

Alcohol, Drugs and Substance-Related Risks

Understand risk. Make choices. Get help.

A practical guide to substance-related risks, safer decisions and support at college, at work and in everyday life.

Twelve short units • Original KBC learning material • British English

Edition 1.0 | October 2026

How to use this book

Begin with the core reading and your unit video. Apply an idea to a fictional scenario, then complete the ten-question LMS assessment. The optional extended reading and George and Alice tutor conversations let you explore further. The planned core learning is approximately two hours; assessments and optional study add time. Work at a pace that supports your learning.

Aim for at least 7/10 in each assessment, with the essential safety questions answered correctly. Feedback and retries support learning. Your KBC completion certificate records course completion; it is not an Ofsted approval or regulated qualification.

Get help

For a concern, contact KBC's safeguarding team: safeguarding@kentbusinesscollege.com. This inbox is not an emergency service. Call 999 for a suspected overdose, alcohol poisoning, loss of consciousness or a serious breathing problem. Follow the call handler's instructions. If you are unsure whether an exposure is harmful, NHS 111 can advise. You do not need to finish this course or be certain what to call a concern before seeking support.

For non-emergency advice, speak to a GP, pharmacist or local alcohol and drug service. FRANK: 0300 123 6600. You may pause, use an accessible alternative or speak to a tutor. All teaching cases are fictional. Do not post personal disclosures in learning activities. Staff may need to share relevant information to protect someone; ask them to explain what happens next.

Your route through the course

- 01 Understanding substances and risk
- 02 Alcohol, units and safer choices
- 03 Medicines, online products and misuse
- 04 Illegal drugs and unpredictable contents
- 05 Nicotine, vaping and inhaled substances
- 06 Mixing substances and recognising increased risk
- 07 Dependence, mental health and wellbeing
- 08 Peer pressure, consent and spiking
- 09 College, work, driving and the law
- 10 Recognising emergencies and taking action
- 11 Getting help and supporting someone
- 12 Putting it together: safer choices

Understanding substances and risk

By the end of this unit

- Explain why legal status, familiarity and appearance do not establish safety.
- Consider the substance, the person and the situation when recognising risk.
- Choose a proportionate support route without diagnosing or blaming someone.

Core reading

The confident message

The group chat contains a reassuring message: “It is fine. Everyone knows what this is.” Fictional apprentice Leah pauses. A confident message is evidence that someone feels confident. It is not a laboratory result, a medical assessment or an instruction she must follow. Group chats are excellent at organising a pizza and rather less qualified to assess an unknown substance.

This course covers alcohol, medicines, illegal drugs, nicotine and other substances that can affect the body or mind. It is for learners aged sixteen and over, including apprentices. Every teaching example is fictional. You can pause or use another format, and you will never need to describe personal substance use to pass.

Three questions, not a safety calculator

First, what is known about the substance? A label, nickname or familiar appearance may not establish the contents of an illicit or counterfeit product. Medicines from legitimate healthcare sources have specific instructions, but they can still cause harm when unsuitable, taken incorrectly or combined with other substances. “Legal”, “natural” and “prescribed” answer different questions; none means harmless in every situation.

Second, what matters about the person? Age, health conditions, medicines and other substances can affect risk. A friend's previous experience cannot predict somebody else's response. Do not turn this into a checklist that supposedly identifies a safe amount. The aim is to recognise uncertainty and seek appropriate advice.

Third, what is happening around them? Pressure, unfamiliar surroundings and difficulty reaching help can make an already risky situation harder to manage. Consider what the person needs now. A change in behaviour deserves attention, but does not prove which substance was involved, or that any substance was involved at all.

Notice harm without labelling a person

Leah notices that a classmate is unusually sleepy and keeps losing the thread of a conversation. She can say, "You seem unwell. Do you need help?" She cannot diagnose drug use from that observation. Illness, prescribed treatment and many other circumstances may be relevant. Describe what you can actually see, rather than supplying a dramatic explanation.

Support should focus on wellbeing and practical needs. Avoid words that reduce someone to a problem or suggest that help must be earned through good behaviour. A person can need support before dependence develops, and someone affected by another person's use can need help too. Appropriate prescribed treatment should not be treated as evidence of misconduct.

Sixteen and seventeen year olds need age-appropriate support. Adult guidance is not automatically suitable for them. A trusted tutor or the safeguarding team can help identify an appropriate service; a learner should not have to negotiate that system alone.

Choose the next step

For a non-emergency concern, a pharmacist, GP or local alcohol and drug service can advise. FRANK provides drug information and routes to support. Use KBC's Get help link or safeguarding@kentbusinesscollege.com for a safeguarding concern; that inbox is not an emergency service. Staff may need to share relevant information to protect someone, so ask what happens next.

If someone cannot be woken, is having a seizure or has serious breathing difficulty, call 999 and follow the operator's instructions. Tell responders what you know and what remains uncertain. Do not delay urgent help while trying to prove the substance's identity. Later units develop these practical safety decisions.

Pause and decide

Leah is offered an unlabelled tablet. A friend says they used something that looked identical last month without a problem.

Which response uses the strongest reasoning?

1. Decline the tablet: appearance and an earlier experience cannot establish its contents or effect now.
2. Ask whether three more friends recognise it before deciding.
3. Treat the earlier experience as reliable if the friend is honest.

Think before you reveal the feedback online. This activity is practice; the ten-question assessment is completed separately in the LMS.

Explore further

Separate an observation from an assumption

Imagine a fictional learner misses two morning sessions. One colleague says, “That must be drugs.” Another says, “They have missed two sessions; I can ask privately whether something is making attendance difficult.” The second statement leaves room for the truth. It also avoids spreading a health allegation through a group that cannot assess it.

Try three headings on a private page: what is observed; what is uncertain; what support could help. Under the first, write concrete behaviour. Under the second, resist filling gaps with gossip. Under the third, choose a route proportionate to the concern. A person struggling with study may need a supportive conversation; someone unresponsive needs emergency help, not an attendance discussion.

Sources deserve the same attention. Who published the information? Does it apply to England, to the learner's age and to the actual product? Is it current? An NHS medicine page and a retailer's testimonial serve different purposes. A large number of likes tells you about attention, not clinical reliability.

This framework is a learning aid, not a clinical assessment. Its useful result is a better question or a safer next action. You are not expected to identify a substance by sight, investigate a friend, or become responsible for treating them. Seeking professional help is an active response, not an admission that you should have known more.

Keep these ideas

- Familiarity and legality do not guarantee safety.
- Notice observable behaviour and acknowledge what you do not know.
- Choose support according to the situation; emergencies need 999.

Private reflection

Using only a fictional example, write one observation, one uncertainty and one useful support route. Keep personal experiences out of course activities.

Get help

For a concern, contact KBC's safeguarding team: safeguarding@kentbusinesscollege.com. This inbox is not an emergency service. Call 999 for a suspected overdose, alcohol poisoning, loss of consciousness or a serious breathing problem. Follow the call handler's instructions. If you are unsure whether an exposure is harmful, NHS 111 can advise. You do not need to finish this course or be certain what to call a concern before seeking support.

For non-emergency advice, speak to a GP, pharmacist or local alcohol and drug service. FRANK: 0300 123 6600. You may pause, use an accessible alternative or speak to a tutor. All teaching cases are fictional. Do not post personal disclosures in learning activities. Staff may need to share relevant information to protect someone; ask them to explain what happens next.

Sources and further information

[Drugs cut with dangerous substances](#)

[Medicines information](#)

[Poisoning](#)

[How to help a friend](#)

[What to do in an emergency](#)

[Children and young people's alcohol and drug services: framework](#)

[Alcohol consumption by children and young people](#)

[KBC safeguarding information](#)

Alcohol, units and safer choices

By the end of this unit

- Interpret alcohol units without treating guidance as a safe allowance.
- Distinguish adult guidance from advice and legal rules for sixteen and seventeen year olds.
- Recognise when alcohol-related symptoms require professional or emergency help.

Core reading

A glass is not a unit

Fictional colleagues Sam and Priya compare drinks. Sam counts containers; Priya checks the volume and alcohol strength. Priya has the more useful information. One glass, bottle or can does not automatically equal one unit. Glassware has many talents, but reliable mathematical consistency is not among them.

A UK unit contains ten millilitres of pure alcohol. To calculate units, multiply the drink's volume in millilitres by its alcohol by volume percentage, then divide by one thousand. A five hundred millilitre drink at five per cent contains two and a half units. This describes alcohol content, not a recommended serving or a promise about its effects.

What adult guidance means

For adults who drink regularly, UK guidance advises not regularly exceeding fourteen units a week. If drinking as much as fourteen, spread it over three or more days. Fourteen is not a target, an entitlement or an amount to save for Saturday. Drinking less reduces health risk; no level is described as completely safe.

