

LESSON PLANS RESOURCES

KNOWLEDGE ORGANISERS



PSHE
Association

Drug and alcohol education

KS3-4

LESSONS 2

Year 7-8	3
Year 9	20
Year 10-11	43

RESOURCES 58

Year 7-8	59
Year 9	70
Year 10-11	93

KNOWLEDGE ORGANISERS 111

Year 7-8	112
Year 9	113
Year 10-11	114



LESSON PLANS

Drug and alcohol education

KS3-4

Understanding drugs

This is the first of three lessons for lower key stage 3, providing age-appropriate knowledge about substance use and the understanding and skills to manage influences young people experience in relation to tobacco, alcohol and other drugs. This lesson introduces concepts of substance use through a focus on the risks and effects of caffeine consumption.

Neither this, nor any of the other lessons, is designed to be taught in isolation, but should always form part of a planned, developmental PSHE education programme.



Learning objective

To learn about substance use and the risks and effects of caffeine consumption.



Resources required

Box/envelope for anonymous questions
(ask-it-basket / talk-to-the-teacher note-box)



Large sheets of paper (to create 'graffiti walls' around the room)



Resource 1: Caffeine scenario
(1 set per small group)



Resource 2: Diamond 9
(1 cut-up set per pair)



Resource 3: Draw and write analysis (1 per small group)



Key words

Caffeine, substances, medicines, side effects, controlled drugs, dependence



Climate for learning

Make sure you have read the [accompanying teacher guidance](#) before teaching this lesson, which includes guidance on establishing ground rules, the limits of confidentiality, communication and handling questions effectively.

Activity	Description	Timing
1. Baseline assessment	Students complete a draw and write activity, recording their initial understanding about drugs, the associated risks and consequences	10 mins
2. Introduction	Negotiate or revisit ground rules and introduce learning objectives and outcomes	5 mins
3. Caffeine	Students contribute their knowledge about caffeine to graffiti walls and review a scenario about caffeine consumption	20 mins
4. Caffeine reduction	Students complete a diamond 9 of strategies to reduce consumption of caffeine, before revisiting the graffiti walls	10 mins

5. Draw and write analysis	Class compare and analyse their draw and write activity about drugs, and review this against their findings from this lesson	10 mins
6. Endpoint assessment	Students revisit the draw and write baseline and add key learning from the lesson	5 mins

Baseline assessment



Baseline assessment activity



Working on their own without any discussion with neighbours, ask students to draw and write their responses to the following instructions:

- Draw someone who uses drugs
- Now add the drugs they use
- Draw or write what the drugs looks like and how they are used
- Add any ideas you have about why this person uses them
- Add any of the effects of taking the drugs
- Add what the consequences might be for the person using the drugs

As this is a baseline assessment, it is important to use neutral, non-guiding language and avoid giving any further information until the activity has been completed. Tell students that there is no 'right answer'; it does not matter if they don't know or are unsure about something; the accuracy of spelling and grammar (or artistic ability) is not important here either; and that slang terms may be used as well as the correct term (if they know it).

Ask students to put these to one side as they will return to them later in the lesson.



Introduction



Negotiate or revisit ground rules for the lesson. Remind students that the question box is available to ask questions anonymously.

Introduce the learning outcomes and explain to students that they will be exploring caffeine consumption, its effects, and strategies to reduce caffeine intake.

Core activities



Caffeine



Place four graffiti walls around the room with the following headings (one heading on each):

- What do you know or believe about caffeine?
- What do you want to know about caffeine?
- How is it the same or different from other drugs?

- How is caffeine advertised/marketed, including to young people?

Explain to students that, as a starting point to this series of lessons, they are going to explore caffeine consumption. Ask them to move around the room and add their knowledge, understanding, opinions and beliefs to the graffiti walls. Briefly review these to gauge students' current understanding and beliefs.

Explain that caffeine is a stimulant often found in drinks such as tea, coffee, cola, energy drinks, sports drinks and some medicines. Energy drinks often contain high levels of caffeine and sugar, and may also contain other stimulants. They contain a higher amount of caffeine than many other beverages as they are aimed at boosting energy (caffeine causes a feeling of alertness). However, this is normally very short-lived and a person often finds they feel the need for further caffeine to address the energy 'slump' they experience afterwards.

In small groups, ask students to read **Resource 1: Caffeine scenario** and discuss the questions.

1. Why is Jordan drinking energy drinks?
2. How do you think they are affecting his health?
3. What are the risks if he continues to consume them?
4. Are there any laws or recommendations on caffeine Jordan should be aware of?
5. What advice could you give Jordan to help him reduce/stop drinking energy drinks?

Take feedback from the class, drawing out the key learning:

1. Jordan started to drink energy drinks because he thought consuming them might help him to play for the school sports team. However, due to continued use, his sleep suffered and he began to drink them to make him feel more alert in the day.
2. Effects to his health may include: anxiety, insomnia, headaches, stomach upset. Can lead to heart palpitations.
3. Social/environmental risks might include: impact on studies, school behaviour causing problems, knock-on impact on sports performance. There are up to 21 teaspoons of sugar in an energy drink (despite the maximum recommended daily guideline being six teaspoons). Regular use therefore carries additional health risks including obesity, dental health issues, acne and type 2 diabetes.
4. Caffeine carries fewer legal restrictions than other drugs, although supermarkets have banned the sale of energy drinks to children under 16 and the government has proposed introducing a legal ban. Some medicines which contain caffeine are only available on a doctor's prescription.

Students may wonder what the difference is between energy drinks and sports drinks: the key ingredient difference in energy drinks is caffeine. Sports drinks contain carbohydrates and electrolytes which feed muscles and replace chemicals lost during sweating, possibly helping someone to sustain physical activity for long periods. They are specifically designed for athletes or those who do vigorous physical activity for a session longer than an hour. Sports drinks are not needed for day-to-day activity and it is best to have sports drinks occasionally, rather than every time someone engages in physical activity. Water is a healthier option as it helps keep people more hydrated and it does not contain sugar, sweeteners or preservatives that sports drinks will have. Young people tend to have higher levels of energy than an adult and therefore water and a balanced diet are generally sufficient.



Ask students to focus on answering questions 1, 2 and 5.



What other factors should be considered when selecting snacks and products to boost energy? Other health considerations include sugar, salt and fat levels. Energy drinks contain high levels of sugar which, again, provide a temporary energy boost but disrupt energy levels over time. Foods such as porridge oats, nuts or fruit are more likely to provide energy in a sustained way.



Caffeine reduction



Explain the guidelines around caffeine consumption to students:

Based on current scientific opinions on the safety of caffeine, children and young people are advised to only consume caffeine in moderation. For a 10-year-old child weighing 30kg, this would work out to around 90mg of caffeine, which is approximately the equivalent of one 250ml can of energy drink, or two to three cans of cola, or a mug of instant coffee. Stress that this is the maximum a young person should consume and not a recommendation. It is important to also bear in mind the additional health risks already discussed, including those associated with consuming the quantity of sugar contained in such drinks.

Ask students to use **Resource 2: Diamond 9** to evaluate the different strategies that could be used to help someone reduce their consumption of caffeine. The card at the top of the diamond should represent what they think the best strategy is and the card at the bottom of the diamond should represent what they think the least useful strategy is. The cards in the middle section are placed in rows that they think are 'equally important'.

Ask each group to feedback their top idea, or any discussion points on a card they disagreed over, and explain that reduction in consumption might be achieved through a combination of strategies.

Then, revisit the graffiti walls by placing them at the front of the room and reviewing whether all the students' questions have been answered and if students can now add anything new.

Support:



Provide students with 4 or 5 cards to create a smaller diamond

Challenge:



Ask students to script the opening to a conversation with Jordan, suggesting what he could do to reduce his caffeine intake in the future.



Draw and write analysis



Ask students to return to their draw and write activity from the start of the lesson. Explain that they should not add to, or change anything about their answers at this stage.

Ask the class how many of them had included caffeine in their draw and writes and take feedback.

Then, give each group **Resource 3: Draw and Write analysis**, which contains the following questions for the groups to discuss:

1. What do your drawings have in common?
2. Is a wide range of people represented or have common stereotypes been used?
3. If people in your group have drawn stereotypical images of someone who uses drugs, does this mean that nobody else uses them?
4. What types of drugs have the group focused on? Are they mainly restricted or illegal drugs, or have you included medicinal drugs and other legal substances? Has everyone identified similar drugs, or is there variation?
5. What were the most common reasons given for the user taking drugs?
6. What drug effects have been identified in your group?
7. Is there anything your group would like to know more about as a result of doing this activity?

Take some feedback, identifying key similarities in attitudes, understanding and misconceptions across the class (for some misconceptions to listen for and how to address these, please read the 'addressing misconceptions' section of the teacher guidance), such as:

- Drugs only being used by certain groups of people – young people may have stereotyped ideas about what a 'drug-user' looks like (e.g. young, 'scruffy' male or high-profile celebrity) and may not recognise that many people will use a drug at some point in the form of caffeine, medicine, alcohol etc.
- The idea that all drugs are illegal, or that only illegal substances can cause harm – young people may not recognise the damaging effects that caffeine, nicotine, medicines etc. can have.
- Even widely available substances like energy drinks carry risks and can cause harm to an individual - while government guidelines and the law help us to assess risk, the effects of caffeine can still include mental as well as physical symptoms

Use the insights from this to gauge students' current understanding, beliefs, attitudes, any misconceptions, gaps in knowledge, and stereotypes depicted, to adapt teaching throughout this series of lessons.

Plenary/Assessment of learning



Endpoint assessment and signposting support



On their own, ask students to use a different coloured pen to revisit their initial draw and write activity, changing or adding any key learning from this lesson to their work. These should be kept safe as they will be used in lesson 3 to demonstrate further progress and can also be used to inform future teaching.

Make students aware that further guidance can be found via:

- a tutor, head of year, parent, or other trusted adult
- Childline: www.childline.org.uk 0800 1111
- www.nhs.uk for further information on healthy choices

Extension activity

Extension Activity



Students design a multiple-choice quiz based on what they have learnt over the lesson, to help educate other young people about caffeine. These could be used in future lessons to check learning.

Tobacco – risks and influences

This is the second of three lessons for lower key stage 3, providing age-appropriate knowledge about substance use and the understanding and skills to manage influences young people experience in relation to tobacco, alcohol and other drugs. This lesson focuses on specific risks relating to tobacco and nicotine product use and strategies to manage influences regarding use of these substances.

Neither this, nor any of the other lessons, is designed to be taught in isolation, but should always form part of a planned, developmental PSHE education programme.



Learning objective

To understand and manage influences relating to tobacco and nicotine product use.



Resources required

Box/envelope for anonymous questions
(ask-it-basket / talk-to-the-teacher note-box)



Post-it notes



Resource 1: Attitude continuum
(1 per student)



Resource 2: Effects of using tobacco card sort (1 cut-up set per pair)



Resource 2a: Effects of using tobacco card sort – answers



Resource 3: Spotting influences statements (1 per student)



Resource 3a: Spotting influences statements – support sheet
(1 per student requiring support)



Climate for learning

Make sure you have read the [accompanying teacher guidance](#) before teaching this lesson, which includes guidance on establishing ground rules, the limits of confidentiality, communication and handling questions effectively.



Key words

Tobacco, nicotine, nicotine replacement therapy, e-cigarettes, vaping, shisha, waterpipes

Activity	Description	Timing
1. Introduction	Revisit ground rules. Introduce learning objectives and outcomes.	5 mins
2. Values reflection	Students place statements on attitudes and values relating to tobacco, alcohol and other drugs, on an attitude continuum. Feedback using social norms statistics quiz.	15 mins

3. Tobacco effects	Students sort cards into physical, mental and social/legal effects of using tobacco.	10 mins
4. Spotting influences	Students identify the potential influences on young people's decisions about smoking.	10 mins
5. Managing peer influence	Students provide a range of strategies to manage peer influence.	10 mins
6. Endpoint assessment	Students identify what they have learnt in the lesson using their hand as a template.	5 mins
7. Signpost support	Signpost to further guidance and support related to tobacco, alcohol, and other drugs. Respond to anonymous questions.	5 mins

Baseline assessment



Introduction



Revisit ground rules for the lesson. Remind students of the anonymous question box and the importance of not sharing any personal stories.

Introduce the learning objective and outcomes, explaining to students that in this lesson they will be learning about the risks and influences related to tobacco and nicotine use.



Values reflection



Hand out **Resource 1: Attitude continuum**, ask students to cut out each statement and the continuum and place the statements on the continuum. (Alternatively, students could draw the continuum in their books and write the statements along it.)

Take feedback, ensuring the following key points are covered:

- A range of influences impact on substance use decisions – parents/family, other adults, peers, the media, industry and advertising, perceptions of public opinion. It is important to think about what we value most. Good health, positive relationships, fun and future aspirations are key considerations for many people but what those look like and the order of priority will be different for each person.
- Medications are well researched but still carry risks – hence medical supervision is required for prescribed drugs, and over-the-counter drugs carry specific instructions on use which must be followed. Each person must make a decision based on their own health, values and understanding of the substance in question.
- The data on illicit use of tobacco, alcohol and other drugs, shows use among young people is declining. To explore this further, ask students to write down their answers to the social norms quiz below, which uses data from the Smoking, Drinking and Drug Use Survey in England (SDDU) 2018. Go through the correct percentages after all the questions have been answered, rather than after each one, so that they do not influence students' subsequent answers.

1. What percentage of young people aged 11-13 have never tried smoking cigarettes? [92%]
2. What percentage of young people aged 11-13 say they are regular smokers? [0.4% - so 99.6% are not]
3. What percentage of young people aged 11-13 are regular users of e-cigarettes/vapes? [1% - so 99% are not]
4. What percentage of young people aged 11-13 said they had never taken drugs? [85%]

Students often overestimate their peers' engagement in unhealthy behaviours due to media messaging, interactions with only a small section of society which skews perceptions, and some young people claiming to have participated when they haven't. Correcting this perception of their peers' behaviour supports students to resist internal pressure to 'fit in'. Refer to the evidence briefing paper for further guidance about using positive social norms with care.

Core activities



Effects of using tobacco card sort



Ask students to discuss, then feedback what they think the difference is between nicotine and tobacco.

Explain that **nicotine** is an addictive stimulant found in tobacco and other products such as e-cigarettes/vapes and nicotine replacement products such as patches and gum. **Tobacco** is a plant grown for its leaves and is used in cigarettes, pipes, cigars, chewing tobacco and shisha. When tobacco is manufactured for cigarettes, other substances are added to enhance the addictive properties of nicotine. While nicotine gets people 'hooked' on cigarettes, it's the thousands of other chemicals in tobacco smoke, including tar and carbon monoxide, that cause almost all of the harm from smoking.

Hand out **Resource 2: Risks of using tobacco card sort** and ask students to work in pairs to categorise the risks into physical, mental/emotional and social/legal effects of using tobacco.

Use **Resource 2a: Risks of using tobacco card sort – answers** to check answers.

Develop learning by asking students the following questions:

1. Are there any risks that could fall under more than one category?
2. Are there any short-term risks that may lead to other longer-term risks?
3. Why do you think tobacco has a legally imposed age restriction?
4. Why do you think the number of young people who smoke cigarettes has decreased year on year for the last 30 years?

Take feedback, drawing out key learning:

1. Students may refer to the fact that bad breath, smelling of smoke, stained teeth, infertility and wrinkling of skin are physical risks that could have social impacts due to treatment by others, family life, etc. Physical illnesses or social risks could lead to mental health issues e.g. cigarette costs can lead to financial difficulties/limitations or being diagnosed with a serious illness could lead to depression.
2. Whilst students may identify that a person might become 'addicted' to a substance (e.g. when discussing 'wanting to smoke more frequently'), it may be useful to explore here what they mean by this, as the features of addiction have not been discussed in the lesson and they may have some misconceptions about this term.

For example, do they mean that the person might experience withdrawal symptoms, feel cravings or that they might repeatedly prioritise buying cigarettes over other things they enjoy and miss out on these? When challenging pupils' stereotypes or misconceptions of addiction it may be helpful to share the features of the clinical diagnosis of substance use disorder (commonly referred to as 'addiction') – please see the evidence briefing for these.

3. Students may refer to lung problems developing into cancer, or gum disease to mouth cancer. They may also draw links between second-hand smoke and physical health risks. Whilst the most serious harms associated with tobacco will emerge in the long-term (e.g. cancers) and so may be more easily discounted by pupils, short term use can also present problems which pupils might be concerned about – e.g. smell, expense, falling out with friends/family. Students could also be reminded that as smoking is so harmful, they shouldn't be subjecting their friends to pressure to smoke either.
4. It is important to reiterate that the minimum age of sale for tobacco products in the UK is 18 years. Police can confiscate cigarettes from someone under 16, and it is illegal for an adult to smoke in a vehicle with someone under 18 in it.
5. Students may refer to education, scientific research, other alternatives to smoking cigarettes (e.g. shisha, e-cigarettes/vapes), the impacts of banning advertising of tobacco and introducing standardised packs with no attractive branding.

Support:



Students who need additional support can be given fewer cards to sort. Ensure the cards are selected to provide a range of effects across the three headings.

Challenge:



Ask students to further sort the cards into short-term and long-term effects of tobacco use.



Spotting influences



Individually, students read through and discuss the influences on each character in **Resource 3: Spotting influences statements**. Ask students to annotate each statement with their ideas about what influences are acting on the characters.

Take feedback, drawing out the following influences and key points:

1. Curiosity, perception that e-cigarettes are not/less harmful, or smoking being normalised at home are possible influences. Reinforce that e-cigarettes are a replacement source of nicotine for those who want to quit smoking. If a non-smoker starts using e-cigarettes that contain nicotine, they risk developing a nicotine addiction. Remind students it is illegal in the UK to sell e-cigarettes/vapes to someone under the age of 18.
2. Peers can have a strong influence, particularly when the rest of the group have chosen to smoke.
3. Looking up to an 'older crowd', feeling intimidated or being concerned with impressing others can influence rational decision-making.
4. Perceptions of what is culturally 'normal' and the desire to fit in with this and be included, and the 'party atmosphere' would be strong influences. Shisha smoking is not a safe alternative as it still exposes users to carbon monoxide and many other toxins. It is also important to mention it is illegal to allow the smoking of shisha pipes inside enclosed cafes/bars due to the health risks related to second-hand smoke.
5. Role models and the media can influence decision-making. While vaping is far less harmful than smoking, it is not risk free. Both can be addictive mostly due to the presence of nicotine and the ease of which it can be taken and become part of someone's daily routine. Quitting therefore can be difficult, costly and require

several attempts to be successful. There are a number of ways a person can get support to quit smoking and more information can be found at www.nhs.uk/smokefree.

Support:



Hand students a copy of **Resource 3a: Spotting influences statements – support sheet** which provides a range of suggestions students can use to annotate each character's statement.



Managing peer influence



Remind the class that 'peer pressure' is when people feel pressurised by their peers to do something that they might not want to do. 'Peer influence' does not just refer to a peer pressurising someone to do something, but also includes internal pressures to fit in, or do what the person thinks is expected in a situation. Is it important to acknowledge that peer influence is part of growing up, and we are influenced in many different areas, e.g. the teams we support, the music we like, or the clothes we buy – but this can extend to substance use behaviours as well.

Split the class into small groups and assign each group one of the scenarios taken from the 'Spotting Influences' activity. Ask students to give the character advice about how they could manage the influence. Collect some ideas from students.

Give each group three post-its and ask them to think carefully and creatively about how the character in statement 2 can say "no" in response to peer influence, using the strategies below (stress that it is always best to start with a polite, friendly but assertive 'No thanks'). Students then write their three quotes on individual post-it notes:

1. Giving an honest, open reason for saying no
2. Using humour
3. Using an excuse or telling a 'white lie'.

Students can choose to come up to the board (divided into three) and stick their suggestions into the relevant section of the board. Share some of the best suggestions.

If time allows, ask pupils to rehearse some responses.

Plenary/Assessment of learning



Endpoint assessment



In their books, students draw around their hand and write the following on each finger:

- Thumb: Something from today's lesson that helped you feel more confident.
- Index finger: Describe a strategy you learned today that you could use in the future.
- Middle Finger: An interesting fact you learned this lesson.

- Third Finger: Reflection on whether and how your opinion on smoking has changed. (If not, why not?)
- Little finger: One way you can support others to resist peer influence.

As this is a personal reflection, tell students they do not need to share their responses with the rest of the class, although some may choose to share their thoughts.



