



A Health Literacy Resource

Grade 7

Introduction to Social Studies

Health and Career Education

Introduction to English Language Arts



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A health literacy resource for BC schools

iMinds is a drug-related health literacy program designed for students in **Grades 6 through 10**. Each module of the program features easy-to-implement lessons that meet numerous *Prescribed Learning Outcomes* and help students develop the knowledge and skills they need to survive and thrive in our drug-using world.

i

= individual,
interdependent, identity

Minds

= used to understand
and navigate our world,
influenced by social
and environmental
factors largely beyond
our individual control

our drug-using world?

People around the world have been using a wide variety of drugs—caffeine, tobacco, alcohol, cannabis and so on—for various reasons for thousands of years. While often used for medicinal reasons, most drugs have also been used for social, recreational and spiritual reasons.

In Canada, many people think the word “drug” refers only to psychoactive (aka “mind-altering”) substances that are currently illegal, such as cannabis and cocaine. But all substances that change the way we think, feel and behave—including many prescription medications—are, in fact, drugs.

What are iMinds’ objectives?

iMinds aims to give young people an opportunity to

- understand the long relationship between humans and tobacco, alcohol, cannabis and other substances
- analyze social and environmental influences related to drug use and other lifestyle choices
- extend their thinking by personalizing and explaining relationships among ideas and information related to drug use
- use a variety of communication skills to gather, evaluate and explain information and ideas related to successfully navigating a drug-using world
- describe strategies for attaining and maintaining physical, emotional and social health during childhood, adolescence and young adulthood

What makes iMinds stand out?

iMinds promotes mental health literacy by engaging students in honest, thoughtful discussions and projects that involve issues relevant to their daily lives and futures. Rather than overloading them with health information—or trying to scare them away from using drugs—the lessons encourage students to both express and think critically about their current drug-related beliefs, attitudes and behaviours.

Children need knowledge and skills to navigate their world of pressures, promises and panaceas. For this reason, the Centre for Addictions Research of BC at the University of Victoria has been working with schools and other partners to develop learning resources—including *iMinds*—that help teachers help their students survive and thrive in today’s world.



iMinds: A health literacy resource for BC schools (Cont'd)

Students examine the factors that influence the way they think, feel and behave. They also learn about and discuss ways to address problems related to health and drug use that may arise in themselves, their families or their communities.

Drawing on the social ecological model, *iMinds* is based on the idea that awareness, actions, decisions and behaviours are influenced by multiple factors: personal factors requiring self-management skills, relationships requiring social skills, and the physical and cultural environment requiring navigational skills. By addressing all three areas, students develop healthy connectedness—a sense of both autonomy and social belonging.

What do teachers like about *iMinds*?

iMinds does NOT require teachers to be “experts” on drugs or mental health. Instead, teachers serve as facilitators (versus drug prevention experts) who explore ideas and issues along with their students. *iMinds* is based on a constructivist approach to teaching and learning. This involves the belief that learning occurs when students are actively involved in the process of carving out their own meaning of things they both experience and come to “know” from various sources.

Rather than passively receiving information, learners are motivated to think critically and become actively involved in the pursuit of knowledge. Together, the class identifies their current knowledge, explores other ideas and opinions, and acquires and demonstrates new knowledge related to drugs and mental health. (Note: Teachers who would like to learn more about mental health and drug-related issues can visit heretohelp.bc.ca or carbc.ca.)

Implementing *iMinds* requires only basic preparation and materials. Each module consists of six easy-to-follow lesson plans that culminate in a project, presentation or some form of friendly competition between student teams. Each individual lesson plan features

- a list of the supplies needed or suggested
- step-by-step instructions
- master copies of all the handouts and transparencies
- rubrics for evaluation purposes



iMinds students are not taught to be “super individuals” who are able to “resist the tide of peer pressure.” They are instead taught to critically assess the various influences and choices that shape their personal and social lives.

iMinds at-a-glance

Grade 6 students become detectives and examine “clues”—influences and behaviours—to solve a case involving three fictional students who keep falling asleep in class. Students then learn how to apply new knowledge to their own lives.

Grade 7 students learn about the role of substance use in ancient societies in order to gain a broader perspective. They also learn ways to navigate today’s world where drug use is also common.

Grade 8 students become behavioural scientists who study media and its influence on teen behaviour. They learn how to gather, analyze and interpret data as they work in teams on a research project related to mental health or substance use.

Grade 9 students strengthen their understanding of the literary forms of short story and parallel poem while exploring issues surrounding the use of alcohol and other drugs.

Grade 10 students develop their critical thinking skills while learning about and performing formal debates related to using alcohol and other drugs.

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A Constructivist Approach to Health Literacy

By their very nature, discussions that involve mental health, drug use and other factors that contribute to human health are bound to invoke controversy. Some teachers may view the potential for controversy as unattractive or overwhelming. They may worry about being asked questions for which they do not have answers.

A constructivist approach is ideal for teaching health literacy because it avoids setting the teacher up as the “health expert.” Instead, it treats health literacy as a body of knowledge, skills and strategies that must be constructed by the learners out of experiences and interactions within their social contexts. Understanding the role of drugs, for example, becomes not a matter of regurgitating a pre-set list of “facts,” but about constructing and elaborating upon one’s own ideas and experiences within the constraints of the available evidence and the conventions of community discourse.

The role of a teacher is not to provide answers—it is to create a context of inquiry. Since all questions and comments can be heard, discussed and explored in light of evidence, even students who go for shock value will soon learn that their ideas are simply that—ideas. By validating all students’ inquiries and providing them with sources of information, facilitators encourage young people to become active thinking beings.

Here are a few basic guidelines:

- **Stay neutral** and acknowledge all contributions in an unbiased but questioning manner. By showing respect to all students regardless of their opinions, you encourage them to do the same.
- **Insist on a non-hostile environment** where students respond to ideas and not the individuals presenting those ideas. Make it clear from the start that everyone must be open to listening to and considering views that may be different from their own.
- **Encourage all students to take part** in discussions, but avoid forcing anyone to contribute if clearly reluctant. Ensure students know their feelings and opinions are important and will be respected.
- **Keep discussions moving in a positive direction** by questioning or posing hypothetical situations that encourage deeper thinking about the topic.
- **Understand that consensus is not necessary** on issues, and that a lack of consensus is in fact a better reflection of “real life.”
- **Get comfortable with silence** as sometimes discussions require reflection.

A constructivist approach to teaching and learning recognizes that learners need time to

- express their current thinking
- interact with objects in the world to develop a range of experiences on which to base their thinking
- reflect on their thinking by writing and expressing themselves, and comparing what they think with what others think
- make connections between their learning experiences and the real world

5-i Model

iMinds uses the **5-i model** developed by the Centre for Addictions Research of BC at the University of Victoria to guide participants through these phases of constructivist learning.

identify

Students come to a learning situation with prior knowledge. The *identify activities* provide students and teachers with a means of assessing what they already know. The activities serve to engage students and encourage them to share their current ideas.

investigate

Learning requires students to observe, analyze and evaluate as they interact with materials and ideas introduced through the *investigate activities*. The new evidence may be provided through the ideas of their peers as well as by authoritative sources (e.g., reference books).

interpret

Students are encouraged not only to reach conclusions but also to assess the strength of evidence for those conclusions within a range of possible interpretations. The *interpret activities* encourage students to understand evidence and use deductive reasoning.

imagine

Students who know how to understand evidence and manage a range of conclusions are in a better position to imagine possible solutions to human problems. The *imagine activities* encourage students to open their minds to “what if?” scenarios and solutions.

integrate

Knowledge involves the ability to incorporate new ideas into what is already known, and to use this new knowledge in further explorations. The *integrate activities* allow both students and teachers to make a summary assessment of what students know and can do.

Using Constructivist Educational Techniques in the Classroom

should be happening

should not be happening

<i>identify</i>	<ul style="list-style-type: none"> Students show curiosity about subject matter and are comfortable expressing their prior knowledge Teacher discerns students' prior knowledge of the subject by watching and listening to student-to-student interactions Students come up with their own questions (e.g., "What more do I need to know?" and "What can I do to get the information?") Teacher facilitates by asking probing questions, and students are encouraged to interact with each other 	<ul style="list-style-type: none"> Teacher discourages students from presenting views and asking questions Students ask for "right answer" as if preparing for a formal test Teacher provides answers, gives step-by-step solutions to problems, or tells students that their answers are incorrect Teacher speeds through the process and gives students insufficient time to formulate thoughts and make real sense of their experiences
<i>investigate</i>	<ul style="list-style-type: none"> Students are given ample time to observe, describe and record data, as well as work through puzzles and problem-solve on their own Teacher asks students to provide more than one explanation and offer evidence for their explanations Emphasis is placed on students understanding conceptual connections between new and old experiences Students are encouraged to use their new understanding to explain a new event or idea 	<ul style="list-style-type: none"> Students sit quietly and "learn" through passive means Students' contributions in previous lessons are ignored Both teacher and students accept answers that are not backed by evidence Students are not encouraged to share ideas or explanations and are allowed to stop investigating subject after finding only one solution
<i>interpret</i>	<ul style="list-style-type: none"> Teacher offers terminology and alternative explanations to supplement what students have already presented Teacher asks questions that help students draw logical conclusions from the evidence they have gathered Students have a chance to compare their ideas with those of others, and perhaps revise their thinking 	<ul style="list-style-type: none"> Teacher offers unrelated concepts or skills, or provides explanations that lack evidence Teacher dismisses students' explanations and experiences Students are not given time to process new information and synthesize it with former experiences
<i>imagine</i>	<ul style="list-style-type: none"> Students and teacher come up with new questions that take them deeper into the subject matter Students are encouraged to "think outside the box" and consider "what if?" scenarios related to new ways of thinking, acting and solving problems 	<ul style="list-style-type: none"> Students are told to "be realistic" instead of encouraged to come up with "what if?" scenarios Teacher discourages discussion about controversial subject matter and seeks to make students see world in a traditional, "safe" way
<i>integrate</i>	<ul style="list-style-type: none"> Students communicate their understanding of new concepts and demonstrate their skill at drawing conclusions from evidence Teacher observes and records what students have learned and are able to communicate Teacher encourages students to monitor and evaluate their own progress by comparing their current understanding to their prior knowledge 	<ul style="list-style-type: none"> Students are required to memorize information and are formally "tested" on vocabulary, terms and facts Teacher introduces new ideas or concepts and allows open-ended discussion on ideas unrelated to the focus of the lessons Students fail to communicate ideas effectively or appear to have simply memorized information without truly understanding it

Human behaviour does not occur in a vacuum. A variety of influences—from genetic to social—shape our behaviours. Some groups of influences are listed below:

- basic needs (e.g., affection, food, shelter)
- biology/genetics (e.g., disabilities, health, hormones)
- community/environment (e.g., neighbourhood, policies/laws)
- family (e.g., culture, family support, values)
- media (e.g., advertisements, music, video games)
- personal goals (e.g., grades, image, morals)
- resources (e.g., money, time, transportation)
- social (e.g., friends, role models, teams/clubs)

Interactions between influences mediate or exacerbate the effect of individual influences. For example, a person may be first introduced to a particular lifestyle through the media and then later be encouraged by their peers to participate in an illegal behaviour associated with that lifestyle.

