

**THIS POLICY COVERS ALL ACADEMIES/SCHOOLS WITHIN  
ARDEN MULTI-ACADEMY TRUST**

<b>Name of Policy</b>	<b>Drugs Policy</b>	
<b>Lead</b>	Martin Murphy, CEO	
<b>Governor Committee</b>	Business & Personnel Committee	
<b>Policy Status</b>	Updated version of SMBC	July 2012
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	21 <sup>st</sup> January 2019 – changed to reflect MAT status	



A working group developed the policy. This consisted of the Head of Careers/PSHE (chair), a Headteacher/Associate Headteacher/Head of School, a parent governor who is a registered nurse, a science teacher and the Academy Bursar.

In the construction of this policy the views of the following have been sought: Head of Pastoral Care; Heads of Year; staff; pupils through the Academy Council; Solihull Youth and Community Service – Knowle Youth Centre manager; the Board of Governors; a local primary Academy, the PTA and LEA Drugs Advisor.

It takes into account DfE & ACPO Drug Advice for Schools (Sept. 2012) and LEA Guidance.

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## 1. Intention

The aim of this policy is to:

- Clarify the Trust's approach to drugs for all staff, pupils, governors, parents/carers and external agencies
- Clarify the legal requirements and responsibilities of the Trust
- Give guidance to staff on developing, delivering and monitoring a drug education programme
- Enable staff to manage drug related incidents with confidence, competence and consistency
- Reinforce and safeguard the health and safety of pupils and others who use the school/academy
- Provide a basis for evaluating the effectiveness of the school/academy's approach to drug education and its management of incidents involving unauthorised drugs
- Give guidance to parents/carers on the drug education their child receives
- Reinforce the role of the school/academy in contributing to local strategies

The policy is to inform all staff, pupils, parents, governors, partner agencies and visitors working within the Trust.

Unauthorised drugs in the Trust schools/academies are not acceptable. The aim of the Trust is to provide a first class education, whilst safeguarding the health and safety and pastoral care of our pupils in a drug free environment. All schools/academies in the Trust are non-smoking sites.

## 2. Definition

"Drugs" refers to ALL DRUGS including MEDICINES, VOLATILE SUBSTANCES, ALCOHOL and TOBACCO.

## Summary of relevant laws

### The laws relating to drugs – Misuse of Drugs Act 1971

Class	Drug	Possession	Supply and production
A	Crack cocaine, cocaine, ecstasy (MDMA), heroin, LSD, magic mushrooms, methadone, methamphetamine (crystal meth)	Up to 7 years in prison, an unlimited fine or both	Up to life in prison, an unlimited fine or both
B	Amphetamines, barbiturates, cannabis, codeine, ketamine, methylphenidate (Ritalin), synthetic cannabinoids, synthetic cathinones (eg mephedrone, methoxetamine)	Up to 5 years in prison, an unlimited fine or both	Up to 14 years in prison, an unlimited fine or both
C	Anabolic steroids, benzodiazepines (diazepam), gamma hydroxybutyrate (GHB), gamma-butyrolactone (GBL), piperazines (BZP), khat	Up to 2 years in prison, an unlimited fine or both (except anabolic steroids - it's not an offence to possess them for personal use)	Up to 14 years in prison, an unlimited fine or both
Temporary class drugs*	Some methylphenidate substances (ethylphenidate, 3,4-dichloromethylphenidate (3,4-DCMP), methylnaphthidate (HDMP-28), isopropylphenidate (IPP or IPPD), 4-methylmethylphenidate, ethylnaphthidate, propylphenidate) and their simple derivatives	None, but police can take away a suspected temporary class drug	Up to 14 years in prison, an unlimited fine or both

\*The government can ban new drugs for 1 year under a 'temporary banning order' while they decide how the drugs should be classified.

Please note:

- The government has reclassified cannabis to Class B.
- The government is proposing to increase the maximum penalty for supply of all Class C drugs to 14 years.
- GHB (gamma-hydroxy butyrate) has been added to the Misuse of Drugs Act as a Class C drug.
- Magic mushrooms are not illegal to possess or eat in their raw state, but it is an offence to process them, dry them, store them or use them in tea.
- The above table refers to some commonly available drugs. It is not a complete list of controlled drugs.

**Other drugs classified as unauthorised in the Trust include:**

- Solvents: glue, gasses, aerosols
- Anabolic steroids
- Alcohol
- Tobacco
- Poppers (Alkyl Nitrates)
- Ketamine
- Khat
- E-Cigarettes
- Any over-the-counter or prescription medicines on the premises without permission

## Offences under the Misuse of Drugs Act

These include:

- **Possession** – to knowingly be in possession of a relatively small quantity of a controlled drug for personal use. What constitutes a small quantity is left to the discretion of the police.
- **Possession with intent to supply another person with a controlled drug** – possessing a larger quantity of a drug or packaging it in a way that indicates it is going to be supplied to others.
- **Supplying another person a controlled drug** – giving or selling drugs to someone else, including friends.
- **Supplying or offering to supply drug paraphernalia** – this includes equipment for smoking cannabis or crack cocaine, but needles and syringes are exempt.
- **Production, cultivation or manufacture of controlled drugs** – this is most commonly growing cannabis plants.
- **Allowing premises you own, occupy or manage to be used for the administration, use, supply, cultivation or production of controlled drugs by other people.**

It is not illegal for someone to be in possession of a controlled drug if it is found, it is given, or if it is confiscated, and it is not for that person's own use but to prevent a crime being committed. They should hold it for as short a time as possible (see section 3.7).

### Youth Justice System

In normal circumstances, when a young person (under age 18) has committed a first offence, he/she will be given a reprimand. For second offences, he/she will be given a final warning. For subsequent offences the young person will usually be prosecuted. A further, and definitely final, warning can only be issued in exceptional circumstances. For serious cases a young person can receive a final warning or be prosecuted for a first offence. In all cases the young person will be referred to the local Youth Offending Team (YOT), consisting of representatives from probation, education, social services, health service and police.

When a young person receives a Reprimand or Warning this will be kept on the Police National Computer for five years from the date given or until the offender's eighteenth birthday, whichever is the longer. Reprimands and Warnings do not constitute a criminal record but may still have to be declared on overseas VISA applications, some job applications and motor insurance.

### The Medicines Act 1968

The Medicines Act divides medicines into three categories: *restricted medicines* or *prescription-only medicines*, which can only be supplied by a pharmacist on receipt of a doctor's prescription; *pharmacy medicines* which can be sold without a prescription but only by a pharmacist (also called *over-the-counter* medicines), and *general sales medicines* which can be sold without a prescription by any shop. Pharmacists and other retailers can be prosecuted for offences under this Act and fined. Possession of some prescription only medicines, such as Temazepam, is illegal under the Misuse of Drugs Act if no prescription is held.

