS

1. What do you consider the most important in a relationship with a “best friend”?
- You can talk about anything with a friend.
- A friend will always support you.
- You can try some stuff together (like smoking, drinking, pot etc.)
- Another answer.

2. What is the worst thing that can happen to a friendship?
- You are excluded because you refuse to drink at the party.
- Your best friend believes the gossip that you are smoking pot.
- Betrayal of trust.
- Another answer.

3. Are there circumstances possible that entitle a person to demand for sexual intercourse?
- Yes, if the other person is passed out or are heavily drunk, so they are “asking for it”.
- No, under no circumstances, unless the other person wants to have sex as well.
- Yes, if they are a couple, and they have had sexual relations before.
- Another answer

4. You see three boys that you know sneak into a bedroom. A girl is sleeping in that bedroom. She is very drunk and passed out. They start to undress the girl. How will you act?

- Leave.
- Deliberately try to stop them.
- Call the police.
- Another answer.

5. You and your older cousin are in a very good relationship and you really enjoy hanging out together. One day you hear gossip at school that your cousin is selling weed and some drugs to younger kids. School principal has also heard these gossips and is inviting you to their office and asks: what do you know about this situation? What would you say?

- You lie and say that you do not know anything about this situation.
- You reveal the truth.
- You say that another schoolmate actually is the one doing this (that person is known as a school bully so you think - no one will question the truth or lie you are saying)
- Another answer.

6. You and 2 other classmates are at your friend's place playing video games. Your friend's mother, a smoker who is making efforts to quit this addiction, leaves the cigarette half-smoked in the room. She is in the other room on the phone. Your classmates have started experimenting with smoking and have been making fun of you for not trying with them. “Now is the moment you can finally try, coward!” they say, while taking the half smoked cigarette from the ashtray. What will you do?

- Give it a try so they finally leave you alone.
- Say that you are not doing it whatever they might think of you.
- Go to your friends mother and tell what happened
- Another answer.

PLEASURES AND RISKS

Initiator:	MARTA Center inspiration form the material in "Young Men's Initiative"
Overall description	Can chocolate be dangerous? Are there any risks in my hobby of creating puzzle games? Can playing Candy Crush cause addiction? Activity aims to train the ability to see pros and cons on different aspects in our lives. To question the ones which bring as pleasure and see- are there any possible harms to our health and well-being.
Duration:	80 minutes
Activity's objectives:	To reflect on the risks associated with some of the things that give us pleasure and discuss strategies for reducing these risks. Note: The discussion for this activity focuses on risks related to using drugs. However, the questions can be easily adapted for a discussion of risks and protective factors associated with other things, including sex.

Step-by-Step Description

STEP 1 : (5 MIN)

1.Divide the participants into two to three smaller groups. (this task could also be done individually).

2. Give each group/participant a piece of paper and invite them to create a collage of things that give them pleasure. It can be everything - starting from things you can eat and drink, ending with sports, hobbies, sleeping, talking etc.

Invite participants to use old magazines or encourage to draw.

STEP 2 : (25 MIN)

Creation of collages (or drawing).

BREAK

STEP 4 : (10-15 MIN)

3. Ask participants to write down **protective factors** - different choices one can make to reduce the risks/harm (E.g. Eating chocolate just once a week/in a few days; choosing other, healthier alternatives in the moment, when someone is desperate for chocolate etc.)

STEP 5 : (10 MIN)

Discussion in the big group:

- How can you tell that using/eating/drinking something is too much? What are the emotional, physical signals of "too much"?
- Which of the pleasures you have mentioned can cause addition? How could you tell that you are addicted to a certain thing/process?
- What do you think are the main reasons why people become addicted to something?
- Do additions differ between boys and girls in your local community? if yes, in which way? why do you think it is so?

STEP 6 : (10 MIN)

Invite participants to think of and write down their answer to the following question: "What would be your advice/sentence you could say to yourself to stay protected from becoming addicted to something? "
Those who are willing to share, can do that in the big group.

STEP 7 : (5 MIN)

Closing comment from the facilitator: Many of the decisions in our lives come with pleasures and risks. Even the simplest thing we choose to consume or do, can have a hidden or more visible harm. The question we should ask ourselves - why am I consuming/doing this? What's my need beneath drinking for example (e.g. need for attention, sense of belonging, safety, emotional unconnecting etc.)? It is important to have happiness in our lives, to feel peaceful, calm and joyful. What's even more important - to make the healthiest and safest choices possible to give ourselves these pleasures. Therefore it's relevant to evaluate our (daily) habits and choices to see - which ones give us immediate pleasure, which ones - long term pleasure and how high is the level of harm/risk in this pleasure we are enduring.

Preparations for the activity:

Before inviting youngsters to do this activity, think of your own pleasures and try to see underneath - what kind of possible risks/harms could you notice?
Get familiar with the concept of Harm Reduction: 'Harm reduction, or harm minimization, refers to a range of public health policies designed to lessen the negative social and/or physical consequences associated with various human behaviors, both legal and illegal' (source: https://en.wikipedia.org/wiki/Harm_reduction)

LIST OF MATERIALS:

Magazines and newspapers, scissors, glue, pen/pencils, and flipchart/A4 paper

EVALUATION OF THE ACTIVITY:

Answers from the discussion part must be reviewed and used as an indicator regarding the objective.

Appendices

Harm Reduction:
https://www.hri.global/what-is-harm-reduction
Harm reduction - Wikipedia. https://en.wikipedia.org/wiki/Harm_reduction

REVERSE THE ROLE: FROM ACTIVE TO PASIVE

Initiator:	IPTA Romania
Overall description	This activity is meant to help participants to be aware about the fact that developing any addiction brings side effects on the others. Being a passive smoker or being a partner of a person with an alcohol addiction can be harmful for their own person.
Duration:	50 minutes
Activity's objectives:	• To raise awareness about the effects of the addictions on the others. • To understand the effects of passive participation vs. active participation. • To raise awareness of the relevance between different ages and passive participation.

Step-by-Step Description

STEP 1 : (5 MIN)
Introduce the purpose of the activity and grouping participants in teams of 4-5.
All the teams will be provided with flipcharts or Whiteboards – which are recommended, if possible, and markers, colors, pencils etc. The facilitator will ensure that all the participants have access to the needed resources.

STEP 2 : (20 MIN)
Each team will work on one of the three categories of substances: (1) tobacco, (2) alcohol, (3) opioids. The participants have to find for each category the effects of a passive participation and have to make a scheme working on three groups of age (1) children and adolescents; (2) young adults and middle age; (3) elderly people.
Each group is discussing and putting down their ideas. The groups are stimulated to explore as much as possible a wide range of information they can find. They can use any resource that can provide them knowledge.

STEP 3 : (15 MIN)
The groups finish their work and come back together in the plenary. The facilitator invites one person from each group to briefly make a short presentation with the information they found. While a team presents, the other participants can address questions. The facilitator will help the participants with needed knowledge.

STEP 4 : (10 MIN)

Reflection and evaluation time! The following questions can be used to stimulate participants to reflect and evaluate the activity:

- How did you feel looking out for fresh information about passive participation?
- Did you discover new information?
- How do you feel now knowing all these effects of addictions on the others?
- When you were reading about addictions, did you think about some personal situation?
- Do you know any cases of additive passive behavior?
- How helpful is it to hear different arguments regarding the effects of the same substance on different categories of age?
- If you have to choose a word to evaluate the whole activity what will you choose?

Preparations for the activity:

The facilitator should have a good understanding of the terms used in the activity, including at least basic knowledge about the passive participation of others' behavior, involving the three categories of age.

LIST OF MATERIALS:

Whiteboards, flipcharts, pencils, colors, markers.

EVALUATION OF THE ACTIVITY:

Which was the level of the participants in this engagement? (e.g. low/medium/high level of engagement)
How did you comply with the time frame?
What sources of information did the participants use? Were all of them relevant for our activity?

Appendices

Articles on passive participation:

1. https://www.nhs.uk/live-well/quit-smoking/passive-smoking-protect-your-family-and-friends/
2. http://www.cyh.com/HealthTopics/HealthTopicDetailsKids.aspx?p=335&np=285&id=1606
3. https://pubmed.ncbi.nlm.nih.gov/15330563/
4. https://erj.ersjournals.com/content/19/1/172
5. https://www.karger.com/Article/Abstract/369370
6. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2872341/
7. https://www.verywellmind.com/impact-on-society-63268
8. https://www.healthychildren.org/English/ages-stages/teen/substance-abuse/Pages/The-Opioid-Epidemic.aspx
9. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7017799/

MY STRATEGY

Initiator:	IPTA Romania
Overall description	This method aims to help participants get actively involved and learn to identify the correct needs of the young people they work with. Participants will have to develop strategies to solve certain problems in society which come from addictions. The method will be carried out in an online setting.
Duration:	60 minutes
Activity's objectives:	• To understand how to identify better youngsters' needs • To empower youngsters to take decisions based on their needs • The youngsters to understand the importance of a well-being mood

Step-by-Step Description

STEP 1 : (5 MIN)
The facilitator will ensure that all the participants have access to the needed resources. The facilitator will resolve as much as possible any technical issue.

STEP 2 : (5 MIN)
The facilitator will give all the information to participants in a JAMBOARD. He/she will send the link on the chat and will Share Screen with the participants also the steps of the activity (1. There will work in groups in Breakout rooms; 2. They will have 30 minutes to work on some study cases for which they have to propose a strategy to solve some certain problems; 3. They will build a POSTER with their strategy, using either CANVA/MIRO/JAMBOARD; 4. They will return in the main session and will share with their colleagues their solutions; 5. There will be a moment of reflection about how they felt to find concrete solutions for these problems).

The facilitator will ensure that all participants understood what they have to do and tells the participants that he/she will be in the Main Session and if they need any help, they can use the button: Ask for help. The participants will be divided in groups of 5-6-7, in Breakout Rooms. Each group will have the name of the Study Case they will work on it.

STEP 3 : (30 MIN)
All the participants are in Breakout Rooms. They work on the following study cases: YANGEE, AGAVILLE and LAREDON. The participants will build a strategy and will put it in a poster through which they will solve/impact the given situation. The facilitator will go in each room to see if everything works properly or if something is needed.

STEP 4 : (15 MIN)
Breakout rooms time expires. All participants come back in the main session and present their poster and their strategy for their study cases.

STEP 5 : (5 MIN)
Reflection time! The participants are free to share how they felt in all the three cases, how they felt when they were empowered to take decisions, how they approached the situation, etc.

Preparations for the activity:

The facilitator will ensure all the participants are connected in the online meeting. The facilitator can use one of the following platforms: Zoom, StreamYard, Google Meet etc. Zoom/Meet is preferred as it has the BREAKOUT ROOMS option. The facilitator will have to ensure that everyone's connection is properly working (sound, video etc.). The facilitator has to know how to use these platforms and a few others (e.g. Canva/ Jamboard/Miro) and to ensure the participants know how to use it as well.

LIST OF MATERIALS:

Internet connection, laptop/computer, Zoom app/ Google Meet/ StreamYard, Miro or Canva app.

EVALUATION OF THE ACTIVITY:

The facilitator will evaluate the activity following every step of it. He/She will evaluate the participant's answers, discussions, posters and reflection time.

Appendices

3 STUDY CASES:

1.Yangee

Yangee commune is over 30 km from the nearest town, the students who manage to complete the gymnasium cycle (the dropout rate in grades V-VIII being over 50%) do not continue their studies at high school. Usually, 3 out of 10 children reach high school in urban areas. The main activities in the region are domestic, agricultural, and the only leisure activities that young people have are to go, at the end of the week, to the bar in the village where there is an open terrace including the night and where the bartender "makes atmosphere" with music to the taste of young people. Therefore, 7 out of 10 young people smoke daily and consume alcohol regularly, several times a week. Young people do not participate in community decisions because they are never invited, many of them have abandoned the idea of continuing their studies and do not show interest in learning, in general. Instead, they are eager to have a lot of fun smoking, drinking alcohol and making jokes when they are together. When someone in the village has a problem, young people do not hesitate to offer help if they are asked.

Requirement: Develop a strategy to make young people aware of the effects of substance abuse on themselves and the community, encouraging them to become active in their community.

2.Agaville

Maria and Myria live in Agaville. They have been friends since they were 3 years old, because they went together to the same kindergarten and school, so they have known each other for many years. When Myria turned 15, she made a boyfriend who smoked marijuana at least 3 times a week. Slowly, Myria started smoking too. When this happened, she asked her friend, Maria, to cover her in front of her parents and to tell them that she slept with her overnight. She didn't want to come home and her parents would smell her. In fact, she saw no problem other than smell and did not understand why everyone else looked at marijuana as a real problem, when, in fact, it was all about a few moments of relaxation that we all needed. But Myria started to miss school quite often, and her grades have dropped lately. Her friend, Maria, did not always agree with Myria's requests to cover her, they even argued a few times, but she did not want to betray her in front of her parents. She has known Myria for so many years and, moreover, she knows that Myria is a smart girl, who has always had better results at school than her.

Requirement: Identify a strategy to address the situation of the two friends, in order to encourage Myria to be aware of the current situation in her life, given also the school context.

3. Laredon

You are a volunteer who has been working for an NGO called LAREDON for about a year. You work with people between the ages of 13-24, with various addictions, from tobacco and alcohol to marijuana and other drugs. You have weekly activities with them and on average you have at least 20 people at an activity. Lately, everything has changed. With the arrival of the pandemic, the activity was transferred online. At the beginning, you had a few weeks of confusion and therefore a break. You didn't even know where to start and what to propose. Since then, little by little, you have outlined a series of meetings (rare, to be honest) in which the young community has the opportunity to communicate... nothing special though. Currently, no more than 4-5 young people participate in activities. You want to do more and encourage the young people you work with to continue participating in online activities. You have planned for the coming months to create a program focused on motivation, which will bring young people to online activities. In the first phase, help them participate.

Requirement: Identify a number of steps and methods by which you will motivate young people so that their presence at activities increases significantly.

INTERVIEW ME!

Initiator:	IPTA Romania
Overall description	This method aims to help participants to explore communication by building an interview for people who have abusive behavioral tendencies. The participants will explore the most efficient ways of communication and will try to empathize as much as possible.
Duration:	55 minutes
Activity's objectives:	• Participants to find the most suitable means of communication in sensitive situations with people who have abusive behavioral tendencies • Participants to understand how to identify the need of others in an emphatic manner • Participants to understand how to create an favorable environment for someone to discover themselves, not necessarily to be guided

Step-by-Step Description

STEP 1 : (5 MIN)
The facilitator will ensure that all the participants have access to the needed resources. The facilitator will resolve as much as possible any technical issue.

STEP 2 : (5 MIN)
The facilitator will give all the information to participants in a JAMBOARD. He/she will send the link on the chat and will Share Screen with the participants also the steps of the activity (1. There will work in groups in Breakout rooms; 2. They will have 25 minutes to build an interview for a friend who has abusive behavioral tendencies in order to help him/her to explore more these tendencies, what means, its effects, its role in society etc., and put it in a poster (Jamboard or Canva are preferred). The participants will receive an INTERVIEW GUIDE which will help them to focus on the way they should explore communication with people who have abusive behavioral tendencies. After they finish the interview, they come back to the main session and discuss what they wrote. There will be a moment of reflection about how they felt to find concrete solutions for these problems).

The facilitator will ensure that all participants understand what they have to do and tells the participants that he/she will be in the Main Session and if they need any help, they can use the button: Ask for help. The participants will be divided in groups of 5-6-7, in Breakout Rooms.

Participants are divided into groups. Each group must create an interview for a friend who has abusive behavioral tendencies and make a poster with the questions of the interview. To be discussed with the rest of the group. To be presented in plenary.

STEP 3 : (25 MIN)
All the participants are in Breakout Rooms. They work on the interview guide and build questions which will put it in a poster. Through this they will show the best way in which we can communicate with people who have abusive behavioral tendencies. The facilitator will go in each room to see if everything works properly or if something is needed.

STEP 4 : (10 MIN)
Breakout rooms time expires. All participants come back in the main session and present their poster and their interview.

STEP 5 : (10 MIN)
Reflection time! The participants are free to share how they felt on thinking about the questions, how they approached the situation, if they were afraid to ask some questions etc.

Preparations for the activity:

The facilitator will ensure all the participants are connected in the online meeting. The facilitator can use Zoom or Google Meet but other similar platforms can also be used. Zoom/Meet is preferred as it has the BREAKOUT ROOMS option. The facilitator will have to ensure that everyone's connection is properly working (sound, video etc.). The facilitator has to know how to use these platforms and a few others (e.g. Canva/ Jamboard) and to ensure the participants know how to use it as well.

LIST OF MATERIALS:

Internet connection, laptop/computer, Zoom app/ Google Meet/ StreamYard, Miro or Canva app.

EVALUATION OF THE ACTIVITY:

The facilitator will evaluate the activity following every step of it. He/She will evaluate the participant's answers, discussions, posters and reflection time.

Appendices

NTERVIEW GUIDE, containing the following steps:
1. Ask a warm-up question;
2. Note some interesting things about your friend as look, representative model etc.;
3. Build questions that do not guide, but discover;
4. Ask questions about real situations that happened to that person;
5. Ask WHY. Always ask how she/he felt, ask for more information about situations that have created strong, positive or negative emotions.
6. Pay attention to delicate situations that can bring back trauma.

INSIDE MY SOCIAL LIFE

Initiator:	IPTA Romania
Overall description	This activity will help the participants in clarifying their position regarding different sorts of addictions according to their principles, ideals, and standards. The activity aims to provide a safe space for participants to say how they feel about various addictions compared to what "society" transmits to them and how they should think and behave according to it.
Duration:	50 minutes
Activity's objectives:	• To better understand yourself, by delimiting your opinions from those coming from outside • To understand what a social construct means and how it works in our lives • To accept yourself by reference to What I feel about something and What I should feel about something according to society

Step-by-Step Description

STEP 1 : (5 MIN)
The facilitator will write 4-5 substances (alcohol, tobacco, opioids, coffee, sugar etc.) from which it can derive dependence on several notes. Each participant will have to choose a note containing a substance. The participants will be grouped according to the subject received (the notes are repeated, there will be multiple notes containing the same substance).

STEP 2 : (20 MIN)
The facilitator will give basic information to the participants about what a social construct is and how it works in our lives. After that, participants are asked to work in groups and make a short presentation on whiteboards/flipcharts in which they have to describe the following: (1) their position regarding the substance (how they feel about it/ emotions or behaviors); (2) social constructs they have met around them (in their families, groups of friends, on TV, internet etc.) regarding the substance.

STEP 3 : (20 MIN)
After they finish their presentations, the participants will be invited to go in plenary and present their work, talking about it openly. Each participant will freely express his/hers own opinions enforcing the comparison: my own thoughts/feelings vs. society's influences overall. Facilitators will encourage participants to share as much as they feel comfortable to do it from their personal experiences as well.

STEP 4 : (5 MIN)
Short evaluation and reflection time! The participants are invited to complete an evaluation drawing with (1) the main learning points and what can take home, (2) what can be applied and shared with the others, and (3) irrelevant points.

Preparations for the activity:

The facilitator should have a basic knowledge about the substances he/she wants to use for this activity but also relevant information about what a social construct means. The facilitator should have all the needed materials as whiteboards, flipcharts, markers, pens, etc. The notes containing the substances can be prepared in advance.

LIST OF MATERIALS:

Whiteboards are preferred for a green approach but flipcharts can be also used; also, markers, pens, internet for the participants

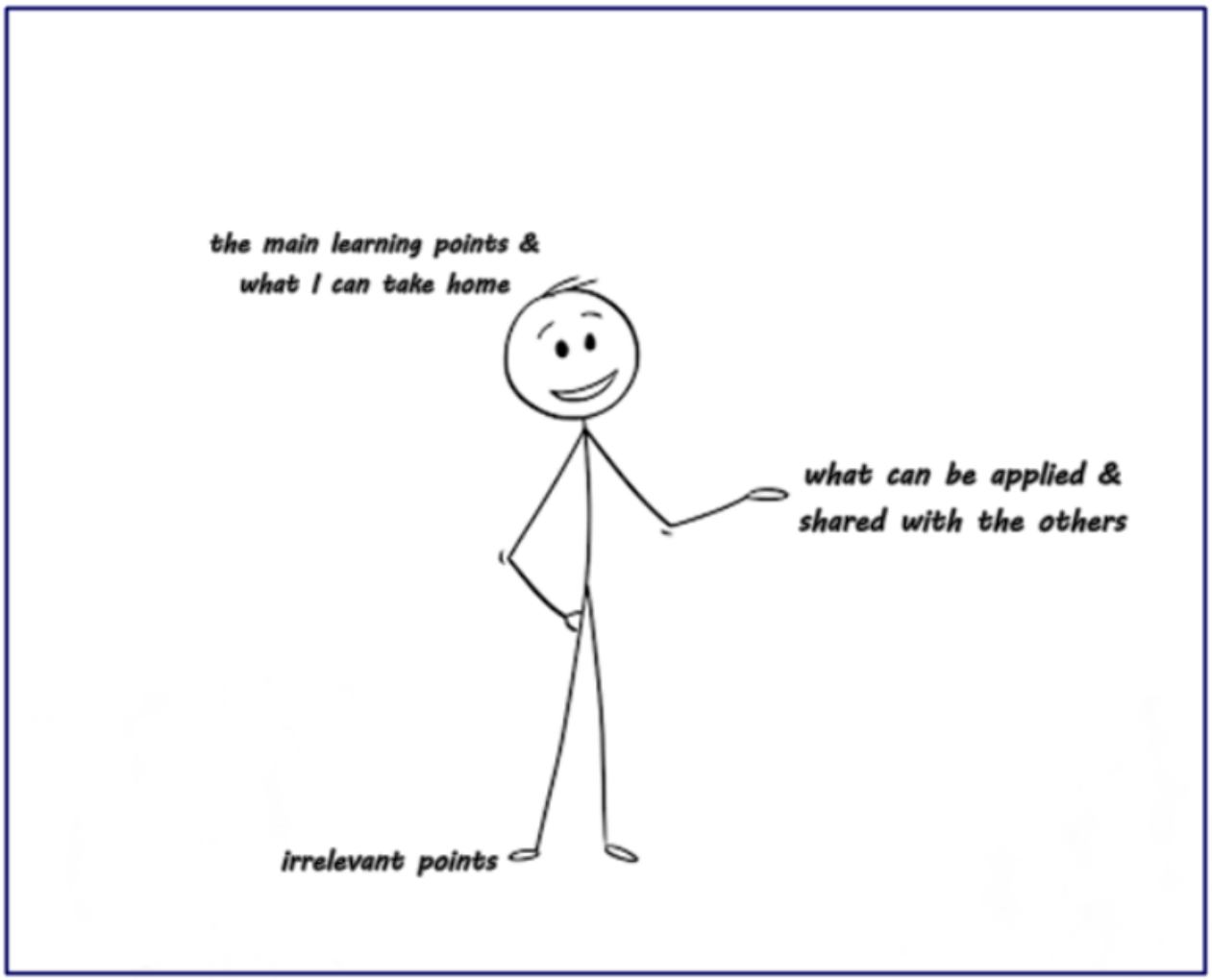
EVALUATION OF THE ACTIVITY:

Evaluating the evaluation! The facilitators will analyze the answers of the participants from the final part of the activity. There will take place discussions and reflection time regarding all the steps of the session.

Appendices

Social constructs information:
https://as.nyu.edu/content/dam/nyu-as/philosophy/documents/faculty-documents/boghossian/Boghossian-Paul-socialconstruction1.pdf
https://www.sciencedirect.com/topics/social-sciences/social-construction
https://www.ceeol.com/search/article-detail?id=770186
https://www.ingentaconnect.com/content/ben/cpd/2014/00000020/00000025/art00007
https://onlinelibrary.wiley.com/doi/abs/10.1037/h0087741

Evaluation model:



FROM INSIDE OUT. ABOUT HORMONES AND THEIR IMPACT ON OUR BEHAVIOR

Initiator:	IPTA Romania
Overall description	This activity is meant to give a general knowledge about hormones and their relation to our actions, focusing, in particular, on the relationship between hormones and addictions.
Duration:	50 minutes
Activity's objectives:	• To understand which are the most important hormones and how they function • To become aware of the relationship between our hormones and the way they affect our decisions • To understand the relationship between hormones and addictions

Step-by-Step Description

STEP 1 : (10 MIN)
The activity is initiated by the facilitator with a brainstorming session. Some questions are written on a flipchart in order to create a general image about what hormones are. The participants are invited to answer these questions based on their general knowledge, while the facilitator is writing their answers on the flipchart.

