



# Drug Education Policy

Date	Review Date	Coordinator	Nominated Governor
Spring 2024	Spring 2025	Chair of the Governors	Rachel Bain

<b>Headteacher:</b>	Pamela Acheson	<b>Date:</b>	March 2024
<b>Responsible Governor:</b>	Rachel Bain	<b>Date:</b>	March 2024

## Status of Policy:

The Governing Body of the Federation of Grewelthorpe and Fountains C of E Primary Schools adopted this policy in January 2023. It will be reviewed in Spring 2024.

## 1. School Vision

This policy applies to the school buildings and grounds and is equally applicable to all people including pupils, staff, governors, adults, visitors, including partner agencies and contractors using the site at any time. It also covers activities with pupils for which the school is responsible and any form of transport used for school purposes.

## 2. Rationale

- To clarify the legal requirements and responsibilities of the school.
- To reinforce and safeguard the health and safety of pupils and others who use the school.
- To clarify the school's approach to drugs for all staff, pupils and governors, parents/carers, external agencies and the wider community.

- To give guidance on developing, implementing and monitoring the drug education programme.
- To 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.
- To ensure that the response to incidents involving drugs complements the overall approach to drug education and the values of the school.
- To provide a basis for evaluating the effectiveness of the school drug education programme and the management of incidents involving illegal and other unauthorised drugs.
- As part of the statutory duty on schools to promote pupils' wellbeing, to provide a clear role for the school in preventing drug misuse as part of the school's pastoral duties.

### 3. School Information

The small rural setting that the schools are in could create a false sense of security in respect of children's exposure to drugs, and as they leave to move on to much bigger secondary settings it is important that our children and parents are fully informed about the dangers of drug misuse.

Data from the 'Growing Up in North Yorkshire Survey' that our children take part in suggests that they don't find the information given to them about drugs and alcohol 'useful'. Whilst we believe that that the majority of our children interpret this as 'not relevant', it is important that we do all we can to give our children opportunities to discuss drugs and alcohol use through PHSE lessons, through the 'Crucial Crew' visits and as part of our school values and Christian ethos.

### 4. Definition and terminology

For the purpose of this policy the following definition of a drug will apply:

- All illegal drugs (those controlled by the Misuse of Drugs Act 1971. See Appendix 3 for further information)
- All legal drugs including alcohol, tobacco, volatile substances, alkyl nitrates (poppers) and novel psychoactive substances (legal highs)
- All over the counter and prescription medicines (misuse of).

### 5. Guidance

You may also find the following documents helpful:

***Drugs: Guidance for schools***

DCFS/0092/2004

(pdf version available at [www.dfes.gov.uk/drugsguidance](http://www.dfes.gov.uk/drugsguidance))

***Drug Education: An Entitlement for all***

DCFS-00876-2008

(pdf version available at [www.teachernet.gov.uk/publications](http://www.teachernet.gov.uk/publications))

***Drugs: Guidance for the Youth Service***

DrugScope and Alcohol Concern

(pdf version available at [www.drugscope.org.uk](http://www.drugscope.org.uk))

***Joining Forces***

***Drugs: Guidance for police working within schools and colleges***

Home Office and DfES

(pdf version available at [www.drugscope.org.uk](http://www.drugscope.org.uk) and at [www.teachernet.gov.uk](http://www.teachernet.gov.uk))

***Drug, alcohol and tobacco education***

***Curriculum guidance for schools at Key stage 1-4***

Qualifications and Curriculum Authority (QCA) 2003

[www.qca.org.uk](http://www.qca.org.uk) (ISBN: 1 85838 518 0)

Further support from Clare Barrowman, inclusion consultant (risk-taking). Tel: 01609 536808 and email: [clare.barrowman@northyorks.gov.uk](mailto:clare.barrowman@northyorks.gov.uk)

## **6. Definition and Terminology**

For the purpose of this policy the following definition of a drug will apply:

- All illegal drugs (those controlled by the Misuse of Drugs Act 1971. See appendix 3 for further information)
- All legal drugs including alcohol, tobacco, volatile substances, alkyl nitrites (poppers), ketamine and Khat
- All over the counter and prescription medicines (misuse of)

We recognise that there is no such thing as a safe drug and any drug use has associated risks and benefits. For simplicity we refer to “drug use” as the use of any drug legal or otherwise and “drug misuse” as drug use which leads or has led to a pupil experiencing social, psychological,

physical or legal problems related to intoxication or regular excessive consumption and/or dependence upon their drug(s) of choice. Problematic substance misuse is where the individual has little control over their behaviour, they are frequently and regularly under the influence of a substance and they present as a problem for themselves or the environment in which they exist.

We refer to drug incidents as situations or specific events involving a suspected or proven drug in unauthorised possession or use by anyone covered by this policy, which includes adults as well as pupils, in any situation for which the school is ultimately responsible

## **7. School's stance on drugs**

The school does not permit the misuse of drugs nor the use or presence of unauthorised drugs on site or associated with any activity, anywhere, for which the school is responsible.

Medicines may be authorised to be brought on site by pupils or their parents/carers, but only by prior and recorded arrangement in accordance with our Medicines in School Policy.

Alcohol in sealed containers may only be brought on the premises by prior arrangement and for special functions authorised by the governors or via delegated powers. Alcohol must only be handled by adults over the age of 18. It must be securely stored and removed from premises as soon as practicable after the event.

Drug incidents will be dealt with fairly with the well-being, health and safety of the whole school community being paramount as well as acknowledging the pastoral needs of individual pupils.

## **8. Roles and responsibilities**

### **Governors**

They will be responsible for ensuring that an up to date policy for drug education and managing drug incidents is maintained and disseminated to all staff and is accessible to all interested parties, including parents/carers. They will similarly be responsible for ensuring that a copy of the main elements of the policy, written in a manner that pupils will understand, is also displayed or is accessible to them. They will continue their involvement through regular evaluation of it.

Named lead Governor with responsibility for this policy is Rachel Bain

### **Head Teacher**

The head teacher takes overall responsibility for providing a safe place of work for all staff and pupils and as such takes responsibility for this policy, its implementation, and for liaison with the Governing Body, parents, LA and appropriate outside agencies. They will be responsible for ensuring that an up to date policy for drug education and managing drug incidents is maintained and disseminated to all staff and is accessible to all interested parties, including parents/carers. They will similarly be responsible for ensuring that a copy of the main elements of the policy, written in a manner that pupils will understand, is also displayed or is accessible to them.

## **PSHCE Co-ordinator**

The co-ordinator, together with the Head Teacher, has a general responsibility for supporting other members of staff in the implementation of this policy. The PSHCE Coordinator will provide a lead in the dissemination of information relating to drug education. They are responsible for identifying and providing good quality resources and in-service training. This forms part of their job description and they have access to relevant senior management team meetings.

## **Pupils**

Pupils should be asked to contribute to the review of the drugs policy through feedback about the education provided and if it is meeting their needs. Also, if a drug incident does happen on school premises that the pupils involved are allowed an opportunity to feedback on how the incident was managed.

## **Parents / carers**

Evidence shows parents are the single biggest influence on young people, but parents state they lack knowledge about drugs and confidence about their knowledge of drugs. Parents also appear unsure about where their responsibilities as drug educators stop and the school's responsibilities begin. Many parents can be unaware that schools undertake to educate their children about illegal drugs. Parents need to be informed about and encouraged to support the school's drug education programme and have access to this policy. They are responsible for ensuring that guidelines relating to medication in school are followed. The school plays its part in ensuring that parents have up-to-date information regarding drugs. Parents have the right to be informed of any incident that could result in potential harm to their child. This can be a very sensitive issue for parents, and therefore, it will be handled with care and consideration. The Head Teacher will consider if there are any special circumstances, which may temper this right.

