

**The 3 R's**  
**Recognise / Respond / Risk**

**Drugs**



The sessions on drugs include multiple sessions which can be delivered to students, you should choose the ones which you feel best suit the students you are working with. They can be combined and several of the activities can be delivered during one session if required.

The activities included in the drugs PSHE lessons are:

- What do we know?
- Why do?
- Drugs Grid
- Ladder of Harm
- Drug Triangle

In addition there are two sessions included on specific drugs, one on cannabis as the most widely used illegal drug by young people and one on legal highs as this may be a 'live' issue and topic of discussion in school at present.

- Legal Highs
- Call my puff



# The 3 R's

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What do we know?

## Aim of the Exercise

This session serves as an overview session on why people may use drugs. As a universal PSHE session care should be taken in terms of the level of information given to students. This session is focused on the reasons behind adolescent drug use, as per the In-Formed approach a general assumption is made that students already know drugs are risky.

## Objectives

This purpose of this session is discuss why people may use drugs and discuss the reasons behind this whilst using the existing In-Formed approach and ethos.

## Outcomes

- Participants are more aware of the reasons for drug use
- Greater understanding of underlying reasons which influence risk-taking behaviour
- Participants discuss their own experiences (if appropriate)

## Materials Required

- Whiteboard
- Flipchart
- Markers



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## What do we know?

The purpose of this activity is to explore with young people their existing level of knowledge around drugs.

A whiteboard or flipchart can be used to complete the activity with a table drawn like the one below:

What's the drug?	What does it do?	What are the risks?

Even at year 8 the level of anticipated knowledge of students around drugs may be relatively high, young people will know that drugs are risky, albeit in a broad sense.

Encourage young people to call out the names of drugs then discuss the other two headings on the table with the group. The facilitator should use their own knowledge when required.

After completion ask these questions to young people and discuss as a group:

- How do you know this information around drugs / from where?
- Do all young people your age have this information / know they are risky?
- If people know they are risky then why do they do it?
- Can you think of other things that are risky that people do anyway? Why?

This will then lead directly to activity two



## WHY DO?

### Aims of the exercise

The aim of **Why Do?** is to explore the reasons why young people may smoke cannabis specifically but can also focus on other drugs.

### Objectives

- To explore reasons for use.
- To examine the context in which cannabis use occurs
- To compare the reasons for using cannabis against other drugs e.g. alcohol.

### Outcomes

- Young people understand the range of factors which can influence decision making related to drug use
- Young people more confident in recognising personal reasons for use
- Young people able to recognise negative factors influencing their own behaviour

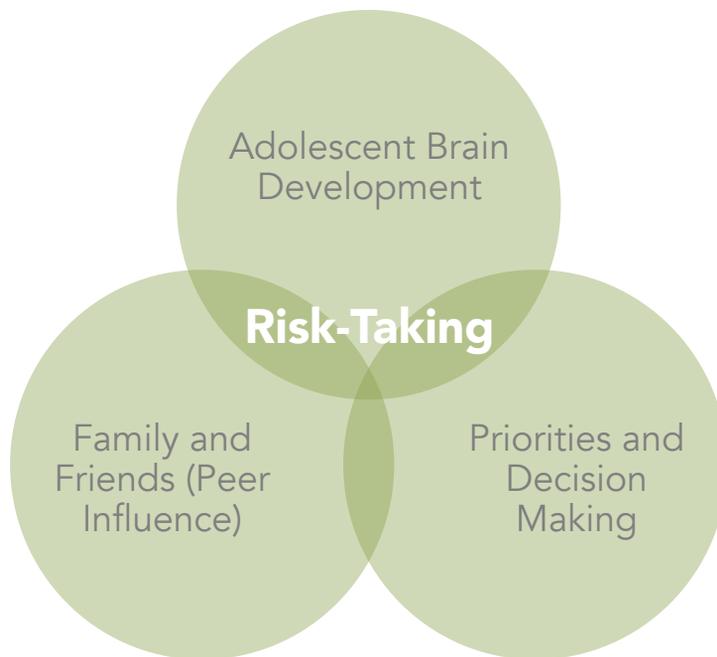
### Materials Needed

- Flipchart and Pens

## WHY DO?

The purpose of this activity is to explore with young people why people may choose to take drugs.