- What do you know about hormones?
- What types of processes do you think hormones control in our lives?
- How much did you discuss about hormones in your life activities?
- Which do you think are the organs involved in the production of hormones?
- Do you think hormones shape behavior in certain ways?
- Do you know any examples of hormonal imbalance?
- Did you hear about addictions? How do you think hormones can be related to addictions?

STEP 2 : (3 MIN)
The participants will be divided into 2 groups. Group A will work on the scenario with Abbey Zorzi. Group B will work on the scenario with Blanche Grey.

After this division, each group is divided in two smaller groups: A1 and A2, B1 and B2.

STEP 3 : (15 MIN)
Groups A1 and B1 will have to explore 5 reasons based on the received script in which they have to explain why the character in the script acted like this. Groups A2 and B2 are asked to indicate 5 potential directions that would change the character's life in order to avoid the deviant behavior.

Each group is discussing and putting down their ideas on A4 or larger papers provided by the facilitator. The groups is stimulated to explore as much as possible a wide range of answers that influenced the characters' actions.

STEP 4 : (10 MIN)
After this phase, the A1 and A2, as well B1 and B2 groups will swap the tasks, by reading the other groups' answers and trying to explore new answers. All the new answers are written on the papers (or at least discussed within the two groups, A and B).

STEP 5 : (12 MIN)
The groups are concluding their work and they come back together in the plenary. The facilitator invites one person from each group to describe briefly the script and to introduce their conclusions to the whole group.

After each group describes their conclusions, the facilitator is addressing a series of questions:

- Did you find any pressure from the peers to try risky behaviours in the two scenarious?
- Do you think that teens might be more likely to experiment with drugs than adults? Why?
- What did you think about Abbey's behavior? But about Blanche's behavior? Was there anything missing in their environment?
- How do you think the hormonal surges can trigger teens to take chances and engage in risky behaviors?
- Did you think the hormonal imbalance can trigger an addiction or it works both ways?
- Which were the key moments in each scenario?
- Did you find any similarities between the two scenarios?
- In which situations did you find the relation between hormones and addictions? How would you explain it?
- What solutions could you find to change characters' lives? What could be the role of other persons in addressing these two scenarios?

At the end of the discussion, the facilitator indicates some relevant information from the Appendices, in order to clarify how the hormones are influencing the main reactions within our bodies. If a projector is available, this information should be projected. Moreover, the information can be printed on small handouts for the group.

Preparations for the activity:

The facilitator should be aware that the discussions planned in the activity could go in a direction which is not very productive (also very sexual or even vulgar). Hence, s/he should always channel the discussions to a positive and productive approach. Funny moments are definitely allowed, however these should alternate with conclusions and reflection moments.

The facilitator needs to have a good understanding of the terms used in the activity, including at least basic knowledge about the organs which are producing the main hormones in the body. Also, s/he needs to have a good understanding regarding the relation between hormones and a balanced control growth, metabolism,

behavior, sleep, lactation, stress, mood swings, sleep–wake cycles, the immune system, mating, fighting, fleeing, puberty, parenting, and sex.

LIST OF MATERIALS:

Scripts with the scenarios, flipchart for facilitator, papers for participants, markers, pens or pencils.

EVALUATION OF THE ACTIVITY:

The facilitator should observe the following aspects:

- how many answers were provided by each group?
- how much were the participants intrigued by swapping the task?
- did every participant contribute with an input?
- were any difficulties regarding the terminology used in the activity?
- what was the overall general knowledge about hormones?

Appendices

The scripts for the main groups.

For the facilitator's preparation, here is a list of relevant resources. In the last part of the appendixes, there's a brief description on how hormones are influencing the course of human's actions.

https://www.newportacademy.com/resources/empowering-teens/teenage-hormones-and-sexuality/#experimenting
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4439205/
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4439205/
https://fightaddictionnow.org/blog/can-substance-abuse-lead-hormonal-imbalance-and-vice-versa/
https://medicalxpress.com/news/2019-02-women-hormones-role-drug-addiction.html
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5378292/
https://therecover.com/hormonal-effects/
https://www.alternet.org/2017/06/progesterone-problem-are-hormones-responsible-your-addiction/
https://americanaddictioncenters.org/health-complications-addiction/endocrine-system
https://www.theguardian.com/science/2005/mar/03/1
http://www.camy.org/resources/fact-sheets/drinking-and-risky-sexual-behavior/
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2764540/

THE FIRST SCRIPT

“My name is Abbey Zorzi. As a young girl, I had a loving family, a love of competition and sports, and good grades. My future was looking bright. What could possibly go wrong?

Like any teenager, I wanted to fit in with kids my age. Going to parties and drinking alcohol was the norm in high school. Everyone else was doing it. Why shouldn’t I? During my freshman year I discovered that the euphoria from alcohol beat the adrenaline rush from making a game-winning shot in basketball. Alcohol became a security blanket for me. It covered up the self-confidence problems that I had secretly felt my whole life. I didn’t think alcohol was a problem. Life continued to go on as I drank it away. This was just the beginning of a long, miserable journey. When I had my wisdom teeth removed as a sophomore in high school, the doctor prescribed Vicodin for the pain. I didn’t know much about drug addiction or what drugs could do to a person’s body. I took more Vicodin than the doctor prescribed. I went through two bottles of the stuff in just one week. When I ran out, I started to have frequent headaches and cravings.

Friends of mine told me where I could buy narcotics so I wouldn’t have to keep going through withdrawal. I started to buy Vicodin off the streets. I continued to chase the high because I loved the way it made me feel. As my tolerance for the Vicodin increased, I needed more and more to get the effect I wanted, so I started to use stronger narcotics such as OxyContin and Morphine. When the pills on the street became too expensive, heroin became a viable option. When I found heroin, I told myself that I’d never inject it because the needles just scared me too much. (My mother used to have to hold me down at the doctor’s office when I needed a vaccine.) But my addiction told me otherwise. Not more than two weeks into using the drug, I switched to injecting it.

I thought to myself, “This is what falling in love feels like.” Heroin became my best friend, my significant other, and, ultimately, my abusive domestic partner. We had a love-hate relationship. After a week or two of using, I felt trapped and scared. I experienced a moment when I knew in my heart there was no turning back. Heroin had total control over my life, physically and mentally. Once that drug was in me, it told me what to do. I didn’t take heroin; heroin took me.

“What I wonder is if those who do take drugs might feel that they can’t be or do anything of value except by magic. Because in the final analysis isn’t that what drugs are: a kind of magic? A magic that will resolve discomfort and will give a sense of being important, perhaps omnipotent?” (Fred Rogers)

I didn’t know how to stop. I tried quitting on my own multiple times, but I never succeeded. This dark time lasted for about two years. I went from being a star athlete to a heroin junkie. I pleaded with myself and cried on a daily basis because I wanted to stop using, but my addiction would not allow me to stop. My hatred for myself was so strong and deep. Every day was dark and morbid in my world. My life began to slip away right before my eyes. I have never experienced a more desperate and hopeless feeling than when I sat on the cold, hard bathroom floor getting ready to use once again.

I felt that this is the end, the only positive way to follow was a rehabilitation facility for a while. But I needed someone to support me.”

THE SECOND SCRIPT

„Shannon, 20, had her first alcoholic drink in eighth grade at a friend's house in Colorado. She can't remember whether it was either beer or vodka but she knows it felt good. At first it was something she did socially with friends, but by the time they reached their sophomore year in high school, she couldn't get enough. While others stuck to casual drinks on the weekend, Shannon started doing it by herself. For Shannon, alcohol was a way to 'get her out of herself'. Her grades were low, she didn't make the sports teams, and she was nervous socially after moving to New York for ninth grade. Those things consumed her every day. But after a drink, it didn't matter. Meanwhile, she was less stressed and anxious; happy, bubbly and outgoing. She has started to date different guys and having temporary sexual relationships. Eventually, Shannon started raiding her parent's alcohol cupboard, picking up a bottle to drink before, during and after school. 'I would start drinking as soon as I woke up starting my senior year of high school,' Shannon said. At night, Shannon would have four beers, four shots and swig liquor from a 1.75-liter handle.

Her parents have started to notice Shannon's weird behavior and isolation as well as the smell of alcohol. As they were trying to help her, she was pushing them away. Before that, the parents confessed that 'Shannon was the kind of person people were drawn to. She made friends easily and had a great sense of humor. She was a caring person and a loving daughter who respected his family. She was helpful around the house and very friendly with everyone around her.'

But both of their parents' job took them too much time so Shannon was constantly looking for different things which could have got her attention, but there was a gap between her social conscience and the morality she was practicing in her personal life. The new sexual permissiveness was leading to empty relationships and feelings of regret. Later on, she had school problems, such as higher absence and poor or failing grades. The lack of participation in youth activities was also raising. The unwanted, unplanned and unprotected sexual acitivity was continuing. It wasn't until she had a two-day blackout at the tender age of 16 that she started to realize she may have a problem - and that everyone around her seemed to know she was troubled. She started to feel pretty depressed soon and complained of emptiness and despondency. 'I've had sex with many guys, but I was always drunk so I didn't think it mattered. Now I realize that I gave each of those guys a part of myself. I don't want all that pain anymore." One day, Shannon stop fighting with her parents and accepted the help of them and she was moved to a sober home.

"The drinking was my solution to thinking. You take my solution away, now I'm stuck with the real problem, which is my thinking. When my thinking is all messed up, I'm going to want something to numb it, which is why I started drinking in the first place. Knowing that I can't use drinking as a solution anymore means I have to really work on myself. I don't have that desire to drink anymore, but if I don't work on myself and the behaviors that I have that put me into a cycle of anxiousness, fear, anger and resentment, then I'll start those old behaviors that can lead me into a relapse. You don't have to live this way. There's a better way to live. I want to plant the seed for others through my example and my story."
"If I continue to do what I've learned over these past five years and apply it to my everyday life, I can acknowledge the feelings and know that it's all a part of dealing with emotions in a healthy way instead of trying to numb and not experience or acknowledge them".

ABOUT HORMONES:

Hormones are pinballed from one cell in one part of the body and reach faraway targets—no connections needed. They are your wireless network. A brain cell, for instance, emits a hormone, just one droplet, and ignites a response in the testes or ovaries. (Other chemicals journey far, such as oxygen, which also travels in the blood. But oxygen isn't released from a gland, headed to a specific target, as hormones are.) The job of the gland is simple: to secrete hormones. The job of the hormone is trickier: to keep the body balanced. Hormones control growth, metabolism, behavior, sleep, lactation, stress, mood swings, sleep-wake cycles, the immune system, mating, fighting, fleeing, puberty, parenting, and sex.

Cannon wrote that a sudden increase in the hormone adrenaline makes the heart pound and the breath come short and clipped. It resembled a panic attack, he said. His studies prompted other scientists to wonder whether other internal secretions affected emotions. "Here, then," wrote Cannon, is a "remarkable group of phenomena—a pair of glands stimulated in times of strong excitement and . . . a secretion given forth into the blood stream by these glands, which is capable of inducing by itself, or of augmenting, the nervous influences which induce the very changes in the viscera which accompany suffering and the major emotions." The concept that hormones could infuse us with a killer instinct was a logical extension of Harvey Cushing's brain research. If out-of-whack secretions could make a woman grow a beard or a boy morph into a giant, as Cushing had demonstrated, then mightn't these internal substances turn a child prodigy into a violent criminal?

For doctors, the insights offered a new way to think about the human condition. People were no longer just a jumble of nerve connections. In the 1920s, people became their hormones. Hormones were us. The hormone-crime theory wasn't a switch in thinking but a unifying concept. Hormones affected the nerves in our brain, which in turn swayed our subconscious desires. "Accumulating information during the past fifty years has pointed to an importance of the endocrine glands for the problems of the science of psychology," explained Dr. Louis Berman in the austere journal Science. "I will propose the word 'psycho-endocrinology' as the name for that branch of science which deals with the relations of the endocrine glands to mental activities, as well as to behavior, including the individual characteristics in health and disease, summarized in the term personality." It would no longer be survival of the fittest; endocrinology would change us all into the fittest. Indeed, he predicted a planet of superhumans: the "ideal normal," he dubbed them. "We will be able to govern man's capacities in every detail so that we can create the ideal human being," he said. "The problem will be the selection of the 'ideal type'"—as he saw it, a sixteen-foot genius who didn't need to sleep. Berman pointed out that eugenics was a messy science, because smart, fit parents are not guaranteed to produce smart, fit children. He argued that working with internal secretions offered a surefire way to promote a healthy society. Berman concluded that criminals have more than three times as many endocrine disturbances as law-abiding citizens.

EXPRESS, NOT SUPPRESS

Initiator:	IPTA Romania
Overall description	This activity is meant to give a general knowledge about the way in which an individual can suppress his/her own emotions involuntarily showing which the main consequences of it are. We related this activity to the way young people prefer to suppress their emotions when it comes about addictions and accept the social pressure. By this method, we can show how, at the moment of suppressing an emotion, inside the brain, there are some chemicals released, such as neurotransmitters (catecholamine), and this avalanche causes or bursts of energy – that has a limited duration, usually just a few minutes, depending on the intensity caused. The heart rate is accelerated, thus the individual begins to hyperventilate, to raise the breathing rhythm and, of course, to grow the blood pressure. There are a number of negative effects and long term risks when someone who suppresses his/her emotions takes it. We can also show ways by which the individuals can stand and own their response, without getting to suppress their emotions.
Duration:	50 minutes
Activity's objectives:	• To understand what means suppression of an emotion - causes, mechanisms, effects; • To understand which are the long term risks; • To show ways of owning your response.

Step-by-Step Description

STEP 1 : (5 MIN)
The participants will be chosen aleatory from the whole group. This activity includes at least 3 participants. The others will have the role of 'the observer'. The activity can be repeated several times with different participants.

STEP 2 : (5 MIN)
The participants receive some precise insights: 2 of them will take the role of the convincing person (A- to convince to use the substance (the facilitator to choose from alcohol, tobacco, and cannabinoids), B - to convince not to use the substance), while C will be the one that will withstand the pressures of the others. In the end, C will have to announce which option will go for.

STEP 3 : (5 MIN)
A and B will have 5 minutes to think about the best way to convince C to choose their proposal. A and B will

receive directions on how to build their script in such a way as to cause the protagonist to verbalize his/her emotions. C must be able to cope with them and suppress all his/her emotions, verbal or nonverbal expressions, keeping his/her calm and keeping a proper language, but far from saying what he/she exactly thinks about it.

STEP 4 : (5 MIN)
A and B will try, for 5 minutes, to convince C to consume or not consume the substance, using the prepared speech & ideas.

STEP 5 : (15 MIN)
Change the role! For another 15 minutes, all three participants will change their role between them to go through all three situations.

STEP 6 : (10 MIN)
Discussions and reflection time on the way all the participants felt during this activity:

- How did you feel in this situation both emotional and physical?
- What were the first impulses you had?
- How easy is it to manage your emotional reactions in such a setting?
- Can you remember what you answered during the whole process?
- How realistic was this simulation? Did you have a similar situation before?
- How helpful is it to hear different arguments regarding the same substance?
- Is it comfortable for you to hear your colleagues asking you to use or not this substance?
- Did you find something new about this substance?
- Is there any way you inform yourself about this substance?
- For the observers:
    1. Do you consider that you would have different reactions if you were in your colleagues' place?
    2. What did you notice about each of the roles?
    3. What kind of behaviors and emotions did you observe?
    4. What kind of emotions (if any) did you experience while just sitting and observing the situation?
    5. What do you think were the causes of the emotions you felt?

STEP 7 : (5 MIN)
Evaluation of the session:

- How was this session for you?
- Do you consider this session helpful for you? In which way?
- What would you do differently in this activity?

Preparations for the activity:

The facilitator should have a basic understanding of the emotional mechanism while interacting with a suppressor and basic information about the addictive substances (alcohol, tobacco, and cannabinoids).

It would also be useful for the facilitator to have understanding and knowledge on how teenage brains differ from adult brains. Example: https://www.aacap.org/AACAP/Families_and_Youth/Facts_for_Families/FFF-Guide/The-Teen-Brain-Behavior-Problem-Solving-and-Decision-Making-095.aspx

LIST OF MATERIALS:

Papers/handouts with indications for the participants (Try to convince the person to use the substance and Try to convince the person not the use the substance), markers

EVALUATION OF THE ACTIVITY:

Which was the level of the participants in this engagement? (e.g. low/medium/high level of engagement)
How did you comply with the time frame?
Which were the participants' reactions when you asked them to switch the roles?
How authentic do you feel there were the participants' emotions and reactions?
Were there any situations/moments which were challenging for you as a facilitator? If so – how did you deal with those situations/moments?

Appendices

Some insights about how social pressure among teenagers leads to the imitation of the others' behaviors faster than this happens among adults. These insights could be printed and handed to the participants or they could be projected on a screen.

"Adolescents are quite likely to emulate the behavior of popular peers."
https://www.ncbi.nlm.nih.gov/books/NBK53409/

"Awakening to addictions opens the door to its understanding"
https://books.google.ro/books?id=LmFrBgAAQBAJ&pg=PT271&lpg=PT271&dq=addiction+behaviour+imitation+the+adults&source=bl&ots=jckHQ6O3E_&sig=ACfU3U1b64biwpi2Oil4GuINdEawN-GAlg&hl=en&sa=X&ved=2ahUKEwj3ueH2irnqAhViyoUKHRfQBlMQ6AEwAnoECAsQAQ#v=onepage&q=addiction%20behaviour%20imitation%20&f=false

"Adolescents often imitate the behavior of other people, from movies to that it is perceived as normal social activity"
https://books.google.ro/books?id=_AIkDwAAQBAJ&pg=PA16&lpg=PA16&dq=addiction+behaviour+imitation+the+adults&source=bl&ots=2Vf1O_tYJG&sig=ACfU3U0Lrs0K3u11qCk_C-9W3E-3f9w08w&hl=en&sa=X&ved=2ahUKEwj3ueH2irnqAhViyoUKHRfQBlMQ6AEwA3oECAkQAQ#v=onepage&q=addiction%20behaviour%20imitation%20the%20adults&f=false

"While the best friendship does seem to be an important influence, emerging evidence indicates that adolescents are quite likely to emulate the behavior of popular peers"
https://www.ncbi.nlm.nih.gov/books/NBK53409/?fbclid=IwAR3hxv6hYsNiboSAnJP36tTVzMg1F3be7j1U7L82xbIE4Av0yMIw0Di1te0

"The desire for social ingratiation may in part explain why people imitate the drinking behavior of those around them."
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4913807/

“Adolescent Susceptibility to Deviant Peer Pressure: Does Gender Matter?” https://link.springer.com/article/10.1007/s40894-017-0071-2#:~:text=First%2C%20gender%20role%20socialization%20theory,alignment%20with%20the%20masculine%20ideal

“There's a gender difference in how our friends influence our behaviour.” https://www.weforum.org/agenda/2018/10/how-friendships-can-push-teenagers-to-delinquency

DRAW YOUR VOICE

Initiator:	IPTA Romania
Overall description	This method aims to help participants to speak their thoughts through drawings regarding addictions. The method is similar to the PhotoVoice method but with few adjustments. Draw Your Voice is a method through which participants have to draw vivid images to make a map/ a poster of ways of portraying addictions and their feelings regarding them. The method can be carried out in an offline or online setting.
Duration:	50 minutes
Activity's objectives:	• To raise awareness of the impact of the images on their peers and themselves. • To promote change of information through drawings and images. • To raise awareness on their thoughts related to addictions.

Step-by-Step Description

STEP 1 : (5 MIN)

Introduce the purpose of the activity and grouping participants in small teams of 3-4. All the teams will be provided with flipcharts or A3/A4 papers and pencils, drawing colors, markers, watercolors etc. Whiteboards can also be used and are recommended if possible. By the end of the activity, all the drawings will be transformed into photographs and projected on a screen. If the activity will take place in an online setting, the participants can also use virtual instruments such as Canva, Miro, PhotoScape, Photoshop etc. If needed assistance, the facilitator can provide 5 extra minutes training on using a simple visual instrument.

STEP 2 : (25-30 MIN)

The participants will be showing a collage of images with another topics as protection of environment, stray animals etc. to stimulate their creativity. In small groups, the participants will discuss ways of portraying addictions and their feelings regarding them. They can agree on a concept of how their map or poster will look like, but all the members have to participate on its creation. The participants will also have to use in their drawings some words they will receive. They have to include at least one of the word list in their drawings. They can add as much complexity as they want to their poster. List of words:

- Friend
- Clock
- Butterfly
- Puppet
- Hand
- Earth Globe
- Human face

The activity will be carried out with a musical background. If it is carried out in an online setting, the participants will be placed in Breakout Rooms on Zoom.

STEP 3 : (10-15 MIN)
Invite groups to present to each other what they have discussed and to present their posters or maps to the rest of the groups. The participants are invited to present the process of creating it. If the activity takes place in an online setting, the participants will return to the main session on Zoom after 25-30 minutes and will share screen with their peers following the same procedures.

STEP 4 : (5 MIN)
Reflection and evaluation time! The participants are free to share how they feel the impact of the images on their lives and any other feelings related to the images and the whole activity. The participants are asked to evaluate the activity and to share in which way was helpful for them.

Preparations for the activity:

If the session take place in an offline setting, the facilitator will ensure has all the needed materials: whiteboards, flipcharts or A3/A4 papers and pencils, drawing colors, markers, watercolors, projector etc.

If the session take place in an online setting, the facilitator will ensure all the participants are connected in the online meeting. The facilitator can use one of the following platforms: Zoom, StreamYard, Google Meet etc. Zoom/Meet is preferred as it has the BREAKOUT ROOMS option. The facilitator will have to ensure that everyone's connection is properly working (sound, video etc.). The facilitator has to know how to use these platforms and to have knowledge about any of these virtual image creator instruments as Canva, Miro, Photoscape etc. and to ensure the participants know how to use it as well.

LIST OF MATERIALS:

Papers, whiteboards, flipcharts or A3/A4 papers and pencils, drawing colors, markers, watercolors, projector.

EVALUATION OF THE ACTIVITY:

Using the HUMAN MAP drawing, discussion after working in groups to see what was useful from this session and should be remembered, what is its practicality and what can be improved.

Appendices

Youtube short videos on creativity stimulation: protection of environment, stray animals etc.

SAVE ME

Initiator:	Watergratt Pirita MTÜ
Overall description	The participants play the role of the 'destiny power' and fix a broken life.
Duration:	45 minutes
Activity's objectives:	To build the understanding of power of choices and causal links between events.

Step-by-Step Description

STEP 1 : (10 MIN)
Greet the participants. Ask the participants: 'Have you ever wanted to change anything about your past? Feel free to share'. Collect answers and tell them that today they are going to fix one's life.
Put participants into groups. Smaller groups should be split into pairs. Bigger groups - into trios.
Each group is given a handout with the story and extra paper if needed. Explain the task: they need to fix a story of Maria, a girl who died at the age of 19 1 day before her birthday due to different circumstances. Their goal is to fix her life so she can celebrate her 20th birthday. They can influence her personal choices only. They can write over, on the margins, or on a separate piece of paper. Ask them to start and introduce the time limit – 15 minutes

STEP 2 : (15 MIN)
Participants work on fixing Maria's life. When the time runs up, ask them to prepare to share how they worked out their 'god' role..

STEP 3 : (10 MIN)
Put the groups into 'pairs' (pairs into groups of 4, trios – into groups of 6). Introduce them to the next step: Now, please, tell each other the fixed stories and compare your decisions. When the time is up, ask participants to take their places.

