



Aberdeen City Health Promoting School

Substance Misuse Education Guidance

4th Edition – Feb 2019

Promoting a whole school approach



Substance Misuse Education Guidance (2017)

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Introduction

Substance misuse affects the whole community and as such it must be addressed, not in isolation, but by the community as a whole. Within this, schools have been identified as a key priority setting for substance misuse education.

The document has been designed to give educators information which will ensure clear and consistent messages are taught around the issue of substance misuse. The ideas it contains advocate methodologies based on active learning.

If young people feel informed, empowered, happy, safe, respected and included they will be more resilient and, as such, at less risk from the negative effects of substance misuse. Schools and their partners should work closely together to plan their programmes for substance misuse education, taking account of local circumstances and individual needs.

This resource contains:

- Effective Substance Misuse Education
- Skills Path
- Lesson Plans (& Planning Template)
- Legislative Outline
- Resource (Links)

Substance Misuse education is no different from any other health and wellbeing topic included within Curriculum for Excellence. The approach required to address this should encompass the range of factors that contribute to the delivery of effective education as highlighted on p5-8 and **does not** require a unique set of skills or specialist knowledge. It can be utilised both in school and in wider settings.

The skills and attitudes learned across the Health and Wellbeing curriculum in mental, emotional, social and physical wellbeing; planning for choices and changes; physical education, physical activity and sport; food and health; relationships, sexual health and parenthood are all equally applicable to substance misuse education. Evidence now shows that wider programmes that target multiple risk behaviours, help build self-esteem and life skills are effective in preventing drug use.

This document is a **reference and guide** for staff when developing substance misuse lessons or cross curriculum pieces of work which can incorporate aspects of substance misuse education. This guidance is intended to be **progressive** and as such uses suggestions for lessons that are age appropriate and build upon and consolidate prior learning.

The most up to date evidence or examples of good practice are included and these can be used directly or adapted for the classroom. Staff can contact the Alcohol & Drug Partnership (ADP) or their Health Improvement Officer (Schools) for further guidance or

advice if necessary. The guidance will be reviewed annually and re-issued at the earliest convenience. Meantime, queries or feedback should be directed to the contacts below.

Aberdeen City ADP:

Web: <http://www.aberdeencityadp.org.uk/>

Email: nhsg.aberdeencityadp@nhs.net

Health Improvement Officer Schools:

Web: <http://www.abernet.org/sharingpractice/category/curriculum-areas/health-and-wellbeing/>

Email: lamackie@aberdeencity.gov.uk

The Alcohol and Drug Prevention Briefing Papers series produced by Mentor-ADEPIS (UK) provide helpful advice and guidance for Schools and practitioners and are a useful supplement to this guidance:

<http://mentor-adepis.org/resources/adepis/>

Effective Education

Background

To allow a consistent approach to drugs, alcohol and tobacco education, the three topics have come together within the substance misuse organiser and sit within the Health and Wellbeing framework in Curriculum for Excellence.

Every pupil is entitled to a well-organised programme of age appropriate education. Schools and other educational establishments have a responsibility to ensure that substance misuse education is delivered and should refer directly to advice outlined in this document.

Definition for “substance” & “substance misuse”

A substance here will be defined as that when administered (e.g. ingested, inhaled, or injected) into the body, will affect the central nervous system (i.e. has **psychoactive** properties). This often results in variable changes to cognition, and thereby affects the behaviour, mood and consciousness of the individual consuming (and often with unpredictable consequences).

A definitive list of such substances can never be complete but for purposes here will be broadly taken to include:

- Alcohol
- Any psychoactive substance (**controlled** and **scheduled** within the Misuse of Drugs Act (1971) and/or the Medicines Act (1968) and therefore this includes prescription and non-prescription (e.g. ‘over the counter’) medications. Furthermore, any psychoactive substance **included** within the Psychoactive Substances Act (2016)*
- Volatile substances (solvents, gases and other domestic/commercial products)

*Exclusions to the Psychoactive Substances Act (2016) where there are already specific legislative direction include; controlled drugs, medicinal products, alcohol and nicotine. More detailed information and links are included within this document within the legislation section p27-29.

Further exclusions also include; caffeine and ‘food’ products (those not containing prohibited psychoactive substances). For further details:

<http://www.legislation.gov.uk/ukpga/2016/2/schedule/1/enacted>

The term substance ‘misuse’ itself refers specifically to the use of a substance for a purpose not consistent with legal or medical guidelines (e.g. as in the non-medical use of prescription medications).

The term “misuse” is normally preferred to “abuse” as it is perceived to be less judgemental.

Specific aims of effective substance misuse education

Good education on substance use and misuse develops pupils’ knowledge, skills, attitudes and values to enable them to live safely in our society.

Clear strategies should be in place to ensure a safe classroom environment with approaches evaluated for effectiveness. Sessions should be delivered progressively to

small groups of pupils, and annual events or class assemblies used only to consolidate prior learning to enhance and promote regular health and wellbeing messages and updates.

Any programme of activity should aim to:

- Allow pupils to develop **knowledge, self-esteem, life skills, resistance/coping skills and decision making** (linked to a range of risk behaviours) taking account of;
- **social influences, resilience, identity and thus increase the likelihood of social competence** e.g. making positive and informed choices
- Allow opportunities for pupils to **examine and develop beliefs, attitudes and values** to substance use **and reflect on their learning**
- **Involve pupils pro-actively and interactively** in the learning process (this includes peer learning – though any activity is not necessarily led by peers)
- Provide a **consistent and sufficiently intensive and structured approach** (linking/embedding activity as in points below may support this)
- **Include multi-component aspects** (not just school based curriculum) that can also target the young person's environment (e.g. parents, community and policy activity)
- **Link or embed activity wherever possible** in other relevant health and wellbeing activity and components
- Be **relevant, accurate, credible and responsive** to local context
- Build on **prior knowledge and understanding**
- Deliver **progressive age-appropriate teaching** taking into consideration, cultural and religious diversity and special educational needs
- Identify and dispel **misconceptions** regarding the **normative nature** and the **expectations** linked to substance use
- Be **reviewed and evaluated regularly** to inform of any developments and changes as part of continuous improvement
- Utilise **expertise and advice** from credible and relevant agencies

In summary, substance misuse education needs to be:

- **Appropriate; Accurate; Progressive; Interactive and Relevant**

What doesn't work in delivering effective education?

Evidence indicates that the following are associated with no or negative prevention outcomes for young people and should be avoided:

- Knowledge only (standalone) activity
- Unstructured dialogue sessions
- Fear arousal approaches
- Using ex-drug users as testimonials
- Over reliance on external or partner agencies, e.g. Police-led
- *Unstructured* recreational/diversionary and/or educational activity, (particularly when delivered as a standalone activity designed to prevent illegal drug use)
- Participation in mass media programmes targeting illegal drug use

Multi-factorial and generic approaches

Evidence suggests that activity designed to target multiple risk behaviours and help to build self-esteem and life skills are most likely to be effective in the prevention of drug use. This suggests a departure from drug specific education and placing more emphasis on generic approaches. For example, a programme such as the ‘*Good Behavior Game*’ is an evidence-based behavioral classroom management strategy that helps children learn how to work together to create a positive learning environment. It promotes each child’s positive behavior by rewarding student teams for complying with criteria set for appropriate behavior. It also enables teachers to build strong academic skills and positive behaviors among students. It has been evaluated and shown effectiveness in reducing substance use and other problematic behaviours in the long term. For further information: <http://gbguk.org/>

Whilst embedding drug education and prevention activity in holistic strategies that promote healthy development and wellbeing is good practice, evidence also suggests that there is merit in further enriching holistic programmes by including drug specific interventions and education for those young people at most risk of harm. However, there is still benefit from including those young people within more generic and universal approaches also.