As per the main Risk-Avert programme the main categorical headings for the reasons behind use are:



These are very broad headings and many factors will sit within each heading. You can use the the diagram above on the whiteboard of flipchart to record the discussions with young people as you progress through each of the activities.



## WHY DO?

### Method

Divide the class into groups of four. Provide each group with flipchart or pieces of paper and pens.

Each group records their individual responses to the question

### Why do young people smoke cannabis?

Its helpful if they put their initials next to each comment they make. Ask students to discuss their responses and highlight those responses that all four in the group agree with.

Groups report back to the whole class. Record responses on the board.

### Whole class discussion

- Are the reasons for using cannabis similar to the reasons for using other drugs such as alcohol and tobacco?
- Do the reasons for using cannabis differ between teenagers and adults?



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## WHY DO?

Possible reasons for using cannabis may include:

- Relaxation
- Enjoyment
- Others are doing it
- Taking risks
- Forgetting problems
- Rebelling against authority
- Being dependent on cannabis
- Medical reasons.

Possible reasons people may have for not using cannabis include:

- They don't want to
- Their friends don't use it
- It's against the law
- It may result in trouble with parents
- For health reasons
- They don't like the taste
- They don't like the effects
- They like to be in control
- Concern about potential problems
- They can relax or have fun in other ways
- They don't need it.

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## WHY DO?

- Why do young people sometimes feel they have to use drugs such as tobacco, alcohol and cannabis in order to fit in with peers?
- Apart from peers, who or what influence a person's attitudes to drugs such as cannabis?
- How strong are these influences? Why?
- From the list of reasons for using cannabis, are there other ways of meeting these needs in less harmful ways?

Young people may feel they have to use drugs such as tobacco, alcohol and cannabis in order to fit in with peers and belong to a group. Association with cannabis-using peers has a strong influence on whether a person uses cannabis. Values, attitudes and behaviours of young people are often influenced by the people they mix with and there may be times when this conflicts with the values of parents, culture, religion or society in general.

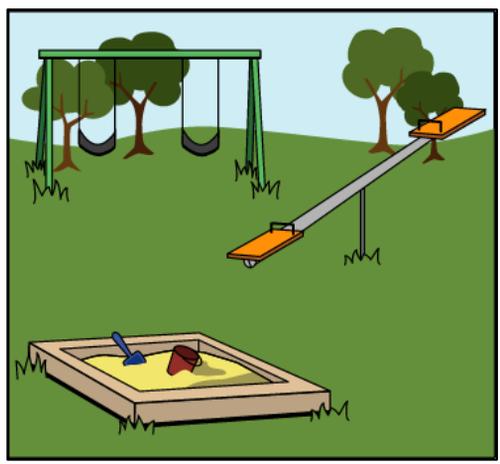
There is a wide variety of influences on one's attitudes and beliefs about drugs. These include parents, siblings, teachers, religion, cultural background, the media (magazines, newspapers, television, movies), and role models.

Examples of ways of meeting needs in a less harmful way may include:

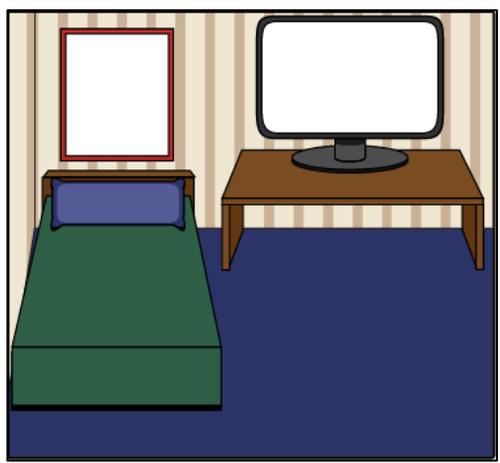
- listening to music or taking up a hobby as a way of relaxing
- playing sport, exercising, swimming, going to the movies, going out with friends as a way of having fun
- doing something that will help solve problems instead of thinking drug use will make the problem go away
- using approved medication for treating ailments.