The weekly figure does not decide whether somebody can drive, work safely, combine alcohol with a medicine or drink during pregnancy. Those questions require separate advice. If pregnant or planning pregnancy, the recommendation is not to drink alcohol. A pharmacist or clinician can explain advice relevant to medicines and health conditions.

Alcohol can affect judgement and coordination. Large amounts over a short period increase acute risks, including poisoning. Someone who looks more comfortable with alcohol has not demonstrated immunity from harm. Nor does being below a weekly figure rule out a dangerous situation on one occasion.

Sixteen and seventeen are not adult guidance

The fourteen-unit adult guideline is not advice for sixteen and seventeen year olds. England's guidance identifies an alcohol-free childhood as the healthiest option. Young people who need help should receive age-appropriate advice and support. Being an apprentice, earning a wage or attending an adult social event does not change that distinction.

The law and health guidance also answer different questions. Under-eighteens cannot buy alcohol. There is a limited exception allowing a sixteen or seventeen year old, accompanied by an adult, to drink beer, wine or cider with a meal in licensed premises. It does not allow them to buy it, include spirits, or establish that drinking is medically advisable.

A sensible plan includes the right help

For an adult without withdrawal symptoms who wants to reduce drinking, practical choices can include alcohol-free activities, declining rounds and checking labels rather than guessing. Avoid turning another person's decision into a negotiation. "No thanks" is enough. Nobody owes a group a medical history or a persuasive performance.

If dependence or withdrawal may be involved, do not recommend suddenly stopping or invent a reduction schedule. Get medical advice before stopping or reducing. Withdrawal can be dangerous. Severe symptoms after stopping, such as confusion, hallucinations or a seizure, require urgent emergency care.

Call 999 if you suspect alcohol poisoning, or someone cannot be woken, has a seizure or has serious breathing difficulty. Stay with them where safe and follow the operator's instructions. Coffee, a cold shower and sleeping it off are not substitutes for emergency help.

Pause and decide

Sam, aged twenty-four, says that avoiding alcohol all week means the weekly guideline can be used in one evening.

Which response is most accurate?

1. The weekly figure is not an allowance to save up; concentrated drinking adds acute risk.
2. The plan is reasonable if the total is recorded accurately.
3. The plan is reasonable if every drink has a labelled strength.

Think before you reveal the feedback online. This activity is practice; the ten-question assessment is completed separately in the LMS.

Explore further

Read the whole claim

Sam says, "I stayed below the weekly figure, so the evening was safe." Priya asks what the figure can actually tell them. It describes part of a pattern of adult drinking. It does not erase the speed of drinking, medicines, health conditions or what happened that evening. Useful numbers still have limits.

Try comparing two fictional labels: a five hundred millilitre drink at four per cent and a two hundred and fifty millilitre drink at eight per cent. Both contain two units. The smaller container is not automatically lower in alcohol. This is a label-reading exercise, not an invitation to choose either drink.

For a social plan, think beyond the drink itself. Can someone decline without pressure? Is there an alcohol-free option? Is there a reliable way home that does not depend on a person who has been drinking driving? A thoughtful host supports choices without needing to know why someone makes them.

Finally, keep a boundary between general education and treatment. A learner who describes difficulty reducing alcohol deserves a supportive referral, not a challenge to show willpower. If they report withdrawal symptoms, help them contact a GP or alcohol service for medical advice. If the situation becomes an emergency, use emergency services rather than waiting for a routine appointment.

Keep these ideas

- A unit measures alcohol content; a container is not necessarily one unit.
- Adult fourteen-unit guidance is not a safe allowance or advice for under-eighteens.
- Possible dependence needs medical advice before stopping or reducing.

Private reflection

Privately write a sentence a fictional host could use to make declining alcohol easy. Do not record your own drinking in this activity.

Get help

For a concern, contact KBC's safeguarding team: safeguarding@kentbusinesscollege.com. This inbox is not an emergency service. Call 999 for a suspected overdose, alcohol poisoning, loss of consciousness or a serious breathing problem. Follow the call handler's instructions. If you are unsure whether an exposure is harmful, NHS 111 can advise. You do not need to finish this course or be certain what to call a concern before seeking support.

For non-emergency advice, speak to a GP, pharmacist or local alcohol and drug service. FRANK: 0300 123 6600. You may pause, use an accessible alternative or speak to a tutor. All teaching cases are fictional. Do not post personal disclosures in learning activities. Staff may need to share relevant information to protect someone; ask them to explain what happens next.

Sources and further information

[Alcohol units](#)

[The risks of drinking too much](#)

[Alcohol-use disorder](#)

[Alcohol poisoning](#)

[Alcohol consumption by children and young people](#)

[Clinical guidelines for alcohol treatment: specialist support for children and young people](#)

[Alcohol and young people](#)

[Medicines information](#)

[Diazepam](#)

[How to help a friend](#)

Medicines, online products and misuse

By the end of this unit

- Distinguish appropriate medicine use from assumptions based on branding or another person's prescription.
- Evaluate online medicine claims and recognise the risk of counterfeit products.
- Choose professional advice when ingredients, interactions or an accidental excess are uncertain.

Core reading

Same symptom, different person

Fictional apprentice Aisha has trouble sleeping before an assessment. A friend offers a tablet prescribed for their own anxiety. The offer may be kindly meant, but matching a symptom does not establish that a medicine is appropriate for somebody else. A prescription is individual advice, not a transferable membership card.

Medicines can make a valuable difference to health. This unit is not a reason to distrust legitimate treatment or to stop it. Use medicines according to the instructions and professional advice provided. If something worries you, speak to a pharmacist or prescriber rather than changing treatment because of a group chat.

Read ingredients, not just brands

Some medicines are available without a prescription; others require a prescription from a qualified professional. Both kinds need care. The active ingredient is the substance that produces the medicine's effect. Different branded products may contain the same ingredient, and one product may contain more than one. A different packet does not necessarily mean a different medicine.

For example, some cold and flu remedies contain paracetamol. Taking them alongside another paracetamol product can result in too much. Check the packaging and leaflet, and ask a pharmacist when unsure. If you have taken more paracetamol than the packet or leaflet says, get help from NHS 111 promptly, even if you feel well.

Tell the professional about other medicines, supplements, alcohol or drugs relevant to the question. This helps them assess interactions and suitability. "Over the counter" does not mean compatible with everything else. Keep medicines in their original packaging, follow storage instructions and keep them away from children.

A polished website is not a pharmacy check

Aisha sees an online advert offering the same tablet without any assessment. The site has a convincing logo, familiar packaging and enthusiastic reviews. None establishes that the seller is a registered pharmacy or that the product is genuine. Unregistered websites may supply medicines that are fake, unsuitable, out of date or diluted.

Use the independent General Pharmaceutical Council register to check an online pharmacy's registration, rather than trusting a badge on the seller's page. Check that the registered details match the actual business and website. A legitimate service should assess whether treatment is appropriate. NHS advice recommends speaking to your GP before buying medicines online.

Counterfeit tablets can imitate familiar medicines while containing other substances, including dangerous synthetic opioids. You cannot confirm the contents from a photograph, appearance or seller's assurance. Products advertised for studying, sleep, weight loss or bodybuilding deserve the same careful questions; an attractive promised result is not evidence of safety.

When a concern needs action

If a medicine causes a problem, seek professional advice about the specific treatment. Do not share prescriptions, improvise combinations or abruptly change prescribed treatment on a friend's suggestion. A prescriber may need to plan changes. Being embarrassed about what was taken should not prevent an honest conversation with healthcare staff.

If someone collapses, cannot be woken, has a seizure or has serious breathing difficulty, call 999. For suspected poisoning, seek urgent medical help rather than waiting for symptoms. If unsure whether an exposure is harmful, NHS 111 can advise. Keep relevant packaging available for responders where safe; do not delay care to find it.

Pause and decide

Aisha has a cold remedy and a separate painkiller. The brand names differ, and she has not checked the ingredients.

What is the best next step before taking them together?

1. Check both ingredient lists and ask a pharmacist if unsure about the combination.
2. Assume different brands are different medicines because they are sold separately.
3. Use the product with the most familiar advert to decide which instructions matter.

Think before you reveal the feedback online. This activity is practice; the ten-question assessment is completed separately in the LMS.

Explore further

Check the decision, not the advertising

Imagine two fictional adverts for a study aid. One quotes a celebrity and promises effortless concentration. The other says that demand is high and the offer expires tonight. Neither tells you whether the product is genuine, appropriate for your age or compatible with your medicines. A deadline is a sales technique, not a medical reason to rush.

A useful pause has three parts. Identify the actual product and ingredients where possible. Check the professional source and registration independently. Ask a qualified professional about suitability, bringing the relevant packaging or details. If the product or seller cannot be verified, do not fill the gaps with optimism or positive reviews.

Be careful with advice that turns a general fact into a personal instruction. “This medicine helped somebody with sleep” does not establish that it should be taken by another person. “These brands are different” does not establish that their ingredients differ. “It is available without prescription” does not establish that there are no interactions.

