

SEA/MENT/129(B)(Rev.1)
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Adolescent Mental Health Promotion

Trainers' Guide on Alcohol Use and Abuse



Health and Behaviour Unit
Department of Sustainable Development and Healthy Environments
World Health Organization
Regional Office for South-East Asia
New Delhi

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PREFACE

Adolescence has frequently been called “the tumultuous teens”. As defined by the World Health Organization, adolescence is the period between 10 and 19 years. These are the formative as well as impressionable years when the maximum amount of physical, psychological and behavioural changes take place. Adolescence is the transition from a “child” into an “adult”. The “child” explores new ideas, widens his/her horizons, and finally assumes greater responsibility and an individual identity.

Healthy development of adolescents depends on several interactive and complex factors. They include the socioeconomic circumstances in which a person is born, the environment in which he/she grows up, his/her inter-personal relationships within the family, peer group pressure, values of the community in which he/she lives and the opportunities for education and employment.

Despite the multitude of factors which can influence the development of adolescents, their mental well-being is crucial. Adolescents must learn how to cope with psychological stress, handle peer pressure, deal with their emotions, resolve conflicts, build bridges with friends and family, develop self-confidence, safeguard themselves from high pressure marketing strategies, particularly of the alcohol industry, as well as cope with other stresses like academic competition and a hankering for material gains. However, rarely are these sensitive issues addressed in schools and within families.

As Dr Uton Muchtar Rafei, Regional Director, WHO South-East Asia Region, says: “It is thus vital to support all those interested in the health of the adolescents and young people, including young people themselves, to understand their problems and needs and to address them through effective partnerships of relevant sectors and constituencies.”

The programme on adolescent mental health, being developed by the Health and Behaviour Unit in the Regional Office for South-East Asia, attempts to meet the psychological needs of adolescents as they pass through “a difficult period” in their lives. The modules on adolescent mental health promotion, developed by an expert on behalf of WHO, use the life skills education approach by which adolescents are

taught to analyse situations, think of various options and make informed decisions which are in their best interest. These modules are not meant as a “self-learning” or “do-it-yourself” kit. They are meant to serve as resource material for trainers in conducting life skills sessions for adolescents.

We hope that these will serve as a valuable tool for Member Countries to translate and adapt them for their own use in promoting the well-being of adolescents.

Dr Vijay Chandra
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INTRODUCTION

Tell the adolescents that we are going to have a session on understanding and learning about the use and abuse of alcohol.

Note to the trainer: The Fact Sheet on alcohol use and abuse (available as a separate document) should be distributed AFTER the session is over. In other modules on adolescent mental health promotion, a section entitled “Frequently Asked Questions” is included. In this module on “Alcohol Use and Abuse”, Activity 4 entitled “Myths and Misconceptions about Alcohol” addresses many of the questions asked by adolescents.

Before proceeding, please reassure the adolescents that:

- All responses will be kept completely confidential within the group.
- Only issues and not individual persons will be discussed.
- All are encouraged to participate and to share their personal experiences, but they have the right not to respond.
- Under no circumstances should any adolescent be allowed to laugh at or pass comments on the response of another adolescent.
- Each adolescent should listen to others without interrupting.
- There are no right or wrong answers.

Explain to the adolescents the objectives of the session, which are:

- To understand about the use and abuse of alcohol.
- To learn about the effect of alcohol on people’s behaviour.
- To examine the myths connected with alcohol.
- To learn how to say ‘No’ to alcohol.

Session structure

The session is based on questions and answers, discussions and role-play activities. The role-play activities can be modified to make them relevant to the local culture.

The session is divided into six activities. Each activity has learning objectives, information to the trainer, the process to implement the activity, questions to the adolescents and possible responses. Each activity is linked to and leads to the next, so it is best to do them in sequence.

At the end of each activity, assess if the learning outcomes have been achieved. If any doubts persist or the adolescents seek clarifications, continue the discussion on the topic till the adolescents feel comfortable with having achieved the objective of the activity.

Annexes 1 and 2 are to be given to adolescents for use during indicated activities.

You will need 6"x3" index cards of at least three colours, two each per adolescent, a board to paste the responses on, glue sticks, and markers. If index cards are not available, the participants can write their responses on the blackboard.