## **All Staff**

Drugs Misuse is a whole school issue. All staff, both teaching and non-teaching, should be aware of the policy and how it relates to them should they be called upon to deal with a drug-related incident. This includes lunchtime supervisors, caretaker and cleaning staff. All new staff should be made aware of the policy and procedures.

If they have any queries or training requirements these should be made known to the PSHCEE Coordinator. Staff should have access to continuing professional development opportunities for drug education and it should be outlined how this learning will be cascaded to others.

## **Caretaker**

The caretaker regularly checks the school premises – any substances or drug paraphernalia found will be recorded and reported to the Senior Leadership Team and dealt with in accordance with this policy.

## 9. Aims and objectives of drug education

***“ Drug education should provide opportunities for pupils to develop their knowledge, skills, attitudes and understanding about drugs and appreciate the benefits of a healthy lifestyle, relating to their own and others’ actions” (Drugs: Guidance for Schools DCFS 2004)***

The main aims of our drug education are *(These are from Drugs: guidance for Schools DCFS 2004 page 18. They can be replaced with ones relevant to your school)*

Increase pupil’s **knowledge** and understanding and clarify misconceptions about:

- The short and long term effects and risks of drugs
- The rules and laws relating to drugs
- The impact of drugs on individuals, families and communities
- The prevalence and acceptability of drug use among peers
- The complex moral, social, emotional and political issues surrounding drugs

Develop pupil’s personal and social **skills** to make informed decisions and keep themselves safe and healthy:

- Assessing, avoiding and managing risk
- Communicating effectively
- Resisting pressure
- Finding information, advice and help
- Devising problem solving and coping strategies
- Developing self-awareness and self-esteem

Enable pupils to explore their own and other people’s **attitudes** towards drugs, drug use and drug users, including challenging stereotypes and exploring media and social influences.

Drug education is part of PSHCE and also National Curriculum Science and is time-tabled across the year groups. An outline of the planned curriculum can be found on school website.

Research has shown that the most effective drug education utilises a variety of teaching and learning styles and pupils are most engaged when actively involved rather than passively listening. Our programme will therefore have an emphasis on inter-active work and will engage pupils in critical thinking, discussing, sharing views and opinions, exploring attitudes and values, researching, reflecting on and applying knowledge and understanding about substance use and misuse. The use of third-person distancing techniques will be encouraged so that pupils will better appreciate that substance use and misuse involves making choices, taking responsibility and predicting or accepting consequences.

Drug education is delivered by teachers, many of whom have received additional specialist training, and from time to time with support from partners including the police and health professionals. To ensure best practice we require visitors to complete a form, Partners in Education (HS2), (Appendix 2 and available from Healthy Schools team), which should be done in conjunction and discussion with either the PSHCE co-ordinator or the relevant teacher. We always require teachers to be present throughout any contributions from visitors. Each input

should be evaluated as agreed either by the school or by the visitor and the results shared and kept on record with the HS2 form for future reference and as evidence for inspection or monitoring. Unsolicited requests from organisations or individuals to come and work with pupils on drug issues will be passed to the PSHCE co-ordinator who may seek further advice from any of the following; Risky Behaviour Consultant, Healthy Schools Consultant, PSHE/Citizenship Adviser, Link Adviser.

Drug education can be a sensitive issue and to protect the privacy and respect of everyone, teachers will be expected to develop ground rules with pupils at the onset of work. If pupils ask particularly sensitive questions that appear to be inappropriate in the circumstances, teachers will deal with this outside the classroom on a one-to one basis. If the teacher judges it necessary the pupil could be advised to speak to the school nurse, provided with information about where to get further help or, if the matter is considered a potential Child Protection issue, the staff member responsible for this should be notified.

We are aware that some pupils and families may have different beliefs and behaviours towards drugs, especially alcohol and we will take this into account when using materials and in interactive work and ensure that differences of opinions are respected. Where we know that a pupil's home circumstances make it likely that they may be either more knowledgeable about drugs or need more support then we will monitor the situation and make suitable arrangements for additional work to be done, usually with the consent and knowledge of the pupil's parents. However, as we always work in the child's best interests, in some cases where Child Protection issues may be present, immediate contact with parents/carers may not be possible.