The level of personal control an individual exercises over an influence also mediates its impact. For example, while people cannot modify their genetics, a person who is genetically predisposed to developing heart disease might consciously engage in behaviours that will decrease (or increase) their risk of getting it.

The degree of control a person has over their social situation is also a factor. For example, an adult may decide to improve their diet as a result of influences such as advice from a doctor. However, children may have very little control over what their parents provide them to eat. Adolescents, by contrast, often have some control over many influences in their lives. But they may not always realize the extent to which they can modify their own behaviours and may need help to both recognize the influences on their behaviours and analyze which ones they have the ability to modify.

Role of behaviour on mental health

Mental health is the capacity of individuals to feel, think and act in ways that enhance their ability to enjoy life and deal with challenges.

Mental health has significant importance to overall health and extends beyond the absence of mental illness. Likewise, a person's physical health can have an impact on their mental health.

Unhealthy behaviours established during adolescence—smoking cigarettes, binge drinking and so on—can contribute to a variety of chronic diseases and have a negative effect on a young person's mental health status, now and in the future. At the same time, exercise, relaxation, realistic goals, time management and interpersonal relationships can enhance a teen's mental health and even mitigate the impact of physical or mental illness.

Most people, including teens, are aware of the potential harms associated with certain behaviours. Yet some choose to continue to engage in those behaviours anyway. (Think about people who smoke cigarettes despite the wealth of information linking tobacco and lung cancer.)

A variety of influences contribute to an individual's decision to either engage in a potentially unhealthy behaviour or avoid it. Among these is the degree of pleasure or value an individual obtains from the behaviour. This varies from individual to individual and is mediated or intensified by a range of personal, social and environmental influences. An individual's perception of short- or long-term health risks may also influence their decision. More immediate risks often have a bigger impact than long-term risks, particularly when it comes to youth. For example, for young people, bad breath may be a greater deterrent to smoking than the chance of developing lung cancer.

Drugs and the brain

A drug is a substance that alters the way the body functions either physically or psychologically. Of particular concern are drugs that act on the central nervous system (CNS) to affect the way a person thinks, feels or behaves. Called “psychoactive substances,” these drugs include caffeine, alcohol, tobacco and cannabis, among many others.

Drugs are often grouped as legal versus illegal, or soft versus hard. These categories can be confusing and misleading. The legal status of drugs changes over time and location, and the concepts of “hard” or “soft” are impossible to define as their effects differ from person to person and are influenced by context and dose.

A more useful classification relates to the impact drugs have on the CNS:

- **Depressants** decrease activity in the CNS (e.g., decrease heart rate and breathing). Alcohol and heroin are examples of depressants.
- **Stimulants** increase activity in the CNS and arouse the body (e.g., increase heart rate and breathing). Caffeine, tobacco, amphetamines and cocaine are stimulants.
- **Hallucinogens** affect the CNS by causing perceptual distortions. Magic mushrooms and LSD are examples of hallucinogens.



Why people use drugs

There is no society on earth that does not in some way celebrate, depend on, profit from, enjoy and also suffer from the use of psychoactive substances. Like most developed countries, Canada has a long tradition with—and legally sanctions the use of—older drugs such as alcohol and nicotine. Multinational companies manufacture, advertise and sell these products for substantial profit to a large market of eager consumers while our governments and communities reap a rich harvest from tax revenues. They also reap another kind of harvest in terms of health, legal, economic and social problems which are mostly hidden from view.

The last century saw an upsurge in the cultivation, manufacture and trade of other psychoactive substances, some quite ancient and others new. Some have been developed from pharmaceutical products made initially for treating pain, or sleep or mental health problems (e.g., heroin, barbiturates and benzodiazepines). Others have been manufactured for recreational purposes (e.g., ecstasy), while still others, notably cannabis, are made from plants or seeds that have been cultivated and traded to new and much larger markets. As with most countries, Canada has implemented legal sanctions supported by international treaties in its attempts to control the manufacture, trade and consumption of these products, though their use continues in varying degrees.

Around these drugs, each with its own unique effect on human behaviour and emotion, have grown rituals and traditions which shape patterns of use for particular purposes. For almost every type of human activity, there are substances used to facilitate that activity in some way (e.g., religious ceremonies, sport, battle, eating, sex, study, work, dancing, public performances and socializing).

Why teens use drugs

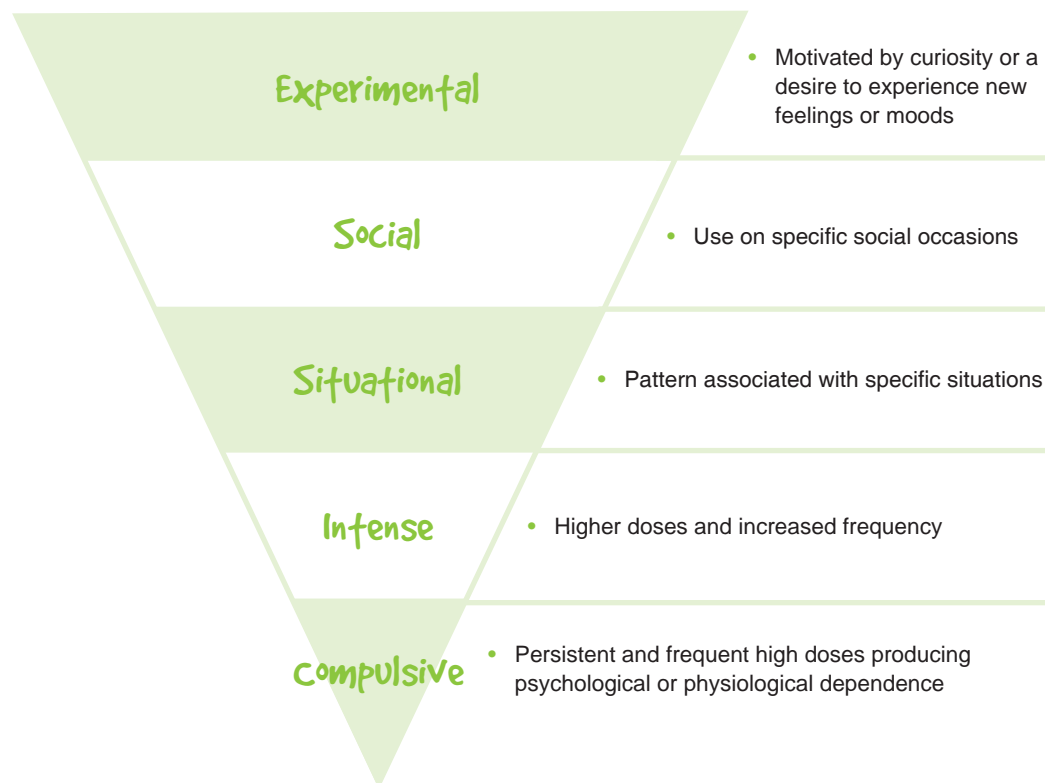
Research suggests teens use drugs for many of the same reasons adults do: curiosity, fun, self-discovery, to fit in, to cope with stress or pain, to alleviate boredom or depression, to stay awake to study or work, out of habit or rebelliousness, for weight loss and to aid sleep.

These different motives for use powerfully influence a young person's pattern of use and the potential for benefit or the risk of harm. If the motive for use is fleeting (e.g., curiosity), then only occasional or experimental use may follow. If the motive is a strong and enduring one (e.g., a chronic sleep or mental health problem), then more long-lasting and intense substance use (with greater risk of harm) may follow. A shorter-term but intense motive (e.g., to fit in, to have fun, to alleviate temporary stress) may also result in risky behaviour and harm such as injury or acute illness.

Difference between drug use, risk and harm

It is important to acknowledge that the careful use of many psychoactive substances can be harm-free and even beneficial. Nonetheless psychoactive substance use involves risk that ranges from mainly low-risk (and sometimes beneficial) use through potentially hazardous use to clearly harmful use.

As illustrated in the diagram below, most alcohol or other drug use by young people is experimental or social. However, it cannot be emphasized enough that even occasional use can be hazardous and, at the wrong time and in the wrong dose and wrong place, even fatal. The short-term effects from occasional heavy use are the most frequent causes of serious harm from substance use among young people.



Repeated use of a drug, especially on a daily basis, may pave the way for a strong habit or dependence which can be hard to break. Such intense patterns of use tend to require significant funds to support the habit, and compete with other social demands and expectations from family, school and the wider community. There is also evidence that patterns of intense use temporarily blunt the capability of an individual to experience pleasure in other ways. The reward centres of the brain have become “hijacked” by the need to be repeatedly provided with rewards from the drug of choice, whether it be alcohol, tobacco, cannabis or some other psychoactive substance.

Some signs that substance use has become particularly risky or harmful include some or all of the following:

- early age of onset (especially before age 13 or 14)
- use to cope with negative mood states
- habitual daily use
- use before or during school or work
- use while driving or during vigorous physical activities
- use of more than one substance at the same time
- use as a major form of recreation

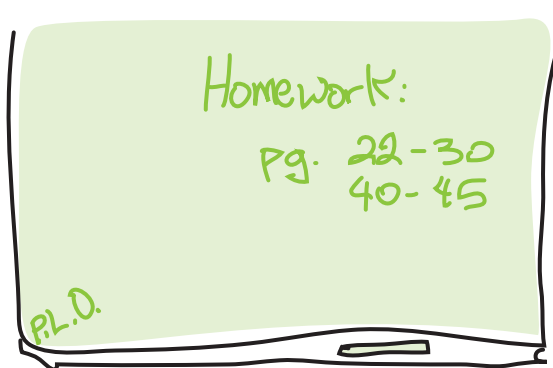
Signs that patterns of use are less likely to be harmful include: taking precautions when using, being careful to use only in small or moderate amounts, less frequent use in only particular contexts, and being able to stop using at any time.

Resilience in the face of risk and protective factors

Resilience is the ability to rise above or bounce back from adversity. Resilience results from the presence of basic human protective systems, and builds in a person as they develop confidence in their skills and abilities, their families, their relationships and their communities.

Resilience is often included in discussions about risk and protective factors. The idea is that the more protective factors children have in their lives, the more resilient they will be in the face of obstacles or challenging circumstances. But the precise relationship between risk and protective factors and health outcomes is complex and messy, like everything else involving human beings. What we do know is that risk factors alone do not accurately predict outcome.

These factors may be individual (e.g., genes, personality), social (e.g., family, friends, culture), or environmental (e.g., economy, politics). And they may interact with each other in intricate ways to mediate or exacerbate the effect. But there is wide agreement that the protective factors with the most profound impact on a young person’s development are family nurturance and connectedness to school.



The Grade 7 module is designed to help students learn about the role alcohol and other drugs have played in human history and society. This knowledge is critical in developing competence for addressing drug use in modern times.

Grade 7 is a fitting time to learn about ancient drug use because most students will already know something about alcohol, tobacco, prescription medications and other drugs. Moreover, some students will soon become curious about what it feels like to use these substances, and a few may even begin (or have already begun) experimenting with them. According to the Provincial Health Officer's 2006 annual report:

"Research has shown that young people may use substances as a way of demonstrating independence, developing values distinct from parental and societal authority, developing strong peer bonds, seeking novel and exciting experiences,

or taking risks and satisfying curiosity. Without an understanding of where and how those substances came into being and their place in human society, young people run the risk of growing up without the respect for substances necessary to avoid harmful use."