When supporting a friend, you can help them prepare questions or find a pharmacist. You do not need to collect their full medical history, inspect private prescriptions or become their medicine manager. They can seek advice privately. If there is an immediate emergency, focus on getting help and accurately sharing what is known.

Keep these ideas

- Different brands may contain the same active ingredient.
- Verify online pharmacies independently; packaging and reviews cannot prove authenticity.
- Ask a pharmacist or prescriber about suitability, interactions and treatment changes.

Private reflection

For a fictional medicine question, write what information a pharmacist would need. Do not enter your own medication list or health history.

Get help

For a concern, contact KBC’s safeguarding team: safeguarding@kentbusinesscollege.com. This inbox is not an emergency service. Call 999 for a suspected overdose, alcohol poisoning, loss of consciousness or a serious breathing problem. Follow the call handler’s instructions. If you are unsure whether an exposure is harmful, NHS 111 can advise. You do not need to finish this course or be certain what to call a concern before seeking support.

For non-emergency advice, speak to a GP, pharmacist or local alcohol and drug service. FRANK: 0300 123 6600. You may pause, use an accessible alternative or speak to a tutor. All teaching cases are fictional. Do not post personal disclosures in learning activities. Staff may need to share relevant information to protect someone; ask them to explain what happens next.

Sources and further information

[Medicines information](#)

[Paracetamol for adults](#)

[Diazepam](#)

[FakeMeds: safely buy medication online](#)

[Drugs cut with dangerous substances](#)

[Poisoning](#)

[What to do in an emergency](#)

[Paracetamol for children aged 17 and under](#)

Illegal drugs and unpredictable contents

By the end of this unit

- Explain why the name, appearance or seller cannot establish an illicit product's contents.
- Distinguish legal classification from a prediction of harm to an individual.
- Respond to uncertainty and serious symptoms without delaying professional help.

Core reading

The photograph does not settle it

Fictional learner Josh sees a photograph of a tablet beside an enthusiastic description. A friend recognises the logo and says it is the same as one used previously. Josh has a photograph and a story, not confirmation of the contents. A familiar logo can be copied. Unfortunately, a neat design is not a quality-control department.

Illicit drugs and counterfeit medicines can contain unexpected substances or have unpredictable strength. Products with the same name or appearance may differ. Neither an earlier uneventful experience nor the seller's confidence establishes what will happen now. Declining an unknown product does not require winning a debate about exactly what it contains.

Different effects, overlapping dangers

Drug descriptions sometimes use terms such as stimulant or sedative. These describe broad effects, not reliable instructions for predicting an individual's response. Stimulants such as cocaine can increase heart rate and carry serious risks, including seizures, heart attack and stroke. Sedating substances can impair alertness, and some can dangerously slow breathing, especially in combinations.

An illicit product may not contain the substance it is sold as. FRANK warns that powerful synthetic opioids, including nitazenes, have been found in counterfeit medicines and other drugs. This does not mean every product contains them. It means a person cannot safely rule them out because the seller used a familiar name.

A drug's legal class is not a personal safety rating. A lower class does not mean that a particular use, amount or combination is safe. Nor does comparing two frightening headlines provide enough information to decide which unknown product is suitable. The useful response to missing information is not to invent certainty.

Legal consequences and practical choices

Possessing or supplying controlled drugs without lawful authority can be a criminal offence. Supply is not limited to a commercial sale: giving drugs to friends can also count. A person should not assume that a small quantity, lack of profit or a trusted friendship removes legal consequences. Check current official information for the substance and circumstances.

For this course, the practical learning is not to memorise a league table of penalties. It is to recognise that labels such as “just sharing” do not settle either the legal position or the health risks. Avoid carrying or distributing an unknown product for someone else. If pressure or threats are involved, seek safeguarding support rather than confronting the person alone.

People who need help deserve a calm response. Do not shame someone for uncertainty about what they took. Accurate information, including what was claimed and what is actually known, is more useful to healthcare staff than a confident but unsupported identification.

Act on the condition, not the guess

If someone cannot be woken, has a seizure or has serious breathing difficulty, call 999 and follow the operator's instructions. Tell responders about possible substances and alcohol, describing uncertainty honestly. Do not wait for a seller, a photograph search or a friend to confirm the drug before seeking emergency care.

Current information from FRANK can help with non-emergency questions and support routes. A report about contamination is a warning, not a prediction that every product is identical. Conversely, the absence of a warning is not proof of safety. This unit teaches recognition and decisions; it cannot authenticate a substance or establish a safe way to use it.

Pause and decide

Josh's friend becomes difficult to wake after taking a tablet sold as a stimulant. Another person says it cannot be an emergency because stimulants make people alert.

Which judgement is strongest?

1. The actual condition matters more than the product's claimed category; seek emergency help.
2. The claimed category should guide the response until the seller can be contacted.
3. The person needs to explain what happened before anyone can decide.

Think before you reveal the feedback online. This activity is practice; the ten-question assessment is completed separately in the LMS.

Explore further

What would count as evidence?

Josh's friend says, "It came from the same person as before." That may be true, but the supplier's identity does not establish consistent contents. Another person adds, "Nobody has complained." That only describes what the speaker has heard. Neither statement provides an individual medical assessment or proves what is in the current product.

Try sorting a fictional conversation into three categories: claims, observations and unknowns. "The seller called it a sleeping tablet" is a claim. "The person is difficult to wake" is an observation. "The actual contents are not confirmed" is an unknown. In an emergency, the observation drives action while the claim and uncertainty help inform responders.

Be cautious about changing behaviour because of one reassuring detail. A familiar packet does not cancel unexplained symptoms. A friend staying nearby does not make the substance safe. A lower legal classification does not remove medical risk. These statements may answer part of a question while leaving the most important part unresolved.

Support also has boundaries. You can help somebody contact a drug service, explain a concern accurately or seek urgent care. You are not expected to investigate a supply chain, identify powder by sight or persuade a person to prove what they took. Those activities can delay help or expose you to further risk.

Keep these ideas

- A name, logo or trusted source cannot authenticate an illicit product.
- Legal class and an individual's medical risk are different questions.
- In an emergency, act on symptoms and share uncertainty honestly.

Private reflection

Using a fictional advert, separate one claim, one observation and one unknown. Do not handle or investigate any real substance for this exercise.

Get help

For a concern, contact KBC's safeguarding team: safeguarding@kentbusinesscollege.com. This inbox is not an emergency service. Call 999 for a suspected overdose, alcohol poisoning, loss of consciousness or a serious breathing problem. Follow the call handler's instructions. If you are unsure whether an exposure is harmful, NHS 111 can advise. You do not need to finish this course or be certain what to call a concern before seeking support.

For non-emergency advice, speak to a GP, pharmacist or local alcohol and drug service. FRANK: 0300 123 6600. You may pause, use an accessible alternative or speak to a tutor. All teaching cases are fictional. Do not post personal disclosures in learning activities. Staff may need to share relevant information to protect someone; ask them to explain what happens next.

Sources and further information

[Drugs cut with dangerous substances](#)

[Cocaine: effects and risks](#)

[How to help a friend](#)

[What to do in an emergency](#)

[Benzodiazepines and opioids: risk of potentially fatal respiratory depression](#)

[Drugs penalties](#)

[Poisoning](#)

[KBC safeguarding information](#)

Nicotine, vaping and inhaled substances

By the end of this unit

- Explain the distinction between adult smoking cessation and young people starting vaping.
- Recognise that nitrous oxide and household inhalants can cause serious harm.
- Apply age, purpose and health context when evaluating claims about inhaled products.

Core reading

Less harmful does not mean harmless

Fictional learner Ben hears two statements: “Vaping is less harmful than smoking” and “Young people should not vape.” He thinks one must be wrong. Both can be true. One compares harms for a person who smokes; the other concerns whether somebody should start. Comparisons need a clear starting point, rather like directions that remember to say where you are.

NHS advice recognises nicotine vaping as an option that can help adults stop smoking. It is not harmless, and long-term risks remain uncertain. Children and non-smokers should not vape. This distinction matters: information intended to help an adult leave smoking behind is not an invitation for a sixteen-year-old non-smoker to begin vaping.

Nicotine, age and support

Most vapes contain nicotine, which is addictive. Young people's developing brains and lungs make them more sensitive to vaping's effects. A sweet flavour, bright packaging or familiar brand does not establish that a product is appropriate for them. Nor does another person's ability to stop tell us how easy stopping will be for everyone.

It is illegal to sell nicotine vaping products to under-eighteens or for adults to buy them on their behalf. Disposable vapes can no longer be legally sold or supplied in the UK. These rules concern sale and supply; do not turn them into an unsupported claim that every young person carrying a vape has committed the same offence.