ACTIVITY 1 – RAPPORT BUILDING WITH ADOLESCENTS

Learning outcomes

The adolescents will feel reassured and comfortable, and will be able to mingle with one another and share some of their ideas about alcohol use.

Information for trainers

Breaking the walls between the participants on the one hand and between the participants and the trainer on the other is very important for the success of the session. Whatever the adolescents perceive or understand, they need a platform to share. The warm-up session facilitates the process of sharing.

Process

Soon after they enter the classroom, make them stand in a circle and ask each adolescent:

- What is his/her first impression about a person who drinks alcohol? How is it different from a person having a soft drink?
- If you were to interact with a person consuming alcohol, what kind of conversation will you have with that person; will it affect the nature of conversation?
- Ask them to narrate one behaviour of a person when he is drunk.
- How do you identify a person who is drunk?

Possible responses

(1) *First impression*

- When I see a person drinking alcohol, I feel he/she must be very modern or fashionable.
- I think it is a sign of changing times; people drink alcohol instead of juice.
- I feel very sad for the person's family.

- I feel frightened that the person may become violent and attack me.
- I think the person is a failure in society.
- A person drinking a soft drink is simple and docile.
- Soft drinks are out of fashion and only for girls.

(2) Interaction/conversation

- Conversation may be very restricted.
- Conversation may not make sense.
- There may be physical advances, especially to the opposite sex.
- Cannot take what they say seriously.

(3) Behaviour of a drunk person

- Using abusive language
- Shouting
- Criticizing
- Incoherent speech.

(4) A drunk person

- Lying unconscious on the road
- Red eyes and foul breath
- Cannot walk straight and keeps falling down
- Incoherent speech
- Vomiting
- No self control.

Assessment of activity

Assess if the students are comfortable with one another with a sensitive topic such as alcohol use. If yes, proceed to the next activity. If not, try to determine what they are still uncomfortable with and spend some more time discussing these issues.

ACTIVITY 2 – DISCUSSION OF SITUATIONS OF ALCOHOL USE AND ABUSE

Learning outcomes

Adolescents will understand and have a mental picture of a person who abuses alcohol.

Information for trainers

Please refer to the Fact Sheet (available as a separate document) and be familiar with the section on what is harmful use of alcohol, alcohol abuse, rural alcohol consumption, impact of alcohol on women, consequences of alcohol use and what can be done about alcohol-related problems.

Process

A. Ask 4 adolescents to volunteer to read out one of the following case studies each:

- (1) Phoolchand was the owner of a small tea shop. He lived with his wife and two children. His wife, Kamala, was a housemaid. One day a group of 4 to 5 people came to his shop. They started coming regularly, and as the days passed, they became good friends of Phoolchand. He started closing his shop early and spend more time with them in the evening. They would sit till late at night drinking alcohol and it soon became a regular affair. As a result, he soon lost interest in work and family duties. He became an abusive husband and started beating Kamala and his children. He no longer had control over his temper and actions. He started spending all his earnings on alcohol.
- (2) There was a couple named Tony and Tanya. They were both blessed with good looks and belonged to very good families. Both were well mannered and talked very politely to everyone. Tony was a defence officer and Tanya a housewife though she was a highly qualified woman. They both regularly had social evenings and attended parties but never drank alcohol. Tanya became a close friend with a senior officer's wife who was also well educated. Tanya started confiding in her. One afternoon Tanya came running to her friend's house and began to cry and narrated the complete story of her married life, which

was very different and shocking from what it seemed to everyone. She said Tony was an alcoholic. He tortured her every day with cigarette butts, after consuming 8 to 9 pegs of alcohol at a stretch. He was highly suspicious of her and would hit and threaten her. She was helpless and needed a solution.

- (3) Mona, a good-looking, highly qualified professional woman believed that drinking alcohol reduced her stress. The stress she faced was in her professional life. She would spend a couple of hours in the bar every day and after two or three drinks would head back home. While driving, she would sometimes get caught by the police for driving very rashly. She had several accidents.
- (4) Anchal is a student of tourism and hospitality management living in a hostel. She was the only daughter of her divorced parents. She would often get calls from her mother and father, who would say bad things about the other parent. She was totally fed up with everything. She loved them both and wanted them to be together. This was a dream, which seemed far from reality. As days passed by, she began to spend more time with friends to divert her mind from tensions. She soon began to drink a glass or two of beer, which soon led to consumption of stronger alcoholic drinks. She then felt the need for it every day and began having it in her room in the hostel. One of her friends wanted to help her but did not know what to do.