STEP 4 : (15 MIN)
Let them choose a representative from each group to play out the responses to the situations (the workshop leader reads the scenarios out loud). Ask other groups to write 1 response which they really like from each representative and add it to their 'bank'.

STEP 5 : (10 MIN)
Reflection and evaluation

- Has everybody managed to fix the story?
- Share some surprising twists of plot which you or your partners from the other group did in the story
- Was everything in Maria's power to change?
- How easy was it to fix the story without being able to influence the life set-up (background, family, surroundings)?

- How did you feel being able to change the destiny of the person? Sum up the answers by saying that they are always in command of their own destiny.
- What could be done so it would be easier for them to help Maria?
- Ask to give one word to sum up their emotions from this activity

Preparations for the activity:

The workshop leader should get acquainted with the story before the workshop.
Print the story. Arrange the tables if needed.

LIST OF MATERIALS:

Printed handouts, paper, pen or anything else to write with

EVALUATION OF THE ACTIVITY:

The goal is believed achieved if the participants will leave the session with the understanding that they have power over their own lives. Feedback questions will help to understand if this goal has been achieved.

Appendices

EXAMPLE STORY:

She never knew her mother. Or father. Or any of her relatives. She was born one rainy night and filled the room with a cry. Her mother didn't hear it – giving birth took away her last breath. 'Maria' – she said and closed her eyes.
Maria remembers nothing of her first 6 years. Somebody told her once that she was in an adopted family where she was abused. She prefers not to dig too much into it. She doesn't remember it. So, it means it has never happened to her.
Her first bright memory is her sitting in a police office. One of the officers brought her a teddy bear and a box of donuts. She also remembers her arm was in plaster so she had to deal with the donuts with one hand. It's not that easy as it seems!
She was put into an orphanage and really fast got into its system – you do what you are told to do. If Ms Sonya asks you to clean the dormitory – you do that; if the older girls ask you to hide a plastic bag with some funny smelly things inside – you do that. And tell nobody about it. Otherwise, they'll beat you up. Or leave you without dinner.
Maria is 12, living in the orphanage for 5 years already. One day she decided to defend her friend, Mariza, who was accused of stealing from Ms Sonya's office. Maria knew she wasn't the one who did it but the older girls. But she couldn't protect her friend without telling the other girls' names. And those girls made it very clear what they would do to her if she said anything when Maria was running to Ms Sonya. So, while she was being questioned, Maria had to keep silent. And, of course, was punished again and left without dinner and walked together with Mariza. The older girls tried to make it up for her and introduced her to an easy way of releasing

stress – smoking. At first, she didn't like it much but the older girls told her that she just didn't understand anything. Maria was hurt by these words and smoked a second one. She felt bad after that but still tried to convince her friend to try it too. But Mariza told her that if it might affect their adoption chances though she wasn't much sure about that. She also told Maria that she was really hurt that Maria didn't tell the truth in the office. 'Well, you know how it works here'. Maria walked away.

The older girls saw Maria being alone and invited her to join their gang. Maria knew where the power was and life is much easier if you are a part of the cool kids. It was amazing – at nights they were escaping into the darkness of the world outside. Sometimes they even could spend several days outside the orphanage. She stopped attending lessons. When her favorite teacher tried to talk to her, seeing how much she changed, and offered her help, she screamed at her. She wasn't too proud of it but she did what she did.
In the outside world, she met a lot of new amazing people and tried a lot of new amazing things. She liked it when they drank and danced around a campfire. Also, the girls gave her some medicine 'against stress'. It worked well though she felt kind of lost the day after. When she asked if she can have some more, the girls laughed and told her she had to earn them. As an initiation, the 15th years old Maria had to stand watch when the gang was rubbering a shop. Unfortunately, they all got caught. Maria was put into a closed school where she had to live and study until she was 18. She didn't really understand why they would do it to her because she was only standing watch and got really stressed over it. She knew her ways and soon found Boss, a girl who was literally the drug baron of the school. Being pretty smart, Maria helped with her little schemes and they became close friends.

When released from the school, Maria and Boss find a new gang. Maria, who was already experiencing a strong drug addiction, stayed very dependent on her new friends. Scam, robbery, theft – all these things were part of her life. It was fun, sometimes so fun that she didn't remember much from the previous day. One day, the fun part went too far: during the party, she started experiencing strong pains and losing control over her body. She asked her partner to call the ambulance but he didn't hear her because the music was too loud and her voice was too weak.

It was her last day. Just 1 day before her 20th birthday.

PEER PRESSURE THROUGH STORYTELLING

Initiator:	Watergratt Pirita MTÜ
Overall description	Through the day the person gets into different situations where he or she needs to stand against negative peer pressure. In this workshop, the participants will learn what a peer pressure is, what are the strategies to get out of the sticky situations and will create their own story.
Duration:	90 minutes (can be broken into 2 sessions of 45 minutes if necessary)
Activity's objectives:	• learn what a peer pressure is; what it can influence, what could be the body language etc. • learn about different types of peer pressure; • learn about escape strategies (excuse-the reasoned NO, cold shoulder, assertive refusal, broken record etc.); • use them in storytelling.

Step-by-Step Description

STEP 1 : (5 MIN)

Greet participants. Introduce the topic of peer pressure by writing it on the board and get your participants acquainted with the activities: kahoots, discussions and storytelling creative activity.

Ask participants to form pairs if the group is small and groups of 4 if the group is big for the discussion. Let them take their gadgets which they can use for participation. They can participate in the Kahoot as an individual, pair or group, meaning that 1 gadget can be used for 1 group of 4 or a pair of people. Turn on the starting screen and tell your participants you are going to find out some new facts and have a discussion about peer pressure.

Process to the first Kahoot on peer pressure (see Appendices)

STEP 2 : (20 MIN)

Lead-in the topic with a Kahoot on peer pressure with a built-in discussion. The Kahoot will lead you and your participants through the discussion itself. For group discussions give from 2 to 3 minutes and collect ideas from each of the groups.

Close the previous kahoot discussion by summarizing how many people in the group have experienced either positive or negative peer pressure in their lives as you can see it in the polls.

STEP 3 : (3 MIN)

Transit to the next Kahoot. The participants stay in the same groups. Tell them that you are going to learn about refusal strategies now.

STEP 4 : (15 MIN)

Kahoot on refusal strategies. There is a built-in task to make a list of the refusal strategies and rate them at the end of the kahoot. If you make it as a session, you can explain each of the strategies yourself. If you are a language teacher, for more language production activities in your lesson, you can ask your students to read it. The last slide is a mini-discussion. Let them discuss it in their groups first and then collect some ideas from the group.

Ask the participants to put away the gadgets when finished.

STEP 5 : (2 MIN)

Tell the participants that you are going to switch to the next activity where you are going to illustrate a real-life situation where they experienced negative peer pressure and create a comic strip gallery.

STEP 6 : (25 MIN)

Participants stay in the same groups and create a story showing a successful use of the refusal strategies discussed previously.

- Show them the example;
- Distribute templates (see Appendices) or pieces of plain paper; colour pencils can be given as well if you have any;
- Give each group a number and ask them to write it in the corner of their template;
- Ask them to choose as a group a real-life situation of negative pressure they have personally experienced and illustrated how it could have been escaped.
- After they finish their works, ask them to take a piece of adhesive gum/tape to put it on the wall to create a gallery

STEP 7 : (10 MIN)

Invite everybody to visit a gallery. Ask them to try to identify the refusal strategy for each of the comic strips and write it down with the number which is on the paper.

STEP 8 : (8 MIN)

Reflection and evaluation. Discuss the following questions with the participants.

1. Which feelings did you have while creating the comic strip?
2. Which of the comic strips do you find interesting/funny/useful?
3. Have you guessed each refusal strategy in the pictures? Ask their guesses by every number.
4. Would you feel more confident now if it comes to being assertive and refusing to do something you don't really want?
5. Are you likely to use these strategies?

STEP 9 : (2 MIN)

Ask participants to show with their fingers from 1 to 10 how much they enjoyed the activity. Close the session by thanking them.

Preparations for the activity:

The workshop leader should get acquainted with the materials and the resources before the workshop.
Before the session starts, distribute paper and pens if your group needs them.
The templates should be printed or, as an alternative, pieces of paper can be given if there is no possibility to print the templates.

LIST OF MATERIALS:

Projector, computer with internet access, computers/phones/tablets for participants, access to the internet, printed templates (if necessary), paper, pen or anything else to write with, adhesive gum, or tape, or another alternative to put the posters on the walls, colours (optional)

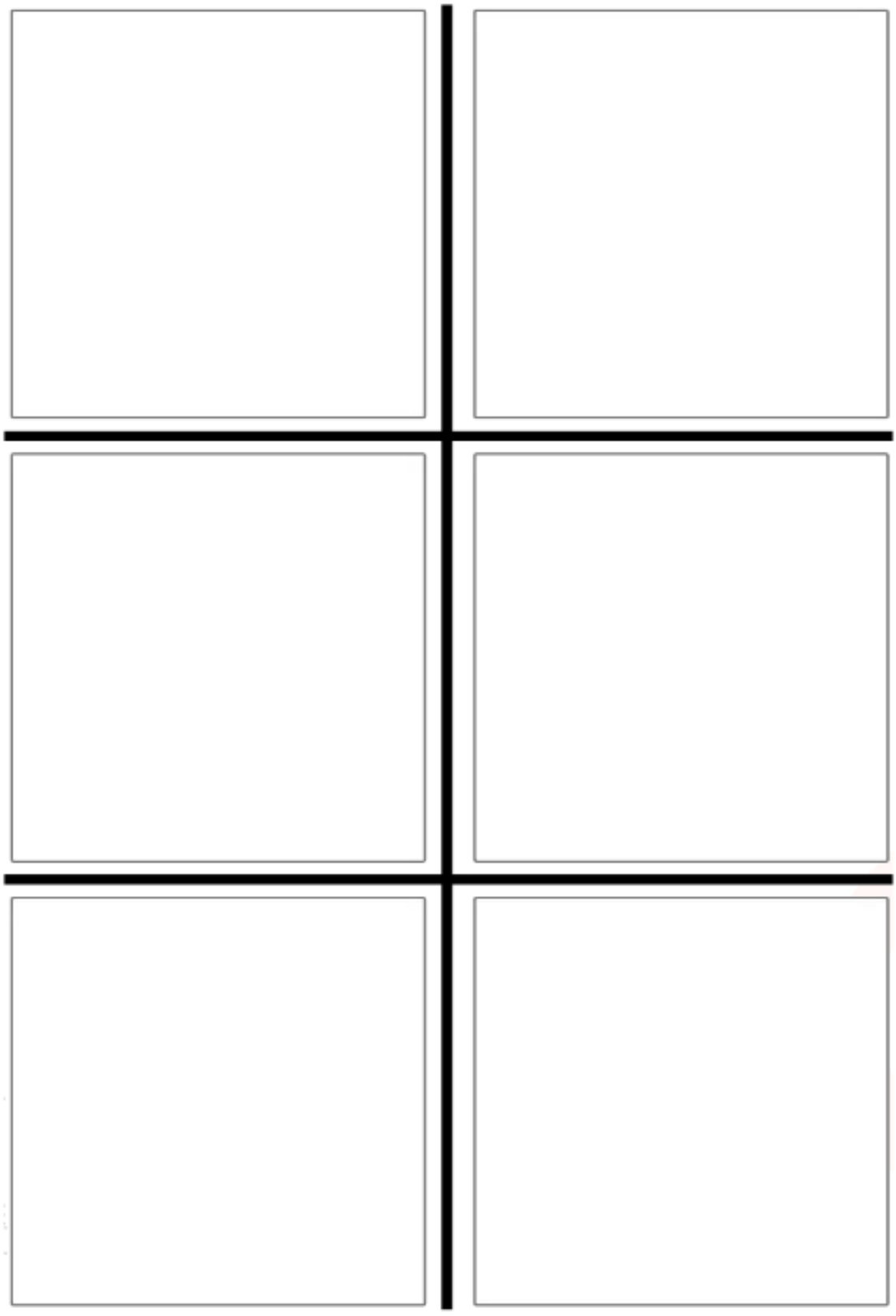
EVALUATION OF THE ACTIVITY:

You can understand how much of the prior knowledge your group had while working with the kahoots.
Also, if you had a gallery full of creative, smart and fun escape strategies it means that the knowledge was worked through nicely ANd the participants are likely to use it in their everyday life.
Depending on the 'fingers' feedback you can understand if the activity was fun enough for the participants.

Appendices

Peer pressure Kahoot:
https://create.kahoot.it/share/peer-pressure/a639602c-3177-4937-860b-4a64ccfc5a39
Refusal strategies Kahoot:
https://create.kahoot.it/share/negative-peer-pressure/b9457277-3a1e-48bb-ae39-1e38429a1f8c
Example of a story: draft
https://drive.google.com/file/d/1IjjeXPquKgUoihuEI52fRPA_4QNygLYL/view?usp=sharing
Templates for the story: blank 3x3
https://drive.google.com/file/d/1HWsMybbUqJoVihPiX0S4rz3K2qN0Y2NH/view?usp=sharing

TEMPLATE



INTERVIEW FOR A DREAM JOB

Initiator:	Watergratt Pirita MTÜ
Overall description	This method is based on acting (theatre play). Participants will get roles and will act as employers, workers and job seekers. The action takes place at a job interview. After the scene, it is important to discuss with the audience and participants what was happening on stage. Main participants: COMPANY: boss, head of the HR, company employee. GROUP OF JOB APPLICANTS: student, unemployed, new job seeker, their relatives and friends. The rest of the participants are spectators. After one scene, they change places with the actors.
Duration:	45 minutes
Activity's objectives:	• to create a feeling of empathy for those who have bad habits and/or abuse usage of toxic substances; • to draw attention to the inequality of opportunities in society due to the abuse of toxic substances; • to raise awareness of the possible consequences of developing alcohol, tobacco and/or cannabinoid addiction.

Step-by-Step Description

STEP 1 : (12 MIN)

Greet participants. Tell them that they are going to have a small theatre play about job seeking in a big company. The company is searching for a new IT administrator. You need 6 people from the group. For the first round look for active participants. The rest are spectators. This activity can be done 2,3 times with the new participants depending on the size of your group. If you don't have enough new participants for each round, you can invite people from the previous round and assign them new roles.

First, distribute roles to the participants. Invite actors to the office of the Company World Incorporated. Tell them that some of them are working for the company and the others are going to apply for the job there. Ask them to take their place according to their role. Tell the employers that they have to fit into 10 minutes - interview all the participants and choose only 1 candidate and explain why.

They should familiarize themselves with their roles and try to get into it. To enhance their imagination, ask participants to close their eyes and read the following questions aloud. Make a pause of approximately 15 seconds after each question to let the participants think about it:

a. Where were you born? What was your life like when you were little? What kind of family did you have when you were little? How has it changed now?
b. What is your life today? Where do you live?

c. What do you do in the morning? During the day? In the evenings?
d. What makes you happy? What are you afraid of?

Ask participants to open their eyes. Tell them that now they are in their roles. The head of HR invites the first job seeker of his choice. Start the play.

STEP 2 : (25 MIN)
Observe the play. Stop the participants after 10 minutes maximum. Invite others to thank the actors with a round of applause.

Redistribute the roles and invite players for the second round. Ask participants to close their eyes. Repeat the questions stage. Ask participants to open their eyes. Tell them that now they are in their roles. The head of HR invites the first job seeker of his choice. Start the play.

Observe the play. Stop the participants after 7 minutes maximum. Invite others to thank the actors with a round of applause.

STEP 3 : (3 MIN)
Complete the play before starting the analysis. Ask participants to close their eyes and become themselves again. Explain that you will count to three and then they have to shout out their own name. This way you end the play and make sure the participants step out of their roles.

STEP 4 : (5 MIN)
Reflection and evaluation

Invite participants to analyse the game by asking the following questions:

a. What happened during this game?
b. Was it easy or difficult to play your part?
c. How did you imagine the person you were playing? Do you know anyone like him?
d. How did you feel introducing yourself as a different person? Was this person somehow like you? Do you know anyone like him?
e. Did you feel any injustice?
f. Does this game look like real life? Why?
g. What gives some people in our community more opportunities than others? Less opportunities?

Preparations for the activity:

Prepare an improvised theater: stage and seating. Place them as 3 'jury' places for the employers, 1 chair in front of them and 3 chairs a little bit aside for the job seekers. Place the big role cards on the corresponding places.

LIST OF MATERIALS:

roleplay cards, big cards with the names of the roles, A4 paper, pens, tables, chairs, attributes to create an office atmosphere.

EVALUATION OF THE ACTIVITY:

This method does not have the same outcome because participants' previous experience. If the play goes emotional and has feedback, it means the method worked well.

HANDOUTS: ROLEPLAY CARDS

You can change the roles and their number if needed.
Participants should take cards without prior looking.

Examples:
6 participants: 1 boss, 1 head of HR, 1 employee, 3 job seekers.

Company employees	JOB SEEKERS
BOSS You are looking for an employee with no bad habits. You have a very negative attitude towards smoking and alcohol. You lead an extremely healthy lifestyle.	GRADUATING STUDENT You are graduating from university and looking for a job. You have no bad habits. But you are not experienced either. You really want to get this job.
HEAD OF HR You help the boss find a new employee for the company. You are pretty much neutral about smoking and alcohol.	UNEMPLOYED You have been looking for a job for a year. You smoke a pack of cigarettes per day. The company where you are applying for a job is your dream job.
COMPANY EMPLOYEE You have been working in the company for 5 years. To get a higher position, you quit smoking 2 years ago because it took away much of your working time. Also, you rarely drink.	NEW JOB APPLICANT You work for a company that is about to fire you because you were skipping work due to frequent alcohol parties. You are now looking for a new job.

WHY YOU SHOULD NEVER VISIT MY COUNTRY/TOWN (NATIONAL GENDER STEREOTYPES ON SUBSTANCE ABUSE)

Initiator:	MARTA Center
Overall description	"With the exception of eating disorders, addictive behaviors affect many more men than women. Yet research has shown that while women are much less likely to consume alcohol or other drugs or gamble excessively, they are more likely than men to engage in problematic use, become dependent or suffer from other acute substance use problems." (by Pierre Bremond) Although the majority of perceptions related to harmful gender norms and stereotypes are common in all of the societies, it's important to take time to critically analyze existing ones in our community.
Duration:	50-60 minutes
Activity's objectives:	To reflect on existing harmful gender norms and stereotypes in relation to substance abuse. To discuss - how these norms affect the quality of life of young men and women. And how do these stereotypes affect those individuals who are not falling into binary categories built in our societies.

Step-by-Step Description

STEP 1 : (5 MIN)
Split the group in 2 smaller groups. Each group receives a piece of paper with one word - man or woman

STEP 2 : (20-30 MIN)
Group needs to think and come up with at least 10 statements/examples - why man or woman should not visit their country (Latvia, Romania, Estonia etc.) in relation to substance abuse, ending the sentence "if you are a man/woman, you should never visit my country because...."

Group needs to think about the dangers and challenges associated with men, women, alcohol, drugs, smoking, etc. in the particular country; how men/women who are suffering from addictions are perceived and judged by other society members.

STEP 3 : (10 MIN)
Sharing in the big group is facilitate with a set of questions:

- What are the main differences you can see and reflect upon, depending on ones gender?
- What are the main differences between being a man and a woman who is suffering from substance abuse or any other addictions?
- Who is judged more harshly in your society - men or women? why?

STEP 4 : (10 MIN)

Reflection of the activity is conducted based on several questions:

- Where do these kinds of stereotypes lead? What are the underlying dangers?
- What happens with those individuals who are not falling into binary categories of men and women? Are they judged even more harshly? Do they face different challenges related to substance use? What kind of?
- What can be done to break existing harmful gender norms and stereotypes?

Preparations for the activity:

Before the activity facilitator is invited to read this article: https://www.dianova.org/opinion/addiction-and-gender-stereotypes/ and get themselves familiar with the terms, by using this resource: https://www.itspronouncedmetrosexual.com/2018/10/the-genderbread-person-v4/

LIST OF MATERIALS:

Papers, markers/ pens

EVALUATION OF THE ACTIVITY:

Evaluation questions:

- How relevant is this activity for you?
- Have you ever talked about these topics with your friends or family?
- How useful you find this session?
- What other topics would you address?

Appendices

Read the article written by MARTA on **Addiction prevention among youth: gender factors**. Can be accessed here (scrolling down to download English version) https://marta.lv/lv/marta-darbiba/jaunatnes-programmas/atkaribu-prevencija-jauniesu-vide-dzimtes-perspektiva/

LETTER TO AN ALIEN

Initiator:	MARTA Center
Overall description	How would you describe - what "addictions" are to someone who have never heard, seen, felt or in any other way encountered it? How would you explain the effects and dangers of addictions to someone who has never been part of the society we are living in? And even more - how would you argue - why do people keep falling for addictions even though they are aware of all the negative aspects of it?
Duration:	40-50 minutes
Activity's objectives:	To build competencies in explaining - what addictions are and build arguments of the possible dangers it can cause.

Step-by-Step Description

STEP 1 : (5 MIN)
Splitting participants in smaller groups. giving out resources (papers, markers)

STEP 2 : (15 MIN)
invite participants to think of and write down one word, which first comes to their minds, when they think of ADDICTIONS, and starts with the given letter. There are no limits for these associations!

Example:
A- ashamed
D- danger
D-dancing
I-interesting
C- common
T-trauma
I-intelligent
O-overdose
N-nicotine
S-stress

If the group wants, they can share among themselves- why exactly this particular word came to their minds. Remind them that there are no right or wrong answers when we talk about individual feelings and associations.

STEP 3 : (15 MIN)

invite groups to write **a letter to the alien**, who will arrive on earth soon in the form of a 15 year old teenager. Letter should include **all of the words-associations** written by the group and describe - what addictions are, what are its dangers, types, reasons why teens are using drugs etc. Participants should think of anything else teen alien should know or be aware of, before it will encounter with other teens, drugs, peer-pressure etc. Think about advice - how teen alien should behave among other teens and respond on invitation to smoke, drink, use drugs etc. In the best case scenario letter should give enough information for the alien to build resilience and stay safe, meanwhile feeling included among other peers.

STEP 4 : (10 MIN)

Reflection of the process

- What did you notice about your associations? Can you put them in any categories (e.g. feelings, substances, behavior etc.)
- Do these associations differ from group to group? Why do you think it is so?
- How did it go with the letter? How easy/hard it was for your group?
- What is the most important information to be included in this letter and why?

Preparations for the activity:

split participants into smaller groups of 3-4 people. Give each group pens/markers and a piece of paper with the word ADDICTIONS written in a **column**.

LIST OF MATERIALS:

Flipchart or any other papers; pens and/or markers

EVALUATION OF THE ACTIVITY:

Evaluation questions:

- How effective you felt this method?
- How else you see this method can developed or twisted?

GOOD WOLF, BAD WOLF

Initiator:	IPTA Romania
Overall description	'Good wolf, Bad wolf' is an improvisation-based activity that simulates individual decision-making processes based on polarities that one could experience under emotional distress.
Duration:	80 minutes
Activity's objectives:	To raise awareness of the complexity of decision-making processes in vulnerable emotional moments, to develop assertive communication towards the abusive tendencies, to develop critical thinking towards substance use and abuse.

Step-by-Step Description

STEP 1 : (10-15 MIN)

The activity starts with a movie projection of a real-life scenario with a person that developed a severe addiction (our example is related to binge eating disorder). One example of movie can be found here. After watching the movie, a quick debrief is conducted by the facilitator:

- Any thoughts about the movie?
- What symbols/metaphors could you identify in the movie?
- Do you consider that the main character suffers from an addiction? What kind of?
- What are the early signals that could indicate the tendency to develop the addiction?
- What do you consider that was the primary source for developing the addiction?

The initial debrief should conclude with the importance of the metaphor of the two wolves who fight, and more precisely of the wolf feeding metaphor: the wolf that wins is the one we feed.