This module encourages ongoing assessment and culminates in a presentation and reflection exercise that allows students to demonstrate what they have learned. As a teacher, you are encouraged to modify lessons according to the needs of your class. Depending on available time and student ability, you may wish to adapt or supplement the suggested activities. Care should be taken to ensure each student is exposed to all stages of the 5-*i* model. The module should be delivered in a way that allows each student to complete projects that reflect their interests and befit their academic and social abilities.

Links to BC curriculum

This module addresses the following prescribed learning outcomes (PLOs)

Introduction to English Language Arts

Oral Language

Purposes

- Use speaking and listening to interact with others for the purposes of contributing to group success, discussing and analyzing ideas and opinions (e.g., debating), improving and deepening comprehension, discussing concerns and resolving problems, negotiating consensus or agreeing to differ, and completing a variety of tasks.
- Listen critically to understand and analyze ideas and information, by summarizing and synthesizing, generating questions, visualizing and sharing, making inferences and drawing conclusions, interpreting the speaker's verbal and nonverbal messages, purposes, and perspectives, analyzing and evaluating, and ignoring distractions.

Thinking

- Use speaking and listening to improve and extend thinking by questioning and speculating, acquiring new ideas, analyzing and evaluating ideas, developing explanations, considering alternative viewpoints, summarizing and synthesizing, and problem solving.



Links to BC Curriculum (cont'd)

Health and Career Education

Health, Healthy Living

- Describe strategies for attaining and maintaining physical, emotional and social health during puberty and adolescence.

Health, Substance Misuse Prevention

- Analyze media and social influences related to substance misuse.
- Describe healthy alternatives to substance misuse (e.g., stress management, substance-free social activities).

Health, Healthy Relationships

- Identify characteristics of healthy relationships and unhealthy relationships (e.g., healthy relationships – respect, open communication; unhealthy relationships – jealousy, power imbalance, lack of empathy).

Introduction to Social Studies

Skills and Processes of Social Studies

- Apply critical thinking skills – including comparing, classifying, inferring, imagining, verifying, using analogies, identifying relationships, summarizing, and drawing conclusions – to a range of problems and issues.
- Defend a position on a contemporary or historical issue.

Identity, Society, Culture

- Analyze the concept of civilization as it applies to selected ancient cultures.
- Identify influences and contributions of ancient societies to present-day cultures.

Module at a Glance

	Overview	Activities	5-i Flow	Minutes
Lesson 1	Introducing archaeology and “evidence” of ancient drug use	Opening Questions Group Activity Team Activity Closing: Discuss Homework	Identify Imagine Investigate	5 min 10 min 45 min 1 min
Lesson 2	Introducing complexity of drug use, risk and harm in ancient times	Opening: Brainstorm Team Activity Closing: Class Check-in	Identify Interpret Interpret	10 min 40 min 10 min
Lesson 3	Exploring modern drug use	Opening: Brainstorm Class Activity Think-Pair-Share Activity Closing: Class Check-in	Identify Investigate Interpret/Imagine	10 min 30 min 20 min 1 min
Lesson 4	Exploring modern drug use (cont.)	Opening: Review Small Group Activity Team Activity: Introducing Poster Assignment Closing: Last Words On Assignment	Interpret Imagine/Integrate	10 min 20 min 30 min 5 min
Lesson 5	From past to present: Applying the knowledge findings	Opening: Review Assignment Team Activity: Team Presentations Closing: Discuss Homework	Interpret Imagine/Integrate	5 min 50 min 5 min
Lesson 6	From past to present: Sharing the knowledge	Opening: Review Class Activity: Presentations Individual Activity Closing: Wrap Up	Integrate Imagine/Interpret Integrate	10 min 30 min 15 min 5 min

Lesson 1: Introducing Ancient Drug Use

In preparation ...

1. Familiarize yourself with each of the learning activities in this lesson.
2. Make copies of:
 - **Ancient Artifacts** cards (2 pages) – 1 copy cut up and placed in a box
 - **Assignment** sheet – 1 per student
 - **Assessment** sheet – prepare transparency or file for projecting and photocopy enough copies for 1/3 of the class (you only need to assess some of the students today, others will be assessed in Lessons 2 and 3)
 - **Ancient Peoples and Psychoactive Plants** booklet (14 pages) – 1 per student
3. Optional: Prepare a list of “new vocabulary” words selected from the booklet (e.g., psychoactive, shaman) to use throughout the learning activities.
4. You will need:
 - Wipeboard or flipchart and appropriate markers
 - *Canadian Oxford Dictionary*
 - Projector

Lesson Plan

Opening: Introduce archaeology (5 min)

- Write “archaeology” on the board. Ask students what it means and what they know about it from their textbooks, magazines, movies, documentaries, etc. If students are unable to correctly identify that archaeology is “the study of physical remains from ancient cultures,” have someone look it up in the dictionary and read the definition to the class. Discuss “physical remains” such as bones, tools and pottery as examples of items that tell us about how ancient peoples lived.

Group Activity: Introduce ancient drug use (10 min)

- Divide class into 6 to 8 groups and have one student in each group pick an item from your box of *Ancient Artifacts*. Ask students to briefly discuss what they think the item is, what it was for, and what it might tell us about the daily lives of the ancient peoples who used it.
- After a few minutes, ask each group to pass their ancient artifact to the group to their right. Continue having them rotate items until each group has discussed at least three artifacts.



Notes & Tips

It is not necessary to ensure students correctly identify the objects. The point is to get them discussing ideas about things they may never have previously encountered.

Team Activity: Explore ancient drug use (45 min)

- Explain that for the next two lessons, the class will be exploring how and why ancient peoples made, transported and used alcohol and other drugs in their daily lives.
- Give each student an *Assignment* handout and briefly walk them through the instructions. Then place *Assessment* on the overhead and remind students that they will be evaluated on both their teamwork skills and the demonstration that they have learned something.
- Give each student an *Ancient Peoples and Psychoactive Plants* booklet. Then have the class break into “archaeology field teams” of 2 or 3 students.
- Allow the teams the rest of class time to explore the information, legends, maps and pictures related to ancient peoples’ use of psychoactive drugs. Note: The *Assignment* handout provides suggestions about how to identify and highlight information and historical evidence for future reference and discussions during the unit.



Notes & Tips

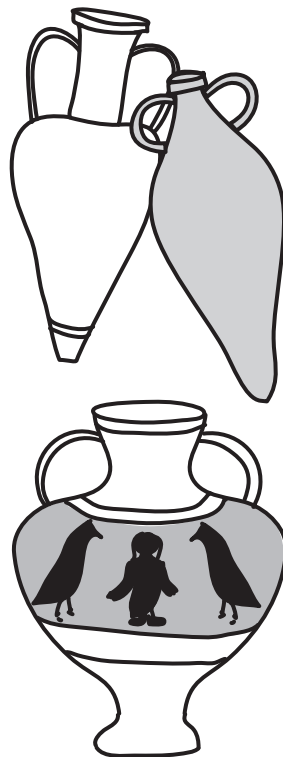
Evaluation:

While students are working, choose 1/3 of the students to observe and evaluate using the first section of Assessment.

Note: Store partially completed Assessments in a file until Lessons 5 and 6 when students will be assessed on their poster displays and reflection exercises.

Closing: Discuss homework (1 min)

- Tell students they will have some time during the next lesson to finish their assignments, if necessary, and both organize and analyze their findings.



Lesson 2: Drug Use, Risk & Harm in Ancient Times

In preparation ...

1. Familiarize yourself with each of the learning activities in this lesson.
2. Make copies of:
 - **Assessment sheet** – *Make enough copies for 1/3 of the class (you only need to assess half of the students not assessed last class, the remaining students will be assessed in Lesson 3)*
3. You will need:
 - **Ancient Drug Use Discoveries sheet** – *1 per student*
 - Wipeboard or flipchart and appropriate markers

Lesson Plan

Opening: Brainstorm list of drug use findings (10 min)

- Write the word “Drugs” on the board and pose the question, “So, what can we say about drugs?” Jot down some of the answers and remind students that alcohol, tobacco, cannabis and so on are substances that act on or affect our brains if no one suggests this (but do not elaborate on this theme).
- Ask students to share any interesting discoveries they made during their “dig” for artifacts and information. Accept a couple of comments (without any editorializing) and then congratulate all of the “archaeologists” for their outstanding “field work.”



Notes & Tips

Evaluation:

Observe and evaluate 1/3 of students during the Team Activity using Assessment.

Note: Store partially completed Assessments in a file until Lessons 5 and 6 when students will be assessed on their poster displays and reflection exercises.

Team Activity: Analyze and organize data (40 min)

- Ask students to go back into the archaeological teams they were in during the last lesson.
- Give students some time to continue identifying drug-person-context factors in their *Ancient Peoples and Psychoactive Plants* booklets if they did not finish the exercise last class.
- Give each student an *Ancient Drug Use Discoveries* sheet and instruct them to use it to record drug use data and information from their booklets.

Closing: Class check-in (10 min)

- Call students back to their seats, and debrief the exercise:
 - Check on number of facts collected
 - Ask a few students to share the most interesting thing they learned
- Pose the question, “How is ancient drug use similar to or different from modern drug use?” and discuss briefly.

Lesson 3: Factors Related to Modern Drug Use, Risk & Harm



In preparation ...

1. Familiarize yourself with each of the learning activities in this lesson.
2. Make copies of:
 - **Assessment sheet** – make enough copies for 1/3 of the class as you only need to assess the final group of students
 - **Quick Guide to Drug Use sheet** – 1 per student
 - **Let's Talk sheet** – 1 per student

Lesson Plan

Opening: Brainstorm pros and cons of drug use (10 min)

- Remind students that in previous lessons they learned about ancient drug use (how and why people used drugs in daily life).
- Pose the question, "In what ways is drug use either good or bad?" Accept a variety of answers and, if desired, note them on a balance beam on the board.

Class Activity: Learn about drug use, risk and harm (30 min)

- Give each student a copy of *Quick Guide to Drug Use* and pick students to read each section aloud. Pause to discuss each section briefly.
- Do not try to "teach" the content of the handout. Rather, let students interact with the content and with each other. Ask open-ended questions like: "Why do you think ... ?" "What do others think about that?" "Why do you think the researchers say ... ?" "How does this relate to what you learned about ancient drug use?"



Notes & Tips

Think-Pair-Share Activity: Managing risk (20 min)

- Divide class into pairs and give each one a *Let's Talk* handout.
- Review the instructions to ensure students know that, before working with their partner, they must each use their imagination to construct at least 1 ancient and 1 modern drug use scenario, providing details about the drug used, the person using the drug and the context of use. When ready, partners can take turns sharing their examples and discussing changes that might make the situations less harmful or more harmful.

Closing: Class check-in (1 min)

- Tell students that next class they will play a game that allows them to further explore their understanding of drug use, risk and harm.

Evaluation:

Observe and evaluate the final 1/3 of students during the Think-Pair-Share Activity using Assessment.

Store partially completed Assessments in a file until Lessons 5 and 6 when students will be assessed on posters and reflection exercises.