(B) Ask the adolescents the following questions on each case study:

Case study 1

- Do you know people like Phoolchand? If yes, share what you know.
- How did he get drawn into the habit of drinking alcohol when he was a happy and economically sound person?
- Should one blame Phoolchand or his friends for Phoolchand's drinking habit?
- What can be done to make Phoolchand look after his family?

Case study 2

- Tony and Tanya's behaviour in public is so deceptive. Is this the right thing for them to do?

- Does Tony hate his wife, or is alcohol perverting him to torture his wife? Can we blame alcohol for his behaviour?
- What should Tanya do?

Case study 3

- Is Mona's recourse to alcohol to release stress appropriate? Will alcohol help her?
- Can you think of other ways to release stress?
- Who would be the best person to help Mona: she herself, her friends or family?

Case study 4

- How does Anchal feel about her parents criticizing each other? Is it common in many houses?
- Can Anchal concentrate on her studies?
- How can Anchal's friend help her to get out of the habit of consuming alcohol?

(C) Ask them

Do you feel Phoolchand, Tanya, Mona and Anchal would be able to function effectively and efficiently if they were to give up alcohol? What can be done for each?

Possible responses

Case study 1

- Yes, we know of many people like him, my maid's husband is like that.
- People initially start drinking during a ceremony or festival. Sometimes, they join a group of friends. However, some people begin to drink alcohol regularly.
- May be, his friends pressurised him.

- One should blame both Phoolchand and his friends for Phoolchand's drinking habit.
- Counselling can be done, Phoolchand can go to a de-addiction centre; sometimes religious centres can help.

Case study 2

- Tony is trying to keep his bosses happy and not know his bad habits. Tanya should not tolerate this behaviour; she should try to get help for her husband.
- A person is not responsible for his behaviour when drunk. (TRAINER: Discuss: Drunk or not drunk, a person is responsible for his behaviour).
- Tony should become strong and needs support to be assertive and not take any nonsense.

Case study 3

- Mona is stressed because of her work. This is what international competition has done.
- She wants to compete and be professionally good.
- Alcohol will ruin her, not relax her.
- She can go for a walk, or work out or read or do social work.
- Mona herself, her friends and family can all help in their own way.

Case study 4

- Anchal wanted her parents to be together.
- After a bitter divorce, people often criticize the other spouse.
- It will be very difficult for her to continue her studies, but somehow she must think of herself.
- Anchal's friends and other relations may be able to help her.

Assessment of activity

Ask the adolescents if they have a mental picture of a person who uses too much alcohol and some of the harmful effects from alcohol abuse. If they have no further questions, proceed to the next activity.

ACTIVITY 3 – UNDERSTANDING ABOUT ALCOHOL AND ALCOHOL ABUSE

Learning outcomes

The adolescents will understand about alcohol and alcohol abuse.

Information for trainers

Please refer to the Fact Sheet (available as a separate document) and be familiar with the section on what is alcohol, what is harmful use of alcohol, alcohol abuse, impact of alcohol on women, different types of alcohol and their equivalent strengths, and harmful effects of alcohol.

For this activity, you may wish to give the participants the information in the Fact Sheet by writing it on the board. It is unlikely that adolescents already know the specific details about alcohol, its use and abuse.

A scientific discussion on this topic is the best way to inform children about alcohol and its harmful effects.

Some common signs and symptoms of alcohol abuse:

- Absence from school or work
- Depression or unhappiness
- Drinking in order to cope with personal problems
- Drinking to overcome shyness
- Loss of interest in family and friends
- Loss of interest in activities which were once of interest
- Difficulty in sleeping
- Poor judgment
- Drinking outside of a social setting
- Showing up intoxicated in inappropriate settings
- Drinking to build self-confidence

- Mood fluctuations
- Developing health problems
- Experiencing memory blackouts during or after drinking
- Usually drinking to the point of intoxication
- Feeling guilty about drinking
- Not fulfilling promises or obligations.