STEP 2 : (10 MIN)

In the next step, the facilitator introduces the flow of activity, by describing that the workshop is based on creating an improvisation following some scenarios prepared in advance. The working process is described in clear steps:

- The group is split in trios (working stations of three participants).
- Each trio receives a scenario with a real-life situation. One trio has three characters: 'Bad wolf', 'Good wolf' and the Person (the protagonist of the scenario). Participants will decide in their groups the allocation of the roles.
- The facilitator indicates that the task of the 'Wolves' is to convince the person to make a decision that would bring the person to their side. The task for the Person is to embrace as deeply as possible the role of the character described in the given scenario and to decide which Wolf wins. Additional recommendations could be provided for the Person in order to embrace the role easier: think about the background of the person, age, living conditions, perspectives, current needs, health condition, values, life goals, who provides support to this person etc.

- Participants are announced that they will have 10 minutes to reflect individually on what would be the tactic for fulfilling the task as good as possible, without preparing a scenario or talking with each other within this time.
- The facilitator announces that after this preparation of 10 minutes, each trio will act their improvisation in front of the others and a discussion will follow each play.

STEP 3 : (10 MIN)
Preparation of the improvisation, individual work.

STEP 4 : (35 MIN)
After the preparation time, the facilitator invites the first trio to act their improvisation. This moment follows a clear set of guidelines:

- The Wolves can talk to each other, to the Person, or just having a monologue. The Wolves are allowed to use any communication tactic, but no violence is allowed.
- The Person cannot talk during the improvisation with the Wolves, cannot have a monologue and cannot respond with any words.
- The play should end in maximum of 5 minutes.
- After 5 minutes, the Wolves stop and the Person has maximum one minute to digest the dialogue of the Wolves and to make a decision.
- The Person verbalize the decision and describes which are the reasons behind it. The trio reveals the scenario and indicates which are the characters.
- The spectators are invited to comment on what they observed during the play and which were the reactions of the Wolves and the Person.

Each trio will follow the same flow of the process.

STEP 4 : (10 MIN)
The session ends with a short debrief:

- Let's describe what happened.
- How did you feel during the Wolves' dialogue?
- Was it acting or authentic reactions?
- How often do you face this inner fight?
- For the Wolves: which was your strategy?
- For the Person: how did you make this decision?
- For all protagonists: would you react differently if you would have to have another role?

STEP 5 : (20 MIN)
Facilitator reads out statements and possible answers. Participants are moving to corners/spots which resonates with their thoughts/feelings the most. Short discussion after each scenario is held.

STEP 6 : (10 MIN)
Plenary discussion/reflection in the big group (possible questions to be asked by facilitator):

- Which of the statements was the hardest/ the easiest for you to answer? Why?
- If you changed your mind throughout the process, what made you to do so?
- How does alcohol and drugs affect our relationships with others?
- How does alcohol and drugs affect our intimate relationships?

Preparations for the activity:

It is advisable that the facilitator to have basic understanding of different abuse disorders, including binge eating disorder. If possible, the facilitator should avoid a long debrief on the physical effects of binge eating disorder, rather to focus on emotional triggers that fuel this disorder.

LIST OF MATERIALS:

An open space with a place for the auditorium (public) would ease the process.
Pens, papers, chairs, video-projector, sound system.

EVALUATION OF THE ACTIVITY:

The activity can be evaluated based on the level of engagement of the group in the initial debrief of the movie. One indicator of the effectiveness of the session is the level of engagement with the roles, along with the ability to identify the metaphors from the initial movie.

Appendices

Working scenarios:

Andy, 15. He was characterized by the school Principal as a 'problematic person' due to his antisocial behavior. Andy's father left the family years ago. The mobile phone seems to be his only friend, as he uses it almost without interruption.
Today, Andy's mother wants to make a major decision: she wants to move Andy to another school if he doesn't agree to use the phone for a maximum two hours daily. Andy has 5 minutes to give her an answer.

Maria, 17. When she was in primary school, her mother asked her to stop interacting with her friends, as they might distract her from learning. Recently, Maria felt in love with one of her classmates who is an active smoker, but she never told him about her feelings. She tried smoking as well several times, but only when she is near him.
It's Friday, the last class is over. Maria's colleague invited her at his place to a party with plenty of alcohol and cigarettes. As her bus is leaving in 5 minutes, she has to give him an answer now.

Ian, 15. Ian has good results at school and passed all the exams. After the first glass of beer received from his father, Ian realized that he can stand as an adult in the family from now on, not as a little kid whose opinion is not listened. Since then, there were multiple moments when Ian's father allowed him to drink beer, mainly during dinner time. Ian's mother is not happy at all with this situation.
It's Monday evening, dinner is served and bottles of beer are opened. Ian receives a glass as well. Ian's mother tells him that she wants to divorce if this will continue. Ian's father gave him a glass. What will Ian decide?

Mara, 16. Last summer, Mara moved with her mother to another city, as her parents divorced. It should be a new beginning for her, away from the father's violent behavior. The only habit she took with her from her father is smoking once in a while, as he used to do this after each act of violence. In the new city, Mara can't find herself and has no friends yet. The new school is fine, but she's not enthusiast at all. Her mother is working hard to cover the current living costs. Recently, Mara discovered that she has asthma.
Friday evening, she is again alone, in her garden, crying. She takes a cigarette and thinks if she should light it or not. Soon, the sun will go down again.

Example of movie with a story with a person who suffers from binge eating disorder:
https://www.youtube.com/watch?v=NPgHu2Lup94

Introduction in the warning signs of binge eating disorder:
https://www.nationaleatingdisorders.org/learn/by-eating-disorder/bed

LEGAL OR ETHICAL?

Initiator:	IPTA Romania
Overall description	The activity explores how the difference between legal and ethical aspects is perceived by youngsters when talking about addictive substances that are easy to access for them.
Duration:	50 minutes
Activity's objectives:	• Raising awareness regarding the dilemmatic aspects of buying and using addictive substances. • Building knowledge on legal aspects related to addictive substances. • Shaping a more critical attitude towards the consumption of addictive substances.

Step-by-Step Description

STEP 1 : (10 MIN)

The participants, arranged in a circle, are introduced in the topic with a question (What's the difference between ethical and legal?). The facilitator collects the conclusions and explains that Legal standards are those set forth in governmental regulations and laws, while Ethical standards are based on human principles of right and wrong.

The facilitator describes the activity, inviting the participants to stand up and to observe the four corners in the room, each corner indicating a different opinion:

- Legal & Ethical
- Legal & Non-ethical
- Non-legal & Ethical
- Non-legal & Non-ethical

The facilitator introduces the task: after reading a statement, the participants are invited to walk to the corner that indicates their opinion regarding each statement.

STEP 2 : (30 MIN)

IThe facilitator reads the list of statements indicated below. After each participant chooses a corner, the facilitator initiates a short debrief, collecting different perspectives and arguments from some of the participants.

Statements (the facilitator could also choose only some of the statements, allowing 10 minutes for the reflection in the end of the session):

- Minors are not allowed to buy alcohol and cigarettes.

- Minors are allowed to drink alcohol and cigarettes.
- Commercials for beer and wine are visible in public spaces.
- Old persons suffering of a chronic disease are allowed to buy cigarettes.
- Adults are allowed to smoke in house, even if there are non-smokers living in the same house.
- Tobacco companies are running yearly prevention campaigns among youngsters.
- Cultivation of tobacco is financially subsidized by the Government in some countries.
- In some countries, marijuana is used as a drug in addressing some mental diseases (e.g. Alzheimer).

STEP 3 : (10 MIN)

The session ends with a group reflection on how the dilemmas between ethical and legal aspects can be acknowledged by youngsters. The facilitator asks several questions:

- How would you describe the activity in one word?
- How difficult it was for you to decide on which corner to go to?
- How was the decision-making process? An individual action or you followed others?
- Could you name some dilemmas regarding the addictive substances?
- Who should evaluate these dilemmas in society? We as individuals? The authorities? The producers of cigarettes and alcohol?
- What do you think is the role of these companies in addressing these dilemmas?
- What's the main learning point for you in this activity?

Preparations for the activity:

The working space will have four different areas (preferably corners), easy to access for the participants, and away from each other.

LIST OF MATERIALS:

The facilitator might project on a screen each statement if possible, or to have them printed before.

EVALUATION OF THE ACTIVITY:

The session can be evaluated by the facilitator easy, by observing the level of engagement after each statement and after each question addressed in the reflection time. Also, the facilitator can try to observe how many of the participants made an individual decision, comparing to those who followed others.

ESCAPE' RESPONSE BANK

Initiator:	Watergratt Pirita MTÜ
Overall description	The activity illustrates how easy or difficult it is for a youngster to respond a peer pressure situation where substance use is present. Let's imagine that you get into a situation of peer pressure, it is always nice to be packed with a ready-to-go bank of responses to help you to get out of a sticky situation.
Duration:	60 minutes
Activity's objectives:	To enable young people with ready-to-use strategies for addressing peer pressure situations. To raise awareness of the importance of assertive communication in a healthy manner, avoiding a conflictual escalation.

Step-by-Step Description

STEP 1 : (10 MIN)
Greet the participants. Introduce the activity as in the description.

Split participants into 4 groups of 2-4 people depending on the total number. Smaller groups should be split into pairs. If you don't have an even number of participants, one group can have 2 and another group can have 3 people.

Each group has its own slide with 4 scenarios on jamboard (see example in the Appendices). Explain the task: they need to come up with min.2 straightforward/humorous/distractive responses to be able to escape the sticky situation given and build up their own bank ready-to-use bank with responses.

Explain all the steps at once:

1. Work in the initial group in a breakout room. Brainstorm! Write a minimum of 2 refusal reactions to each scenario. Use yellow sticky notes.

   (Show and read the example scenario in the presentation, it's slide 2. Explain how to use the stickers if needed - it can be chosen from the left bar with the sticky note icon or by using ctrl+shift+p)

2. Work in bigger groups! During this step you will be merged with another group. Read each other your refusal strategies. Choose the best one or two for each scenario from both groups. Change the sticker colour of the chosen reaction to green.

   (Show how to change the colours of the stickers. For this, you need to open the 3 vertical dots menu at the right upper corner of the sticky note and edit it)

3.Here, we work altogether and will have a random roleplay with the facilitator. You will have to respond with the reactions you chose in your groups.

(Remind participants that they can always go back to the first slide and check what they have to do)

Put participants into breakout rooms. Take a screenshot or make a list to know which participant is in which group. It might help you during the roleplay step so you don't address people from the one and the same group.

STEP 2 : (10 MIN)
1st round. Each group creates their answers to the scenarios. Check the pace because your participants might need a little bit more time or less. You will see the changes on the Jamboard in real time.

After 7 minutes rearrange the groups: merge groups 1 and 2 into a new group; merge groups 3 and 4 into a new group too.

STEP 3 : (10 MIN)
2nd round. Participants now work in the new bigger groups. As being instructed, they read their answers and choose one or two best responses for both groups. They should change the colour of the sticker into green.

After 5 minutes invite all participants back. Ask them how they feel and announce the role play.

STEP 4 : (20 MIN)
Explain the role play part to the participants The facilitator addresses a random participant with a line linked to each of the scenarios. The participant should react with one of the 'green' replies which was chosen by their group.

The facilitator can imitate the school environment and use some attention-grabbing techniques like throwing a paper ball into the camera, sending a paper plane to the camera or simply saying 'pssst!
Announce transition between scenarios. Lines for each scenario (2 for each, 8 in total):

Scenario 1:
1. [Name], you know what would be fun? I have bought a bunch of firecrackers and am going to blow up the boys' toilet. Are you with me?
2. [Name], there was a firecracker sale yesterday in the Kristiine Mall. I bought some. Wanna blow up the teacher's toilet? It would be hilarious!

Scenario 2:
1. [Name], look. I know it has been tough for you today. I have something for you here. Do you fancy some beer? Nobody's gonna know.
2. [Name], buddy! you look so stressed out! How about I cheer you up a little bit? Even if you don't like beer in general, you should try this one. It's a hemp beer from Estonia, really takes all your worries away!

Scenario 3:
1. [Name], just look! I've sent you a meme about Mrs Martens. What? I made it myself, can you help it to go viral?
2. [Name], wanna be a part of history? Check your messenger, there are some fun pics of our literature teacher from our today's lesson. Can you share them with your friends? I think it's going to blow the internet up!

Scenario 4:

1. [Name], wanna join us outside, handsome/pretty? And I have something for you. Just try, it makes you feel funny!
2. [Name], honey! Why alone? Not feeling the party spirit? Here is something for you which really takes your tension away. Don't worry! Let me do it first then, silly.

STEP 5 : (10 MIN)

Reflection and evaluation

- What do you think about scenarios overall? Were they relevant to your everyday life?
- How easy/hard was it for you to come up with different responses?
- Which of the reactions you heard do you find really effective?
- Which of the reactions would you most likely use yourself?
- Were there any scenarios in which none of the refusal responses would work in your opinion? Why?
- Which of the scenarios would be the most difficult to refuse for you and why?

Preparations for the activity:

The workshop leader should get acquainted with the scenarios before the workshop.
Check the jamboard presentation, modify if necessary

LIST OF MATERIALS:

Zoom (or any other conference platform with the breakout rooms)
Jamboard presentation (see Appendices). The presentation should have the sharing settings put to editing for everybody who has the link. Internet connection, computer and microphone.

EVALUATION OF THE ACTIVITY:

The goal is believed achieved if the participants will leave the session with new ways of reacting to the different peer pressure situations.
If during the feedback phase there are numerous examples which participants find as a good source for themselves, it would be a very good sign.
Feedback questions will help to understand if there was any emotional impact at all.

Appendices

Jamboard example:

https://jamboard.google.com/d/1pe5eJl1MEatAY8Q7MyLajn-ITmUc0cxfzNZO9oFM5i8/edit?usp=sharing

Scenarios and instructions.

When you get into a situation of peer pressure, it is always nice to be packed with a ready-to-go bank of responses to help you to get out of a sticky situation. Read the scenarios and write min. 2 refusal reactions to them. They can be straightforward, distractive or humorous.

Example:

Your crush invites you to shoplift some snacks for the upcoming party. He/she tells you that this is the test of your loyalty and if you refuse, you are not welcome to their company any more.

1. I really like you and don't want you to be caught. How about we buy some snacks for the party instead? I have some money.
2. You are really a disappointing piece of a person. Threatening me like that? I respect myself too much. Have a great day!
3. I don't think I fancy watching the jail for life and some. But you can, can't stop you from that.

1. Your friend bought some firecrackers. He invites you to blow up some school toilets. This is going to be so much fun!
2. You had a very bad day. Your friend tells you that he has something to help you relax and with all the precautions taken gives you a beer.
3. Your friend took a screenshot of your Math teacher during the online lesson. He created a funny but very inappropriate meme with it. Now, he asks you to forward it to your friends.
4. You are at a party in your friend's house. The most popular girl/boy of your school, who you are secretly in love with, offers you a strange cigarette and asks you to join their gang outside.

MOTIVATIONAL INTERVIEW

Initiator:	IPTA Romania
Overall description	The main goal of the activity is to engage participants in roles of addicts, friends or family of addicts and specialists, in order to enable them to be in contact with the emotions and attitudes that may rise for each specific role.
Duration:	75 minutes
Activity's objectives:	• Introducing basic intervention methods • Raising awareness of what it feels like to suffer from an addiction • Raising awareness on thoughts and feelings of friends and families of people who suffer from addictions

Step-by-Step Description

STEP 1 : (10 MIN)

Participants are seated in a circle. The facilitator introduces the concept of the activity through a quick set of questions:

- what are the most visible characteristics of a person who is an addict?
- how would you communicate with an addict, if you know that person?
- what support could you provide to an addict?

The facilitator divides the participants in groups of three (trios). Each group will have three roles: the addict, addict`s support person (friend of family) and the counsellor. Before moving to the next step, the facilitator invites the participants to address any questions regarding the previous topics.

They facilitator indicates which are the tasks for each role:

- The counsellor`s role will receive a basic guideline of the motivational interview used as a first step in addiction intervention.
- The friend of family of the addict will be assigned with a specific scenario which will describe the situation of the addict.
- The addict will receive the story of their character, along with the attitude they will present during the intervention

STEP 2 : (10 MIN)

The participants will assign the roles in their groups: the addict, the addict's support person and the counsellor. There will be 4 stories and scenarios, one for each group. Each group receives their story & scenario and, if necessary, the same story will go to more than one group. On the other hand, the motivational interview guideline is standardized and will be the same for each group.

The activity will be an actual simulation of a motivational interview. The addict, along with their support person, wants to quit their addiction and reaches out to a counsellor. The counsellor conducts the motivational interview and the other two characters answer according to their roles. The addict is the character who receives the questions and they are expected to provide an answer to the questions. The support person can intervene during the interview at any moment and might influence the final outcome of the discussion. The answers of the addict and the interventions of the support person will follow the story and the scenario received in the beginning.

The participants receive the handouts, and after reading them, the counsellor will initiate the interview, which takes maximum 20 minutes. The activity pursues automatic thoughts and reactions, mirroring a real-life attitude. The goal of the interview is to stimulate the addict to find as many authentic reasons for considering quitting the addictions. The groups (trios) will work in parallel, not one after each other.

The guideline of the motivational interview, the specific scenario and the story of their characters are found in the appendices.

STEP 3 : (30 MIN)

Each group (trio) performs the interview following a three steps process:

- Preparation and embracing the role they selected. The preparation can also be directed by the facilitator, mainly by guiding questions on the background of the character, the context, intentions and how the addiction could impact their cognitive processes. The counsellor will prepare the interview by trying to understand what results they could achieve from this. The friend of family will explore what intervention they could conceive in order to support the addict in their decision. This step should not exceed 5-10 minutes.
- Performance of the interview, the most consistent part of the session. The interview should be concluded in 20 minutes. , for approximately 20 minutes.
- The closure of the interview. The participants will discuss in their working groups how was the experience and will describe the context of an addict. The conclusions will not take longer than 5-10 minutes.

Closure of interview with a set of recommendations and feedback from the support person. In this step, the addict will listen a set of recommendations from the counsellor. This step should be concluded in 5 minutes.

STEP 4 : (10 MIN)

After the interview, the participants come back to the plenary and present the outcomes of the activity. Each group presents briefly their story and how the whole process went. The facilitator will invite others to listen carefully and to observe similarities and differences in terms of result and the approach of conducting the interview.

Finishing up and coming back to the plenary and presenting the outcomes of the activity. Each group will present briefly their story and how the whole process went.

STEP 5 : (15 MIN)

Discussion and reflection:

1. What difficulties did you encounter as a counsellor?
2. What was it like to express the feelings of the addict?
3. What challenges did you face as a friend or family member?
4. What is the role of preventive education in addressing addictions?
5. Do you know a place or a person who could provide professional support to an addict?
6. What do you think that most of addicts do when they need help?
7. What can we do for supporting a person who has an emergency situation related to a substance? For examples, overdose or strong withdrawal syndromes.

Preparations for the activity:

The facilitator will prepare and give out materials that describe what the motivational interview is and what questions it contains. Also the facilitator will write and hand out the specific description for each of the roles the participants will play.

Basic knowledge on how to work with addictions is desirable, while knowledge of effects of substance abuse is needed. Also, basic knowledge of the difference between prevention and intervention is needed.

LIST OF MATERIALS:

Pens, papers, handouts.

For the online version, the activity can easily be conducted using a video-conference tool (ZOOM, MS Teams, Google Classroom etc.). The participants can conduct the interview in private rooms, while the conclusions will be shared in plenary. As a support tool, the participants could use a Jamboard file or just a paper.

EVALUATION OF THE ACTIVITY:

The facilitator will evaluate the effectiveness of the activity by following the answers shared during reflection, based on the following dimensions:

- Novelty of the information for the participants
- Level of engagement of participants
- Reactions to the questions included in the interview
- Relevance of the answers regarding the topic of the activity

Appendices

A. Basic guideline of the motivational interview.
B. Story of the character and scenarios for the friends of family.

Additional resources:
https://www.ncbi.nlm.nih.gov/books/NBK64964/

Appendix A. Basic guideline of the motivational interview.

The interview merges a list of questions from an educational perspective with a set of exploratory questions based on a therapeutical perspective. This is an approach that could help youth workers in better understanding how to deal with intervention, even if this activity is intended just to simulate the process. The interview is divided in four sections, as follows:

Underlining disadvantages of the addiction:

- What worries you about your daily habits?
- Is there any specific health issue that is caused by your habits?
- Is there any aspect of your life that is mostly impacted by your addiction?

Advantages of change:

- What would be the advantage of quitting your addiction in the next 3 years?
- What health benefits would bring this decision?
- What financial impact would trigger the decision of quitting or reducing the frequency of the substance intake?
- How would others perceive you once you would replace the use of substance with a healthy habit?

Optimism for change:

- How used are you with major life-decisions? Have you made one major decision before?
- What are your inner resources that you helpful for significant life decisions?
- Which are the most important reasons that would determine you to make life-changing decisions?

Intention to change:

- What are the first steps you do when you want to make a decision?
- How do you see yourself in the next three years?
- Do you have a concrete plan on how to spend the next months and years?
- What support do you need for deciding to quit this action?
- Let's imagine what triggered this habit: what could you do different in those moments?

Appendix B. Story of the character and scenarios for the friends of family.

1. The story of Andy.

Andy is 18 and has just dropped school before the final exams. He doesn't usually admit the fact that he stays late in the night with friends for drinking and having parties in some obscure clubs and pubs in his town. Nevertheless, he recently acknowledged that he might be under a bad influence of some friends and that he is craving for the nights with heavy drinking more and more. In the last week, he engaged in a fight in one of these pubs and got seriously injured at his right hand.

Scenario of the friend of family.

You are on of Andy's neighbors who supported Andy's family in buying the house where they live. You are constantly talking with Andy's parents, as one of your sons is enrolled at the same school where Andy used to study.

2. The story of Manda

Manda is a 18 years old girl from a large city in your country, very passionate about fashion trends and posh places around, but with limited financial resources in her family. Some of her friends use to have unclear but close relationships with older men who take them out in these posh clubs, while other friends have a high desire of getting famous on social media. Manda is in between these two 'trends' of her friends and she tries to follow as much as possible both directions. There's one common habit that all her friends developed, namely vaping. There's no meeting, clubbing evening or coffee break without vaping, sometimes also smoking. Manda

takes part to this ritual for years already and there's no clear intention to change this.

Scenario of the friend of family.
You are one of the friends of Manda's father, as you work together in the same factory. You noticed that Manda is disengaged in communicating with her parents, but you didn't mention that before. You also saw her several times vaping before the school classes, as you live next to her school. Maybe this is a good opportunity to address this aspect.

3. The story of Jennifer

Jennifer turned 18 just three days ago and she's still recovering after the party she organized for her friends. She really wanted to organize a memorable party for her 18 years old birthday and she expected and accepted to have plenty of alcohol on the menu. Most of the bottles were actually brought as gifts by the guests as 'passports', the party lasted till next day afternoon, now everyone is home safe. Jennifer still feels the hangover and treats herself with another bottle of wine. Why not, she's an adult who can decide on how to deal with her actions.

Scenario of the friend of family.
You are friend with Jennifer's parents, as you were her piano teacher. Jennifer took piano classes for 4 years in her childhood and got really attracted by this instrument, so you advised her parents to guide her in this professional direction. Somehow the things diluted, Jennifer lost her motivation and commitment and her parents replaced this direction with other more 'profitable' options. You are still in close contact with Jennifer's family.

4. The story of Jakub

Jakub turned 18 three months ago and he's packing his stuff for going to university in the big city. He is really enthusiast about this change and eager to discover the big city's offers in terms of night life, fun, adventures and who knows what else. He is granted with a free place at the students dormitory, so no need to save money for accommodation. Lucky him, as the cigarettes are more and more expensive, so he won't be in danger to reduce this vice that he carries on for the past 4 years. Still one month to spend with his friends and family in his hometown, but this seems such a long time for him.