Furthermore, when teaching pupils with special educational needs the publication ‘*Hidden Disability – The Teaching Kit*’ may be a useful reference.

<http://moodle.nptcgroup.ac.uk/course/view.php?id=2948>

A multi-factorial framework for contributing to the delivery of effective substance misuse education

It is important that the factors below are considered and included (where appropriate), *to inform the planning, development and delivery of any lessons* contributing to positive outcomes. Although impossible to include all within a specific lesson, it can be used as a frame of reference to ensure good practice over a range of lessons that would not only include substance use but links to other health and wellbeing and development topics.

Knowledge	Attitudes & Values
Access to reliable and credible information	Prevalence in the local context Actual & perceived ‘norms’

<p>Web & media based supplementary components</p> <p>Signposting sources of support</p> <p>Legal issues, rights and responsibilities</p> <p>Health guidelines</p>	<p>Community environment</p> <p>Parent/family and peer influences</p> <p>Social networks / Cultural influences</p> <p>Media influences</p>
<p>Personal Skills</p>	<p>Risks & Harms</p>
<p>Personal responsibility</p> <p>Decision making</p> <p>Assertiveness</p> <p>Self-esteem</p> <p>Protective factors</p> <p>Diversions activities</p> <p>Planning for the future</p>	<p>Stages of intoxication and overdose</p> <p>Personal safety (scenarios) & First Aid</p> <p>Health risks (Physical, Mental, Sexual) short to long term</p> <p>Impact / consequence of behaviour</p> <p>Social risks (scenarios)</p>

Substance misuse in context

It is well known that the misuse of substances can be harmful to health (this includes the misuse of prescribed or ‘over the counter’ drugs) with potentially serious social, financial and legal repercussions to the individual, family and their local community.

However, the misuse of any substance can also be somewhat unpredictable in terms of both the potential effects and risks which vary from individual to individual and are dependent upon a number of factors.

An insight into substance effects and consequences may be gained by using a model that takes into account three factors:

- Substance** (the particular properties of the substance(s) in question)
- Set** (the psychology, mood and health of the individual user in question)
- Setting** (the social setting and context in which substance(s) are used)

Only when all three factors are taken into account together can we then consider or understand the experience and the behaviours of any individual.

For example:

- The type of substance(s) used and general effects
- Amount taken
- Method of consumption
- Purity/strength
- What it is mixed with (bulking agents or other substances)
- Individual's age, sex and specific tolerance
- The individual's general health (underlying conditions) and whether any medications are also present
- Individual's mood at the time
- Individual's expectations
- The setting in which taken (which may impact on the previous two factors)

It is therefore not possible to be completely accurate in describing or recognising signs and effects of substance use. It is important to understand not only the nature and general effects of specific substances but also to pay attention to the full range of *circumstances* or the *context* in which they are used. Substances can affect people in different ways and therefore there is no definitive way of telling exactly how a substance may affect someone or indeed the outcome they will experience. Furthermore, the presence of alcohol or other substances (poly-drug use) complicates this further. Where one person has had no seemingly negative or adverse effects, another individual could experience something quite different.

Understanding addiction (dependence criteria)

It is important to note that not all substance use will result in addictive behaviour. This again depends upon a number of factors; the particular substance(s) in question, the physiology/psychology of the person consuming and the relative frequency and duration of use, usually over a (variable) period of time. A common myth often portrayed with certain substances is portrayed as; "one hit and you're hooked". This is simplistic and inaccurate and it may help to think back to the previous section explaining '*drug*', '*set*' (and '*setting*').

There are a range of complex factors as to why substance use and repeated use could be attractive to any individual. For example:

- expectation (and receipt) of (pleasurable) effects and experiences
- as part of generating excitement and thrills (risk-taking)
- as part of a particular lifestyle choice (self identity)
- the blocking of physical or emotional pain (self-medicating) and
- as part of or linked with self-harming and/or low self-esteem

'Addiction' is characterised by physical and/or psychological dependence, in other words a very high tolerance level for a particular substance usually indicated by the presence of the following:

- Strong desire or compulsion to take substance (often felt frequently)
- Difficulties in controlling consumption (unable to stop once started)
- Physiological withdrawal state (usually adverse, negative symptoms mental/physical when attempting to abstain from taking substance)
- Evidence of tolerance (over time requiring increasing dose to achieve desired effect)
- Progressive neglect of alternative pleasures or interests (the substance becomes *the* focus of lifestyle)
- Persisting with use (despite being able to recognise harmful consequences)

There are no set 'patterns' to this behaviour and levels of dependence can also vary greatly from person to person. This can explain for example, the variables that could exist between two individuals deciding to give up smoking tobacco, and the differing degrees of difficulty they might encounter in doing so (even though both may have smoked at a similar rate for a similar period of time). It may not be necessary to directly discuss this with children and young people in a detailed fashion, but having awareness and understanding of the relevant terminology would support the facilitation of any discussion should it arise.

More information can be found at:

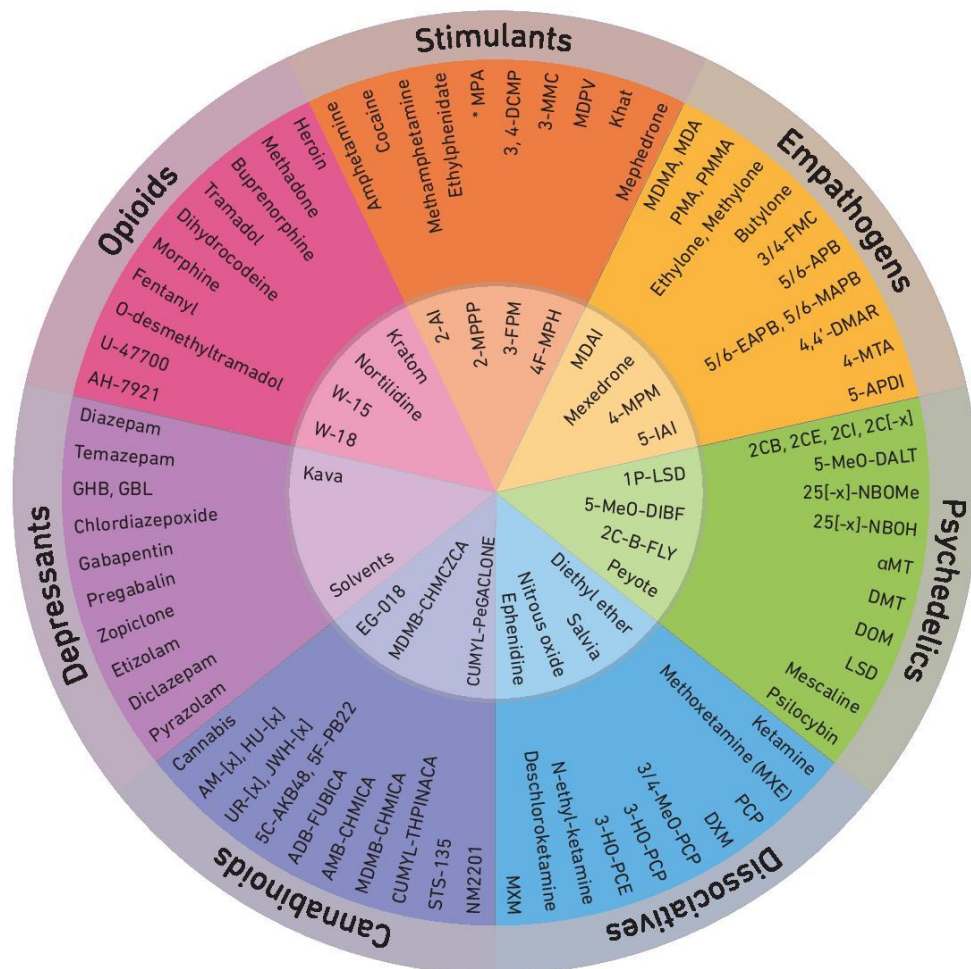
http://www.who.int/substance_abuse/terminology/definition1/en/