Signposting support



Ensure that students know where they can seek help and advice both now and in the future if they are concerned about their own, or others' nicotine use. Students can:

- Speak to a tutor, head of year or other trusted member of staff in the school
- Contact Childline www.childline.org.uk 0800 1111
- Visit <https://www.nhs.uk/smokefree>
- Visit www.talktofrank.com

Extension activity

Extension Activity



Create a storyboard about one of the characters from the 'Spotting influences' statements showing why they felt influenced and how they managed it successfully. Students can be encouraged to use both thought bubbles and speech bubbles to show their ideas.

Alcohol and risk

This is the last of three lessons for lower key stage 3 providing age-appropriate knowledge about substance use and the understanding and skills to manage influences young people experience in relation to tobacco, alcohol and other drugs. This lesson focuses on specific risks relating to alcohol use and challenges some of the perceived social norms about drinking alcohol.

Neither this, nor any of the other lessons, is designed to be taught in isolation, but should always form part of a planned, developmental PSHE education programme.



Learning objective

To learn about the risks and consequences of alcohol use



Learning outcomes

By the end of the lesson students will be able to:

- explain that most young people their age do not use alcohol and analyse the reasons why young people's alcohol use is declining
- describe the effects of alcohol misuse
- describe strategies to manage influences on alcohol use
- identify sources of support for alcohol misuse



Climate for learning

Make sure you have read the [accompanying teacher guidance](#) before teaching this lesson, which includes guidance on establishing ground rules, the limits of confidentiality, communication and handling questions effectively.



Resources required

Box/envelope for anonymous questions
(ask-it-basket / talk-to-the-teacher note-box)



Large sheets of paper and marker pens

A3

Students' **substance use draw and write baseline activity** sheets from lesson 1



Resource 1: Short and long term risks of alcohol (1 per pair)



Resource 1a: Short and long term risks of alcohol — support sheet (1 per student requiring support)



Resource 2: Diamond 9 card sort (1 cut-up set per pair/small group)



Key words

Alcohol, decline, influences, long-term/short-term risks

Activity	Description	Timing
1. Introduction	Revisit ground rules. Introduce learning objectives and outcomes.	5 mins
2. Baseline assessment	Students estimate statistics relating to young people's alcohol use and suggest reasons for its decline.	15 mins
3. Short-term and long-term risks	Students identify a range of short-term and long-term risks of drinking alcohol	10 mins
4. Diamond 9 of influences	Students rank nine potential influences that may lead young people to drink alcohol.	10 mins
5. Managing influences	Students suggest strategies for managing influences to drink alcohol	10 mins

6. Endpoint assessment	Students re-visit the draw and write baseline activity from lesson 1 and add to or amend them, to demonstrate their learning over the last three lessons.	5 mins
7. Signpost support	Signpost to further guidance and support related to substance use, including alcohol. Respond to anonymous questions.	5 mins

Baseline assessment



Introduction



Revisit ground rules for the lesson. Remind students of the anonymous question box and the importance of not sharing any personal stories.



Young people and alcohol



Indicate an imaginary line across the classroom with 0% at one end and 100% at the other. Read the questions below, one at a time, and ask students to stand along the line to indicate what they think the correct percentage is in each case. (An alternative approach would be for the class to direct **you** to stand on the line where they as a group estimate the correct answer to be.)

After each question, give the correct answer and ask students to note whether they had overestimated or underestimated the percentage (answers given in brackets):

In the [Smoking, Drinking and Drug Use Survey in England \(SDDU\) 2018](#), what percentage of young people aged 11-13:

1. said they have never tried alcohol? [71%]
2. said they had drunk alcohol in the last week? [4% – so 96% had not]
3. said they usually drank alcohol at least once a month? [9% – so 91% do not]
4. said they thought it was OK to drink alcohol once a week? [16% – so 84% said it was not]

Then ask them the following questions:

1. Were the actual answers different from your guesses? How?
2. Were there any answers that surprised you?

As in lesson 2 when considering smoking, students are likely to have overestimated their peers' engagement in alcohol use due to media messaging, interactions with only a small section of society which skews perceptions, and some young people claiming to drink more alcohol than they actually do. Correcting this perception of their peers' behaviour supports students to resist internal pressure to 'fit in'. Refer to the evidence briefing paper for further guidance about using positive social norms with care.

Introduce the learning objective and outcomes for the lesson, explaining to students that they will be exploring the risks relating to alcohol consumption and ways to manage the pressures on young people to drink alcohol, whilst also recognising the changes to young people's use of alcohol over recent years.

Explain that some people will choose not to drink alcohol for religious or cultural reasons, but evidence from a number of surveys in recent years has shown a steady decline in young people's alcohol use generally across the population.

In small groups, ask students to discuss why they think this is the case.

Take feedback. Ensure the following points are covered¹:

- It is difficult to be certain of the causes for this decline but researchers have suggested that reasons might include:
- Drinking less alcohol could be part of a positive change in attitudes and behaviour amongst young people, in which many are adopting a healthier lifestyle, for example by eating less meat or becoming vegetarian/vegan, abstaining from substance use, and becoming more environmentally conscious.
- Advances in digital technology and increased connectivity, give young people alternative opportunities to socialise that do not involve alcohol, and that reduce the importance of pubs and clubs for meeting people and building social relationships and networks.
- Social media and other online media, together with better health education can also increase knowledge about alcohol-related harms. Social media can also raise the visibility of online communities that support, celebrate and further normalise not drinking alcohol
- 'Dry months' such as Dry January have become popular and increasingly familiar over recent years, normalising abstaining from alcohol as a positive lifestyle choice.
- Changes to alcohol-related policies/laws e.g. on alcohol pricing, making cheap alcohol less available to young people, and requiring proof of age (challenge 25).
- Economic factors can reduce the money young people have available to spend on alcohol.
- Changes in exposure to alcohol advertising and marketing activities²
- Changes in parental practice, such as parental modelling, monitoring of children's behaviour, alcohol supply restriction (both in and out of the family home), and alcohol-specific rule setting. Studies have also demonstrated the importance of more general aspects of parenting on adolescent drinking such as open communication between parents and children general discipline and parental support on adolescent drinking³.

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1. Adapted from: <https://theconversation.com/why-young-people-are-drinking-less-and-what-older-drinkers-can-learn-from-them-133020>; <https://www.alcoholpolicy.net/2019/12/declines-in-drinking-amongst-young-people-what-does-the-evidence-say.html>; <https://www.independent.co.uk/news/health/alcohol-boozes-young-baby-boomers-generation-health-a9085771.html>
 2. Vashishtha et al. (2019) <https://www.tandfonline.com/doi/full/10.1080/16066359.2019.1663831>
 3. Vashishtha et al. (2019) <https://www.tandfonline.com/doi/full/10.1080/16066359.2019.1663831>

Core activities



Short-term and long-term risks



Using **Resource 1: Short- and long-term risks of alcohol**, students work in pairs to suggest the short-term and long-term risks of alcohol misuse. They should write the short-term effects in the box closest to the image and the long-term effects in the outer box.

Share answers as a class, ensuring students update their work with additional ideas.

Take feedback, drawing out key learning:

- Short-term effects could include: dehydration, lack of inhibitions and feeling sociable – leading to ‘out of character’ behaviours, feeling sick, feeling drowsy, vomiting, headache, diarrhoea, dizziness and lack of coordination, loss of personal possessions, making poor decisions such as overspending, etc., being at greater risk in certain situations, accidents and injuries due to falling over, memory loss, a ‘hangover’ the following day and alcohol poisoning.
- It is against the law to buy alcohol under 18 years old. 16 or 17 year olds accompanied by an adult can drink, but not buy, beer, wine or cider with a meal. Under 18s can be stopped, fined or arrested by police if caught drinking alcohol in public.
- Long-term effects of alcohol use (which can take many years to develop) include: health issues such as high blood pressure, stroke, cirrhosis/liver disease, effects on mood such as anxiety and depression, fertility issues, cancers including liver, bowel, breast and mouth; alcohol dependency; fallout from unwise actions while drunk including relationship changes and feelings of regret, and serious injuries. There are also sugar-related concerns including obesity, dental health issues and acne.
- Students who have completed the challenge task may have identified a range of ways short-term effects of alcohol can have long-term consequences, such as impaired decision-making leading to an accident resulting in long-term injuries, or lack of inhibitions and impaired decision-making leading to unsafe sex, which in turn could lead to unplanned pregnancy or STIs.

Support:



Use **Resource 1a: Short-term and long-term risks of drinking alcohol – support sheet** to make labels that students can use to add to Resource 1.

Challenge:



Ask students to give examples of how short-term effects of alcohol use can have long-term consequences.

10

Diamond 9 of influences

9

Students work in pairs or small groups to sort the cards in **Resource 2: Diamond 9 card sort**, ranking the different influences on young people’s alcohol use into a diamond shape. The influence they think is the most significant should be at the top of the diamond and the least significant at the bottom of the diamond shape. Cards placed next to each other in a row are equally significant.

Explain to the class that there are no right or wrong answers and that this activity allows students to assess their own opinions.

Share some of the answers as a class and ask those who did the challenge activity how answers might differ for adults and why.

Support:



Students who need additional support can be given fewer cards to sort into a Diamond 5. Ensure the reasons provided are distinctly different.

Challenge:



Students rearrange the reasons to show which are most to least likely to influence adults to drink alcohol.



Managing influences



From the feedback to the diamond 9 activity, choose six influence cards that students have tended to place highest in their diamonds. Divide the class into six groups and allocate one of the influences to each group.

Ask each group to imagine that someone who was being influenced in that way (e.g. someone who drinks alcohol to fit in with their peers, or to help with stress) had asked them their advice. Each group should discuss and then write their advice on a large sheet of paper.

Ask someone from each group to stick their sheet on the wall and invite the class to look at all the sheets, adding to the other groups' sheets:

- any additional advice they can think of
- possible sources of support – people or organisations they could go to for help

Summarise key pieces of advice. Students might suggest some of the following:

- If you tell your friends you would prefer not to drink alcohol, some of them are likely to agree – they may only be drinking to 'fit in' too.
- If you're feeling stressed, alcohol could make things worse. It would be more helpful to talk to a trusted adult about any problems or worries.
- It is much healthier and safer to find other activities that help you feel happy and confident e.g. a hobby, taking part in a sport, or organising social events that don't involve alcohol.
- There are lots of alcohol-free versions of popular drinks that taste much the same, so you can have the taste without the harmful effects. These are great for social events and celebrations too.

Plenary/Assessment of learning



Endpoint assessment



Hand students back the baseline assessment activity they completed at the start of lesson 1 (**Lesson 1 Resource 1: Substance use draw and write baseline activity**). Ask students to think back over the last three lessons and now re-visit this draw and write activity, editing their initial ideas and adding any additional information in a different colour pen, to demonstrate their learning over the scheme of work.

Their updated draw and write activity sheets can be used to inform future teaching and as evidence of progress over the scheme of work.



Signposting support



Summarise sources of support students identified in the Managing Influences activity above. Ensure that students know where they can seek help and advice both now and in the future if they are concerned about drug use. Students wishing to seek further guidance can:

- Speak to a tutor, head of year or other trusted member of staff in the school
- Contact Childline www.childline.org.uk 0800 1111
- Visit www.nhs.uk
- Visit www.talktofrank.com

You may also wish to make them aware of the [National Association for children of alcoholics](#)

Extension activity

Extension Activity

Design a public information campaign to raise awareness about the statistics relating to young people's alcohol use. The aim is to get across the message that most young people do not misuse or currently use alcohol, so young people should not feel pressurised to drink alcohol to be cool or fit in.

Exploring attitudes

This is the first of four lessons for year 9 focusing on the risks and consequences of drug use. This lesson will allow you to gain a clear picture of students' current understanding of drugs, explores attitudes towards their use and clarifies perceptions regarding the prevalence of drug use.

Neither this, nor any of the other lessons, is designed to be taught in isolation, but should always form part of a planned, developmental PSHE education programme.



Learning objective

To learn about drugs and young people's attitudes and behaviours regarding drug use



Learning outcomes

By the end of the lesson students will be able to:

- describe the names, appearance and effects of a range of illegal drugs
- analyse their attitudes and beliefs about the prevalence of drug use amongst young people
- assess the reasons why young people might choose to use or not use drugs



Climate for learning

Make sure you have read the [accompanying teacher guidance](#) before teaching this lesson, which includes guidance on establishing ground rules, the limits of confidentiality, communication and handling questions effectively.



Key words

Drugs, illegal, risk, social norms, hallucinogenic, stimulant



Resources required

Box/envelope for anonymous questions
(ask-it-basket / talk-to-the-teacher note-box)



Blank post cards (for 'exit cards')



Plain paper (or exercise books) and pens



Resource 1: Baseline mind-map
(1 per student)



Resource 2: Guess the statistic quiz
(1 per pair)



Resource 3: Reasons for and against drug use (1 per student)



Resource 3a: Reasons for and against drug use – support
(As needed for support)



Resource 4: Types and effects card sort (1 set of cut up cards per pair)



Activity	Description	Timing
1. Introduction	Introduce learning objective and outcomes, and revisit ground rules	5 mins
2. Baseline assessment	Students complete a mind-map activity, recording their initial ideas about drugs, the associated risks and the law	10 mins
3. Exploring social norms	Students complete a statistics quiz about drug use amongst young people	10 mins

4. Reasons for and against drug use	In pairs, students mind map reasons for and against taking drugs	10 mins
5. Types of drugs	Students work in pairs to match drug types to their effects	15 mins
6. Endpoint assessment	Students complete an exit card demonstrating their learning during the lesson	5 mins
7. Signpost support	Remind students how to access further advice, guidance and support related to drugs	5 mins

Baseline assessment



Introduction ?

Negotiate or revisit ground rules for the lesson, and remind students of the anonymous question box and the importance of not sharing any personal stories. Introduce the learning objective and outcomes and explain that today's lesson will explore attitudes towards drug use and key information about drugs.



Baseline assessment activity



Working on their own, ask students to write their responses to the four questions on **Resource 1: Baseline mind-map**.

As this is a baseline assessment, it is important to use neutral, non-guiding language and avoid giving any further information until the activity has been completed. Tell students that the accuracy of spelling and grammar does not matter and that slang terms may be used as well as the correct term (if they know it).

Use the insights from this and the next activity to gauge students' current understanding, beliefs, attitudes, any misconceptions and gaps in knowledge, to adapt teaching throughout this series of lessons.

Collect this work from students and keep it safe as they will return to it at the end of Lesson 4.

Core activities



Exploring social norms



In pairs, hand students **Resource 2: Guess the statistic** and ask them to complete the quiz, guessing what they think the correct statistic is. Ask students to hold up mini white boards/paper with their guess written on for each question.

Share the answers with students and discuss how close they were to guessing the correct answer:

Q1: 2% of 11-15 year olds are ‘regular’ smokers (meaning 98% are not)

Q2: 56% of 11-15 year olds have never tried an alcoholic drink

Q3: 8% of 11-15 year olds have ever tried cannabis (meaning 92% have not)

Q4: 4% of 11-15 year olds have ever tried nitrous oxide (meaning 96% have not)

Q5: 20% of 16-24 year olds have used an illegal drug in the last year (meaning 80% have not)

Develop discussion further by asking students:

- Have any of these statistics surprised you?
- (For those who have previously done the lessons for years 7-8) Were your guesses more accurate this time than when you did similar activities in earlier lessons?
- Why do you think perceptions of young people’s drug use are sometimes inaccurate, even amongst young people themselves?
- How might young people’s perceptions of their peers’ behaviour impact on their own behaviour?
- How might media portrayal of young people’s behaviour impact on a young person’s behaviour?

Students will likely have overestimated peers’ use of alcohol and other drugs – perhaps due to media influence, misinformation/misreporting among their peer group or a higher rate of usage among an individual’s social circle. Young people who believe most of their peers are involved in using alcohol and other drugs are more likely to use them themselves. It is therefore crucial to emphasise (as students saw in relation to alcohol in the Year 7/8 lessons) how low drug use prevalence actually is; it is more common for young people **not** to use drugs. Reputable data from anonymous surveys like these show that rates of teenage drug and alcohol use are low and have significantly declined over the last 20 years.

Similar activities are used in the lessons for years 7-8, so if your students have done these lessons in earlier years you may see that their guesses were more accurate – evidence that their perceptions have shifted somewhat.

Discussion of social norms needs to be handled with care in order to ensure that students at higher risk are not excluded – see page 5 of the [teacher guidance](#) for further advice on handling social norms with care.



Reasons for and against drug use



Hand students **Resource 3: Reasons for and against drug use**. Ask students to work in pairs to create a list or mind map of all the reasons people might give for and against using drugs.

Reasons for drug use students are likely to suggest:

1. For fun, makes people feel happy/confident, they think drugs will relax them or give them an interesting experience
2. To be accepted in a friendship group, peer pressure, to impress someone, want to seem ‘cool’
3. They believe everyone else is doing it, they have friends/family members who use drugs, influence of the media and it seems ‘the norm’
4. They are curious and/or like taking risks
5. They want to escape reality, perhaps because of traumatic experiences and/or difficult feelings

Reasons against drug use students are likely to suggest:

1. Concerns over health risks and short-term effects e.g. addiction, hangovers and heightened accident risks
2. Valuing a healthy lifestyle in which drugs are not a feature
3. Religious/cultural beliefs or family-based reasons such as family disapproval of drug use
4. Pre-existing medical condition that means using drugs would be particularly harmful
5. To avoid losing control or acting in unwanted ways while under the influence
6. Having a great time without drugs
7. Feeling comfortable making their own choices, so feeling able to resist peer influence
8. Worried about breaking the law or getting caught

Then ask students to discuss the reasons for and against the use of drugs.

- Are any of the reasons in favour of drug use based on inaccurate beliefs?
- How could someone argue against these inaccurate beliefs?
- Which reasons do they believe are the strongest reasons against drug use and why?

It is essential that through discussion and feedback, students have an opportunity to challenge the reasons suggested above. Key points include:

Substance use is not a medical treatment for stress or depression, and whilst there might be short term relief of symptoms, in the long-term can make those symptoms worse, which is why these drugs aren't prescribed by doctors.

Using drugs can affect decision-making which can increase the likelihood of engaging in risky behaviours. If the individual is already in a risky situation or with people they do not know or trust, their level of vulnerability will increase when under the influence of drugs.

As shown in the statistics above, very few young people are actually involved in drug use

Distinguish between legal (e.g. medicinal) and illegal drug use. Some controlled substances are being used in experimental medical treatments which some students may argue shows the laws on drugs are flawed. In response, emphasise the differences in purity between substances used in medical settings and street drugs (the purity of which is difficult to establish) and it is not possible to tell what the drug has been cut with unless chemical testing is conducted. Additionally, emphasise that such trials use carefully controlled dosages prescribed under the care of a medical professional with the aim of treating a diagnosed condition.

Support:



Ask students to use two colours to indicate the reasons a person might give for and against using drugs in **Resource 3a: Reasons for and against drug use**

Challenge:



Ask students to script an exchange between friends discussing why they choose not to use drugs.



Types of drugs



Working in pairs, students sort the cards on **Resource 4: Types and effects card sort** to match two 'effects' cards to each drug type. Circulate amongst groups to gauge responses.

Share the answers using a copy of Resource 3 that has not been cut up (correct answers are next to each drug type). Ask students one thing that surprised them or that they did not know about one of the drug types.

Key learning:

- There is a range of effects that different types of drugs have. Sometimes different types of drugs will have some effects in common. For example: both LSD and cannabis have been linked to paranoia; both depressants and stimulants give feelings of pleasure – though in differing levels of intensity.
- While the effects of some types of drug are pleasurable, there are also a range of effects that the same drug can cause including effects that can damage health directly or increase the vulnerability of a person using them.
- It is important that students note that it is difficult to know whether a 'street' drug contains what it is claimed to contain or not, it is also hard to know what the drug is mixed with. Therefore, the effects of these drugs are hard to predict.
- Additionally, students should understand that mixing different drugs (including alcohol) can be dangerous.

Support:



Ask students to sort the simplified **Resource 4a: Types and effects cards**. These have a reduced number of effects described.

Challenge:



Ask students to write a short news item or script explaining why the effects of street drugs cannot be guaranteed.

Plenary/Assessment of learning



Endpoint assessment



Ask students to complete an exit card focusing on their beliefs about young people's drug use and whether these have changed at all during the lesson. Ask them to respond to the following question:

What would you say to someone who says "It's fine to use drugs – everyone does when they're young"?