Scenario of the friend of family.
You are the owner of the company where Jakub's father works and you visit frequently the family, especially when there are national celebrations. You know how the mindset and trends of the young generation, as you also have a son who is the same age of Jakub. Actually, your son know Jakub pretty well and you heard about his smoking habits.

THE BIRTHDAY GIFT

Initiator:	IPTA Romania
Overall description	The goal of the activity is to give participants a deeper understanding of the healthy alternative that could replace the short-term benefits brought by addictive substances.
Duration:	60 minutes
Activity's objectives:	• Raising awareness of the healthy alternatives to the addictive substances • Building self-confidence in repelling a gift or a proposal that is connected to addictive substances in general • Building a pro-active attitude towards finding group solutions to individual situations

Step-by-Step Description

STEP 1 : (10 MIN)
The workshop starts with a physical energizer of 5-6 minutes, so the participants will be standing. In absence of a specific energizer, the facilitator invites the group for a basic body stretching moment.

After the warming up, the participants are standing in a circle and the facilitator brings and holds in one hand a gift bag. The bag is prepared for one of the participants. The activity will be a simulation of a birthday celebration in the classroom or in the youth club.

***It is advisable that the facilitator to explore in advance whose birthday is the closest one to that day, otherwise the facilitator will just ask the group whose birthday will be soon and will nominate the person, from now on the Protagonist. ***

The facilitator introduces the concept of the activity by explaining that he/she intercepted a gift prepared by some of the Protagonist's friends from neighborhood. The Protagonist is invited to take the gift and to open it. In the bag, there is a bottle of beer, a pack of cigarettes, a can of Coke and a small plastic bag with some leaves. Also, in the bag there is a paper with the 'Happy birthday' song, with the name (or the empty space for the name) of the Protagonist.

The Protagonist is asked what does he/she think about the content of the gift, also who could those friends be.

STEP 2 : (5 MIN)
Following this introduction, the facilitator invites the whole group to fulfill one important collective mission: they should find an alternative for each of the gifts and propose the Protagonist to swap the initial gifts for the latter proposed alternatives.

STEP 3 : (25 MIN)

The group will be split in four working stations, each one of them being assigned for one of the products: bottle of beer, pack of cigarettes, the can of Coke, the small plastic bag with dried and grinded leaves. The tasks are common for all the working station as follows:

- For 10 minutes, they will discuss and write on a paper which are the benefits of using that product.
- After this step, they will choose one to three benefits and will come up with an alternative to the initial product, an alternative the grants the same benefits and at the same cost. The alternative could be another product, a service or an experience provided to the Protagonist. The alternatives should be real, not just imagined by the working groups.
- After deciding on the alternative, each group will create a presentation of their proposal, in a way that will convince the Protagonist to exchange the initial product with their alternative. The facilitator advises the group to be as creative as possible, even to touch a bit a dose of ridiculousness in their presentation.

STEP 4 : (10 MIN)

The facilitator puts an end at the preparation of the presentations and creation of the alternatives and invites the group in a large circle for making the final decisions. The flow of this part is as follows:

- Each group will introduce the product they talked about by explaining which are the benefits of using it. After that, they will introduce the alternative and the embedded benefits. The Protagonist is invited to decide if he/she keeps the initial gift or will swap it with the alternative proposed by colleagues.
- After all four groups introduce their alternatives and the Protagonist decides on what gifts will take home, the facilitator invites the participants to transform also the song that was written on the paper, since that song was in line with the initial gift.

STEP 5 : (10 MIN)

The session ends with a set of questions on the benefits provided by alternatives to the addictive substances and about the process of receiving and accepting healthier alternatives:

1. Why do you think that we had this activity?
2. How often it happens that teenagers receive or gives such presents to their peers?
3. What is the most common reaction when teenagers receive such gifts?
4. How difficult is to say NO to these gifts?
5. Is there a cultural influence behind the decision of giving or receiving alcohol or cigarettes in your country?
6. What is peer-pressure?
7. If you could describe the activity in one single word, which would that be?

Preparations for the activity:

It is advisable that the facilitator to research birth dates of the participants, if that is possible. Before the activity, the space should be arranged in a way that allows working in four stations.

Basic knowledge on which are the short-term benefits and effects in general of addictive substances is highly needed. Basic knowledge is needed regarding of which are the most popular such substances used by teenagers in that community.

The activity could extend beyond the indicated duration, 60 minutes, if the facilitator affords extending it. Should there be a strict time limit, it is worth mentioning that the preparation of the alternatives needs to be precisely monitored, in order to avoid delays.

LIST OF MATERIALS:

Pens, papers, gift bag, a bottle of beer, a pack of cigarettes, a doze of Coke, a small closed plastic bag with grinded dried leaves inside. It is highly important to understand that the leaves should not be real drugs, as this is a simulation. Handling real drugs it is usually charged as a crime.

For the online version, the activity can easily be conducted using a video-conference tool (ZOOM, MS Teams, Google Classroom etc.). The participants can prepare the alternatives to the gift in private rooms, while the conclusions will be shared in plenary. As a support tool, the participants could use a Jamboard or Canva file for designing the alternatives proposed to the Protagonist.

EVALUATION OF THE ACTIVITY:

The facilitator will evaluate the success of the method by observing the level of engagement of the Protagonist in the decision-making moment, along with the engagement of the participants in creating the alternatives for the four products.

HABIT, VICE, ADDICTION

Initiator:	IPTA Romania
Overall description	The goal of the activity is to provide a clear understanding on the meaning and characteristics of an addiction. The method focuses on three different concepts, as the title says, and indicates the main differences among them. There is a widespread tendency that the term of 'addiction' is overrated, hence a large part of teenagers might declare that they are addicted to something, which is not the case.
Duration:	60 minutes
Activity's objectives:	• Increasing the self-awareness of the most visible repetitive actions that should be put under observation • Building knowledge on the difference between habit, vice and addiction • Building self-acceptance in relation to the hidden or not that visible actions done by an individual

Step-by-Step Description

STEP 1 : (10 MIN)

The participants are seated in a circle. The facilitator introduces the session by putting in the middle of the circle three products: a bar of chocolate, a phone and a pack of cigarettes. The group is asked what words come to their mind when they see these products, and the facilitator will collect these words on a paper, so the participants will see them.

Most likely, the word 'addiction' will be mentioned. If not, the facilitator will openly ask the group 'What is an addiction?' and will collect the answers on the same paper.

STEP 2 : (10 MIN)

After this introduction, the facilitator gives the participants the handout attached in the Appendix. The facilitator invites the participants to read individually ONLY the first side/page of the handout that describes the conceptual input and initiates a short discussion about the main concepts:

- Have you ever thought about the difference between these three concepts: habit, vice, addiction?
- Let's clarify a bit the concepts in the table. A short introduction will be delivered by the facilitator.
- How often do you use the word 'addiction'?
- Do you consider yourself as having an addiction?
- Which is the main ingredient of an addiction?
- What are the most common 'addictions' among young people?

The discussion is closed in maximum 15 minutes.

STEP 3 : (25 MIN)

The facilitator invites the participants to flip the handout and to prepare for the next step of the activity. Working individually, the participants are invited to write in the handout at least five repetitive actions they in a repetitive way and they consider to put under observation. The actions written by the participants will stay confidential if they don't feel to share them, and this indication should be introduced several times by the facilitator. Each action will be detailed through the conceptual elements of the conceptual part of the handout.

In the first part of this step, the facilitator guides the process with self-reflecting questions, statements, examples, so the participants could recall personal examples. As well, the facilitator will provide at least one example that checks all the elements of the handout.

*** It is really important that participants will work individually and the facilitator underlines this aspect several times.

Down-tempo background music is really helpful for this moment.

The pace of completing this task varies a lot in a group. Some participants manage to write five actions in less than 10 minutes, while for others it might take hours or they just cannot come up with these examples. In this part of the session, the facilitator needs to pay a lot of attention to the progress of each participant and to guide them, individually, in silence, when needed.

At every five minutes, the facilitator will announce the remaining time. In the last 10 minutes, the facilitator mentions that it is desirable to have at least five actions indicated by each participant, nevertheless the process will end when the time is up for everyone.

STEP 4 : (5 MIN)

The facilitator invites all participants to choose one action they consider as being the one that is the most present, active in their daily or weekly routine.

Then, individually, each participant will write in the bottom part of the paper a message to themselves, as they would talk with the person who performs that action. Working individually, each participant will fill the empty space with their own words. The message will be verbally introduced by the facilitator, it will not be written on the handout before:

- When you do ... (and they name the action), I feel that ... (they name the emotion) and that makes me ... (mention an action that results from that). What I need from you is ... (indicate the wish).

After all the participants finished this, the facilitator will ask them to put the paper down and to read in silence the message.

STEP 5 : (10 MIN)

The session ends with a reflection moment on the key elements of the session:

1. How was this session for you?
2. Would anyone like to share any examples of actions?
3. Did you write everything in the table everything that you wanted or you kept something for yourself? If so, what is the reason for doing that?
4. How new are the information that we discovered in this session?

5.Would you still considering that all teenagers have an addiction?
6.What would you need from yourself in order to develop a healthy lifestyle?
7.f you could describe the activity in one single word, which would that be?

Preparations for the activity:

The facilitator has to explore the concepts indicated in the handout prior to the session and to understand clearly the main characteristics of an addict. Some additional knowledge in neuro-sciences is desirable.

Background music should be available, either piano or down-tempo concentration music.

In case the activity tends to extend beyond the indicated duration, 60 minutes, this can be avoided by providing individual guidance on completing the handout.

The adaptation for an online setup entails to transpose the handout in an editable document and to send it in advance to the participants. Zoom is very practical for this activity, as it allows the facilitator to project the conceptual part of the handout. The individual work can be done in the plenary, with the microphones switched off and with background music.

LIST OF MATERIALS:

Pens, handouts, music.

For the online version, the activity can easily be conducted using a video-conference tool (ZOOM, MS Teams, Google Classroom etc.).

EVALUATION OF THE ACTIVITY:

The facilitator will assess the effectiveness of the method by estimating the number of repetitive actions indicated by participants. Also, the level of engagement in discussions is a key indicator.

Appendices

The Habit, Vice, Addiction
The handout should be printed on both sides.

HABIT. VICE. ADDICTION – WHAT AND HOW?

	DEFINITION	CONTROL	TYPES	MENTAL STATUS	MODIFICATION
Habit	An act performed by a person that is built by repetition to the point where the person is not aware they do it.	The person has complete control over the habit.	Positive or Negative	Mental ability, memory, mental functions are normal.	Can be modified or changed.
Vice	A practice, behavior, or habit generally considered immoral, sinful, rude, taboo, depraved, or degrading in the associated society. A weakness in someone's character.	The person is not concerned about controlling the acts.	Considered negative	Mental ability, memory, mental functions are normal. The person's discernment might be affected before and during the acts.	Can be modified or changed, takes time and determination. Early intervention is mandatory.
Addiction	An extreme form of repetitive act, but the person has no control over the act. It becomes a need of the body.	The addiction has control over the person.	Negative	Mental ability is hay wired, person loses control over memory, actions.	Can be changed, however takes time, patience and determination. Treatment is recommended or even mandatory.

Please try to identify at least five (try to explore as many as possible) actions which you do in a repetitive way and which you consider to put under observation.

NAME OF THE ACTION	DESCRIPTION	CONTROL	TYPES	MENTAL STATUS	MODIFICATION

ME AND MY LOCAL COMMUNITY

Initiator:	IPTA Romania
Overall description	The goal of the activity is to raise awareness of the role that one person can have in the local community where they live. The impact should be evaluated in relation to the unhealthy habits that affect the youngsters who live there. The method is a personal introspection based on logotherapy and stimulates the participants to observe what impact their actions can have in a long run.
Duration:	60 minutes
Activity's objectives:	• Increasing awareness of the most harmful unhealthy habits in a local community, with a focus on the addictions that are present among youngsters; • Deepening the understanding of the relationship between an unhealthy habit (including addictions) and social phenomena that might be present in their community: unemployment, violence, poverty, marginalization, school dropout, etc; • Building self-acceptance of one's capacity to influence the community.

Step-by-Step Description

STEP 1 : (10 MIN)

The facilitator invites participants to form a circle. The topic of the session is introduced by a series of questions about the elements of a local community:

- What is a local community?
- What are the most popular elements of a local community?
- Who leads the community? How are these persons delegated or chosen to lead it?
- What is the relationship between a community and the quality of life of individuals?
- Why are there differences among local communities and what factors fuel these differences?

The facilitator channels the discussion towards the concept of 'unhealthy habits', including addictions, as a topic that could influence the future of a local community.

STEP 2 : (30 MIN)

The facilitator distributes one A4 paper and a pencil to each participant and introduces the first task. This part of the activity has 3 rounds, maximum 10 minutes for each round. The pace of completing this task could vary for each participant, hence it is highly important that the facilitator checks permanently the progress of the work:

- Participants are asked to fold the paper in three equal parts on the long side of the paper (from the top to the bottom).
- On the top part of the folded paper, participants will draw themselves as they imagine them. The drawing can illustrate their full body or just the portrait.
- On the middle part of the folded paper, participants will draw the main elements and characteristics of their local community together with the most common unhealthy habits that are present there.
- On the bottom part of the folded paper, participants will draw what change they can bring in their community in relation to the unhealthy habits they indicated.

*** It is important to underline that this activity is fulfilled individually. Background music is recommended for this part of the session.

STEP 3 : (10 MIN)

In this step, the participants are invited to unfold the paper, to take a look at it and to write on the third part (the bottom one) which are the resources they need in order to achieve the impact illustrated in the last step. Shortly after they complete this task, they are invited to form groups of 4-5 persons and to share what unhealthy habits they consider as being present in their community and to discuss how realistic is to attain that impact they illustrated. They are invited to conclude the discussion by identifying similar resources needed to achieve this impact in order to boost the local community's quality of life.

STEP 4 : (10 MIN)

The session is closed with a discussion on the learning outcomes of the session:

1. How was this activity for you?
2. Have you thought about these aspects before?
3. Let's see some examples of unhealthy habits that you recognize in your local communities.
4. Why do we consider these habits as unhealthy?
5. What is the capacity of a young person to change important elements of a local community?
6. Let's see some examples of changes that you could do in your community and also the resources you need for achieving these changes.
7. How realistic is that you will be able to make these changes? Who do you need as support for making this happen?
8. If you could describe the activity in one single word, which would that be?

Preparations for the activity:

It is highly desirable that the facilitator knows the realities of the participants' community, especially if the participants live in the same community. It is advisable to explore basic principles of local community development and how unhealthy behavioral tendencies impact the quality of life. Also, it is highly needed to have good knowledge of the relationship between substance abuse disorders and social exclusion, domestic violence, school dropout and related crimes.

Background music needs to be prepared, either piano or down-tempo concentration music.

The adaptation for an online setup could be done by using a tool such as Jamboard, where participants can use the same sheet divided in three sections. A template with this is adaptation is included in the Appendix. The individual part of the activity can be completed in plenary with the microphones switched off, not necessary in working rooms, while the discussion in small groups should be arranged in small working rooms.

LIST OF MATERIALS:

Pencils, papers, music, an open space.

For the online version, the activity can easily be conducted using an online conference tool (ZOOM, MS Teams, Google Classroom etc.) and a document in Jamboard with individual sheets with a design similar with one in the Appendix.

EVALUATION OF THE ACTIVITY:

The activity shall be evaluated through the level of engagement especially during the third drawing moment, with the impact that can be attained in the community. Another important evaluation criterion is the diversity of resources mentioned as needed to achieve the envisaged impact in the local communities. The keywords describing the activity overall is also a relevant evaluation tool.

Appendices

The recommended design for the online adaptation of the working sheet.

ME	UNHEALTHY HABITS IN MY LOCAL COMMUNITY	MY IMPACT IN MY LOCAL COMMUNITY

THE HORMONES GAP

Initiator:	IPTA Romania
Overall description	This activity is meant to reveal how different levels of hormones can make us more vulnerable to addictions. The method highlights the anatomic and endocrine implications of addictive substances on the human body. Based on scientific studies, there is a gender difference regarding substance use disorders, women being more vulnerable to the effects of some substances than men and the other way around. The main part of this session is informative and focuses on awareness.
Duration:	50 minutes
Activity's objectives:	• To be aware of the way in which our body can interact with an addictive substance • To understand how hormones respond to stimulants, nicotine, alcohol, opioids, and marijuana • To understand how neurobiologic mechanisms that interact with estrogen and progesterone lead to drug-seeking behavior

Step-by-Step Description

STEP 1 : (10 MIN)
The facilitator introduces the activity. There are 2 phases of the activity.

Phase 1: Participants will work in 2 groups and will have to find information about 2 relevant hormones (estrogen and progesterone) and their relationship with the addiction process.

Phase 2: Participants will receive a character role: substance (alcohol, marijuana, tobacco, opioids), hormone (estrogen and progesterone), organ (heart, brain, lungs, liver, kidneys, bones) and a handout with possible interactions. Working in couples, they need to interact with all the participants in the group in order to cover all the possible interactions.

STEP 2 : (30 MIN)
For the first phase, participants are divided into two groups. They will have 15 minutes to explore estrogen and progesterone hormones, their relation with substance addictions for men and women (e.g.: high estrogen levels increase dopamine levels, therefore women are more vulnerable to substance abuse). By the end of the phase, the facilitator will ask participants to share what they found. The facilitator will help participants with needed basic information in order to understand the role of the two hormones and substance abuse behavior.

For the second phase, the participants will embrace one of the character roles presented before. They will receive a handout with the specific role and with the possible interactions between substances and the hormones. They have to walk around the room and interact with each other, covering the following question: What happens when the two meet? For this phase the participants have 15 minutes and they will switch to another person when the facilitator announces this (the concept of speed dating is similar to this approach). It is desirable that the participants will go through all the possible interactions, but if that is not possible due to the time limit, the facilitator will allow a minimum of three rounds. .

STEP 3 : (10 MIN)

The session will close in the plenary. The facilitator will address some reflection and evaluation questions regarding the activity:

- How challenging was the session?
- What did you learn new today?
- On a scale from 1 to 10, where you would place the complexity of our hormonal system?
- How was the interaction with the others?
- What did you like the most?

Preparations for the activity:

The facilitator needs to have basic understanding of the two hormones, estrogen and progesterone, for both women and men and their relation to substance abuse. Basic knowledge regarding the effects of substance abuse on specific organs are also necessary.
The facilitator has to prepare the handouts with all roles and potential interactions before the session.

LIST OF MATERIALS:

Handouts, whiteboards/flipcharts, markers;

EVALUATION OF THE ACTIVITY:

The activity can be evaluated through the level of engagement in the second phase of the activity, mainly by the complexity of the information researched by the participants when interacting with each other.

Appendices

1. Handout with roles and possible interactions;
2. Handout with useful information for the facilitators
3. Useful online resources:
   https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4439205/
   https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4439205/
   https://fightaddictionnow.org/blog/can-substance-abuse-lead-hormonal-imbalance-and-vice-versa/

https://www.ncbi.nlm.nih.gov/pubmed/25224609
https://medicalxpress.com/news/2019-02-women-hormones-role-drug-addiction.html
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5378292/
https://therecover.com/hormonal-effects/
https://www.alternet.org/2017/06/progesterone-problem-are-hormones-responsible-your-addiction/
https://americanaddictioncenters.org/health-complications-addiction/endocrine-system

ROLES AND POSSIBLE INTERACTIONS

ESTROGEN	TOBACCO	
	MARIJUANA	
	OPIOIDS	
	ALCOHOL	
PROGESTERONE	TOBACCO	
	MARIJUANA	
	OPIOIDS	
	ALCOHOL	

Useful information for the facilitators

INFO FOR IMPROVEMENTS: There are significant gender differences in course, symptomology, and treatment of substance use disorders. In general data from clinical and preclinical studies of substance use disorders suggest that women are more vulnerable than men to the deleterious consequences of drug use at every phase of the addiction process. In addition data from epidemiologic studies suggest that the gender gap in the prevalence of substance use is narrowing particularly among adolescence. Therefore, understanding the role of estrogen and progesterone in mediating responses to drugs of abuse is of critical importance to women's health. In this review we will discuss findings from clinical and preclinical studies of (1) reproductive cycle phase; (2) endogenous ovarian hormones; and (3) hormone replacement on responses to stimulants, nicotine, alcohol, opioids, and marijuana. In addition, we discuss data from recent studies that have advanced our understanding of the neurobiologic mechanisms that interact with estrogen and progesterone to mediate drug-seeking behavior.

Multiple studies found an important connection between estrogen and the progression of substance abuse. One recent study conducted at the Icahn School of Medicine at Mount Sinai demonstrated that higher estrogen levels can make women more vulnerable to the effects of certain drugs. Researchers found that estrogen intensifies the brain's dopamine reward pathway, which creates an increase in pleasureable feelings. So, when a woman is in the high-estrogen phase of her menstrual cycle and she takes a certain drug – think meth or cocaine – she feels more enjoyment. Those increased feelings of pleasure often lead women to associate the high with greater enjoyment. To counter these fluctuations, the researchers suggested birth control pills be implemented as a possible addiction intervention. How hormonal shifts affect women's brains and, ultimately, develop medications that could help override those? Long before those future medications are available, treatment centers could use the information in this study to educate women about their stronger mental connections to places and objects. That may mean a higher chance of relapse just by, for example, visiting a place where they used drugs or holding the kind of spoon they used in the process.

HOW HORMONAL IMBALANCE CAN LEAD TO SUBSTANCE ABUSE

While hormonal imbalance is a common symptom of substance abuse, it is also possible for a hormonal imbalance to lead to addiction. Some individuals struggle with hormonal disorders or may experience symptoms from required prescription medications. Unless they address these hormonal issues, they may try to cope with illegal drugs or alcohol. For example, people who suffer from depression are at a generally higher risk of abusing drugs that boost dopamine and serotonin levels. An individual with depression may also self-medicate with alcohol to quell unpleasant feelings and to enjoy brief stints of artificial happiness while drunk.

Hormones and Relapse

Many people who struggle with addiction contend with the long-term health effects of substance abuse for several years after recovery. In some cases, hormonal imbalance also increases the risk of relapse. An individual who recovers from addiction may need to stabilize his or her hormone levels with prescription medication or simply by avoiding illegal drugs and/or alcohol. A sudden change may cause hormone levels to go into flux, and the unpleasant side effects of this may be enough to encourage a relapse into substance abuse.

TREATMENT FOR IMBALANCED HORMONES AND ADDICTION

During substance abuse recovery, a patient should not only receive treatment for his or her addiction, but also the physical and psychological effects of that addiction. This may include nutritional support, family counseling, holistic physical therapies and a host of other treatment methods. Addressing a hormonal imbalance may be as simple as prescribing a hormonal replacement for some patients. Ultimately, the goal of any substance abuse treatment plan should be to address the patient as an individual and develop a long-term plan that limits the chances of relapse.

THE CYCLE OF ADDICTION

Initiator:	IPTA Romania
Overall description	The goal of the activity is to provide a clear understanding on the cyclical characteristic of an addiction. The cycle of addiction is characteristic for a person who has already developed an abusive behavior towards an addictive substance and struggles with various effects of this behavioral pattern. Participants are invited to immerse in the shoes of a character who faces all the phases of the cycle of addictions by creating a story with this person from the teenage to the young adult age. The activity focuses on several key concepts of prevention work: relapse and withdrawal, breaking the cycle of addiction.
Duration:	90 minutes
Activity's objectives:	• Increasing the self-awareness of the cyclical feature of an addiction. • Developing knowledge on the impact of an addictive substance on the most important aspects of life. • Building self-confidence and critical thinking in the interaction with addictive substances.

Step-by-Step Description

STEP 1 : (10 MIN)

The participants are seated in a circle or an open working arrangement. The session is introduced by the facilitator with 3-4 questions related to the concept of addiction:

- How would you define addiction in some simple words?
- What is the difference between occasional use and addictive use of a substance?
- How do we know that a person developed an addiction?
- What impact could have an addictive behavior on one's life?