A model for categorising substances (the 'Drugs Wheel')*

The Drugs Wheel

A new model for substance awareness

[UK version 2.0.5 • 14/06/2017]



Outer ring: Controlled under the Misuse of Drugs Act 1971 or The Human Medicines Regulations 2012

Inner ring: Controlled under the Psychoactive Substances Act 2016

* Temporary Class Drug Order

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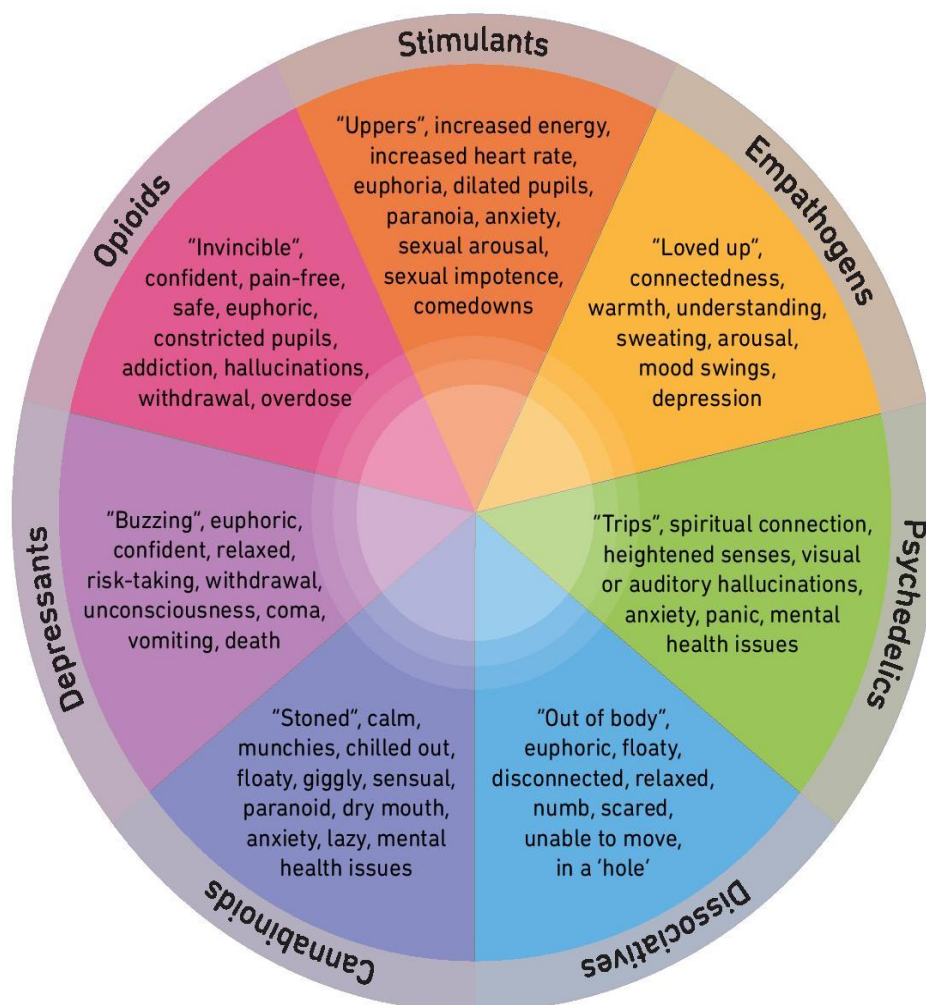
The Drugs Wheel by Mark Adley is licensed under a Creative Commons Attribution-NonCommercial-ShareAlike 4.0 Unported License. Permissions beyond the scope of this license may be available by contacting mark@thedrugswheel.com.

Designed in collaboration with DrugWatch: an informal association of charities, organisations and individuals who share an interest in establishing a robust early warning system in the UK for all types of drugs.



The Drugs Wheel

A new model for substance awareness



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Designed in collaboration with DrugWatch: an informal association of charities, organisations and individuals who share an interest in establishing a robust early warning system in the UK for all types of drugs.



*Version depicted dated: 14 June 2017.

The Drugs Wheel allows for a more comprehensive classification of an ever widening array of substances by focusing not only on legal status but also by categorising by general effects.

Therefore instead of focusing on trying to learn or remember individual substances or have in-depth knowledge of each, the Wheel allows for a simpler and broader recognition and understanding.

A range of resources are available from the Drugs Wheel website and are free to download and use. <http://www.thedrugswheel.com/?page=wheels>

The Drugs Wheel and website resources are regularly updated to reflect emerging chemicals and substances as well as the latest updates to UK legislation.

Substance specific messages

The following messages are of significance in understanding the need to educate and where possible prevent or reduce the harms from substance use:

Alcohol:

- There are NO recommended guidelines for the consumption of alcohol for children and young people under the age of 18 years (this is due to continued neural development taking place throughout later adolescence on which alcohol can negatively impact)
- Individuals who begin drinking in early life have a significantly increased risk of developing alcohol use disorders (including dependence) in later life
- Tobacco and alcohol use are often reported as ‘gateways’ into wider substance use

Delaying the regular use of alcohol;

- is a general predictor of better longer term life outcomes

Drugs (generic):

- Illicit drugs cannot always be assumed to be what they purport to be. Other chemicals can be present and the purity/strength is often unknown to the user
- Taken in combination can have an unpredictable and cumulative effect which can result in overdose and potential fatality
- Can affect both short-term and long term mental health and can trigger or worsen existing mental health problems
- Injecting drugs greatly increases the risk of contracting blood-borne viruses from the sharing of equipment and/or paraphernalia

Being drug free can result in;

- Enjoying opportunities for better health and wellbeing lasting into adulthood
- Being safer and feeling in control
- Increased likelihood of positive lifelong outcomes
- Limit unnecessary strain and damage to relationships
- Avoiding drain on finances and impact on work or academic performance, travel and career prospects
- Avoiding unnecessary conflict with the law
- Contributing to healthier and safer environments and communities
- Not unwittingly contributing to exploitation, violence and organised crime involved in the production and supply of illegal drugs

New Psychoactive Substances (NPS) (*‘legal highs’*)

What were coined (in media terms) as ‘legal highs’ until recently, were in fact, a wide range of uncontrolled substances (usually herbal/fungal, chemical or relating to unlicensed medicinal products). The Psychoactive Substances Act (2016) was enacted in May 2016 to

control the production and proliferation of these substances which had generally fallen outside normal drug and medicine legislative as well as trading standards controls.

