PSHE | ASSOCIATION

# Drug education

## Year 7–8, Lesson 2: Tobacco and nicotine

# Tobacco and nicotine

This is the second of three drug education lessons, for year 7-8. This lesson focuses on specific risks relating to tobacco and nicotine products and strategies to manage influences regarding use of these substances.

Classroom-ready PowerPoint versions of the lesson plans are available to members of the PSHE Association.

## Learning objective

To learn about and manage influences relating to tobacco and nicotine product use.

## Learning outcomes

Students will be able to:
- identify a range of risks related to tobacco use and vaping (e-cigarette use)
- analyse a range of potential influences on young people to smoke or vape
- demonstrate strategies for managing peer influence in situations involving tobacco and vapes (e-cigarettes)

## Climate for learning

Make sure you have read the accompanying teacher guidance notes before teaching this lesson. These include relevant subject knowledge for this topic, guidance on creating a safe learning environment, and curriculum links.

## Resources required

- Box or envelope for questions
- Post-it notes
- Resource 1: *Attitude continuum* [one per student]
- Resource 2: *Effects of using tobacco card sort* [one cut up set per pair]
- Resource 2a: *Effects of using tobacco card sort – teacher answer sheet* [teacher copy]
- Resource 3: *Identifying influences statements* [one per student]
- Resource 3a: *Spotting influences* [support option, as required]

# Baseline assessment

## Introduction (Slides 10-11, 5 mins)

Ensure ground rules are established with the group before teaching this lesson and make students aware of the question box, which will be available throughout the lesson. Remind students that if they have worries or questions during or after the lesson, that they do not want to raise in front of the class, they can write their question on a piece of paper, anonymously or with their name, and put it in the question box.

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

## Baseline assessment activity (Slides 12-13, 15 mins)

Hand out **Resource 1: Attitude continuum**, ask students to cut out each statement and the continuum and place the statements on the continuum (alternatively, students could draw the continuum in their books and write the statements along it.) Whilst students complete this activity, move around the room to monitor their responses and establish their starting points.

*Take feedback, ensuring the following key points are covered:*

*A range of influences impact on substance use decisions – parents/family, other adults, peers, the media, industry and advertising, perceptions of public opinion. It is important to think about what we value most. Good health, positive relationships, fun and future aspirations are key considerations for many people but what those look like and the order of priority will be different for each person.*

*Medications are well researched but still carry risks – hence medical supervision is required for prescribed drugs, and over-the-counter drugs carry specific instructions on use which must be followed. Each person must make a decision based on their own health, values and understanding of the substance in question.*

*The data on illicit use of tobacco, alcohol and other drugs, shows use among young people is declining.*

To explore this further, ask students to write down their answers to the social norms quiz below and shown on slide 13, which uses data from the [Smoking, Drinking and Drug Use Survey in England (SDDU) 2023](#). Go through the correct percentages after all the questions have been answered, rather than after each one, so that they do not influence students' subsequent answers.

1. What percentage of young people aged 11-13 have never tried smoking cigarettes? [94%[1]]
2. What percentage of young people aged 11-13 say they are regular smokers? [1%]
3. What percentage of young people aged 11-13 are regular users of vapes (e-cigarettes)? [2% - so 98% are not]
4. What percentage of young people aged 11-13 said they had never taken drugs? [93%]

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[1] All percentages calculated as a weighted average to account for SDD methodology (larger cohort sizes in older age groups.)

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

## Core activities

### Effects of tobacco (Slides 14-15, 10 mins)

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

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

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

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

Develop learning by asking students:

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

*Take feedback, drawing out key learning:*

1. *Students may refer to the fact that bad breath, smelling of smoke, stained teeth, infertility and wrinkling of skin are physical risks that could have social impacts due to treatment by others, family life, etc. Physical illnesses or social risks could lead to mental health issues e.g. cigarette costs can lead to financial difficulties/limitations or being diagnosed with a serious illness could lead to depression.*
   *Whilst students may identify that a person might become 'addicted' to a substance (e.g. when discussing 'wanting to smoke more frequently'), it may be useful to explore here what they mean by this, as the features of addiction have not been discussed in the lesson and they may have some misconceptions about this term. For example, do they mean that the person might experience withdrawal symptoms, feel cravings or that they might repeatedly prioritise buying cigarettes over other things they enjoy and miss out on these? When challenging pupils' stereotypes or misconceptions of addiction it may be helpful to share the features of the clinical diagnosis of substance use disorder (commonly referred to as 'addiction') – please see the evidence briefing for these.*

2. Students may refer to lung problems developing into cancer, or gum disease to mouth cancer. They may also draw links between second-hand smoke and physical health risks. Whilst the most serious harms associated with tobacco will emerge in the long-term (e.g. cancers) and so may be more easily discounted by pupils, short term use can also present problems which pupils might be concerned about – e.g. smell, expense, falling out with friends/family. Students could also be reminded that as smoking is so harmful, they shouldn't be subjecting their friends to pressure to smoke either.