Lesson 4: Reducing the Risks of Problem Drug Use

In preparation ...

1. Familiarize yourself with each of the learning activities in this lesson.
2. Make copies of:
 - **Factor Cards** – 1 set of cards, cut up, per group of 4-5 students
 - **Factors Game Board** – 1 per group of 4-5 students
3. You will need:
 - **Poster Display Assignment sheet** – 1 per student
 - Game markers (coins, stones, erasers)

Lesson Plan

Opening: Review drug use spectrum (10 min)

- Draw a quick sketch of a drug use spectrum on the board and mark an “X” near “beneficial use.” Ask students to propose an example of low-risk drug use in the modern world (e.g., an adult drinking one cup of coffee to prepare for a busy day at work).
- Ask a student volunteer to change one factor in the scenario to see what would happen to its place on the spectrum. For example, if the coffee-drinking adult drank 5 cups of coffee before work, the scenario would become more risky, meaning the “X” would move toward “increasingly risky use” on the spectrum.

Small Group Activity: Play a board game called “Factors” (20-30 min)

- Tell students they will be following the same steps as above to play a board game based on examining drug use scenarios and evaluating risk.
- Break students into small groups (4-5 students) and give each group a set of *Factor Cards*, randomly sorted and face down on desk, and a *Factors Game Board*. Briefly walk through the game rules outlined on the game board before giving students the go-ahead to begin playing.

Team Activity: Introducing the Poster Display Assignment (20-30 min)

- Tell students that they will be spending the rest of this class—as well as time over the next two classes—working in teams to create a poster display featuring their knowledge of both ancient and modern use of drugs.
- Divide the class into teams of 2 or 3 students. Give each student a *Poster Display Assignment* and briefly discuss the key points before giving them time to get started on their team projects.

Closing: Last words on the Poster Display Assignment (1 min)

- Remind students that they will have another entire lesson to work on their posters.
- Remind students to bring to class as many pictures, photos, drawings, and cartoons of ancient and modern drug use as they can find.

Lesson 5: Preparing Poster Presentations

In preparation ...

1. Familiarize yourself with each of the learning activities for this lesson.
2. Review **Assessment** sheet and prepare to observe student efforts in display activity.
3. Make copies of:
 - **Poster Display Assignment sheet** – photocopy a few for students who forget to bring theirs from last class
4. You will need:
 - Projector
 - Poster-making supplies (poster paper, glue, tape, coloured markers, etc.)

Lesson Plan

Opening: Review (5 min)

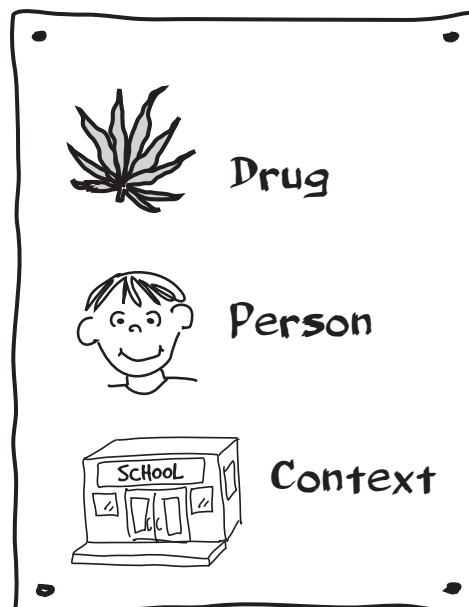
- Draw a Venn diagram with 3 overlapping circles on the board.
- Ask students to recall the three types of factors that contribute to the level of risk in any drug use situation.
- Write the words “drug,” “person” and “context” in the circles as they are identified. Acknowledge that many of the other things students may have suggested are examples of these 3 elements.

Team Activity: Prepare “archaeology displays” (50 min)

- Ask students to reconnect with their teammates from the last lesson on their poster assignments, using the supplies and images they brought from home as well as their *Ancient Peoples and Psychoactive Plants* booklets.
- As students prepare their posters, circulate and help any groups requiring assistance.
- Explain to students that they will be presenting their poster display next class and therefore have only this class time to complete them.

Closing: Discuss homework (5 min)

- Remind students they will be displaying their posters during the next class. If any student teams are far from finishing their posters, help them strategize a way to complete the poster before next class.





Lesson 6: Poster Display Presentations

In preparation ...

1. Familiarize yourself with the lesson.
2. Review file containing partially completed **Assessments**, and prepare to finish and collate student evaluations.
3. Make copies of:
 - **Student Assessment sheet** – 1 per student
 - **Reflection Exercise sheet** – 1 per student
4. You will need:
 - Pins or tape (for hanging students' posters on the wall)
 - Box to hold Student Assessment sheets

Lesson Plan

Opening: Prepare for display (10 min)

- Give students a few minutes to plan their poster presentations.

Class Activity: Present poster displays (30 min)

- Have each group stand up and briefly present their displays.
- After each presentation, ask student teams to hang their displays in an area of the classroom that will allow students to mingle around and get a closer look.
- When all the presentations are finished, give each student a *Student Assessment* and assign them a poster to evaluate (2 or 3 evaluations per poster). Then have students explore the display area.
- Ask students to fill out their *Student Assessment* and place it in the *Student Assessment* sheet box.

Individual Activity: Complete Reflection Exercise (15 min)

- Give each student a *Reflection Exercise*. Tell them they have 15 minutes to fill it out before handing it in.

Closing: Wrap-up unit (5 min)

- Congratulate all the students for their hard work.
- Tell students when they can expect to receive their unit assessments based on teamwork during the research and presentation stages, and their responses in the reflection exercise.

Grade 7

Photocopying Masters

Ancient Artifacts



Ancient Artifacts (cont'd)



Assignment



Step 1: Scan the *Ancient Peoples and Psychoactive Plants* booklet that your teacher has provided to you.

You will notice that your booklet contains information, legends, maps and artifacts about ancient peoples' relationships with psychoactive plants (plants with mind-altering or mood-changing properties). The contents of your booklet also demonstrate what ancient peoples knew about the benefits and risks of using different psychoactive plants.

Step 2: Identify factors that help us understand ancient drug use.

Read through the booklet, studying each section carefully. After reading each section, try to identify the factors that tell us when, where, why and how ancient peoples used drugs.

These factors tend to fit into three main categories:

Drug	Person	Context
<ul style="list-style-type: none">• Type of drug• How much is used• How pure or concentrated the drug is• How often it is used• How it is used (chewed, smoked in a pipe, swallowed, drunk in a glass, laid on the skin, etc.)• What it does (effects on mind and body)	<ul style="list-style-type: none">• Age• Male or female• Health status• Social skills• Personality• Job/occupation• Interests	<ul style="list-style-type: none">• Reason for using the drug• Place drug is used• Who else is there• How easy/difficult it is to get the drug• Laws/rules about using it• Cultural/family beliefs about the drug• Community attitudes about the drug

These factors help us understand the potential benefits and harms related to using any drug – caffeine, tobacco, alcohol, cannabis, and so on.

Ways to keep track of the factors you identify:

Option 1: Use different colours of highlighters:

- yellow = factors about the **drug**
- pink = factors about the **person**
- blue = factors related to **context**

Option 2: Circle drug factors, underline person factors, and put a checkmark beside context factors.

Option 3: Use three cue cards or pieces of paper – one for each category – and write the information down.

Assessment



Student Name: _____ Date: _____

Pair Work (in Lessons 1-3)

Student was enthusiastic and “dug right in” to the assignment.	1	2	3	4	5
Student contributed to the research and/or discussion.	1	2	3	4	5
Student was respectful and was able to overcome communication obstacles.	1	2	3	4	5

/15

Unit Participation and Poster Assignment (in Lessons 5 and 6)

Student follows assignment instructions.	1	2	3	4	5
Student works well with peers (good communication and interpersonal skills).	1	2	3	4	5
Student takes initiative and engaged in learning activities.	1	2	3	4	5
Student demonstrates awareness of factors related to risk and harm.	1	2	3	4	5

/20

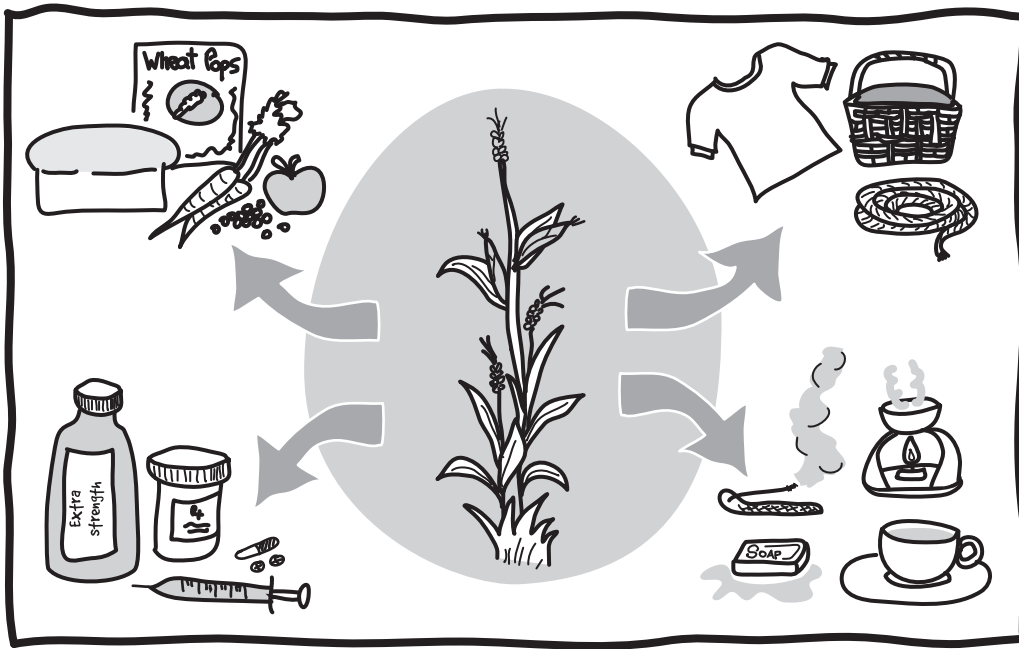
Reflection Exercise (see breakdown of points on handout)

/15

/50

Final Mark: $/50 \times 2 =$ %

Ancient Peoples & Psychoactive Plants



Early humans and the earth

Like modern humans, early humans had a range of built-in desires—a desire to live in groups, a desire for fun or relief from daily struggles, and a desire to understand and prosper in the afterlife.

Early humans also had similar physical traits and body systems. The human body, in ancient times and today, is designed to ensure we satisfy our basic needs—sleep, water, food, sex—so we can both stay alive and welcome new humans into the world. Our brains and bodies release chemicals that make us feel good when we rest, eat a meal and so on in order to motivate us to continue wanting to meet our basic needs.

Our natural environment—the earth—seems to be designed to help humans (and other living beings) survive. After all, the

world is full of plants that contain nutrients our bodies require to live healthful lives (think raw fruits and vegetables).

The earth is also full of plants that contain **psychoactive drugs** that can help us both heal from disease or injury and enhance the release of feel-good chemicals in our bodies. That said, psychoactive drugs—if used too much or too often or in other risky ways—can also lead to health, relationship, money and other problems.