The messages above (p14) also pertain to these substances irrespective of legislative controls. However additionally we can note that;

- The use of these emerging substances can be even more unpredictable in terms of effects on the individual, and little is known about the short and long term effects
- This risk also increases where they are mixed with other drugs and/or alcohol
- Similar to any traditional street drugs, the chemical composition of what is bought and consumed is often unclear or unknown to the user
- Several 'branded' names persist for a range of varying chemical compositions so for example, varying synthetic cannabinoid compounds are often collectively referred to as 'spice'. Reference to the Drugs Wheel or other reliable classification sources is helpful in understanding what these substances are as well as their associated effects.

Image and Performance Enhancing Drugs (IPEDs)

Over the last few years growing concerns have emerged regarding the young age at which individuals are often exposed to steroids and other image enhancing drugs both as a user, or through secondary exposure to such substances. Anabolic steroids in particular can be used for body-building purposes and are controlled under the Misuse of Drugs Act (1971).

<http://www.lifeline.org.uk/wp-content/uploads/2016/11/Lifeline-IPEDsReport-November2016.pdf> In summary:

- A number of serious physical and psychological harms can be encountered with long term use of a range of IPEDs. For more information see http://www.ipedinfo.co.uk/young_people.html
- Those who use during the years of physical and neurological development (ages 11-25 years) may be at risk of complications due to disruption of natural growth and hormonal imbalance
- Those who inject substances of any kind are at significant increased risk of acquiring a blood borne virus such as Hepatitis B, Hepatitis C and HIV, or a bacterial infection
- The sterility, content, strength and quality cannot be guaranteed
- IPEDs are generally pharmaceutical preparations, developed to treat specific medical conditions, however a large proportion are obtained without prescription and are *not* pharmaceutical grade products

High Energy Caffeine Drinks

Energy drinks can contain high levels of caffeine, usually about 80 milligrams (mg) of caffeine in a small 250ml can – the same as three cans of cola or a mug of instant coffee. As well as caffeine, they may contain other ingredients, such as glucuronolactone and taurine, and sometimes vitamins and minerals or herbal substances. Some of the smaller "shot style" products can contain anywhere from 80mg (equivalent to 1 mug of instant coffee) to as much as 175mg (more than 2 mugs of instant coffee) of caffeine in a 60 ml bottle. Caffeine is a psychoactive drug (but exempt from legislation), but it is also a natural ingredient in widely consumed beverages such as coffee and tea.

Children, or other people sensitive to caffeine, should only consume caffeine in moderation. Pregnant women are advised to have no more than 200mg of caffeine a day, roughly two mugs of instant coffee. Drinks like espresso and lattes, which are made from ground coffee, typically contain higher levels of caffeine per mug.

Individual schools may have their own policies in relation to the consumption of high energy caffeine drinks on school premises.

- There is currently no legislation to prohibit the sale of these drinks to young people although some of the larger supermarket chains have introduced their own policies to prevent sales to under 16s

For more information please visit:

<http://www.food.gov.uk/policy-advice/additivesbranch/energydrinks>

<http://www.britishsoftdrinks.com/energy-drinks>

Tobacco

Tobacco is a 'stimulant' due to the effects of nicotine on blood pressure however, due to the 'relaxing' effect of its use and other chemicals contained within it, it can also be categorised as a depressant.

- There are NO safe levels of tobacco use
- Each cigarette contains over 4000 chemicals, 60 of which are known to cause cancer
- Nicotine is a highly addictive substance
- Exposure through passive smoking/second hand smoke at home or in a car is particularly harmful to children (smoking in a car with anyone under the age of 18 became illegal from December 2016)

Electronic Cigarettes, E-cigarettes, (E-cigs)

An electronic cigarette is a battery-operated device that heats up a liquid within a cartridge, which often contains nicotine and various flavourings. When the liquid is heated and the user inhales through the device it produces a fine mist, or a vapor. E-cigarettes administer vapourized substances to the bronchia, lungs and bloodstream though some odourless vapor is released into the air as the smoker exhales.

Although many brands are designed to resemble a traditional cigarette they do not contain tobacco but will usually include a nicotine cartridge or something called 'e-liquid', a vaporizer, electronic circuitry, sensors and a battery. Some brands of e-cigarette have a light emitting diode (LED) which glows when the user inhales, resembling a real cigarette. Some are shaped like pens or memory sticks, for many brands the look of the individual device and branding of the rechargeable packs are designed to resemble conventional cigarettes. There are many brands and types of e-cigarettes emerging on the market that very rarely explain their ingredients so caution should be taken before their use.

Due to the rechargeable nature of these products there can be a fire risk due to the batteries overheating.

- E-cigarettes are a new product and research on their impact is still in its infancy with, as yet, no evidence regarding the health effects of long-term use
- It is an offence for a retailer to sell a “nicotine-vapour product” to a person under the age of 18 (Health – Tobacco, Nicotine etc and Care) (Scotland) Bill – June 2015

At the moment, these products are not licensed for use as a stop smoking product and they are not recommended by the NHS

For more information please visit:

<http://www.ashscotland.org.uk/what-we-do/supply-information-about-tobacco-and-health/briefings/ecigarettes.aspx>

Shisha Smoking

Shisha smoking – also called hookah, narghile, waterpipe, or hubble bubble smoking is a way of smoking tobacco, sometimes mixed with fruit or molasses sugar, through a bowl and hose or tube. Shisha smoking produces second-hand smoke and is therefore covered by smoke-free legislation which prohibits this in enclosed spaces. Even shisha products which do not contain tobacco must comply with Scotland’s smoke-free legislation because the law applies to any lit, smoked product.

- Use of any product containing tobacco is harmful to health
- Use of any product containing tobacco carries the risk of addiction
- Waterpipe smoking more than doubles the risk of lung cancer, respiratory illness and low birth weight, negatively affects lung function and is likely to be a cause of chronic obstructive pulmonary disease

For more information please visit:

<https://www.bhf.org.uk/heart-health/risk-factors/smoking/shisha>
<http://www.ashscotland.org.uk/media/5676/Shishaandthelaw.pdf>