The facilitator introduces the topic by inviting the participants to use their imagination for developing a story about an addict's life. The concept of addiction and the steps of the cycle of addiction are introduced at this moment. First, the facilitator introduces the difference between occasional use and addiction by describing the main behavioral differences: obsessive thoughts regarding a substance, compulsive use irrespective of the health condition, replacing healthy connections with the substance use, self-isolation, intense cognitive processes towards the substance use.

STEP 2 : (15 MIN)

After this introduction, the facilitator places randomly in the middle of the space the steps of the cycle of addiction as followingly described. Each step should be written on a distinct page, so it would be easy to follow as a separate step:

- Fantasizing about drugs and alcohol: "I just need a little to feel better"
- Obsessing about drugs and alcohol: "I need them now!"
- Frustration that leads to anxiety: "What will I do?"
- Using alcohol or drugs
- Shame, guilt and remorse: "I can't believe I did it again"
- Promising to stop: "I'm never doing this again"

The facilitator invites the participants to arrange in the correct order the steps and to create a logic explanation of how a person would go through all the phases. The final shape of the cycle should have a round shape, circular. The facilitator could also add a cigarette and a lighter in the description, mainly for illustrating the transition from "Fantasizing" to "Using" (the facilitator can describe the cognitive processes that back the decision of lightening the cigarette, a decision that can be made within seconds or hours).

The facilitator should guide the participants to the correct order of the cycle of addictions and to conclude that this concept is relevant mainly for persons who have developed an abusive tendency towards an addictive substance. It is highly important to indicate that the cycle can be broken before "Using", followed by an alternative where the addict seeks for support and healthy connections with others.

STEP 3 : (35 MIN)

After the cycle of addictions is understood, the facilitator introduces the task for the group. Working in groups of 3-4 persons, each group is invited to continue the story of Raoul, a young person who faces a challenging situation in his life. Every group receives a small paper with the exposition of the story. They are invited to continue the story by leading Raoul through the cycle of addictions in a story that takes five years from now on:

"Raoul, 14 years old, living in a small town, have just found out that he did not pass the exam for being enrolled in the high-school. Raoul ..."

The story end is decided by the participants: it can be a positive resolution, with Raoul breaking the cycle and seeking for support, or it can turn into a negative scenario, with Raoul being placed in a difficult life context. The story should not be very detailed, as the participants will work on it for maximum 30 minutes. A recommended maximum length would be 1.5 pages A4 size.

STEP 4 : (20 MIN)

Each group is invited to read the story for maximum 3-4 minutes. After reading it, the audience will provide short feedback on the elements of the session, namely the way of the cycle of addiction phases were included in the story.

STEP 5 : (10 MIN)

The session ends with a reflection moment on the key elements of the session:

1. How was this session for you?
2. How easy was to introduce in the story the cycle of addiction?

3.How likely is to see this scenario in reality?
4.Do you know anyone who went to a similar experience as Raoul did?
5.What could we do to support Raoul?
6.How society should look like in order to be more supportive for persons who are in Raoul's situation?

Preparations for the activity:

The facilitator will research different definitions on addiction and its main elements, along with the cycle of addictions. It is important to consider that there are multiple theories around this topic, while this method provides a model that turned to be functional for its authors. It is desirable that the facilitator has a minimum understanding of the physical effects of withdrawal syndrome and the reasons for relapsing.

Background music should be available, either piano or down-tempo concentration music.

In case the activity tends to go beyond the planned duration, 60 minutes, the facilitator should provide guidance for each group on the evolution of the character.

The adaptation for an online setup is easy and can be done by using Jamboard or another tool that provides a new document for writing the elements of the story. The working groups can be arranged in private rooms, while the reading and the reflection will be guided in the plenary. ZOOM, Microsoft Teams or Google Classroom are suitable tools for the online setup.

LIST OF MATERIALS:

Pens, handouts, music.
For the online version, the activity can easily be conducted using a video-conference tool (ZOOM, MS Teams, Google Classroom etc.).

EVALUATION OF THE ACTIVITY:

The activity can be assess by the complexity of the stories, mainly by validating that all the steps of the cycle are included in the description.

Appendices

https://rightpathaddictioncenters.com/what-does-cycle-of-addiction-mean/

The scenario with the story of Raoul
Raoul, 14 years old, living in a small town in south of Spain, have just found out that he did not pass the exam for being enrolled in the high-school. Raoul ...

FROM UNTHINKABLE TO LEGAL

Initiator:	IPTA Romania
Overall description	The activity uses the theory of Overton window. The participants are asked to think of a concept or proposal that at this moment is completely unthinkable in society and to convert it into an acceptable and legal topic for society. The concept should incorporate the use of an addictive substance, either as the main element, or as an ingredient that could ease the transition of another topic. The activity should reveal the absurdity of this transformation and to help the participants realize what impact such a process could lead to.
Duration:	80 minutes
Activity's objectives:	• Rising awareness of the mechanisms of promotion of addictive substances in society • Building knowledge of the complexity of societal changes • Developing critical thinking regarding the major topics related to addictive substances

Step-by-Step Description

STEP 1 : (10 MIN)

The participants are seated in a circle. The facilitator introduces the session by asking the participants how easy they consider that it is to create and enforce a law in a country. The facilitator should lead the discussion towards some examples from history that are related to the concept of Overton window.

The facilitator introduces the content of the session by letting the participants know that they will explore some topics which might be considered as unthinkable and they would have to transform these topics to a policy level in society following a set of steps.

STEP 2 : (10 MIN)

The steps of the Overton window are introduced (written each on a distinct paper), along with a short description of each step:

- **Unthinkable**: not acceptable as normal, even if at one point it was considered a norm
- **Radical**: still not acceptable as a rule, but complete ban on discussion is lifted
- **Acceptable**: the topic starts to be discussed, public influencers are prepared to promote the topic
- **Sensible**: perception of reasonableness of the idea and its acceptability in the real life
- **Popular**: the importance of the idea in the society is getting imposed in the mass consciousness
- **Policy**: an enforced law to promote the idea, and a set of coercion measures for those who are against it

The facilitator could introduce some concrete examples. For instance, it is unthinkable now that smoking could be legally enforced for all the students during the classes, as at this moment schools do not allow smoking inside the classrooms for students under any circumstance. The transformation of this concept from unthinkable to a policy could make smoking compulsory in all schools for all students.

STEP 3 : (10 MIN)
The facilitator splits the participants in groups of 3-4 persons and introduces the first part of the task.
Each group will come up with an idea of an unthinkable idea that they would like to work on. For 10 minutes, each group works on defining a concept that society would not even be prepared to mention at this moment, not to say about making that concept legal. The facilitator checks with each group their ideas to see the potential of each proposal.

After all the groups imagined an unthinkable concept, they will pass the idea to another group and they will work on other group's idea.

STEP 4 : (40 MIN)
After receiving the concept, each group will work for 20 minutes on drafting the 'journey' of the concept from Unthinkable to Policy. Each step will be described with specific examples of actions that the group would initiate in order to pursue the transformation of the concept. The facilitator permanently checks with the groups what is the progress and what activities are added. The final outcome of the work is a presentation, as visual as possible, indicating the transition of the idea.

In the end of the session, the ideas are presented and the others (the audience) will have to decide if any idea could actually become reality at one point.

The presentations are closed in maximum 15 minutes.

STEP 5 : (10 MIN)
The session ends with a reflection moment on the key elements of the session:

1. How was this session for you?
2. How was to process to imagine an unthinkable idea related to addictive substances?
3. What organizations could support and promote such ideas?
4. How can education contribute in addressing your ideas?
5. How new are the information that we discovered in this session?
6. If you could describe the activity in one single word, which would that be?

Preparations for the activity:

The facilitator needs to explore in advance the Overton window theory and to simulate one example of how this concept could work for preventive education on addictions. It is highly desirable to have some examples prepared, so the participants could receive some inspiration.

An important recommendation is that the facilitator should keep the session and the content within a non-violent manner. Nevertheless, in the exposition of the session, the facilitator should clearly indicate that this activity is a simulation, an experiment of the creativity and has no connection with reality.

Background music should be available, down-tempo or exploratory concentration music.

The adaptation for an online setup can be done using ZOOM or a similar platform. A recommended tool for describing the transformation of the idea is CANVA or a similar free tool. The outcome of the groups' work should have a clear visual identity, therefore an online illustrator is highly desirable. In addition to the theoretical preparation, the facilitator should explore the functionalities of an online illustrator.

The group work can be done in small breakout rooms, while the discussions and presentations are arranged in the plenary.

LIST OF MATERIALS:

Pens, A4 papers, written papers with the steps of the Overton window, background music.

For the online version, the activity can easily be conducted using a video-conference tool (ZOOM, MS Teams, Google Classroom etc.). An online illustrator would be also needed for creating the online presentations.

EVALUATION OF THE ACTIVITY:

The facilitator will assess if the method reached its goal by assessing the logical link between each step of the concept. Should there be any logical inconsistency among participants' proposals, they facilitator should guide them towards linking each step with concrete activities.

Appendices

www.mackinac.org/OvertonWindow
www.researchgate.net/figure/Stages-of-gender-transformation-by-the-Overton-window_fig3_347939907

MY LITTLE PREVENTIVE BOX OF QUOTES

Initiator:	IPTA Romania
Overall description	The activity is a creative writing session where the participants are encouraged to elaborate a set of short and effective messages they could use for promoting the concept of preventive education among their peers. The short and meaningful messages are a great alternative to lectures and commercials, as they are intended to create immediate powerful reactions that could be remembered by youngsters.
Duration:	80 minutes
Activity's objectives:	• Developing critical thinking regarding the impact of addictive substances of one's life • Developing self-confidence in talking about addictive substances with peers • Increasing the ability to use creativity in a healthy way

Step-by-Step Description

STEP 1 : (10 MIN)

The group is arranged in a circle. The facilitator introduces the activity by informing the participants that the session is dedicated to a discussion about addictive substances. The activity opens with a series of questions related to self-confidence, self-esteem and impactful messages:

- What do you feel that you need in order to talk with your friends about addictive substances?
- Where do we find these resources needed to talk about addictive substances?
- How do we talk with our friends and family about such a sensitive topic, especially when they are using a substance such as tobacco, alcohol or other drugs?
- What impact do you think that the classic messages such as "Smoking kills" or "Say no to drugs" have on people?

The discussion is concluded with the facilitator describing in simple words the importance of short and meaningful messages. The participants are briefed that they will work on creating short and 'catchy' messages that could be verbalized to their friends in order to promote a healthy attitude towards addictive substances. The concept of 'elevator pitch' can be used as an inspiration to create short and meaningful messages.

The facilitator introduces the 1-2 examples related to the topic (inspired from online sources):

- 'The key to healthy life is burning calories and not burning cigarettes.'
- 'Tar the roads, not your lungs.'

STEP 2 : (15 MIN)
The group is split in working formations of 3-4 participants and provided each with a paper and a pen. Each group is invited to create a minimum two non-conformist messages they consider as being impactful. The goal of the messages would be to raise awareness of the impact of addictive substances on one's life. The messages do not have to be completely related to an addictive substance, but they could also be connected to motivation, self-acceptance, emotional literacy, community, social status, etc.

For warming-up the session, a quick improvisation-based activity is facilitated:

Working in trios, the facilitator invites the groups to prepare for an impro-based exercise. Each group has three roles: one person comes up with a statement, while the other two have to find pro and con reasons towards the statement and expressing them for a maximum of 2 minutes. After the warm-up, we proceed with the activity.

STEP 3 : (25 MIN)
Working in their groups, the participants have 20 minutes to create two messages that could trigger attention and a positive reaction from anyone who would hear these messages. The facilitator checks the progress of each group in order to understand how powerful their messages are.

STEP 4 : (20 MIN)
Once each group concluded their messages, they are invited to read them out in the plenary. All the messages are collected by the facilitator on a large paper or on a screen. The session continues with the creation of a box of quotes, where every participant is invited to take a piece of paper and write all the messages created by others. After that, they will cut the messages in paper strips and will collect them with a paper clip provided by the facilitator: this will be their set of meaningful quotes that they are highly invited to promote to other peers.

A simulation of such a moment is organized in the last part of the session. The facilitator invites two volunteers to stand in the middle of the room. One of them will take the role of a teenager who smokes daily 2-3 cigarettes just after school, while the other one is a promoter of preventive education and will provide the first one of the messages that he/she considers suitable.

STEP 5 : (10 MIN)
The session ends with a reflection moment guided by the facilitator:

1. How difficult is to create short and powerful messages?
2. What impact do you feel these messages could make for other youngsters? How about the impact on yourself?
3. With whom do you feel that you could share these messages?
4. How comfortable do you feel using the messages?
5. Have you ever tried to do this with your colleagues, friends or family? What reaction do you expect from them?
6. What do you need for yourself to feel more confident in using these messages?

Preparations for the activity:

It is desirable that the facilitator explores the concept of 'elevator pitch' before the session and understands how to incorporate this practice in preventive education. Also, it is highly desirable to have prepared a set of popular slogans about addictive substances that are used in media or in schools, irrelevant of their impact ('Smoking kills', 'Be smart, don't start', 'Say no to smoking, say yes to life', 'The best day is the quitting day'). These slogans could be used in stimulating the creativity of the youngsters during the presentation of the task, mainly by describing that it was proven as having a limited impact on youngsters.

The online adaptation can be done using ZOOM or a similar platform. While the presentations can be done in the plenary of the meeting, the group work can be performed in breakout rooms with guiding questions provided by the facilitator.

LIST OF MATERIALS:

Pens, A4 papers, paper clips, scissors.

For the online version, the activity can easily be conducted using a video-conference tool (ZOOM, MS Teams, Google Classroom etc.).

EVALUATION OF THE ACTIVITY:

The facilitator will assess if the method reached its goal by assessing the logical link between each step of the concept. Should there be any logical inconsistency among participants' proposals, they facilitator should guide them towards linking each step with concrete activities.

Appendices

Examples of slogans related to smoking cessation:
http://thequotesmaster.com/2015/12/660/

Research papers on public messages and smoking cessation:
https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2776750
https://pubmed.ncbi.nlm.nih.gov/18584971/

Initiator:	IPTA Romania
Overall description	The activity is a visualization of a relationship impacted by the abuse of addictive substances. The goal of the activity is to increase the awareness of how the substance abuse can damage and break the relationships between teenagers and other people surrounding them. For a young person, the social long-term impact of the substance abuse might not be visible in the present, nevertheless it exists and can easily damage healthy relationships and can also lead to development of toxic ones.
Duration:	75 minutes
Activity's objectives:	• Developing empathy towards persons who abuses a substance and better understanding the reasons behind their actions • Building knowledge of the elements of healthy relationships and their importance • Increasing self-esteem by visualizing and promoting personal boundaries in relationship with others

Step-by-Step Description

STEP 1 : (10 MIN)

The session is introduced by describing that the participants will analyze which are the elements of a healthy relationship and how they could be impacted by the substance abuse. An opening question is addressed to the group: "What is a healthy relationship?".

After a short round of answers, the facilitator provides 6 cards/papers with elements / characteristics of healthy relationships: Respect & Equality, Personal Freedom, Consent & Boundaries, Mutual Support, Communication, Safety & Trust, Respect & Equality (a model promoted by aaci.org). A discussion is conducted around these elements:

- How these elements could be preserved and nourished?
- How difficult is it for one person to explore his/her personal values?
- What do we do when two people who have a close connection realize they have different life values?
- What do we do when one or both of these people loses connection with their personal values and damages them with unhealthy habits?
- What can damage a personal life value?

The facilitator will channel the discussion in a way that addictive substances are mentioned by the group and tries to emphasize the impact created by addictive substances on these elements.

STEP 2 : (10 MIN)

In the next step of the activity, the facilitator provides each participant a paper and a pencil, indicating that they will draw a tree that symbolizes a relationship between two persons. The roots are the foundation of the relationship, while the trunk, the branches and the leaves represent the products, the outcomes of the relationship.

The facilitator can provide one example with concrete elements and shows the handout with the tree as inspiration.

The roots of the relationship between Ana and Maria are (they are both 15 y.o.): a friendship that started in the primary school, mutual understanding of their personal challenges, they play in different basketball teams and do compete from time to time, Ana is passionate of reading SF books, while Maria is making efforts to learn piano, and they both talk about these hobbies, they communicate at least one time in a week, respect of the personal space. The outcomes of nourishing these elements are: they decided to volunteer in the same local NGO one year ago, similar academic aspirations for the Faculty of Engineering, emotional availability for the difficult moments Ana went through, a potential interest for doing a business together in future.

The first question: what ingredients were added to the roots of the relationship, so these outcomes were achieved? On the other hand, let's imagine that one of them starts to use frequently an addictive substance. How does this affect the relationship between them and what will be the outcomes in a long run?

Now let's build on this scenario: what is needed to repair, to fix the relationship, so it generates again positive outcomes?

STEP 3 : (20 MIN)

Working individually, the participants are asked to think of a person who they have a close relationship with. Following the example with Ana and Maria, they are invited to write their and other person's names on the paper and to illustrate the tree of their relationship by starting with the roots and finishing it with the leaves. They are invited to describe the elements and values which form the foundation and the outcomes, by indicating real examples of the relationship. The facilitator permanently checks the progress of the work by providing examples of values and elements that can be the roots of a relationship, as well examples of the outcomes of a relationship.

STEP 4 : (15 MIN)

After this part, the participants are invited to choose one addictive substance that starts to play an important role in the relationship, either reflecting the reality, or imagining this scenario. They will flip the paper and draw a different version of the tree, by imagining how the relationship is affected if one or both persons use it frequently. The participants are advised to focus mainly on the outcomes of the relationship in this new scenario.

STEP 5 : (10 MIN)

In the next step, the participants will write or draw on the paper what is needed to fix the relationship, so it generates again positive and healthy outcomes. After maximum 10 minutes, the group will divide in groups of 3-4 persons, with the invitation to share all or a part of their stories.

STEP 6 : (10 MIN)

The participants will return in the plenary, in circle, for the closing moment of the session, guided by the facilitator:

1. How was this session for you?
2. What did you know about the concept of healthy relationship before?
3. How difficult is to preserve a healthy relationship?
4. Let's go to your real example of relationship. Have you ever analyzed it from this perspective?
5. How do you nourish your relationships?
6. What 'magic' solutions do you have in order to fix a relationship that is damaged for any reason?
7. If you could describe the activity in one single word, which would that be?

Preparations for the activity:

It is highly recommended to explore the topic of 'healthy relationships' from multiple perspectives, as there are various theories around it, however most of them follow a common set of elements. In addition to this, it is important to have a minimum understanding of the impact caused by an addictive substance on youngsters' life and to also anticipate reactions that emphasize the positive role of an addictive substance in a relationship.

Background music should be available, either piano or down-tempo concentration music.

The online version of the method requires the use of a tool like ZOOM, as the individual work will be done in the plenary, with the microphones switched off and with background music. The small group sharing can be done in private rooms, while the reflection again, in plenary. The paper can be easily replaced with a file in Jamboard or in CANVA. Miro (a tool used for designing mind maps) or a similar tool can be an alternative, as they provide working templates that could replace the tree.

LIST OF MATERIALS:

Pens, handouts, music, handout with the tree.

Papers/cards written with the six elements of the healthy relationships: Respect & Equality, Personal Freedom, Consent & Boundaries, Mutual Support, Communication, Safety & Trust, Respect & Equality.

For the online version, the activity can easily be conducted using a video-conference tool (ZOOM, MS Teams, Google Classroom etc.) and a tool that facilitates visual expressivity (Jamboard, CANVA, Miro).

EVALUATION OF THE ACTIVITY:

The activity can be evaluated through multiple criteria, namely:

- The number and the complexity of the elements that create the roots of the relationship.
- The complexity of the solutions indicating for fixing the damaged relationship.
- The engagement in the sharing moment at the end of the session.

Appendices

Resources for the concept of healthy relationships:

- https://aaci.org/healthy-living-blog-quarantining-together-signs-of-a-healthy-relationship-during-quarantine-part-2/
- https://healthyrelationshipfoundation.com/
- https://www.psychologytoday.com/us/blog/in-flux/201704/7-building-blocks-great-relationship

Helpful example of the tree.

Appendix: Example of the Tree *

* Source: treelawncareservices.us/how-to-draw-a-tree-with-roots-2

Initiator:	IPTA Romania
Overall description	The activity is based on fantasy creation and proposes an approach where participants are invited to create super-hero that could fight the high temptation of using addictive substances. Working with fantasy is a subtle way of introducing real life situations where the youngsters could project easier their traits of character, without talking explicitly about themselves. The main goal of the activity is to address the concept of preventive education through a perspective that is not very usual, so it could be connected with other narratives that are familiar for youngsters (video games, RPG, anime, etc.).
Duration:	90 minutes
Activity's objectives:	• Increasing awareness of the risks of being exposed to an addictive substance • Building critical thinking towards the effects of addictive substances • Creating a safe space for discussing the topic of addictions

Step-by-Step Description

STEP 1 : (20 MIN)

The facilitator opens the session by adding in the middle of the circle multiple dice and some handouts, so the participants could be intrigued by the proposal. The facilitator mentions that this session is related to RPG and Storytelling. The topic is introduced with simple questions:

- When was the last time you talked about addictions?
- What do you consider addictions are?
- How can we learn about addictive substances in an easy way?

The facilitator introduces the dice and the handouts by explaining the participants that they will create and play a short fantasy-based game. The facilitator introduces the guidelines of the game before creating smaller groups:

- The group will be split in teams of 4-5 persons, having the following roles: Game Director, 2 Saving Heroes and 2 Wizards of Addictions. They decide what role will play. Each team will receive 2 dice.
- For the first part of the session, they will analyze a scene that will be used by the Game Director as a starting point for a story that includes a confrontation between the Wizards and the Heroes. The scene has a starting point with a character, a real person, who is likely to use a substance that would develop a long-term addiction.
- The scene starts with this situation: "Jim, 16 years old, was never sadder than now. He lost his ability of flying forever, that's only because he cheated at the Wizards' Academy for the last test and was spotted by the supervisor. Eventually, he was expelled from the Academy. All his dreams are gone for now. Being at

the gates of the Academy, he remembers he has some cigarettes left in his backpack from some evenings ago at a party in the Academy's campus. He takes the cigarettes from the backpack and looks at them with attention." What will he do?

- The Wizards and Heroes are invited to build their character by setting different levels of power for each characteristic, as described in the handout.
- The Game Director will create a continuation of the scene and will invite the other players (Wizards and Heroes) to start a conversation that could take Jim on their side.
- The Heroes are the characters who want to keep Jim into education and to save him as a future wizard, while the Wizards are the characters who want to take Jim's mind and soul towards an addictive behavior.
- The Wizards and Heroes can fight through arguments by making use of their characteristics (Charisma, Intelligence, Wisdom) and by using their Magic power for maximum 2 times in the game. The Game Director will only guide the scene by inviting the Wizards and the Heroes to propose various actions and will validate their proposals with or without asking them to roll the dice.
- From time to time, the Game Director will ask the players to roll the dice in order to check if they have the power to determine Jim to make a decision. For example, let's say that one of the Heroes wants to determine Jim to destroy the cigarettes: the Game Director asks the Hero to roll the dice to check the power of his Charisma, and if the result (dice + the level of Charisma decided by the player when creating the character using the handout) is higher than 7, the story goes in the direction proposed by the Hero. If the result is below 7, Jim will not do that action. Another example: one Wizard wants that Jim to light a cigarette and to smoke it. The Game Director can check his power of Charisma in the same way.

STEP 2 : (10 MIN)

After this introduction of the game rules, the facilitator invites the participants to ask questions. Once all the aspects are clarified, the facilitator splits the participants in groups of 4-5 persons.

STEP 3 : (30 MIN)

The game starts with the Game Director introducing the scene and inviting the Heroes and Wizards to interact and to build on the initial scene. The Game Director is also the voice of Jim, by taking his role when the players ask this.