Students should write their response in their exercise book or on an 'exit card' to be handed in before they leave the classroom.



Signposting support



Remind students that they can access support at home, and both in school (through their form tutor, head of year, or school police officer) and out of school, through local and national organisations. Share the following websites and phone numbers with young people:

Childline – www.childline.org.uk Phone: 0800 1111

Talk to Frank – www.talktofrank.com/get-help

Extension activities

Generating questions

Ask students to write down any questions they would like to ask about drugs, their health impact and the law. These could be written on post-it notes and added to the anonymous question box. Ensure time is provided in the next lesson to answer students' questions.

Generating questions for a police officer (if you are planning a police visit)

You may be planning to have a police officer visit the school to help support your teaching of this topic area. The next lesson, on drugs and the law, would best suit the expertise of a police officer. Further guidance on police in the classroom can be found on the [PSHE Association website](#).

Explain to the group that a police officer is visiting to teach them about drugs, the law and policing. Ask students to generate any questions they would like to ask the police officer. These could be written on post-it notes, collected and shared with the police officer before the police officer's visit.

Statistics for questions 1-4 from: National Health Service, 2018. *Smoking, Drinking and Drug use among young people in England*.

Statistic from: Home Office, 2019. *Drugs Misuse: Findings from the 2018/19 Crime Survey for England and Wales*.

For more on working with police officers in the classroom and how to ensure sessions are safe and effective, see [POLICE IN THE CLASSROOM: A handbook for the police and PSHE teachers, PSHE Association, 2019](#).

Drugs, the law and managing risk

This is the second of four lessons focusing on the risks and consequences of drug use. This lesson teaches students about the law in relation to drugs, the legal consequences of possessing or supplying drugs and how police officers enforce these laws in practice.

Neither this, nor any of the other lessons, is designed to be taught in isolation, but should always form part of a planned, developmental PSHE education programme.



Learning objective

To learn about the potential legal consequences of using illegal drugs



Learning outcomes

By the end of the lesson students will be able to:

- explain the legal terms 'possession', 'supply' and 'intent to supply' in relation to drugs
- explain the short- and long-term legal consequences of being found in possession of, using, selling or supplying different classes of drugs



Climate for learning

Make sure you have read the [accompanying teacher guidance](#) before teaching this lesson, which includes guidance on establishing ground rules, the limits of confidentiality, communication and handling questions effectively.



Resources required

Box/envelope for anonymous questions (ask-it-basket / talk-to-the-teacher note-box)



Resource 1: Drug class card sort (1 per pair)



Resource 1a: Drug class card sort answers (1 per class)



Resource 2: Picture cards (2 copies of each card per class)



Resource 2a: Teacher information sheet (1 per class)



Resource 3: Outcomes (1 per small group)



Key words

Drugs, legal/illegal, possession, intent to supply, consequences, criminal record

Activity	Description	Timing
1. Baseline assessment	Students respond to an overheard conversation, sharing their initial ideas about drugs and the law	5 mins
2. Card sort	Students sort scenarios involving drugs by class of drug and type of legal offence	10 mins
3. Picture analysis	In small groups, students identify risks in a scene and suggest what might happen without intervention	15 mins
4. Predicting outcomes	Students sort different legal outcomes by likelihood of occurrence	10 mins

5. Ongoing outcomes	Class predict the long-term outcomes for someone who has been arrested for drug offences	10 mins
6. Endpoint assessment	Students revisit the overheard conversation and add new learning to demonstrate progress	5 mins
7. Signposting	Remind students how to access information and support, including how to contact the police and report a crime	5 mins

Baseline assessment



Baseline assessment activity



Revisit ground rules for the lesson, and remind students of the anonymous question box and the importance of not sharing any personal stories.

Share the following overheard conversation with students and, in pairs, ask them to discuss and note down in their books, their responses to the questions below:

Person A: You can get into real trouble for having that in your bag!

Person B: It's fine, I'm not going to use it. I'm giving it to a mate.

Person A: That's going to be even worse! It's dealing!

Person B: It's not dealing if they don't pay for it.

- What do you think Person A and Person B are talking about?
- Which person do you think is right? Why?
- What might the consequences be for Person B?

Take feedback from the class. This will help you gauge students' current understanding about drugs and the law. Use this to adapt teaching and correct any misconceptions during the lesson.

Introduction



Introduce the learning objective and outcomes to the students and explain that today's lesson will look at the law about drugs, and the short- and long-term impact of possessing or supplying these drugs.

Core activities



Card sort



In pairs, students sort the cards from **Resource 1: Card sort** into the table. Students should decide on the class of the drug and the type of offence shown (possession, possession with intent to supply, or supply.) Clarify the meaning of these terms by sharing these definitions:

In pairs, students sort the cards from **Resource 1: Card sort** into the table. Students should decide on the class of the drug and the type of offence shown (possession, possession with intent to supply, or supply.) Clarify the meaning of these terms by sharing these definitions:

Possession means that an individual is caught with a controlled drug for personal use. The person does not have to be using it, just to have it in their possession.

Possession with intent to supply means that a person is planning to give controlled drugs to someone else. This includes selling, sharing or giving for free.

Supply means that a person distributes or gives someone else controlled drugs. This can be selling, giving for a reward of some form, sharing or giving for free.

Circulate amongst groups, checking their responses using the answer sheet in **Resource 1a: Card sort answers**.

Using the legal penalties decoder at the bottom of **Resource 1: Card sort**, ask students to suggest what the maximum legal penalty would be for each scenario. Take feedback from students and share the solution and penalty from **Resource 1a: Card sort answers**.

Key learning:

- Substances fall into class categories: A, B, C and psychoactive substances. (This refers to substances covered by the Psychoactive Substances Act 2016.)
- 'Possession' can lead to an unlimited fine and/or a prison sentence for drug classes A, B and C. (See legal penalty decoder in Resource 1a for a further breakdown of prison sentences.)
- In the UK being intoxicated/'high' is not an offence, but any resultant disorderly behaviour may be illegal. There are also traffic offences related to this. It may also be grounds for a police search. Be aware that discussion around police stop and search powers may raise concerns about ethnicity-based prejudice, see the teacher guidance document for further support.
- Both 'Possession with intent to supply' and 'Supply' can lead to an unlimited fine and/or a prison sentence for drug classes A, B, C and psychoactive substances. (See legal penalty decoder in Resource 1a for a further breakdown of prison sentences.)
- There is no possession offence for Psychoactive Substances (unless in custodial settings or on education premises such as schools), however this does not mean they are 'safer' and students should understand that there are still personal and health risks to their use, as well as the risk of confiscation of the substance by police officers.
- It is important to note that for small amounts of cannabis or khat, a warning for possession may be given initially if a person is over 18 and has no prior record of drug-related offences. Further offences can lead to on-the-spot fines or arrest.



Picture analysis



Working in small groups, give students one of the images from **Resource 2: Picture cards** and ask them to imagine a police officer is nearby. Ask them to discuss the following questions:

1. What risks are present?
2. Who is most at risk in the picture?
3. Without intervention from the police officer, what might happen next?

Encourage students to use the legal terms 'possession', 'intent to supply' and 'supply' in their discussion when possible. If time allows, rotate picture cards so students have an opportunity to discuss different situations.

Take feedback, drawing out the key learning from **Resource 2a: Teacher information sheet**.

Key Learning

1. Substance use can affect the individuals involved, as well as other members of the public. Young people might also be vulnerable to ongoing harms from the drug trade, such as being drawn in to supply through exploitation including offers of 'gifts.'
2. Levels of risk will vary in each scenario and could be dependent on factors we don't know about, such as substances being mixed. We also do not know if the individuals in the pictures are there of their own volition or if they are being coerced.
3. Answers students give will vary, however students should recognise that the role of the police is to ensure the safety of the young people in each scenario as well as that of the general public.
4. It is important to point out that for most young people involved in drugs, supply will be through friends and siblings (and for alcohol, sometimes from the family home). Involvement with 'dealers' does happen, but it is relatively rare.

Support:



Select pictures A, B and C for students who need more support. Scaffold the activity using questioning e.g. What can you see? What might be happening? Are there any questions you might want to ask about the picture?

Students can annotate or circle features of the picture in response to these questions.

Challenge:



Ask students to write a speech about why laws exist in relation to drugs and alcohol.



Predicting outcomes →

Still using their picture scenario, ask students to decide what they think might happen next. Hand groups **Resource 3: Outcomes** and ask them to shade in each card based on likelihood as follows:

Green – Definitely

Orange – Sometimes

Red – Rarely

Answers will vary based on the scenario and different groups' perceptions. As feedback on this activity can be lengthy, encourage students to only share their 'most likely' and 'least likely' idea, or to share a card they disagreed over during the activity and explain why they had different views.

Ensure students understand that officers can and do arrest young people for drug offences, particularly for supply of drugs, but that the police use their powers of discretion in many circumstances, in the wider interests of society. Note that in some police force areas, police are now operating diversionary schemes, whereby drug possession offences lead to referral to drugs education rather than processing through the criminal justice system. In regards to official warnings, it is important to note that after the age of 18 official warnings can be given for the possession of small amounts of cannabis or khat.

Support:



Give students fewer cards to sort (e.g. 5 or 6) rather than 9.

Challenge:



Ask students to suggest which factors might affect possible outcomes to the situation (e.g. the way the young people respond to the officer, how inebriated they are, the class of the drug, the time of day, who else is around).



Ongoing outcomes



Still in their groups, ask pupils to split their page into a grid of four and write in the spaces the headings 'Personal' 'Friends and Family' 'Career' and 'Travel'. Ask students to write down any consequences of having a criminal record for drug offences on each of these aspects of a person's life.

Take feedback, drawing out the following key points:

- **Personal** = might feel regret or guilt, less confident about new challenges, worried what others will think, damage to personal reputation, might have to spend time in prison.
- **Friends and family** = may be disappointed, friends might not want to spend time together anymore due to concerns about their own reputations, might be more worried about their friend/family member's decisions and safety in future, might have to be away from family and friends while in prison.
- **Career** = have to disclose criminal offences when applying for jobs, so might be less likely to get a job, might not be able to work in certain professions anymore, time in prison can disrupt studies and career path.
- **Travel** = entry to some countries refused if someone has a drugs-related conviction (e.g. USA), might limit options and opportunities in the future (e.g. to live or work abroad)

Plenary/Assessment of learning



Endpoint assessment

Ask students to revisit the overheard conversation from the start of the lesson. Ask students to script a response to Person B, convincing them of the consequences of their actions.



Signposting support



Remind students that they can access support at home, and both in school (through their form tutor, head of year, school nurse or school police officer/police community support officer) and out of school, through local and national organisations. Share the following websites and phone numbers with young people:

Childline – www.childline.org.uk Phone: 0800 1111

Talk to Frank – www.talktofrank.com/get-help Phone: 0300 123 6600

Remind students that if they need to contact the police, they can do the following:

- To get help in an emergency – Phone: 999
- To report a non-urgent crime – Phone: 101
- To anonymously report a crime: www.fearless.org

Extension activity

Leaflet campaign

Ask students to create a leaflet for young people highlighting the key legal risks relating to drug use. This should define key terms, provide examples of each and suggest possible consequences.

Drugs and their effects: Alcohol and cannabis

This is the third of four lessons focusing on the risks and consequences of drug use. This lesson explores the effects of different patterns of alcohol use, in addition to the health risks associated with alcohol and cannabis use.

Neither this, nor any of the other lessons, is designed to be taught in isolation, but should always form part of a planned, developmental PSHE education programme.



Learning objective

To learn about the short and long-term effects of alcohol and cannabis use on individuals.



Learning outcomes

By the end of the lesson students will be able to:

- describe some of the health risks associated with occasional and problematic substance use
- recognise and challenge myths related to cannabis use and drinking alcohol



Climate for learning

Make sure you have read the [accompanying teacher guidance](#) before teaching this lesson, which includes guidance on establishing ground rules, the limits of confidentiality, communication and handling questions effectively.

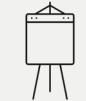


Resources required

Box/envelope for anonymous questions
(ask-it-basket / talk-to-the-teacher note-box)



Flip chart paper and markers



Resource 1: Alcohol patterns
(1 per small group of 3-4 students)



Resource 1a: Alcohol patterns support
(1 per student requiring support)



Resource 2: Myth-busting
(1 per pair)



Resource 2a: Myth-busting answers ✓/✗
(1 per class)



Key words

Risks, mindset, dependence

Activity	Description	Timing
1. Introduction	Introduce students to the learning objective and outcomes, and revisit ground rules	5 mins
2. Baseline assessment	Students create a mind map on the risks associated with drug and alcohol use	5 mins
3. Factors affecting decisions	Students evaluate how a person's environment can affect their choice to use a drug or drink alcohol	15 mins
4. Alcohol patterns	Students explore alcohol drinking patterns and analyse levels of risk	10 mins
5. Myth-busting	Students identify and correct myths in relation to cannabis	10 mins

6. Endpoint assessment	Students revisit their mind map, adding new learning to demonstrate progress	10 mins
7. Signpost support	Remind students how to access further advice, guidance and support related to drugs issues	5 mins

Baseline assessment



Introduction



Revisit ground rules for the lesson, and remind students of the anonymous question box and the importance of not sharing any personal stories.



Baseline assessment



Ask students to create a mind-map around the following question:

- What are the potential risks of using alcohol or other drugs?

As this is a baseline assessment, students should complete their mind-map individually and without any input or prompting. The activity is intended to measure what students currently perceive as a risk.

Take feedback from students, but remind them not to add to their mind-map while taking suggestions from the class.

As a class, discuss what categories the risks might fall into, for example: short or long-term; physical, emotional, social, financial or legal; risks to the person using the drug, their family and friends, their community. Ask students if they think there are any situations that might increase or decrease the risk associated with drug or alcohol use.

Now introduce the learning objective and outcomes and explain that today's lesson will explore the effects of drug use on mental and physical health, with a focus on alcohol and cannabis.

Core activities



Factors affecting decisions



Write each of the situations below on separate pieces of flipchart paper, divide the class into six groups and hand each group one of the sheets:

- Meeting someone unfamiliar
- Preparing for exams
- Dancing at a crowded party
- Being in an unfamiliar place
- Having had a stressful day
- Being at home alone

Ask students to imagine that a young person is deciding whether to use a drug or drink alcohol in each of these scenarios. In their groups, students should write on the flipchart paper their responses to the following questions:

1. What effect (if any) might the situation have on whether the young person decides to use a drug or drink alcohol?
2. How might the situation affect the risks the young person faces if they do choose to use a drug or drink alcohol?
3. How might the situation be made safer and/or where could the young person get support?

Afterwards, invite the groups to swap their sheets so that they can add any additional ideas to each other's situations.

Gather feedback from the groups:

- Students may identify that a person might be more likely to use drugs or drink alcohol in situations where many people are drinking or using drugs, such as at a party; or where they want to 'impress' someone they have just met.
- They may also identify that each of the situations may have different effects for different people. For example, if a person felt stressed about their upcoming exams they may use unhealthy coping mechanisms, such as alcohol or other drugs. Alternatively, in the same situation a person may consider their upcoming exams to be a reason that they do not want to drink alcohol or use a drug, as they need to care for their physical and mental health at this time, and maximise time for study and preparation.
- Students may suggest that support could be sought in school through a teacher, member of pastoral staff or school counsellor; they may also suggest support a person could access outside of school such as through a parent, friend or contacting Childline or a similar service. They may also suggest ways to reduce risk in the immediate situation, for example by the person removing themselves from the situation; making a plan with friends before going out, to help keep each other safe; or utilising healthy coping strategies to deal with stress and anxiety.
- Students may identify that the level of risk would vary depending on whom the person was surrounded by, for example the risk from using a drug would be especially high if a person was alone and needed medical support.

Challenge:



Ask students to write down any other factors they can think of that might affect the level of risk a person experiences in relation to the use of alcohol or other drugs.



Alcohol patterns



Remind students that many people do not drink alcohol for religious or cultural reasons, that statistics show that alcohol use amongst all young people is declining, and that most young people choose not to drink alcohol. For those who do choose to drink alcohol, whilst all alcohol consumption carries a degree of risk, there are ways to reduce the risk of harm.

Hand students **Resource 1: Alcohol patterns** and ask them to read the first part of the sheet that outlines what can be considered lower risk drinking and explain to students that whilst not drinking alcohol at all is

the healthiest choice, drinking alcohol in a lower risk way reduces the chance of illness or injury, including lower risks of alcohol-related cancers, and short-term injuries or misjudgement of risks than higher risk drinking habits.

Next ask students to draw or write the number of alcoholic drinks that an adult could drink to be considered a 'lower-risk' drinker in the table on the lower half of the sheet using the information they have read. They should also decide on three key points they think would keep the risks to an adult low. For example, they may wish to consider how much or how often a person may want to drink or if there are further strategies to lower the risks present while drinking.

Key learning:

- It is important to note that advice from the Chief Medical Officer states that an alcohol-free childhood is the healthiest choice.
- For adults, drinking fewer than 14 units of alcohol per week constitutes lower risk drinking and this should be spread over time rather than all on one or two days.
- Lower risk drinking reduces the risk of short-term injuries or illness such as accidents or misjudgements of risk that lead to injury or illness, and alcohol poisoning. It also reduces the risk of long-term risks to health such as liver or heart disease, some cancers and damage to the brain or nervous system.
- Limiting the amount of drinking in one session, for example over an evening, also lowers the risk of short-term health risks including accidents and vulnerability to others. Students may also add that a person can ensure they have a plan to get home and stay in a group with people they trust as a way to reduce vulnerability and risk.
- Students may have suggested a range of further strategies to lower a person's risk whilst drinking. For example, if a person chooses to have multiple drinks in one session then spacing drinking alcohol with non-alcoholic beverages, this can reduce the number of alcoholic drinks consumed in total, and can give the body time to process the alcohol as it slows drinking. However students should understand that this does not prevent the effects of alcohol completely.
- Students may have also identified that eating food with drinking alcohol could be a strategy used to reduce risk in relation to drinking, as it allows the body to process alcohol gradually by slowing the alcohol entering the bloodstream. Again, students should understand that this will not negate the effects of alcohol and eating food after heavy drinking will not 'sober up' a person who is drunk. With higher levels of alcohol, it could also increase risk as the person may be sick which could present a choking hazard.

Support:



Provide students with **Resource 1a: Alcohol patterns support** and ask them to comment on what is helpful and what is risky about each pattern. They should also circle the pattern they think is lowest risk.



Myth-busting



Explain to young people that drugs such as cannabis also have an impact on physical and mental health. Hand pairs of students **Resource 2: Myth-busting** and ask them to complete the first column, indicating whether they think each statement is a myth or a fact. Feedback to students using **Resource 2a: Myth-busting answers** to address misconceptions.

Then guide students to complete the explanation section of **Resource 2: Myth-busting** either explaining why a statement is true or correcting the myth. Ask students to feedback explanations they feel confident to

share and use **Resource 2a: Myth-busting explanations** to feedback to students and challenge any remaining misconceptions.

Support:



After students have decided which statements they believe are myths and which are facts, provide students with the explanation cards from **Resource 2a: Myth-busting explanations** to match to the statements rather than asking students to generate these themselves.

Challenge:



Ask students to draft a brief social media post of no more than two sentences that a charity could post to address one of the myths shared in the task.

Plenary/Assessment of learning



Endpoint assessment



Using a different coloured pen, ask students to revisit their mind maps from the baseline assessment and add any new learning, or edit their ideas from the start of the lesson. Collect these and use them to check progress and assess future learning needs.

Take feedback from students on the aspects that they hadn't considered. Are there any general themes to the risks they had missed? This may inform future planning on drugs and alcohol education.



Reflecting on today's learning and signposting support



- On a piece of paper, ask students to write down something unrelated to the lesson such as "What is one positive thing that has happened this week so far?"
- Advise students that during this time they can also write an anonymous question on the same piece of paper (so that students do not have to be seen to be asking a question).
- Collect all responses in an anonymous question box. Ensure the questions are responded to in the following lesson.

Remind students that they can access support at home, and both in school (through their form tutor, head of year, or school nurse) and out of school, through local and national organisations. Share the following websites and phone numbers with young people:

Childline - www.childline.org.uk Phone: 0800 1111

Talk to Frank - www.talktofrank.com/get-help Phone: 0300 1236600

Extension activity

Myth-busting campaign

Students design a myth-busting campaign to help young people access accurate information related to cannabis and alcohol use. This could include posters, a 60 second news bulletin or a script for a short advert.