Many native plants, such as the cacao tree (think chocolate bar or hot cocoa), contain both nutrients and psychoactive substances. And some plants are multi-purpose. Hemp, for example, is nutritional, medicinal and can be used to make industrial items such as cloth and rope.



Psychoactive drugs (aka mind-altering drugs) act on our central nervous system and change the way we think, feel or act. Caffeine is an example of a psychoactive drug used in both ancient and modern times.

Caffeine, found in coffee and tea, is a **stimulant** drug that increases our heart rate and breathing to make us feel more lively and alert.

Depressant drugs such as alcohol and heroin slow down our heart rate, breathing and ability to think, talk and move.

Hallucinogenic drugs such as “magic mushrooms” and ayahuasca change the way we see, hear, smell, taste, feel and think about the things around us.

Note: Cannabis and some other drugs fit into several drug categories.

Our early ancestors had complex relationships with psychoactive plants. People roamed the earth in small groups of hunters and gatherers. Typically, the women were responsible for foraging the forests and fields for plant foods—nuts, seeds, fruits, vegetables, mushrooms, and so on—and

using them to prepare meals. Over time, they learned to identify which plants could be used as food, which ones were medicine, and which ones were harmful or even fatal. Some of the most helpful plants were also the most risky to use.



People like to label plants as poisonous or medicinal (or simply “dangerous,” as in the case of plants that produce a “high” feeling). But we have known for centuries that our labels often refer to the amount of the plant we use. As Swiss physician and botanist Paracelsus wrote in the 1500’s:

“Poison is in everything, and no thing is without poison.
The dosage makes it either a poison or a remedy.”



Did you know?

Early humans who travelled over the frozen Bering Strait to North and South America used fly agaric, a hallucinogenic mushroom.

Early humans also learned—in a process sometimes leading to injury or death—that many plants, used in specific ways and in certain amounts, could help them reach altered states of consciousness or explore the spirit world. Many of these psychoactive plants were woven into early healing practices, cultural and religious rituals, and daily routines to bring temporary but necessary bursts of peace or joy.

MesoAmerica

Early hunters and gatherers reached MesoAmerica around 11,000 BCE. But it would take another 10,000 years before they would change their lifestyle and stop moving around.

The first settlers were likely the Olmec people, who set up small villages along today's Gulf Coast of Mexico. Among the plants the Olmec learned how to cultivate was cacao (also known as cocoa, the primary ingredient in chocolate). For the Olmec—and for the Aztecs, Mayans and others in the region who learned how to cultivate cacao—the plant was a gift from the gods and as such played a key role in religious rituals and burial practices.



In ancient times, cacao was prepared as a beverage. While it was occasionally given to people who were sacrificed in religious rituals (often the healthiest of the young men), cacao was consumed primarily by adult males of high status—priests, high government officials, military officers and war heroes. A Spanish officer who participated in the conquest of the Aztec capital (today's Mexico City) in the 1500's CE said cacao was sipped all day long by the most important person in the empire, King Montezuma.



Tulum, an ancient Mayan fortified city on the Yucatan Peninsula in Mexico

Cacao seeds (often called “beans”) were used as coins. They were also eaten or ground into a powder and mixed with water and other plant materials for various health and healing purposes. Cacao was used to reduce fevers, relieve coughs, and promote weight gain, among many other uses. Without surprise, chocolate was among the key trade items at the main Aztec market.

While cacao was an important element of the ancient Aztec diet and medical system, using it safely required some understanding of the four varieties of plant and the proper preparation and application of their seeds. Records of ancient Aztec medical practices, described in the famous Florentine Codex, warn cacao users about the potentially negative effects of drinking too much of a particular seed.

“[Green cacao] makes one drunk, takes effect on one, makes one dizzy, confuses one, makes one sick, deranges one. When an ordinary amount is drunk, it gladdens one, refreshes one, consoles one, invigorates one.”

Early South America



A coca leaf

The Incas of Bolivia, Peru and Ecuador cultivated coca, a hardy, mountain plant that needed no irrigation. It also resisted both drought and disease, and could be harvested three times a year.

The Incas and others chewed the coca leaves with a lime paste. The combination released psychoactive chemicals that relieved hunger, thirst and fatigue. One anthropologist who has worked among coca growers in Bolivia said coca chewing was similar in effect to drinking a strong cup of coffee.

By the time the Spanish invaded in the 1500's CE, coca was deemed sacred and was used in various rituals. When the Spanish conquerors learned that coca could increase a person's work capacity, they made their Incan slaves use it while mining gold for their captors.



Did you know?

The people of the Inca Empire did not have the wheel. Yet they maintained a complex network of paved roads and rest areas to transport trade goods, slaves, messages and warriors from place to place. Instead of using carts to move products and people around the empire, the Inca travelled on foot, shipping plant foods and medicines, among other prized items, on the backs of llamas and human porters.



Dried tobacco leaves

Tobacco is another plant that was native to South America (Peru and Ecuador) and first cultivated by the Incas more than 5000 years ago.

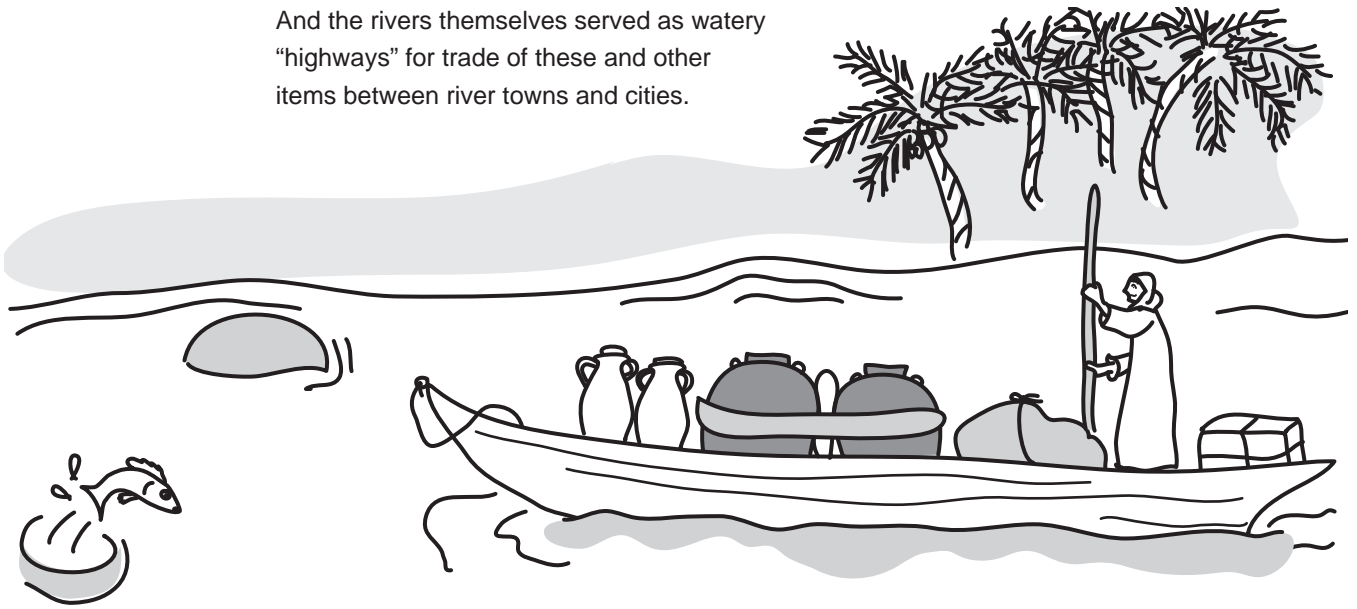
Tobacco was used in many ways—snorted, smoked, chewed, eaten, and so on—for various medical purposes. For example, its leaves could be packed on a tooth to relieve a toothache, and its juice could be applied to the skin to treat a snake bite or get rid of parasites. Tobacco was also used to treat serious illnesses, including cancer.

Over time, ancient groups throughout North and South America used tobacco as sacred offerings to their gods and in ceremonies and rituals. For example, tobacco smoke was blown into warriors' faces before battle, and blown over fields before planting. Tobacco was given as gifts or peace offerings in informal and formal ceremonies, including those involving the slaying and sacrifice of slaves or captives.

Ancient healers—called shamans—used large amounts of different types of tobacco to induce visions and explore the spirit world. Sometimes healers (and healers-in-training) consumed too much tobacco—and therefore too much of the psychoactive drug called nicotine—and died, unable to make it back out of the spirit world.

Mesopotamia

In ancient times, the fertile land along the Tigris and Euphrates rivers was ideal for growing a variety of fruits and grains, including barley, dates, grapes, figs and sesame seeds. And the rivers themselves served as watery “highways” for trade of these and other items between river towns and cities.



Alcohol was one of the many products both made and traded in ancient Mesopotamia. More than 5000 years ago, people who lived there were drinking date wine and barley beer. But it was not like the beer we have today. It contained cereal grains and other debris, so people used drinking straws as a kind of filter.



People drinking beer through straws

Among the earliest written documents ever found are Sumerian wage lists and tax receipts from 3400 BCE. The symbol for beer—a vessel with diagonal line drawn inside it—is one of the most common words (along with symbols for grain, textiles and livestock). These items were collected by priests of cities and used to pay for communal projects, such as building irrigation systems and public buildings.

Wine use in the lowland areas of Mesopotamia was limited at first. Wine had to be imported from the mountainous grape-growing lands, which made it more expensive to buy than beer. Seen as an exotic foreign drink, wine was mainly used for religious reasons. Only the elite could afford to buy it. Only royalty could afford to share it.

At a royal feast in 870 BCE, Assyria's King Ashurnasirpal II is said to have sipped wine from a gold bowl and served 10,000 skins of wine and 10,000 jars of beer to his guests.

Egypt and other parts of Africa

In ancient Egypt, alcohol played a key part in both the afterlife and daily life. The Egyptians believed that well-being in the afterlife depended on having an adequate supply of bread and beer. Egyptian King Tutankhamun, who died around 1335 BCE, was buried with special sieves for making beer, and Egyptian King Scorpion I was buried with 700 jars of imported beer. Ordinary ancient Egyptians were buried with small jars of beer.

The link between beer and the afterlife is seen in the story of Osiris, the god of agriculture and king of the afterlife who accidentally discovered alcohol. According to legend, one day Osiris prepared a mixture of water and sprouted grain. But he soon forgot about it and left it in the sun. When he returned later on he found the gruel was fizzy. It had fermented, which means air reacted with the sugar in the gruel and turned it into alcohol. Osiris drank it and liked it so much that he passed his knowledge of the new drink on to humankind.

Beer was also prized because it was used as a practical replacement for water, which in ancient times was often full of contaminants and unsafe to drink. Because of the way it was processed, Egyptian beer was much weaker than today's beer so drinkers did not get drunk. Most Egyptians strongly disapproved of drunkenness.

Wine was also consumed, mainly by wealthy Egyptians who could afford to either import it or establish their own vineyard on the Nile Delta. But since wine was stronger than beer, the Egyptians added water to weaken it.



Osiris, god of Agriculture, discovered alcohol by accident

Many people in ancient Egypt and elsewhere recognized alcohol could also be used as a medicine. For example, beer and wine were used to clean and dress wounds. Small amounts of beer were believed to fight fevers, and hot wine was believed to fight colds.