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These scenes can also be used to explore with young people what the scene will look like if young people are taking drugs in them. You may want to use them or get young people to draw a scene from scratch.



The rationale for this exercise is the fact that **young people don't take drugs for the first time on their own.**

When completing the scene young people should also recognise this and include multiple people in the scene.



The exercise should serve as an introduction to **peer influence** in the use of drugs and lead to discussion and debate on the influence of peers on using drugs.

The following page has an alternative set of scene's which have already been completed if time is an issue for the exercise.

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In which of these pictures do you think there is more chance of someone using drugs?



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## DRUGS GRID

### Aims of the exercise

The drugs grid is used to gain an insight into the current levels of knowledge and understanding within a particular group. It enables the practitioner to tailor subsequent information and ensure its appropriateness for the audience.

### Objectives

- To gauge current level of knowledge

### Outcomes

- Young people's general knowledge of drugs is improved

### Materials Needed

- Whiteboard

Or

- Flipchart and Pens

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## Method

The group are encouraged to call out names of drugs they may know or have heard of. These drug names are recorded on the flipchart / whiteboard in a grid of four by three (see Fig 1)



It is best not to add the grid initially, this becomes easier with practice.

Any stimulants should be recorded in the first column with class A's in the top box, then B's and C's with legal drugs and alcohol in below the main 'box'. Depressants in the second column and Hallucinogens in the third following the same process.

Legal highs, medicines etc. can be placed out of the grid to discuss later. This is completed until no more drugs can be thought of or time limit occurs.

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Fig 1.

*Cocaine*

*Cannabis*

Fig 2.

Stimulants	Depressants	Hallucinogens / Trips
<i>Cocaine</i>	<i>Cannabis</i>	<i>LSD</i>

Fig 3.

	Stimulants	Depressants	Hallucinogens / Trips
A	<i>Cocaine</i>		<i>LSD</i>
B	<i>Speed</i>	<i>Cannabis</i>	
C			

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**Fig 1.**

*Cocaine*

*Cannabis*

**Fig 2.**

Stimulants	Depressants	Hallucinogens / Trips
<i>Cocaine</i>	<i>Cannabis</i>	<i>LSD</i>

**Fig 3.**

	Stimulants	Depressants	Hallucinogens / Trips
A	<i>Cocaine</i>		<i>LSD</i>
B	<i>Speed</i>	<i>Cannabis</i>	
C			



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## Ladder of Harm

### Aims of the Exercise

The ladder of harm is a simple optional exercise which can be used after the drugs grid. It aims to further understanding of drugs and stimulate debate on drug related harms.

### Objectives

- Further understanding of a range of drugs
- Explore harm in multiple domains (context of use, societal etc)
- Stimulate discussion on 'safer' drugs

### Outcomes

- Young people aware there is no such thing as a 'safe' drug
- Understanding that all drugs are harmful, albeit in different ways
- Knowledge of a range of drugs, their effects and risks increased

### Materials Needed

- Flipchart
- or
- Whiteboard
- or
- Drugs Cards ([download from portal](#))



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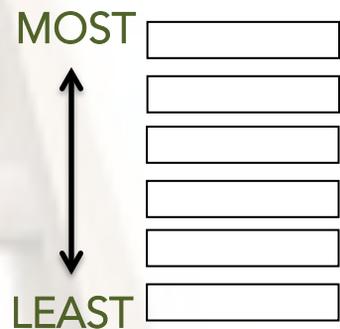
## Method

The exercise can be run in several ways, you may want to run it in each of the following ways dependent on the following considerations:

- Time
- Type of group (behaviour, numbers, understanding)

### 1. Whole Group Activity

The exercise can be run with everyone in the class contributing. Draw a ladder on the whiteboard / flipchart and ask the group to grade all the drugs they can think of from **Most** to **Least** harmful.