Managing influence

This is the last of four lessons focusing on the risks and consequences of drug use. This lesson develops skills and strategies to manage pressure and influence in relation to substances.

Neither this, nor any of the other lessons, is designed to be taught in isolation, but should always form part of a planned, developmental PSHE education programme.



Learning objective

To learn how to manage peer and other influence in relation to substance use.



Resources required

Box/envelope for anonymous questions
(ask-it-basket / talk-to-the-teacher note-box)



Students' baseline mind-map activity from lesson 1



Resource 1: Types of influence
(1 per pair)



Resource 1a: Types of influence – support (1 per student requiring support)



Resource 1b: Teacher answers
(1 per class)



Resource 2: Talking heads
(1 per pair)



Resource 3: Natasha's story
(1 per pair)



Resource 4: Responding to influence (1 per pair)



Key words

social norms, pressure, influence



Climate for learning

Make sure you have read the [accompanying teacher guidance](#) before teaching this lesson, which includes guidance on establishing ground rules, the limits of confidentiality, communication and handling questions effectively.

Activity	Description	Timing
1. Introduction	Introduce students to learning objective and outcomes, and revisit ground rules	5 mins
2. Reconnecting activity	In pairs, students create a 60 second news bulletin summarising a topic of their choice from their learning so far	5 mins
3. Understanding influence	Students complete a matching activity identifying the different forms influence can take	5 mins

4. Talking heads	Students evaluate and rank different influences from a range of characters	10 mins
5. Case study	Students read and discuss key issues arising from a case study	10 mins
6. Responding to peer influence	Students suggest responses a person could have if observing a pressured situation	10 mins
7. Endpoint assessment	Students revisit the mind-map baseline from lesson 1, adding new learning to demonstrate progress	10 mins
8. Signposting	Remind students how to access further advice, guidance and support related to substance issues	5 mins

Baseline assessment



Introduction



Introduce the learning objective and outcomes and explain that today's lesson will focus on developing skills and strategies to manage influences relating to substance use. Revisit ground rules for the lesson, and remind students of the importance of not sharing any personal stories.



Reconnecting activity



In pairs, ask students to choose a topic from the previous three lessons and create a 60 second news bulletin to summarise what they have learnt about drugs. Encourage students to think about:

- Statistics about young people's drug use
- Reasons why people may take illegal drugs (and why these reasons may be flawed)
- The names, appearance and effects of common drugs
- The law in relation to drugs
- The consequences of a criminal conviction for drug use
- How the police respond to drug-related incidents

Ask a selection of pairs to feedback their 60 second bulletins. Use this activity to gauge students' starting point for the lesson, address any misconceptions or forgotten learning and adapt teaching as necessary.

Core activities



Understanding influence



Explain that there are many different types of influence and pressure on young people from many different places and in different forms. Hand students **Resource 1a: Types of influence** and ask them to match up the

name with the description – they could do this through drawing lines to connect the answers, colour coding or numbering.

Take feedback and go through answers with the class, using **Resource 1b: Teacher answers**.

Support:



Provide students with **Resource 1a Types of influence – support**

Challenge:



Ask students to draw, write about or script an example of each type of influence



Talking heads



Working in pairs, hand students **Resource 2: Talking heads** and ask them to discuss the following questions:

1. What is influencing each character?

The influences include: celebrities, parents, religion, siblings, sport/interests, social media, ambitions for the future.

2. Will these influences change over time as the character gets older? How so?

The strength of each influence may change with age, for example:

- certain celebrities may become more or less important to the character over time or they may change their habits
- their relationship with their parents may change, they may find that their opinion matters more or less to them
- they may feel that they can or cannot expect support from their parents in relation to substances if they do use them

3. Is there any support the character can put in place from friends, family or other sources that would help them if they feel pressure to use substances?

Depending on the type of influence there may be a variety of ways that a young person could support themselves. For example:

- putting plans in place before they find themselves in a pressurised situation
- talking to a trusted friend to let them know about their intention to not use substances
- talking to their family to ask them if someone is able to pick them up if they decided that they wanted to come home

Then ask students to reflect for themselves and rank the influences these people describe, based on which they think are most likely to influence their own choices about drug use. As this is a personal reflection task, students are not required to share their answers with the rest of the class.

Support:



Ask students to focus on question one and identify the source of the influence.

Challenge:



Ask students to choose a character to respond to and write a short response that a young person could give to support the character in continuing to resist pressure from the media, celebrities or friends.



Case study



As a class, read **Resource 3: Natasha's story** and then ask students to work in small groups to discuss the following questions:

1. *What might Natasha be thinking and feeling in this situation?*
2. *Are there any risks for Natasha in this situation? What are they?*
3. *What kind of influences might Natasha be experiencing in this situation?*
4. *What could Natasha say or do in this situation?*

Take feedback from different groups, drawing out key learning:

1. *Natasha might be feeling nervous, excited, curious; she might be keen to impress these new people and eager to fit in with them. She might be worried about what they will think of her based on how she reacts.*
2. *If she chooses not to take the drug, Natasha might be worried she's risking her reputation with these new people, possibly people thinking she is boring or not wanting to invite her to parties in the future. If she tries the drug, there is a wide range of risks which might be hard to predict. This includes not knowing how her body will react to the drug, the risks to her personal safety from being under the influence of a drug at a party where she doesn't know many people (including getting home safely), and risks relating to 'getting caught' taking the drug, either from her parents or other people in authority (e.g. the police).*
3. *The types of influence most appropriate in this context are 'internal' and 'friendly'. If Natasha says 'no' this might escalate to teasing or even 'heavy' pressure. This is predominantly influence from peers, although there may be other influences on Natasha's decision making (such as thinking about her family, her ambitions, her interests, her moral values etc.).*
4. *Students might suggest various ideas. It is helpful to focus on statements that use effective exit strategies, for example:*
 - *saying an assertive but friendly and polite 'No thanks'*
 - *making an 'excuse' as to why she can't take it*
 - *using humour to avoid the situation*
 - *clearly articulating the reasons why she wouldn't take the drug*
 - *questions that aim to find out what it is and why others are taking it*
 - *a way to get out of the immediate situation (e.g. going to the kitchen for another drink, going to the toilet, saying she is going to find Josh, etc.).*
 - *Natasha might choose to take the drug, which could have a range of physical, social, emotional and legal consequences.*

Challenge:



Ask students to write three or four example responses of things that Natasha could say to resist the pressure to use the substance. They should try to use a variety of the approaches listed in the key learning from question three.



10 Responding to peer influence



Ask students to imagine there is another young person at the party who wants to help Natasha respond to the pressure she is under. Working in pairs or small groups, students should add speech to the bubbles in **Resource 4: Responding to influence**, to illustrate what a young person might say to Natasha to support her, to the others who are putting pressure on Natasha, and to a trusted adult either now or in the future to seek help in managing these kinds of situations.

With these considerations, ask students to feedback the option they think would be most effective to support Natasha, and why they believe this would be the most useful option.

If time is available, students may benefit from rehearsing these conversations in pairs or small groups. In debriefing students from this rehearsal, teachers may wish to ask students to feedback on the following questions:

1. How might this change the situation? For example, does it persuade someone to act differently or does it defuse tension?
2. What might a trusted adult say in response?

Key learning:

- Showing support for Natasha might help her to feel more able to resist pressure from others.
- The young person might want to consider removing themselves from the situation as well, for example by contacting an adult to be taken home.
- The young person may want to seek help after the party from a trusted adult, for example if they are concerned that parties are featuring drugs and alcohol more frequently, they may wish to discuss this with a teacher or parent/carer, or to contact an outside agency such as Childline or Talk to Frank.

Plenary/Assessment of learning



Endpoint assessment



Return students' baseline mind-map activity from lesson 1. Ask them to now revisit their ideas and change anything they want to and add anything new they can, based on what they have learnt. Students should use a different coloured pen to do this in order to demonstrate their progress over the scheme of work. These can be used to demonstrate progress and inform future teaching.



5 Reflecting on the learning and signposting support



Remind students that they can access support at home, and both in school (through their form tutor, head of year, or school nurse) and out of school, through local and national organisations. Share the following websites and phone numbers with young people:

Childline – www.childline.org.uk Phone: 0800 1111

Talk to Frank – www.talktofrank.com/get-help

Extension activity

Script or storyboard

Students could create a short script, role play or storyboard. They should assume that in this instance Natasha does not want to take the drugs and demonstrate what she could do to manage the situation and how the night might continue going forward.

Substance use and assessing risk

This is the first of three lessons for key stage 4 focusing on how to identify and assess the risks and potential consequences of substance use, building on the key stage 3 lessons. This lesson considers the effects of alcohol and other drug choices on personal safety.

Neither this, nor any of the other lessons, is designed to be taught in isolation, but should always form part of a planned, developmental PSHE education programme.

 <h3>Learning objective</h3> <p>To learn about the impact of substance use on risk-taking and personal safety</p>	 <h3>Resources required</h3> <ul style="list-style-type: none"> Box/envelope for anonymous questions (ask-it-basket / talk-to-the-teacher note-box) 
 <h3>Learning outcomes</h3> <p>By the end of the lesson students will be able to:</p> <ul style="list-style-type: none"> analyse how alcohol and other drugs affect decision-making assess the risks of substance use when travelling or socialising explain ways to keep safe and support friends when socialising in situations involving alcohol or other drugs 	<ul style="list-style-type: none"> Post-it notes  Resource 1: Four Key questions (1 per student)  Resource 2: Increase, decrease, it depends (1 per pair)  Resource 2a: Increase, decrease, it depends: Teacher answers and notes (1 per class)  Resource 3: Getting home (1 per pair)  Resource 4: Getting help (1 per small group) 
 <h3>Climate for learning</h3> <p>Make sure you have read the accompanying teacher guidance before teaching this lesson, which includes guidance on establishing ground rules, the limits of confidentiality, communication and handling questions effectively.</p>	 <h3>Key words</h3> <p>Effects, risk, influence, personal safety</p>

Activity	Description	Timing
1. Introduction	Introduce learning objectives and outcomes and reinforce ground rules	5 mins
2. Baseline assessment	Students complete a four key questions activity exploring the effects and risks of using alcohol and other drugs	10 mins
3. Decision making	Students assess impact of substance use on risk in different contexts	10 mins
4. Getting home	Class evaluates a young person's options for getting home safely	10 mins
5. Looking out for others	Groups assess the impact of different decisions on helping someone affected by drug use	15 mins

6. Reflection and endpoint assessment	Students create a 5-point action plan for how a young person could help to keep themselves and their peers safe when socialising	5 mins
7. Signposting support	Signpost students to relevant support	5 mins

Baseline assessment



Introduction



Negotiate or revisit ground rules for the lesson. Introduce the learning objective and outcomes and explain that today's lesson will explore the impact of substance use on risk taking and personal safety.



Baseline assessment activity



Ask students to complete **Resource 1: Four Key questions**, writing down all the effects and risks of using substances, including alcohol and other drugs , that they know of. As this is a baseline assessment, they should work on their own, without any prompting or examples.

Afterwards, ask students to share their ideas as a class with you. Draw out any common ideas, misconceptions or stereotypes about drugs and alcohol emerging from their feedback. This will allow you to gauge students' current attitudes and beliefs, as well as what they can remember from their earlier lessons. Once completed, make sure students have added their names to their grids and collect in, as these will be revisited at the end of lesson 3 to demonstrate progress.

Core activities



Decision making



In pairs, ask students to complete **Resource 2: Increase, decrease, it depends** about the effects of alcohol and other drugs on decision making. You could use a thumbs up/thumbs down approach to class feedback. If students have answered 'it depends' for any of the risks, ask volunteers to explain their reasons for this. After each statement, share the answer and the supporting information, using **Resource 2a: Increase, decrease, it depends: Teacher answers and notes**.

Then, explain to students that if more than one of these factors are added to a scenario, the level of risk increases and an individual may become increasingly vulnerable.

N.B. A person's vulnerability may increase when they are under the influence of drugs and alcohol, but it is important to avoid victim blaming when discussing the risks people face; being under the influence does not make them responsible, or to blame for the actions of others towards them.

Support:



Give students statements 1-5 only.

Challenge:



For each statement, ask students to explain their answer by identifying the reasons for the risk being increased or decreased.



Getting home



Ask students to read the scenario from **Resource 3: Getting home**. Ask students to think-pair-share the different options Isla has and the risks involved in each, using the previous activity to help them (e.g. how many 'risk factors' are present in the scenario?). Create a whole class mind map of options. Then, in pairs, ask them to discuss what Isla's best option might be and why.

Key learning:

- As Beth has had at least 'several drinks', her blood alcohol level will be over the legal limit to drive
- Sometimes young people can feel that they have to engage in risky behaviour because there is no other option available to them. It's important to make it clear that their safety is always a priority and that there is often another, safer option
- In this instance, options might include: accepting the lift, trying to persuade Beth not to drive and Charlie not to accept the lift, going back into the party, going back into the house and finding a safe space, phoning a parent/carer/relative/friend, getting a taxi with a friend, walking home/to a safe place
- Students should consider the consequences of each option and recognise that there may not be a 'perfect' solution, for example, walking home alone may carry its own risks
- In this instance, the safest response is likely to be phoning a parent/carer/relative or friend, getting a taxi with a friend, or going back into the house and finding a safe space to wait in until somebody else collects them
- Students will have different opinions about the best response – some may have concerns about whether refusing to accept the lift would upset Charlie or Beth, some may be worried about Isla going back into an unsafe environment, some might question whether Isla would get herself or her friends in trouble if she phoned a parent/carer/relative. It is important to stress that, while valid concerns, these do not outweigh the risks involved in accepting a lift from someone who is driving under the influence.

Then, in pairs, ask students to decide how to complete the story by writing down the words Isla could use to manage the moment and get home safely.

Ask volunteers to share their ideas for what Isla should say and agree as a class her best course of action.

Support:



Provide students with **Resource 3a: Isla's options** and ask them to select what they think the best option might be in this instance and why.

Challenge:



Ask students to script a positive resolution to a conversation between Beth, Charlie and Isla in which Isla decides not to accept the lift due to Beth's drinking.



Looking out for others



In small groups, ask students to review the scenario from **Resource 4: Getting help**.

Gather feedback on the board to compile a whole-class list on what Oscar could do and then, as a class, vote on what his top three options might be.

Key learning:

- Options might include: leaving Marek, staying with Marek, putting Marek into the recovery position, checking that Marek's airways are clear and that he is breathing, telling someone else at the party, calling 999, calling

a parent/carer/relative, calling Marek's parents/carers. The 'top' options are likely to include: calling for help in some form and not leaving Marek unattended.

Then, in their groups, ask them to consider the pros and cons of the top three options and decide what they think the best option is in this scenario and why. Ask each group to feedback on their decision to the rest of the class.

Key learning:

- It is important that students recognise that ensuring Marek's safety is the most important factor in this scenario. Students may worry about getting into trouble if they call for help, but stress that in some circumstances, it is crucial that help is sought, as Marek might be in a life-threatening position – see teacher guidance section on 'Penalties' for further information
- It is equally important that students understand that if they know, they must tell paramedics/ medical services accurate information about what drugs/alcohol Marek has consumed, so that appropriate help can be given.

Explain to students what would happen if they called 999. You may wish to use the following video to help you: www.londonambulance.nhs.uk/calling-us/what-happens-when-you-call-999/ but key points that should be covered include:

- Once connected to a call handler, they will have to say which service they need (i.e. ambulance, police, fire, or coast guard) and answer some questions to establish what is wrong, e.g. Where are they? What has happened? This will help the operator to decide on the most appropriate response. Dialling 999 doesn't necessarily mean an ambulance will be dispatched. The call handler will decide what's appropriate.
- The caller should then stay on the phone, as the ambulance control room might have more questions, e.g. about the age and medical history of the person. The call handler will say when they have all the information they need.
- The caller might also be given instructions about how to give first aid until the ambulance arrives.
- There are a number of things people can do to assist the ambulance service, e.g. stay with the person until help arrives, call the ambulance service back if their condition changes, ask someone to wait by the door and let the paramedics in when they arrive, tell the paramedics what the individual has taken, any medication they might be on and any allergies they have.

Finally, ask students to discuss how Oscar might manage a negative response from his friends for calling for help – how might he respond to any teasing or criticism of his decision?

Suggestions might include:

- Showing confidence and assertiveness in his decision
- Using humour
- Asking his friends to empathise
- Ignoring them

Plenary/Assessment of learning



Reflecting on today's learning and endpoint assessment



Working on their own, ask students to write down a 5-point action plan on five separate post-it notes for peers in their year group on how to stay safe and keep each other safe at social events that might involve drugs and/or alcohol. Then, ask students to stick their post-it notes on the board. Group these into common themes and share common strategies with the class.



Signposting support



Ensure that students know where they can seek help and advice both now and in the future if they are concerned about substance use or personal safety. Students wishing to seek further guidance can:

- Speak to a tutor, head of year or other trusted member of staff in the school
- Contact Childline www.childline.org.uk 0800 1111
- Visit www.talktofrank.com/ 0300 1236600
- Visit www.nhs.uk/live-well/alcohol-support/

Extension activity

Ask students to create an awareness campaign about how to respond in an emergency situation, e.g. by putting an individual in the recovery position, using www.nhs.uk/using-the-nhs/nhs-services/urgent-and-emergency-care/when-to-call-999/ and www.talktofrank.com/get-help/what-to-do-in-an-emergency to help them.

Substance use and managing influence

This is the second of three lessons for key stage 4 focusing on how to identify and assess the risks and potential consequences of substance use. This lesson considers how different sources of influence affect decision-making; strategies to manage peer influence; and ways to act as a positive influence on peers.

Neither this, nor any of the other lessons, is designed to be taught in isolation, but should always form part of a planned, developmental PSHE education programme.



Learning objective

To learn how to manage influences in relation to alcohol and other drug use



Learning outcomes

By the end of the lesson students will be able to:

- explain how different internal and external influences can affect decision making
- describe strategies for managing peer influence in increasingly independent contexts
- evaluate ways to be a positive influence on peers in relation to substance use



Resources required

Box/envelope for anonymous questions
(ask-it-basket / talk-to-the-teacher note-box)



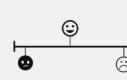
Resource 1: Influence chart
(1 per pair)



Resource 2: Influence cards
(1 cut-up set per pair)



Resource 3: Festival timeline
(1 per pair)



Resource 3a: Festival timeline-support
(1 per student requiring support)



Key words

Influence, internal, external, strategies



Climate for learning

Make sure you have read the [accompanying teacher guidance](#) before teaching this lesson, which includes guidance on establishing ground rules, the limits of confidentiality, communication and handling questions effectively.

Activity	Description	Timing
1. Introduction	Introduce learning objectives and outcomes and reinforce ground rules	5 mins
2. Baseline assessment	Students sort different influence cards onto a chart, and assess the type and level of influence for each	10 mins
3. Festival timeline	Pairs review a timeline of a music festival and examine the pressures and influences experienced at each stage	15 mins
4. Strategies	Students identify strategies for how to be a positive influence	10 mins
5. Influences	Groups consider how the timeline might differ without the influences identified in the previous activity	10 mins

6. Endpoint assessment	Students create top tips for a festival survival guide	10 mins
7. Signposting support	Signpost students to relevant support	5 mins

Baseline assessment



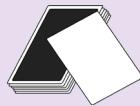
Introduction



Negotiate or revisit ground rules for the lesson. Introduce the learning objective and outcomes and explain that today's lesson explores how to manage influences in relation to substance use.



Baseline assessment activity



In pairs, ask students to sort the influence cards from *Resource 2: Influence cards* onto *Resource 1: Influence chart*, assessing whether they think each is an internal or external influence and how weak or strong the impact of the influence is likely to be on a person's behaviour. Explain to students that internal influence relates to our own thoughts, feelings, perceptions, attitudes etc., while external influence relates to other aspects which affect our ideas, such as those coming from others, the media, or the environment around us.

Next, share their responses as a class. Draw out common ideas about influences and what influences they believe have the strongest impact on behaviour. Note that there may be considerable differences in how strong an impact individual students consider an influence will have on someone's behaviour. Religion, for example, may be identified as a very strong influence for some but not at all for others. Use the discussions from this activity to gauge students' understanding/perception of influences relating to the use of alcohol and other drugs. Use this to prioritise and adapt discussions in the lesson.

Challenge:

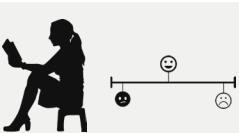


Ask students if there are any other types of influence they think are common for young people that are not mentioned on the cards?