Someone who wants to stop smoking or vaping can seek help from a pharmacist, GP or appropriate local service. Support should be practical and non-judgemental. A learner should not be shamed for dependence or encouraged to return to smoking because vaping also has risks. Ask for advice suited to the person's age and circumstances.

Nitrous oxide is not a harmless party prop

Nitrous oxide can cause dizziness, impaired thinking, loss of consciousness and lack of oxygen. Heavy, repeated use can cause vitamin B12-related problems and serious nerve damage, including numbness and difficulty walking. Symptoms deserve medical advice, not a decision to hide them or rely on a vitamin product instead of assessment.

Nitrous oxide is a Class C controlled drug. Possession with the intention of wrongfully inhaling it for a psychoactive effect is an offence. Legitimate uses, such as appropriate healthcare and catering, remain permitted. Seeing a lawful professional use does not establish that recreational use is lawful or safe. The purpose and circumstances matter.

This course does not teach inhalation techniques or identify a safe quantity. A short-lived effect does not mean short-lived harm, and a familiar container cannot provide a personal safety guarantee. If someone becomes seriously unwell, act on their condition rather than the product's nickname.

Household products have a purpose

Glues, gases and aerosols may be ordinary household or workplace products, but deliberately inhaling them for an effect can be fatal. Risks include breathing problems, dangerous heart rhythms and unconsciousness. Their availability for legitimate tasks does not make misuse safe. Follow workplace instructions for intended use; do not experiment with exposure.

If someone cannot be woken, has a seizure or has serious breathing difficulty, call 999 and follow instructions. Do not put yourself at risk in a hazardous atmosphere. Tell responders what may have been inhaled. For other concerns, a healthcare professional or FRANK can help identify an appropriate next step.

Pause and decide

Ben, aged sixteen and a non-smoker, sees advice describing vaping as less harmful than smoking. He treats it as a reason to start.

Which explanation best corrects his interpretation?

1. The comparison supports adult smoking cessation; it does not make vaping appropriate for a young non-smoker.
2. The comparison means vaping is harmless until someone becomes dependent.
3. The comparison is false because both products can cause harm.

Think before you reveal the feedback online. This activity is practice; the ten-question assessment is completed separately in the LMS.

Explore further

Ask: compared with what?

Ben sees a post saying that a product is less harmful than another product. Before accepting the implied recommendation, he asks three questions: compared with what, for whom, and for what purpose? Advice for an adult smoker seeking help to stop does not automatically become advice for a young person who has never smoked.

The same questions improve discussions of nitrous oxide. Its use in a healthcare setting involves a clinical purpose and professional management. That is not the same situation as recreational use. A claim about one context cannot be transferred simply because the substance has the same name. Legal exemptions also do not provide a general exemption for any use.

When a friend wants help with nicotine, listen to what they find difficult. Acknowledge the concern and help them reach appropriate advice. Avoid a contest over who could stop fastest. A supportive conversation might be, “Would you like help finding a service that works with people your age?” It does not require a public declaration or a punishment.

For a fictional scenario, identify the hidden assumption: a nice flavour means harmless, a short effect means no lasting harm, or a shop sale means every use is safe. Replace the assumption with one accurate question. You are practising careful reasoning, not evaluating a real product through experimentation.

Keep these ideas

- Vaping can help adult smokers quit, but is not harmless or suitable for children and non-smokers.
- Nitrous oxide and household inhalants can cause serious harm.
- Purpose, age and context matter; seek suitable support instead of relying on labels.

Private reflection

Privately complete “compared with what, for whom, and for what purpose?” for a fictional product claim. Do not test or sample any product.

Get help

For a concern, contact KBC’s safeguarding team: safeguarding@kentbusinesscollege.com. This inbox is not an emergency service. Call 999 for a suspected overdose, alcohol poisoning, loss of consciousness or a serious breathing problem. Follow the call handler’s instructions. If you are unsure whether an exposure is harmful, NHS 111 can advise. You do not need to finish this course or be certain what to call a concern before seeking support.

For non-emergency advice, speak to a GP, pharmacist or local alcohol and drug service. FRANK: 0300 123 6600. You may pause, use an accessible alternative or speak to a tutor. All teaching cases are fictional. Do not post personal disclosures in learning activities. Staff may need to share relevant information to protect someone; ask them to explain what happens next.

Sources and further information

[Young people and vaping](#)

[Vaping to quit smoking](#)

[Nitrous oxide](#)

[Possession of nitrous oxide is now illegal](#)

[Glues, gases and aerosols](#)

[Poisoning](#)

[What to do in an emergency](#)

Mixing substances and recognising increased risk

By the end of this unit

- Recognise that combinations can increase or alter risks, including medicines and alcohol.
- Reject the idea that opposite effects, familiar products or guessed time gaps establish safety.
- Give professionals a complete account and respond promptly to serious symptoms.

Core reading

One person, several products

Fictional learner Riley has prescribed treatment, an over-the-counter remedy and plans to drink at a celebration. Each item seems familiar when considered alone. The important question is what happens together. Bodies do not sort substances into separate folders marked medicine, social occasion and something from the bathroom cupboard.

An interaction happens when one substance changes another's effects. Combinations may increase unwanted effects or otherwise alter how a medicine works. The relevant information includes prescriptions, non-prescription medicines, supplements, alcohol and other drugs. A pharmacist or prescriber needs the whole picture, not just the item someone feels comfortable mentioning.

Risks can add rather than balance

Alcohol and sedating drugs can be a particularly dangerous combination. Opioid medicines and benzodiazepines can both slow breathing; together their effects can increase the risk of profound sedation, breathing problems, coma and death. NHS advice says not to drink alcohol while taking diazepam. These are reasons to obtain specific professional advice, not to experiment with an adjusted amount.

Another mistaken idea is that a stimulant will cancel a sedating drug. Opposite descriptions do not produce a predictable balance or reverse an overdose. Combining cocaine with alcohol or other drugs increases overdose risk. Feeling more alert does not prove that the body is safe or that another substance's harmful effects have disappeared.

Do not add another substance to manage an unwanted effect yourself. A mixture may include something the person did not expect, particularly when a product is counterfeit or bought illicitly. A name, familiar packet or experience on another occasion cannot identify every ingredient or predict the current interaction.

A proper check needs the details

Before combining a medicine with another product or alcohol, read its instructions and ask a pharmacist or prescriber when unsure. Explain the names, strengths and what has actually been taken, including relevant times. If something is unknown, say so. Professionals use this information to advise; the course does not provide a dose, sequence or waiting period that makes a combination safe.

Different brands can duplicate an ingredient. For example, a cold remedy and a painkiller may both contain paracetamol. Check ingredients instead of relying on the front of the packet. If more paracetamol has been taken than the packet, leaflet or prescription says, get prompt advice from NHS 111, even without symptoms.

Some medicines are deliberately prescribed together after assessment, with monitoring where needed. Do not stop established treatment because you have learned that interactions exist. Ask the responsible professional about your actual prescription. Equally, one person's supervised combination is not evidence that a friend should copy it.

Recognise urgency and avoid improvised treatment

If someone cannot be woken, has a seizure or has serious breathing difficulty, call 999 and follow instructions. Describe all possible substances, including alcohol and prescribed medicines. Do not wait to identify which product caused the problem. Do not give coffee or another drug as a supposed antidote.

For non-emergency concerns, seek appropriate medical advice rather than relying on an online combination chart. If alcohol dependence or withdrawal may be involved, get medical advice before stopping or reducing drinking; suddenly stopping can be dangerous. Support means helping a person reach informed care, without blame or an improvised treatment plan.

Pause and decide

Riley plans to combine a prescribed medicine with alcohol. A friend says that feeling alert will show whether the combination is acceptable.

Which judgement is most appropriate?

1. Check the medicine instructions and seek professional advice; subjective alertness is not a safety test.
2. Use alertness as the main test if the medicine was previously well tolerated.
3. Choose a different time of day without asking about the specific medicine.

Think before you reveal the feedback online. This activity is practice; the ten-question assessment is completed separately in the LMS.

Explore further

Make the information useful

Riley prepares to speak to a pharmacist. A helpful note lists the products, relevant instructions, what has already been taken and any symptoms. It distinguishes a confirmed medicine from an unverified tablet. The note belongs in a private healthcare conversation, not a public learning activity or a group message to classmates.

A less useful account is, “Nothing unusual, just normal things.” Normal is not an ingredient. Another is, “They were taken at different times, so they cannot interact.” A time gap chosen without product-specific advice does not establish that substances can no longer affect one another. Let the professional assess the actual details rather than using a guessed rule.

There is also a difference between support and supervision. A friend agreeing to stay nearby does not make a risky combination safe. They may not recognise a change or have the resources to treat it. Their useful role is to help reach advice, notice deterioration and contact emergency services when needed.

Try explaining the lesson to a fictional colleague in one sentence: “Familiar items can create unfamiliar risks together, so check the combination with the right professional.” This is more useful than memorising a traffic-light chart. It preserves uncertainty, avoids false guarantees and points towards a practical action that can be taken before a problem develops.