## **10. Assessing, monitoring, evaluating and reviewing drug education**

As with all PHSE, Drugs education will be assessed in accordance with the School's policy for Assessment, Monitoring, Evaluating and Reviewing of Curriculum Subjects. Assessment of drug education should:

- Be planned from the beginning as an integral part of teaching and learning
- Provide regular opportunities for pupils to give and receive feedback on their progress and achievements, helping them to identify what they should do next
- Involve pupils in discussion about learning objectives and desired outcomes
- Include pupils as partners in the assessment process e.g through self-assessment and peer-assessment
- Enable pupils to identify and gather evidence of their progress in developing knowledge, skills, understanding and attitudes
- Reflect the principles of inclusion and the range of pupils learning styles enabling all pupils to demonstrate their achievement.

The Curriculum lead will be responsible for monitoring the provision of drug education in liaison with the PSHE co-ordinator and for reporting the results to the Senior Leadership Team and, via the Head Teacher, to the Governors Curriculum Committee. The PSHCE co-ordinator is responsible for evaluating the programme of work and reporting the findings on an annual basis and for making recommendations for changes to the programme.

## 11. Training and support for staff

It is the responsibility of everyone on the staff to be aware of situations or circumstances where drug related activity may pose a risk to health and safety, therefore the training needs of all staff will be placed on the governors agenda and INSET agendas to be periodically reviewed at least once every two years and a note of action to be taken recorded.

Additional training needs for those staff contributing to drug education in the curriculum and those with responsibility for managing drug incidents, including relevant governors, will similarly be reviewed and recorded.

## 12. Managing drug related incidents

### What to do in the event of finding a drug or suspected illegal substance

1. Take possession of the drug/substance ideally with an adult witness present and **inform the person in your school responsible for dealing with drug-related incidents (*Pamela Acheson*)**. Staff are permitted to take temporary possession of what may be an illegal drug for the purpose of preventing an offence being committed or continued in relation to that drug.
2. In the presence of a witness the article should be packed securely and labeled with the date, time, quantity (e.g. two cannabis joints, packet of powder equivalent to the size of fifty pence piece) and place of discovery.
3. The package should be signed by the person who discovered it and the witness and stored in a secure place: *Headteacher's office*.
4. Assess the area where the drug/substance was found to establish if any pupils have passed through the area and may have picked up/ taken the substance. Speak to relevant staff, perhaps make pupils aware and parents if necessary. Watch for any unusual behaviour in the pupils.
5. Arrangements should be made to hand the package over to police. Staff should not attempt to analyse or taste any found substance.
6. Write up the incident in the Health and Safety Book

**In the event of discovering a hypodermic needle** the incident should be recorded in the **Health and Safety Book** and the following procedure should be followed in order to protect all persons:



1. If possible do not attempt to pick up the needle but if deemed necessary an adult should do it with care, with gloves on and place the needle in a container that cannot be pierced e.g. a biscuit tin
2. Or cover the needle with a bucket or other container.
3. Cordon off the area to make it safe.
4. Inform the Head Teacher and/or caretaker.
5. Contact the necessary service who will take the needle away

### **What to do in the event of finding or suspecting a pupil is in possession of a drug**

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

1. Request that the pupil hand over the article(s) preferably in front of another adult witness.
2. Having taken possession of the substance/paraphernalia, the procedure should be followed as above (finding a drug or suspected illegal drug)

If a pupil refuses to hand over articles a search may be required – it should be noted that:

- Staff can search school property, i.e. cupboards and trays without permission. Prior permission should normally be sought from the pupil and searched in their presence and another adult witness. Staff can only ask a pupil to turn out their bags, pockets and lockers.
- Staff cannot carry out an intimate personal search of a pupil, their clothing or personal property. An enforced search by staff could be interpreted as an assault.