Can a person determine if he/she himself/herself is drinking too much alcohol?

A person can benefit greatly from simple introspection on whether increased alcohol consumption could be affecting his/her life. Four simple questions which comprise the CAGE test can help a person decide whether he/she may have an alcohol-related problem.

The CAGE test:

Cut down	1	Have you ever felt that you ought to cut down on your drinking?
Annoyed	2	Have people annoyed you by criticizing your drinking?
Guilty	3	Have you ever felt bad or guilty about your drinking?
Eye Opener	4	Have you ever had a drink first thing in the morning to steady your nerves or get rid of a hangover?

Two or more positive responses indicate a strong likelihood of an alcohol-related problem.

Another simple question which can help a person decide if he/she may have an alcohol-related problem is to ask himself/herself, "Do I need a drink?" This question may seem too simple, but if the honest answer is "Yes", it suggests that alcohol is affecting a person's daily life to the point that he/she cannot optimally

function without it. This is a good indication to seek help for his/her alcohol-related problem.

Process

Please address the following questions:

- What is alcohol, what are the different types of alcohol?
- What is alcohol abuse?
- What is alcohol dependence?
- Can beer be as harmful as whisky?
- Do you think alcohol is a problem for young people?
- Is alcohol a problem for poor people?
- Are women more vulnerable to adverse effects of alcohol?
- What does alcohol do to your body?
- Is it safe to drink and drive?
- Describe some common signs and symptoms of alcohol abuse.
- Is it possible for a person to determine if he/she himself/herself is drinking too much alcohol?
- Ask the adolescents to list how many medical complications of alcohol they are aware of.
- Ask the adolescents to list financial, occupational, familial, social and legal complications of alcohol use.

Assessment of activity

Ask the adolescents if they understand the harmful effects of alcohol use and the term alcohol abuse. Please make sure that all their questions are adequately addressed. If there are no further questions, proceed to the next activity.

ACTIVITY 4 – EFFECTS OF ALCOHOL ON THE BODY

Learning outcomes

The adolescents will get sensitized to how alcohol affects the body and the effect of various amounts of alcohol on bodily function.

Information for trainers

Please refer to the section on acute intoxication due to use of alcohol in the Fact Sheet (available as a separate document). It is very informative for adolescents to know the meaning of “blood alcohol concentration” (BAC). Information on harm that can occur after consumption of different amounts of alcohol should be emphasized.

Process

Please describe some real-life examples of what can happen at each level of intoxication.

Effects on the body at different blood alcohol concentrations (BAC)

Blood alcohol concentration	Effect on the body
20-30 mg/dl	Slight euphoria, extrovert behaviour, slight decrease in analytical capability, slight impairment in skilled function, increased risk-taking behaviour.
30-80 mg/dl	Moderate impairment of balance, speech, reaction time and vision; judgment and self control reduced, reasoning ability diminished.
80-200 mg/dl	Definite impairment of motor function and judgment.
200-300 mg/dl	Fluctuations in mood and increased risk-taking behaviour, dangerous driving.
> 300 mg/dl	Marked slurring of speech, inability to carry out even simple tasks, needs assistance in walking, severe mental confusion.

Assessment of activity

Ask the adolescents if they understand about the effects of alcohol on the body. If you are satisfied that they have understood, proceed to the next activity.

ACTIVITY 5 - MYTHS AND MISCONCEPTIONS ABOUT ALCOHOL

Learning outcomes

Adolescents will learn about myths and misconceptions and facts about alcohol.

Information for trainers

Most of us have some preconceived notions about alcohol. Some of these notions are not true. These myths cloud our thinking and prevent us from accepting the dangers of alcohol when it affects us, our friends or family. By dispelling these myths, one becomes aware of the reality and can be motivated into action.

To distinguish between a myth and a fact, accurate information is necessary. There are many myths and beliefs surrounding the use of alcohol and these need to be corrected.

A **myth** is a widely held belief that is assumed to be true but which has either not been tested or has been tested but found to be false. A fact is an idea, an event, or an experience, which has been tested and found to be true. The evidence for the truth of a fact can come from many sources/scientific research, historical evidence, common experience, physical evidence, etc.