### 2. Small Group Activity

Divide the group into smaller groups. This may be groups of 5 to 10 young people. Provide them with paper and pens, ask them to draw the ladder and complete with all the drugs they can think of.

### 3. Drug Cards ([download from portal](#))

Give each of the young people a card / piece of paper with the name of a drug on. On one side of the room put a sign saying most harm and on the other one saying least harm. Ask young people to arrange themselves along this line according to the drug card they are holding.



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## Key Considerations

The real purpose of the exercise is to demonstrate to young people that all drugs have harms and dependent on the individual any drug can be the 'most' harmful.

After the young people have completed their list you may want to say:

"how about if the most harmful drug is the one which kills the most people, what would be top now?" – **Answer** – Cigarettes with Alcohol second.

"How about if the most harmful drug is the one we know the least about in terms of the damage it might do to you?" – **Answer** – Legal Highs, very little research and new drugs come to market all the time.

## Ideas for Session

Get young people to think about harm in terms of:

- Society
- Health
- Mental Health
- Understanding of the substance
- Level of use
- Crime
- Family
- Violence



## Drug Triangle

### Aims of the exercise

The drug triangle is used to help young understand the different factors which can influence their experiences of using drugs.

### Objectives

- To introduce the concept of the drug triangle and factors which affect drug use
- To help young people understand what influences how drugs may affect them
- To enable young people to apply the drug triangle to their own behaviour or a given scenario

### Outcomes

- Young people able to apply the drug triangle to their own behaviour or a given scenario
- Young people can recognise and describe factors that affect a persons experience when taking using drugs (positively and negatively)

### Materials Needed

- Alcohol triangle diagrams
- or
- Flipchart and Pens



## Method

Young people are encouraged to play a game, either using physical resources or on the projector screen or whiteboard.

The game consists of identifying which of the factors present resulted in the outcome that the young person has experienced.

For example:

**Scenario:** John had a bad night out, he argued with his girlfriend and friends and was sick

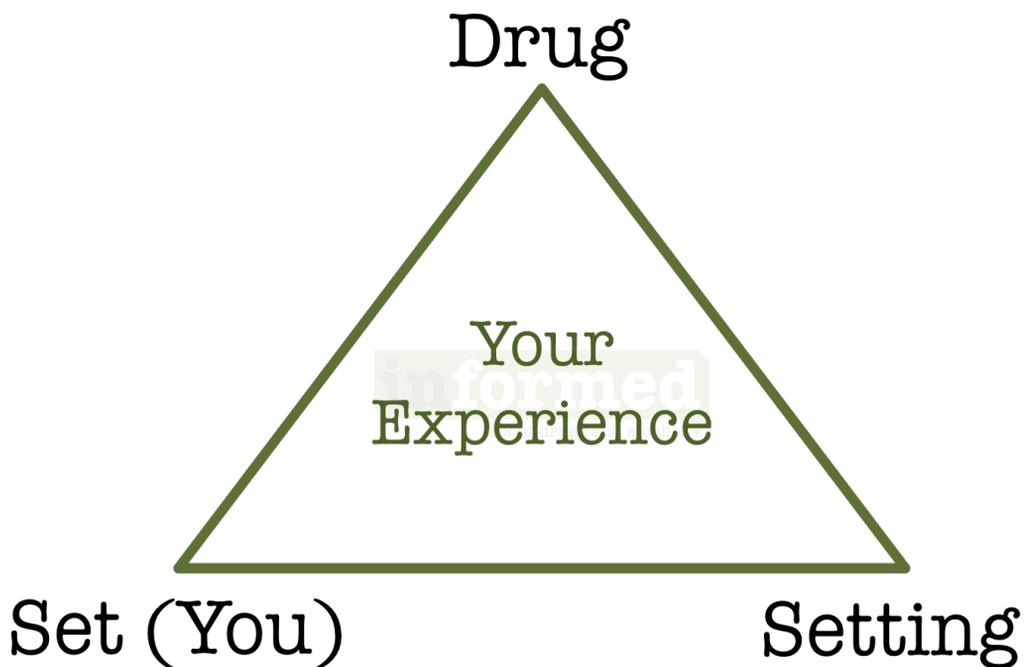
**Answer:** John was smoking cannabis, he was in a bad mood, and he was at a party with his friends.