### **Procedures for managing a pupil suspected to be under the influence of a drug or substance.**

Stay calm, place pupil in a quiet area. Do not leave them unsupervised, seek medical advice, if the child is drowsy or unconscious place in recovery position, loosen tight clothing and attempt to establish what child has taken. Any suspected substances should travel with the pupil if removed for treatment. Vomit should be safely collected where possible and also taken with the pupil (for analysis). Contact the pupils parents/carer.

### **Procedures for managing a parent/carer suspected to be under the influence of a substance when collecting their child(ren) and parental use of substances**

Increasingly staff in education are expressing concerns regarding parents or carers who misuse drug substances, the possible impact on their children and what they should do in these circumstances.

The use of drugs by parents does not in itself necessarily mean that they are poor, uncaring or incompetent parents or that their children are at risk of abuse or neglect.

Whether teachers or other education staff should intervene in a situation where parents are suspected or known to be using drugs, including alcohol, in ways that might be harmful to their children will depend on a child being judged to be suffering significant harm. The focus of attention is the individual child or young person and it is their welfare that is paramount to any action that is taken.

If a member of staff has concerns about a parent or carer's drug/alcohol misuse they should immediately inform the senior member of staff within their establishment that has responsibility for Child Protection. This designated individual will decide on the information available and after, where appropriate, consultation with parents and a Local Authority officer with responsibility for Child Protection, how to proceed.

However, there may be occasions where an immediate, urgent call needs to be made to the police (999) because it is judged that a child or another person (including yourself) may be imminently at risk of serious danger. Examples include;

- (a) where an intoxicated parent is behaving violently or is threatening violence such that the belief is that the threats may be carried out thus compromising the immediate safety or care of a child, or;
- (b) place others in danger by driving a car whilst unfit through drink or drugs

It is important that staff do not generalise or make assumptions, rather that information about each case is assessed given regard to individual circumstances and the impact on the child or young person. A number of factors will need to be considered, including what 'protective factors' are in place i.e. arrangements to ensure the health, welfare and safety of the child.

It is however also important to recognise that drug and alcohol misusing parents are a high-risk group. They are often faced with multiple and complex difficulties which may adversely affect the child e.g. financial, housing, relationships, social integration and support, health, issues relating to criminality. At all times decisions should be made with regard to the principle that the child's welfare is paramount.

### **When to contact the police**

There is no obligation on schools or colleges to inform the police about drug-related incidents or to disclose the name of a pupil involved in a drug incident on their premises. Nevertheless, police officers may seek the names of individuals involved in drug-related incidents and should consider sharing with the principal, headteacher or nominated member of staff, information which is relevant to the welfare of the child. If a pupil is found in possession of and/or believed to be supplying suspected illegal drugs on the school premises it is good practice to inform the police as a school cannot knowingly allow its premises to be used for 'administering or using a controlled drug, which is unlawfully in a person's possession'. DCFS, *Drugs: Guidance for schools* (2004) recommends that police should be asked to identify and store or dispose of any suspected illegal drug.

The police have a duty to uphold and enforce the law. However, for school staff and other partners as well as the police, there are further priorities for those dealing with drug-related offences and matters related to alcohol, tobacco and volatile substances on school premises.

These priorities include:

- the welfare of the pupil or pupils involved
- the safety of staff and other pupils
- the human rights of the pupil or pupils involved

- the seriousness of the offence
- identification of substances
- priority given to tackling drugs within the local Crime and Disorder Reduction Partnership (CDRP).

In keeping with guidance issued by the Home Office, ACPO and the DCFS in *Crime Recording in Schools* (2004), it is not necessary for police to record drug-related offences which they witness or which are reported to them, unless the offence is serious or they are asked to do so by a head teacher, parent or guardian. Pupils found in possession of illegal drugs on school premises might not be arrested, but should be assessed, referred for advice, counselling or treatment, as appropriate, and may be dealt with through the school or college's own disciplinary procedures. The school or college should keep a record of any decisions made. Substances suspected of being illegal drugs should be seized for analysis and the substances and quantity should be recorded.