**Tobacco laws**

Under section 7 of the Children and Young Persons Act 1933 (as amended by the Children and Young Persons (Protection from Tobacco) Act 1991) it is an offence for a vendor to sell tobacco products to anyone under the age of 16. This offence currently carries a maximum fine of £2500. Children under age 16 who purchase tobacco products are not themselves committing an offence. However, police have the power to confiscate tobacco products from under 16s who are found smoking in a public place.

**Alcohol laws**

It is an offence under the Children and Young Persons Act 1933 to give alcohol to any child under the age of 5. Children over age 5 can legally consume alcohol, although police have powers to confiscate alcohol from under 18s who are drinking in a public place. It is illegal for vendors to knowingly sell alcohol to anyone under the age of 18. However, a 16 year old can legally purchase beer, port, cider or perry in a pub or restaurant if they are also having a meal there. An accompanying adult is legally able to purchase beer, port, cider or perry for children aged 14 and over to be consumed on the premises with a meal.

Different licensing laws operate in Private Licensed Social Clubs that may permit the sale of alcohol to those aged 14 and above.

**Laws relating to volatile substances**

In England and Wales, it is an offence to sell solvent products to any person under 18 if the retailer has reason to suspect that the substances will be misused. Butane product sales, such as lighter refills, are further restricted under the Cigarette Lighter Refill (Safety) Regulations 1999, in recognition of the high number of butane-related deaths. The regulations make it an offence for retailers to sell them to people under the age of 18 years, in any circumstances. The penalty is up to 6 months imprisonment or a £5,000 fine.

**Road Traffic Act 1972**

It is an offence to be in charge of a motor vehicle while 'unfit to drive through drink or drugs'. This includes alcohol, illegal drugs, prescribed medicines or solvents.

**Responsibility for children**

*In loco parentis* – this refers to the Academy's delegated duty to exercise adequate supervision and to act as wise, responsible and careful parents would towards any child in their care. The responsibilities of supervision are variable and depend on the age and maturity of the child and the circumstances. This could be interpreted as giving adequate advice and instructions, rather than constantly watching a child, unless there is obvious danger.

### 3. Reference to other policies

DfE & ACPO Drugs Advice for Schools (Sept. 2012)  
 Solihull Guidance for Schools on Drugs  
 School/Academy Medicines in School Policy  
 School/Academy Health & Safety Policy  
 School/Academy Safeguarding Policy  
 School/Academy Behaviour Policy  
 DfE Exclusion from maintained schools, academies and pupil referral units in England  
 School/Academy Emergency Procedures Policy

### 4. Drug education

#### 4.1 Aims of the Trust's drug education programme

The Trust is totally opposed to the misuse and illegal supply of drugs including alcohol and tobacco. Through our pastoral programme, curriculum provision and the general ethos of the Trust, we aim to enable our pupils to make healthy, informed choices

The Trust will encourage pupils to make informed choices by increasing knowledge developing skills and challenging attitudes.

Pupils will be properly informed about types of drugs, the physical and psychological effects of drugs and the dangers of substance abuse. They will explore the risks and consequences of their own and others' actions relating to drugs. Pupils will be encouraged to explore their own attitudes and challenge the myths and misconceptions about drugs, drug use and drug users

Pupils will be given opportunities to develop skills to make informed choices and develop:

- self confidence, self awareness and self esteem
- ability to resist peer pressure
- ability to use legal drugs safely and resist using illegal drugs

#### 4.2 Organisation

Drug education is carefully mapped across the taught curriculum to ensure coherence and progression. It is delivered via PSHE at Key Stage 3 and General Studies at Key Stage 4 (including some aspects within the Citizenship modules of these courses). Elements of the programme are also taught within other subject areas, for example Science. PSHE and General Studies are taught by a core team of teachers. The Drug Education Co-ordinator has responsibility for leading the development of the team in conjunction with the school/academy CPD Co-ordinator. Activities are also delivered via the Pastoral Programme and 'immersion' events such as Citizenship days targeted at particular year groups.

### 4.3 Methodology

Teaching methodology is interactive and participative. Opportunities are provided for pupils to process their learning, discuss their feelings, reflect on what they have learnt and consider how to transfer it to their own lives.

Teachers use a wide range of active approaches such as:-

brainstorming	external contributors	peer education
case studies	formal debate	questionnaires
circle time	games	quiz
creative writing	group work	role play
design (posters etc)	interactive ICT	real life impact
discussion	surveys	theatre in education
drama	media analysis	video
		visits

Lessons are planned to start at a point to which pupils can relate and then progress into areas of new exploration and learning.

Ground rules are established in order to foster mutual respect and an environment in which pupils are ready to listen to and discuss each others opinions.

- No-one will be forced to give a personal opinion in a whole class discussion.
- No-one will have to answer a personal question.
- Personal comments about individuals are unacceptable.
- Teachers cannot offer confidentiality.

### 4.4 Resources

The Trust aims to use high quality and appropriate resources which:

- Clearly state the underpinning beliefs and values;
- Show how pupils' existing drug awareness is incorporated;
- Offer a range of activities, based on successful teaching and learning styles;
- Give accurate and balanced facts;
- Take account of religious, cultural and physical diversity and use appropriate visual images;
- Be appropriate for the age and maturity of the target group;
- Have aims that are consistent with those of the Trust;
- Show they can meet statutory and non-statutory learning outcomes;
- Provide guidance on the knowledge, understanding and skills required to deliver the materials;
- Recognise the importance of parent/carer understanding, support and involvement.



#### 4.5 External contributors to drug education

The Trust recognises that external agencies and individuals can make valuable contributions to the Trust's drug education programme, by giving advice, assisting with planning and providing classroom input. Their different relationship with pupils can enable them to provide information, advice and access to services not easily available by other routes. Contributors may include youth workers, School nurses and other health care professionals, theatre-in-health-education groups, the police and specialist drug agencies. It is important that they have the skills to convey their knowledge in an appropriate way and that they do not provide input outside their area of expertise.

The responsibility for the pupils and their learning experience remains with the teacher throughout any external involvement.

The Trust will ensure that:

- The contribution will be integrated into the school/academy's programme, rather than being an isolated event;
- The external contributor will add a dimension to the overall educational experience which the teacher alone cannot deliver, rather than act as a substitute teacher;
- The external contributors are competent educators and facilitators and do not provide input outside their area of expertise;
- The content of lessons is negotiated to ensure it meets the needs of pupils and is consistent with the overall aims of the drug education programme;
- The desired learning outcomes of the planned activities are clarified before deciding who is best able to help achieve them;
- All external contributors are made fully aware of the Trust's values and approach to drug education, the drugs policy, and the policy on *confidentiality* and disclosure, to ensure their approach is consistent with that of the Trust;
- External contributors are reminded that their roles, responsibilities and boundaries when taking part in curriculum activities are different from when they are counselling individuals;
- External contributors will complete visitor form and risk assessment;
- The teacher is present in the classroom for the whole of each lesson, and should devise preparation and follow-up work to reinforce the pupils' learning, when appropriate;
- The value of the external contribution is assessed through pupil feedback and evaluation. This information will be shared and used to inform future work.