Young people should be encouraged by the facilitator to think about all the factors (using the drug triangle) which would have led to the outcomes seen in each of the scenarios.

After completing the scenarios young people should be encouraged to complete the drug triangle based on their own experiences with drug.

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Call my puff is a social norms / information based game for young people which helps them learn about Cannabis, common myths and the percentage of young people their age smoking Cannabis.

Dependent on the knowledge of the group (ascertained when you completed the drugs grid) you may want to leave out certain questions, this is fine, and we have included questions more suitable for older age children so these can be used across the school in PSHE not just in year 8.

The important questions to deliver are question sheets 1 and 2 as they contain the key information on the substance and should allow you to offer a general cannabis session to the young people.

The session works best if young people are split into teams, get them to choose a team name and keep score on whiteboard / flipchart / paper.

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## Question Sheet 1

Cannabis is in which class of drug



Cannabis is a

**Depressant**

**Stimulant**

**Trip**

Cannabis makes people paranoid

**True or False**

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## Question Sheet 1

**B** - Cannabis is a class B drug which means:  
Possession - 5 years and unlimited fine  
Supply - 14 years and unlimited fine

(see next page for further information on this)

**Depressant** – Cannabis is a depressant drug. This doesn't mean it will make you depressed, it means it depresses your central nervous system (slowing you down effectively)

**Partly True** – Some level of paranoia is extremely common and most people who smoke cannabis will have experienced some level of paranoia at some point



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## Question Sheet 1

For young people between 10 and 17 the agreed police response is to:

- Give a reprimand if it is the first time the young person has been caught with cannabis.
- Give a final warning and refer the young person to a Youth Offending Team if it is the second time they have been caught with cannabis.
- Arrest them if it is the third or more time they have been caught with cannabis.

If the person is under 18, their parent or guardian will also be contacted. They can also be referred to a Youth Offending Team at any stage

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## Question Sheet 2

Most young people smoke cannabis

**True or False**

Your more likely to suffer depression and anxiety if you smoke Cannabis during adolescence

**True or False**

If you have a family history of mental health problems then you're more at risk of them yourself if you smoke Cannabis

**True or False**



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## Question Sheet 2

**FALSE!** – Only 7.5% (92.5%\*) of young people (11-15) surveyed for the Smoking, Drinking and Drug Use Survey (2012) reported using Cannabis in the past year. Even at age 15 only 18.6% (82.4%\*) reported using cannabis

\* Social Norms figure to be used

**TRUE!** – Some evidence exists that regular users of cannabis during adolescence are more likely to suffer depression and anxiety than the general population.

**TRUE!** – There is evidence that pre-existing genetic mental health conditions or pre-disposition can be 'sped up' or worsened by smoking Cannabis.

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## Question Sheet 3

Holding smoke in your lungs for longer gets you more stoned.

**True or False**

Cannabis is harmful to your lungs

**True or False**

Cannabis is not addictive

**True or False**

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## Question Sheet 3

**FALSE!** - Tests have shown that holding smoke for longer in your lungs doesn't increase THC levels in the brain (the bit that gets you stoned) any increase in feelings of being stoned are probably just due to oxygen deprivation possibly aggravated by having already smoked, which may impact on lung capacity.

**TRUE!** - Cannabis is harmful for your lungs. Mixed with tobacco there is evidence that its worse than tobacco on its own. Heavy cannabis use can cause: Breathlessness, Wheezing and Coughing.

**FALSE!** - Cannabis is addictive. Around 10% of users are dependent on Cannabis. This includes both psychological and physical effects and subsequent withdrawal symptoms.