In reporting or requesting police assistance, police will assess each situation and make a response based on;

- The purpose of the request
- The nature of the incident
- The most likely appropriate and proportionate outcome

Sharing information may add to local intelligence but not require police attendance. Pupil possession of cannabis may be considered a "minor" offence, given that cannabis is the commonest of all illegal drugs, although this may depend on the age and circumstances of the pupil, e.g. a child under 10 in possession of cannabis would necessitate an immediate referral via the Child Protection route. Possession of any other drug, especially Classes A or B drug, is unlikely to be regarded as "minor". Dealing, supplying or sharing of illegal drugs is likely to assume a higher priority which may receive more affirmative police action.

If police attend an incident at a school an appropriate adult should always be present during interviews, e.g. parent/carer, teacher, social worker etc. Every effort must be made by the school to contact parents/carers before their child is interviewed and to invite them to attend immediately unless a professional judgement has been made that to do so may jeopardise the welfare of the pupil.

If formal action is to be taken against a pupil police will normally arrange for the pupil to attend a local police station with their parents/carers. Only in exceptional circumstances would an arrest be made on school premises

The use of drugs "sniffer" dogs in schools is currently not recommended for searches where there is no evidence for the presence of drugs on school premises - a view shared by the police. Where there is evidence of illegal drug use on school premises police officers may obtain a warrant to search, using dogs, although this will normally be with the fore-knowledge and co-operation of the head teacher unless operational requirements dictate otherwise. Schools may request visits by passive search dogs for educational purposes however careful consideration should be given to individual and cultural sensitivities in the context of diversity and inclusion.

If your school is concerned about people dealing illegal substances upon or near your school premises also contact the police.

Local Trading Standard officers can be contacted if your school is concerned about the illegal selling of tobacco and/or alcohol and /or solvents

### **13. Limits of confidentiality**

Pupils disclosing information about drug use by themselves, or by people they know, should be reminded that the teacher cannot offer absolute confidentiality. The boundaries of confidentiality should be made clear to the pupils. Parents have the right to be informed of any incident that could result in the potential harm of their child.

It should be noted that if the preservation of a confidence -

- i) Enables criminal offences to be committed, or
- ii) Results in serious harm to the pupil's health and welfare,  
Criminal proceedings could ensue.

If rumors of drug misuse are disclosed the Head Teacher should be informed – the Head Teacher should assess the information and decide whether further action is to be taken.

### **14. Investigating and supporting a drug-related incident**

Investigations should seek to elicit as much information about a drugs-related incident as possible in order to best support and re-engage the pupil with the learning process. Using open-ended rather than closed questions will produce better answers. The type of information sought may include;

- What substance the pupil believes it to be and why
- If the pupil has tried the substance and if so, when and how frequently and recently
- If the pupil has used any other substances, particularly at the same time as the one immediately causing concern - include consideration of alcohol or volatile substances
- If the pupil is on any form of medication or has known particular medical conditions that may be relevant to the circumstances
- Where the pupil obtained the substance from and in what circumstances, e.g. paid for it, received it free or a “free for now, pay later” basis
- If the pupil was instrumental in becoming involved in the incident or were they a vulnerable victim
- What the pupil's motive was for becoming involved
- How much understanding the pupil has of the possible effects and risks of what has happened and of what future consequences could be
- The quantity of substance
- If the substance(s) were intended for personal use or for sharing or dealing with others

- If there is an indication of dealing drugs, if the pupil was a ready supplier or was coerced into the situation
- If supplying drugs is suspected is it a one-off incident or part of a series; opportunistic or planned?
- If the pupil understands the legal implications arising from the incident
- The pupil's past exposure to relevant planned and programmed drug education as opposed to informal drug education via peers and general community living
- Any particular home or family circumstances which may have precipitated involvement in the incident

This conversation, together with any other information available from witnesses or others involved will help to build up a picture of the incident and begin to indicate if this was a reckless or naïve act or one that was premeditated with an understanding of possible outcomes. All pupils involved in a drug related incident should at an appropriate time and place have an informal conversation sensitively conducted about the incident and be provided with further information about drugs and their misuse and have access to further support either within the school or by outside agencies