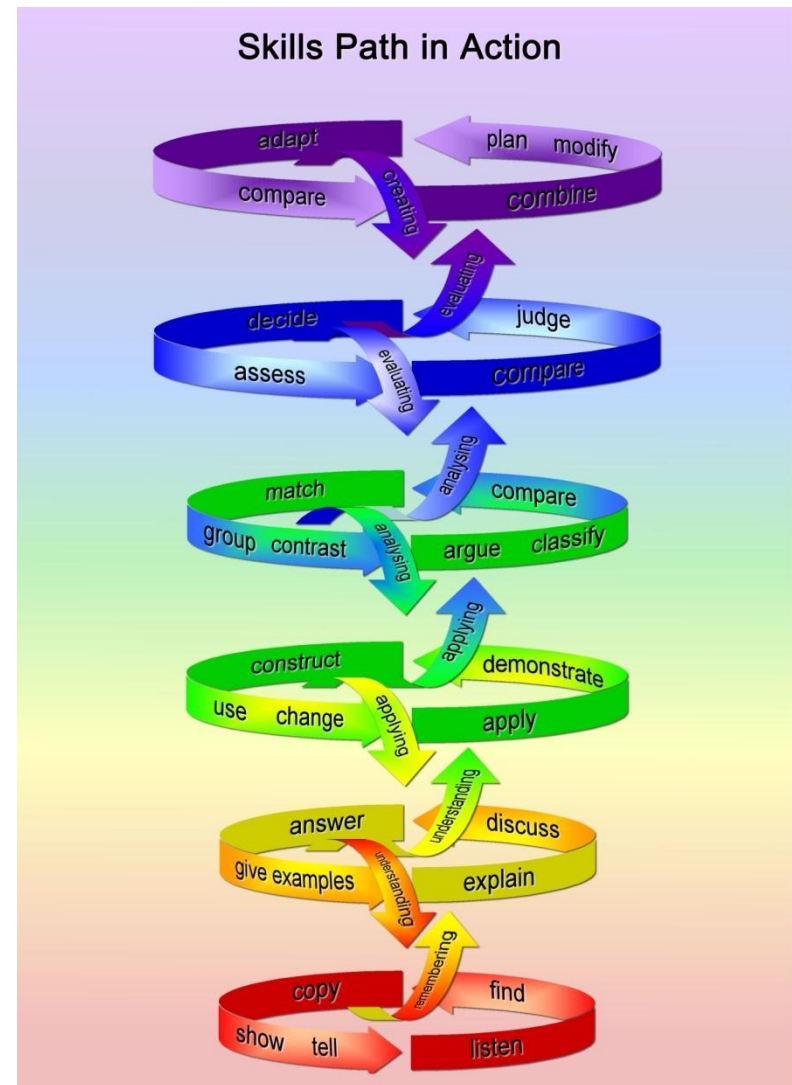
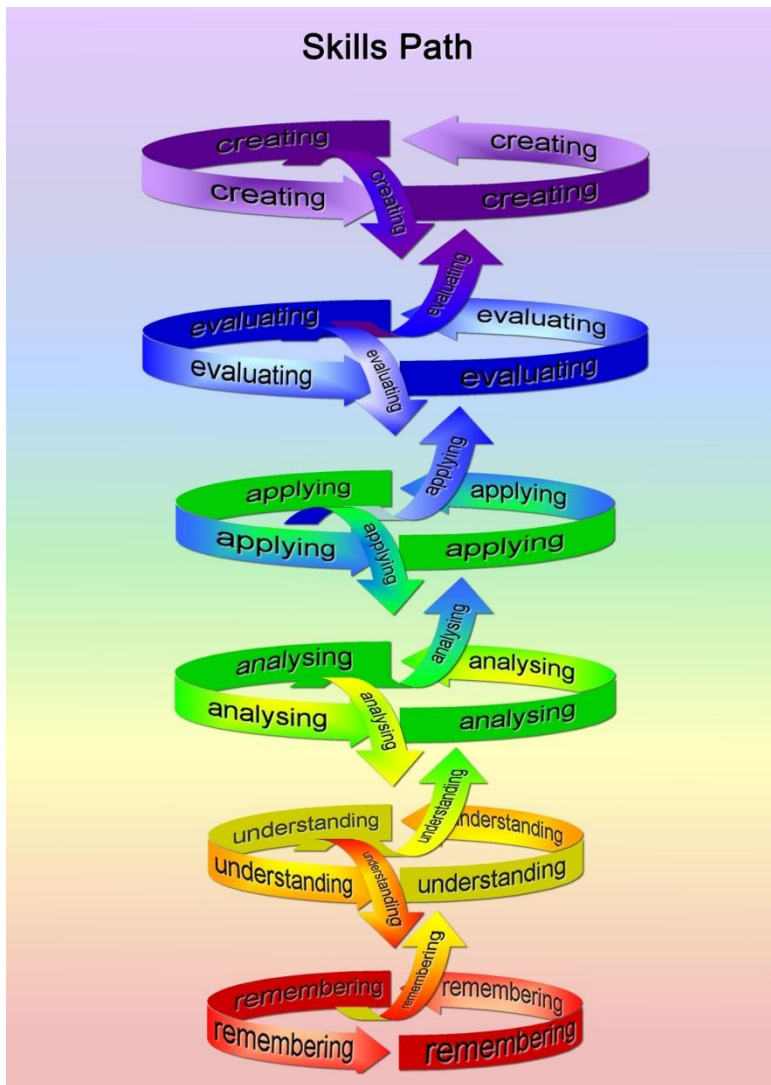
Skills Path

“The development of skills is essential to learning and education to help young people to become successful learners, confident individuals, responsible citizens and effective contributors” BTC 4: Skills for learning, skills for life and skills for work.

It is important that all learners are given the opportunity to develop their thinking skills. The Skills Path demonstrates how thinking skills progress and build upon and into one another, in level of difficulty. Based around Revised Blooms Taxonomy, it is a spiral model reflecting that learning is fluid and not linear. Skills Paths can be entered at any level with even very young children able to demonstrate higher order thinking skills. It can be helpful to include the skills words as part of your learning intentions.

The Skills Path in Action is what you might see children and young people doing to demonstrate their progression. It can be helpful in identifying success criteria which should be discussed with children and young people and used to identify next steps in learning.

Both the Skills Path and the Skills Path in Action should be used in context with open questioning to develop thinking skills in children and young people.



Lesson Planning:

Stage:	HWB Outcomes:	CfE Practitioner Benchmarks	Suggestions for Activity:	Lesson Planning:	Wider Curricular & related HWB Links:
Pre-School	I understand there are things I should not touch or eat and how to keep myself safe, and I am learning what is meant by medicines and harmful substances. HWB 0-38a	Identifies which substances may be helpful and which may be harmful in given situations	Scenarios / Storyboard / Puppet play Reinforce with understanding of food = energy, role of water, air, exercise and sleep	Learning through examples: Visual / colours /symbols / packaging	Involve parents / wider family Physical Activity HWB 0-27a, 0-28a Relationships 0-47b Food/Health 0-30a, 0-32a, 033a
Primary 1	I can show ways of getting help in unsafe situations and emergencies. HWB 0-42a	Suggests ways to get help in unsafe and emergency situations, for example, seeking out an adult. Names the emergency services	Scenarios / Storyboard / Puppet play	Process learning: Identify who, how and why	Involve parents / wider family Relationships 0-49a
Primary 2	I know that there are medicines and some other substances that can be used in a safe way to improve health and I am becoming aware of how choices I	Identifies conditions which require medication and how it benefits health	Scenarios: Use of emergency medicines (inhalers, pens etc) Naming major internal organs	Learning roles and responsibilities: Pharmacy / medicines Access to medicines: who, how and why	Involve parents/ wider family – home storage, checklists Physical Activity 1-27a, 1-28a

Stage:	HWB Outcomes:	CfE Practitioner Benchmarks	Suggestions for Activity:	Lesson Planning:	Wider Curricular & related HWB Links:
	make can affect my health and wellbeing. HWB 1-38a				Relationships 1-48a
Primary 3	I know how to react in unsafe situations and emergencies. HWB 1-42a	Identifies why misusing medication can be harmful Links personal actions to health and wellbeing, using role play for example. Describes when and how to contact emergency services Shares key information about an emergency situation	Create storyboards Role Play Scenarios	Identify inappropriate situations and behaviours with appropriate reactions	Language Expressive Arts Physical Activity 1-27a Relationships 1-49a
Primary 4	I am discovering different ways that advertising and the media can affect my choices. HWB 1-37a	Describes at least three ways that advertising and media can affect our food choices	Look at advertising and <i>labelling / branding</i> of various products Create a healthy 'product' advertisement	Relate labelling and branding to healthy and contrasts with non-healthy products	Expressive Arts Social Studies Physical Activity 1-28a Planning for Choices & Changes 1-20a