#### 4.6 Assessment of learning

The elements of drug education that form part of the national curriculum are assessed in accordance with the requirements of National Curriculum Science. The learning from the other elements of drug education should also be assessed. The assessment should aim to establish:

- The knowledge and understanding pupils have gained and its relevance to them;
- What skills they have developed and put into practice;

- How their feelings and attitudes have been influenced during the programme.

The Trust is currently developing a system of pupil self-assessment and also uses class discussions to help pupils identify what they should do next. The Trust will explore teacher assessment of activities conducted and work completed. Judging achievement in drug education only in terms of gains in factual knowledge will be avoided.

## **5. Management of drugs at school/academy**

(For prescribed and over-the-counter medicines see Medicines in School Policy & Supporting Students at School with Medical Needs Policy.)

### **5.1 Identification of a drug-related incident**

A drug-related incident is one:

- Where substance misuse takes place on school/academy premises at any time, during an out-of-school/academy activity organised by the school/academy (e.g. a trip, one-day or residential), if the pupil is in school/academy uniform outside the school/academy or where a pupil's substance related misuse is detrimental to the good order of the school/academy;
- Where there is initially reasonable suspicion that a pupil's behaviour is being altered by the use or misuse of a substance;
- Where pupils are discovered to be in possession of or taking and/or supplying substances whilst on school/academy premises;
- Where pupils and teachers feel threatened by pupils because of altered personality states and irrational or bizarre behaviour that falls outside what is normal ("*normal*" behaviour is where, generally, a pupil accepts that he/she is part of the school/academy community, is prepared to adhere to the aims and values of the school/academy, and respond positively to the reasonable requests of its staff);
- Where lessons cannot take place because of the behaviour of a pupil who is under the influence of substances;
- Where another incident (e.g. theft or assault) is linked to the perpetrator having taken substances, or to fund the purchase of substances.

### **5.2 Dealing with medical emergencies**

In every case of an incident involving drugs, the school/academy must place the utmost priority on safety, meeting any medical emergencies with first aid and summoning appropriate help before addressing further issues. If a school/academy is in doubt, they should seek medical assistance immediately.

The school/academy policy that deals with health and safety should outline procedures for how to manage medical emergencies and administer first aid - for example, placing an unconscious person in the recovery position or dealing with a drug overdose. It should include a clear message not to chase or over-excite a person who is intoxicated from inhaling a volatile substance. Strenuous

activity can put an intolerable strain on the heart and can increase the risk of sudden death. The person should be kept calm until the effects have worn off. Support with managing medical emergencies can be found in *Guidance on First Aid for Schools - A Good Practice Guide* (DfES). Information on the medical effects of different drugs can be found in *Dangerousness of Drugs* ([www.doh.gov.uk/drugs](http://www.doh.gov.uk/drugs)). Also see Appendix 4 (Drug situations: Medical emergencies).

Unless they are unconscious, a pupil may be intoxicated without it being a medical emergency. Pupils should be continually observed in case of changes in their condition. It is recommended that arrangements are made with a parent/carer for the child to be collected or escorted home (or alternative arrangements made if the school/academy perceives the child to be more at risk at home).

### **5.3 Establishing the nature of an incident**

Schools/academies are recommended to conduct a careful investigation to judge the nature and seriousness of each incident. The Associate Headteacher/Head of School or designated staff member leading on drugs issues should inform, consult and involve others as necessary. Careful attention should be given to respecting the confidentiality of those involved (see Section 3.14). A range of factors may be relevant and need exploration to determine the seriousness and needs of those involved and an appropriate response. For example:

- Does the pupil admit or deny allegations?
- Is this a first or subsequent offence?
- Is the drug legal or illegal?
- What quantity of the drug was involved?
- What was the pupil's motivation?
- Is the pupil knowledgeable and careful or reckless as to their own or others' safety?
- Does the pupil have a parent/carer or family member who is misusing drugs?
- Does the pupil know and understand the Trust policy and school/academy rules?
- Where does the incident appear on a scale from 'possession of a small quantity' to 'persistent supply'?
- If illegal supply is suspected, how much was supplied and was the pupil coerced into the supply role or the one 'whose turn it was' to buy for others, or is there evidence of organised or habitual supply?

### **5.4 Managing an incident**

#### **5.4.1 Confiscation and disposal**

The law permits school/academy staff to take temporary possession of a substance suspected of being an illegal drug for the purposes of protecting a pupil from harm and to prevent an offence being committed in relation to that drug.

The school/academy will confiscate drugs suspected of being illegal, store them securely and arrange for their disposal. An adult witness will be present when formal confiscation occurs and a record kept of the details.

School/academy staff will not attempt to analyse or taste unknown or confiscated substances.

#### **5.4.2 Confiscation of other unauthorised drugs**

The school/academy will confiscate other unauthorised drugs such as alcohol, tobacco, volatile substances and medicines. Parents/carers will be informed and may be given the opportunity to collect any alcohol, tobacco or medicines that have been confiscated. However, because of the level of danger posed by volatile substances, such as lighter fuel, glue or aerosols, the school/academy will arrange for their safe disposal.

#### **5.4.3 Police**

The Trust has a close partnership with the local Police. We will work with the Police in the following ways with regard to drug-related incidents in the school/academy:

- Seek advice on whether matters can be dealt with internally and the appropriate action.
- Share information with the police where appropriate with regard to the aims and values of the school/academy.
- Share information with the police including pupil data where criminal activity is alleged.

The school/academy will work with the designated officer where possible.

#### **5.4.4 Searching**

When a pupil is suspected of concealing unauthorised drugs it is not permissible for a member of staff to carry out a personal search. Every effort will be made to persuade the pupil to voluntarily hand over the drugs. If a personal search is needed and the drug is suspected of being illegal, the police will be called to deal with the situation. However, staff may search pupils' lockers or desks if they believe drugs to be stored there. The pupils' consent will always be sought. Where consent is refused, the school/academy will balance the likelihood that an offence has been committed against the risk that the pupil's right to privacy may be infringed without just cause before deciding whether to proceed with the search without consent.

After any search, parents/carers will normally be contacted by the school/academy, regardless of whether the result of the search is positive or negative.

#### **5.4.5 Identifying drugs**

It will often be impossible to identify a drug conclusively (or to be sure it is a drug) without formally testing it. Police can advise about formally identifying illegal drugs and the possibility of formal testing.

#### **5.4.6 Confidentiality**

While there is no legal duty to pass on confidential information to other agencies, where there is probability that a pupil is at risk of significant harm, there is a moral duty to pass on such information. Teachers cannot and should not offer confidentiality. They have a duty to pass information to the DSL who will use professional judgement (e.g. child protection issues). The boundaries of confidentiality should be made clear to young people before they begin to disclose. Every effort should be made to secure the pupil's agreement to the way in which the school/academy intends to use any sensitive information by explaining carefully the purpose of any onward transmission.

Child Protection procedures may need to be invoked if a pupil's safety is under threat. If, in exceptional circumstances, sensitive information is passed on against a pupil's wishes the school/academy should inform the pupil first and endeavour to explain why this may have to happen. *These exceptions are defined by a moral or professional duty to act:*

- *Where there is a child protection issue*
- *Where a life is in danger*

#### **5.4.7 Informing parents/carers**

In any incident involving unauthorised drugs the school/academy will normally involve the child's parent/carer and explain how the school/academy intends to respond to the incident and to the pupil's needs unless there are exceptional circumstances, where the Academy suspects that to do this might put the child's safety at risk. In any situation where a pupil may need protection from the possibility of abuse, child protection procedures should be followed.

Parents/carers should be encouraged to approach the school/academy if they are concerned about any issue related to drugs and their child. The school/academy may refer parents/carers to other sources of help - for example, drug or alcohol specialist agencies or family support groups.

#### **5.4.8 Recording an incident**

Any substance-related incident must be recorded thoroughly. See appendix 6.

### **5.5 The school/academy's range of responses to drug-related incidents**

The needs of pupils in relation to drugs may come to light other than via an incident, for example, through the pastoral care system. In relation to an individual pupil, the school/academy will always consider such things as: the previous behaviour of a pupil who is involved; the nature and type of substance used; whether substances were being used or supplied; whether misuse occurred on school/academy premises.

Possible responses include:

- Contact home (a)
- Early intervention (b)
- Pastoral support (c)
- Referral (d)
- Counselling (e)
- Support Programme (f)
- Internal exclusion (g)
- Inter-agency programme (h)
- Fixed-period exclusion (i)
- A managed move (j)
- Permanent exclusion (k)

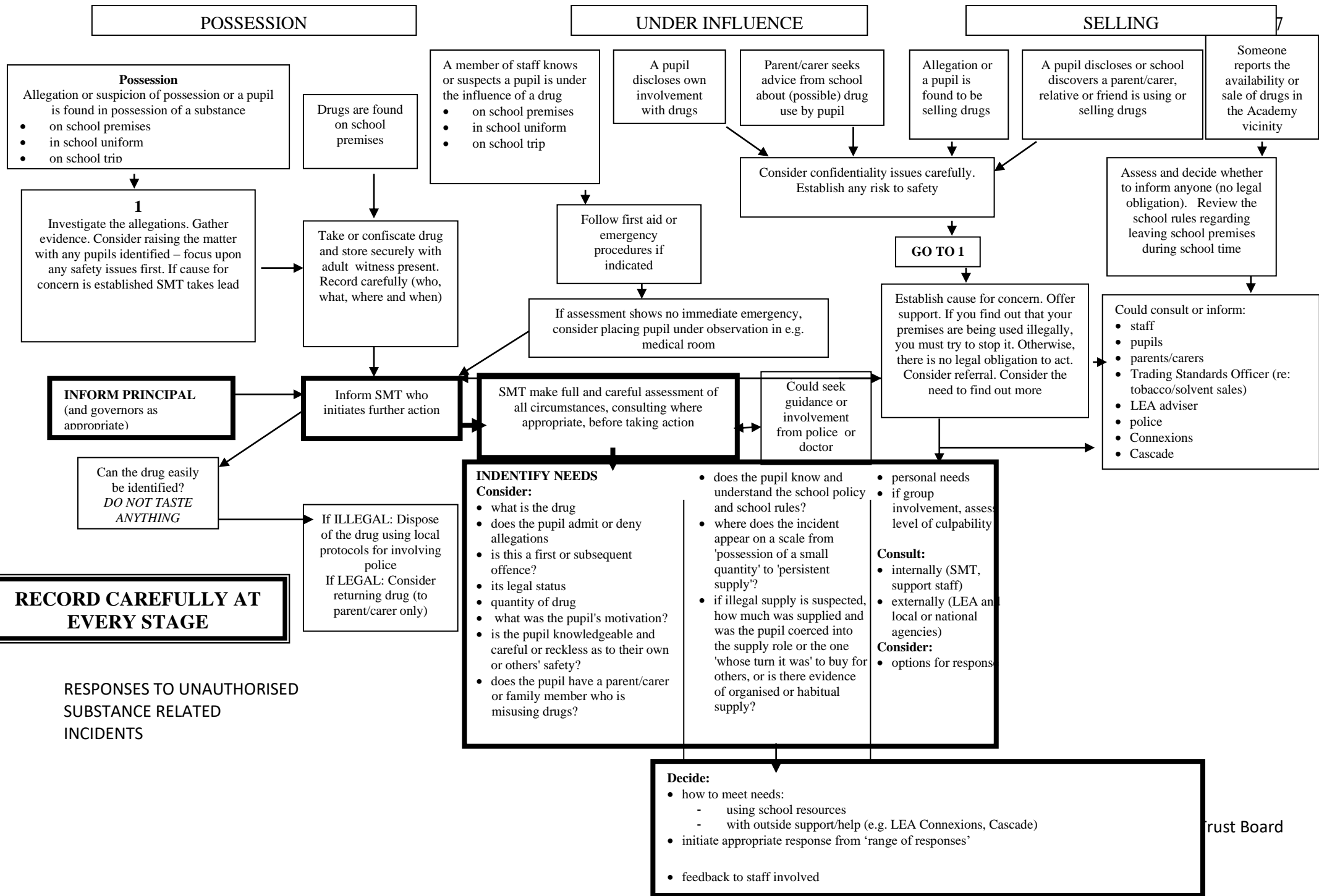
These strategies are not presented in any rank order and responses will depend upon the individual case. Responses aim to provide pupils with the opportunity to learn from their mistakes and to develop as individuals. Any sanctions will always be justifiable in terms of:

- The seriousness of the incident;
- Consistency with published school/academy rules, codes, expectations;
- Consistency with disciplinary action for breaches of other school/academy rules (such as theft, violence, bullying).

**A range of possible responses to substance-related incidents**

	Contact home a	Intervention (patches, education) b	Pastoral Support c	Referral d	Counselling e	ISP f	Internal exclusion g	Inter agency prog h	Fixed term Exclusion i	Managed move j	Permanent Exclusion k
Smoking 1 <sup>st</sup> offence	•	•					•				
Smoking-persistent	•	•					•		•		
Alcohol on premises	•						•		•		•
Alcohol (under influence)	•	•		•	•	•	•		•		•
Drugs – Possession	•								•	•	•
Drugs under influence	•			•	•	•	•	•	•	•	•
Drugs (supplying)	•								•	•	•

This is not intended to be followed as a linear process. The response will depend upon the nature of the incident. Each incident will be thoroughly investigated and will be judged on its merits in the light of the evidence. This table gives an indication of how the school/academy might respond to particular incidents, depending on the circumstances, on a case by case basis. With regards to drug or alcohol-related incidents, this will normally result in permanent exclusion.



## **5.6 Local Media**

The Associate Headteacher/Head of School will follow the guidance in the school/academy Emergency Procedures Policy relating to Local Authority Guidance on dealing with the media.

## **5.7 New Psychoactive Substances (NPS)**

Young people are becoming increasingly aware of NPS. These are designed to mimic the effect of illegal drugs but are structurally different enough to avoid being classified as illegal substances under the the Misuse of Drugs Act. Despite being labelled as legal these substances are not always safe to use and often contain controlled drugs making them illegal to possess. Therefore, no NPS are permitted to be bought on to, or used on the school/academy premises. Additionally, no deals to purchase NPS are to be arranged on the school/academy site.

Any person thought to be under the influence of such a substance will be sent home to allow any effects to wear off before sanctions will be considered.

Witnessing of use of any of the above on-site by students is to be recorded by staff and referred to the Heads of Year who will apply sanctions accordingly, in line with the Behaviour Policy.

If there is uncertainty about what the substance is, it should be treated as a controlled drug.

## **6. Roles and responsibilities**

The policy relates to all members of the Trust community. All staff have a responsibility for drugs education and will be fully aware of this policy. Whenever adults interact with children they recognise that they may be influencing attitudes and behaviour. Staff also have a responsibility to know how they should respond to a possible drug-related incident.

The Associate Headteacher/Head of School and SMT have the ultimate responsibility for ensuring that the policy and practice in this area is followed, including appropriate curriculum content and response to drug-related incidents.

*The Drugs Education Co-ordinator* is responsible for overseeing both curriculum and other elements of Academy life contributing to drugs education. The co-ordinator will liaise with our community partners including feeder primary schools, Youth Service, Cascade, Police and the Local Education Authority.

The governors will contribute to the developing and reviewing of drugs education, policy and practice.

## **7. Monitoring, evaluation and review**

The effectiveness of this policy will be monitored by the member of staff in charge of PSHE. The necessary information will be gathered by: the Drug Education Co-ordinator from the PSHE pupil and staff evaluations; evaluations of visiting speakers; curriculum areas contributing to drugs education; the pastoral team.

This policy will be reviewed and amended annually by the Associate Headteacher/Head of School and governors.

## **8. Dissemination of the policy**

Each governor and member of staff will have access to a copy of the policy via the school/academy staff handbook.

It will be given to any outside agencies who work within the Trust community.

## RECOMMENDED WEB SITES

	For: Parents Carers Teachers	For: Pupils
<a href="http://www.wrecked.co.uk">www.wrecked.co.uk</a> A site for young people about alcohol.		✓
<a href="http://www.bbc.co.uk/learning">www.bbc.co.uk/learning</a> Factual information and activities to support drug education including discussion forums.	✓	✓
<a href="http://www.talktofrank.com/">http://www.talktofrank.com/</a> National drugs helpline. Provides information for teachers and parents about many substances and a link to a website for 14-16 year olds.	✓	✓
<a href="http://www.ncb.org.uk/drug.htm">www.ncb.org.uk/drug.htm</a> Drug Education Forum. The forum works to provide effective drug education for all young people in England.	✓	

## SUPPORT AVAILABLE TO SCHOOLS

<b>CASCADE</b> <b>Tel: 0121 788 3436</b> <b>Fax: 0121 779 1701</b> <a href="http://www.cascade.u-net.com">http://www.cascade.u-net.com</a> Keepers Lodge Chelmsley Road Chelmsley Wood Solihull B37 7UA	For	<ul style="list-style-type: none"> <li>❖ Peer education approach</li> <li>❖ Information/advice on drugs, alcohol, tobacco and related issues</li> <li>❖ School/academy based counselling service</li> <li>❖ Training/support for all groups</li> <li>❖ Youth led drug-awareness activities</li> </ul>
<b>SPECIALIST HEALTH PROMOTION SERVICES</b> <b>Tel: 0121 712 8376</b> Primary Care Trust 2 <sup>nd</sup> Floor Mell House 46 Drury Lane Solihull B91 3BU	For	<ul style="list-style-type: none"> <li>❖ Policy development in schools</li> <li>❖ Education and training for staff/parents/carers/governors</li> <li>❖ Information and resources</li> <li>❖ Guidance on classroom practice</li> </ul>
<b>SCHOOL/ACADEMY NURSE</b> <b>Contact via school/academy</b>	For	<ul style="list-style-type: none"> <li>❖ Assist in the planning and delivery of key health education messages re drugs</li> <li>❖ Support and advice around substance related incidents</li> </ul>
<b>EDUCATION WELFARE OFFICERS</b> <b>Tel: 0121 788 1505</b> Contact can be made through the child's Academy or by writing or telephoning the central office: Woodlands Centre Lundy View Smith's Wood Birmingham B36 0IY	For	<ul style="list-style-type: none"> <li>❖ Support and guidance particularly about the individual needs of the pupil</li> </ul>
<b>SOLIHULL INSPECTION &amp; ADVISORY SERVICES</b> <b>Tel: 0121 707 9488</b> <b>Fax: 0121 706 3679</b> Chapelfields Centre Richmond Road Solihull B92 7RZ	For	<ul style="list-style-type: none"> <li>❖ Policy development in schools</li> <li>❖ Education and training for staff, parents/carers and governors</li> <li>❖ Guidance on classroom practice</li> </ul>
<b>DRUGS IN ACADEMY HELPLINE</b> <b>Tel: 0345 366666</b> 10.00 am – 5.00 pm weekdays	For	<ul style="list-style-type: none"> <li>❖ Confidential advice, information and support for young people, parents and professionals</li> </ul>
<b>NEEDLE AND SYRINGE EXCHANGE SCHEME</b> <b>Tel: 0121 678 4900</b> <b>Fax: 0121 678 4900</b> The Bridge Larch Croft Chelmsley Wood Birmingham B37 7UR	For	<ul style="list-style-type: none"> <li>❖ Advice regarding risks and injecting drugs</li> </ul>

## SUPPORT AVAILABLE TO PUPILS

<b>SCHOOL/ACADEMY NURSES</b> Via school/academy	For	<ul style="list-style-type: none"> <li>❖ Confidential services</li> <li>❖ Respond to young people's queries with accurate information both within health surveillance and drop in sessions</li> <li>❖ Make referrals to other agencies as appropriate</li> </ul>
<b>EDUCATION WELFARE OFFICERS</b> Contact can be made with Suki Bains, EWO, through School	For	<ul style="list-style-type: none"> <li>❖ Children can discuss any problems with their Education Welfare Officer</li> </ul>
<b>J4U</b> <b>Tel: 0121 705 8737</b> Or contact your school/academy Nurse for further details	For	<ul style="list-style-type: none"> <li>❖ Young people's health clinics provides information about drugs</li> <li>❖ Appointment <b>not</b> needed</li> </ul>
<b>CASCADE</b> <b>Tel: 0121 788 3436</b> <b>Fax: 0121 779 1701</b> <b>Website</b> <a href="http://www.cascade.u-net.com">http://www.cascade.u-net.com</a> Keepers Lodge Chelmsley Road Chelmsley Wood Solihull B37 7UA	For	<ul style="list-style-type: none"> <li>❖ Information and advice on drugs</li> <li>❖ Counselling/support for 11-25 year olds</li> <li>❖ Peer educators provide information on drugs</li> </ul>
<b>NEEDLE AND SYRINGE EXCHANGE SCHEME</b> <b>Tel: 0121 678 4900</b> <b>Fax: 0121 678 4901</b> The Bridge, Solihull Drug and Alcohol Service Larch Croft Chelmsley Wood Birmingham B37 7UR	For	<ul style="list-style-type: none"> <li>❖ Information regarding risk and injecting drugs</li> </ul>
<b>SOLIHULL COMMUNITY DRUG LINE</b> <b>Freephone Tel 0800 7838899</b>	For	<ul style="list-style-type: none"> <li>❖ Free confidential local phoneline</li> <li>❖ Confidential advice and support</li> <li>❖ Access to the police to leave confidential information about drug-related activity</li> </ul>
<b>EDUCATION WELFARE OFFICERS</b> <b>Tel: 0121 788 1505</b> Contact can be made through the child's school/academy or by writing or telephoning the central office: Woodlands Centre Lundy View Smith's Wood B36 0LY	For	<ul style="list-style-type: none"> <li>❖ Provides support and advice to parents on sensitive issues concerning their children such as drug, alcohol and solvent misuse</li> </ul>
<b>PARENTS FOR PREVENTION</b> <b>Tel: 0121 200 2277</b>	For	<ul style="list-style-type: none"> <li>❖ Confidential information, advice and support for parents</li> </ul>
<b>SOLIHULL DRUG &amp; ALCOHOL AND DRUG SERVICE</b>		<ul style="list-style-type: none"> <li>❖ Information and treatment, including a detox service and methadone prescribing.</li> </ul>

<b>Tel: 0121 678 4900</b> <b>Fax: 0121 678 4901</b> The Bridge Larch Croft Chelmsley Wood Birmingham B37 7UR	For	Usually needs GP referral – one off appointments offered. Phone for further information.
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## APPENDIX 5

### Guidance for Staff

Early detection of drug misuse is extremely important. If a young person's drug misuse is identified at an early stage it is easier to take action to safeguard the child and to prevent further misuse of drugs. Staff should be alert to the warning signs which may indicate that a pupil is misusing drugs. Teachers need to be particularly vigilant when they are in charge of activities which take groups away from the school/academy premises.

### If you discover, or suspect the use of, illegal substances

Where staff discover substances which are suspected to be harmful, illegal or deserving of investigation, they should follow these guidelines.

- Remove the substance and record the time, place and circumstances when the substance came into your possession.
- Do not investigate the nature of the substance, but do record its approximate size and appearance.
- When possible, have the recordings countersigned by a witness.
- Take the substances immediately to a senior member of staff or the DSL. Do not keep the substance on your person but in a place of safekeeping.
- In the presence of another adult, place the substance in a suitable sealed container. Sign and date the package. An official report should be completed, detailing the time, date and circumstances of the findings.
- The Associate Headteacher/Head of School can choose to arrange for the police to remove the substance from the premises or may choose to dispose of it in an appropriate way.
- In the event of a discovery of any equipment associated with substance use, especially needles and syringes, pupils should not be allowed to handle such items. The Associate Headteacher must ensure that the materials are placed in a secure and rigid container to await collection by the appropriate service.

If any member of staff suspects that a pupil may be under the influence of drugs or alcohol misuse, they should report their suspicions to a DSL immediately.

### Recognising the signs

These signs are not conclusive proof of drug or solvent misuse. Many of them are a normal part of adolescence, but observing a range of them in combination may point to the need for greater vigilance.

In individuals:

- Changes in attendance, and being unwilling to participate in school/academy activities
- Decline in performance in schoolwork
- Unusual outbreaks of temper, marked swings of mood, restlessness or irritability

- Reports from parents that more time is being spent away from home, possibly with new friends or with friends in older age groups
- Excessive spending or borrowing of money
- Stealing money or goods
- Excessive tiredness without obvious cause
- No interest in physical appearance
- Sores or rashes especially on the mouth or nose
- Lack of appetite
- Heavy use of scents, colognes etc. to disguise the smell of drugs
- Wearing sunglasses at inappropriate times, to hide dilated or constricted pupils

In groups:

- Regular absence on certain days e.g. the day young people receive state benefit
- Keeping at a distance from other pupils, away from supervision points e.g. the school/academy gate or sports field
- Being the subject of rumours about drug-taking
- Talking to strangers on or near the premises
- Stealing, which appears to be the work of several individuals rather than one person
- The use of drug-taking slang
- Exchanging money or other objects in unusual circumstances
- Associating briefly with one person who is much older and not normally part of the peer group. e.g. a supplier

Objects that may indicate Drug Misuse:

- Foil containers or cup shapes made from silver foil, metal tins
- Spoons discoloured by heat
- Pill boxes/bottles
- Plastic, cellophane or foil wrappers
- Small plastic or glass phials or bottles
- Twists of paper
- Straws
- Sugar lumps
- Syringes and needles
- Cigarette papers and lighters, home rolled cigarettes, pipes
- Plastic or paper bags or butane gas containers (solvent abuse)
- Stamps, stickers, transfers
- Paper (about 2" square) folded to form envelope (heroin)
- Cigarette packages
- E-cigarettes
- Baseball/ski cap
- Belt buckle
- Felt tip marker and lipstick dispensers
- Make-up bags

## Marijuana



BONG

- Rolling papers
- Cigars used to fill with marijuana to make a blunt
- Pipes (metal, wooden, acrylic, glass, stone, plastic, ceramic)
- Bongs (a filtration device to smoke marijuana)
- Roach clips (a metal holder for a marijuana cigarette)
- E-Cigarettes (to smoke marijuana concentrates)

## Heroin



SMALL SPOON

- Needles
- Tin foil
- Pipes
- Plastic pen case or cut up drinking straw
- Small spoon

## Cocaine



STRAW OR TUBE

- Pipes
- Small mirrors, small spoons, short plastic straws, rolled-up paper tubes
- Razor blades
- Lighters

## Ecstasy/MDMA/Molly



GLOW STICKS

- Glow sticks, surgical mask/dust mask
- Pacifiers and lollipops (to prevent teeth grinding and jaw clenching)
- Bags of candy to hide pills

## Inhalants



AEROSOL CANS

- Rags for sniffing
- Tubes of glue
- Balloons
- Nozzles

- Bottles or aerosol cans with hardened glue, sprays, paint or chemical odours

**Items used to cover up drug use:**

- Mouth wash, mints, and breathe sprays
- Eye drops for bloodshot eyes
- Sun glasses for red eyes, changes in pupil size, or eye movements

**Items or associations that may indicate interest in illegal drugs or drug use:**

- Clothing, jewellery, tattoos, teen slang with drug culture messages
- Websites, music, or publications that glamorise drug use

**Appendix 2:  
Planning form for external contributor to Trust drug education**

**Visiting Speaker/Event Agreement At School/Academy Education Provision**

We understand the importance of visitors and external agencies to enrich the experiences of our pupils.

In order to safeguard our children we expect all visiting speakers to read and adhere to the statements below.

- Any messages communicated to pupils support fundamental British Values and our school values.
- Any messages communicated to pupils are consistent with the ethos of the school and do not marginalise any communities, groups or individuals.
- Any messages communicated to pupils do not seek to glorify criminal activity or violent extremism or seek to radicalise pupils through extreme or narrow views of faith, religion or culture or other ideologies.
- Activities are properly embedded in the curriculum and clearly mapped to schemes of work to avoid contradictory messages or duplication.
- Activities are matched to the needs of pupils.
- Visitors will also be accompanied by a member of staff at all times.



Martin P Murphy  
**CEO**

**Associate Headteacher**

**I have read and agree to adhere to the visiting speaker/event agreement**

**Signed:** .....

**Date:** .....

**Name:** .....

**Organisation:** .....

**Education Provison**  
**Risk Assessment for Visiting Speaker/Event**

Name of the Event: .....		Date: .....	
Speaker: .....		Organisation: .....	
Nature of Event (e.g. assembly, talk, interactive learning etc.)			
Outline of the Content of the Event			
Member of staff organising the event who is the point of contact for the speaker			
Confirm that research has been carried out on the Speaker and the organisation they are affiliated to – record detail			
The speaker has signed the Visiting Speakers Agreement	YES	NO	
The office has been informed of the speaker in order that they can be added to the School diary, and any relevant vetting procedures undertaken	YES	NO	
Confirm that you agree to ensure that the speaker is accompanied at all times, whilst on the premises	YES	NO	
Requested by (member of staff) ( <i>sign and date</i> )			
Agreed by the Associate Headteacher/Head of School ( <i>sign and date</i> )			
Post Event Evaluation			

**Appendix 3: External contribution to school/academy drug education – feedback form**

**To the external contributor:**

Please fill in this form and return a copy to the school/academy as soon as practicable after the contribution is complete. Please give feedback which summarises your view of how the session(s) went, and any recommendations you can make about how the school/academy might follow up your work with the same pupils.

Name of school/academy:	
Contributing agency:	
Date(s) of sessions:	Class:

**The external contribution was completed as planned** **yes / no**

**Overall I feel the session(s) went (please tick):**

<b>1</b>		<b>2</b>		<b>3</b>		<b>4</b>		<b>5</b>	
Very well		Well		Satisfactorily		Not very well		Badly	

**My comments on the sessions are:**

**To follow up this input, I recommend that the school/academy:**

**Signed:**

**Date:**

#### Appendix 4 : Drug situations – medical emergencies

The procedures for an emergency apply when a person is at immediate risk of harm. A person who is unconscious, having trouble breathing, seriously confused or disoriented or who has taken a harmful toxic substance, should be responded to as an emergency.

Your main responsibility is for any pupil at immediate risk, but you also need to ensure the well-being and safety of others. Put into practice your school/academy first aid procedures.  
**IF IN ANY DOUBT, CALL MEDICAL HELP.**

#### ALWAYS

- Assess the situation
- If a medical emergency, send to office for medical help and ambulance

#### BEFORE ASSISTANCE ARRIVES

If the person is conscious:

- Ask the person what has happened and to identify any drug used
- Collect any drug sample and any vomit for medical analysis
- **Do not** induce vomiting
- Keep the person under observation, warm and quiet

If the person is unconscious:

- Ensure that the person can breathe and place in recovery position
- **Do not** move the person if a fall is likely to have led to spinal or other serious injury which may not be obvious
- **Do not** give anything by mouth
- **Do not** attempt to make the person sit or stand
- **Do not** leave the person unattended or in the charge of another pupil

#### WHEN MEDICAL HELP ARRIVES:

- Pass on any information available including vomit and any drug samples

DrugScope now DrugWise UK

## Appendix 6: Record of incident involving unauthorised drug

(please tick to indicate the category)

Emergency/ Intoxication	Concern established after following up a suspicion or allegation	Discovery OFF premises	Discovery ON premises	Pupil disclosure	Parent/ carer use	A parent/ carer expresses concern
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**Name of pupil\*:**

**Pupil's form\*:**

**Age of pupil:** Male / Female

**Tick box if second or subsequent  
incident involving same pupil**

**Time of incident:** am / pm

**Date of incident:**

**Report form completed by:**

**First Aid given?**

**Ambulance/Doctor called?(Delete as necessary)**

Yes



First aid given by:

Yes



Called by:

No

No



Time:

**Drug involved (if known):**  
(e.g. Alcohol, Paracetamol, Ecstasy)

**Senior staff involved:**

**Sample found? (yes/no)**

**Where retained:**

**Witness name:**

**Disposal arranged with:**  
(Police, Env. Health)

**At time:**

**Name of Parent/carers informed:**

**Informed by:**

**At time:**

**Brief description of symptoms/situation:**

**Other action taken:** (e.g. Connexions or other agency involved; Ed. Psych. report requested; case conference called; pupils/staff informed; sanction imposed; LEA/GP/Police consulted.)