Core activities



Festival timeline



As a class, read the timeline of Max's experience of preparing for and going to a festival in *Resource 3: Festival timeline*.

In pairs, ask students to identify the potential influences on Max and the other characters at each stage, and analyse the potential impact of acting based on these pressures and influences.

Finally, ask students to state whether the influences on Max at each stage are internal or external, i.e. are they coming from Max himself or from an outside source?

Key learning:

- At the start of the timeline, it is likely that Max is excited about going away with his friends, although he may start to feel external pressure to engage in alcohol/drug-taking activity when he receives the group messages about alcohol and other drugs. While he may be going to the festival because he wants to (internal), the assumption of his friends might be that they will all be using alcohol and other drugs (and Max may not want to).
- At stage 2, Max may be feeling happy and relaxed and perhaps less obvious pressure to participate in taking alcohol and other drugs, as there is a positive, relaxed vibe. He may feel internal influence to join in as the atmosphere is friendly and may feel safe, but external influence to join in from his friends and others attending the festival, this could be because he wants to "fit in" or feels that he is expected to.
- Stage 3 of the timeline may begin with an excited and energetic mood, but Max may soon be feeling external pressure from friends and other festival goers to engage in drinking or drug-taking. They may also feel some external influence from musicians/celebrities.
- At stage 4, Max may be feeling pressure to 'stay quiet' in case he ruins the 'good mood' of the others – this might be internal or external. The use of nitrous oxide (identified in the story as 'balloons' but also known as 'Noz', 'Nos' or 'laughing gas') has become more prevalent amongst young people, but can be dangerous with heavy use or unsafe inhalation practices and result in effects such as headaches, breathing problems, nerve damage, unconsciousness.

To sum up, explain that if a person can identify an influence as external, they may have a greater opportunity to evaluate whether it benefits them to act on it or not. If they recognise that the pressure is only coming from within themselves, then this can help them to resist the pressure and make more autonomous and authentic choices.

Support:



Ask students to identify the influence at each stage and whether it is internal or external, using the timeline in **Resource 3a: Alternative timeline**

Challenge:



Ask students to discuss what they think most often has the greatest impact: external or internal influence? Are there any contexts in which this balance changes?



Strategies



Remind students that sometimes people might be going along with others because of the influences we have been considering, but it can just take one person to 'break ranks' for others to admit they feel the same about what is happening.

In their groups, ask students to identify opportunities for Max to be a positive influence on others in the timeline, and what strategy he could use e.g. could he encourage the friend to drink water between alcoholic drinks? Should he find help or a first aid tent at any point?

Then, ask for at least one strategy from each group. You may wish to collate these strategies on a whole class mind map.

Key learning:

- In increasingly independent situations, it is important that students know how to help keep themselves and others safe. For many students, festivals or similar weekends away will be the first time they feel independent and this can be a very exciting time. It is easy for young people to get caught up 'in the moment', especially when with their peers and in a place where there is less direct adult supervision

- It is important that young people know that they have options and that using substances or drinking alcohol is not the norm, even if it feels like it is in environments such as music festivals
- Strategies might include: establishing expectations with friends before going to the festival, saying a polite but assertive 'no thanks' to offers of alcohol or other drugs, agreeing to respect others' decisions not to use substances, drinking water between alcoholic drinks, arranging designated meeting points or meeting times in case they lose one another, finding appropriate help such as accessing the first aid tent if needed, always staying in at least pairs throughout the weekend.

Challenge:

Ask students to discuss if they think festival organisers should do more to keep young people safe and if so, how?



Influences



Reflecting on who or what is influencing Max and his friends at each stage, assign groups a different part of the story each and ask them to rewrite that stage, considering what decisions might have been made if the pressures/influences (internal or external) had been ignored or challenged.

Ask each group to feedback their part of the story in order of the timeline.

Key learning:

- Elements of the timeline that might have been different include:
 - ◊ The group deciding not to take alcohol or other drugs with them to the festival (e.g. if somebody spoke out against doing so at the start)
 - ◊ The group sticking together, returning together and creating a plan for the day together, without the use of alcohol and other drugs
 - ◊ Telling others in the group how they are feeling about what is happening
 - ◊ Contacting a first aider if concerned about a friend

Plenary/Assessment of learning



Endpoint assessment



Ask students to come up with a list of five top tips for a 'festival survival guide' on a website about how to keep the experience enjoyable and safe for all, e.g. create a system to check on one another at various points in the day, aim to drink a certain amount of water to stay hydrated etc.

Students feedback what they think is their most important tip from their list. This is an opportunity for you to gather evidence of the learning that has taken place and to inform your planning for subsequent learning.



Signposting support



Ensure that students know where they can seek help and advice both now and in the future if they are concerned about substance use, including alcohol and other drugs, or peer influence. Students wishing to seek further guidance can:

- Speak to a tutor, head of year or other trusted member of staff in the school
- Contact Childline www.childline.org.uk 0800 1111
- Visit www.talktofrank.com/ 0300 1236600

Extension activity

Ask students to select a stage of the timeline and create a script/role-play, modelling how an individual could communicate their decision to challenge or ignore an influence.

Help seeking and sources of support

This is the last of three lessons for key stage 4 focusing on how to seek help and support in relation to drug and alcohol use. This lesson explores the journey of a drug to understand the wider consequences of drug use, strategies for seeking help regarding substance use and addresses any potential barriers to doing so.

Neither this, nor any of the other lessons, is designed to be taught in isolation, but should always form part of a planned, developmental PSHE education programme.



Learning objective

To learn about the potential consequences of drug production, sale and use, and the support available for individuals regarding substance use, including addiction and dependency



Resources required

Box/envelope for anonymous questions
(ask-it-basket / talk-to-the-teacher note-box)



Resource 1: Road map –
(1 per student)



Resource 1a: Road map –
teacher answers



Resource 2: Information sheets
(1 per class)



Resource 3: Seeking support
(1 per pair)



Resource 4: Diamond 9
(1 cut up set per small group)



Students' baseline assessment activities from
lesson 1 (Lesson 1, Resource 1: Four Key questions)



Learning outcomes

By the end of the lesson students will be able to:

- describe the wider physical and psychological consequences of substance use
- explain what addiction/dependency is and how it can affect individuals
- identify sources of support and how to seek help for substance use and addiction
- evaluate and challenge potential barriers to seeking support



Key words

Substance use disorder (commonly referred to as 'addiction'), dependency, trafficking, impact, cessation services



Climate for learning

Make sure you have read the [accompanying teacher guidance](#) before teaching this lesson, which includes guidance on establishing ground rules, the limits of confidentiality, communication and handling questions effectively.

Activity	Description	Timing
1. Introduction	Introduce learning objectives and outcomes and reinforce ground rules	-
2. Baseline assessment	Students respond to the question: What signs might there be that someone needs support with their substance use?	5 mins

3. Substance use disorder	Introduce signs clinicians use to help them assess the level of help a person needs, including identifying a substance use disorder (commonly referred to as addiction)	5 mins
4. Road map	Students explore the journey of a drug, from production to use, and consider the impacts at each stage	15 mins
5. Seeking support	Students review scenarios of characters who may need help and support. They explore support services and give advice to an individual seeking help/wishing to reduce harm	15 mins
6. Overcoming barriers	Students complete a Diamond 9 activity on barriers someone might face in accessing support and brainstorm how these might be challenged	10 mins
7. Endpoint assessment	Students return to the baseline assessment from lesson 1 and add ideas based on learning from this series of lessons	10 mins

Baseline assessment

Introduction



Negotiate or revisit ground rules for the lesson. Introduce the learning objectives and outcomes and explain that today's lesson explores the wider consequences of drug use and the strategies someone might need for seeking help in relation to substance use, including overcoming potential barriers to doing so.



Baseline assessment activity



In pairs, ask students to discuss and respond to the question: What signs might there be that someone needs support with their substance use?

- Share ideas as a class. Responses might include:
 - ◊ How often they are using a substance
 - ◊ How much money they are spending
 - ◊ Relationships with others changing because of substance use
 - ◊ Concerns expressed by family/friends/colleagues etc. about substance use
 - ◊ Substance use having a detrimental effect on other interests or daily activities (e.g. school/work)
 - ◊ Indications of dependence e.g. cravings or withdrawal symptoms

Draw out any common responses and challenge misconceptions or stereotypes that students have identified in relation to substance use (see teacher guidance). This will allow you to find out what they recall and adapt the lesson accordingly.

Discuss how there are sometimes different thresholds for seeking help for adults and young people (e.g. the Chief Medical Officers' guidance¹ gives differences in safe alcohol use in young people versus adults) but that if anyone has concerns about their own or others' substance use, it is always important to speak to a trusted adult for support.

¹ https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/489795/summary.pdf

Core activities



Substance use disorder



Explain to students that addiction is a commonly used but often misunderstood term within our society. In some cases, it has been used as a term to label people (an 'addict') so has contributed to stigma related to substance use and related health issues. While some people might feel okay with labelling themselves as an 'addict', others should not use this label as it narrows a person's identity to a single characteristic and makes assumptions about their situation.

Explain that substance use disorder (commonly referred to as addiction) has a number of features:

- a strong internal drive to use substances
- impaired ability to control substance use
- priority is increasingly given to substance use over other activities
- continued use of a substance despite psychological, physical and/or social harm or negative consequences
- a subjective sensation of urge or craving to use the drug
- physiological features of dependence may also be present, including:
 - ◊ tolerance to the effects of the drug
 - ◊ withdrawal symptoms following cessation or reduction in use of the drug
 - ◊ repeated substance use to prevent or alleviate withdrawal symptoms

(adapted from the DSM-V)²

Ask students what these features might look like in an individual, e.g. how might a person show they are prioritising substance use? What might withdrawal symptoms look like? This information will provide additional opportunities to challenge any misconceptions while reinforcing understanding of the potential consequences of substance use.

Students may suggest that a person prioritising substance use might:

- miss out on commitments to family, friends, work or their studies
- start spending more money on a substance and less on other things
- continue to use the substance even though it has a negative effect on their health and/or wellbeing

Students may suggest that a person experiencing withdrawal symptoms might:

- show a range of physical symptoms such as sweating, having heart palpitations, headaches, tightness in the chest, tremors, nausea, vomiting or diarrhoea
- show a range of psychological symptoms such as anxiety, restlessness, irritability, poor concentration, feeling 'low', insomnia

It is important that students understand that harms can be experienced by anyone using substances and support services are available for all, not just for those who are 'addicted'. It may be more beneficial to refer to problematic and harmful patterns or episodes of substance use instead. For further information and guidance, please refer to our evidence briefing (How should we talk to young people about addiction and problematic substance use?)

¹ American Psychiatric Association, 2013. Diagnostic and statistical manual of mental disorders (DSM-5®).



Road map



Explain to students that while we often focus on the impact of substance use on individuals in a particular moment, we also need to explore the wider societal impacts of substance production, sale and use.

Using **Resource 1: Road map**, ask students to explore the journey of a drug, from production to use, by discussing the key questions at each stage about the different harms that may be caused by a substance.

Then share ideas as a class, using Resource **1a: Road map - teacher answers** to guide the discussions.



Seeking support



Place the information sheets (**Resource 2: Information sheets**) up around the room. Ask students to read the speech bubble from each person in **Resource 3: Seeking support** and visit each information station, deciding and noting down what support might be most useful for each individual.

Then, feedback as a class on each problem.

Key learning:

Different forms of support may be needed by different individuals, and for some, this may mean long-term and multiple episodes of support are needed. However, drug treatment and other forms of support are often effective and many people can recover from problems they might be experiencing.

It is important that students recognise the benefits of seeking early support. For example, the 'pills' mentioned in scenario 3 may be prescribed by the doctor, or an illegal substance, but it is important that an adult is informed so that appropriate help can be provided if needed. It is also important that any underlying issues are also addressed – while support may initially be sought for substance use, services to help manage stress, grief, relationship issues, problems with family/friends, sexual health etc. may also be appropriate.

If time allows, ask students to select one individual from Resource 3 to write advice back to. Their response should explain the relevant support networks available to the individual and the ways in which different people or organisations might be able to help them.

Support:



Ask students to respond to scenarios 1, 3 and or 5

Challenge:



Ask students to identify potential barriers to accessing these support services.



Overcoming barriers



Remind students that a number of substances can be addictive, for example alcohol and nicotine. In small groups, ask students to use **Resource 3: Diamond 9** to rank the barriers someone might face in seeking support for substance use in a diamond shape. The card at the top of the diamond should represent what they think is the most significant barrier someone might face in accessing support and the card at the bottom of the diamond should represent what they think is the least significant. The cards in the middle section are placed in rows that they think are equally important.

Ask each group to feedback their top idea, or any discussion points on a card they disagreed over.

Then ask students to challenge these misperceptions around help-seeking and suggest ways to help people overcome each of the nine barriers to seeking support.

Key learning:

- Students will have different opinions on what they think the most significant barriers might be.
- Young people whose religion or cultural practices prohibit drug or alcohol use are likely to have grown up having to balance conflicting cultural values and might find it especially difficult to seek help for substance use. They are likely to experience increased feelings such as shame, or fear of family/community disapproval.
- having stereotypical views about who experiences problems with substances (e.g. 'addicts') can create an additional barrier to accessing support. It is important to note here that substance use takes place across most segments of society.
- Support can be accessed through a wide range of sources – through GPs, online, local drug and alcohol services for young people and adults, through apps, through support groups, through their own social networks, through school (in accordance with their drug policy) etc. – emphasise that no one should be afraid to seek help if needed and that many services are free, easy to access, confidential, non-judgemental and continue to provide support for people for as long as they need it.
- Whilst there may be barriers, the sooner someone seeks support, the more likely they are to be able to reduce the harms/problems they experience from substance use – harm-reduction mechanisms include stopping use, reducing use, addressing those issues which made problems from substance use more likely, therapeutic interventions such as counselling, support groups etc..
- It is important to avoid creating a binary in which a person who uses substances is either 'addicted' or not, as this may contribute to the misconception that support services are only for those people who are 'addicted'. This perception may act as a barrier to pupils accessing early help and support (this is especially the case when discussing alcohol use which is relatively normalised within the UK). For example, a single episode of use, 'binge use', mixing of substances and continued or regular use can all potentially be harmful and lead to problems – people should seek support if they need it as early as possible.

Plenary/Assessment of learning



Endpoint assessment



Ask students to return to the 'Four key questions' baseline activity from lesson 1 and add their key learning from the last three lessons in another colour. They should then write an overall comment summarising what they have learnt.

This is an opportunity for you to gather evidence of students' progress over the series of lessons and to inform your planning for subsequent learning.

Ensure that all questions in the question box have been addressed and allow time to take any final questions/comments from students.

Extension activity

Ask students to create a booklet about quitting smoking, which includes reasons for quitting, sources of support and steps to accessing these. Students should use the following website to help them: www.childline.org.uk/info-advice/you-your-body/drugs-alcohol-smoking/smoking and www.nhs.uk/live-well/quit-smoking/quitting-smoking-under-18s-guide.

This website provides suitable, age-appropriate content; use caution when recommending alternative websites as some content may be less suitable for students or provide inaccurate or distressing information.



RESOURCES

Drug and alcohol education

KS3-4

Resource 1: Caffeine scenario

Jordan started drinking energy drinks as he wanted to make the school first team but often felt too tired to stay for training. After using the drinks for a while, he found his energy levels and mood were very 'up and down' and he got in trouble at school for being disruptive. By bedtime he struggled to sleep and spent most of the night wide awake, anxious about how little sleep he was getting. But if he tried not to drink energy drinks, he felt too tired to do anything.

Key questions:

1. Why is Jordan drinking energy drinks?
2. How do you think they are affecting his health?
3. What are the risks if he continues to consume them?
4. Are there any laws or recommendations on caffeine Jordan should be aware of?
5. What advice could you give Jordan to help him stop drinking energy drinks?

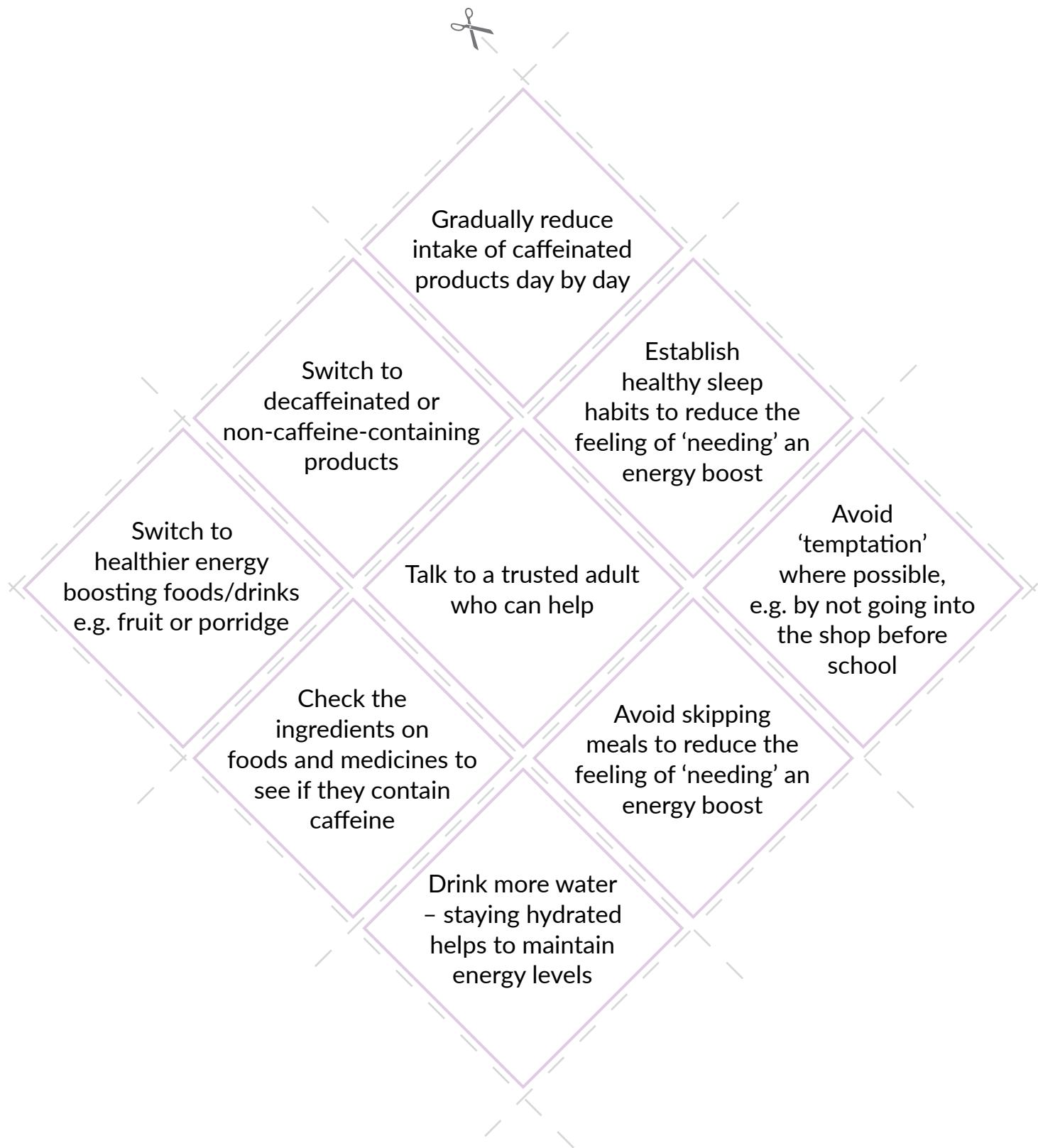


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5. What advice could you give Jordan to help him stop drinking energy drinks?



Resource 3: Draw and write analysis

Working in groups – and without adding anything new to your work at this stage – share your Draw and Write baseline activity with each other. Discuss and note down in your books your responses to the following questions:

1. What do your drawings have in common?
2. Is a wide range of people represented or have common stereotypes been used?
3. If people in your group have drawn stereotypical images of someone who uses drugs, does this mean that nobody else uses them?
4. What types of drugs have the group focused on? Are they mainly restricted or illegal drugs, or have you included medicinal drugs and other legal substances?
5. Has everyone identified similar drugs, or is there variation?
6. What were the most common reasons given for the user taking drugs?
7. What drug effects have been identified in your group?
8. Is there anything your group would like to know more about as a result of doing this activity?



