Aberdeen City Health Promoting School

Substance Misuse Education Guidance

4th Edition – February 2017 (Draft)

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 pp 5-8 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/](http://www.aberdeencityadp.org.uk/)
Email: nhsg.aberdeencityadp@nhs.net

**Health Improvement Officer Schools:**

Email: LCatto@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/](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 [pp xx].

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 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
- Recreational/Diversionary educational activity designed to prevent illegal drug use (e.g. theatre/drama)
- Participation in mass media programmes targeting illegal drug use

Multi-factorial and generic approaches

Evidence suggests that activity that targets multiple risk behaviours and that 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/](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 still merit in pursuing 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](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.

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<td>Decision making</td>
<td>Personal safety (scenarios) &amp; First Aid</td>
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<td>Assertiveness</td>
<td>Health risks (Physical, Mental, Sexual) short to long term</td>
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<td>Self-esteem</td>
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<td>Protective factors</td>
<td>Social risks (scenarios)</td>
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<td>Diversionary activities</td>
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<td>Planning for the future</td>
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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


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](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 (p12) 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/Home

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 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 bronchial tract, 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:

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

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<tr>
<td>Pre-School</td>
<td>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. <strong>HWB 0-38a</strong></td>
<td>Scenarios / Storyboard / Puppet play</td>
<td>Learning through examples: Visual / colours /symbols / packaging</td>
<td>Involve parents / wider family</td>
</tr>
<tr>
<td>Primary 1</td>
<td>I can show ways of getting help in unsafe situations and emergencies. <strong>HWB 0-42a</strong></td>
<td>Scenarios / Storyboard / Puppet play</td>
<td>Process learning: Identify who, how and why</td>
<td>Involve parents / wider family</td>
</tr>
<tr>
<td>Primary 2</td>
<td>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 make can affect my health and wellbeing. <strong>HWB 1-38a</strong></td>
<td>Scenarios: Use of emergency medicines (inhalers, pens etc)</td>
<td>Learning roles and responsibilities: Pharmacy / medicines Access to medicines: who, how and why</td>
<td>Involve parents/ wider family – home storage, checklists</td>
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<td>Primary 3</td>
<td>I know how to react in unsafe situations and emergencies.</td>
<td>Create storyboards</td>
<td>Identify situations and appropriate reactions</td>
<td>Language Expressive Arts</td>
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<td>Stage:</td>
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<td>Primary 4</td>
<td>I am discovering different ways that advertising and the media can affect my choices. <strong>HWB 1-37a</strong></td>
<td>Look at advertising and <em>labelling / branding</em> of various products Create a healthy ‘product’ advertisement</td>
<td>Relate labelling and <em>branding</em> to healthy and contrasts with non-healthy products</td>
<td>Expressive Arts</td>
</tr>
<tr>
<td>Primary 5</td>
<td>I understand the effect tobacco can have on the body. <strong>HWB 2-38a</strong> 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. <strong>HWB 2-39a</strong></td>
<td>Body Map Exercises: Physical effects &amp; harms (Tobacco) Source examples of tobacco use and representation in popular culture and media Link attitudes with driving action e.g. media driven consumerism (shopping habits)</td>
<td>Link and bring into context of wellbeing with: Physical activity 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. How to resist pressures to try smoking</td>
<td>Science (Biology) Literacy / Language / Visual &amp; Expressive Arts</td>
</tr>
<tr>
<td>Primary 6</td>
<td>I understand the effect alcohol can have on the body. <strong>HWB 2-39a</strong></td>
<td>Body Map Exercises: Physical effects &amp; harms (Alcohol) Understanding substances and their use in context</td>
<td>Link and bring into context of wellbeing with: Nutrition</td>
<td>Science (Biology) History / Geography</td>
</tr>
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<td><strong>Primary 7</strong></td>
<td>I know that alcohol and drugs can affect people’s ability to make decisions. &lt;br&gt; <strong>HWB 2-40a</strong>&lt;br&gt; I can identify the different kinds of risks associated with the use and misuse of a range of substances. <strong>HWB 2–41a</strong></td>
<td>Body Map Exercises: Physical effects &amp; harms (Drugs)&lt;br&gt; Psychological effects and harms (Alcohol &amp; Drugs)</td>