(continue on blank sheet if necessary)

**Appendix 1**  
**Drugs Education Curriculum**

	<b>Year 7</b>	<b>Year 8</b>	<b>Year 9</b>	<b>Year 10</b>	<b>Year 11</b>
<b>PSHE KS3 Health Education KS4/5</b>	Smoking Assertiveness and resisting negative peer pressure Simple emergency procedures	Medicines Alcohol – units/safe measures/the law Solvent abuse Understanding what makes them feel good/bad and that how they see themselves affects self confidence and behaviour friendships Assertiveness and resisting negative peer pressure	Assessing potential risks Illegal substances - facts Drugs and the law Assertiveness and resisting negative peer pressure Media influences on attitudes to health and behaviour,	Myths about illegal substances Dangers, risks and consequences of alcohol abuse Safe levels Where to seek confidential health advice Administering first aid	Rohypnol Consider attitudes towards drug users and suppliers Health and Safety in the workplace
<b>Citizenship in PSHE</b>	Concept of fairness and justice through school/academy rules and sanctions Why behaviour codes are necessary		Recognising media bias The consequences of breaking the law and its impact		
<b>English</b>	Popular topic chosen by pupils for 'Argumentative writing' eg. Considering the benefits and costs of recreational drugs				
<b>Science</b>			Affects of alcohol, solvent abuse and Drugs on the body and risks to health	How drugs/alcohol/solvents affect behaviour, damage bodies and cause addiction	
<b>MFL</b>					Vocabulary work
<b>PE</b>				Dangers of performance enhancing drugs	



## Appendix 7

### Possible responses to drug related incidents

#### a. Contact home

In incidents relating to repeated smoking, contact home will usually be through Heads of Year or via a 'Pastoral Detention' Letter. In any other drugs or substance related incident it will follow consideration by SMT (see 'Contacting Parents' point 6).

#### b. Pastoral detention

This can only be awarded by Year Heads and the Head of Pastoral Care. It could be used for persistent smoking. It takes place after school on a Friday for one hour. Parents/carers are informed.

#### c. Early intervention

The school/academy may have detected risk factors associated with possible drug use or misuse or a pupil may have disclosed a problem. Communication between staff and early involvement of parents/carers may set the scene for early, supportive, pastoral intervention. An appraisal will take place to determine the nature of the pupil's needs and the additional support a pupil might need if, for example:

- Their knowledge about drugs is low;
- They rely upon frequent use of drugs;
- Their drug use is affecting performance at school;
- Their drug use is causing problems such as conflict at home;
- They feel under pressure to use, perhaps due to other problems;
- Their (or someone else's) drug use is impacting on their behaviour and/or emotional health.

In addition to the drug education they receive through the curriculum, extra support may involve any or all of the following:

- Providing information and advice in relation to specific drugs;
- Developing self-esteem and skills such as strategies for seeking support;
- Increasing their motivation to address their drug use;
- Facilitating access to activities of interest to them (such as youth clubs, extra-curricular events and activities and external provision as part of youth service);
- Liaison with the Connexions service who can identify need and coordinate the help of specialist agencies;
- For persistent smokers the school/academy will allow parents to provide nicotine patches to help their child's addiction, in tandem with the support of a smoking cessation group.

#### d. Referral

The school/academy will involve or refer pupils to external agencies when needed. These include:

- The Connexions service
- The Drugs Advisory Team
- The Youth and Community Service
- The Education Welfare officer
- External agencies providing specialist help, for example, Cascade and social services child protection teams
- The police (where a criminal offence is suspected)

The school/academy will seek the involvement of the pupil and the pupil's parents/carers in such a decision (unless it would compromise pupil safety and as such child protection procedures would follow).

**e. Counselling**

In some instances, either before or following a drug incident, counselling may be identified as potentially valuable to a pupil. Counselling may be provided either on school premises by the school/academy counsellor (confidentiality cannot be offered) or elsewhere, for example, by the Connexions service. Counselling can consider more holistic needs, which may underlie or herald drug-related problems. Counselling is only appropriate when a pupil wishes to take advantage of what it offers. It is usually neither constructive nor effective to attempt to impose it. The school/academy should always seek the pupil's or parents'/carers' consent and explain the purpose and benefits of counselling. Support of parents/carers will be sought for any counselling arrangements made by the school/academy. Pupils can self refer to outside agencies publicised by the school/academy.

**f. Pastoral support programme**

Pupils at serious risk of permanent exclusion or criminal activity could have a pastoral support programme (PSP), which has multi-agency involvement. The PSP should address underlying factors, whilst setting clear targets aimed at helping the pupils to manage their behaviour and supporting them towards positive re-investment in their own education.

**g Behaviour contract/ internal exclusion**

In the case of serious breaches of discipline, a behaviour contract agreed and signed by the pupil, the parents/carers and the school/academy will set out clearly the terms on which a young person can remain at the school/academy and monitor progress towards greater stability. This may require the pupil to be 'internally excluded' from normal contact with peers during the school day for a fixed period in the first instance, until behaviour has improved. This approach may incorporate intensive drug education input to boost the pupil's understanding. This may be supported by outside agencies such as health workers, youth workers or drug specialists.

**h. Inter-agency programmes**

Multi-agency collaboration (see a-f above) provides an opportunity for a pupil to be involved in a short-term intensive programme possibly away from the school/academy offering focused help for the pupil, both to understand drugs and to address his/her personal needs.

**i. Fixed-period exclusion**

Exclusion could be considered for serious incidents but should not be imposed without a thorough investigation unless there is an immediate threat to the safety of others in the school/academy or the pupil concerned. It should not be used if alternative solutions have the potential to achieve a change in the pupil's behaviour and are not detrimental to the whole school/academy community.

In some cases fixed-period exclusion will be more appropriate than permanent exclusion. It is the responsibility of the school/academy to set work for a pupil during the fixed period of exclusion. Arrangements may be made to include drug education, and ensure that any work set by the school/academy and returned is carefully assessed.

**j. A managed move**

A managed move involves asking another school/academy to take over a pupil's education where a school/academy feels that it can no longer manage the behaviour of that pupil. This requires the full knowledge and cooperation of all parties involved, including the parents/carers and the LEA, and will only be considered in circumstances when breaches of discipline have been serious and where it is clearly in the best interests of the pupil concerned. Schools/academies considering accepting pupils from another school/academy for reasons related to drugs should plan carefully to attend to their drug education needs.

**k. Permanent exclusion**

Supplying an illegal drug is a serious offence and will result in permanent exclusion unless there are exceptional circumstances upon which the Associate Headteacher/Head of School decides an alternative response.

Even for a 'one off' or first offence the Associate Headteacher/Head of School may judge that an incident involving possession and/or use of an illegal drug warrants permanent exclusion. The decision will also depend on the precise circumstances of the case, including the evidence available and the nature of the incident.

**Where responses j, k and l are options, the Associate Headteacher/Head of School will consult the school/academy Drugs Co-ordinator.**