The game is developing for each group. The facilitator checks permanently what questions the participants might have and introduces several examples when needed. It is highly important that each group understands what the roles are entitled or not to do. The facilitator reinforces the goal of the Wizards and Heroes: to attract Jim on their side as soon as they can. It is likely that some players might get into a collision with their characters, which is a natural development of the activity. It is very important to underline that the activity is a simulation based on fantasy.

In the last 2 minutes of the game, the facilitator invites the participants to reach to a conclusion of the scene and to close it. Some minutes are allocated now for a discussion in the small groups about how this tool was perceived and what learning points can be collected from there.

STEP 4 : (10 MIN)

The session is closed with a short discussion guided by the facilitator:

1. How was this session for you?
2. How familiar are you with this game-based activities?
3. How did you create your character? Is there any connection with yourself?

4.How difficult you find it to talk with other persons about addictions?
5.For Wizards: how common is for you to convince someone to follow an unhealthy habit?
6.For Heroes: what is your approach when you try to convince one of the risks of an unhealthy habit?
7.What was the result in your group? What happened to Jim?
8.Which are the main learning points of this session?

Preparations for the activity:

The facilitator should explore in detail the RPG and Storytelling principles before planning this session, as there is likely to receive many questions if the rules are not easily understood. For the facilitators who have previous experience with RPG and storytelling, the activity should not create difficulties.

It can be of much help to announce the participants some days in advance that this session is related to RPG and Storytelling.

In case the activity tends to extend beyond the indicated duration, the facilitator can reduce the number of actions for each player to a maximum of 2-3.

The adaptation for an online activity requires a video-call tool, ZOOM or similar. The presentation of the game is done in plenary, while the game is directed in breakout rooms. The facilitator visits the rooms to make sure that each group knows what to do and actually runs the game. The handout for creating the characters can be sent in advance. The physical dice can be replaced with an online randomizer (calculator.net/dice-roller.html, freeonlinedice.com).

For this activity, it is highly desirable to have two or more facilitators, if possible.

LIST OF MATERIALS:

Pens, handouts, dice.

For the online version, the activity can easily be conducted using a video-conference tool (ZOOM, MS Teams, Google Classroom etc.) and an online randomizer (calculator.net/dice-roller.html, freeonlinedice.com).

EVALUATION OF THE ACTIVITY:

The activity can be assessed by observing the level of engagement during the game, mainly by observing the tension created during the conflict between the Wizards and the Heroes. Another important evaluation point regards the number of groups who reached a conclusion of the session, avoiding a loose end.

Appendices

The handout for creating the character.

THE WIZARD OF PREVENTIVE EDUCATION

Jim, 16 years old, was never sadder than now. He lost his ability of flying forever, that's only because he cheated at the Wizards' Academy for the last test and was spotted by the supervisor. Eventually, he was expelled from the Academy. All his dreams are gone for now. Being at the gates of the Academy, he remembers he has some cigarettes left in his backpack from some evenings ago at a party in the Academy's campus. He takes the cigarettes from the backpack and looks at them with attention." What will he do?

- Create your character by indicating the level of each characteristic, so you stay within a total of 10 points.
- Decide what will be your main characteristic and use it during the game.
- Win the game by taking the others (Wizards or Hero) on your side.
- Rolling dice: an easy challenge requires a minimum of 5, an average one requires a minimum of 7, a difficult challenge requires a minimum of 9 (level of the characteristic + dice).

	CHARISMA	INTELLIGENCE	WISDOM	MAGIC	TOTAL (MAX. 10)
THE WIZARD					
THE HERO					
THE WIZARD					
THE HERO					
THE WIZARD					

SIGNS OF ADDICTIONS

Initiator:	IPTA Romania
Overall description	This activity explores the concept of 'sign of addiction' through a story-telling approach. The concept of 'sign of addiction' is extensively used by teenagers when talking about addictive substances, nevertheless most of them do not own a proper understanding of it. The activity explores the official set of the signs of addictions indicated by the WHO (World Health Organization). Recognizing the signs of addictions is an ability that could increase the capacity to provide support and compassion to others when needed.
Duration:	70 minutes
Activity's objectives:	• Building knowledge of the less visible ways of how an addiction creates effects on a person • Increasing awareness of the harmful effects of an addictive substance • Developing empathy and compassion towards a person who struggles with an addiction

Step-by-Step Description

STEP 1 : (10 MIN)

The session starts with the facilitator announcing that this will be an activity where the group will explore the topic of preventive education on addictions. The facilitator proposes two questions that open the topic:

- What is an 'addiction' from your point of view?
- How do we know if a person developed an addiction?

After collecting the answers from the participants, the facilitator invites them to think of various habits and actions they do every day and to share some examples in plenary. The facilitator could provide simple examples for opening the discussion.

STEP 2 : (10 MIN)

The participants are split in groups of 3-4, followed by additional questions about how they think that these routinely activities can be impacted by a substance abuse. For each question, the participants have 2-3 minutes to talk in their groups.

- How is changed the routine of a person who developed an addiction?
- What new habits and activities can an addicted person develop?
- How visible is that a person developed and addiction?

STEP 3 : (30 MIN)
After this discussion in the groups, the participants receive a handout with the signs of addictions, the story of Mathew (both included in the Appendices), a paper and pen. Their task is to continue the short story by inserting three signs of addictions indicated in the handout. The story should continue for 12 months. They are advised to emphasize the changes in the daily habits and the way how the character socialize with others (family, friends, colleagues, acquaintances) gradually, while these signs are getting more and more powerful.

The facilitator will permanently observe the progress of the work, providing the participants recommendations and advice on how to continue the story.

STEP 4 : (10 MIN)
After maximum 25 minutes, the participants are invited to the pair with another group, so there will be two groups working together for this part of the session. They will read their stories to each other and will discuss about what signs of addictions they included in the story. An important focus will be added on the changes in the socialization of Mathew.

STEP 5 : (10 MIN)
After this moment, the participants return in the plenary for a closing discussion:

1. How was this activity for you?
2. Have you thought about these aspects before?
3. Let's see some examples of signs of addictions that you included in your story.
4. How realistic is that a young person goes through such a life development?
5. What is the capacity of the young persons to change important aspect of their life?
6. What society and family should provide a young person to prevent this life scenarios?

Preparations for the activity:

The facilitator should prepare properly the session by exploring the theoretical concepts, mainly the signs of addictions. It is highly desirable that the facilitator knows the background and social environment of the participants, especially if the participants are exposed to substance abuse on a current basis. Additional exploration on different substance addictions is highly recommended, since the story do not lead the character to a specific substance abuse.

Background music needs to be prepared, either piano or down-tempo concentration music.

The adaptation for an online setup could be done by using a tool such as Google Docs, where participants can write the stories and share it. The activity can be facilitated in plenary first, with all participants, then in breakout rooms (we advise using ZOOM or a similar tool) for creating the story, but also for sharing it with other groups. The closing moment will be organized again, in plenary.

LIST OF MATERIALS:

Pencils, papers, music, an open space.

For the online version, the activity can easily be conducted using an online conference tool (ZOOM, MS Teams, Google Classroom etc.) and a document in Jamboard with individual sheets with a design similar with one in the Appendix.

EVALUATION OF THE ACTIVITY:

The activity can be evaluated through the level of engagement in the creation of the story. A relevant criterion is the number of signs of addictions included in the stories, namely if each group managed to address three signs.

Appendices

The story of Mathew

The signs of addictions, as recommended by the World Health Organization:
https://www.ncbi.nlm.nih.gov/books/NBK232974/

Additional resources:
https://www.who.int/publications/i/item/international-guide-for-monitoring-alcohol-consumption-and-related-harm

https://www.verywellmind.com/dsm-5-criteria-for-substance-use-disorders-21926

The story of Mathew

After school ended and the summer holiday started, Mathew developed a routine of going out in the city with his friends every Friday and Saturday nights. His parents tried to convince him to keep an eye on the tasks related to school, but they did not do much effort in this regard: they are working too much to cover all the living costs in the house. They suspect Mathew of joining a toxic entourage with youngsters who are not interested in education, sports or any other meaningful activity, as they met with them several times in the park nearby. Mathew went for a party last Friday and came back Monday evening. He announced with parents about this, but briefly. He came back looking very tired and didn't want to talk too much about the weekend. What happened with Mathew and what will be next?

Signs of addiction – World Health Organization

Three or more of the following manifestations should have occurred together for at least 1 month or, if persisting for periods of less than 1 month, should have occurred together repeatedly within a 12-month period:

· A strong desire or sense of compulsion to take the substance

· Impaired capacity to control substance-taking behavior in terms of its onset, termination, or levels of use, as evidenced by the substance being often taken in larger amounts or over a longer period than intended, or by a persistent desire or unsuccessful efforts to reduce or control substance use

· A physiological withdrawal state when substance use is reduced or ceased, as evidenced by the characteristic withdrawal syndrome for the substance, or by use of the same (or closely related) substance with the intention of relieving or avoiding withdrawal symptoms

· Evidence of tolerance to the effects of the substance, such that there is a need for significantly increased amounts of the substance to achieve intoxication or the desired effect, or a markedly diminished effect with continued use of the same amount of the substance

· Preoccupation with substance use, as manifested by important alternative pleasures or interests being given up or reduced because of substance use; or a great deal of time being spent in activities necessary to obtain, take or recover from the effects of the substance

· Persistent substance use despite clear evidence of harmful consequences as evidenced by continued use when the individual is actually aware, or may be expected to be aware, of the nature and extent of harm.

THE STEREOTYPE BEHIND THE ACTION

Initiator:	IPTA Romania
Overall description	The activity explores the impact of stereotypes and beliefs related to addictive substances. People in general tend to make decisions based on a mindset that is not always validated by reality, consequently transferring this way of action to younger generations. The impact of a stereotype can be massive, leading to concrete acts of discrimination and even violence. This activity aims at increasing the empathy and critical thinking towards the personal condition of one person who might be affected by an addiction.
Duration:	55 minutes
Activity's objectives:	• Increasing empathy towards the persons who are affected by the abuse of substances. • Developing critical thinking regarding the long-term social effects caused by addictive substances. • Building self-confidence in relation to the use of addictive substances.

Step-by-Step Description

STEP 1 : (10 MIN)

The participants are seated in a circle and they are briefed that the session will be mainly individual. The facilitator introduces the session by inviting them to imagine that they are ready to board a cruise-ship for a week ride to another continent. The facilitator describes more elements of the scene, according to the profile of the participants: the destination, the cruise-ship's color and decorations, the weather forecast, the leisure activities they have access to during the cruise, etc. Everything is prepared, except one aspect.

Each participant receives the handout as described in the Appendices.

Each cabin has four seats. The participants are passengers with a special option for the cruise: they have the option to decide their cabin colleagues for the journey. They have to choose in the next 5 minutes who will be their cabin colleagues by selecting three of them from a list of characters (as indicated in the Handout) and also to write on the paper in very simple words why they choose these persons, for what reasons.

STEP 2 : (10 MIN)

You board the cabin and meet your colleagues. The journey starts. Everything is clean, you have enough space, the weather is great, you enjoy this experience! Let's imagine the context. Who are your three colleagues? What do you talk with them? How is the mood in your cabin? How is your personal space respected and how to you respect others' presence in the cabin? Do you feel safe there, do you feel any fear or threat? Do you have

common interests?

Participants are invited to write on their paper short answers to these reflective questions for 2-3 minutes.

STEP 3 : (15 MIN)

The story continues with the second part. Everything goes as planned in the first two days of the journey. It's the morning of the third day, when a sudden storm hits the cruise-ship with heavy rain and strong wind. Some of the cabins are broken and flooded, so the captain is forced to make one less popular decision: the passengers from each functional cabin have to accept two more guest in their cabin. As this is an emergency situation and your cabin is functional, you may not refuse this. The storm is really strong, so you have 3 minutes to decide on other two colleagues from the same initial list. They move in your cabin with some of their belongings and the journey continues. Let's imagine the context again. Who are the new colleagues? How are they perceived by you and your initial colleagues? Where are they placed? Do they have enough space or you tend to limit their comfort? What do you discuss with them, do you share common interests? Who initiates the discussion? Why did you choose these two characters and not others? Do you feel threatened, or you can trust them?

STEP 4 : (10 MIN)

The facilitator asks all participants to write for 5 minutes how to they feel in this new context and to indicate why they chose the characters they are in the cabin with. After this moment, they are invited to form trios and to discuss the experience, by sharing what they wrote.

STEP 5 : (10 MIN)

The session is closed with a group discussion guided by the facilitator:

- How do you feel about this activity?
- What made you choose those characters and who are them? Let's see some examples.
- Have you been in this situation before?
- What is a stereotype?
- Do you consider that you decided based on a stereotype?
- How could we address stereotypes in general?
- Can we have some examples of stereotypes related to addictions?
- What are the learning points from this activity?

Preparations for the activity:

The facilitator should have basic skills of storytelling, as the initial scene needs a detailed description for creating the context of the journey. It is highly important that the characters in the handout are well known in advance, so the facilitator will be able to address different questions of the participants. Good understanding of the concept of stereotypes and prejudice is required.

The online version of the method can be arranged by using ZOOM or a similar tool. The initial steps of the activity are conducted in the plenary, with the microphones switched off and with background music. The group discussion is organized in breakout rooms. The handout can be sent individually to each participant, either as a editable document or as a PDF file. The closing discussion is conducted in plenary.

LIST OF MATERIALS:

Individual handouts, pens, music.

For the online version, the activity can easily be conducted using a video-conference tool (ZOOM, MS Teams, Google Classroom etc.).

EVALUATION OF THE ACTIVITY:

The activity can be assessed by observing the level of engagement during the sharing moments in trios, and when the participants describe how they perceive the impact of stereotypes in their life. The activity has a prominent dimension of personal introspection; hence it is very important to create the mood of a safe space and to encourage the participants to express themselves.

Appendices

The handout with the characters.

The characters you can invite in your cabin as colleagues for the journey.

17 y. o. girl who has very good performances in her international piano competitions.
23 y. o. professional video gamer who smokes more than one pack of cigarettes a day.
36 y. o. man who was recently released from prison and celebrates this event.
22 y. o. girl, travelling around the world, she abandoned school at the age of 15.
16 y. o. boy who travels with his parents, but wants to stay in a different cabin.
18 y. o. boy, just finished high-school, active smoker, passionate of rap music.
28 y. o . woman, recently quit her job, and plans to have a lot of drinks during the cruise.
23 y. o. boy, recently joined the military service in his country, celebrates this event.
22 y. o . girl, student on holiday, recently released from arrest for being suspected of drug trafficking.
24 y. o. boy, barman in your hometown, well known for the parties he organized.

Answer for the first task:

Answer for the second task:

Initiator:	IPTA Romania
Overall description	The activity is based on the classical concept of 'Mission Impossible' approach, where the participants are assigned with a series of tasks they have to perform within a time limit. The concept of preventive education can be addressed through multiple ways in a non-formal learning context, therefore combining several different challenges under an umbrella-task can easily accommodate different learning styles of a large group.
Duration:	55 minutes
Activity's objectives:	• Developing knowledge about preventive work and the main concepts around it. • Building group trust and cohesion. • Developing critical thinking regarding the effects caused by addictive substances. • Building self-confidence in relation to the use of addictive substances.

Step-by-Step Description

STEP 1 : (10 MIN)

The participants are seated in a circle, and they are announced by the facilitator that the session includes a general task for the whole group. Before starting the session, the facilitator guides for three minutes a body stretching session, so the participants warm-up a bit. The facilitator asks the participants if they know what is an impossible mission?

The task is introduced in few words by the facilitator by revealing a large paper with all the tasks:

1. Do you have any idea about what is an addiction? Let's elaborate a definition!
2. Let's draw the most common 'addictions' that you know.
3. Find five reasons to explain why people are dragged in an addiction. Place each reason in 4 lyrics of a poetry.
4. Write an empathetic message for someone who joins a group where he/she doesn't know anyone.
5. Draw the most powerful poster that could convince other youngsters to stay away from alcohol.
6. Elaborate a press interview for the facilitator. In the interview, you want to find out as many details as possible about preventive education.
7. What are the most common addictive substances used in your community? Can you find some statistics? Let's see them on a map.
8. What are the main distractions for teenagers in your community? Explore as many as possible and create a history lesson about them

The facilitator indicates the guidelines for the session:

- The group has to fulfill the mission as a team, meaning that they decide who signs up for what tasks (in other words, it is not expected that all the participants will fulfill all the tasks).
- The time limit is 45 minutes.
- All the tasks are compulsory. The results will be presented at the end of the session.
- A participant who finished their work will provide support to other groups that are still working.
- The mission impossible can easily be converted in a mission iSpossible! Let's go!

The facilitator places in the middle of the space materials that could be used by the participants for tackling the mission: papers, scissors, whiteboard markers, colors, pencils etc. It is important to indicate that they will not receive extra materials, but those available.

STEP 2 : (45 MIN)

As indicated, the participants have 45 minutes to fulfil all the tasks. The facilitator should permanently check the progress of the work, hence avoiding a reduced engagement of the group. Moreover, brief assistance is recommended for the tasks that require more creativity.

STEP 3 : (10 MIN)

The participants are invited to gather again in the circle. Each group presents their task as interactive as possible, inviting others to comment on the results. Short feedback is provided by the facilitator. The interview for the facilitator is conducted as well.

STEP 4 : (10 MIN)

After each group presents their work, the facilitator concludes the session with five reflection questions:

- How 'possible' was to fulfill this impossible mission?
- How relevant is the activity when talking about preventive education?
- Which were the main challenges during the mission?
- Let's name some information that we learnt during the exercise.
- How would you improve this activity?

The session ends with the participants thanking each other for the effort and creativity.

Preparations for the activity:

It is recommended to explore the method of 'Mission impossible' online, as it is a very common NFL-based practice. Please check the additional resources in the Appendices.

The facilitator will prepare a flipchart or another large paper with the tasks of the mission, as creative as possible. The tasks can be written also on different papers.

The online version of the method can be arranged by using ZOOM or a similar tool. As each task requires a minimum writing effort, the participants are invited to use CANVA and Jamboard for designing the results. The presentation of the tasks is facilitated in plenary.

LIST OF MATERIALS:

Flipchart with the tasks of the mission. Materials for fulfilling the tasks: pens, colors, papers, scissors, markers, etc.

For the online version, the activity can easily be conducted using a video-conference tool (ZOOM, MS Teams, Google Classroom etc.). The tasks can be fulfilled using CANVA for the visual materials, and Jamboard for the written ones.

EVALUATION OF THE ACTIVITY:

The activity can be assessed by observing the level of engagement during the task completion. The most important evaluation criterion is the complexity of the results, mainly for the tasks no. 3, 7 and 8.

Appendices

Helpful resources on how to organize a Mission impossible:

https://educationaltoolsportal.eu/educationaltoolsportal/en/tools/mission-impossible

https://www.youtube.com/watch?v=jTo_4D9Ghlw

https://iywt.org/material/MI_TSO.pdf

THE LOCAL CAMPAIGN

Initiator:	IPTA Romania
Overall description	The activity is a simulation that emphasize the challenges of creating and promoting a local campaign on preventive education. Local campaigns are examples of short and focused initiatives through which we can promote a topic to the level of public decision-makers. Most of the teenagers did not have the opportunity to talk with the local and regional decision-makers of their community and are not aware of the bureaucratic and logistical obstacles that need to be considered when promoting an idea to the level of a public initiative.
Duration:	70 minutes
Activity's objectives:	• Increasing understanding of the challenges of designing and creating a local campaign on preventive education. • Developing knowledge about preventive work and the main topics. • Developing critical thinking regarding different interests related to the use addictive substances.

Step-by-Step Description

STEP 1 : (15 MIN)

The participants, seated in a circle, are announced that they will work in groups of 4-5 persons on a task related to public campaigns and policies. The session is opened with a discussion about what a campaign is and what elements of it could be used in order to create impact at a local level:

- What comes to your mind when you hear the word 'campaign'?
- What can be achieved through a local campaign? How about a national campaign?
- What ingredients do we need in order to create a successful campaign? Where can we get help from?
- If you would do organize a campaign, what would you like to achieve through it?

The facilitator validates and elaborates on the elements of a campaign, building on the description provided by the group. Also, some examples of campaigns related to preventive education could be described, as recommended in the Appendices.

The task of the session is introduced by the facilitator. Working in groups, the participants are invited to draft a proposal of a local campaign that would address the scenario (the same as described in the Appendices).

You are a team of youth workers living in a town of 22.000 citizens. You are active volunteers for a local NGO that promotes a healthy lifestyle for the young generation and are interested in the wellbeing of the teenagers of your town. Recently, you received the results of the yearly research about the teenagers in your town and

one important aspect caught your attention: 3 out of 5 teenagers aged 13-17 smokes at least once per week, as the price of the cigarettes dropped recently. As you are full of initiative and commitment to increase the quality of life in the community, you want to develop a public campaign that would address this phenomenon as soon as possible. It is very important to understand that, in order to implement it, a proposal needs to be approved and endorsed by three public bodies: the Municipality, the Health Department and the Police.

The facilitator invites three volunteers to assign for the role of these three public bodies.

STEP 2 : (15 MIN)

The participants have 15 minutes to elaborate the draft. The outcome of the task should be a visual proposal with all the elements of a campaign:

- The needs addressed.
- Goal and objectives.
- The benefits for the public bodies and for the community.
- Timeline and resources.
- Expected results and sustainability of the results.
- The support needed from the public bodies.

They are announced that they will have to visit the three public bodies and to convince them about the benefits of their campaign, so it will be turned into reality. The public bodies have a fixed daily schedule and do not work outside those hours. The public bodies will operate for a maximum of 5 days, subject of time availability. The participants have to visit the public bodies in any order they consider, as a group or split. The only important aspect is that they need to get all the signatures of these public bodies. The signatures have to be collected on a small piece of paper provided by the facilitator.

While the groups are preparing the draft of the campaign, the facilitator provides instructions for the three volunteers who signed up for the Municipality, the Health Department and the Police.

- each public body will have an 'office' in one spot of the room, without interfering with each other.
- they can act the role according to their own perception of the scenario.
- they can be corrupted, aggressive (but not violent), supportive, empathetic, arrogant, harsh, play naïve, or any other approach. It is important to maintain the same line with all the groups.
- one public body can conditionate their signature by the signature of another authority, so the participants may be redirected to other public bodies.
- bureaucracy can be excessively tiring for the groups.
- they can give their signature to any of the groups or to no one, the activity is not a competition among the groups, even if some of them might perceive it as such.
- signatures can be checked against counterfeiting.
- they will provide constructive feedback on the proposals, not only criticism.
- once the working time is over, the offices are closed, and the groups are asked to come again next day.

STEP 3 : (30 MIN)

The activity starts and the groups can visit the offices of the public bodies, in order to present their proposals of campaigns. They are advised to be specific and logic in their presentations and to keep an eye on time. They have 30 minutes to fulfill the task.

The facilitator ends every working day after 5-6 minutes by announcing everyone to close the discussions and invites the public bodies for a short talk about the events that happened during the day. Additional recommendations are made to the three public bodies in order to improve the quality of feedback provided to the participants. If a group receives all the three signatures, the participants are asked to wait and to observe the dynamic of the activity.

The facilitator should permanently check the progress of the work, hence avoiding the low engagement of the group. Moreover, brief assistance is recommended for the tasks that require more creativity.

STEP 4 : (10 MIN)

After a maximum of six rounds (days), the activity ends and the participants are invited to gather in the plenary, in a circle.

- How did this activity make you feel?
- Who managed to receive all the signatures? Please share with us your feelings and the story behind the success.
- For those who did not manage to collect all the signature, what happened? What reasons kept you far from the final achievement?
- For the volunteers, how was this experience? What approach did you follow?
- Is this activity a mirror of reality? Please share if you got in any kind of contact with public bodies before and how was the experience.
- Which are the main key success factors for achieving your goal?

The facilitator indicates that an effective approach brings together good content and very accurate communication, which is the etiquette of the presentation. The session ends with the last comments the participants might have about the session.

Preparations for the activity:

It is desirable that the facilitator has a sound knowledge of the concepts of 'campaign' and 'lobby', so the session does not slide to the latter one. The working space should allow the separation of three 'offices' for the public bodies, and a paper with the name of each public body should be placed nearby each 'office'.