<td>Link and bring into context of wellbeing with:&lt;br&gt; - Emotional wellbeing and behaviour scenarios&lt;br&gt; - Safety of self and others</td>
<td>Science / Biology Home diary – food exercises</td>
</tr>
<tr>
<td><strong>Secondary 1</strong></td>
<td>I know of actions I can take to help someone in an emergency. <strong>HWB 2 – 42a</strong>&lt;br&gt; I know the action I should take in the management of incidents and emergencies related to substance misuse <strong>HWB 3-42a HWB 4-42a</strong></td>
<td>First Aid elements&lt;br&gt; “First on the Scene” (YouTube)&lt;br&gt; Understanding and recognising alcohol / drug overdose / poisoning&lt;br&gt; Taking emergency action</td>
<td>Impact of substance use on personal safety – Planning ahead to stay safe - scenarios&lt;br&gt; Developing response skills in substance use scenarios&lt;br&gt; Harms and consequences in context</td>
<td>Safety / Life Skills</td>
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<tr>
<td><strong>Secondary 2</strong></td>
<td>I can identify the different kinds of risks associated with the use and misuse of a range of substances. <strong>HWB2-41a</strong></td>
<td>Drugs Wheel exercises&lt;br&gt; ‘Drug, Set &amp; Setting’ discussion board&lt;br&gt; ‘Know the Score’ and CREW website (research)</td>
<td>Understanding and categorising substances&lt;br&gt; ‘Sophie’s Story’ (Choices for Life)</td>
<td>Language Information Technology</td>
</tr>
<tr>
<td>Stage:</td>
<td>Substance Misuse HWB Outcomes:</td>
<td>Activities:</td>
<td>Lesson Planning:</td>
<td>Curricular &amp; Wider HWB Links:</td>
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<td></td>
<td>and the consequences of my decisions, I can identify safe and unsafe behaviours and actions. HWB 3-41a /HWB 4-41a</td>
<td>project) searches</td>
<td>Understanding choices available and consequences of each</td>
<td></td>
</tr>
<tr>
<td></td>
<td>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</td>
<td>Understanding substance use effects on mental and emotional wellbeing, behaviours and decision making processes. Look at impact on all types of relationships</td>
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<tr>
<td>Secondary 3</td>
<td>I understand the impact that misuse of substances can have on individuals, their families and friends HWB2 – 43a</td>
<td>Risk Assessment processes e.g. Using '4 Ls' domains of harm linked to various scenarios</td>
<td>Understand in context of taking responsibility and being able to self-help ‘Scott’s Story’ (Choices for Life)</td>
<td>Social Studies Maths / Numeracy English / Literacy</td>
</tr>
<tr>
<td></td>
<td>I understand the impact that ongoing misuse of substances can have on a person’s health, future life choices and options. HWB 3-43a / HWB 4-43a</td>
<td>Create a ‘back-up’ Plan</td>
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<tr>
<td>Secondary 4</td>
<td>Through investigating substance misuse in my</td>
<td>Recognising who to speak to, where to go for</td>
<td>Understanding development and history</td>
<td>Geography / History Social Studies</td>
</tr>
<tr>
<td>Stage:</td>
<td>Substance Misuse HWB Outcomes:</td>
<td>Activities:</td>
<td>Lesson Planning:</td>
<td>Curricular &amp; Wider HWB Links:</td>
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<td>local community I can reflect on specific issues, and discuss how they are being addressed.</td>
<td>information, advice and support</td>
<td>behind substance use and misuse in a local context</td>
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<tr>
<td></td>
<td><strong>HWB 3-43b</strong></td>
<td>Understanding substance related harms through concepts such as e.g.</td>
<td>Decisional balance e.g. positive vs. negative features of substance use</td>
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<td></td>
<td>By researching the impact of substance misuse nationally and internationally I can explain</td>
<td>‘dependence’ and ‘addiction’</td>
<td>Understanding role of stigma in relation to substance use</td>
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<td>similarities and differences among communities.</td>
<td>SALSUS exercises to understand and compare/contrast local and national</td>
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<td></td>
<td><strong>HWB4-43b</strong></td>
<td>prevalence</td>
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<td></td>
<td>I understand the local, national and international impact of substance misuse.</td>
<td>Understanding relationship between inequalities and substance use and the</td>
<td></td>
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<td></td>
<td><strong>HWB 4.43c</strong></td>
<td>consequent impact upon communities</td>
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<tr>
<td>Secondary 5</td>
<td>Re-visit and consolidation of learning from the themes explored through S1-S4</td>
<td>‘Is it Worth It’ and ‘Trouble with Alcohol’ film resources</td>
<td>Explore range of attitudes and values to substance use</td>
<td>Planning for further / higher education Workplace / Student life</td>
</tr>
<tr>
<td>Secondary 6</td>
<td>Enrichment exercises and Discussion Forums</td>
<td>Student Led</td>
<td></td>
<td>Planning for further / higher education Workplace / Student life</td>
</tr>
</tbody>
</table>
Legislation

Tobacco

*Creating a Tobacco free generation. Tobacco Control Strategy for Scotland*  

*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, Health & Social Care (Scotland) Act 2005*  

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

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*  

From 1<sup>st</sup> 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.