Did you know?

Coffee seeds (commonly called beans) contain caffeine, a mild stimulant drug that many people today use to help them wake up and maintain focus during the day.

Coffee trees are native to a country close to Egypt called Ethiopia (the same place from which scientists believe our earliest ancestors originated).

Around 6 CE, coffee trees from the Ethiopian highlands were brought to nearby Arabia and first cultivated for wider consumption.

Coffee seeds were originally used as a food. It was not until the 1500's that the seeds were turned into a beverage. Since then coffee trees have been brought to many areas of the world for cultivation and consumption. And today, not surprisingly, coffee is the most widely used psychoactive drug on earth.

Another medicine recognized for its effectiveness was the opium plant. Early Egyptian medical texts list opium as a sedative used to alleviate pain, abscesses and scalp complaints.

Opium was also used as a means of inducing altered states of consciousness (experiencing the world in a new and very different way).

Opium grows naturally in temperate and sub-tropical regions, and there is evidence to suggest it was first domesticated by west Mediterranean people as early as 6000 BCE. Some scientists claim opium is one of the most important medical plant discoveries on earth. After all, it is used to make morphine and many medications for hospitals and pharmacies. Other people, though, focus on the fact that opium is used to make heroin, a drug which many governments believe carries the highest risk of harm. Today most of the world's opium is grown in Afghanistan, or the northeastern part of the Indus Valley of ancient times.



other psychoactive plants in Africa

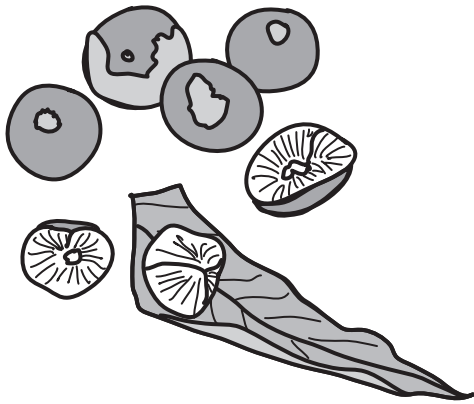
Two species of cola tree grow naturally in the ancient forests of West Africa. Cola nuts contain caffeine and other stimulants. Cola is one of the only psychoactive substances Muslims can enjoy. (Muslims do not believe in using alcohol and other intoxicants that have the potential to negatively affect the way a person acts or makes decisions.)

Ancient Africans all across the continent used a variety of other psychoactive plants too, including hemp (also known as cannabis or *marijuana*, the Mexican slang word for hemp). Some researchers believe the habit of smoking cannabis for its euphoric and mind-altering qualities was introduced to the western world by African tribespeople.

India and other parts of Southeast Asia

The betel plant originated in India and nearby places in Southeast Asia and Africa. Ancient people added lime to the betel seeds and wrapped them in the plant's leaves before sucking and chewing them.

Betel seeds (often called "betel nuts") carry a stimulant drug that is similar to nicotine in tobacco. Chewing the seeds increases the body's flow of tears, sweat and saliva. It also brings on a feeling of well-being and, like tobacco, suppresses hunger and fatigue.



Betel chewing not only helped people maintain a steady pace during their daily tasks but was also considered a form of pleasure, like eating delicious food or gazing at beautiful flowers. Everyone used it, from powerful emperors to humble workers.

When people chewed betel regularly and did not clean their teeth, the teeth became stained with the juice, and the lime caused tooth decay. In some South Asian societies, having blackened teeth was a symbol of high social status.

Ancient Hindus frowned upon alcohol use, but cannabis use was considered acceptable. Cannabis refers to the leaves and buds of the hemp plant. Ancient Hindus used small amounts for temporary relief from stress, anxiety, boredom and fatigue. It was also used to soothe congestion, fevers, coughs and asthma symptoms. In the *Atharvaveda* (2000-1400 BCE), cannabis is listed as one of five holy plants.



Bhang was a hemp drink so sacred among ancient Hindus that it was believed to protect them from evil and bad luck. A combination of cannabis, nuts, milk, sugar and spices, *bhang* was served at weddings to ensure the bride and groom a long, prosperous life together.

Since the ancient Hindu god Shiva enjoyed using cannabis, it is little wonder that holy men who have devoted their lives to Shiva enjoy it too. Called Sadhus, these holy men own no property and spend their time meditating, doing yoga and smoking large amounts of different forms of cannabis.



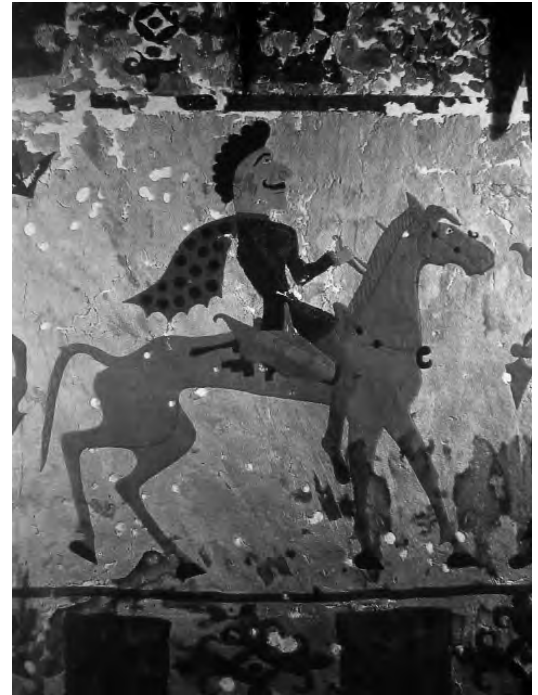
A Hindu god known as Shiva enjoyed using cannabis

Many other ancient societies in Asia and Africa also used hemp for a range of reasons. Most strains of hemp contain very little THC (the short way of saying the chemical that produces euphoria and hallucinations) and were used for fibre to make nets and clothing or seed oil for cooking. But at least some ancient Asians and Africans used the hemp plants with some THC for relief from the everyday world, perhaps like the way so many people today drink alcohol to relax.

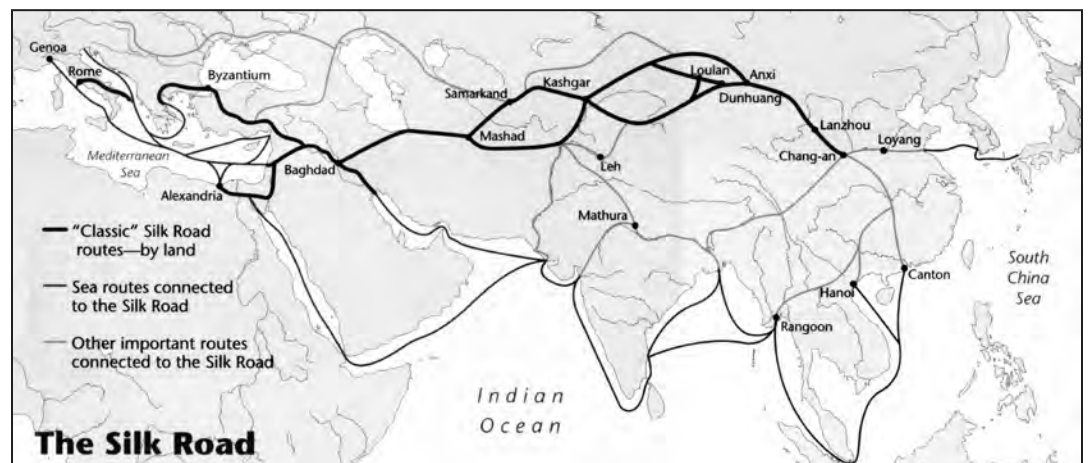
Most researchers agree that the hemp plant itself originated in Scythia (today's Kazakhstan and surrounding areas). As nomadic pastoralists, the Scythians helped bring cannabis to the places in the east and west where they had influence, such as early Greece and eastern Europe.

The Scythians used their horses to transport psychoactive plants and other goods from rest station to rest station over the Pontic Steppes, the great expanse of grasslands that lay between Asia and Europe. While the Scythians are believed to have been roaming the steppes as early as 3000 BCE, they are

most often referred to in the context of trade along the Silk Road, which emerged in a meaningful way during China's Han Dynasty (202 BCE – 220 CE).



Art work depicting a Scythian travelling on horseback



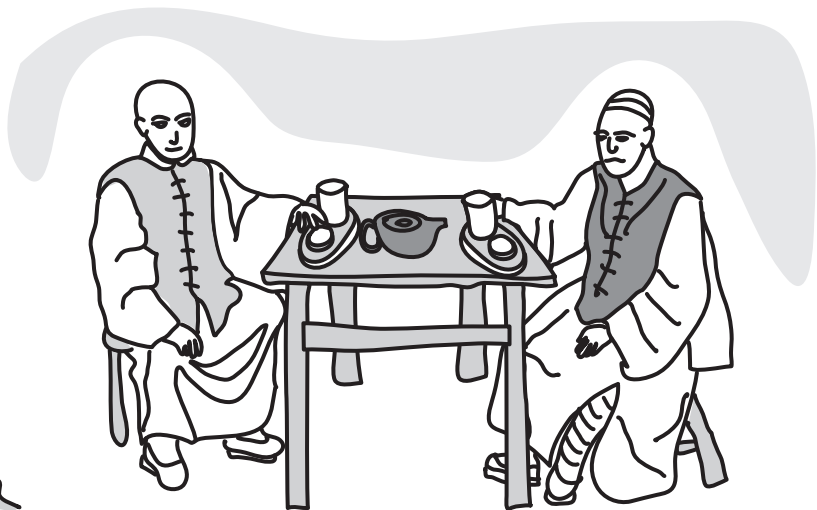
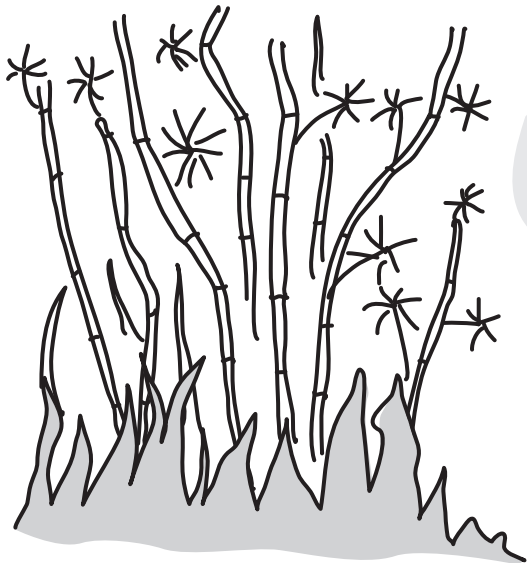
Silk Road or Hemp Web?

During the Han Dynasty, people, products and ideas trickled and flowed 11,000 kilometres through a web of roads linking China, Persia and the shores of the Mediterranean Sea. This web was recently coined the Silk Road, because silk was a main export from China. But it could have just as easily been called Hemp Web. Hemp-based materials and items were key exports from China. Hemp fibre was used to make rope, cloth and shoes. In 100 BCE, the Chinese began using hemp to make paper money.