Keep these ideas

- Consider the full combination, including alcohol, medicines and supplements.
- Opposite effects and guessed time gaps do not establish safety.
- Use professional advice; serious breathing problems or unresponsiveness need 999.

Private reflection

For a fictional pharmacist conversation, list the information that would help assess an interaction. Leave out your personal medicines and substance use.

Get help

For a concern, contact KBC’s safeguarding team: safeguarding@kentbusinesscollege.com. This inbox is not an emergency service. Call 999 for a suspected overdose, alcohol poisoning, loss of consciousness or a serious breathing problem. Follow the call handler’s instructions. If you are unsure whether an exposure is harmful, NHS 111 can advise. You do not need to finish this course or be certain what to call a concern before seeking support.

For non-emergency advice, speak to a GP, pharmacist or local alcohol and drug service. FRANK: 0300 123 6600. You may pause, use an accessible alternative or speak to a tutor. All teaching cases are fictional. Do not post personal disclosures in learning activities. Staff may need to share relevant information to protect someone; ask them to explain what happens next.

Sources and further information

[Diazepam](#)

[Medicines information](#)

[Benzodiazepines and opioids: risk of potentially fatal respiratory depression](#)

[Overview of cocaine: interactions and harms](#)

[Overdose: what you should and should not do](#)

[Cocaine: effects and risks](#)

[Drugs cut with dangerous substances](#)

[Paracetamol for adults](#)

[Paracetamol for children aged 17 and under](#)

[What to do in an emergency](#)

[How to help a friend](#)

[Alcohol-use disorder](#)

Dependence, mental health and wellbeing

By the end of this unit

- Recognise changes that warrant support without diagnosing a person.
- Explain why possible alcohol dependence needs medical advice before stopping.
- Choose appropriate wellbeing, treatment and urgent support routes.

Core reading

When a coping strategy starts setting the timetable

In this fictional example, Dev used to drink after a difficult shift. Now Dev plans evenings around drinking, misses breakfast and feels shaky on mornings without alcohol. A colleague says, “Just stop on Monday.” Dev wants things to change, but a determined date is not a medical plan. Changes in control, routines and health deserve a conversation with a professional, without a character judgement.

Dependence can involve strong urges, difficulty controlling use, continuing despite harm and withdrawal when use reduces. Needing more for the same effect is called tolerance. These features vary between substances and people. A learner cannot diagnose dependence from one missed lesson, a photograph or somebody’s appearance. Equally, being employed or achieving good grades does not prove that everything is fine.

Look at the pattern, not the label

Ask what is changing: sleep, money, relationships, attendance, safety or ability to choose. A person may be worried before anyone else notices. They do not need to reach an imagined “rock bottom” to ask for help. Problems can occur without dependence, and prescribed medicines can also need professional review. Do not borrow somebody else’s medicine or change prescribed treatment using advice from a group chat.

Alcohol or drugs may seem to soften stress temporarily while making anxiety, low mood or sleep harder to manage. That does not establish a diagnosis or one simple cause. Work pressures, grief, housing worries and health conditions can overlap. Tell a GP or treatment worker about both substance use and wellbeing rather than deciding which problem is allowed through the door first.

A safe change needs the right support

If someone may be physically dependent on alcohol, stopping suddenly can be dangerous. Seek medical advice before attempting to stop or sharply reduce drinking; a GP or alcohol service can plan suitable support. Do not design a home detox, hide all their alcohol as a surprise, or lend withdrawal medicines. Severe withdrawal, including hallucinations, severe shaking or seizures, needs 999.

For ongoing concerns, a GP or local alcohol or drug service is a practical starting point. FRANK helps people find drug advice and local support. The KBC safeguarding team, through Get help, can support access and concerns affecting learning. For urgent mental health help in England that is not an emergency, call NHS 111 and select the mental health option. If life is at risk or someone cannot keep themselves safe, call 999.

Build a small, realistic next step

For Dev, the next step is an honest health conversation, including the morning symptoms and usual drinking pattern. A friend might offer to sit nearby while Dev contacts a service. Sleep routines, regular meals, manageable activity and supportive contact can support wellbeing, but they do not replace treatment or make withdrawal safe. Pick a step that is achievable, not an entire new personality by Tuesday.

Recovery plans can change. A difficult day or return to use is a reason to reconnect with support and review safety, not proof that someone is beyond help. Keep private information out of learner discussions. This course uses fictional people so that everyone can practise decisions without being asked to disclose their own experiences.

Pause and decide

Dev reports morning shaking after missing alcohol and wants a friend to lock all drinks away tonight.

Which response is safest?

1. Agree and promise to supervise overnight.
2. Support Dev to seek medical advice before stopping, explaining the morning symptoms.
3. Replace the drinks with a borrowed sedative.

Think before you reveal the feedback online. This activity is practice; the ten-question assessment is completed separately in the LMS.

Explore further

Make a useful appointment note

Dev could write a short note for a professional: what is being used, roughly how often, any prescribed medicines, what happens after reducing, and the effects on everyday life. Include uncertainty honestly. “I cannot remember the amount on Saturday” is more useful than inventing a neat figure. The note belongs with the person and their care team, not on a class discussion board.

A supporter can help arrange a call or travel, but should not answer every question for Dev. Ask what help would be welcome. If communication, hearing, language or appointment times create barriers, tell the service. Practical access problems are worth solving; they are not evidence that someone lacks motivation.

Wellbeing without a perfection contest

Choose one ordinary routine to make the week more manageable: prepare lunch, put a short walk in the diary, or contact someone supportive. A plan can be modest enough to survive a rainy Wednesday. These actions sit alongside professional advice when substance use or mental health is causing concern.

A friend is allowed boundaries too. “I can help you contact the service; I cannot supervise withdrawal” is a caring statement. Nobody needs to become a secret clinician to show loyalty. If a safety concern becomes urgent, use emergency help even when the original plan was simply to talk. Review the plan with the person afterwards.

Keep these ideas

- Notice patterns and effects without labelling or blaming people.
- Possible alcohol dependence needs medical support before stopping; severe withdrawal needs 999.
- Small wellbeing steps support, but do not replace, appropriate treatment.

Private reflection

Privately choose one practical way to help a fictional learner access support. No account of your own use or mental health is required.

Get help

For a concern, contact KBC’s safeguarding team: safeguarding@kentbusinesscollege.com. This inbox is not an emergency service. Call 999 for a suspected overdose, alcohol poisoning, loss of consciousness or a serious breathing problem. Follow the call handler’s instructions. If you are unsure whether an exposure is harmful, NHS 111 can advise. You do not need to finish this course or be certain what to call a concern before seeking support.

For non-emergency advice, speak to a GP, pharmacist or local alcohol and drug service. FRANK: 0300 123 6600. You may pause, use an accessible alternative or speak to a tutor. All teaching cases are fictional. Do not post personal disclosures in learning activities. Staff may need to share relevant information to protect someone; ask them to explain what happens next.

Sources and further information

[Alcohol-use disorder](#)

[Alcohol support](#)

[Get help with anxiety, fear or panic](#)

[Sleep problems](#)

[Where to get urgent help for mental health](#)

[Drug addiction: getting help](#)

[Concerned about a friend?](#)

[Managing drug and alcohol misuse at work](#)

Peer pressure, consent and spiking

By the end of this unit

- Respond to pressure without treating substance use as a condition of belonging.
- Apply freedom and capacity when thinking about consent.
- Choose immediate support and reporting steps for suspected spiking.

Core reading

Belonging should not need a receipt

At a fictional team celebration, Erin orders a soft drink. A colleague says, “You cannot toast the team with that.” Another offers a tablet, calling it a harmless way to join in. Erin does not owe either person a medical history or a convincing excuse. A clear refusal is enough. People can enjoy company without drinking or taking drugs, and plans should make that ordinary.

Try “No thanks, I am happy with this”, then change the subject or move towards a supportive person. If pressure continues, leave the exchange when safe. A friend can help without turning the moment into a debate: “Erin has already answered. Come and sit with us.” If someone controls transport, threatens consequences or isolates another person, seek help rather than testing who can win the argument.

Agreement needs freedom and capacity

Sexual consent requires choice, freedom and capacity in England and Wales. Alcohol or drugs can remove capacity; being awake does not establish it. Someone asleep or unconscious cannot consent. If a person cannot make a meaningful choice, or you are unsure, stop sexual activity. Previous agreement, being partners, accepting a drink or going home together does not give continuing permission.

Drinking any alcohol does not automatically settle every legal question about capacity. This is not an invitation to calculate a permitted number of drinks. Focus on whether a person can freely understand and choose now, and respect a change of mind. Responsibility for sexual harm belongs to the person who commits it, including when the person harmed chose to drink or use drugs.