3. Students might suggest there is an age limit because of the health impact tobacco can have and in an attempt to prohibit children from using it. It is important to reiterate that the minimum age of sale for tobacco products in the UK is 18 years. Police can confiscate cigarettes from someone under 16, and it is illegal for an adult to smoke in a vehicle with someone under 18 in it. Over time, the government plans to make it illegal for anyone to buy tobacco. Under the new law, each year the legal age for cigarette sales - currently 18 - will increase by one year. It means that people born in or after 2009 will never be able to legally buy cigarettes, effectively leading to a ban.

4. Students may refer to education, scientific research, the impacts of banning advertising of tobacco and introducing standardised packs with no attractive branding. Students may also refer to alternatives to smoking cigarettes e.g. vapes (e-cigarettes). It is important to explain that these products might be used as a way to quit smoking, but that the National Institute for Health and Care Excellence (NICE) recommends that vaping should be discouraged in children and young people who have never smoked.

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

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

## Spotting influences (Slide 16, 10 mins)

Working on their own, ask students to read through and discuss the influences on each character in **Resource 3: Identifying influences statements**. They should annotate each statement with their ideas about what influences are acting on the characters.

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

1. Curiosity, perception that vapes (e-cigarettes) are not/less harmful, or smoking being normalised at home, are possible influences. Reinforce that vapes are a replacement source of nicotine for those who want to quit smoking (along with alternatives, like nicotine patches), but they have no other benefits. Reusable vapes do not contain as much nicotine as a packet of 20 cigarettes, but NICE recommends that vaping should be discouraged in children and young people who have never smoked. If a non-smoker starts using vapes that contain nicotine, they risk developing a nicotine addiction and the long-term health implications are not understood yet. Remind students it is illegal in the UK to sell vapes (e-cigarettes) to someone under the age of 18.

2. Peers can have a strong influence, particularly when the rest of the group have chosen to smoke.

3. Looking up to an 'older crowd', feeling intimidated or being concerned with impressing others, can influence rational decision-making.

4. *Perceptions of what is culturally 'normal' and the desire to fit in with this and be included, and the 'party atmosphere' would be strong influences. Shisha smoking is not a safe alternative as it still exposes users to carbon monoxide and many other toxins. It is also important to mention it is illegal to allow the smoking of shisha pipes inside enclosed cafes/bars due to the health risks related to second-hand smoke.*

5. *Role models and the media can influence decision making. While vaping is less harmful than smoking, it is not risk free. Both can be addictive, mostly due to the presence of nicotine and the ease with which it can be taken and become part of someone's daily routine. Quitting therefore can be difficult, costly and require several attempts to be successful. There are several ways a person can get support to quit smoking and more information can be found at NHS Better Health – quit smoking: www.nhs.uk/better-health/quit-smoking.*

**Support:** Give students a copy of **Resource 3a: Spotting influences** which provides a range of suggestions students can use to annotate each character's statement.

## Managing peer influence (Slides 17-20, 10 mins)

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

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

- assertively refusing, with or without providing a further reason
- using humour to deflect from the situation
- removing oneself from the situation
- using an excuse to avoid using a substance
- telling a 'white lie'
- discussing intentions with a trusted friend so they can support in pressurised situations
- planning with family members to help by coming to pick them up if away from home
- organising alcohol-free social events
- blocking and reporting unwanted approaches on social media
- unfollowing and reporting accounts with unwanted content on social media

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

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

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

If time allows, ask pupils to rehearse some responses.

# Reflection and endpoint assessment

### Reflection and endpoint assessment (Slide 21, 5 mins)

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

- Thumb: Something from today's lesson that helped them feel more confident.
- Index finger: Describe a strategy they learned today that they could use in the future.
- Middle finger: An interesting fact they learned this lesson.
- Fourth finger: Reflection on whether and how their opinion on smoking has changed. (If not, why not?)
- Little finger: One way they can support others to resist peer influence.

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


# Signposting support

### Signposting support (Slide 22, 5 mins)

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

- speak to a parent/carer, tutor, pastoral lead, or other trusted adult
- contact Childline www.childline.org.uk 0800 1111
- visit NHS Better Health – quit smoking: www.nhs.uk/better-health/quit-smoking
- visit www.talktofrank.com


# Extension activity

### Storyboard (Slide 23)

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