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STRONGLY
AGREE

STRONGLY
DISAGREE

People overstate the risks of using alcohol and tobacco.

When people take drugs, they never really know what they are taking.

Medications have been well evaluated so there are no risks when taking them.

It is important for people to make their own mind up about taking substances.

Making healthy choices regarding drugs, alcohol and tobacco is easy.

Young people like taking risks and find smoking and drinking exciting.

Young people mostly use drugs because their friends do.

If adults didn't drink or smoke as much, young people wouldn't either.

Fewer school children are using drugs, alcohol and tobacco.



Tooth and gum disease	Struggling to exercise or participate in physical activity	Police can confiscate tobacco products if someone is under 16	Wanting to smoke more frequently
Decreased ability to taste and smell	Harm to sperm, which may lead to infertility	Increased risk of fires	Cravings causing stress
Increased risk of different types of cancer	Lung and breathing problems e.g. bronchitis	Others can be affected by second-hand/ passive smoke	Increased worry about how to give up smoking
Heart problems e.g. increased risk of heart attack in the future	Increased risk of experiencing stroke	Friends not wanting to spend time with someone who smokes	Increased worry about some of the physical and social risks
Smoking tobacco leads to clothes, hair and fingers smelling of cigarette smoke	High blood pressure	Spending money on costly cigarettes means less to spend on other things	Low confidence if struggling to quit smoking
Stale breath and stained teeth	Wrinkling of the skin	Some people find smoking unattractive in potential partners	Nicotine cravings can reduce concentration between cigarettes



Physical	Physical	Social/legal	Mental/emotional with social implications
Tooth and gum disease	Struggling to exercise or participate in physical activity	Police can confiscate tobacco products if someone is under 16	Wanting to smoke more frequently
Physical	Physical with social implications	Social	Mental/emotional
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1

I've never smoked anything before but my dad used to smoke cigarettes and is trying to quit. The other day, I found one of his e-cigarettes and thought I might give it a try.

2

I've known for a while that a friend smokes. Yesterday they offered me a cigarette on our walk home from school. The rest of our group tried one and then it felt like it was my 'go'.

3

Last week, I was at my best friend's party and walked into his older sister's bedroom. The air was full of smoke and she and her friends were all sitting in a circle smoking. They invited me to join them.

4

I went to my auntie's wedding which was held at a shisha bar. My cousin called it a "hookah lounge" and said they are part of our cultural heritage. There was a hookah at each table. Lots of people were smoking from them.

5

I've never smoked anything before but recently my favourite YouTuber was seen smoking a vape. I've noticed the fruity, sweet smell when I've walked past people on the street vaping. I'm starting to think vaping isn't a big deal.

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peer influence

impressing someone older

culture

taste and smell

family influence

worrying what people might think

celebrities

In the first box around the image below, write all the possible short-term effects of drinking that you can think of. Try to think of physical effects on the body and also wider risks. Then, in the outer box, write the long-term risks of alcohol misuse on an individual's health and life.



memory loss

falling out or breaking up
with someone

stroke

alcohol dependency

feeling and/or being sick

acne

drowsiness

alcohol poisoning

illnesses related to high
blood pressureregret or guilt about their
behaviour

obesity

dizziness

cancer

feeling sociable

accidents and injuries
due to falling over

diarrhoea

dental health issues

poor judgments and
decisionsa 'hangover' the following
dayembarrassment from
doing something they
wouldn't have usually
done

dehydration

liver disease (cirrhosis)

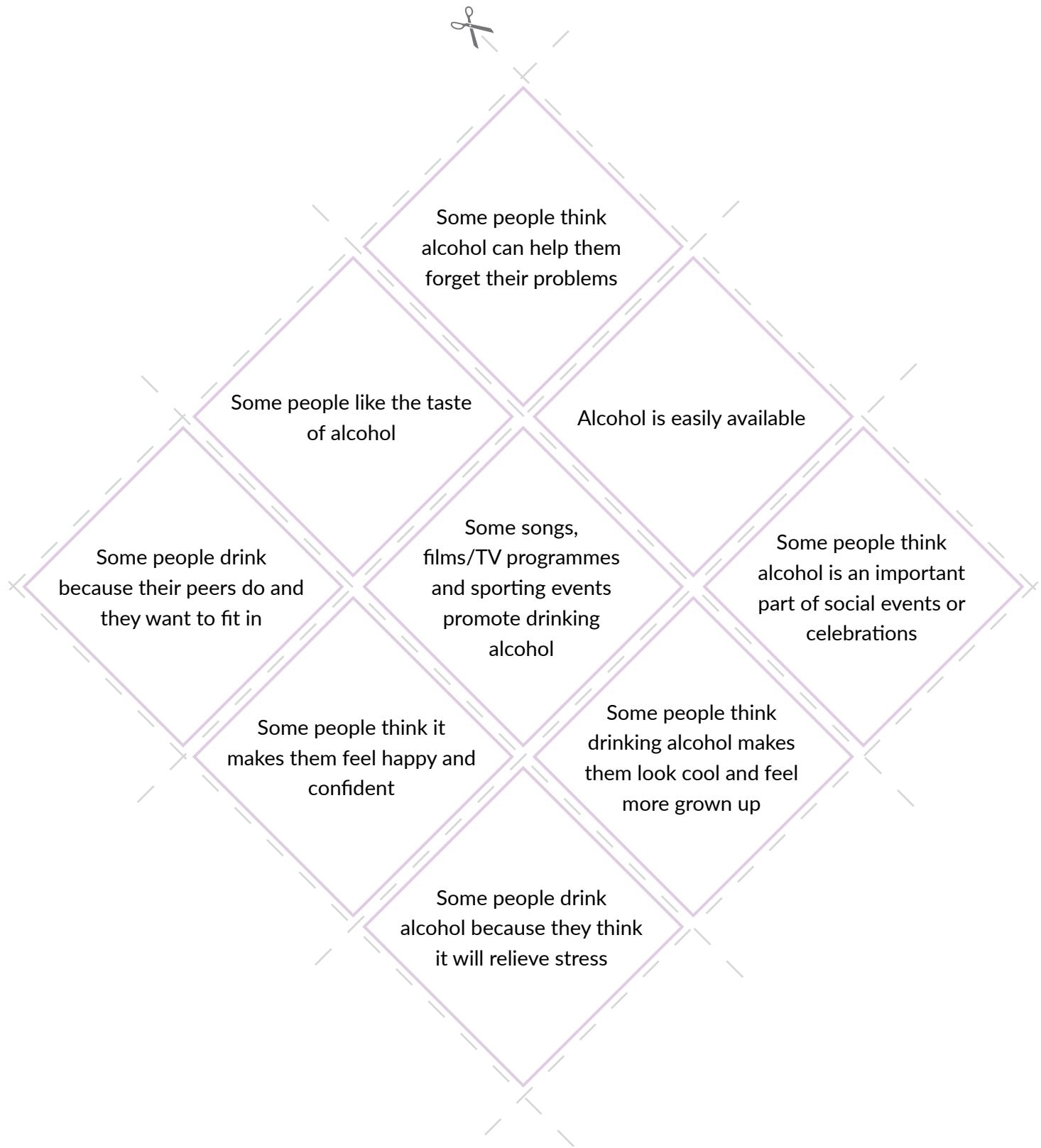
headache

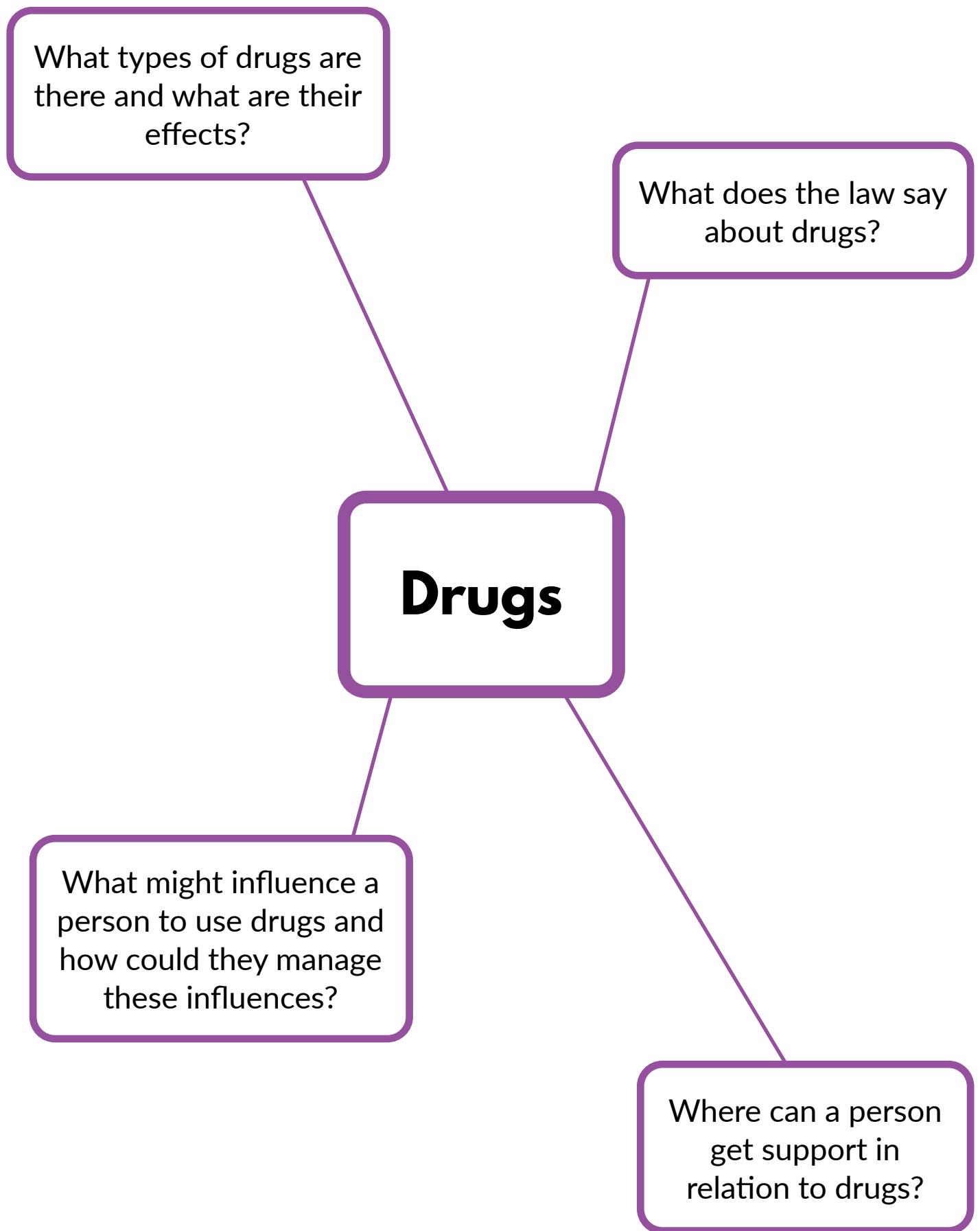
fertility issues

depression

lack of inhibitions







1. What percentage of 11-15 year olds are 'regular smokers' (regular smokers means smoking at least one cigarette a week)?
2. What percentage of 11 – 15 year olds have never had an alcoholic drink?
3. What percentage of 11-15 year olds have tried cannabis?
4. What percentage of 11-15 year olds have tried nitrous oxide (balloons)?
5. What percentage of 16-24 year olds have used an illegal drug in the last year?



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Reasons **FOR** using drugs

Reasons **AGAINST** using drugs



Below are a number of reasons a person might give for or against drug use.

Choose one colour to colour in the reasons a person might give **for** using drugs.

Choose a different colour to colour in the reasons a person might give **against** using drugs.

Use the key to show which colour you are using for each type of reason.

Key	Colour
For	<input type="text"/>
Against	<input type="text"/>

The effects might feel good or relaxing	Curiosity or liking to take risks	Worries about health risks like hangovers or accidents
Preferring to lead a healthy lifestyle	Having a great time without using drugs	Not wanting to lose control or act in a way that isn't like themselves
Believing everyone else is taking drugs	Religious, cultural beliefs or family disapproval of drugs	Wanting to impress another person or group who use drugs

Depressants	Initial pleasure or confidence before risk of losing consciousness at higher doses	Lowers cognitive abilities, slows reactions and risks blackouts
e.g. Alcohol or solvents		
Stimulants	Increased energy, pleasure, dilated pupils and increased confidence	People can experience a clenched jaw and/or racing heart which increases the risk of heart attack
e.g. Amphetamine, MDMA or Cocaine		
Hallucinogens	Altered perception or hallucinations	Anxiety and panic, impaired decision making, 'bad trips'
e.g. Magic mushrooms or LSD		
Dissociatives	Disconnected from body, floaty, relaxed or numb	Unable to move or protect self, unpleasant feeling of being detached from body
e.g. Ketamine or Nitrous oxide		
Opioids	Pleasure, a sense of wellbeing, pain-relief and/or feeling invincible	Sleepiness and loss of consciousness, risk of injury while less able to feel pain
e.g. Heroin		
Steroids	Over repeated doses, increased muscle mass and quicker recovery from exercise	Linked to paranoia and aggressive behaviour
e.g. Anabolic steroids		
Cannabinoids	Feeling 'chilled out' or giggly	Linked to paranoia, mood swings and loss of memory
e.g. Cannabis		
Empathogens	Wanting to make new friends, wanting to move and dance, feeling sexually aroused or 'loved up'	Afterwards people can experience lower mood, anxiety, isolation or a sense of emptiness
e.g. MDMA .		



Depressants

e.g. Alcohol or solvents

Initial pleasure

Stimulants

e.g. Amphetamine, MDMA or Cocaine

Increased energy

Risk of a heart attack

Hallucinogens

e.g. Magic mushrooms or LSD

Hallucinations

Anxiety and panic

Dissociatives

e.g. Ketamine or Nitrous oxide

Feeling floaty

Not able to move

Opioids

e.g. Heroin

Pleasure

Not feeling pain (sometimes leading to injuries)

Steroids

e.g. Anabolic steroids

Increased muscle mass with repeated use

Linked to paranoia

Cannabinoids

e.g. Cannabis

Feeling 'chilled out' or giggly

Linked to paranoia

Empathogens

e.g. MDMA .

Feeling 'loved up'

Feeling lonely or anxious afterwards



	Possession	Intent to Supply/Supply (for which the penalties are the same)
Class A		
Class B		
Class C		
Psychoactive Substance		

Smoking some cannabis in the park (also known as weed, skunk, marijuana, green, hash, pot, puff, ganja, grass)	Selling anabolic steroids to a stranger (also known as roids, juice)
Having a small amount of cocaine in a plastic bag (also known as coke, Charlie, white, snow)	Picking up some magic mushrooms to drop off at a friend's house later. (also known as shrooms, mushies, magics, liberty caps)
Keeping a few ecstasy pills in a school locker (also known as pills, MDMA, E, Mandy, Molly, Superman)	Giving a friend some LSD for a bit of extra cash before a night out (also known as acid, Lucy, trips, tab)
Sharing some nitrous oxide balloons with friends at a house party (also known as laughing gas, nos, noz, balloons)	Giving some ketamine to a friend at a party. (also known as Special K, K, ket)



Legal penalty decoder

Possession or intent to supply any of the substances below can result in an unlimited fine and/or a prison sentence. Maximum sentences are listed below.

	Possession	Intent to supply/Supply
Class A	Seven years	Life sentence
Class B	Five years	Life sentence
Class C	Two years (not including anabolic steroids)	Fourteen years
Psychoactive substance		Seven years

	Possession	Intent to supply/Supply
Class A	<p>Having a small amount of cocaine in a plastic bag.</p> <p>Keeping a few ecstasy pills in a school locker.</p>	<p>Picking up some magic mushrooms to drop off at a friend's house later. (Intent to supply)</p> <p>Giving a friend some LSD for a bit of extra cash before a night out. (Supply)</p>
Class B	Smoking some cannabis in the park.	Giving some ketamine to a friend at a party. (Supply)
Class C		Selling anabolic steroids to a stranger. (Supply)
Psychoactive substance		Sharing some nitrous oxide balloons with friends at a house party. (Supply)

A**B**

C



D



Image	What risks are present? Who is at most risk?
A	<p>The person who has supplied the alcohol has broken the law and risks legal consequences. The police have the power to confiscate alcohol from anyone they suspect to be under 18 and ask for their name, address and date of birth. If the person doesn't give details or won't hand over the alcohol they are likely to be arrested.</p> <p><i>Students may also suggest:</i></p> <ul style="list-style-type: none"> Alcohol can also leave a person more vulnerable to other risks due to incapacitation. The young person drinking may engage in more risky behaviours than they would without drinking as alcohol affects decision-making abilities. Overconsumption of alcohol could lead to health consequences such as vomiting or unconsciousness.
B	<p>It is illegal to possess, and illegal to supply, cannabis. The young people in the picture are at risk of legal consequences including the confiscation of the cannabis, on-the-spot fines or the legal consequences discussed earlier in the lesson. A police officer attending the scene would stop and search all the young people there under the Misuse of Drugs Act.</p> <p><i>Students may also suggest:</i></p> <ul style="list-style-type: none"> There may be mental health risks in the short and long-term for the young people using cannabis. There may be short term risks linked to the effects of cannabis on decision-making and risk-taking behaviours whilst under the influence There may be health risks such as cancers from the mixing of tobacco with cannabis.
C	<p>The girl in the picture is at risk of legal consequences if she is caught with drugs in her bag. It is important, however, to avoid victim blaming. People who are targeted by others in this way are not to blame for what happens, however it is important to be aware of surroundings when out, for example by thinking about what they could do to reduce risks to personal safety (e.g. keeping an eye on personal belongings, keeping their handbag/pockets closed).</p> <p><i>Students may also suggest:</i></p> <ul style="list-style-type: none"> The person intending on using the drugs is at increased risk due to the effects of the drugs, though it is important to note that we do not know what these might be as we do not know what drug it is.
D	<p>This picture could either be interpreted as: The person outside the car dealing drugs to those inside, OR the person in the car asking the person outside to be a 'runner' and deliver the drugs elsewhere. In either case, the person selling the substances is risking legal consequences and would be charged with supply.</p> <p><i>Students may also suggest:</i></p> <ul style="list-style-type: none"> There would be risk to the individual using the substance, this risk would be exacerbated if the person were to drive under the influence. They would be at an increased risk of an accident, and would also risk legal consequences. This picture can also open up discussions around exploitation and county lines, the idea that a substance is being given as a 'gift' could indicate exploitative behaviours.

All the young people involved are going to be immediately arrested	The officer would take the young people to a police station to be questioned	The officer will leave them alone and let them carry on with what they are doing
The young people and the officer will get into an argument	The officer will confiscate any drugs or alcohol from the young people	The officer will give them an official warning and tell them to go home
The officer will contact the young people's school and/or parents	The officer will take any young person at risk to a hospital	The young people will be 'let off' as they're under 16 so they can't get in trouble



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In your pair, read and discuss the key information below regarding lower risk drinking.



Adults who drink no alcohol at all, or less than 14 units per week, are at lower risk of the following long-term effects:

- Liver disease and heart disease.
- Cancers such as mouth, throat and breast cancers.
- Damage to the brain or nervous system.



Alcohol free days and having only a few units a day, rather than a large number of units in a short time, reduces the risk of the following short-term effects:

- Accidents that result in injuries.
- Misjudging risks.
- Alcohol poisoning (which can include vomiting and losing consciousness.)

Alcoholic drink	Units	Alcoholic drink	Units
1 pint of beer with 3.5% alcohol	2	1 medium glass of wine with 12% alcohol	2
1 can regular lager or cider with 4% alcohol	2	1 single shot of a spirit with 40% alcohol	1
1 pint of strong cider with 5% alcohol	3	1 bottle of alcopop with 5% alcohol	1.5

Draw or write the number of alcoholic drinks that an **adult** could drink and be considered a 'lower-risk drinker.' Consider the type, quantity and frequency of drinks in your answer.

Mon	Tues	Weds	Thurs	Fri	Sat	Sun

Give three top-tips for lowering the risk related to alcohol consumption:



In your pair, read and discuss the key information below regarding lower risk drinking.



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Alcoholic drink	Units	Alcoholic drink	Units
1 medium glass of wine with 12% alcohol	2	1 pint of beer or cider with 3.5% alcohol	2

What is helpful and what is risky about each of the patterns below?

Circle the pattern that is lowest risk (is less likely to cause illness or injury.)