Write the following statements (which are all myths) on a card. Do not tell the adolescents that the statements being read are myths. Make sure they read the statements and understand what is being said:

- He's too nice to be an alcoholic.
- Women can't be alcoholics.
- He only drinks beer.
- She's too young to be an alcoholic.
- He only drinks after work.
- I never see him drink.
- He's not always drunk.
- She's too intelligent to be an alcoholic.

Process

- Make the adolescents stand in a circle.
- Give each of them a card with a myth printed on it.
- Tell them that they should read it one by one.
- Facilitate a discussion on each myth after it has been read. Some probing questions to facilitate discussion can include:
 - What do you think about what was said?
 - Do you believe what was said is correct?
 - Why do you feel the way you do?
 - Who says such things?
- Each adolescent who desires to agree or disagree with the statement should be given an opportunity to amplify. Special attention should be given to the source of the idea expressed by the adolescent. From the discussion it will appear that some adolescents agree with the statements and some do not. Exploring why adolescents believe what they do believe is important in dispelling the myths. Scientific discussion and facts should be used in trying to correct what they believe incorrectly.
- After some discussion, record a vote of what the adolescents believe about the statements concerning alcohol. Do not give the correct answers, but keep the record until the end of the discussion.
- Finally, show the true statements taken from the table below.
- Discuss the myth and fact together.

Myths and facts about alcohol

Myth: Alcohol stimulates a person to become more lively.

Fact: Alcohol is actually a depressant of the brain and its function. It is a common belief that it removes (depresses) inhibitions. Careful observation has not shown that “removing inhibitions” happens before alcohol levels in the blood reach a noticeable threshold. Thus the real reason for “removing inhibition” appears to be anticipatory learned behaviour.

Myth: People who become aggressive and violent after alcohol use cannot control their behaviour because it is caused by alcohol’s action on the brain.

Fact: Many people learn to associate certain moods and behaviours with the alcohol effect and behave in a manner in which they wish to behave. The behaviour then becomes “conditioned”. People can learn to change the conditioning.

Myth: Alcohol enhances sexual performance and desire.

Fact: Shakespeare’s quote that alcohol “provokes the desire but inhibits the performance” is well-known. Alcohol interferes with achieving erections. In research studies, alcohol has been shown even to reduce sexual desire.

Myth: Alcohol promotes good sleep.

Fact: People dependent on alcohol cannot sleep well without alcohol. However, alcohol disturbs sleep in most people.

Myth: Alcohol helps people to forget their problems.

Fact: This has become a ‘truth’ because regular and heavy alcohol users often say this is the reason why they drink alcohol. Very often the opposite is found to be true – people bring up forgotten problems only when they are intoxicated.

Myth: Alcohol is a good way to cope with cold weather.

Fact: Alcohol dilates blood vessels and makes the skin feel warm. But in a cold environment, the body tries to save heat by cutting down the blood supply to the skin. Thus alcohol is not a good way to “warm up” in the cold. If a person is exposed to the cold after consuming alcohol, there can be significant heat loss from the body.

Myth: Beer is not “hard liquor”, so it can be consumed safely.

Fact: Beer is an alcoholic beverage, although it contains a lesser amount of alcohol than “hard liquor” like whisky or rum. Beer contains 4 to 8 per cent alcohol. One 12-ounce bottle of beer is equal to one peg of whisky. Thus, if somebody drinks six bottles of beer in an evening, he/she has consumed the equivalent of six pegs of whisky.

Myth: Alcohol has been shown to be “good for the heart”, so one should drink alcohol every day.

Fact: Some research has shown the potential protective effect of alcohol on the heart. This research has been based on consumption of small

amounts of alcohol, mostly wine, on a daily basis. Consumption of alcohol on a daily basis is a matter of concern, as some people cannot control the quantity of alcohol consumed. Consumption can gradually increase to dangerous levels. Heavy alcohol consumption is certainly bad for the heart and the body.

Myth: The wife of an alcohol abuser who beats her said: "He is really a good man, it's the alcohol which makes him abuse me."