Stage:	HWB Outcomes:	CfE Practitioner Benchmarks	Suggestions for Activity:	Lesson Planning:	Wider Curricular & related HWB Links:
<p>Primary 5</p>	<p>I understand the effect tobacco can have on the body. HWB 2-38a</p> <p>I know that popular culture, the media and peer groups as well as my own attitudes and values can influence how I feel about substance use and recognise the impact this may have on my actions. HWB 2-39a</p>	<p>Gives examples of what can happen to the body as a result of smoking tobacco</p> <p>Gives examples of how peer, media and other pressures can influence decision making</p>	<p><u>Body Map Exercises:</u> Physical effects & harms (Tobacco)</p> <p>Source examples of tobacco use and representation in popular culture and media</p> <p>Link attitudes with driving action e.g. media driven consumerism (shopping habits). Working out the costs of smoking</p> <p><u>Choices for Life 'Liam's Story'</u></p>	<p>Use of scenarios and discussion of how decision making can be influenced by what we see around us and how it is represented e.g. as 'normal', 'cool' or being 'different' etc.</p> <p>How to resist pressures to try smoking – e.g. link with alternative healthy activity</p>	<p>Science (Biology)</p> <p>Literacy / Numeracy / Visual & Expressive Arts</p> <p>Physical Activity 2-26a, 2-27a</p>
<p>Primary 6</p>	<p>I understand the effect alcohol can have on the body. HWB 2-39a</p>	<p>Gives examples of what can happen to the body as a result of drinking alcohol (and drinking harmfully)</p> <p>Knows why there is recommended alcohol</p>	<p><u>Body Map Exercises:</u> Physical effects & harms (<u>Alcohol</u>)</p> <p>Explain concept of <u>alcohol 'units'</u> (and use of exercises for unit calculation etc)</p>	<p>Link with aspects of food/drink (nutrition)</p> <p>Identify / discuss both short and long term health implications</p>	<p>Science (Biology) History / Geography Numeracy</p> <p>Physical Activity 2-28a</p> <p>Food/Health</p>

Stage:	HWB Outcomes:	CfE Practitioner Benchmarks	Suggestions for Activity:	Lesson Planning:	Wider Curricular & related HWB Links:
		intake guidance	Understanding alcohol use in context		2-30a, 2-32a
Primary 7	<p>I know that alcohol and drugs can affect people's ability to make decisions. HWB 2-40a</p> <p>I can identify the different kinds of risks associated with the use and misuse of a range of substances. HWB 2-41a</p> <p>I know of actions I can take to help someone in an emergency. HWB2 – 42a</p>	<p>Identifies risks associated with the use of substances, for example, overdose, impaired judgement / vision</p> <p>Identifies the impact of risk taking behaviours on life choices and relationships</p> <p>Performs basic first aid procedures, for example, minor bleeding and burns, recovery position</p>	<p><u>Body Map Exercises:</u> Physical effects & harms (<u>Drugs</u>)</p> <p>Psychological effects and harms(<u>Alcohol & Drugs</u>)</p> <p>First Aid elements</p> <p>Use of '<u>Life, Live It</u>' (First Aid education for children BRC)</p>	<p>Link and bring into context of wellbeing with:</p> <ul style="list-style-type: none"> Emotional wellbeing and behaviour scenarios Safety of self and others <p>Impact of substance use on personal safety – Planning ahead to stay safe - scenarios</p>	<p>Science / Biology Home diary – food exercises</p> <p>Personal Safety / Life Skills</p> <p>Relationships 2-44a, 2-45a</p> <p>Planning for Choices & Changes 2-20a</p>

Stage:	HWB Outcomes:	CfE Practitioner Benchmarks	Suggestions for Activity:	Lesson Planning:	Wider Curricular & related HWB Links:
Secondary 1	<p>I know the action I should take in the management of incidents and emergencies related to substance misuse HWB 3-42a HWB 4-42a</p> <p>I am developing a range of skills which can support decision making about substance use. I can demonstrate strategies for making informed choices to maintain and improve my health and wellbeing and can apply these in situations that may be stressful or challenging, or involve peer pressure HWB 3-40a</p>	<p>Explains how to contact the appropriate emergency services giving full details of the incident and location</p> <p>Identifies and selects the skills/qualities required to make positive choices in challenging situations e.g. confidence, resilience, assertiveness</p> <p>Gives examples of positive coping strategies</p>	<p>Understanding and recognising alcohol / drug overdose / poisoning</p> <p>Taking emergency action</p>	<p>Developing response strategies and skills in substance use scenarios e.g. walking away, talking to trusted friends / adults, physical activity</p> <p>Harms and consequences in context</p>	<p>Personal Safety / Reflective Thinking</p> <p>Planning for Choices & Changes 3-20a, 3-25a, 3-26a</p> <p>Physical Activity 3-27a</p> <p>Food/Health 3-31a, 3-32a</p>
Secondary 2	<p>After assessing options and the consequences of my decisions, I can identify safe and unsafe behaviours and actions. HWB 3-41a /HWB 4-41a</p>	<p>Weighs up risk and identifies potential safe and unsafe behaviours and actions, for example, the impact of gambling</p>	<p>Use the Drugs Wheel game (p11-13) as an exercise</p> <p>‘Drug, Set & Setting’ (p9) as a discussion board activity</p>	<p>Understanding complexity of and categorising substances</p> <p>Choices for Life ‘Sophie’s Story’</p>	<p>Literacy, Numeracy, Science, Social Studies, Technologies, Expressive Arts</p>

Stage:	HWB Outcomes:	CfE Practitioner Benchmarks	Suggestions for Activity:	Lesson Planning:	Wider Curricular & related HWB Links:
	<p>I know that the use of alcohol and drugs can affect behaviour and the decisions that people make about relationships and sexual health HWB 3 – 41b / HWB 4 – 41b</p>	<p>Explains how substance misuse can affect judgement and ability to make responsible decisions, for example unwanted sexual experiences</p>	<p>‘Know the Score’ and My CREW website (research project) searches</p> <p>Understanding choices available and consequences of each</p> <p>Understanding substance use effects on mental and emotional wellbeing, behaviours and decision making processes. Look at impact on <i>all</i> types of relationships</p> <p>‘Decisional Balance’ Exercise</p>		<p>Relationships 3-44a, 3-46c, 3-47b</p>
Secondary 3	<p>I understand the impact that on-going misuse of substances can have on a person’s health, future life choices and options HWB3 – 43a</p>	<p>Identifies potential impact of short and long term substance use</p> <p>Knows how to access</p>	<p>Holistic risk assessment</p> <p>The ‘4 Ls’ (identified domains of harm);</p>	<p>Understand in context of taking responsibility and being able to self-help</p> <p>Choices for Life ‘Scott’s</p>	<p>Social Studies Numeracy Literacy</p> <p>Physical Activity 3-27a</p>