The online version of the method can be arranged by using ZOOM, Discord or a similar tool. The participants should have the option to move from one room to another. After each working day, the facilitator meets with the three volunteers in plenary, while each group meets in their breakout room. As the final proposal could be designed in a graphic way, the participants are asked to use CANVA for designing the results. The final discussion of the session is facilitated in plenary.

LIST OF MATERIALS:

Materials for completing the tasks: pens, colors, papers, scissors, markers, etc.
Handouts with the scenario.
For the online version, the activity can easily be conducted using a video-conference tool (ZOOM or Discord are recommended). The campaign can be drafted using CANVA or even Jamboard.

EVALUATION OF THE ACTIVITY:

The activity can be assessed by the number of groups that managed to receive all the signatures. Also, level of engagement during the task completion is highly relevant, namely the efforts put in achieving the signatures. The facilitator should observe is there are changes of strategies following the feedback received from the public bodies.

Appendices

The working scenario

You are a team of youth workers living in a town of 22.000 citizens. You are active volunteers for a local NGO that promotes a healthy lifestyle for the young generation and are interested in the wellbeing of the teenagers of your town. Recently, you received the results of the yearly research about the teenagers in your town and one important aspect caught your attention: 3 out of 5 teenagers aged 13-17 smokes at least once per week, as the price of the cigarettes dropped recently. As you are full of initiative and commitment to increase the quality of life in the community, you want to develop a public campaign that would address this phenomenon as soon as possible. It is very important to understand that, in order to implement it, a proposal needs to be approved and endorsed by three public bodies: the Municipality, the Health Department and the Police.

Examples of campaigns on preventive education:

https://smokingcessationleadership.ucsf.edu/resources/campaigns

https://ash.wales/campaign/illegal-tobacco/

https://www.cdc.gov/tobacco/campaign/tips/about/index.html

WALKABOUT WITH ME, WALKABOUT WITH YOU

Initiator:	IPTA Romania
Overall description	The activity is an outdoor activity where participants are invited to talk about various topics related to addictions, personal values, and personal growth. When working with preventive education, it is relevant to address also the personal development process of youngsters in order to build a critical attitude towards any harmful habits that could have long-term impact. The activity is an example of how to open the discussion about this topic that could not be very comfortable for some of the participants in general.
Duration:	70 minutes
Activity's objectives:	• Developing critical thinking towards the effect and characteristics of addictive substances. • Building knowledge of the importance of personal growth and healthy relationships. • Developing self-confidence in talking about sensitive topics with other peers.

Step-by-Step Description

STEP 1 : (5 MIN)
The most effective setup for this activity is outdoor. The participants gather in a group, preferably in a circle. The facilitator opens the activity by announcing that they will go for a walk for approximately one hour, a walk that is guided with some questions they will talk about.

It is optional for the facilitator to address some simple questions about the topic. As well, it is recommended that there are two or more facilitators, as one will lead the group and another one makes sure no one is left behind.

STEP 2 : (10 MIN)
The group receives the instructions from the facilitator:

- You will work in pairs, so please find a colleague with whom you will start the activity.
- Each participant receives a strip of paper with a question (included in the Appendices).
- We will start walking, guided by the facilitator. Once we start walking, one of you can start answering the question you have on the paper. After you answer the question, switch to your partner.
- When you will hear the sound (it is recommended that the facilitator to use a whistle), swap the questions and find another partner. You will receive your partners' question and will answer it with the next partner.

- We will exchange partners for the next 50 minutes.
- Make sure that you find different partners and you change the questions every round.
- Let's go!

STEP 3 : (45 MIN)

The facilitator(s) initiates the walk with a low pace, in order to understand the speed of the group. At every 4-5 minutes, the pairs should swap the questions and the partners. It is very important to permanently check the dynamic of the group, as there might be a tendency to swap the questions with the same partners. The activity's goal is to combine the exploration of the topic with the socialization among the group.

It is the facilitator's decision to select the ending point of the walk, either the initial starting point, or another place where a closing discussion can be facilitated.

STEP 4 : (10 MIN)

After 10-12 rounds, the activity is slowly closed by the facilitator, as the participants are invited in a circle to debrief the experience and to draw conclusions:

- How was this session for you?
- Which were the main topics included in the questions?
- How new are the information you talked about during the walk?
- Let's explore some examples of information that you found now.
- What is the reason for talking in the same session about addictive substances, personal growth and personal values?
- When was the las time you discussed about these topics?
- If you could describe the activity in one single word, which would that be?

Preparations for the activity:

The activity works very good in an outdoor setting, such as a forest, a park, next to a river, anywhere in nature, away from a crowded place. It is highly advisable to have two or more facilitators that could control the group movement. Also, it is mandatory to check if there are participants with a medical condition that limits their participation and to adapt the flow of the session by using one space, without walking.

The preparation of the activity is not a complex one, as the questions should not be difficult. Nevertheless, the facilitator needs to make sure that can provide short and clear clarifications for all the topics, should there be any questions. Some extra-questions might be useful, for the situation where the same question was answered by most of the participants and needs a replacement.

Depending on the place where the activity is organized, participants could have with them a bottle of water, sunscreen, some snacks, etc.

The online version of the method requires the use of a tool like ZOOM. Each participant receives a question in the beginning in the plenary and will switch them in the breakout rooms. Each round requires another arrangement by randomly creating new rooms of two participants. The risk of meeting the same participants is real, nevertheless this can happen also in the physical version of the activity. The closing discussion is facilitated in the plenary, with all the participants.

LIST OF MATERIALS:

The questions from the Appendices cut in strips, a whistle.

For the online version, the activity can easily be conducted using a video-conference tool (ZOOM, MS Teams, Google Classroom etc.).

EVALUATION OF THE ACTIVITY:

The activity can be evaluated by observing the level of engagement during the discussions, and mainly if the participants followed the instruction of talking with all or most of their colleagues. The engagement in the sharing moment at the end of the session is also a relevant criterion, mainly through consistency of the new information explored.

Appendices

The questions that need to be cut individually.

The list of questions used for the activity.

In your opinion, which is the main source of addictions?

How would you define 'addiction'?

What do you consider to be an 'addictive' substance and why?

Have you ever been encouraged to use alcohol or tobacco?

Do you think boys are more prone to use alcohol than girls at your age?

Could sugar be considered an addictive substance?

Have you taken part at any activity about preventive education in your school?

How do you know someone is addicted to a substance? What signs would you consider?

How much should people tolerate substance abuse in their families?

Which are the main regulations regarding alcohol and tobacco use among minors in your country?

What is the difference between addiction and substance abuse?

Can we exclude 'addictions' from our life and society?

What is the main reason for which people abuse substances?

You own an important tobacco company. How do you think you would feel about your work?

What is the most important value from your point of view?

What would you do if you would see that a friend of yours who is minor buys alcohol from a shop?

How would you talk about addictive substances with your friends, colleagues or family?

In your opinion, what are the most common addictions in your community?

Which should be the role of media in promoting the preventive education?

Where is the limit between intervention and prevention?

How often should a teacher or a professor deliver preventive education in their schools?

How do you usually resist to peer pressure, no matter what's the topic or situation?

What do you know about 'dopamine'?

How would you support a friend who has an emotional breakdown?

What are the main distractions for young people nowadays?

How would you define 'healthy relationship'?

In your opinion, does every person have an addiction?

Do you think that we have some invisible addictions?

Concept

A campaign is a complex intervention meant to popularize and stimulate other entities to act on the needs of their community. The approach proposed in our project is dedicated to communities where youngsters are living at risk of developing addictions due to various factors: poverty, precarious family background, school dropout, limited professional opportunities, unhealthy relationships promoted in the community. This section proposes one general perspective on the prevention work campaigns, and four partcularized ones with suggestions on how to increase the impact of your efforts.

We focus on local cross-sectoral models adequate for ramping up campaigns, fundraising and dissemination models mainly in these communities. The aim of these campaigns is also to support developing an educational culture of addiction prevention among youngsters, youth leaders, educational organizations and other relevant stakeholders.

There are multiple actors which can be involved in the algorithm of a campaign , such as:

- Administrative bodies: Municipality, county councils, local committee.
- Public relevant bodies: social services, child-care system, law enforcement authorities (police, judicial system), medical care units, public transportation companies, environment agencies, etc.
- Public or private schools and representatives of the Government at local level.
- Professionals from different area: clergy representatives, NGO workers, private companies in services and manufacturing

The engagement of these public or private stakeholders in a campaign on preventive education depends on a series of permanent actions that need to be conceived by the promoters:

(1) OPEN DIALOGUE WITH LOCAL DECISION MAKERS

This element is mandatory for ensuring the exchange of information to and from various private and public bodies from the community on the role of preventive education. This can be arranged through small discussions and round tables on topics related to substance abuse disorders: school dropout, domestic violence, drug-related crimes, other unhealthy habits. Collaboration protocols can formalize the interaction with the local public bodies, mainly with those relevant to our topic: education providers, health care system and social protection. The occurrence of substance abuse disorders is definitely higher in the poor communities, therefore the institutionalization of preventive education at least in local NGOs (if there are any) and schools are essential. Once the practice is inserted in the institutional culture, further resources can be campaigned for. One of the highest achievements at a local level is to receive a yearly budget line for organizing local activities on preventive education. The open dialogue ensures can contribute to a more inclusive attitude towards the persons impacted by addictions, by better understanding the roots of their condition.

(2) INITIATE AWARENESS CAMPAIGNS

Both private and public bodies are relevant for those who promote preventive education as a tool to change in community. Public bodies are directly interested in promoting the public policies at local level, sometimes motivated only by the personal goals of their leaders, while in most of the cases it is part of the organizational culture. When talking about addictions in a community, the local bodies might feel the pressure on the social care, reduced levels of education and professional qualification, as these could force the population to leave the community. On the other side, private stakeholders have different goal, goals that could collide with, or contribute to the public bodies' intentions. For instance, a private company active in manufacturing, would need a qualified and functional workforce for some years, at least. A different goal has a business owner who represents the gambling industry, a goal that goes in hand with tolerating and even promoting an abusive behavior in general. When promoting preventive education in a local community, is essential to avoid any conflicts with other local stakeholders: they could be interested in hindering the outcomes of the campaign.

These awareness campaigns need to be conducted from the same to the same, hence avoiding that teenagers or young people will feel like they are in the attention of adults. Another important component of these campaigns is interactivity. Given the fact that the attention span is limited for most of the young people, capitalizing their focus needs to be a continuous process and not just at the beginning of a session. The abuse of substance is a permanent phenomenon, thus preventive work needs to be boosted in line with the new realities of a community. It is incredibly surprising how fast the new psychoactive substances can reach the teenagers. An effective communication effort will not focus only on the traditional substances (alcohol, tobacco), but also on the synthetic and natural substituents for opioids, stimulants and hallucinogens. Practitioners in prevention work should expect resistance from local leaders in acknowledging that youngsters are using new substances. This is valid also for acknowledging the high rates of addictive behaviors in the community. The communication should always follow 'step-by-step' tactic, and slowly integrating the local leaders in the campaign.

(3) CREATE NETWORKS OF VOLUNTEERS

Active involvement of youngsters from the target group can contribute to develop a sustainable preventive attitude in a community. Other volunteers could be representatives of public institutions, local NGOs, local businesses, church representatives etc. Their coudl support other authorities or schools in getting to know better the needs of the target group but also to deliver quality campaigns and ensure long-term sustainability. Engaging with former addicts opens the debate of ethics, personal dignity and preservation of human rights. From our opinion, the support of any former addicts can be well received as long as it comes from their side, without being pushed to do this. Parents are always a resource for a campaign on preventive education, since they are directly interested (or they should be) in the wellbeing and the health of their children. A local network of volunteers can be established with resources that are not overwhelming a group of promoters in prevention work. What is indeed demanding is the functionality of the network, mainly by feeding it with meaningful frequent activities.

Irrespective of the topic and complexity, there are some common elements that each campaign needs to include. Some of these elements are also specific to a project management approach.

Start drafting the campaign strategy by defining the need that you want to address.

A fruitful campaign gravitates around one specific need, a need that is strongly connected and relevant for a social group (in our case, youngsters aged 13-21). It is essential that the need is not defined as a solution, but as a burning issue in community that needs to be addressed. Narrow the need analysis to the living environment, so the campaign would not claim large amounts of resources.

Explore sources of information.

The local community is the universe of the youngsters living there, meaning that there are plenty of sources to conduct the need analysis:

- educational providers: they are the permanent contact with teenagers and can easily observe their changes of priorities or behaviors. Also, the educational providers are in contact already with parents and they also are aware (at least partly) of the way youngsters spend their free time.
- local media: the contact with the youngsters might be limited, nevertheless media centralizes news and information from multiple sources, including those relevant for preventive work: drug-related crimes, violent and abusive episodes that happens in schools or in community, the attitude of the local authorities regarding the substance abuse, the reactivity of community in general when comes to addictive substances, the overall tolerance and acceptance of abusive behaviors in the community.
- police and other law enforcement bodies: they should know and monitor any criminal activity related to addictive substance, including alcohol.
- committees of parents: they are an important source of information, even though not always accurate and with multiple subjective perspectives when comes to addictive substances. Nevertheless, the parents can provide some very personal and less visible aspects related to addictions and youngsters.
- Non-governmental and youth organizations: preventive education is addressed with a limited frequency by youth organizations. On the other hand, these stakeholders can provide valuable insights about the activities that keep the youngsters engaged and about the potential harmful habits developed in the community.
- Social services: the best source of information when working with vulnerable youth.

Open the dialogue and establish a protocol with local decision makers.

This is a formalization of the collaboration and, in many situations, enables the campaign with the authority of the public body. We met cases where this protocol covered also other topics and interventions, so it was not tailored only on addictions, but also on violence, bullying, school dropout, environment, human rights education. This is totally fine, as long as the youth workers do not forget the primary scope of this manual.

Nominate a coordinator of the campaign.

This step should be concluded in the beginning of the campaign, not necessary before it. The coordinator is in charge with monitoring the main direction of the initiative and has a very important public role, as being the main 'face' of the whole campaign. We recommend engaging in this process a representative of the target group, nevertheless avoiding any political affiliation. The coordinator is limited in making decisions, though, since the resources allocated for the campaign might be collected from a wide range of stakeholders.

Promote the initiative through informal channels, mainly through social media.

Start getting closer to the online communities of youngsters and invite them to take part in your efforts. The sooner the audience is prepared for receiving official messages of the campaign and invitations to various events and workshops, the larger will be the interest in engaging with the campaign. Moreover, this is an effective way to create a mass of supporters for the upcoming events and initiatives within the campaign.

Use different 'faces' in the campaign.

A campaign is not a 'one-man show' initiative. The outcomes of the campaign is deeply connected with the branding and public image promoted in the campaign. Besides the coordinator of the campaign, it is important to have more roles when delivering the message of the campaign in a complementary way. An impactful experience for the audience would be to hear the stories of a former addict, examples of successful campaigns from other communities, examples of international projects on preventive education.

Create alternative narratives and back-up plans

Well planned, half done. Sometimes even this is not enough. For this reason, the promotors should probably be ready to have another topic prepared. Working with preventive education gives an amazing opportunity for the facilitators to convert the topic towards a programme on personal development and growth, which is not very easy with many other topics.

Examples of local campaigns

We invite you to explore some simple ideas, examples of how to boost a local campaign, according to the context and available resources. These ideas are based on the experience we had during the project implementation.

OLDIES BUT GOLDIES

Irrespective of the reason that back such a decision, one or more persons with an interest in education (youth workers, teachers, facilitators, trainers, educators, etc.) could be really determined to initiate a set of actions that promote preventive education to the level of local decision makers. The same scenario can happen when one or more persons return to a city, town or village where they have lived before. The intention can sparkle when a powerful motivation occurs. From idea to implementation, the path is filled with challenges and obstacles, nevertheless this scenario is quite frequently met when one or more persons realize that they have a personal desire to give society back.

What can we do with our intention and enthusiasm? As the title mentions, channeling our attention to the contacts that we might have in the community could be a way to start this process. There are some specific aspects which need to be observed, thus avoiding receiving hostile feedback. The feedback could be a bit harsher not because the concept of preventive education is not in line with your old contacts' life philosophy, but rather because they would not expect to see you promoting such an idea.

1. Prepare a set of documents and files that can explain in simple visual elements and ideas your plan, but also the need you want to address. When talking about local campaigns, the complexity of a campaign might not be very big. Also, calibrate the description with the expectations and availability of your contacts to engage in this initiative: some of them might be reluctant due to their work, some might turn enthusiastic and eager to support. Expect any of these polarities. The important ingredient here is to prepare the description of your idea as clear as possible.

2. Link some elements of the campaign with organizations and places, groups or even beneficiaries that are common for you. In local communities, this is not difficult. Nevertheless, make sure your proposal is not too intrusive and it doesn't trigger any traumatic episodes from the past.

3. Engage on of these old contacts in the campaign team. Having them on board will boost your enthusiasm and accelerates the interaction with the community, as they could have more contacts on a local level.

4. Try to separate politics from campaigning: explore the information as much as possible.

5. Address a topic that is well-known in the beginning, even if you want to scale-up to more complex topics. For example, address the abuse of alcohol among teenagers and the risks they are exposed at, and step-by-step move to topics that might attract other stakeholders' interest.

From this point, the campaign has additional ingredients that could support the whole process. Definitely, there are many more elements to add.

ADDRESS THE BURNING NEED

A local community goes to various societal dynamics and with different intensity. When talking about addictive substances, some topics might be burning, especially the occurrence of new psychoactive substances or when high-risk drugs are used by young people. Also, when the drug-related crimes are increasing in a short time, this might turn dangerous for the whole community. What can be done at that moment? Addressing this burning aspect can be an avenue to increase the visibility of your work in a long run. Let's explore some elements that are important for this scenario.

1. Draft a working plan, calibrate the resources you can deploy and make sure that your team is steady to take on more work and responsibilities. Add as much specific details about your intention and prepare alternative scenarios.

2. Get in contact with local authorities and propose them a series of activities that could reduce the pressure on them. In critical situations, people could accept help some easier.

3. Get in contact with the collaborators and stakeholders who you are working with o a permanent basis and introduce your intentions with clear targets and deadlines. In other words, take them on your side as soon as possible.

4. Go public, now it's a good moment to boost your visibility and the cause you promote. It is very important to separate politics from your campaign. This doesn't mean that you cannot talk about a controversial topic, it's just to remember that public authorities might be led by politicians.

5. Introduce your final intention to the public bodies. It's a proper moment to add some pressure for accepting and validating your proposal. For example: adding a budget line for preventive education campaigns in the yearly budget of the Municipality, or providing a working space in the center of the town for weekend activities dedicated for teenagers facing vulnerabilities.

THE COLD CALL NETWORK

Good ideas are always needed in a small community where the impact of addictive substances might be way bigger than in a large city. This is valid also for large cities, nevertheless, let's focus a bit on a small-scale. Preventive education is not a very popular concept yet, at least it is not mainstreamed in many countries' educational system. This can lead to a limited number of professionals who have knowledge and expertise in delivering activities on this topic. A simple strategy can work in this situation: build a network of contacts by cold-calling them and propose your campaign.

1. Prepare the content of your campaign as good as possible, you have jumped in a phone selling campaign. The statistics in sales says that approximately 10% of the clients approached through the cold calls are interested in the offer. When talking about social aspects, this figure is higher, so expect to receive more openness to your proposal, but not 100%.

2. Prepare for alternatives. Local campaigns could be well perceived when they match specific realities. For example, promoting preventive education on alcohol in a community that produces (and uses) alcohol might collide with locals' interest if the goal of the campaign is to stop the production, as this generates income for everyone. On the other hand, the campaign could work if it proposes to direct a part of the money generate from selling the alcohol to an educational purpose of the youngsters.

3. Make sure that your personal branding process is well prepared. Cold contacts might be curious about your person before joining your campaign and will do their research. It's highly important to reduce the image risk before getting in contact with anyone new.

4. Prepare a series of clear benefits for the new contacts, so they could feel rewarded for their openness and time allocated. Introduce the campaign as a professional and personal achievement before other rewards: this is highly rewarding already. Nevertheless, prepare a set of specific rewards that could stimulate these contacts to join you.

5. Invite them to be part of the team. Sometimes, this is a natural step to make. This is an achievement for your work and organization, in the end.

REACH THE STARS

Reach the Stars means engaging with public persons who could support your idea. It is a classic approach to boost the content of your campaign and in many cases it brings results. Very important again: try to separate politics from your campaign. This approach entails some simple elements to consider.

1. Draft the proposal of the campaign with two alternative: with and without a the public person you envisage to engage with. There's always a risk not reaching to that person and this could jut ruin your plans or delay them substantially. This is not what you want. However, prioritize the alternative which included the public person and prepare for opening the contact.

2. Get in contact with the person. There are ways to make this happen and we will not insist here on them. Notwithstanding, it's essential to conduct a thorough research in finding what values does this person nurture, so your campaign will not be affected in both ways (the person might cherish values that are against your campaign, or the campaign promotes ideas which the public person would avoid). This aspect is very sensitive when working with preventive education, as a public person who, for example, drinks alcohol occasionally, might be stigmatized as false when promoting this topic.

3. Reserve a front seat for the public person. In other words, allocate the person a clear role as image vector for the campaign. Prepare visuals and slogans where this public person promotes an action which is already in line with his/her current profile. As you are part of a group that promotes a healthier way of living, promote actions that are in line with this topic.

4. Delegate a small part of the management/coordination of the campaign to the public figure. This is a challenge, as it is subject to the person's availability and knowledge to do this. The non-essential components of the campaign could be played a bit, so give it a try: it can motivate the person to support you in a long-run.

5. From this point, you can accelerate your campaign and build support at the level of your community, so you can scale-up the proposal to the local authorities and other public bodies.

BUILD THE BRAND OF PREVENTIVE AMBASSADOR

When a company creates a new product, sometimes they emphasize the need for using it. This algorithm works almost similar with educational programmes. Once an organization builds a visible brand on a topic in the community, it's likely to attract some attention. This proposal reverses a bit the logic of things: first create the poster, and then the show. This can be helpful when the visibility of youth work is not big in the community in general. Let's explore some simple elements of this approach.

1. Try a bit of non-conformism. Preventive education is not the most attractive topic for all the youngsters, on the contrary, it could be the target of ironies and even hostility. Placing yourself out of the cliché messages ('Smoking kills', 'Abuse of alcohol can cause ...') is mandatory and this can start with a series of short visibility elements that define you: color, logo, slogan. Add to your campaign a discourse with a friendly language for the youngsters and, in the same time, smart enough to capitalize the interest of public bodies.

2. Prepare the content of your campaign as good as possible. Besides building the brand and the visual elements, the content is mandatory to be well prepared. It is likely that the future audience to ask you at one point specific details about your intention. If the content is not ready yet, that could reduce the interest in your campaign even before starting it.

3. Delegate the public communication to a specialized team. The work behind a brand requires skilled and creative minds and it's absolutely fine to delegate it to persons who do this. In the end, what matters is the achievement of your campaign.

4. Engage with the public bodies when the branding efforts are accurately aligned with the content. This is the most adequate moment to initiate the proposal and to open the topic with the local authorities, as they could see the complexity of the efforts.

5. Scale-up the brand of the campaign and try to transfer a part of it to the public bodies.

prevention++

Non-formal education and prevention work

We deeply hope that this manual will help you in promoting and delivering prevention work in your organization and community. Prevention++ is a project that envisaged a healthier society and a more inclusive generation of young people. The manual comes as a ready-to-use instrument for youth workers and professionals in education, this is our contribution. From now on, your contribution consists of motivation, resources and energy needed to invest in organizing activities and long-term programmes where the young people will perceive the benefits of preventive education.

idei și proiecte pentru tineri activi

Watergratt

centrs marta

"This project has been co-funded with support from the European Commission. This document reflects the views only of the author, and the Commission cannot be held responsible for any use which may be made of the information contained therein."

Erasmus+