China

For thousands of years, the hemp plant has been widely used in China to both make things and cure things. In fact, some researchers point to archaeological evidence suggesting that the Chinese in Taiwan have been using hemp for different purposes for 10,000 years, longer than any other group of people.

In ancient times, Chinese people added small amounts of cannabis to boiling water to make a tea that addressed a range of diseases, including gout, malaria and rheumatism. They knew that using large amounts led to intoxication and sometimes scary hallucinations. In fact, traditional healers in China and elsewhere relied on the mood-altering effects of hemp, among other plants, for their healing ceremonies and rituals.



Yellow Emperor on alcohol

While a few people may have used too much cannabis too often, a great many ancient Chinese people used too much alcohol too often. It was even talked about in mythology. According to Huangdi (aka the Yellow Emperor), who reigned from 2697–2597 BCE:

“Nowadays people use wine as a beverage and they adopt recklessness as usual behaviour. They enter the chamber of love in an intoxicated condition; their passions exhaust their vital forces; their cravings dissipate their essence; they do not know how to find contentment with themselves; they are not skilled in the control of their spirits. They devote all their attention to the amusement of their minds, thus cutting themselves off from the joys of long life. Their rising and retiring is without regularity.”

Greece

Did you know?

A popular drinking game in ancient Greece was called *kottabos*. It involved flicking the last remaining drops of wine from your cup at a specific target. They even built special rooms to play it in. But some people were concerned that young men were spending too much time trying to improve their *kottabos* performance rather than their javelin throwing, which they needed for hunting and in war.

For many people in ancient Greece, daily life involved transporting, trading, making or using alcohol.

Wine was one of ancient Greece's main exports. For this reason vineyards were prime targets during the Peloponnesian War between Athens and Sparta. In 424 BCE, Spartan troops arrived in the wine-producing city of Acanthus just before harvest time. Their threat to destroy the harvest led the Acanthians to change allegiances so the harvest would not be affected.

By 5 BCE, Greek wine was exported by sea as far away as southern France to the west, Egypt to the south, the Crimean Peninsula to the east, and the Danube to the north.



Wine boy at a symposium

Alcohol was also consumed by Greeks themselves. For example, at special gatherings called symposia, men met to drink and talk. But there were rules. Knowing that alcohol could bring out anti-social behaviours, the symposiarch (or king of the party) would monitor the participants to make sure they did not drink too much. Young men learned how to enjoy the night without losing themselves in human extremes—anger, love, pride, ignorance, greed and cowardice.

In a book called *Laws*, Greek philosopher Plato argued that drinking with someone at a symposium was the simplest, fastest and most reliable test of someone's character. Other philosophers focused on the way wine uncovered philosophical truths. Eratosthenes (3rd century BCE), for example, said "Wine reveals what is hidden."

The ancient Greeks typically drank wine mixed with water, served in large urn-shaped bowls called *kraters*. To further weaken the effects of wine and avoid getting drunk, they ate food before or while drinking. Still, some people drank heavily, and in some cases it claimed their lives. Reports of a drinking contest in 3 BCE revealed that 41 contestants died of alcohol poisoning. The winner took home prizes, including more wine, but he lived only four more days.

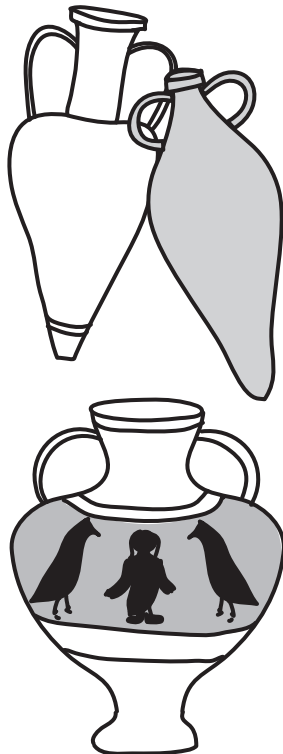
This passage from a play written by Eubulus in the fourth century BCE sums up the good, bad and ugly sides of ancient alcohol use:

"For sensible men I prepare only three kraters: one for health, which they drink first, the second for love and pleasure, and the third for sleep. After the third one is drained, wise men go home. The fourth krater is not mine anymore. It belongs to bad behaviour; the fifth is for shouting; the sixth is for rudeness and insults; the seventh is for fights; the eighth is for breaking the furniture; the ninth is for depression; the tenth is for madness and unconsciousness."

Rome

Ancient Romans were greatly influenced by the ancient Greeks. Like the Greeks, for example, many ancient Romans lived lives that involved the transport, trade, manufacture or use of wine.

By around 100 BCE, Rome had caught up to Greece in wine production and trade. Indeed Italy had become the new centre of trade. Italian wine was shipped in large vases called amphorae, travelling as far as the southern Nile and northern India. Slaves, nuts, glassware, perfumes and various luxury items were among the items transported abroad at the same time.



Bacchus, Roman god of wine

Wine was very popular among Romans and their subjects. Wherever Roman rule extended, people adopted wine drinking, seeming to put aside their beer and other alcohol products.

Throughout ancient Rome, wine was typically bought and sold by the jug from neighbourhood shops. (Wine was also available by amphora for large gatherings or banquets.) Roman households sent slaves with empty jugs to buy wine, or arranged delivery. Wine vendors wheeled wares from house to house on carts.

Did you know?

At formal Roman gatherings, wine was served according to status. Fine wine was for hosts and friends, second-rate wine was for other guests, and third-rate wine was for former slaves. (Slaves were served *lora*, wine made from soaking and pressing grape skins, seeds and stalks.)

Reflecting on the past

For thousands of years, humans have been cultivating, trading and using a variety of plants in specific ways and in certain amounts for nutrition and medicine, for facing everyday human challenges, and for help in connecting with the spirit world. And for an equal length of time, human individuals and societies have suffered from negative consequences of psychoactive plant use.

Today we cultivate, trade and use many of the same substances (often in man-made form) for many of the same reasons and sometimes at great cost to our health, relationships, and work performances.

- What do you think are some of the reasons people use drugs today?
- Can you think of any specific benefits and harms to using drugs in modern times?



Credits

Text based on research into various sources, including:

Dillinger, T. L., et al. (2000). Food of the Gods: Cure for Humanity? A cultural history of the medicinal and ritual use of chocolate. *Journal of Nutrition*, 130, 2057S-2075S.

Gately, I. (2001). *La diva nicotina: The story of how tobacco seduced the world*. New York: Scribner.

Rudgely, R. (1994). *Essential substances: A cultural history of intoxicants in society*. New York: Kodansha International.

Schultes, R. E. & Hoffman, A. (1992). *Plants of the gods: Their sacred, healing, and hallucinogenic powers*. Rochester, VT: Healing Arts Press.

Tupper, K.W. (2011). Ayahuasca, entheogenic education and public policy. Doctoral thesis. Vancouver: University of British Columbia.

Text compiled and written by Dan Reist, Nicole Bodner and Rielle Capler

Design and drawings by Melany Hallam: maywooddesign.com

Photos and quotes

Early humans and the earth

Paracelsus quote: Paracelsus. (n.d.). BrainyQuote.com. Retrieved September 26, 2011, from BrainyQuote.com Web site: <http://www.brainyquote.com/quotes/quotes/p/paracelsus300347.html>

Mushroom photo: Derek Johnson

MesoAmerica

Tulum photo: Derek Johnson

Florentine Codex: Bernardino de Sahagún. (1590). The General History of the Things of New Spain.

Map of Inca Trail to Machu Picchu: http://en.wikipedia.org/wiki/File:Carte_Qhapaq_Nan.jpg

Early South America

Coca leaf photo: Agencia Brasil: http://en.wikipedia.org/wiki/File:Folha_de_coca.jpg

Map of Inca Trail to Machu Picchu: http://en.wikipedia.org/wiki/File:Carte_Qhapaq_Nan.jpg

Dried tobacco leaves: <http://en.wikipedia.org/wiki/File:DunhillEarlyMorningPipeMurrays.jpg>

Mesopotamia

Drinking beer through straw image: <http://www.ifood.tv/blog/how-was-the-ancient-beer-brewing-done>

Egypt and other parts of Africa

Osiris image: http://en.wikipedia.org/wiki/File:Standing_Osiris_edit1.svg

India and other parts of Southeast Asia

Shiva photo: http://en.wikipedia.org/wiki/File:Bangalore_Shiva.jpg

Scythian art: <http://en.wikipedia.org/wiki/File:PazyrykHorseman.JPG>

Silk Road map: *Outlooks 7 Ancient Worlds*.

China

Quote from Yellow Emperor: Attributed to official of Huangdi in Classic on Internal Medicine (ancient text dating from at least the 2nd century BCE).

Greece

Boy at a symposium image: http://en.wikipedia.org/wiki/File:Banquet_Louvre_G133.jpg

Eratosthenes quote: widely attributed to Eratosthenes (about 276 BCE - about 195 BCE).

Eubulus quote: fragment from Greek comic play *Dionysius*.

Rome

Bacchus image: <http://en.wikipedia.org/wiki/File:Bacchusbycaravaggio.jpeg>

Ancient Drug Use Discoveries



Using your *Ancient Peoples and Psychoactive Plants* booklet, sketch some ancient drug use scenarios in the chart below. Provide as much detail as possible to paint a picture of how, where, when, why and by whom each drug was used.

DRUG	PERSON	CONTEXT
Tobacco <ul style="list-style-type: none"> • Smoked in a pipe • Large quantities used at one time 	Shaman <ul style="list-style-type: none"> • Adult male or female • Trained as a healer 	Healing ceremony <ul style="list-style-type: none"> • Used in healing rituals in Meso/South America • People believed shamans could visit the spirit world by smoking so much tobacco that it almost killed them (the spirits would tell the shaman what was wrong with the sick person and how to heal them)

Quick Guide to Drug Use



What are drugs?

Drugs are chemicals that change the way our bodies function. Psychoactive substances are drugs that affect our central nervous system (especially the brain) and make us see, think, feel and behave differently than we usually do. Some of the most commonly used drugs are caffeine (in cola, coffee, tea and chocolate), nicotine (in cigarettes, cigars and chewing tobacco), ethanol (in alcohol), and THC (in marijuana and other cannabis products).

Why do people use drugs?

People use drugs to get some benefit. For example, many people drink coffee to wake up and feel alert. And many people use alcohol to relax and unwind. Other drugs are used to take away pain or to address other problems. Some drugs are used to have a good time or to induce a spiritual experience.

How can using a drug be good and bad?

Many drugs, like certain medications, have greatly benefited human beings. In fact, most drugs are useful in some way. But all drug use also carries some risk. Even prescription medication from a doctor can cause harm, especially if not taken properly. It helps to think of drug use on a spectrum:



How much risk is involved in using a drug—and how much harm it may cause—depends on many factors.

- 1. More drug equals more risk.** Increased risk is associated with a greater amount and increased frequency of drug use, and with a higher concentration of the drug.
- 2. Younger age equals more risk.** The human brain begins to develop in the womb but is not fully formed until well into adulthood. Drugs influence not only our immediate experience but also the way our brains develop. Drugs have a greater impact on young brains than they do on older brains.
- 3. Places, times and activities influence risk.** Drinking a glass of wine at a family celebration and then playing chess with grandpa is less likely to result in harm than sneaking alcohol with a group of classmates and then riding bikes or skateboarding.