Fact: When a woman is beaten by a husband while he is sober, she may consider this as unacceptable. However, if he behaves in exactly the same manner after drinking, she may forgive him and blame alcohol. Society's view of intoxicated people makes it less risky to behave deviantly while intoxicated. However, projects on prevention of harm from alcohol have shown that if society will not tolerate unacceptable behaviour with or without alcohol, such behaviour ceases. An unacceptable behaviour is unacceptable, with or without alcohol.

Myth: People of certain communities often say: "In our society, alcohol 'loosens up' people, so they enjoy themselves".

Fact: Most societies have set norms for uninhibited behaviour while intoxicated. People appear to adhere strictly to these norms and rules. The 'uncontrolled' impulses appear to be controlled by society's instructions about the effects of alcohol upon behaviour. Thus, people learn about drunkenness from what their society knows about drunkenness.

Myth: "If your friends are drinking, you have to drink to have a good time with them."

Fact: Behavioural research has documented that in a group drinking alcohol, even those who are not drinking can have an equally good time and behave in the same uninhibited manner. Adolescents call this "getting high on other people's alcohol".

Assessment of activity

Ask the adolescents if there are any other beliefs about alcohol which they would like to discuss. If not, proceed to the next activity.

ACTIVITY 6 - IMPACT OF ADVERTISEMENTS

Learning outcomes

Adolescents will be able to understand the impact of advertisements on the community's consumption of alcohol and its effects.

Information for trainers

Alcohol advertising is a big business for the alcohol industry. The objective is to glamorize alcohol and link it to "modern lifestyle" or "having a good time". Alcohol companies sponsor many popular events such as sports events. Many countries have banned the advertisement of hard liquor on television. Some have banned advertisements in the print media and bill boards as well. A few countries have a complete ban on advertisement of hard liquor. However, policies on advertising beer and wine are much more liberal. A new phenomenon is surrogate advertising in which mineral water or even juice is shown in bottles resembling liquor bottles. This leads to brand identification and indirect promotion of hard liquor.

Advertising to young people is a crucial activity for the alcohol industry. This age group is the "prize" they all hope to capture as future consumer. The World Health Organization recognizes that advertising alcohol to young people is a serious problem.

The discussion should help adolescents understand that advertisers are tempting them to buy their products.

Process

- Where do you find advertisements for alcoholic beverages?
- Ask them to bring cuttings of advertisements and pin them up for a discussion.
- Discuss the message that runs through all the advertising events.
- What do the advertisements fail to tell us?
- How do your brothers and sisters react when they watch advertisements?

Possible responses

Shops, newspapers, magazines and on television.

The messages in the advertisements are as follows:

- Alcohol enhances social status.
- Alcohol is equal to success.
- Alcohol is necessary in social settings.
- One should drink alcoholic beverages.

What do the advertisements fail to tell us?

- The dangers of alcohol use
- The hazards of driving after drinking
- Drunkenness
- Becoming ill
- Being a social nuisance
- Fighting
- Arguments
- Long-term physical effects
- Long term social effects (social breakdowns, loss of job etc.).

Influence of advertisements

They try to copy what they see.

Assessment of activity

Ask the adolescents if they understand the impact of advertising on alcohol use in the community, particularly how advertising impacts consumption of alcohol by adolescents. If there are no other issues to discuss, proceed to the next activity.

ACTIVITY 7 - ROLE PLAY: HOW TO SAY NO TO ALCOHOL

Learning outcomes

Adolescents will learn to assert themselves and say "No" to alcohol.

Information for trainers

Role play is an important component of experiential learning. It will help adolescents to actually learn about alcohol. Before they can say "No" to alcohol, it is important for adolescents to understand why people drink alcohol. So before, they can learn to assert themselves, make them understand the pressure on them to drink.

Process

Divide the class into four groups. Give each group one issue related to "who decides whether I should drink alcohol". Make each group read out the question and discuss the possible responses.

Now give each group one situation and allow them to develop a role play from the given situation. They can be as creative as possible. After the role play facilitate a discussion on how it helped them to understand the situation and also tell them that they should be able to find ways of asserting themselves and saying 'No' to alcohol.

Possible responses

Who decides whether people should drink alcohol?