Stage:	HWB Outcomes:	CfE Practitioner Benchmarks	Suggestions for Activity:	Lesson Planning:	Wider Curricular & related HWB Links:
	<p>I know how to access information and support for substance-related issues HWB 3-40b</p>	<p>local support services</p>	<p><i>'Liver', 'Lover', 'Livelihood' & 'Law'</i> as discussion/scenario</p> <p>The 'Back-up' Plan exercise to identify sources of information and support consistent with being able to 'plan ahead'</p>	<p>Story'</p>	<p>Relationships 3-48a, 3-49a</p> <p>Food/Health 3-36a</p>
<p>Secondary 4</p>	<p>Through investigating substance misuse in my local community I can reflect on specific issues, and discuss how they are being addressed. HWB 3-43b</p> <p>By researching the impact of substance misuse nationally and internationally I can explain similarities and differences among communities. HWB4-43b</p> <p>I understand the local,</p>	<p>Identifies local substance misuse issues and how they are being addressed</p> <p>Compares current national and international statistics to the impact of substance misuse</p>	<p>Recognising who to speak to, where to go for accurate information advice and support</p> <p>Understanding substance related harms through concepts e.g. 'dependence' and 'addiction'</p> <p>SALSUS exercises to understand and compare/contrast local and national prevalence</p>	<p>Understanding development and history behind substance use and misuse (including within local context)</p> <p>Re-visit Decisional Balance exercises expand discussions and examples of positive / negative features of substance use</p> <p>Understanding role of stigma in relation to substance use</p>	<p>Geography / History Social Studies</p> <p>Relationships 4-46b</p> <p>Food/Health 4-30a</p>

Stage:	HWB Outcomes:	CfE Practitioner Benchmarks	Suggestions for Activity:	Lesson Planning:	Wider Curricular & related HWB Links:
	national and international impact of substance misuse. HWB 4.43c		Understanding relationship between inequalities and substance use and the consequent impact upon communities		
Secondary 5	Re-visit and consolidation of learning from the themes explored through S1-S4 In particular; I am developing a range of skills which can support decision making about substance use. I can demonstrate strategies for making informed choices to maintain and improve my health and wellbeing and can apply these in situations that may be stressful or challenging, or involve peer pressure HWB 4-40a	Demonstrates the skills / qualities required to manage challenging situations, for example, self-reliance, self-efficacy, assertiveness Explains the benefits of positive coping strategies / techniques when dealing with stressful and challenging situations	‘Is it Worth It’ (full links at p33) and ‘First on Scene’ film resources	Explore range of attitudes and values to substance use	Planning for further / higher education Workplace / Student life in context of HWB Relationships 4-47b, 4-48a, 4-49a Food/Health 4-34a

Stage:	HWB Outcomes:	CfE Practitioner Benchmarks	Suggestions for Activity:	Lesson Planning:	Wider Curricular & related HWB Links:
Secondary 6	Enrichment exercises & Discussion Forums		Student Led discussion platform Work with a partner agency e.g School Nursing Overdose & First Aid skills	Student Led Evaluate prior learning	Planning for further / higher education Workplace / Student life in context of HWB

Legislation & Initiatives

Tobacco

Smoking, Health & Social Care (Scotland) Act 2005

<http://www.legislation.gov.uk/asp/2005/13/contents>

The Prohibition of Smoking in Certain Premises (Scotland) Regulations 2006

<http://www.legislation.gov.uk/ssi/2006/90/contents/made>

Acts of the Scottish Parliament to prohibit smoking in certain wholly or substantially enclosed places; to enable the Scottish Ministers by order to vary the minimum age limit of those to whom tobacco may be sold.

Tobacco and Primary Medical Services (Scotland) Act 2010

<http://www.legislation.gov.uk/asp/2010/3/contents>

From 1st April 2011, it became an offence to buy tobacco products if you are less than 18 years of age. Police and council appointed officials have the powers to confiscate tobacco products from anyone under 18 years old. Also, it is now against the law to buy cigarettes for anyone under the age of 18 years old.

Creating a Tobacco free generation. Tobacco Control Strategy for Scotland

<http://www.gov.scot/resource/0041/00417331.pdf>

Ash Scotland, Scotland's Charter for a tobacco free generation.

<http://www.ashscotland.org.uk/what-you-can-do/scotlands-charter-for-a-tobacco-free-generation/>

Smoking Prevention / Tobacco Control in Local Authority Education Settings: Guidance for Grampian (2016)

<http://www.hi-netgrampian.org/wp-content/uploads/2017/05/Smoking-in-Local-Authority-Educational-Settings-FINAL-KL-2016-Update.pdf>

Drugs

The Misuse of Drugs Act 1971

<http://www.legislation.gov.uk/ukpga/1971/38/contents>

Amendment to the Misuse of Drugs Act to include Temporary banning orders

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/98007/temporary-class-drugs.pdf

Psychoactive Substances Act 2016

<http://www.legislation.gov.uk/ukpga/2016/2/contents/enacted>

This Act doesn't replace the main legislation – the Misuse of Drugs Act (1971), so laws around existing illegal (controlled) drugs remain the same.

Temporary Class Drug Orders (TCDOs), which are rapidly implemented temporary bans, can still be applied and all regulations applying to medicines remain the same.

The Intoxicating Substances Supply Act (1985) will be scrapped, which made it an offence to sell volatile substances (e.g. glues, gases) to under 18s if it was believed they would be inhaled to cause intoxication.

At present a substance causing concern must be reviewed by the UK's Advisory Council on the Misuse of Drugs (ACMD) to assess any potential harm. The ACMD then advise the government on a course of action. The government do not have to take this advice, but are bound to consult with the ACMD first. The ACMD will still have a role and a 'new' or emerging psychoactive substance can still be brought under the Misuse of Drugs Act, but this Act was introduced without fully consulting the ACMD and will fundamentally change drug legislation.

The Act will make it an offence to produce, supply or offer to supply any psychoactive substance if the substance is likely to be used for its psychoactive effects, regardless of its potential for harm. The only exemptions from the Act are substances already controlled by the Misuse of Drugs Act, and nicotine, alcohol, caffeine and licensed medicinal products. For further explanation see:

<https://www.changegrowlive.org/NPS/psychoactive-substances-act-2016-glossary>

The Medicines Act 1968

<http://www.legislation.gov.uk/ukpga/1968/67/contents>

1. Prescription only medicines are the most restricted. They can only be sold or supplied by a pharmacist if prescribed by a doctor
2. Pharmacy medicines can be sold without a prescription but only by a pharmacist
3. General Sales List medicines can be sold by any shop, not just a pharmacy. However, even here advertising, labelling and production restrictions apply

The enforcement of the Medicines Act rarely affects the general public.

Alcohol

Licensing (Scotland) Act 2005

<http://www.legislation.gov.uk/asp/2005/16/contents>

Air Weapons & Licensing (Scotland) Act 2015 (part two)

<http://www.legislation.gov.uk/asp/2015/10/contents>

Alcohol etc. (Scotland) Act 2010

<http://www.legislation.gov.uk/asp/2010/18/contents>

Criminal Justice and Licensing (Scotland) Act 2010

<http://www.legislation.gov.uk/asp/2010/13/contents>

Crime and Punishment (Scotland) Act 1997

<http://www.legislation.gov.uk/ukpga/1997/48/contents>

The above Acts make provision around the regulation of the sale, purchase and licensing of premises for the sale of alcohol. They also stipulate offences committed and by whom, and the powers of police officers. These include:

A child or young person (i.e. under 18 years of age), commits an offence if they buy or attempt to buy alcohol (whether for themselves or another person). **N.B.** there is an exemption to this.