	Mon	Tues	Weds	Thurs	Fri	Sat	Sun	
A								
B								
C								

	Myth or Fact?	Explanation
A person cannot get in trouble for growing cannabis at home		
Cannabis can cause harm to physical and mental health		
Cannabis is used medicinally so it must be safe		
Cannabis is from a plant so it is safe and natural		
Most people are using cannabis		
Cannabis is a Class B drug		
Driving following cannabis use increases the likelihood of car accidents		
Cannabis is safer than alcohol or tobacco		

	Myth/Fact?	Explanation
A person cannot get in trouble for growing cannabis at home	Myth	Prosecution for possession, supply or intent to supply cannabis follows the same process if the plants are being grown at home as if a person either possessed, supplied, or intended to supply prepared cannabis that they had purchased.
Cannabis can cause harm to physical and mental health	Fact	Smoking cannabis can cause breathing difficulties, and increases the risk of lung cancer, even if tobacco is not used. Cannabis can harm mental health including reducing motivation, impairing memory and cognitive function, as well as causing paranoia and anxiety. Using cannabis can also harm relationships and affect a person's studies/work.
Cannabis is used medicinally so it must be safe	Myth	Medicines based on cannabis are now prescribed in very rare cases by a small number of specialists in the UK. Medical cannabis has lower levels of the compound THC that gives users the 'high' associated with cannabis use.
Cannabis is from a plant so it is safe and natural	Myth	Not everything that occurs naturally is inherently safe. Different strains of cannabis have varying levels of the compounds CBD and THC. It's hard to tell what the balance between these compounds will be and therefore difficult to judge how harmful a particular batch of cannabis will be.
Most people are using cannabis	Myth	In 2016, only 8% of young people between 11 and 15 stated that they had used cannabis at least once in the last year (so 92% had not). This is a distinct decline from previous years and demonstrates that most young people do not use cannabis.
Cannabis is a Class B drug	Fact	Cannabis is a Class B drug. Previously it had been downgraded to Class C, however it was reclassified to Class B again in 2009. This means that penalties include a prison sentence of up to 5 years for possession and up to 14 years for intent to supply or supply. In both cases there can also be an unlimited fine.
Driving following cannabis use increases the likelihood of car accidents	Fact	If a person has used cannabis they are at an increased risk of having an accident if they drive. This is because cannabis decreases attention, reduces the speed of information processing and slows response times-all of which are essential for driving safely.
Cannabis is safer than alcohol or tobacco	Myth	Cannabis has different long-term effects to alcohol, so it is often dangerous in different ways. With varying THC levels in cannabis and higher levels in newer strains, it is impossible to compare the effects of all strains of cannabis to alcohol. It is especially unsafe to mix alcohol and cannabis.

Type of influence**Description**

Indirect

When someone in the group asks others to do something, but will accept the answer if those people stand up to them and say no.

Friendly

This includes name calling and putting someone down, such as calling someone "lame", "geeky", "boring", "frigid" etc. This makes someone feel embarrassed for not doing the thing they are being pressurised to do.

Heavy

No one directly tells anyone to do anything, but the person feels as if they have to go along with the crowd and join in with what others are doing, even if they don't really think it is right.

Teasing

This type of influence happens through social media and the internet more widely. Often, it can seem as if a risky behaviour is much more common than it really is because lots of people talk about or share messages about it on social media.

Internal

This involves intimidating, threatening behaviour and can be either violent or non-violent. A person might make violent threats or threaten the friendship itself, for example saying "I won't be friends with someone who wouldn't do this for me." It can involve blackmail.

Online

This pressure comes from inside the person themselves, and makes them feel like they should be involved in the risky behaviour, possibly because they think everyone else is, they want to be part of the group, or to look cool in front of others.

Type of influence	Description
Indirect	When someone asks friends to do something, but is fine with it if they say no.
Friendly	Calling people names to make them feel embarrassed for not doing the thing they are being pressurised to do.
Heavy	When a person feels they have to join in with something that they don't think is right, even though nobody has directly told them they have to.
Teasing	When someone sees things on social media and the internet more widely, that make it seem like lots of people are doing something risky, such as taking drugs.
Internal	When someone uses violence, blackmail or makes threats, for example saying "I won't be friends with someone who wouldn't do this for me."
Online	This pressure comes from inside the person themselves because they think everyone else is doing something, or they want to be part of the group, or to look cool in front of others.

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Teasing	This type of influence happens through social media and the internet more widely. Often, it can seem as if a risky behaviour is much more common than it really is because lots of people talk about or share messages about it on social media.
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Online	This pressure comes from inside the person themselves, and makes them feel like they should be involved in the risky behaviour, possibly because they think everyone else is, they want to be part of the group, or to look cool in front of others.



I saw on the news that one of my favourite celebrities has taken drugs before, which really bothered me. Even though they got some bad press for it, I don't understand why they didn't go to prison.

My mum would be so disappointed if she thought I ever took drugs, or even hung out with people that did. It's much safer for me to stay away from all that completely, because I would never want to let her down.



My religion bans all drug taking. It is impossible to pray or serve God properly if someone is under the influence of drugs or alcohol. My faith means there's no way I'd ever go near it.

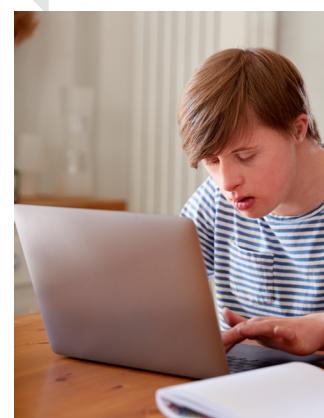


My older brother is 20 and sometimes he and his mates drink a few beers round our house. They say it's no big deal, but my brother wouldn't let me try it because I'm too young.

On social media, I feel like people claim to have done drugs even though they probably haven't, just to seem cool. Personally, I think it's really embarrassing and I don't get why anyone would brag about that.



As an athlete, it would seriously affect my chances of getting into a professional league if I ever tried drugs. My coach reminds us regularly about people who have been banned from the sport, had their medals taken away, or not been able to go to the USA to compete. I also know how bad it would be for my health and fitness.



I know I want to be a lawyer when I'm older. I've been studying really hard for my GCSEs so there is no way I would risk a problem on my record in case it got in the way of my future plans.

Natasha had just joined a new school and was worrying about making new friends, so was delighted when one of her classmates, Josh, invited her to a party at his house. She arrived a little nervous, and the house was packed with people. She recognised a few people from her class, but realised she didn't know very many people there at all. Josh invited her in and poured her a drink out of a punch bowl. Although she didn't really know what it was, she took a sip or two and found somewhere quiet to sit.

The music was playing and Josh was moving around talking and laughing with different groups of people, and introduced her to a few of them. She started to relax and was having a good time. Suddenly, Natasha realised she couldn't see Josh anywhere, and the people she was with started passing round a small bag of white powder. Everyone seemed to be taking a bit, then the group turned to Natasha, and holding out the packet someone asked "So how about you, new girl, are you trying some?"



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To Natasha:

Someone who wanted
to help could say...



To others putting pressure on Natasha:

To a supportive adult (such as a parent or teacher):

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Someone who wanted
to help could say...



To others putting pressure on Natasha:

To a supportive adult (such as a parent or teacher):

What are the short-term effects of using substances, including alcohol and other drugs ?



What are the long-term effects of using alcohol and other drugs?



What are the risks of using alcohol and other drugs for an individual?



What are the risks of using alcohol and other drugs for wider society?



Do the following actions increase or decrease risk in relation to personal safety and wellbeing? Or does it depend on other circumstances?

	Increase	Decrease	It depends
1. Drinking a glass of water between alcoholic drinks			
2. Mixing alcohol and other drugs			
3. 'Sleeping it off' after binge drinking too much alcohol			
4. Taking drugs or drinking alcohol with strangers			
5. Having a plan for getting home from a party/ night out			
6. Accepting alcohol or other drugs from a friend			
7. Buying drugs online or via a social media app			
8. Drinking alcohol or taking other drugs in a public place, e.g. a park, a high street			
9. Eating a meal before drinking alcohol			
10. Drinking lots of water to 'flush' drugs out of the body			

Increase, decrease, it depends	
1. Drinking a glass of water between alcoholic drinks	Decrease – drinking water or a non-alcoholic drink between alcoholic drinks can help a person to pace themselves, so they do not consume alcohol as quickly. Alcohol is a diuretic so drinking water can reduce some of the unpleasant effects such as headaches and fatigue. However, blood alcohol content is what determines how drunk someone is, so water won't make them less drunk if they still drink lots of alcohol, nor will it protect their organs – in particular the liver.
2. Mixing alcohol and other drugs	Increase – when alcohol and other drugs are mixed, their effects are exaggerated, which can result in effects ranging from nausea to heart failure. Alcohol is a depressant, so when combined with a stimulant the two will compete with each other. The depressant drug tries to slow the brain/central nervous system down, while the stimulant tries to speed it up, putting the brain/central nervous system under strain. Combining alcohol with another depressant drug, e.g. prescription medications such as benzodiazepine (also known as benzos e.g. Xanax) slows the central nervous system even more than alcohol alone which can have potentially fatal consequences.
3. 'Sleeping it off' after binge drinking too much alcohol	Increase – depending on a person's weight, it takes the body about an hour to process one unit of alcohol (a small glass of wine is about 1.5 units, a pint of lager is about 2 units). If a person is at risk of alcohol poisoning due to binge drinking, they can be at serious risk if they are left to sleep unattended as their breathing can be affected. It is important not to try to make the person vomit because they could choke on it. To prevent choking, turn them on to their side and put a cushion under their head. It's important to seek help from an adult and/or emergency medical help if alcohol poisoning is suspected.
4. Taking drugs or drinking alcohol with strangers	Increase – drinking and/or drug use impairs a person's judgment, which could lead to them making decisions they might not normally make such as having unprotected sex, or damaging property. Some drugs can lower inhibitions and increase libido which can also impact a person's decision-making. Additionally, using alcohol or other drugs can make a person more vulnerable to personal attacks – be clear, though, that this does not excuse criminal behaviour, such as sexual assault. Drinking alcohol/taking other drugs with strangers can also increase risk in relation to someone's personal safety as they do not know how strangers might behave when under the influence of alcohol or other drugs. In addition, while friends might look out for one another when using substances, strangers are less likely to feel any responsibility for getting someone home or checking their safety or wellbeing.
5. Having a plan for getting home from a party/ night out	Decrease – it's always a good idea for people to plan ahead, so that they are not left in a vulnerable situation when the night ends or having to make a decision about getting home when their decision-making is impaired. Having a way to get home (such as a pre-booked taxi, arranged pick-up with parents, route and time planned with friends) helps to ensure a person's safety. Similarly, it is important to always let somebody know where you are.

6. Accepting alcohol or other drugs from a friend	It depends – while accepting a drink from a friend might be safer than from a stranger, the source of the alcohol or other drugs should still be questioned. Additionally, the friend will still not know the make-up of the drugs, so the risks associated with not knowing what is in any street drug are still present.
7. Buying drugs online or via a social media app	It depends – buying drugs online often means that the source is unknown and substances could contain a whole host of dangerous contents. Alcohol or other drugs or alcohol may also be out-of-date, diluted or fake, causing great risk to the buyer. However, there are all kinds of risks wherever a person purchases drugs, regardless of whether this is online or in person. Even prescribed medication should be taken as instructed by a medical professional and can be dangerous if used incorrectly.
8. Drinking alcohol or taking other drugs in a public place, e.g. a park, a high street	It depends – while drinking/taking other drugs in a public space can make an individual more vulnerable, as their surroundings are not necessarily safe, it does mean that if things go wrong or somebody needs medical attention, there may be a higher likelihood of them getting help. If an individual uses alcohol or other drugs they may act in a way that may pose more of a risk to those around them. Councils can restrict the consumption of alcohol in a public space where it is associated with anti-social behaviour. In a controlled drinking area, it is an offence to refuse to stop drinking or surrender alcohol. Being drunk and disorderly in a public place is also an offence, which can have criminal consequences.
9. Eating a meal before drinking alcohol	Decrease – a meal will delay the rate of alcohol absorption which reduces the feeling of drunkenness as the body can break down the alcohol over a longer period. But if someone goes on to drink heavily they will still get drunk; drinking on a full stomach will delay alcohol getting into someone's system, not prevent it.
10. Drinking lots of water to 'flush' drugs out of the body	Increase – it is a myth that drinking water will 'flush out' or remove some drugs from a person's body and drinking too much (including water) when using some drugs can be dangerous. Although it is important to drink enough water for the level of activity a person is engaged in (e.g. dancing), drugs such as ecstasy cause the body to release a hormone which stops it making urine. Although this can cause an urge to drink more water, if someone drinks too quickly it might affect the body's salt balance, which can be as dangerous as not drinking enough water.

Resource 3: Getting home

Isla and Charlie have arranged a lift home from their classmate Marek's house party, with Charlie's older sister Beth. They agreed to be picked up at midnight, but after a couple of hours at the party, things start getting out of hand. Although they have had a couple of drinks themselves, a lot of people there seem very drunk and some have definitely been using something else on top of the alcohol! They have a sense that trouble's brewing, so they call Beth to ask to be picked up early and she tells them she will leave the pub to collect them now. When she arrives, it is clear she has had several drinks herself. Charlie jumps into the car, but Isla doesn't know what to do. The house is in an unfamiliar area and going with Beth seems like the only option.



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Resource 3a: Isla's options

Isla's options might include:

- accepting the lift
- going back into the party
- going back into the house and finding a safe space
- phoning a parent/carer/relative/friend
- phoning for a taxi with a friend
- walking



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Resource 4: Getting help

Oscar and his friends are at their classmate Marek's house party. Marek lives in a rural area, so there aren't any other houses nearby, and this means they can play the music loudly and have some drinks and smoke without upsetting any neighbours. Everyone is having a great night. As the night goes on, Oscar notices he hasn't seen Marek in a while and goes looking for him. He finds Marek lying on the floor in another room and can't wake him up. He tells his friends, but they just laugh, saying Marek must be really drunk and needs to 'sleep it off'. Oscar doesn't know what to do.



Resource 4: Getting help

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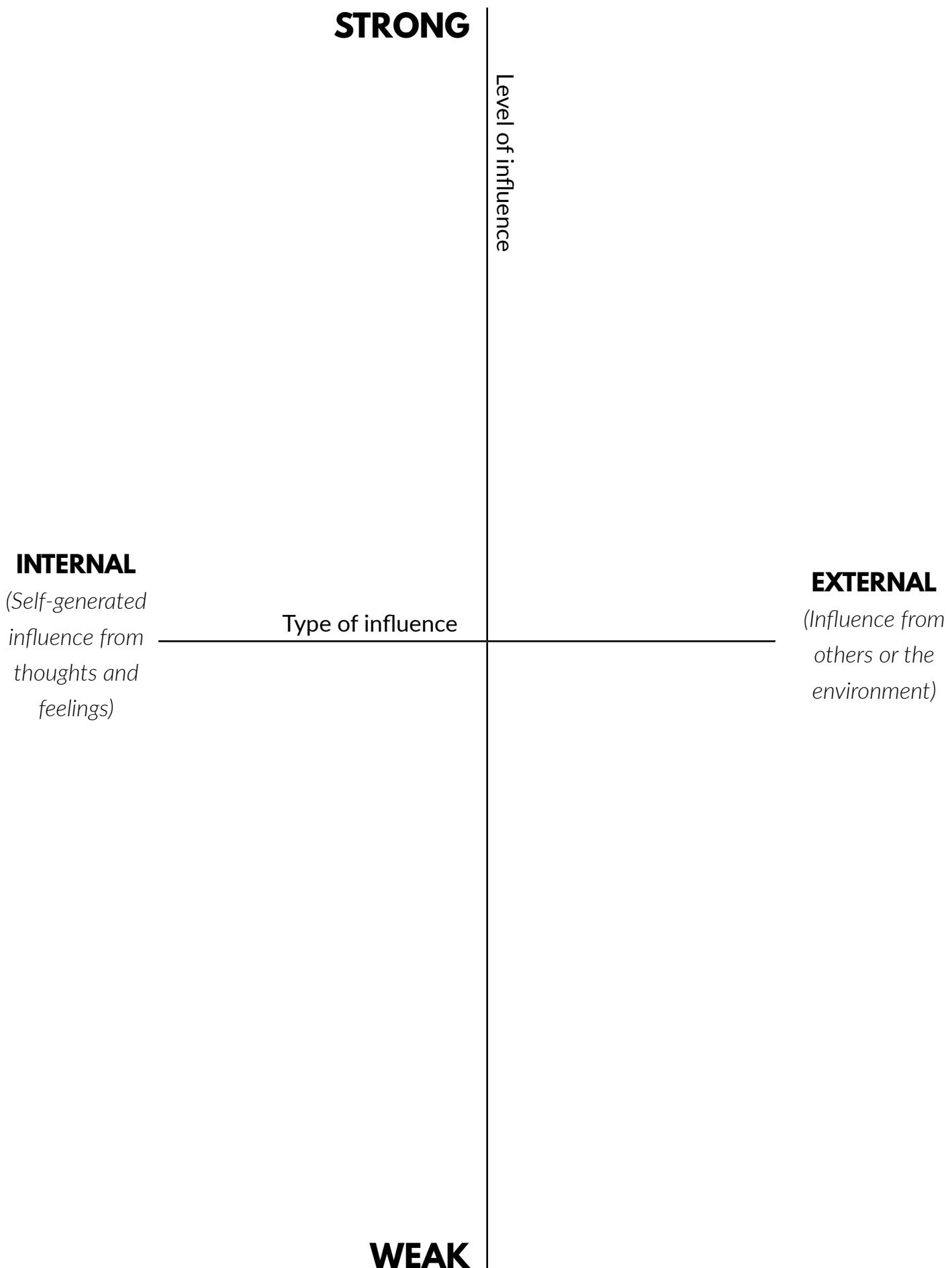
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Peer group	Media, including advertising
Personal values and goals	Family
Political opinions	School ethos
Desire to fit in	Religion
Self-worth	Celebrities



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	Influences	Internal or external?
Stage 1 Max has just finished his GCSEs and is getting ready to go to a weekend music festival to celebrate. Lots of his friends are going, as well as people he knows from other schools. As he is packing, he sees messages in the group chat about what everyone should bring, including what alcohol and other drugs they could take with them.		 Example: Friends External
Stage 2 They arrive at the campsite and start setting up their tents. A group nearby are playing music, chatting and drinking. Another group seem to be smoking something together. Everyone seems very friendly and several people introduce themselves as they set up their camp.		
Stage 3 The group go to watch a band. It's very busy but there's a great atmosphere. Max's friend CJ drinks lots of beers quickly, some given to them by strangers, and now seems quite drunk. Max starts to become worried about CJ's behaviour, but everyone's having a good time and nobody else seems worried about CJ acting out of character.		
Stage 4 Max has lost CJ. He saw a group doing something with balloons earlier and now his friends are dancing with them. No-one else seems worried about what is going on and Max doesn't want to be accused of bringing down the mood. Eventually the last band finish up. Some of the group go off with their new friends and the rest head back to their own tents. A few hours later, Max finds CJ by the toilets, very dazed and confused and looking really unwell.		

		Influences	Internal or external?
Stage 1		Example: Friends	External
Stage 2			
Stage 3			
Stage 4			



2. The drug is imported into the UK through organised criminal gangs or drug mules

Key questions:

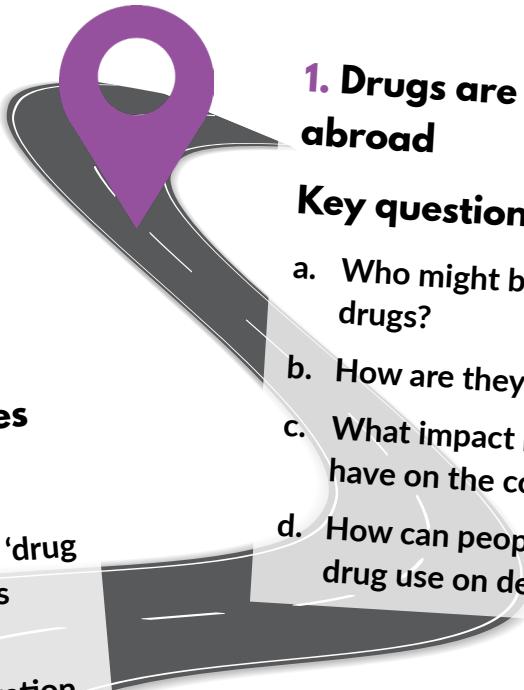
- a. Why might someone become a 'drug mule' (someone who transports illegal drugs)?
- b. What impact might the importation of drugs have on the environment?
- c. What might criminal gangs gain from this? What further impacts might this have?
- d. How can people get help if they are approached about or have become involved in gang activity?