If something feels wrong

Spiking means giving someone alcohol or another substance without their knowledge or agreement; secretly adding more alcohol counts. At the event, Erin’s friend becomes unexpectedly confused and struggles to speak clearly. That does not prove which substance is involved, but it is enough to take the situation seriously. Spiking can happen to anyone, including with a non-alcoholic drink. It is never the victim’s fault.

Help the person reach a safer place with a trusted person and alert venue staff. Do not send them home alone or leave them with somebody they do not trust. Seek medical help promptly. Call 999 for unconsciousness, abnormal breathing, seizures, serious deterioration or immediate danger. For urgent

advice without those emergency signs, NHS 111 can advise. Explain the suspicion rather than waiting for proof.

Support first, report promptly

Report suspected spiking to police as soon as possible: 999 for an emergency, otherwise 101 or the police reporting route. Some evidence is time-sensitive, but reporting later can still help. Medical care comes first; do not delay it to conduct a search, buy a test or confront a suspected offender. Venue staff can assist with safety and preserving relevant information.

If sexual assault may have happened, a sexual assault referral centre can provide specialist care and explain choices. The KBC safeguarding team using Get help can support learners, including those under 18. Do not promise absolute secrecy or a particular police outcome. Listen without blame, ask what support is wanted, and leave investigation to the appropriate professionals.

Pause and decide

Erin's friend is suddenly confused at a celebration. A person they have only just met offers to take them away alone.

Which action best protects the friend?

1. Let the new acquaintance help because they appear confident.
2. Ask the friend to prove spiking before involving staff.
3. Stay with the friend, involve trusted staff and seek medical help appropriate to symptoms.

Think before you reveal the feedback online. This activity is practice; the ten-question assessment is completed separately in the LMS.

Explore further

Design a plan with room for choice

Before a fictional group outing, agree a meeting point, a trusted contact and transport that does not depend on an impaired driver. Ensure a person can leave without losing their only way home. Offer interesting alcohol-free options and activities. A good invitation explains the plan; it does not ask people to justify religious, health, recovery or personal reasons for declining substances.

These choices can make a group more supportive, but they do not transfer responsibility for spiking to a potential victim. Someone who changes plans, loses sight of a drink or trusts the wrong person still deserves safety, medical care and a respectful response. Do not turn a prevention discussion into a list of reasons to withhold help.

A useful response after disclosure

Imagine Erin later says, "I cannot remember everything, and I am worried people will blame me." A useful reply is, "I am glad you told me. We can find support." Ask whether Erin is safe now. Avoid demanding a complete timeline or filling gaps with your own theory. Let qualified services discuss medical care, reporting and support options.

Share relevant information through the appropriate support route rather than retelling the story to friends. You can ask a service about its confidentiality limits before giving personal details. If someone is in immediate danger, act on safety rather than promising that nobody else will ever be told.

Keep these ideas

- Refusing alcohol or drugs does not require an explanation.
- Consent needs present freedom and capacity; stop if these are missing or uncertain.
- Suspected spiking needs safety, medical support and prompt reporting without blame.

Private reflection

Privately practise a fictional refusal or supportive bystander sentence. You do not need to describe an experience of pressure or harm.

Get help

For a concern, contact KBC's safeguarding team: safeguarding@kentbusinesscollege.com. This inbox is not an emergency service. Call 999 for a suspected overdose, alcohol poisoning, loss of consciousness or a serious breathing problem. Follow the call handler's instructions. If you are unsure whether an exposure is harmful, NHS 111 can advise. You do not need to finish this course or be certain what to call a concern before seeking support.

For non-emergency advice, speak to a GP, pharmacist or local alcohol and drug service. FRANK: 0300 123 6600. You may pause, use an accessible alternative or speak to a tutor. All teaching cases are fictional. Do not post personal disclosures in learning activities. Staff may need to share relevant information to protect someone; ask them to explain what happens next.

Sources and further information

Concerned about a friend?

What is consent?

Spiking: advice and support

Spiking: information for venues and festival organisers

What to do first if someone has spiked you

Poisoning

College, work, driving and the law

By the end of this unit

- Distinguish legal status, fitness for a task and local policy.
- Choose a safe response to possible impairment at work or before driving.
- Apply basic England-focused rules without treating exceptions as general permission.

Core reading

Three different questions

Fictional apprentice Maya has started a prescribed medicine and feels unusually drowsy before operating machinery. A colleague says, “It is legal, so carry on.” That answer misses the issue. Ask three separate questions: is the substance lawfully held and used; am I fit for this task; and what does the workplace or college policy require? A yes to one does not answer the others. Check before accepting responsibility for equipment, passengers or clients.

Maya should not start a task while feeling impaired. Tell the appropriate supervisor about the safety concern, follow the workplace process and ask a pharmacist or prescriber about the medicine. Do not stop prescribed treatment or change a dose just to fit a shift. A manager may need relevant safety information; the whole team does not need access to someone’s medical history.

Respond to risk without becoming an investigator

Impairment can affect judgement, coordination and attention. If a colleague seems unsafe around vehicles, heights, tools or caring responsibilities, alert a supervisor promptly and use the safety procedure. Describe observations: “They keep losing balance near the loading area.” Do not present a guess about drugs as a confirmed cause. Similar changes can have other medical explanations, including conditions needing urgent attention.

College and employer policies may set rules about possession, use, attendance, reporting and safety. Read the relevant policy and ask where support is available. Request an alternative manager or KBC safeguarding route if the usual contact is involved. Seeking help is sensible, but this course cannot promise that every disclosure has no disciplinary, safeguarding or legal consequences. Medical emergencies still require immediate help.

The journey is part of the decision

In England, driving while unfit because of legal or illegal drugs is unlawful. Certain controlled drugs also have specified blood limits. A prescription does not permit impaired driving: follow professional and medicine instructions and be fit to drive. Ask a pharmacist or prescriber if unsure. Arrange another journey rather than experimenting on a short drive to see how you feel.

There is no reliable number of drinks that guarantees staying below the drink-drive limit. Feeling fine is not a measurement. Do not use a guessed waiting time, a meal or a coffee as clearance to drive, including the next morning. Plan transport before an event and allow it to change. Missing a lift is inconvenient; it does not make an impaired driver suitable.

Understand the rule and its scope

Sharing a controlled drug can count as supplying it even when no money changes hands. Holding drugs for a friend can also expose you to possession offences. A medicine prescribed to one person is not permission for another to use it. Do not rely on a seller's description, an attractive package or "everybody does it" as legal or health advice.

Under-18s cannot buy or try to buy alcohol in England. A limited exception allows 16- and 17-year-olds accompanied by an adult to drink, but not buy, beer, wine or cider with a meal in licensed premises. It is not general permission to drink at events or an assurance of health safety. Check official guidance and local rules; adult companions cannot simply remove age restrictions.

Pause and decide

Maya feels drowsy after a newly prescribed medicine and is due to operate machinery. A colleague offers strong coffee.

Which decision best addresses the risk?

1. Do not operate the machine; report the safety concern and seek medicine advice.
2. Try the machine briefly to see whether the drowsiness passes.
3. Skip the next prescribed dose without advice.

Think before you reveal the feedback online. This activity is practice; the ten-question assessment is completed separately in the LMS.

Explore further

Report facts and protect privacy

Maya could say, "I feel drowsy after starting a prescribed medicine and do not feel safe using the machine. What is the reporting process?" That gives a supervisor the immediate information needed to act. Maya can then discuss medicine details with a pharmacist, prescriber or the appropriate occupational health contact. A safe arrangement should be based on the actual task and professional advice.

If a colleague is affected, avoid filming them, circulating suspicions or searching their possessions. A factual report through the agreed route is more useful than a dramatic accusation. If they become unresponsive, have abnormal breathing or a seizure, call 999; do not wait for the manager to investigate.

A transport plan with a spare option

For a fictional college social, choose a return route and a backup before leaving. Decide who can be contacted if the plan changes. A designated driver must actually remain fit to drive; a badge or a promise made at lunchtime does not provide a later safety check. Nobody should be pressured into a vehicle they believe is unsafe.

Legal and policy details can change. Use GOV.UK, current medicine advice and the actual employer or college policy rather than a remembered social-media post. This course builds sound decisions, not personal legal advice or permission to ignore stricter safety arrangements.

Keep these ideas

- Legal availability does not guarantee fitness for work or driving.
- Report observable safety concerns through the appropriate route.
- Check current law and policy; sharing drugs and age exceptions need careful understanding.

Private reflection

Privately identify where a fictional learner would find a workplace safety policy and a backup transport option. No personal medical information is required.

Get help

For a concern, contact KBC's safeguarding team: safeguarding@kentbusinesscollege.com. This inbox is not an emergency service. Call 999 for a suspected overdose, alcohol poisoning, loss of consciousness or a serious breathing problem. Follow the call handler's instructions. If you are unsure whether an exposure is harmful, NHS 111 can advise. You do not need to finish this course or be certain what to call a concern before seeking support.