Drugs

*The Misuse of Drugs Act 1971*  

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

*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

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

Alcohol etc. (Scotland) Act 2010

Criminal Justice and Licensing (Scotland) Act 2010

Crime and Punishment (Scotland) Act 1997

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 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.nhsghpcat.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)

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<tr>
<th>Topic / Descriptor</th>
<th>Stages</th>
<th>Web Address</th>
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<tbody>
<tr>
<td>Know the Score Scottish Drug Information Gateway</td>
<td>Any / All</td>
<td><a href="http://knowthescore.info/">http://knowthescore.info/</a></td>
</tr>
<tr>
<td>Hands on Scotland Toolkit of responses to support children &amp; young people’s wellbeing</td>
<td>Any / All</td>
<td><a href="http://www.handsonscotland.co.uk/index.html">http://www.handsonscotland.co.uk/index.html</a></td>
</tr>
<tr>
<td>BBC Bite Size Health &amp; Wellbeing classroom media clips</td>
<td>Any / All</td>
<td><a href="http://www.bbc.co.uk/education/subjects/zv6sr82">http://www.bbc.co.uk/education/subjects/zv6sr82</a></td>
</tr>
<tr>
<td>ELSA Support Emotional literacy and emotional intelligence resources</td>
<td>Early / All Primary</td>
<td><a href="http://www.elsa-support.co.uk/">http://www.elsa-support.co.uk/</a></td>
</tr>
<tr>
<td>British Red Cross Life – Live It First Aid teacher resources</td>
<td>All Primary</td>
<td><a href="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">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</a></td>
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<td>Resource Name</td>
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<td>URL</td>
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<tr>
<td>Alcohol Education Trust Alcohol teaching resources</td>
<td>All Secondary</td>
<td><a href="http://www.alcoholeducationtrust.org/teacher-area/">http://www.alcoholeducationtrust.org/teacher-area/</a></td>
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<tr>
<td>Re-Solv Scotland 'Buzzin' Solvent Misuse education resource with teaching guide</td>
<td>S1-S3</td>
<td><a href="http://www.re-solv.org/buzzin/">http://www.re-solv.org/buzzin/</a></td>
</tr>
<tr>
<td>Trouble with Alcohol Educational video resource with teaching pack</td>
<td>S4-S6</td>
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<tr>
<td>Youth Health Talk Young People's Experiences – Drugs &amp; Alcohol Discussion based resources</td>
<td>S4-S6</td>
<td><a href="http://www.healthtalk.org/young-peoples-experiences/drugs-and-alcohol/topics">http://www.healthtalk.org/young-peoples-experiences/drugs-and-alcohol/topics</a></td>
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<tr>
<td>Is it Worth It? Educational video resource with teaching pack on ID fraud</td>
<td>S5-S6</td>
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</tbody>
</table>
References

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

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*  

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

# Appendix 1

## Lesson Planning (Template) for Substance Misuse Activities

<table>
<thead>
<tr>
<th>Lesson Plan Title:</th>
<th>Date Plan Created / Last Updated:</th>
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<tr>
<th>Stage:</th>
<th>Year Group(s):</th>
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<table>
<thead>
<tr>
<th>HWB Outcomes References:</th>
<th>Key Message &amp; Education framework references:</th>
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### Main curriculum area:
- Expressive arts
- Health and wellbeing
- Languages
- Mathematics
- Religious and moral education
- Sciences
- Social studies
- Technologies

### Additional curriculum area:
- Expressive arts
- Health and wellbeing
- Languages
- Mathematics
- Religious and moral education
- Sciences
- Social studies
- Technologies

### Learning intention / outcome:

### Lesson plan outline / timings:

### Format / Descriptor for Input:
<table>
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<tr>
<th><strong>Special circumstances: (e.g. pupils with additional support needs) which should be taken into account?</strong></th>
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<th><strong>Prior learning: Are you aware of what pupils have done before?</strong></th>
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<tr>
<th><strong>Assessment of current knowledge. What do your students already know? Have you verified this?</strong></th>
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<th><strong>Teaching Methodologies used:</strong></th>
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<th><strong>Additional Resources required / to be used:</strong></th>
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<th><strong>Evaluation Results:</strong></th>
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<th><strong>Follow up work required:</strong></th>
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| **Feedback from Lesson Evaluation to:** [nhsg.aberdeencityadp@nhs.net](mailto:nhsg.aberdeencityadp@nhs.net) |
|**completed:** |

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<th><strong>Date:</strong></th>
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