4. An individual in the UK takes the drug.

Key questions:

- a. What impact might this have on the individual?
- b. What impact might regular use of the drug have?
- c. Are there any further impacts on others from an individual's drug taking?



3. The drug is bought and sold on the streets of the UK

Key questions:

- a. Who might be selling or delivering the drugs?
- b. What impact might drug dealing have on the local community?
- c. How can people get help if they have become involved in this activity?

1. Drugs are often produced abroad

Key learning:

a)/ b)/ c) Those involved in producing the drug may be mistreated and poorly paid. Most of the demand for substances comes from countries outside those where the drugs are produced, and much of the drug-related income is made in those destination countries¹.

As a result of the COVID-19 pandemic, more farmers may increase or take up illicit crop cultivation, either because State authorities may be less able to exert control or because more people may have to resort to illicit activities due to the economic crisis².

There are UK sources for some drugs – production of these also has an impact on environment, e.g. light and heat required for growing cannabis, as well as legal impacts etc.

d) People could support other economic development in developing countries, for example by purchasing other legal produce and supporting schemes like Fairtrade. They could also try to raise awareness of worldwide issues within their local communities/schools.

2. The drug is imported into the UK through organised criminal gangs or drug mules

Key learning:

a) People who are in a position of socio-economic disadvantage may become involved in transporting drugs, in order to make a living (the economic difficulties caused by the COVID-19 crisis may exacerbate this)³. People may also be recruited into drug trafficking organisations or be sold to drug traffickers and forced to transport drugs (trafficking in human beings is linked to drug trafficking in many countries⁴).

b) There are environmental impacts from transporting drugs, including the damage caused by all forms of travel. The reduction in air and land traffic resulting from COVID-19 restrictions may have already led to an increase in maritime trafficking of drugs⁵.

c) Criminal gangs gain financially from transporting drugs, and using 'drug mules' reduces the risk of them being personally caught by authorities. Gangs will also gain greater power in certain areas due to the financial and social power drug trafficking may bring.

d) If people are approached to become a drug mule, they should contact the Police. Individuals should try to avoid becoming involved in gang activity, or if already involved, access support from the police, support services such as Childline, friends/family/personal support networks, specialist local gangs support groups etc. See [Gangs: Managing risks and staying safe lesson pack](#) for further guidance.

1. <https://www.unodc.org/documents/data-and-analysis/covid/Covid-19-and-drug-supply-chain-Mai2020.pdf>

2. <https://www.unodc.org/documents/data-and-analysis/covid/Covid-19-and-drug-supply-chain-Mai2020.pdf>

3. <https://www.unodc.org/documents/data-and-analysis/covid/Covid-19-and-drug-supply-chain-Mai2020.pdf>

4. https://www.emcdda.europa.eu/system/files/publications/12078/20192630_TD0319332ENN_PDF.pdf

5. <https://www.unodc.org/documents/data-and-analysis/covid/Covid-19-and-drug-supply-chain-Mai2020.pdf>

3. The drug is bought and sold on the streets of the UK.

Key learning:

- a) Some drugs are sold on the streets, while others are sold online. Many people say they get drugs via friends, but this is still classed as supplying drugs and their friend will still have had to obtain the drug via an illegal source.

Some gangs and organised criminal networks exploit children and vulnerable adults to move [and store] drugs and money from the sale of those drugs. Often this involves a person travelling to other parts of the country, which increases the risks to the person transporting such goods (often known as county lines drug transportation). Gangs often use coercion, intimidation, violence (including sexual violence) and weapons to get people to transport drugs for them⁶. This enables offenders to maximise their profits yet reduce the risk of their criminal activity as it distances them from the supply transaction – it is usually the person transporting the drugs who gets caught⁷.

Remind students of the legal consequences associated with being charged with possession, supply or intent to supply an illegal drug, which often include an unlimited fine and/or a prison sentence. For more information, see the Year 10-11 Knowledge Organiser.

- b) Damage can be caused to the reputations of communities in which the drugs are sold, and this illegal activity can make these communities feel like less safe places to live.

- c) Individuals should try to avoid becoming involved in gang activity, or if already involved should access support from the police, support services such as Childline, friends/family/personal support networks, specialist local gangs support groups etc. See [Gangs: Managing risks and staying safe lesson pack](#) for further guidance.

4. An individual in the UK takes the drug.

Key learning:

- a)/ b) The impact on the individual might include harms to their health, relationships, job, finances, safety etc., as explored in other lessons in this scheme.

It is important to note that harms to an individual can occur, but the worst consequences will only happen to a minority of people who use drugs. The likelihood of serious harm depends on a number of other factors. However, everyone is at risk from legal consequences, and the effects of many drugs are unpredictable, so it is impossible to know whether a person is likely to have a serious adverse reaction to a substance. Therefore, the healthiest and safest option is to not use substances.

- c) If an individual's drug use develops to become more frequent or problematic, it is likely to have wider impacts on their friends, family and even local services such as police and hospitals.

6. <https://www.nationalcrimeagency.gov.uk/what-we-do/crime-threats/drug-trafficking/county-lines>

7. <https://www.nationalcrimeagency.gov.uk/who-we-are/publications/257-county-lines-drug-supply-vulnerability-and-harm-2018/file>

TURNING POINT

Provides free support for young people who feel that their alcohol or other drug use is becoming a problem, and those who have some queries on their minds about substances.

Turning Point offers young people:

- Meetings where they feel comfortable.
- Advice and information about drugs and alcohol.
- Support for the changes the young person wants to make.
- Teaching new ways to cope.
- Helping the young person to cut down, quit and gain control.

WE ARE WITH YOU

Provides confidential support with alcohol, drugs or mental health.

We are with you has 80 local services in England and Scotland (including young people's services).

Support is also available from the online team to help with drug or alcohol advice for a young person or to support a friend or relative.

CHILDLINE

ONLINE, ON THE PHONE, ANYTIME
childline.org.uk | 0800 1111

Can be contacted about anything – they are there to support young people and help them find ways to cope.

In addition to information and advice on a range of topics, they offer the following services:

- Anyone can call Childline free on 0800 1111 – it's confidential and the caller does not have to give their name if they don't want to.
- They offer a 1-2-1 online counsellor chat
- An email can be sent to them – they will try to reply within 24 hours.
- A person can get help from other young people on their message boards.

NHS STOP SMOKING SERVICES

Local stop smoking services are free, friendly and can massively boost a person's chances of quitting for good.

These services, staffed by expert advisers, provide a range of proven methods to help people quit. They'll give accurate information and advice, as well as professional support, during the first few months of an individual stopping smoking.

An individual will normally be offered a one-to-one appointment with an adviser, but many areas also offer group and drop-in services as well. Depending on where the person lives, the venue could be a local GP surgery, pharmacy, high-street shop, or even a mobile bus clinic.

GPs can refer people, or they can phone their local stop smoking service themselves to make an appointment with an adviser.

NACOA



The National Association for Children of Alcoholics (www.nacoa.org.uk) provides information, advice and support for everyone affected by a parent's drinking.

They can be contacted via their free confidential helpline (0800 358 3456), or via email, for information and ongoing support for all ages.

Additionally, their online message boards enable young people to share and discuss experiences with others.

FAMILY MEMBER OR FRIEND



Could provide emotional support and guidance and could help someone access further services.

GP



Can provide confidential medical advice and may refer someone for treatment or prescribe treatment options. Many GP surgeries host support services such as smoking cessation and mental wellbeing inputs.

TEACHERS



Teachers/other staff members can help students to find appropriate further support.

They are available for students to raise their concerns with or to ask questions about drugs. Teachers can listen to concerns, but may also need to report this to the designated safeguarding lead if they are concerned about any student's safety (this is known as their safeguarding duty).



1. I have been smoking now for a couple of years, but recently have been thinking about quitting. The problem is, I have no idea where to start! My best friend smokes, so it's difficult to avoid and I don't think he'll give me the encouragement I need.

2. I am worried about a friend who has started taking drugs at the weekend. She started hanging around with some new people who I think are pressurising her into it – I'm not sure she even enjoys it that much!



3. We recently had a death in the family and my brother hasn't taken it very well. He won't talk about anything, but spends a lot of time alone in his room or out with his friends until late. I know he has been taking some pills – I saw them in his room – but I don't know if I should tell anyone.

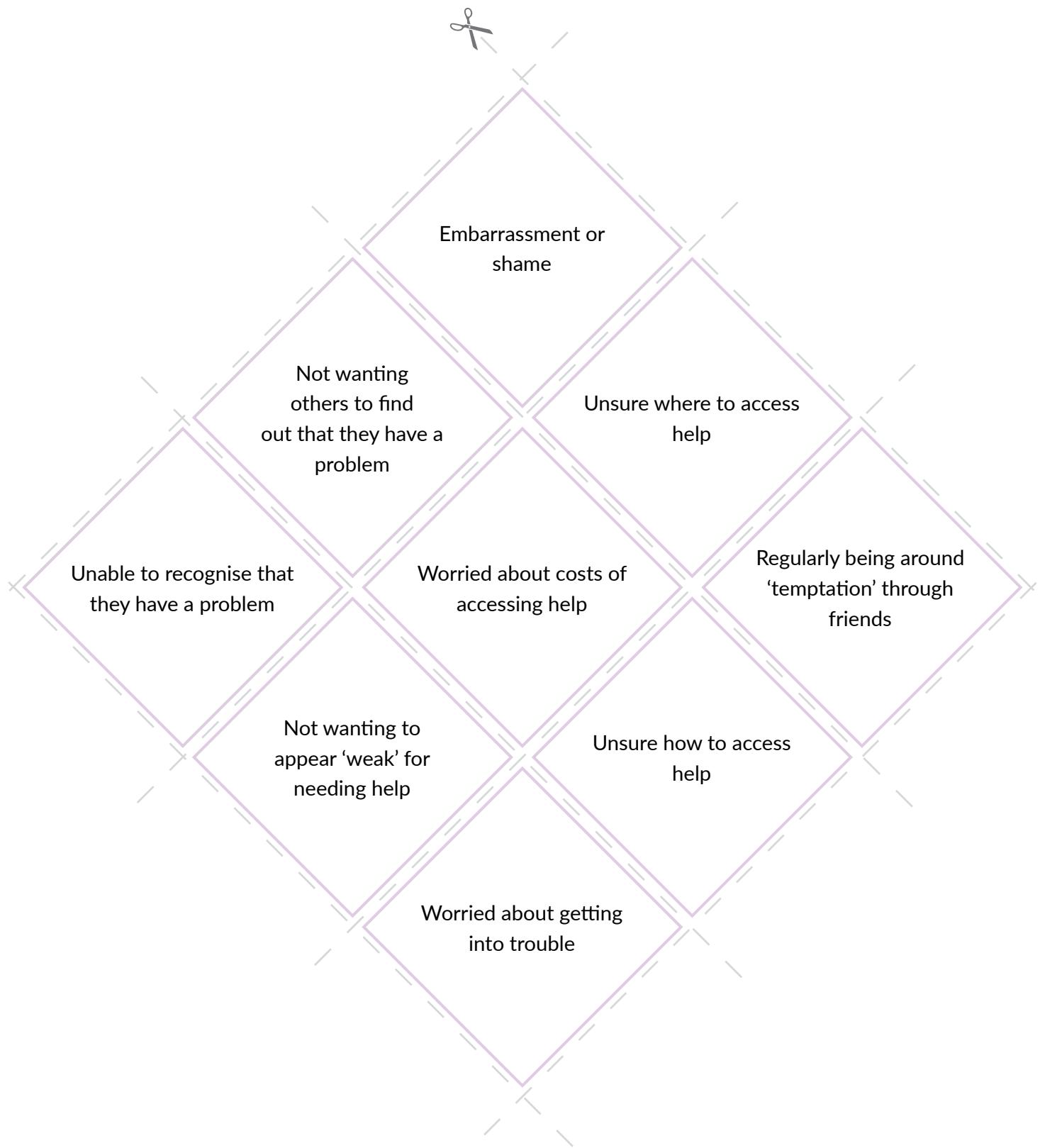
4. I have been out partying a lot lately. I've always drunk alcohol and taken drugs, but lately I've been feeling jittery and my anxiety seems to be getting worse. Going out is a big part of my life though and I don't want to stop.



5. My parents have always enjoyed having a few drinks, but recently I've noticed that my Dad has been drinking a lot more before Mum gets home from work. He seems to start drinking earlier and earlier in the day and now when I get in from school he's usually already drunk.

6. I used to smoke weed sometimes with my friends, but have started doing it when I'm by myself too. It started as a way to relieve some stress, but now I feel like I need something when I wake up in the morning to help me get through the day. I want to get some help, but I'm too shy to speak about everything in front of others.







KNOWLEDGE ORGANISERS

Drug and alcohol education

KS3-4



Subject-specific vocabulary

Substance	This generic term includes alcohol and other drugs that may be legal or illegal
Controlled substance	Drugs for which the manufacture, possession or use is regulated by the government
Medicines	A drug or remedy that may be prescribed by a health professional or purchased over-the counter
Side effects	An effect of a drug (including medicines) that is additional to its intended effect
Dependency	A state in which a person relies upon a substance to feel or function as normal, this can be physical and/or psychological
Cessation	The process of reducing and stopping the use of a substance. This may be done independently or with the support of others

External support services

FRANK

talktofrank.com 030001236600

Information, help and advice about drugs

NHS Smokefree

nhs.uk/smokefree

NHS smoking cessation support service

We Are With You

wearewithyou.org.uk

Help and advice to reduce or stop the use of alcohol and other drugs

Turning Point

turningpoint.co.uk

Support service for a range of issues including substances and mental health

Nacoa

nacoa.org.uk 08003583456

Information and support for anyone affected by a parent's drinking

Childline

childline.org.uk 0800 1111

Confidential support service

CALLS DO NOT APPEAR ON PHONE BILL

Substance-specific information

Caffeine

- a stimulant drug often found in drinks such as tea, coffee, soft drinks and energy drinks
- it is advised that children should only consume caffeine in moderation
- caffeine is not necessary for a healthy, balanced diet
- daily intake up to 3mg/kg of body weight does not raise safety concerns

Alcohol

- found in drinks such as beer, wine and spirits
- amounts of alcohol are measured in units
- an alcohol-free childhood is the healthiest option
- risks include accidents or judgement errors; cancers; high blood pressure; harms to relationships
- the law states that alcohol cannot be sold to under-18s

Nicotine and tobacco

- nicotine is an addictive substance found in tobacco and other products such as e-cigarettes
- tobacco is used in cigarettes, pipes, cigars, chewing tobacco and shisha
- risks include cancers; heart attack; stroke; reduced fertility
- the law states that nicotine and tobacco products cannot be sold to under-18s

Influences on decision-making

Example of influences

- own perceptions, attitudes and beliefs
- curiosity or thrill-seeking
- whether actions fit with one's own values or goals
- the attitudes and actions of friends, role models and celebrities

- family or community religious/cultural beliefs and expectations
- social and cultural norms

Strategies for managing peer influence

- assertive refusal with or without providing a further reason
- using humour to deflect from the situation
- removing oneself from the situation

- using an excuse to avoid using a substance
- telling a 'white lie'
- discussing intentions with a trusted friend so they can support in pressurised situations
- planning with family members to help by coming to pick them up if away from home
- organising alcohol-free social events



Subject-specific vocabulary

Substance	Dependency	Problematic use	Cessation	Possession	Intent to supply	Supply
This generic term includes alcohol and other drugs that may be legal or illegal.	A state in which a person relies upon a substance to feel or function as normal, this can be physical and/or psychological.	This describes use of a substance in which a person is dependent or they use the substance recreationally in a way that increases the risk of harm.	The process of reducing and stopping the use of a substance. This may be done independently or with the support of a cessation service.	When a person is found with a controlled drug for personal use. They don't have to be using it they just need to have it.	When a person is planning to give controlled drugs to someone else including selling, sharing or giving for free.	When a person distributes or gives someone a controlled substance including selling, exchanging for reward or 'gifting'.

Types of influence

Indirect	When a person feels they have to join in even if no-one directly asks the person to do anything
Friendly	Asked to do something by a friend, but it's okay to say no
Heavy	Using/threatening violence or blackmailing
Teasing	Calling people names to make them feel embarrassed
Internal	Pressure from inside the person, e.g. wanting to be part of a group or look cool, or awareness of religious/cultural beliefs and expectations
Online	Seeing things on social media/the internet that alters perception of substance use

Substance-specific information

Alcohol

- found in drinks such as beer, wine and spirits
- amounts of alcohol are measured in units
- an alcohol-free childhood is the healthiest option
- risks include accidents or judgement errors; cancers; high blood pressure; harms to relationships
- the law states that alcohol cannot be sold to under-18s

Cannabis

- a class B drug that is derived from a plant
- can be smoked, eaten or vaped and can be a solid lump, oil or leaves
- varies in strength and effects due to differing levels of CBD and THC
- illegal to possess, grow, sell or give away
- cannabis-based medicines can be prescribed but these are tightly regulated and are produced by pharmaceutical companies

Types of drugs

Depressants

Slow body systems, lower cognitive abilities and slow reactions

Stimulants

Speed up body systems; cause pleasure and increase energy

Hallucinogens

Alter perceptions or cause hallucinations, can cause anxiety or panic

Dissociatives

Create feeling of relaxation, numbness or disconnect from the body

Opioids

Cause pleasure or pain relief, can lead to loss of consciousness

Steroids

Increase muscle mass and speed recovery from exercise, linked to paranoia

Cannabinoids

Cause feelings of relaxation or giggliness, linked to paranoia and memory loss

Empathogens

Cause feelings of being 'loved up' or wanting to move and dance, linked to anxiety after use

External support services

FRANK

talktofrank.com

03001236600

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nhs.uk/smokefree

NHS smoking cessation support service

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Confidential support service

CALLS DO NOT APPEAR ON PHONE BILL

We Are With You

wearewithyou.org.uk

Help and advice to reduce or stop the use of alcohol and other drugs

Fearless

fearless.org

To anonymously report a crime

Maximum legal penalties for each drug classification

	Class A	Class B	Class C	Psychoactive substances
Possession:	7 Years	5 years	2 years	None unless in education/custodial settings
(Intent to) supply	Life sentence	Life sentence	14 years	7 years



Subject-specific vocabulary

Substance	This generic term includes alcohol and other drugs that may be legal or illegal
Substance use disorder or 'addiction'	Substance use disorder is the clinical term used to describe what is commonly referred to as addiction. It features a cluster of symptoms including the strong internal drive to use substances or impaired ability to control substance use
Dependency	A state in which a person relies upon a substance to feel or function as normal. This can be physical and/or psychological
Problematic use	This describes use of a substance in which a person is dependent or they use the substance recreationally in a way that increases the risk of harm
Trafficking	The criminal act of trading illegal drugs. Discussion around this topic may raise discussion of exploitation
Cessation	The process of reducing and stopping the use of a substance. This may be done independently or with the support of a cessation service

Effects of substances

Production

- poor working conditions or pay for individuals in the production process
- environmental impacts including the energy requirements for cultivation

Importation

- disproportionate exploitation of individuals from a position of socio-economic disadvantage
- environmental impacts of transport

Supply

- exploitation of vulnerable groups including children
- damage to the reputation of communities in which substances are sold
- financing of other criminal activity

Use

- varying levels of harm to health and wellbeing, finances and employment, relationships and safety
- legal consequences
- wider impacts upon legal and health services

Managing risk and influence

Self-regulation

- pacing drinking to reduce overall alcohol consumption
- considering healthy coping strategies
- choosing not to use substances

Social strategies

- assertive 'no thanks' to offers
- establishing expectations with friends
- staying in pairs in independent situations
- assertive explanation of reasons for not using substances

Locate support

- locating first aid services
- contacting law enforcement services
- discussing support with parents/family
- contacting young people's support services/organisations

Influences on decision making

Internal

Influences that come from the person themselves such as:

- own perceptions, attitudes and beliefs
- whether actions fit with one's own values or goals

External

Influences that come from a person's surroundings such as:

- actions/attitudes of friends or celebrities
- culture, school ethos or family beliefs/expectations
- media influences

External support services

FRANK

talktofrank.com 03001236600
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