For non-emergency advice, speak to a GP, pharmacist or local alcohol and drug service. FRANK: 0300 123 6600. You may pause, use an accessible alternative or speak to a tutor. All teaching cases are fictional. Do not post personal disclosures in learning activities. Staff may need to share relevant information to protect someone; ask them to explain what happens next.

Sources and further information

Managing drug and alcohol misuse at work

Support employees with a drug or alcohol problem

Drugs and driving: the law

The drink drive limit

Drugs penalties

Alcohol and young people

Poisoning

Recognising emergencies and taking action

By the end of this unit

- Recognise substance-related warning signs requiring 999.
- Distinguish the immediate response to abnormal breathing from normal breathing in an unconscious person.
- Give useful information and avoid unsafe home remedies while help arrives.

Core reading

Act on what you can see

In this fictional example, Kai is found slumped after a gathering where alcohol and unknown tablets were used. Kai cannot be woken. Friends disagree about whether it is serious. The useful question is not “How much did Kai take?” before calling; it is “Are they responding and breathing normally?” Call 999 immediately for unconsciousness, abnormal or stopped breathing, a seizure, or suspected severe overdose or alcohol poisoning.

You do not need to identify the substance or prove an overdose. Tell the call handler where you are, what you can observe and what may have been taken. Say if you do not know. Put the phone on speaker if possible and follow instructions. Ask another person to guide the ambulance to the location while someone stays with Kai.

Breathing changes the next action

If the person is unresponsive and not breathing normally, start CPR and follow the 999 call handler’s instructions. Occasional gasps are not normal breathing. If an unconscious person is breathing normally, place them in the recovery position, follow call-handler advice and keep checking breathing. Tell the handler about any suspected injury or difficulty moving them. If breathing becomes abnormal, report the change immediately and follow CPR instructions.

Stay with the person until help arrives. If awake, speak calmly and watch for deterioration. During a seizure, clear nearby hazards where safe, protect the head, do not restrain them and put nothing in their mouth. A seizure after possible poisoning needs 999. When movements stop, follow the breathing-based advice. This course supports recognition and action; practical first-aid training develops the physical skills.

Avoid the fixes that delay care

For suspected poisoning from unknown substances or a mixture, give nothing to eat or drink unless the emergency professional instructs otherwise. Do not induce vomiting. Do not give more alcohol, coffee or other substances to “balance things out”. Do not use a cold shower or bath, force someone to walk it off, or leave them alone to sleep. These actions do not replace urgent treatment.

NHS alcohol-only advice allows sips of water only when someone is conscious, able to swallow and not vomiting. That is not permission to give drinks to someone unable to swallow safely, unconscious or affected by an unknown mixture. In an uncertain emergency, explain the situation and follow the call handler. Avoid turning a small first-aid detail into a reason to postpone the call.

Help the professionals help

If opioid overdose is suspected and naloxone is available, tell the call handler and use it according to training, product instructions or their guidance. It does not replace 999, CPR when needed or staying with the person; its effect can wear off. Do not improvise doses or assume improvement means the emergency has ended. Tell the ambulance crew if it was given.

Share known substances, medicines, timing and symptoms honestly; keep available packaging for the crew without handling unknown material unnecessarily. Do not delay care to hide evidence or secure promises about police involvement. Severe alcohol withdrawal also needs 999. Afterwards, both the person affected and anyone who helped may benefit from professional support and a calm review of what happened.

Pause and decide

Kai is unresponsive after possible alcohol and tablet use. There are occasional irregular gasps.

What is the safest response?

1. Treat the gasps as normal breathing and leave Kai resting.
2. Call 999, start CPR and follow the call handler's instructions.
3. Wait until the tablets are identified before calling.

Think before you reveal the feedback online. This activity is practice; the ten-question assessment is completed separately in the LMS.

Explore further

Make the emergency call easier

Practise with fictional Kai: “I need an ambulance. We are at this address, near this entrance. My friend is not responding. Their breathing is not normal. Alcohol and tablets may be involved, but I do not know which tablets.” Then answer the call handler's questions. An uncertain answer is useful when it is honest. Do not invent a substance name to sound more helpful.

If several people are present, give clear tasks: one stays on the call, another meets the crew, and somebody fetches known packaging if it is safely available. Keep access clear and avoid crowding the

person. Nobody needs to film the incident. The priority is care and dignity, not producing a record for friends.

Recognise the limit of reassurance

A brief response, a familiar-looking packet or a previous occasion that ended well does not establish safety now. People can deteriorate after appearing better. Continue following professional instructions and update the call handler about changes. If naloxone has been used, the ambulance is still needed even if the person wakes up.

Afterwards, arrange support rather than a group interrogation. A professional review can address substance use and wellbeing; a first-aid course can build confidence for future emergencies. This short unit does not make anyone a qualified first aider or substitute for live clinical advice.

Keep these ideas

- Call 999 for emergency signs without waiting to identify a substance.
- Unresponsive and not breathing normally means CPR with 999 guidance; unconscious and breathing normally means recovery position and monitoring.
- Stay, give accurate information and avoid unsafe remedies or delays.

Private reflection

Privately practise an emergency opening sentence using a fictional location. Do not share a real medical incident or personal address.

Get help

For a concern, contact KBC's safeguarding team: safeguarding@kentbusinesscollege.com. This inbox is not an emergency service. Call 999 for a suspected overdose, alcohol poisoning, loss of consciousness or a serious breathing problem. Follow the call handler's instructions. If you are unsure whether an exposure is harmful, NHS 111 can advise. You do not need to finish this course or be certain what to call a concern before seeking support.

For non-emergency advice, speak to a GP, pharmacist or local alcohol and drug service. FRANK: 0300 123 6600. You may pause, use an accessible alternative or speak to a tutor. All teaching cases are fictional. Do not post personal disclosures in learning activities. Staff may need to share relevant information to protect someone; ask them to explain what happens next.

Sources and further information

Poisoning

Alcohol poisoning

999 call handler identifies abnormal breathing and guides CPR

What to do if someone has a seizure (fit)

What to do in an emergency

Overdose: what you should and should not do

Alcohol support

Getting help and supporting someone

By the end of this unit

- Match ongoing, urgent and emergency concerns to appropriate support.
- Start a respectful conversation and offer practical help within sensible boundaries.
- Explain confidentiality limits and find age-appropriate support without requiring disclosure.

Core reading

A conversation that leaves the door open

Fictional learner Luca notices that a friend, Asha, has become worried about substance use and college attendance. Luca wants to help but fears saying the wrong thing. A useful opening is specific and kind: "You said mornings have become difficult. Would you like help finding someone to talk to?" Choose a private, calm moment when neither person is intoxicated. Listen before offering a whole solution.

Avoid labels, threats and comparisons with somebody supposedly worse. Ask what Asha wants help with and acknowledge uncertainty. "Would you like me to sit with you while you make a call?" is different from making an appointment without discussion. If the friend does not want help now, keep the route available where safe. You cannot force recovery through one perfect conversation.

Choose a route that matches the need

For ongoing alcohol or drug concerns, contact a GP or local specialist service. You can approach a drug treatment service directly rather than always needing a GP referral. FRANK provides drug information, advice and help finding services; its phone number is 0300 123 6600. Check current contact options on its website. A first conversation can begin with a question, not a finished diagnosis.

For a learner aged 16 or 17, ask specifically about the local young people's alcohol and drug service. Services differ in age range and referral arrangements. The KBC safeguarding team using Get help can assist with access, wellbeing and concerns affecting learning. Apprentices may also have employer, occupational health or employee support routes. These can work alongside specialist care rather than substituting for it.

Know when a conversation is not enough

Call 999 if there is an immediate threat to life, suspected severe overdose, unconsciousness, abnormal breathing or a seizure after possible poisoning. Do not wait for a support service to open or for permission from college. For urgent mental health help in England without an emergency, call NHS 111 and select the mental health option. Tell the service if the situation changes while waiting.

Possible alcohol dependence needs medical advice before stopping or sharply reducing; severe withdrawal needs 999. Supporting someone does not mean supervising detox, choosing medicines, lending tablets or accepting responsibility for every hour of their safety. A friend can help with transport, a

call or an agreed check-in. Explain limits clearly and involve suitable professionals when the need exceeds your role.

Privacy, trust and continuing support

Do not promise absolute secrecy. Health and support services have confidentiality rules, but information may need to be shared for serious safety, safeguarding or legal reasons. Ask the service what it will record and when sharing may be necessary. Being under 18 does not mean a learner should wait until adulthood to ask for help. A supporter should explain concerns honestly, including if home is unsafe.

After an appointment, ask what practical support would help rather than demanding the full conversation. A missed appointment or return to use is a reason to reconnect, not withdraw respect. People affected by somebody else's substance use also deserve support. Protect your own wellbeing and safety; seek advice if you feel frightened, overwhelmed or responsible for keeping a difficult situation secret.

Pause and decide

Asha wants support but is worried about being under 18 and asks Luca to promise nobody will ever hear about it.

Which reply is most useful?

1. Promise complete secrecy before contacting any service.
2. Advise waiting until 18 to avoid confidentiality questions.
3. Offer to find a young people's service and ask it to explain privacy and safeguarding limits.

Think before you reveal the feedback online. This activity is practice; the ten-question assessment is completed separately in the LMS.

Explore further

Remove one barrier at a time

Asha might want help but have no private space for a call, uncertainty about eligibility or a shift that clashes with appointments. Ask which barrier matters first. Help find an official contact, ask about accessible communication or make a short list of questions. Do not assume that an unanswered message means the person has rejected support. Practical arrangements sometimes need a second attempt.

For an appointment, useful information includes substances and medicines, usual patterns, recent changes, physical symptoms and effects on sleep, learning or relationships. A person can say they do not know an amount. Keep any notes private and let the professional guide assessment. A friend should not edit uncomfortable facts out to make the account sound better.

Support without taking over

Agree a realistic offer: accompany someone to a meeting, help plan safe travel or send one agreed reminder. Avoid promises you cannot keep, such as being available every minute. A boundary can be caring and clear: "I can help with the appointment, but I cannot cover up an unsafe shift."

Support for family and friends is available too. Ask a GP, specialist service or FRANK about suitable options. If somebody becomes threatening, prioritise your own safety and appropriate help. You can care about a person without accepting harmful behaviour or being their only source of support.

Keep these ideas

- Offer specific, non-judgemental help while preserving the person's choices.
- Use specialist and age-appropriate routes, and escalate emergencies immediately.
- Protect privacy without promising absolute secrecy or taking on a clinical role.

Private reflection

Privately choose one practical offer and one boundary for supporting a fictional friend. Do not disclose anyone's health information.

Get help

For a concern, contact KBC's safeguarding team: safeguarding@kentbusinesscollege.com. This inbox is not an emergency service. Call 999 for a suspected overdose, alcohol poisoning, loss of consciousness or a serious breathing problem. Follow the call handler's instructions. If you are unsure whether an exposure is harmful, NHS 111 can advise. You do not need to finish this course or be certain what to call a concern before seeking support.

For non-emergency advice, speak to a GP, pharmacist or local alcohol and drug service. FRANK: 0300 123 6600. You may pause, use an accessible alternative or speak to a tutor. All teaching cases are fictional. Do not post personal disclosures in learning activities. Staff may need to share relevant information to protect someone; ask them to explain what happens next.

Sources and further information

[Drug addiction: getting help](#)

[Alcohol support](#)

[Where to get urgent help for mental health](#)

[Poisoning](#)

[Concerned about a friend?](#)

[Contact FRANK directly](#)

[Children and young people's alcohol and drug services framework](#)

Putting it together: safer choices

By the end of this unit

- Prioritise immediate safety when several substance-related concerns overlap.
- Apply boundaries, medicine, consent and support principles to unfamiliar scenarios.
- Explain the course completion requirements and limits of its certificate.

Core reading

Choose the next useful action

A final fictional college project brings together people with different choices and experiences. One drinks alcohol, another is in recovery, another takes prescribed medicine and another simply prefers not to discuss it. Your task is not to identify who belongs in which category. Make decisions that protect choice and respond to risk. Use a simple sequence: notice, check urgency, act within your role, then connect with support.

Notice observable changes, pressure and missing information. Check whether there is an emergency before debating causes or consequences. Act without inventing a diagnosis, dose, legal exception or guarantee. Connect with the right help and review the plan when circumstances change. This is a KBC learning prompt, not a clinical assessment tool. A memorable sequence helps only when its actions fit the actual situation.

The morning shift

Maya is drowsy after starting a prescribed medicine and is due to drive a work vehicle. The timetable is tight. Do not let the timetable answer the safety question: Maya should not drive while impaired. Report the task risk and seek pharmacist or prescriber advice without changing treatment alone. Arrange a safe alternative. A prescription, an earlier promise or a short journey does not remove the need for fitness.

Dev then describes shaking on mornings without alcohol and asks for a secret weekend detox. Offer support accessing medical advice before stopping or sharply reducing. Do not lend medicines or supervise withdrawal yourself. If severe shaking, hallucinations or seizures occur after reducing, call 999. A calm conversation remains useful, but a new emergency changes the route immediately.

The social event

At the project celebration, Erin declines a drink. Back that choice without asking for reasons. Later a friend becomes unexpectedly confused and someone unfamiliar offers to take them home. Stay with the friend, involve trusted staff and seek medical help. Report suspected spiking promptly, but do not delay care for evidence. Someone who is confused may lack capacity for sexual consent; previous interest does not provide permission.

If the friend is unconscious or breathing abnormally, call 999. Unresponsive and not breathing normally means CPR with call-handler guidance; unconscious but breathing normally means recovery position and monitoring. For suspected unknown or mixed poisoning, give nothing to eat or drink and do not induce vomiting. Do not use coffee, cold showers or “sleep it off”. Naloxone, if appropriate and used as instructed, never replaces emergency care.

Support that continues beyond the quiz

The next day, Asha wants help but worries about age, privacy and attendance. Find an appropriate service, including young people’s provision for 16- and 17-year-olds, and ask about confidentiality limits. A GP, specialist service or FRANK can advise; KBC’s Get help route supports learner safeguarding and access. Urgent mental health needs without an emergency can go to NHS 111’s mental health option. Help does not depend on passing this course.

Complete all 12 units and their knowledge checks. Each requires at least 7 out of 10, with safety-critical mistakes corrected through the required recheck before certification. The KBC certificate records completion of this learning activity. It is not Ofsted approval, a regulated qualification, first-aid certification or proof that someone can manage substance-related emergencies professionally. Keep practising sound judgement and knowing when to seek help.

Pause and decide

At a celebration, a friend becomes unresponsive after an unknown mixture. Someone wants to wait for their safeguarding adviser to reply before calling 999.

Which decision applies the course priorities?

1. Call 999 immediately, explain the symptoms and follow breathing-based instructions.
2. Wait for the adviser because they know the learner.
3. Move the friend into a car before assessing breathing.

Think before you reveal the feedback online. This activity is practice; the ten-question assessment is completed separately in the LMS.

Explore further

Compare two plans, not two people

Plan A for the fictional celebration offers one lift home, expects everyone to join drinking games and assumes a confident friend can manage any problem. Plan B offers genuine choices, a backup travel option, a trusted help route and clear emergency action. Plan B is stronger because it accounts for changing circumstances and different needs. It does not require participants to reveal diagnoses, beliefs or experiences.

The same comparison works at college or work. A useful plan says who to contact, how to stop an unsafe task and what to do if the usual contact is unavailable. A vague instruction to “be sensible” leaves important decisions unexplained. You can improve a plan without pretending it eliminates every risk.

A private rehearsal for later

Choose one fictional situation and say the first useful sentence aloud or in your head. It might be a refusal, an emergency call, a factual workplace concern or an offer to help contact a service. Then identify what would change the urgency. Practising the transition matters as much as remembering the first step.

If this topic raises a personal concern, pause and use Get help or the relevant professional route. You do not need to tell classmates why. Revisit the source links when checking legal or health information; future changes may alter details, while respectful support and timely action remain useful habits.

Keep these ideas

- Let current risk and capacity guide the next action, not pressure or appearances.
- Use appropriate help and honest information; never substitute a home remedy or unsafe promise.
- Course completion records learning, while continued judgement and professional support still matter.

Private reflection

Privately select one fictional scenario, your first useful sentence and the change that would make it an emergency. Personal disclosure is optional and is never required for completion.

Get help

For a concern, contact KBC's safeguarding team: safeguarding@kentbusinesscollege.com. This inbox is not an emergency service. Call 999 for a suspected overdose, alcohol poisoning, loss of consciousness or a serious breathing problem. Follow the call handler's instructions. If you are unsure whether an exposure is harmful, NHS 111 can advise. You do not need to finish this course or be certain what to call a concern before seeking support.

For non-emergency advice, speak to a GP, pharmacist or local alcohol and drug service. FRANK: 0300 123 6600. You may pause, use an accessible alternative or speak to a tutor. All teaching cases are fictional. Do not post personal disclosures in learning activities. Staff may need to share relevant information to protect someone; ask them to explain what happens next.

Sources and further information

Managing drug and alcohol misuse at work

Drugs and driving: the law

Alcohol support

Spiking: advice and support

Spiking: information for venues and festival organisers

What is consent?

Poisoning

999 call handler identifies abnormal breathing and guides CPR

What to do in an emergency

Overdose: what you should and should not do

Children and young people's alcohol and drug services framework

Drug addiction: getting help

Where to get urgent help for mental health