



White Spire School

Drugs & Misuse of Substances Policy

Date: October 2016

Review Date: October 2018

This Drugs and Misuse of Substances Policy works with, and alongside, our PHSCE, SRE, Anti-Bullying, Science and Safeguarding policies.

The purpose of the school drug and misuse of substances policy is to:

- clarify the legal requirements and responsibilities of the school
- reinforce and safeguard the health and safety of pupils and others who use the school
- clarify the school's approach to drugs for all staff, pupils, governors parents / carers, external agencies and the wider community
- give guidance on developing, implementing and monitoring the drug education programme
- enable staff to manage drugs on school premises, and any incidents that occur, with confidence and consistency, and in the best interests of those involved
- ensure that the response to incidents involving drugs complements the overall approach to drug education and the values and ethos of the school
- manage drug related incidents in a way that safeguards and upholds the rights of the child as embodied in UN Convention and Human Rights Act

Substance Misuse Policy & Procedures – Dealing with Pupil Incidents

Aims & Objectives of Substance Misuse Education

- The school condones neither the misuse of illegal substances, nor legal drugs, including alcohol, tobacco and prescribed or over the counter medication.
- The school is committed to the health and safety of its pupils and will take action to safeguard their well-being.
- The school acknowledges the importance of its pastoral role in the welfare of young people, and through the general ethos of the school, will seek to persuade pupils in need of support to come forward.

In response to our shared concerns at a local and national level, we wish to state that as part of its care for the welfare of its pupils, the school believes it has a duty to inform and educate young people on the consequences of substance use and misuse. The school takes a pro-active stance on this matter, believing that health education is a vital part of the Personal and Social Education of every pupil.

Fundamental to our school's values and practice is the principle of sharing the responsibility for education of young people with parents/carers and governors by keeping them informed and involved at all times. Effective communication and co-operation is essential to the successful implementation of this policy.

Whilst we acknowledge that the numbers of young people who use and misuse substances is rising, it is seen as important to recognise that large numbers of young people are choosing not to use or misuse substances. We will continue to support their differing needs.

Educational Aims

We believe and support the following educational aims in respect of our substance use and misuse education programme:

- to enable pupils to make healthy, informed choices by increasing knowledge, challenging attitudes and developing and practicing skills;
- to provide accurate information about substances;
- to increase understanding about the implications and possible consequences of use and misuse;
- to encourage an understanding for those experiencing or likely to experience substance use;
- to widen understanding about related health and social issues, eg. Sex and sexuality, crime, HIV and AIDS;
- to seek to minimise the risks that users and potential users face;
- to enable young people to identify sources of appropriate personal support.

These aims are fulfilled through aspects of the pupils' experiences in the taught curriculum, the informal curriculum and through opportunities for extra-curricular activities. We deliver in the taught curriculum mainly through PSHCE, Science and English areas, but other opportunities to reinforce learning will occur in other parts of the teaching programme. Visitors who support the school will be informed of the values held within this policy.

Substance Misuse Education Programme

We follow the teaching programme as set out in the Christopher Winter Project resource 'Teaching Drug and Alcohol Education with Confidence' (Primary and Secondary versions), alongside other resources including, but not limited to, '3D PSHE'.

This includes:

- School rules procedures relating to all substances.
- Information about legal and illegal drugs, their effects and associated health risks.
- Different categories of drugs.
- Attitudes and beliefs about drugs and drug users.
- Identifying and assessing risks to health.
- Decision making and assertiveness in drug related situations.
- The law relating to drugs. Legal responsibilities and rights.
- Services provided by local and national advice and support agencies.
- Communicating with peers, parents and professionals. Giving and securing help if needed.
- Individual responsibility for their actions, their own and others safety.

It is expected that a wide variety of teaching approaches will be used to deliver this programme. These approaches will be consistent with the aims of the PSHCE programme and will ensure a balanced programme which enhances knowledge, skills and attitudes.

Early Intervention and Targeted Prevention

In addition to the above the school may provide early intervention programmes and /or targeted prevention strategies for identified groups of young people. These programmes will probably be carried out in consultation and collaboration with a variety of outside agencies including LA, Police, and Social Services.

The school will endeavour to identify pupils who have drug related needs. The process of identifying needs will aim to distinguish those who require additional information and education, those who could benefit from targeted prevention, and those who require a more detailed assessment of their needs. Pupils might require additional support 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 drugs
- they fall into an identified vulnerable group or are experiencing one or number of risk factors
- their (or someone else's) drug use is impacting on their behaviour and/or emotional health.
- they live in a household where their parent / carer or other household member misuses drugs.

In addition to the drug education they receive through the curriculum (see above), early intervention and support may involve any or all of the following:

- providing targeted information and advice in relation to specific drugs, perhaps in small groups or on a one-to-one basis
- developing self-esteem
- developing 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 activities and external provision as part of youth service) or vocational training, if appropriate

Schools need to bear in mind that the word 'drug' covers a wide range of substances including medicines (prescription and over the counter medicines), solvents, alcohol, tobacco and illegal drugs. Incidents are likely to involve suspicions, observations, disclosures or discoveries of situations involving any substance or where possession or use of a substance may be the underlying cause of the incident.

They could fit into the following categories:

- drugs or associated paraphernalia are found on school premises
- a pupil demonstrates, perhaps through actions or play, an inappropriate level of knowledge of drugs for their age
- a pupil demonstrates sudden attitude and behaviour changes with falling academic attainment
- a pupil is persistently late in the mornings which may be due to persistent substance misuse each evening
- a pupil is found in possession of drugs or associated paraphernalia
- a pupil shows a marked change of behaviour after lunch
- a year 10 pupil is caught handing out her prescription painkillers to a friend
- a pupil is found to be supplying drugs on school premises
- a pupil, parent/carer or staff member is thought to be under the influence of drugs
- a staff member has information that the illegitimate sale or supply of drugs is taking place in the local area
- a pupil discloses that they or a family member/friend are misusing drugs.

Establishing the Nature of Incidents

A range of factors may be relevant and need exploring to determine the seriousness of the incident, the needs of those involved and the most appropriate response. For example:

- what does the pupil have to say?
- is this a one-off incident or longer-term situation?
- 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 and how was the drug being used?
- what are the pupil's home circumstances?
- does the pupil know and understand the school policy and school rules?
- where does the incident appear on a scale from 'recreational / medicinal use possession of a small quantity' to 'persistent supply for profit'?

If supply of illegal drugs is suspected, how much was supplied, and was the pupil coerced into the supply role, were they 'the one whose turn it was' to buy for others, or is there evidence of organised or habitual supply?

A Range of Responses

Any response should balance the needs of the individual with those of the wider school community, and aim to provide pupils with the opportunity to learn from their mistakes and develop as individuals. The needs of pupils in relation to drugs may come to light other than via an incident, for example, through the pastoral system. Schools should develop a range of responses in line with local guidance and consider all the factors before determining their response. Given that drug problems rarely occur in isolation, responses may need to take a holistic approach rather than focus solely on drugs. Some possible responses include early intervention and targeted prevention, referral, counselling, behaviour support plans, pastoral support. A holistic approach should involve liaison with a range of services to explore what support (if any) is needed.

Some responses may serve to enforce and reinforce school rules. Any sanctions should always be justifiable in terms of:

- the seriousness of the incident
- the identified needs of the pupil and the wider school community
- consistency with published school rules, codes and expectations
- consistency with disciplinary action for breaches of other school rules (such as theft, violence, bullying).

Dealing with Substance Related Incidents

In order to support our aims and objectives, members of staff will on occasion need to take action with regard to a substance related incident.

In certain instances immediate action is required and staff would be expected to follow the procedures below.

Emergency

This situation is one where a person has lost consciousness as a result of drug use or has gone into a coma through overdosing.

- (a) Summon/call staff with first aid qualifications / Telephone 999 for an ambulance.
- (b) Do not panic or leave the person alone.
- (c) Place the person in the recovery position.
- (d) Inform senior member of staff / telephone parents/carers.
- (e) Effort should be made to determine which substance has been used. Evidence, e.g. tablets, bottles, syringes etc should be gathered. This may help hospital staff identify what substance has been consumed. Samples of any vomited material may also be needed. Seize items, seal in property evidence bag for security and preservation. (see also Collecting Evidence)

Intoxication

It is difficult to talk to a person who is intoxicated or 'high ' and in such a situation it is important to keep the person under observation so they do not wander off and get into dangerous situations. If a person is intoxicated but conscious do the following:

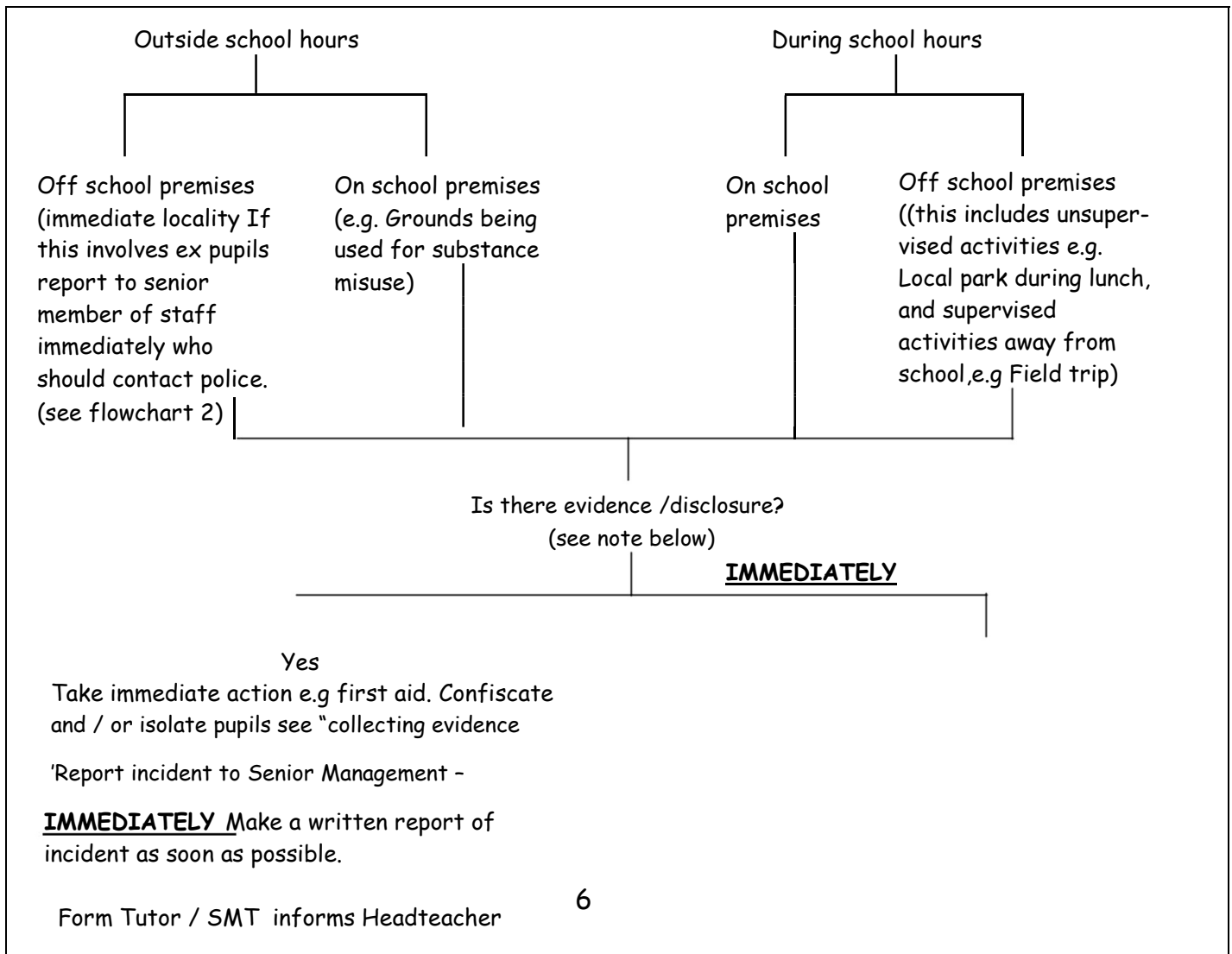
- (a) Sit them down in a quiet room or area.
- (b) Ensure good ventilation - open a window..
- (c) Remain calm, do not shout or issue threats.
- (d) Help calm them down if they are distressed.
- (e) First aid should be administered if necessary.
- (f) Call help if necessary.
- (g) Telephone parents/carers.

The action to be taken by ANY MEMBER OF STAFF in a drug related incident which is not an emergency is shown on the following diagram - FLOWCHART 1

FLOWCHART 2 IS A SUGGESTED PROCEDURE FOR THE SENIOR DESIGNATED MEMBER OF STAFF ..

FLOWCHART 1

Action to be taken by all members of staff re substance related incident



No

Record your concerns and observations in writing
e.g. conversations with student, comments from
other adults and students as soon as possible.

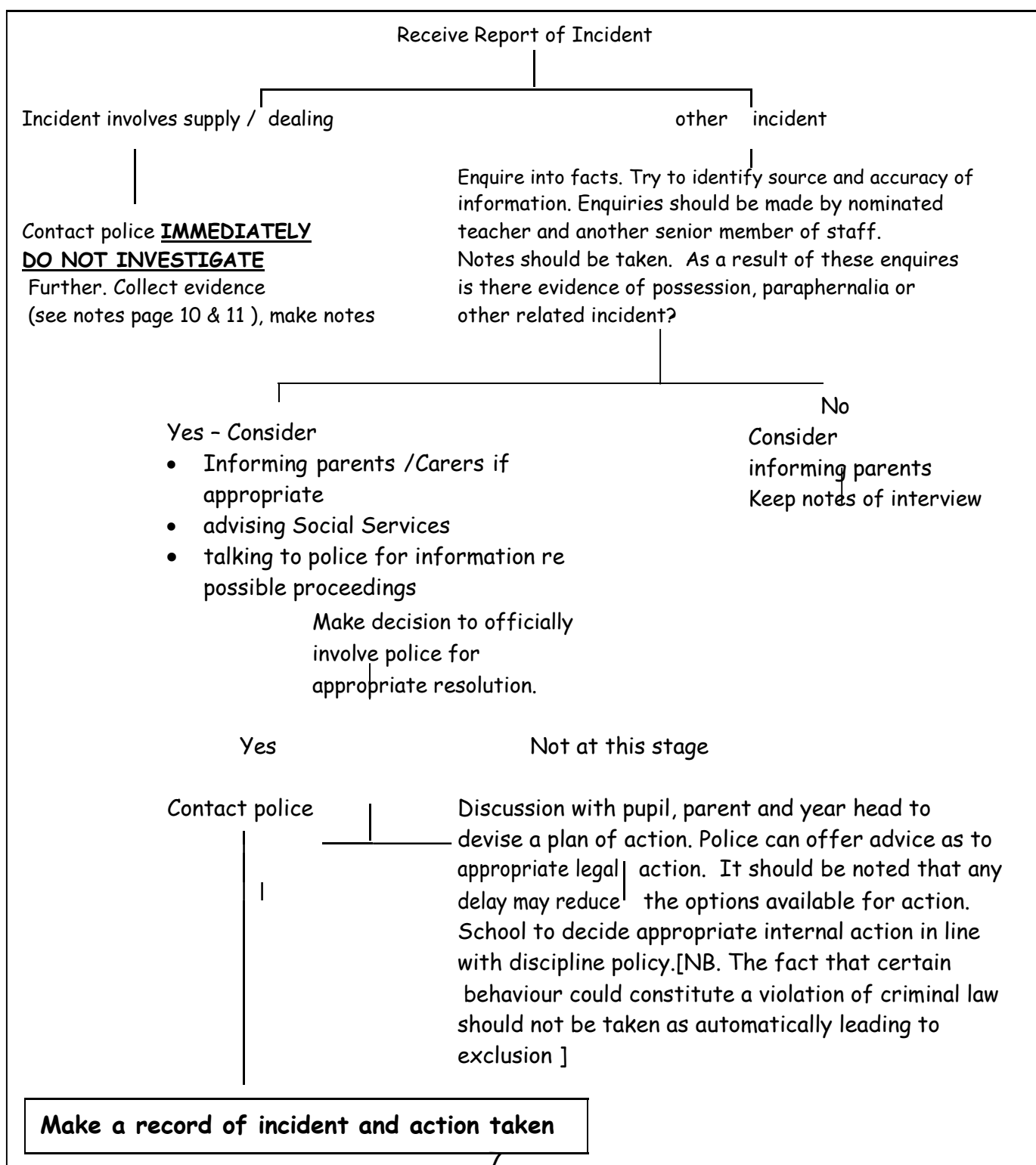
Share concern with pupil 's form teacher

Report incident to Form Tutor/SMT

Disclosure: This situation is one in which a pupil discloses to a member of staff that he/she has been using drugs. The member of staff must bear in mind the likely desire of the pupil for total confidentiality and should react positively to this expression of

Disclosure: This situation is one in which a pupil discloses to a member of staff that he/she has been using drugs. The member of staff must bear in mind the likely desire of the pupil for total confidentiality and should react positively to this expression of trust. [Please see notes on confidentiality below.] Whilst paramount concern should be for the pupil's welfare, members of staff must act in accordance with the school procedures.

FLOWCHART 2 Action to be Taken by CP Designator Officer



Specific Issues

Confidentiality

It is not realistic to guarantee complete confidentiality for a student who may have been involved in a substance related incident. Schools need to consider carefully the pupils best interest when notifying parents or carers. After discussion with a pupil it could be agreed to involve another appropriate adult. This would be particularly appropriate if for example the parents / carers were thought to be involved in substance misuse themselves or if the pupil may be put at risk. . (see Key Principles Appendix 2) At all times it should be remembered that issues around drugs may involve extreme situations.

The student should always be told what information is going to be passed on, and to whom, and the consequences e.g. if the police are informed this could lead to criminal proceedings

If there is a risk of harm to the student or other people, teachers are obliged to inform the child protection Designated Officer.

If the law is being broken, the Headteacher is to be informed.

If a student becomes ill, medical or nursing staff need to know about all factors that may be relevant, including any suspicions of drug taking.

Pastoral Care and Support for Students at Risk

Where a student has been identified by the staff as having experimented with drugs or as being at risk of doing so, he or she will be offered appropriate counselling and support within the school's general arrangements for the pastoral care of its students. The school has a responsibility to support the needs of vulnerable pupils and where appropriate may assess pupils using a suitable screening tool. This will help the school to decide on appropriate specialist onward referral

Schools have no legal obligation to inform police about an incident that amounts to a criminal offence, and identifying a pupil as the offender, which may lead to that pupil being criminalised. In such circumstances schools have to strike a balance between the needs of that pupil and the needs of the whole school and wider community. However it should be remembered that police and other agencies have a variety of ways of resolving such incidents and supporting the young person.

- Police -
 - restorative justice
 - Pastoral care strategies
 - One to one
 - Home visits
- Social Services
 - Screening and assessment referral
 - Support to access appropriate help

Schools should be aware of the range of specialist agencies, support and counselling services available in their area which may be in a position to support an at risk pupil.

When a crime is actually occurring or immediate danger is present, when police response is required urgently then the 999 system must be used.

Recording of Incidents

Schools should make a full record of every incident. Storage of sensitive information about pupils or staff should be secure and should accord with the requirements of the Data Protection Act 1998. Schools should be aware that records, including notes of any discussions with pupils, may be used in any subsequent court proceedings. Notes should include the time, date, place and people present, as well as what was said.

Schools should consider carefully whether the incident is to be recorded on the child's record. It is the responsibility of the Headteacher to notify the parents/carers concerned that it will be recorded on the child's record.

Collecting Evidence

If a young person is discovered to be using or holding a substance that is not permitted on school premises or is thought to be illegal, the substance(s) should be confiscated. Where possible the substance should be placed in a property evidence bag and kept in a safe place. Details should be obtained and if there is any doubt about the legality of the substance then the police should be contacted. They can be called to remove a suspected illicit substance and organize its destruction; this is permitted under the 'Misuse of Drugs Act', 1971. It is however, important to have a senior colleague present to act as a witness to the confiscation and sealing of the evidence.

The school will decide any further action to be taken in line with the procedures given and in accordance with particular set of circumstances pertaining.

Staff should not act on the basis of rumours of drugs within the school. If there is a suspicion, evidence should be collected over a period before a decision is made to confront a young person or group about concerns over drug use. It is also dangerous to believe that the drug user can be spotted from physical or behavioural signs alone; many physical and behavioural changes may have more to do with adolescent growth than with substance use.

The law permits school staff to take possession of a substance suspected of being a controlled drug for the purposes of protecting a pupil from harm and committing the offence of possession. The substance should be handed to the police who will be able to identify if it is an illegal drug; school staff should not attempt to analyse or taste an unidentified substance. Where pupils are suspected of concealing illegal drugs, every effort should first be made to secure the voluntary production of any unlawful substances by, for example, asking them to turn out their pockets/open their locker. In the event that voluntary agreement is withheld a member of staff can search school property e.g. desk/ locker, in the company of a witness. At no time should a member of staff conduct a personal search of a pupil or their property. The teacher must

be careful to ensure that there is no opportunity for allegations of assault or improper conduct to arise, and therefore **a witness should always be in attendance**. If the student refuses to cooperate the police may be called. The powers to search by the police are clearly defined in law, and a search can only be carried out after an arrest has been made. If nothing is found the pupil would then be de- arrested.

Schools should consider carefully whether the pupils is able to understand what is being asked of them and able to respond appropriately if they are suspected of being intoxicated for example or where there may be speech, language or other communication difficulties. In these instances the pupil should not be spoken to until they are fit and / or an appropriate adult can interpret.

Working with Outside Agencies

Outside agencies will at various times be involved in the school with regard to substance misuse. The following guidelines should be followed:

- Visits by outside agencies will be co-ordinated by the Science or PSHCE Lead
- Outside agencies working in schools should be sent a copy of the school policy, and expected to follow school procedures
- Outside agencies will be invited to have an input in the school curriculum provided that the input is educationally sound and supports the educational aims as described in this policy

Appendix One: Storage and Handling of Medication

Particular attention must be paid to the safe storage, handling and disposal of medicine and health and safety training for staff should include guidance in appropriate procedures. Some medicines may be harmful to anyone for whom they are not prescribed. In these cases there is a duty to ensure that the risks to the health of others are properly controlled. This duty derives from the Control of Substances Hazardous to Health Regulations 1994 (COSHH).

The school will not store large volumes of medication. Wherever possible and appropriate parents or guardians or the pupil should be asked to bring in the required dose each day. Medicine stored must be clearly labelled with the pupil's name, the name and dose of the drug and the frequency of administration. If a pupil needs two or more prescribed medicines each should be in a separate container and labelled as above. **Medicines should never be transferred from their original containers.**

Pupils with medical needs should know where their medicines are stored and who holds the key. Staff should also know this. However, some medication must be readily available in an emergency, e.g. Asthma inhalers, and should not be locked away. The school First Aiders may need to make special access arrangements

for emergency medication. However, it is important to try to ensure that medicines are only accessible to those for whom they are prescribed. If a pupil is allowed to carry and administer their own medication consideration needs to be taken about the safety of other pupils. A clear agreement must be made with the pupil and a parental consent form completed.

Administration of Epi-Pens: People who suffer from anaphylactic reactions may need emergency adrenaline treatment. Staff who volunteer to administer this treatment will be given training. It is important to note that this treatment is unlikely to be harmful if given too soon or in multiple doses.

Storage and disposal: Some medicines may need to be refrigerated. They can be kept in a refrigerator containing food but should be kept in an airtight container, clearly labelled. Access to the refrigerator should be restricted where possible. School staff should not dispose of medicines but it should be established practice that parents or guardians collect any unused medication regularly, e.g. at the end of each term and are also responsible for disposal of date expired medicines.

Hygiene and infection precautions would be included in training given to staff volunteering to administer medication. Staff should have access to protective disposable gloves and receive guidance on care when dealing with spillage of blood and other body fluids and disposing of dressings or equipment.

Non-Prescription Medication: School staff should not give non prescribed medication, e.g. analgesics including aspirin and paracetamol, to pupils outside normal procedures and agreements which would include the written consent of parents or guardians and records of medication given. They may not know whether the pupil has taken a previous dose or whether the medication may react with other medication being taken. **A pupil under 12 should never be given aspirin, unless prescribed by a doctor.** If a pupil suffers regularly from acute pain, such as migraine or menstrual pain, subject to school agreement, parents or guardians should authorise and supply appropriate pain-killers for their child's use, with written instructions about when the pupil should take the medication. A member of staff should supervise the pupil taking the medication and notify the parents or guardians, in writing, on the day the painkillers are taken.

Appendix Two - Some Key Principles When Pursuing a Substance Related Incident

- Take care not to infringe privacy any more than is necessary to safeguard the welfare of the child.

- Listen to the concerns of children and their families, and take care to learn about their understanding, fears and wishes before arriving at your explanations and plans.
- Learn about and consider children within their family relationships and communities, including their cultural and religious contexts, and their place within their own families.
- Ensure children, families and other carers know their responsibilities and rights, including any right to services, and their right to refuse services, and any consequences of doing so.
- Use plain, jargon-free language appropriate to the age and culture of each person. Explain unavoidable technical and professional terms. Consider use of an interpreter.
- Allow children and families' time to take in and understand concerns and processes. A balance needs to be found between appropriate speed and the needs of people who may need extra time in which to communicate.
- Take care to distinguish between personal feelings, values, prejudices and beliefs, and professional roles and responsibilities. Do not assume things, or allow stereotypes or prejudices to influence how you deal with a young person involved in a suspected drug incident.

Appendix 3: Summary of Relevant Laws

The Misuse of Drugs Act 1971 (amended in January 2004)			
	Class A	Class B	Class C
Principal drugs included	Opium Heroin/methadone Cocaine/Crack cocaine LSD Ecstasy Magic mushrooms (processed)** Class B drugs prepared for injection	Amphetamines Barbiturates Cannabis resin Cannabis herb Skunk. Codeine Ritalin	Anabolic steroids Benzodiazepines (minor tranquillisers e.g. temazepam) GHB (gamma-hydroxy butyrate) Some stimulant, anti-depressant and anti-obesity Medicines. Mephedrone (MCAT) Ketamine
Maximum penalty for possession	7 years and/or a fine	5 years and/or a fine	2 years and/or a fine
Maximum penalty for trafficking, supply or production	Life imprisonment and a fine	14 years and/or a fine	14 years and/or a fine

Offences under the Misuse of Drugs Act

Possession, possession with intent to supply another person a controlled drug, supplying another person a controlled drug. The law does not differentiate between supplying/giving drugs to friends and supplying for profit. Supplying drug paraphernalia, production, cultivation or manufacture of controlled drugs, allowing premises you occupy or manage to be used for the supply, production or cultivation of a controlled drug, also, to allow premises to be used for the smoking of cannabis or opium and the preparation of opium.

The law on cannabis

Cannabis (resin and herb and spice) is a Class B drug with penalties for supply and possession. First time possession in England and Wales would probably result in a warning. The retained power of arrest may not be used in all circumstances of cannabis possession. Each case will be judged on its own merit. However, youth offenders will continue to be dealt with through the Crime and Disorder Act, which requires offenders to be dealt with at the police station. In practice, this means that persons aged 17 years or under who are in possession of cannabis for personal use will be arrested. They will then be dealt with through the Youth Justice System with options of a reprimand, final warning, and then a charge.

The Medicines Act 1968

The Medicines Act divides medicines into three categories: restricted medicines or prescription- only medicines, pharmacy medicines, which can be sold without a prescription but only by a pharmacist (also called over-the-counter medicines) general sales medicines, which can be sold without a prescription by any shop.

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.. 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 5 can legally consume alcohol in a private environment, although police have powers to confiscate alcohol from under-18s who are drinking in a public place. Children aged over 14 or over may enter the bar area of licensed premises . It is illegal for the staff of licensed premises to knowingly sell alcohol to anyone under the age of 18 or allow them to consume alcohol in the bar area of their premises. It is also an offence for a child to buy or attempt to buy alcohol on licensed premises. It is illegal for an adult to purchase alcohol on behalf of a person under 18. However, an exception allows young people aged 16 and 17 accompanied by an adult to consume beer, porter, and cider with a meal on licensed premises. At present it is lawful for children over the age of 14 to purchase or be supplied with alcohol in registered members clubs (such as ex- services, working men's and sports clubs). Changes to the law on alcohol as set out in the Licensing Act 2003 are unlikely to be brought into force before May 2005.

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.

Responsibility for children

School staff have a legal duty of care towards pupils in their care. This is interpreted in case law as the duty to act as a careful parent would. This duty of care is interpreted as a duty to exercise adequate supervision, which will depend on the maturity and age of the pupils involved, whether they are affected by a disability, and the precise circumstances. Supervision could mean giving adequate advice and instructions rather than constantly watching a pupil, although some activities, for example, while on school trips, may require greater supervision.