An adult commits an offence if they knowingly buy or attempt to buy alcohol –

- (a) on behalf of a child or young person, or
- (b) for consumption on relevant premises (*from 2015 this now includes any public space*) by a child or young person.

However, an **adult** can buy wine, beer, cider or perry for consumption by a young person (person aged 16 or 17) along with a meal supplied on the premises.

Police officers are empowered to seize alcohol from the possession of a person under the age of 18 years in a public place and require them to give their name and address. Furthermore, if that person fails to do so they may be arrested.

However, the above examples are only a tiny exert from legislation that regulates the age at which a child or young person can buy, consume or sell alcohol and the legislation should be looked at in greater detail for this.

Resources

NHS Grampian

Provide a range of recommended resources available from the Health Promotions Catalogue (online service): Resources are free to borrow and users must register in the first instance at: www.nhsghcpat.org

Aberdeen City Council

Curriculum Resources and Information Service (CRIS) provides a specialist curricular resources and information service to staff involved in meeting the educational and social developmental needs of children and young people: http://www.aberdeencity.gov.uk/Library_Service/Services/lib_cris_home.asp

External Resources (Links)

Topic / Descriptor	Stages	Web Address
<i>Know the Score</i> Scottish Drug Information Gateway	Any / All	http://knowthescore.info/
<i>Hands on Scotland</i> Toolkit of responses to support children & young people's wellbeing	Any / All	http://www.handsonscotland.co.uk/index.html
<i>BBC Bite Size</i> Health & Wellbeing classroom media clips	Any / All	http://www.bbc.co.uk/education/subjects/zv6sr82
<i>ELSA Support</i> Emotional literacy and emotional intelligence resources	Early / All Primary	http://www.elsa-support.co.uk/
British Red Cross <i>Life – Live It</i> First Aid teacher resources	All Primary	http://www.redcross.org.uk/What-we-do/Teaching-resources/Teaching-packages/Microsite/Life-Live-it-first-aid-education-for-children/Teachers-Area/About-this-teacher-resource
<i>Choices for Life</i> Young Scot / Police Scotland Teaching resource page for young people (alcohol, drugs & tobacco)	All Secondary	http://young.scot/choices-for-life/ http://young.scot/choices-for-life/articles/our-education-resources/

<i>Scottish Schools Adolescent Lifestyle & Substance Use Survey</i> Normative education resource	All Secondary	http://www.isdscotland.org/Health-Topics/Public-Health/SALSUS/2013-Reports/docs/SALSUS_2013_Education_Resource.pdf
<i>Alcohol Education Trust</i> Alcohol teaching resources	P6/7 & All Secondary	http://www.alcoholeducationtrust.org/teacher-area/
<i>Tobacco Free Generation</i> Ash Scotland / Youth Scotland Tobacco resources & activities linked to CfE	All Secondary	http://www.youthworkessentials.org/youth-tobacco.aspx http://www.rightoutside.org/
Re-Solv Scotland <i>'Buzzin'</i> Solvent Misuse education resource with teaching guide	S1-S3	http://www.re-solv.org/buzzin/
Youth Health Talk <i>Young People's Experiences – Drugs & Alcohol</i> Discussion based resources	S4-S6	http://www.healthtalk.org/young-peoples-experiences/drugs-and-alcohol/topics
<i>Is it Worth It?</i> Educational video resource with teaching pack on ID fraud	S5-S6	https://aberdeencityadp.org.uk/wp-content/uploads/2018/12/Isitworthit.mp4 http://aberdeencityadp.org.uk/wp-content/uploads/2014/05/Teaching_Resource_.pdf http://aberdeencityadp.org.uk/wp-content/uploads/2014/05/Student_Quiz.pdf
<i>First on Scene Initiative</i> (First responder skills) Films and Lesson Plans included	S1-S2 and S1-S6	http://www.firstonscene.org.uk/
<i>Mentor-Adepis</i> Provision of lesson plans and information – building resilience, making informed choices	Primary 6/7 All Secondary	http://mentor-adepis.org/lesson-plans/
<i>Drinkaware</i> Discussion-based activities, role plays and scenarios drawn from everyday situations.	Students aged 9 – 14 yrs	https://resources.drinkaware.co.uk/support-our-campaigns/drinkaware-for-education/
<i>A.D.A.M</i> website for young people who are worried about another person's drinking.	P7 onwards	https://www.chatresource.org.uk/adam/

References

Scottish Government (2007), *Evaluation of the Effectiveness of Drug Education in Scottish Schools*

<http://www.gov.scot/resource/doc/96384/0023320.pdf>

NHS Health Scotland (2008), *Young People and Substance Misuse: the influence of personal, social and environmental factors on substance use among adolescents in Scotland*

http://www.geoyouth.ge/upload/files/Young_people_and_Substance_Use_-_FINAL_REPORT.pdf

Young Scot & Scottish Government (2011), *Peer Led Approaches to Substance Misuse Education*

<http://www.youngscot.net/wp-content/uploads/2014/11/Substance-Misuse-Report-2011.pdf>

ACMD (2015), *The (ACMD) Recovery Committee's briefing paper on the prevention of drug and alcohol dependence*

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/406926/ACMD_RC_Prevention_briefing_250215.pdf

Scottish Government (2016), *'What Works' in drug education and prevention?*

<http://www.gov.scot/Resource/0051/00511169.pdf>

UNESCO (2017), *'Education Sector Responses to the use of Alcohol, Drugs & Tobacco (Good Policy and Practice in Health Education booklet no.10)*

<http://unesdoc.unesco.org/images/0024/002475/247509E.pdf>

Mentor (ADEPIS) Resources (accessed June 2017), *'Briefing Papers on Alcohol and Drug Education & Prevention'*

<http://mentor-adepis.org/resources/adepis/>

Appendix 1

Lesson Planning (Template) for Substance Misuse Activities

Lesson Plan Title:	Date Plan Created / Last Updated:	
Stage:	Year Group(s):	
All relevant Health & Wellbeing Outcomes identified:	Areas relating to multi-factorial Framework*:	
	Knowledge	Attitudes & Values
	Personal Skills	Risks & Harms
	<i>*(for examples see back to p8)</i>	
Main curriculum area: <input type="checkbox"/> Expressive arts <input type="checkbox"/> Health and wellbeing <input type="checkbox"/> Languages <input type="checkbox"/> Mathematics <input type="checkbox"/> Religious and moral education <input type="checkbox"/> Sciences <input type="checkbox"/> Social studies <input type="checkbox"/> Technologies	Additional curriculum area: <input type="checkbox"/> Expressive arts <input type="checkbox"/> Health and wellbeing <input type="checkbox"/> Languages <input type="checkbox"/> Mathematics <input type="checkbox"/> Religious and moral education <input type="checkbox"/> Sciences <input type="checkbox"/> Social studies <input type="checkbox"/> Technologies	
Learning intention / outcome:		
Success Criteria:		
Lesson plan outline / Teaching Methodologies / Timings:		

Special circumstances: (e.g. pupils with additional support needs) which should be taken into account?

Prior learning: Are you aware of what pupils have done before?

Assessment of current knowledge. What do your students already know? Have you verified this?

Additional Resources required / to be used:

Evaluation Results:

Follow up work required:

Feedback from Lesson Evaluation to: nhsg.aberdeencityadp@nhs.net completed:

Date: