



Level 3 Certificate in

Understanding Substance Misuse

Specification

QCA Accreditation Number: 500/5845/9

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ASCENTIS' MISSION STATEMENT

'Building Partnerships to Advance and Accredite Lifelong Learning for All.'

About Ascentis

Ascentis was originally established in 1975 as OCNW, a co-operative scheme between Universities and Colleges of Further Education. OCNW was the first 'Open College' in the UK and served the needs of its members for over 34 years. Throughout this period, OCNW grew yet maintained its independence in order that it could continue to respond to the requirements of its customers and provide a consistently high standard of service to all centres across the country and in recent years to its increasing cohorts of overseas learners.

In 2009 OCNW became Ascentis - a company limited by guarantee and a registered educational charity.

Ascentis is distinctive and unusual in that it is both:

- a National Awarding Body (NAB) approved by the Qualifications and Curriculum Authority (QCA)

and

- an Access Validating Agency (AVA) for 'Access to HE Programmes' licensed by the Quality Assurance Agency for Higher Education (QAA)

Ascentis is therefore able to offer a comprehensive ladder of opportunities to centres and their students, starting at Entry Level basic skills or vocational programmes and progressing to QAA recognised Access to HE qualifications. The flexible and adult-friendly ethos of Ascentis has resulted in centres throughout the UK choosing to run its qualifications.

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SPECIFICATION SUMMARY

Introduction

The Ascentis Certificate in Understanding Substance Misuse aims to introduce the learner to a variety of areas related to the use and misuse of a wide range of drugs, including both legal and illegal substances. This qualification aims to develop an increased understanding of these issues and the possible responses and interventions.

There are several features of this qualification that make it very appropriate for its target learners:

- Assessment is ongoing through the building up of a portfolio of evidence, allowing flexibility in terms of the learner putting together evidence most appropriate to their learning situation
- Moderation and certification can be offered throughout the year, allowing maximum flexibility for centres.

Specification Overview

Unit Number	Unit Title	Mandatory or Optional Unit	Credit Value
1	Understanding drug use: facts, effects, symptoms and attitudes	Mandatory	5
2	Understanding responses to substance misuse: legislation, harm reduction and interventions	Mandatory	4
3	Understanding alcohol and drug use in young people	Mandatory	4

To be awarded the full qualification learners must achieve 13 credits.

Unit certification is available for each unit.

Assessment and Moderation Arrangements

All units are assessed internally through the building up of a portfolio of evidence.

To gain a unit certificate all assessment criteria within the unit must be achieved.

Internal and external moderation are a requirement for all units making up the full qualification.

BACKGROUND INFORMATION

Aims

The aims of this qualification are:

- 1 To provide a nationally accredited certificated programme in a wide range of substance misuse issues and the variety of responses and interventions available
- 2 To provide a flexible learning opportunity that is accessible to a wide range of learners
- 3 To provide the learner with knowledge and understanding that can be used by those who either personally, voluntarily or professionally have a special interest in this field.

Target Group

This qualification is aimed at staff, volunteers and youth workers who are involved in working with people who are at risk of substance misuse.

Award of the Qualification

This qualification is offered at Level 3.

The certificate will state:

**Ascentis Level 3 Certificate in
Understanding Substance Misuse**

QCA Qualification Accreditation Number

QCA Qualification Accredited Units and Codes

Unit Title		Unit Number
Unit 1	Understand drug use: facts, effects, symptoms and attitudes	Y/502/2301
Unit 2	Understanding responses to substance misuse: legislation, harm reduction and interventions	F/502/2311
Unit 3	Understanding alcohol and drug use in young people	T/502/2323

Recommended Guided Learning Hours

It is recommended that this qualification is completed over 65 guided learning hours.

Opportunities for Progression

It is intended that this qualification will help learners towards the following progression routes:

- NVQs relating to Health and Social Care
- Additional qualifications at the same or higher level in Substance Misuse and/or related areas.

Restriction on Learner Entries

Learners should be aged 19+ before commencing study towards this qualification.

Recommended Prior Learning

No recommended prior learning is required.

Mapping to National Standards

This qualification is mapped to the Drugs and Alcohol National Occupational Standards (DANOS) and the NHS Knowledge and Skills Framework. This mapping can be found in the appendix of this specification.

Key Skills Opportunities

Learners following a course based on this specification will be offered opportunities to develop and generate evidence of achievement in aspects of a range of Key Skills. Examples of opportunities to encourage the acquisition and use of Key Skills and to provide opportunities to generate evidence are provided in the appendix of this specification.

Centre Recognition and Registrations

Centres need to be approved by Ascentis in order to run this qualification. Full details of the approval process are available on the Ascentis website at www.Ascentis.co.uk or from the Ascentis office.

All learners should be electronically registered within seven weeks of the course commencing. Instructions on how to complete electronic registrations will be issued to centres on approval of centre recognition or qualification approval.

Spiritual, Moral, Ethical and Social Issues

Throughout the delivery of this qualification it is expected that spiritual, moral and ethical issues will be explored in relation to responding to substance misuse. Over the course of the qualification the importance of social skills in the workplace such as team work and effective communication should be emphasized.

Health and Safety and Environmental Issues

Health and Safety issues are addressed throughout the qualification in relation to substance use and misuse.

Status in Wales and Northern Ireland

This qualification is available in English only.

Learners with Particular Assessment Needs

Ascentis has procedures in accordance with *The statutory regulation of external qualifications* (QCA, 2004) to ensure that this qualification is accessible and does not disadvantage a learner with a particular need. Full details of this procedure are available at www.Ascentis.co.uk or through contacting the Ascentis office.

Appeals Procedure

Ascentis has an appeals procedure in accordance with *The statutory regulation of external qualifications* (QCA, 2004). Full details of this procedure, including how to make an application are available within the Foundation Information File, at www.Ascentis.co.uk or through contacting the Ascentis office.

ASSESSMENT AND MODERATION ARRANGEMENTS

Overview

All units are assessed internally through the building up of a portfolio of evidence.

To achieve a unit certificate all assessment criteria within the unit must be achieved. For the full qualification all units must be completed and 13 credits achieved.

Internal and external moderation are a requirement for all units making up the full award. On completion of the learners' evidence for either a unit or the full award, the assessor is required to complete the summary record of achievement for each learner. This form is in the appendix section.

All candidates' evidence must be retained for a period of 4 weeks after the moderation visit in case of appeal.

Internal Assessment

Evidence for each unit is through the building up of a portfolio of evidence to demonstrate that all the assessment criteria within the unit have been achieved. This evidence will be assessed by the assessor at the centre, who may or may not be the tutor teaching the course.

Portfolios should include a variety of evidence to demonstrate that the assessment criteria for each unit have been met. Examples of evidence that could be included:

- Observation record (O)
- Record of questions and discussions (Q)
- Photographs (P)
- Video (V)
- Written notes/completed worksheets (W/S)
- Tape recordings (T)
- Self assessments
- Workbook activities
- Final multiple choice test.

Learners' portfolio work should include a tracking sheet to show where the evidence for each assessment criterion is to be found. Some activities could produce evidence for more than one unit, which is acceptable as long as there is clear reference to this on the tracking sheet. Examples of tracking sheets are found in the appendix section.

Internal Moderation

Internal moderation is the process of ensuring that everyone who assesses a particular unit in a centre is assessing to the same standards. Internal moderation of this programme will be co-ordinated by a named Foundation Co-ordinator at each centre, who will liaise with Ascentis. The Foundation Co-ordinator may also act as the Internal Moderator. Internal moderation will be carried out through standardisation activities including a sample of a proportion of the candidate's work. This will be carried out according to Ascentis' sampling strategy across all the groups of learners, to include all the assessors and the full range of units. It is the responsibility of Internal Moderators to ensure that assessors' decisions are sampled and monitored to ensure consistency and fairness. Internal Moderators are also responsible for supporting assessors by offering advice and guidance.

The Ascentis website has forms that can be used to record internal moderation activities, although centre-devised forms can also be used.

Ascentis External Moderators will confirm the Internal Moderation activities at their visit.

External Moderation

Accredited centres will normally be visited twice a year for external moderation. The focus of the external moderation visits will include:

- Staff development, including guidance and support for all assessors and internal moderators
- Moderation of a proportion of the learners' evidence to ensure that internal assessment decisions are valid, reliable, fair and consistent with standards across other centres
- Confirmation of coverage of all the assessment criteria and units needed for unit certification or the full award.

Knowledge, Understanding and Skills required of Assessors and Internal Moderators

Staff delivering programmes and carrying out the assessments should be familiar with current working practices and standards in the sector. Assessors will be qualified to Level 4 in a related subject or equivalent and be a qualified teacher or working towards a teaching qualification. Internal Moderators need to be competent assessors with knowledge of the requirements of the internal moderation process. Ascentis provides training events for internal moderators and any person new to this role would be advised to go on an Ascentis training event.

Health and Safety

A centre must have completed a full risk assessment of all areas of activity and identified potential risks. Where a risk exists all practicable actions must be taken to eliminate or reduce this risk so that it is as low as reasonably possible.

UNIT SPECIFICATIONS

Unit 1 – Understanding drug use: facts, effects, symptoms and attitudes

This unit allows learners to develop an understanding of a range of substances that may be misused. This unit will require learners to demonstrate an awareness of the effects, signs and symptoms of a range of substances.

Credit value: 5

Guided Learning Hours: 25

Learning outcomes	Assessment criteria
The learner will:	The learner can :
1 Understand the facts and paraphernalia associated with a range of substances	1.1 Describe a range of substances that can be misused 1.2 Identify the street names for a range of substances 1.3 Identify reasons why some people misuse substances 1.4 Describe methods of substance use and the paraphernalia associated with the different methods 1.5 Describe the dangers of substance use e.g. related to quality, frequency, purity and poly drug use
2 Understand the signs and effects of a range of substances	2.1 Describe the signs of use of a range of substances 2.2 Describe the effects a range of substances can have e.g. stimulants, sedatives and hallucinogens
3 Understand a range of attitudes and values relating to drug use	3.1 Describe a range of different attitudes towards substance misuse 3.2 Explain the problems caused by stereotyping with regards to substance misuse
4 Understand sources of information on drug use	4.1 Identify the range of services relevant to substance misuse available locally and nationally

Indicative Content
<p>1.1 Range of substances that can be misused Alcohol; heroin; GHB (gammahydroxybutyrate); tranquillisers; rohypnol; amphetamines; cocaine; crack; MDMA (ecstasy); magic mushrooms; LSD; cannabis; ketamine; nitrites.</p> <p>1.2 Street names for substances that can be misused Alcohol: booze, drink, spirits, bevy; Heroin: H, brown, smack, gear; GHB (Gammahydroxybutyrate): Liquid E, Liquid X, G, GHB; Rohypnol: date rape drug; Amphetamines: speed, whiz; Cocaine: coke, charlie, C, snow; Crack: base, rocks, gravel, stones; MDMA (Ecstasy): Ecstasy, E, Doves, Mitsubishis; Magic Mushrooms: Liberty caps, mushies, shrooms, psilocybin; LSD: acid, trips; Cannabis: draw, puff, dope, skunk; Ketamine: special K, K; Nitrites: poppers, rush.</p> <p>1.3 Reasons why some people misuse substances Reasons can vary from drug to drug, from person to person or from occasion to occasion; reasons include: curiosity, pleasure, social pressures, or for medical reasons; people may continue using it for reasons including: tension relief, escape, addiction.</p> <p>1.4 Methods of substance use Alcohol: swallowed by mouth; Heroin: smoked or injected; GHB (Gammahydroxybutyrate): swallowed Tranquillisers: tablet which is swallowed; Caffeine: swallowed as liquid e.g. tea, coffee, or swallowed in tablet form e.g. pro plus; Amphetamines: sniffed, swallowed or injected; Cocaine: snorted or injected; Crack: smoked or injected; MDMA (Ecstasy):</p>

usually swallowed in tablet form, can be snorted or injected; **Nicotine**: usually smoked, can be snorted, chewed or absorbed through the skin; **Magic Mushrooms**: swallowed fresh or dried, prepared in tea or beer; **LSD**: usually swallowed, can be absorbed through the skin, small paper squares with a printed design called a 'tab', small tablet form called microdots, clear liquid; **Cannabis**: smoked in a 'joint' with tobacco, eaten; **Ketamine**: snorting, injected into muscle; **Anabolic steroids**: swallowed, injected into muscle; **Nitrites**: sniffed.

1.5 Paraphernalia associated with drug use

Heroin: Varies depending on whether the user is injecting or smoking the drug; includes foil, lighter, tubes (e.g. biro cases); smoking heroin is known as 'chasing the dragon'; smoking heroin carries less risk than injecting; injecting paraphernalia includes: syringes and needles, spoons, water, citric or ascorbic acid (to dissolve the heroin into an injectable solution), cigarette filters (to remove particles from the injected solution), lighter, pre-injection alcohol swabs.

Cannabis: Joints: hand-rolled cigarettes with cannabis resin or 'grass' crumbled into them: cigarette papers, tobacco or cigarettes, cardboard used to make a 'roach'; 'chillums' or 'pipes' – simple pipes in which the cannabis smoke can be concentrated; 'bongs' – water pipes in which the cannabis smoke can be concentrated and cooled.

Cocaine: Snorting: powder is usually snorted from a reflective surface e.g. mirror; credit card or razor blade used to cut the powder into lines; straw or rolled up bank note to snort the cocaine. Injecting: needle, syringe, spoon to mix the powder with water. Smoking: crack pipe (or a home-made version consisting of: foil, plastic bottles, straws).

1.5 Dangers of substance use

Quality of substance; frequency of drug use; purity of substances; dangers of poly drug use

2.1 Signs of the use of a range of substances

Alcohol: Relaxation; sociable; inhibitions are lowered; inappropriate behaviour / violence. Alcohol is culturally accepted within western society with clear limitations on levels of acceptability; can make social events pleasant; can encourage mass anti-social behaviour and violence e.g. football crowd in certain situations.

Heroin: Makes people withdrawn and insular; can help forget worries and anxieties (this is the reason many individuals start using heroin).

Heroin addiction is seen across the classes; middle and upper classes have more access to money and support for their addiction; heroin users on low incomes may turn to criminal activity to fund their habit including drug dealing, shoplifting, burglary, sex work.

Solvents: Similar to the effects of alcohol.

Young people experiment; outbreaks of solvent abuse tend to occur sporadically within local areas; particularly likely to take place in groups during the summer.

Cannabis: Can make people more withdrawn or outgoing; can encourage feeling of warmth towards group members.

Cocaine: Greater confidence, greater sociability, increased talkativeness, lowering of inhibitions.

2.2 Effects of the use of a range of substances

Depressants: *Alcohol*: slows brain and body, reducing inhibitions, aiding relaxation, lack of co-ordination and speech, ability to make rational decisions are impaired, in large quantities can lead to unconsciousness and death; *Heroin*: vomiting, temporarily relieves anxieties and fears, constipation, pin-point pupils, women may stop having periods; *Methadone*: constipation, pin-point pupils, excessive sweating; *Gammahydroxybutyrate (GHB)*: Induces a euphoric state, drowsiness, nausea, muscle stiffness, confusion, convulsions, unconsciousness, breathing problems; *Tranquillisers (Benzodiazepines)*: Relieve symptoms of stress and anxiety, longer-term use can lead to – drowsiness, forgetfulness, confusion, depression, digestive problems; *Rohypnol (Flunitrazepam)*: Affects the central nervous system, impairs judgment, motor skills, slurs speech, drowsiness, dizziness, confusion, amnesia, vertigo, skin rashes, stomach problems, changes in libido, could stop breathing.

Stimulants: *Caffeine*: increases heart rate, increases blood pressure, *Amphetamines*: alertness, confidence, seems to raise levels of energy and stamina, lessens desire to eat and sleep, behaviour can be more compulsive, comedown can lead to feelings of tiredness, lethargy and depression; *Cocaine and Crack*: Increased energy, confidence and alertness, decreased tiredness and appetite, increased anxiety, irritability, restlessness and paranoid feelings; *MDMA (Ecstasy)*: Overheating, dehydration,

feelings of anxiety; *Nicotine*: Seen by users as a relaxant but is in fact a stimulant, feelings of relaxation result from the addiction.

Hallucinogens: *LSD (Lysergic acid diethylmide)*: alters perception of vision, time, sound and taste; *Magic Mushrooms*: effects are similar to LSD but less powerful.

Other classifications of drugs: *Cannabis*: relaxation, greater awareness and appreciation of colour and sound, hilarity, desire to eat, short-term memory loss, lethargy and apathy, mental health problems; *Ketamine*: 'dreamy' feelings, feeling 'floaty', numbness in extremities, feelings of being far away from the body; *Anabolic steroids*: increased muscle mass, increased strength, ability to train harder, reduces recovery time needed after training; *Nitrites*: relaxed veins, increases heart rate.

3.1 A range of different attitudes towards substance misuse

Abstainers: do not plan to ever use drugs; *Deferrers*: do not use drugs now but think they may do in the future; *Users*: currently use drugs, can be experimental, recreational or dependent; *Ex-users*: tried drugs in the past but no longer do so now.

Factors which influence people's attitudes to drugs: upbringing, education, media and advertising, information received, fashion and trends, peer pressure, curiosity, availability, personality, experience.

3.2 Problems caused by stereotyping with regards to substance misuse

Limits the full understanding of the misuse taking place; incorrect treatment being offered through lack of understanding of the true misuse taking place; links with racial stereotyping (certain substances linked to specific racial / cultural groups); negative stereotyping increasing the substance misuse further.

4.1 Range of substance misuse services available locally and nationally

DrugScope: the main national source of reliable information about drugs and drug use in the UK; **Alcohol Concern**: the leading national organisation concerned with issues surrounding alcohol use; **Talk to Frank**: replaced the 'national drugs helpline' and offers youth orientated straight talk about drugs and addiction; **Know the Score**: drug advice and information in Scotland; **Scottish Drug Forum**: national non-government drugs policy and information agency; **Release**: provides information and advice on the legal aspects of drug use; **Re-Solv**: provides information and advice on solvent abuse; **Narcotics Anonymous**: an organisation of self-help groups, comparable to AA; **Lifeline**: drug information and treatment agency; **Parents Against Drug Abuse**: an organisation giving support and information to parents who are worried about their children's drug use; **UK Government Sites on Drugs Issues**: a national drug strategy website for drug prevention and treatment professionals; **The British Liver Trust**: provides information and advice on hepatitis and liver disease connected with drug and alcohol use; **Drug Action Teams (DATs)**: senior managers from various agencies with the responsibility of co-ordinating the local responses to drug problems.

Unit 2 – Understanding responses to substance misuse: legislation, harm reduction and interventions

This unit allows learners to study legislation and government policies related to substance misuse. Learners will also be required to demonstrate effective responses in emergency situations.

Credit value: 4

Guided Learning Hours: 20

Learning outcomes	Assessment criteria
The learner will:	The learner can:
1 Understand legislation relating to substance misuse	1.1 Identify the legislation which relates to substance misuse and describe the difference between legal and illegal drugs 1.2 Describe the class and schedule systems used for classification of substances
2 Understand methods of correctly responding to drug use	2.1 Describe the 'Cycle of Change' model as developed by J. Prochaska and C DiClemente 2.2 Demonstrate safe and effective responses to emergency situations
3 Understand harm reduction and drug strategies	3.1 Describe government policy in relation to substance use services e.g. prevention, treatment and rehabilitation 3.2 Identify key organisations that are designed to deliver the government's strategy on drugs and alcohol

Indicative Content

1.1 Drugs Legislation

The Misuse of Drugs Act 1971: Classes of drugs (severity of the likely sentence or fine from a crime involving the drug); schedules (describe the circumstances in which a drug can be legally possessed and whether a doctor can prescribe it).

The Medicines Act 1968: Dictates the way in which medicines are manufactured and the ways in which they can be supplied and sold.

Customs and Excise Act: Penalises unauthorised import and export of controlled drugs, together with the Misuse of Drugs Act.

Road Traffic Act: Makes it an offence to be in charge of a motor vehicle while 'unfit to drive through drink or drugs'.

Drug Trafficking Offences Act: Allows the seizure of assets and income that cannot be shown not to have come from the proceeds of drug trafficking.

Intoxicating Substances Supply Act: Makes it an offence to supply a solvent to a person under 18 'if he knows or has reasonable cause to believe that the substance or its fumes are likely to be inhaled for the purpose of causing intoxication'.

Cigarette Lighter Refill (Safety) Regulations: Makes it an offence to sell butane products to people under 18 years of age.

1.2 Classes of Substances

Classes A, B and C: Three classes of drug; class A attracts the most severe penalties and C the least.

Class A Drugs: Heroin, Methadone, Ecstasy (MDMA), Cocaine, Crack-cocaine, LSD, Magic mushrooms; current maximum sentence for possession of a class A drug is 7 years imprisonment and an unlimited fine; current maximum sentence for supplying / trafficking a class A drug is life imprisonment and an unlimited fine.

Class B Drugs: Amphetamines, barbiturates, codeine, dihydrocodeine (DF118) ; current maximum sentence for possession of a class B drug is 5 years imprisonment and an unlimited fine; current maximum sentence for supplying / trafficking a class B drug is 14 years imprisonment and an unlimited fine; preparing a class B drug for injection automatically turns it into a class A drug.

Class C Drugs: Anabolic steroids, benzodiazepines e.g. valium, temazepam, mogadon, rohypnol, GHB, Cannabis, Ketamine; current sentence for possession of a class C drug is 2 years imprisonment and an unlimited fine; current maximum sentence for supplying / trafficking a class C drug is 14 years imprisonment and an unlimited fine.

1.2 Schedules of Substances 1-5 under the Misuse of Drugs Regulations

Schedule 1: Includes cannabis, MDMA (ecstasy), raw opium, LSD; such drugs have no therapeutic use and cannot be prescribed by a doctor.

Schedule 2: Includes heroin, cocaine and amphetamines. These drugs can be prescribed for addiction by specially licensed doctors.

Schedule 3: Includes barbiturates. Illegal to possess without a prescription.

Schedule 4 (part i): Includes most benzodiazepines and are illegal to possess without a prescription.

Schedule 4 (part ii): Includes anabolic steroids. Can be prescribed by a doctor and are not illegal to possess without a prescription, provided they are in medicinal form.

Schedule 5: Covers over-the-counter compound preparations such as cough mixtures.

2.1 Methods of correctly responding to drug use

Cycle of Change Model: J. Prochaska and C. DiClemente – *Towards a Comprehensive Model of Change in Treating Addictive Behaviour* (1986). Include the following stages: pre-contemplative, contemplative, action, maintenance and relapse.

2.2 Drug-Related Incidents Requiring an Immediate Response: emergency situations involving drugs; drug-related incidents requiring an immediate response; varying levels of seriousness in a range of emergency situations.

Signs of overdose and what should be done: signs of consciousness / unconsciousness; airway, breathing, circulation checks (ABC);

Giving 'mouth to mouth': correct procedure for mouth to mouth ventilation

3.1 Government policy in relation to substance use services (prevention, treatment and rehabilitation)

Harm Reduction Strategy: main characteristics including realism, respect, focus on reducing harm rather than drug use, hierarchy of goals and education; practical examples of harm reduction in action e.g. needle exchange; arguments for and against harm reduction approaches

Government 10 year drug strategy: 'Tackling drugs to build a better Britain'; 'Updated drugs strategy 2002';

Aim 1 – Young People: aimed at preventing young people from using drugs and developing drug problems

Aim 2 – Reducing Supply: reducing the prevalence of illegal drugs on the streets

Aim 3 – Communities: reducing drug-related crime and its impact on communities

Aim 4 – Treatment: reducing the number of those with existing drug problems through the provision of effective treatment and harm minimisation methods

Government 10 year drug strategy: "Drugs: protecting families and communities" 2008-2018 strategy.

The 4 strands within this strategy include:

- 1 Protecting communities through tackling drug supply, drug-related crime and anti-social behaviour
- 2 Preventing harm to children, young people and families and children affected by drug misuse
- 3 Delivering new approaches to drug treatment and social re-integration
- 4 Public information campaigns , communications and community engagement

3.2 Key organisations delivering the government's strategy on drugs and alcohol

Delivery of the Updated Drug Strategy

National Treatment Agency (NTA) and the Drug Prevention Advisory Service (DPAS): monitor the effectiveness of local Drug Action Teams (DATs).

Drug Action Teams (DATs): involve representatives from local agencies involved in tackling the misuse of drugs; work with crime and disorder reduction partnerships to help communities tackle local drug problems.

Advice and Information Agencies: specialist agencies dealing with drug use, provide advice and information to drug users, friends and family.

Needle and Syringe Exchange Services (NEX): distribute sterile injecting equipment and dispose of used equipment to injecting drug users free of charge

Prescribing Services: Short-term Detoxification; Long –term detoxification; long-term prescribing

Counselling Services: Help address problems; help establish and maintain a relationship of trust.

Rehabilitation Services: Differing types / methods of rehabilitation include residential, set programmes, group work or religious.

Unit 3 – Understanding alcohol and drug use in young people

In this unit, learners will be studying a range of effects associated with alcohol and drug use, particularly in young people. Attitudes towards substance use and factors that influence substance misuse will also be studied within this unit.

Credit value: 4

Guided Learning Hours: 20

Learning outcomes	Assessment criteria
The learner will:	The learner can:
1 Understand the effects and potential health, problems associated with drugs and alcohol consumption in young people	1.1 Describe the effects of alcohol misuse on the physical, emotional and psychological health of young people
2 Understand the potential social and family problems associated with drugs and alcohol consumption in young people	2.1 Identify the potential effects of substance misuse on young people and others significant to them, including risks to their welfare and to their relationships
3 Understand sources of and the importance of alcohol and drugs education for young people	3.1 List sources of help and information for young people on substance misuse and explain the key differences between them 3.2 Explain the importance of alcohol and drugs education for young people
4 Understand a range of attitudes held by young people about drugs and alcohol	4.1 Explain the attitudes held towards drugs by abstainers, deferrers, users and ex-users
5 Understand why some young people misuse substances including alcohol	5.1 Identify factors which influence young people to misuse substances including alcohol

Indicative Content

1.1 Effects of alcohol misuse (physical, emotional and psychological)

The immediate effects of alcohol consumption: Inhibitions are reduced; dizziness; talkativeness; slurred speech; disturbed sleep; nausea; vomiting; impaired judgement; reduced co-ordination

Long-term physical effects of alcohol use: Problems can include: liver disease, disease of the nervous system, problems with blood circulation, breathing problems, sexual problems, effects on unborn children, mental health problems.

Emotional and psychological effects of alcohol use: Immediate effects: alcohol depresses the brain; cheeriness from first drink; feelings of 'letting go'; reduce inhibitions; feelings such as anger can become exaggerated; feelings of confidence can increase
Longer-term effects: possible depression

2.1 Social effects of substance misuse in young people

Potential Alcohol-Related Social Consequences and Problems: **Crime and Violence:** relationship between alcohol and crime, particularly violent crime; **Unemployment:** cause and effect links between unemployment and heavy drinking; poor work performance; health problems; **Domestic Problems:** heavy drinking leading to arguments, threats and physical violence; **Child Abuse:** resulting from the heavy drinking of a parent, can lead to neglect, developing behavioural problems, losing time from school, physical abuse, sexual abuse, developing alcohol problems themselves.

3.1 Sources of help and information

Talk to FRANK; Connexions Direct; DATs (Drug Action Teams); Alcohol Concern.

3.2 The Importance of educating young people: alcohol use is common amongst young people; social pressures to drink; importance of awareness of potential dangers associated with alcohol use.

4.1 Young people's attitudes towards substance use (drugs and alcohol)

Different attitudes held by young people about drugs: **Abstainers:** do not plan to ever use drugs; **Deferrers:** do not use drugs now but thinks they will in the future; **Users:** experimental, recreational, dependent users; **Ex-users:** have used drugs in the past but no longer do so now.

5.1 Factors which influence young people to misuse substances including alcohol:

Upbringing: parental and family attitudes; **Education:** drug / alcohol information at school; **What they hear and see:** from friends, the media, advertising and drug information; **Fashion and trends:** e.g. club culture is heavily influenced by drugs; **Peer pressure:** influence from peer groups; peer pressure is an important factor in why young people use drugs including alcohol, important to consider other factors e.g. personal curiosity; **Curiosity:** illegality of drugs and age restrictions of alcohol makes them more appealing to some; **Availability:** the greater the availability, the more people will consider their use; **Personality:** some people are more likely to take risks; **Experience:** their own experience of drug use, whether positive or negative; **The role of the media and advertising in alcohol use:** World Health Organisation (WHO), EU guidelines on advertising of alcohol to young people and linking alcohol with sport; football sponsorship with alcohol brands.

APPENDIX 1

Summary Record of Achievement

Learner Name _____

	Date completed	Assessor Signature	Internal Moderator Signature (if sampled)
Unit 1			
Unit 2			
Unit 3			

The above evidence has been assessed against the standards and has been judged for validity, authenticity, currency, reliability and sufficiency.

Learner Signature _____

Assessor Signature _____

Units Claimed

Unit 1	Unit 2	Unit 3

APPENDIX 2

Tracking Sheets

Unit 1 – Understanding drug use: facts, effects, symptoms and attitudes

Assessment Criteria	Assessment Method	Evidence Details	Portfolio Reference	Completion Date
1.1 Describe a range of substances that can be misused 1.2 Identify the street names for a range of substances 1.3 Identify reasons why some people misuse substances 1.4 Describe methods of substance use and the paraphernalia associated with the different methods 1.5 Describe the dangers of substance use e.g. related to quality, frequency, purity and poly drug use				
2.1 Describe the signs of use of a range of substances 2.2 Describe the effects a range of substances can have e.g. stimulants, sedatives and hallucinogens				
3.1 Describe a range of different attitudes towards substance misuse 3.2 Explain the problems caused by stereotyping with regards to substance misuse				
4.1 Identify the range of services relevant to substance misuse available locally and nationally				

Unit 2 – Understanding responses to substance misuse: legislation, harm reduction and interventions

Assessment Criteria	Assessment Method	Evidence Details	Portfolio Reference	Completion Date
1.1 Identify the legislation which relates to substance misuse and describe the difference between legal and illegal drugs 1.2 Describe the class and schedule systems used for classification of substances				
2.1 Describe the 'Cycle of Change' model as developed by J. Prochaska and C DiClemente 2.2 Demonstrate safe and effective responses to emergency situations				
3.1 Describe government policy in relation to substance use services e.g. prevention, treatment and rehabilitation 3.2 Identify key organisations that are designed to deliver the government's strategy on drugs and alcohol				

Unit 3 – Understanding alcohol and drug use in young people

Assessment Criteria	Assessment Method	Evidence Details	Portfolio Reference	Completion Date
1.1 Describe the effects of alcohol misuse on the physical, emotional and psychological health of young people				
2.1 Identify the potential effects of substance misuse on young people and others significant to them, including risks to their welfare and to their relationships				
3.1 List sources of help and information for young people on substance misuse and explain the key differences between them 3.2 Explain the importance of alcohol and drugs education for young people				
4.1 Explain the attitudes held towards drugs by abstainers, deferrers, users and ex-users				
5.1 Identify factors which influence young people to misuse substances including alcohol				

APPENDIX 3

Mapping of Ascentis Level 3 Certificate in Understanding Substance Misuse to the Drugs and Alcohol National Occupational Standards (DANOS) and the NHS Knowledge and Skills Framework