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## Question Sheet 4

People who use Cannabis always use other drugs as well

**Agree**      **Disagree**

Cannabis isn't that bad when compared to other drugs

**Agree**      **Disagree**

Cannabis should be legal

**Agree**      **Disagree**

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## Question Sheet 4

This isn't true. Most people who use cannabis don't use additional drugs as well. However it can be a good idea to open discussion with young people around if they believe using cannabis can open up the possibility of using other drugs / make it more likely.

This also isn't true. Young people should understand this if the ladder of harm exercise has also been completed. Its very simplistic to believe that because cannabis doesn't have the range of harms of some other drugs it isn't as harmful. Drugs affect everyone differently.

There isn't really a right answer to this as it's a value judgment based on complex personal opinions and experiences. Often this will stimulate very interesting discussions for young people and give real insight into their own opinions. As the facilitator its important not to give a strong opinion either way.

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## Question Sheet 5

Its OK for people my age to smoke cannabis once a week

**Agree**      **Disagree**

Cannabis cant be that bad because it's a plant

**Agree**      **Disagree**

Cannabis makes people de-motivated

**Agree**      **Disagree**

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## Question Sheet 5

Most young people don't believe that its ok for people their age to smoke Cannabis once a week.

So is Heroin. Worth pointing out that many plants are incredibly dangerous and damaging to health, tobacco?

Many people do become demotivated when they smoke cannabis, however many do not. Good opportunity to discuss why people smoke and their reasons for doing it. This can tell us a lot more then blanket statements.



## Legal Highs

The legal highs session should highlight key messages related to legal highs which are contained in the following pages.

Young people should also explore the contradictions in 'legal' and 'illegal' drugs in relation to harm caused.

They should leave the session with an understanding that legal doesn't not mean without harm.

A good start to the session is the included quiz, the aim of which is to demonstrate that legal drugs can cause as much, if not more harm than illegal drugs.

Dependent on the group you may want to include the Design a Drug exercise, this can be a good way to instigate a discussion around legal highs and their associated risks.

This exercise is not suitable for all groups however and care should be taken to ensure the discussions stays 'on topic' and key information is provided.

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## What are legal highs?

AKA: Legal, Legal Weed, NPS (New Psychoactive Substances), Plant Food, Bath Salts

- Legal highs are drugs which copy the effects of street drugs
- They are sold as incense or plant food (pretending they are not real drugs)
- They have very different effects to street drugs
- They are sold online or in some shops



- Just because they are legal it doesn't make them safe
- Most legal highs have not been tested
- There has been 1 death a week in the past year from legal highs
- Lots of legal highs contain illegal drugs

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This is a key message to reinforce with young people. There is little to no evidence for most legal highs so unlike other drugs there isn't even evidence based harm reduction advice which can be provided.

Many legal highs seem to be much more dangerous to take than the street drugs they are designed to mimic, a good example of this is synthetic cannabis.

Anecdotal reports from users are almost universally negative with reports of nausea, hallucinations, heart palpitations and seizures at even small doses.

It has also been linked to several deaths and hospitalisations.

You should also keep a record of any information from young people about their experiences of legal highs, awareness of head shops in their communities and any additional anecdotal information you may receive.

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I was responsible for 8,367 deaths in the UK in 2012

What drug am I?

I kill approximately 100,000 people per year

What drug am I?

I am unique in that I can affect every cell in the human body

What drug am I?

People who use me too much can experience withdrawal symptoms and a range of dependency problems

What drug am I?

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Alcohol

Tobacco

Alcohol

Caffeine



## Design your own Drug!!

- What does your drug do?
- What's it called?
- How much does it cost?
- How do you take it?
- What does it look like?
- Where will you sell it?
- What effect does it have on the user?

## Whole Class Discussion

- Should this drug be 'legal'? why/why not?
- Can anyone buy it?
- How do you know that it wont kill people?
- Do you care if it kills people?
- How can you find out if its safe?
- What should the government do about people taking your drug?