- 4. The reasons are important.** When a person uses a drug because they are curious, they are likely to use it only occasionally or for a short time. But when a person uses a drug to deal with long-term problems, they may use the drug too much or too often. When a person uses a drug in order to fit in with a particular group, they may not listen to their inner self and therefore may make poor choices.

Making good decisions about substance use involves always looking at both the benefits and the risks, thinking about the reasons the drug is being used, and ensuring the context is safe for use. Generally, it is safest not to use any drug unless one can be sure the benefits clearly outweigh the risks, and that the context and reasons for use do not increase the potential for harm.

Developed by:



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Step 1: Imagine an example of everyday drug use in ancient times and record details in the chart below. Be sure to include details about the drug, the person and the context.

Step 2: Imagine an example of everyday drug use in modern times that parallels an example from ancient times. Record details about the drug, person and context in the space provided.

Ancient Drug Use Scenarios	Modern Drug Use Scenarios

Step 3: With a partner, take turns sharing your drug use examples. For each example of modern drug use, discuss one change that might make the situation less harmful, and one change that might make it more harmful.

Sample discussion:

Hannah: So, here's my example: A middle-aged father in ancient India chews betel nut to pass the time while working long hours in a rice field. This compares in some ways to a 35-year-old Canadian man today, with two kids, who smokes a pack of cigarettes a day while working in a construction area.

Jade: Okay, well, one change the Canadian dad could make might be to smoke one pack in a week instead of in a day. Wouldn't that make it less harmful?

Hannah: Yeah, I think so. And if he smoked in his house around his kids instead of at work, that would make it more harmful!

FACTORS: A Game



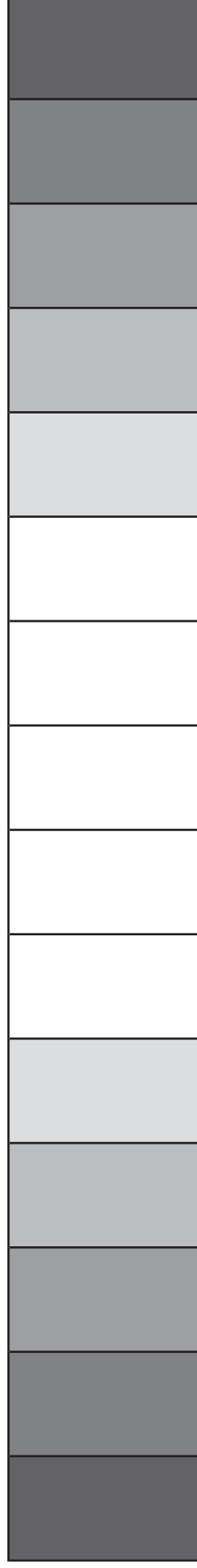
Instructions:

1. Player 1 constructs a modern drug use scenario involving **persons** using a **drug** in a particular **context**, and then places a marker on the spectrum representing their estimation of the level of risk involved.
 - e.g., *Player 1 imagines a group of teens in a park getting drunk on a Saturday night and places a marker between “beneficial use” and “increasingly risky use.”*
2. All players discuss the placement and come to a consensus on final placement.
 - e.g., *Players debate the level of risk and agree to move the marker between “increasingly risky use” and “harmful use.”*
3. Player 2 turns over a factor card, proposes a change in the scenario related to that factor, and moves the marker to reflect the change in risk.
 - e.g., *Player 2 picks up a Person card, changes the ages of the people to “adults,” and moves the marker slightly closer to the left of the spectrum (reducing the risk).*
4. All players come to consensus on the placement, and then the process continues.
 - e.g., *After some debate, players agree with the placement.*
5. Game ends when time runs out, or when each player has had several chances to modify a scenario.

← Beneficial

Increasing risk

clearly harmful →



Instructions: Cut out cards, randomly sort, place face down when playing.



FACTOR CARD

Drug

type, quantity, purity,
frequency, method



FACTOR CARD

Person

age, gender, physical health,
mental health, sexual
orientation, personality, job



FACTOR CARD

Context

peers, location, situation,
access, drug laws, culture



FACTOR CARD

Drug

type, quantity, purity,
frequency, method



FACTOR CARD

Person

age, gender, physical health,
mental health, sexual
orientation, personality, job



FACTOR CARD

Context

peers, location, situation,
access, drug laws, culture



FACTOR CARD

Drug

type, quantity, purity,
frequency, method



FACTOR CARD

Person

age, gender, physical health,
mental health, sexual
orientation, personality, job



FACTOR CARD

Context

peers, location, situation,
access, drug laws, culture

Poster Display Assignment



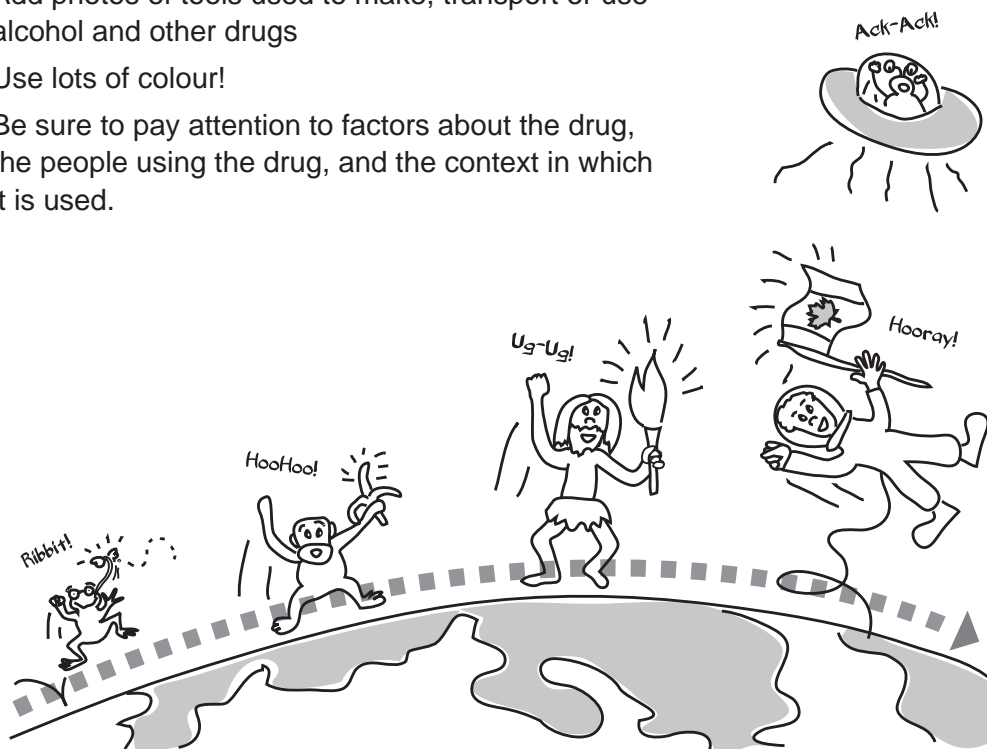
You and your team have been asked to create a poster comparing the benefits, risks and harms involved in ancient and modern drug use.

What your poster must include:

1. A drug use spectrum (a line that goes from beneficial use to risky use to harmful use)
2. Six scenarios (illustrated with various photos, drawings, cartoons, etc.) representing the drug use spectrum
 - beneficial drug use in ancient times
 - beneficial drug use in modern times
 - risky drug use in ancient times
 - risky drug use in modern times
 - harmful drug use in ancient times
 - harmful drug use in modern times

Ways to make a fabulous poster even more fabulous:

- Add photos of tools used to make, transport or use alcohol and other drugs
- Use lots of colour!
- Be sure to pay attention to factors about the drug, the people using the drug, and the context in which it is used.



Student Assessment



******* 5-STAR POSTER** features 6 drug use scenarios (3 ancient and 3 modern), each one thoughtfully placed along a drug use spectrum labelled “beneficial use” on one end, “risky use” in the middle, and “harmful use” on the other end. Each scenario contains pictures, images or words that clearly represent factors about the **drug**, the **person** and the **context**, and therefore demonstrates a keen awareness of the factors involved in understanding the benefits, risks and harms of drug use.

****** 4-STAR POSTER** features 6 drug use scenarios (3 ancient and 3 modern) on a drug use spectrum labelled “beneficial use” on one end, “risky use” in the middle, and “harmful use” on the other end. Each scenario contains pictures, images or words representing factors about at least two of: the **drug**, the **person** or the **context**. The overall presentation demonstrates awareness of the factors involved in understanding the benefits, risks and harms of drug use.

***** 3-STAR POSTER** features 6 drug use scenarios (3 ancient and 3 modern) on a drug use spectrum labelled “beneficial use” on one end and “harmful use” on the other end. Each scenario contains pictures, images or words representing some factors related to the **drug**, the **person** or the **context**.

**** 2-STAR POSTER** features 6 drug use scenarios (3 ancient and 3 modern) on a drug use spectrum labelled “beneficial use” on one end and “harmful use” on the other end. At least some of the scenarios contain pictures, images or words representing some factors related to the **drug**, the **person** or the **context**.

*** 1-STAR POSTER** features 4-6 drug use scenarios (some ancient and some modern) on a drug use spectrum labelled “beneficial use” on one end and “harmful use” on the other end.

Poster Team (names of students): _____

Comments:

Evaluator Name: _____ **Score:** _____ Stars

Reflection Exercise



Name: _____ Date: _____

1. List at least 2 drugs commonly used in both ancient and modern times. (2 points)

2. Describe how the use of at least one drug has changed (or stayed the same) over time. (3 points)

3. Think about a drug used in modern times, and describe its effect on society. Write the drug name, who uses it, how they use it, how it affects people's physical and mental health, how it affects your community. (5 points)

4. Name at least one thing we can learn from the way ancient peoples thought about and used drugs that could today help us improve our culture's attitudes and health in relation to drugs. (2 points)

5. Consider the reasons people often give for using drugs (e.g., to wake up, to relieve stress, to become less shy and more social, etc.). List 3 healthy alternatives to using drugs for one or more of these purposes. (3 points)



/ 15 points

Feedback Form



School _____ District _____

Grade _____ No. of students _____

Please complete this form after teaching the unit and email, fax or mail the form to the address below. Copies of students' Assessment Rubrics (with names blacked out) would be helpful but are optional. For each question below, circle a score (5 is highest and 1 is lowest) and provide a comment where appropriate.

Does the guide provide ...

... enough information on the theory behind the <i>iMinds</i> resource?	5	4	3	2	1
... sufficient guidance in using constructivist educational techniques?	5	4	3	2	1
... adequate background information on behaviour, substance use and mental health?	5	4	3	2	1

Comment:

Do the lesson plans and learning activities provide ...

... assessment tools necessary to meet BC Curriculum requirements?	5	4	3	2	1
... pacing that is appropriate and adaptable?	5	4	3	2	1
... opportunities for students to think critically?	5	4	3	2	1

Comment:

Do students ...

... find lesson content and activities relevant and engaging?	5	4	3	2	1
---	---	---	---	---	---

Comment:

Are resources ...

... sufficient?	5	4	3	2	1
... engaging?	5	4	3	2	1
... easy to use?	5	4	3	2	1

Comment:



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