- They themselves
- Their friends
- The community acceptance, it is OK for boys of a certain age to drink alcohol.

Why do people drink alcohol?

- They are consuming alcohol because they want to and like it.
- Someone else has taken the decision for them to drink, even though they prefer not to.

What is the image of alcohol and alcohol users?

- A person who has grown up
- Adventurous
- Defiant/like to break rules
- Graduated from soft drinks
- Member of a fraternity
- High social status

How do advertisements influence us?

- They create a glamorous image.
- Tell us there is nothing wrong with it.
- Make us identify with actors and sports stars.
- Encourages us to consume alcohol.

Situation 1

Jeevan is a 16-year-old boy and the only child of a poor family. He is very close to his mother who suffers from a dreaded disease. His mother has not told him about her problem. One day she sends him to get a very important medicine but Jeevan spends the money on alcohol due to peer pressure. When he returns home, he realizes that his mother is desperately in need of that medicine without which she is unable to breathe. He finds himself full of guilt and remorse.

Situation 2

Meera, a 15-year-old girl, lives with her alcoholic father who abuses her mother physically and mentally. The situation worsens to such an extent that one day she persuades and convinces her mother to leave home with her. She obtains help from some nearby social service groups.

Situation 3

Raja and Rani were in love with each other and were seen by others as a “made for each other” couple. Raja, who used to occasionally drink, soon became a compulsive alcoholic. Due to continuous stress in his work place and his reduction of the ability to regain self-control as a result of alcohol, he lost his job and also started abusing Rani physically. Rani did not know how to assert herself and stop his drinking habit.

Situation 4

Deepak and Mohan, senior school students, tried to bully a couple of junior adolescents to consume alcohol and also threatened them in different ways if they disobeyed. At the same time, Ram and Shyam, of the same class, came forward and rescued the juniors and won the heart of others in school. How could they do that? They also managed to help Deepak and Mohan by sending them to a counsellor.

Assessment of activity

Discuss with the adolescents if they would be able to evade the pressure to consume alcohol, particularly when it is against their wish.

CONCLUSION

Discuss any issue about alcohol use and abuse which the adolescents may want to discuss so that, at the end of the session, they clearly understand the hazards of alcohol use and abuse.

Annex 1

WAYS TO SAY NO

Method	Persuader	Decider
Polite refusal	"Can I get you a drink?"	"No, thanks".
Give reason	"How about a beer?"	"I don't like beer"
Be firm	"Here, smoke this joint with me"	"No, thanks"
	"Come on!"	"No, thanks".
	"Just try it, chicken."	"No, thanks".
Walk away	"Hey, do you want to buy a beer"?	Say 'No' and walk away.
Cold shoulder	"Do you want a sip"?	Keep going as if you did not hear the person. (Not the best to use with friends).
Give an alternative	"Let's go upstairs to my room".	"I'd rather stay here and watch TV".
Reverse the pressure	"Come on, just upstairs with me".	"What did I just tell you? Were you listening?"
Avoid the situation	"We are having a jam session tonight. There will be plenty of booze. I hope you will come."	If you know of people or situation where people will pressurize you to do things you don't want to do, stay away from these situations.
Strength in numbers	"It is Friday night. Should we try the new ice cream parlour. I hear it has 50 types of ice creams."	Hang around with people who support your decision not to drink, use drugs, etc.
Own your feelings	"One beer never hurt any one."	"I am not comfortable doing this". "It makes me unhappy".

Annex 2

STEPS IN REFUSING

Situations

- An invitation to drink.
- An invitation to smoke.
- An invitation to skip class.
- An invitation to go out at night.
- An invitation to spend a night at a friend's house.

Steps in refusing

- Tell your friend what you feel and the reason why you feel so. Most friends would listen to your reasons.
- Refuse clearly.
- Ask your friend's opinion on his invitation to show that you have not rejected it outright. Thank your friend if he accepts your refusal.
- In case they insist and are insulting, you should try not to pay attention to their words. Instead, try to concentrate and think how to avoid going with him as follows:
 - Repeat your refusal, say good bye, and start walking away.
 - Negotiate with him, and invite him to do some other activities.
 - Postpone your answer in order to change your friend's intention.