Ascentis Certificate Unit Number	Ascentis Certificate Learning Outcome Number	DANOS	NHS KSF
1	1	AA1.1 (1), AA1 K8, AB5 K15, AD1 K8, AD1 K9, AB2 K8, AD1 K10, AD1 K12, AD1 K14, AF2 K20.	NHS KSF HWB21, NHS KSF HWB32, NHS KSF HWB11, NHS KSF HWB23.
	2	AA1.1 (1), AA1 K9, AB2 K16, AB5 K15, AD1 K8, AF2 K21.	NHS KSF HWB21, NHS KSF HWB43, NHS KSF HWB32, NHS KSF HWB11, NHS KSF HWB23.
	3	AB2 K20, AB2 K27, AD1 K21.	NHS KSF HWB43, NHS KSF HWB11.
	4	AA1 K13, AB2 K4, AB2 K5, AB2 K6, AB5 K3.	NHS KSF HWB21, NHS KSF HWB43, NHS KSF HWB32.
2	1	AD1 K2, AD1 K23.	NHS KSF HWB11.
	2	AB5 K8, AB5 K9, AB5 K10, AB5 K16.	NHS KSF HWB32.
	3	AD1 K3, AD1 K4.	NHS KSF HWB11.
3	1	AD1 K7, A1.1 (1), AB2 K16.	NHS KSF HWB11, NHS KSF HWB43.
	2	AD1 K7, A1.1 (1), AB2 K16.	NHS KSF HWB11, NHS KSF HWB43.
	3	AA1 K13, AB5 K3.	NHS KSF HWB21, NHS KSF HWB32.
	4	AB2 K27, AD1 K21.	NHS KSF HWB43, NHS KSF HWB11.
	5	AD1 K14.	NHS KSF HWB11.

AA1 Recognise indications of substance misuse and refer individuals to specialists

AB2 Support individuals who are substance users

AB5 Assess and act upon immediate risk of danger to substance users

AD1 Raise awareness about substances, their use and effects

AF2 Carry out assessment to identify and prioritise needs

APPENDIX 4

Mapping of Ascentis Level 3 Certificate in Understanding Substance Misuse to Key Skills

Communication: Level 3

Key Skill	Examples of opportunities for developing the Key Skill or for generating Key Skills portfolio evidence
C3.1a Take part in a group discussion.	There may be opportunities to for group work in allowing the learners to share and develop ideas together.
C3.1b Make a formal presentation of at least 8 minutes using an image or other support material	There may be an opportunity for learners to give a talk on related subject areas.
C3.2 Read and synthesise information from at least two documents about the same subject. Each document must be a minimum of 1,000 words long.	There may be opportunities to read documents relating to the subject area.
C3.3 Write two different types of documents each one giving different information about complex subjects. One document must be at least 1,000 words long.	Learners may be required to write a document as part of their assessment.

Information and Communication Technology: Level 3

Key Skill	Examples of opportunities for developing the Key Skill or for generating Key Skills portfolio evidence
ICT3.1 Search for information using different sources for each task and multiple search criteria in at least one case.	There may be opportunities for the learner to use ICT to search for and select assessed work for their portfolio of evidence.
ICT3.2 Enter and develop information and derive new information.	This could include selecting relevant information, entering it and presenting it in an appropriate format.
ICT3.3 Present combined information such as text with image, text with number, image with number.	There may be opportunities for the learner to present their portfolio of evidence in a number of ways.

Working with Others: Level 3

Key Skill	Examples of opportunities for developing the Key Skill or for generating Key Skills portfolio evidence
WO3.1 Plan work with others.	Evidence could be gained from records of the learner's planning with their tutor. Learners may also be encouraged to work with other learners in order to share ideas and thoughts.
WO3.2 Seek to develop co-operation and check progress towards your agreed objectives.	Learners may have the opportunity to work with other learners in achieving agreed objectives.
WO3.3 Review work with others and agree ways of improving collaborative work in the future.	Learners may have the opportunity to work with other learners and in groups and agree ways to improve collaborative working in the future.

Problem Solving: Level 3

Key Skill	Examples of opportunities for developing the Key Skill or for generating Key Skills portfolio evidence
PS3.1 Explore a problem, and identify different ways of tackling it.	Learners may have the opportunity to develop problem solving skills in identifying a relevant problem, with tutor support, and identifying ways of tackling it.
PS3.2 Plan and implement at least one way of solving the problem.	Learners may be given the opportunity to plan out and put one of their own possible strategies for solving the problem into practise.
PS2.3 Check if the problem has been solved and review your approach to problem solving.	Learners may be given the opportunity to check if the problem they identified has been solved by the methods they used. Learners may also have the opportunity to review the approaches used.

Improving Own Learning and Performance: Level 3

Key Skills	Examples of opportunities for developing the Key Skill or for generating Key Skills portfolio evidence
LP3.1 Set targets using information from appropriate people and plan how these will be met.	This is particularly relevant where the programme is delivered on a distance or work-based learning basis.
LP3.2 Take responsibility for your learning, using your plan to help meet targets and improve your performance.	Learners will need to follow their learning plan and meet deadlines to improve their knowledge and performance.
LP3.3 Review progress and establish evidence of your achievements.	Learners will need to review their progress and achievement and demonstrate evidence of this.