School health may be able to offer support to individual pupils as well as provide information and advice to staff and parents. If a pupil attends a local Accident and Emergency Department (A&E) with a drink or drugs related concern, these health professionals receive information from A&E. They are then able to follow up the pupils and offer additional support and guidance, including to parents if required. School health work under the Fraser guidelines for confidentiality when operating a drop-in session, (as distinct from working in an educational role in a classroom where the school's confidentiality policy is paramount), and can therefore reassure pupils that they can be treated in confidence unless their disclosures reveal a real and significant risk to their health. Further support can be obtained from local young people drug and alcohol services (see appendix 4)

## 15. Responses

Responses to any drug related incident should be proportionate, balancing the needs of the individual with those of the wider school community. The aim should be to provide pupils with opportunities to learn from their mistakes, develop as individuals and re-engage with the learning process to fulfil their potential. This applies equally to pupils to be found in possession of, or supplying controlled drugs. Schools should have a range of responses that can be utilised once full consideration of the facts has been made. Examples of responses include;

- Provision of targeted advice and information about specific substances and their impact on individuals and communities together with developing an understanding of the degree of risk being influenced by a substance (product), the particular physical and psychological characteristics of the individual involved, (person) and the environment, (place) where substance use occurs
- Behaviour contract
- Monitoring
- Referral to a relevant agency or individual worker
- Use of a provider to give in-school support/information on a one-to-one basis
- Pastoral support programme
- A carefully managed move to another school through consultation with appropriate agencies

## 16. Exclusion for drug-related incidents

Research shows that pupils who are excluded from schools and those who absent themselves from school are often the most vulnerable to becoming or remaining at serious and higher risk of involvement with drugs and alcohol compared to their peers remaining in school. Every effort should therefore be made to retain pupils in school. Therefore:

- Schools should not adopt policies which will automatically lead to exclusion of pupils involved in drug related incidents. There should always be sufficient flexibility to allow pupils to remain in school, monitored with risk assessments in place where necessary. To provide appropriate opportunities for individuals to re-engage with the learning process.
- First offenders should only be excluded in the most extreme cases. The seriousness of an offence can be communicated to a school community very effectively without necessarily excluding. Referral to the appropriate agency should be the first response.
- Pupils should not be excluded for drug related incidents which happen out of school but again their needs should be supported.
- Schools must ensure that any exclusions related to a drug related incident is not in breach of equalities legislation e.g Disability and Discrimination Act or Looked After Children legislation.
- If a school ultimately decides on exclusion for drug related incidents, it will need to account for the strategies and provision which have been put in place for that individual prior to the exclusion and to have evaluated why that did not succeed in re-engaging the pupil.

## 17. Identifying and supporting vulnerable young people

We cannot predict which young people will misuse drugs but we can identify a number of risk factors which make it more likely:

- Being in care
- Engaging in antisocial or criminal behaviour
- Truancy
- Having a parent or older sibling engaged in drug misuse

We know that the reasons why young people start taking drugs can contribute to them developing drug misuse issues. Early identification and intervention with young people who have begun to use drugs is a vital harm minimisation activity. The Common Assessment Framework (CAF) may be completed about any young person the school has concern about with a view to triggering additional support for the young person concerned which may include some sessions with an integrated youth worker or a young persons substance misuse worker who will be able to provide support on the school site. A protective factor for pupils who may be developing substance misuse issues is remaining within education.

## 18. Recording drug-related incidents

Below is an example of a confidential form that the school will use to record drug-related incidents to build up a picture of any reoccurring issues, how to best deal with an incident or the need to

change the content of the schools drug education curriculum to match the types of incident and substances that the young people are using or coming into contact with.

The aim of this form is to support schools in recording a drug-related incident. Recording drug related incidents supports a schools commitment to pupil's welfare, as in time they can influence policy and procedures and have an impact on drug education delivered within the school. Details of the incident should be recorded as soon as possible.

**1. Please tick the most appropriate box for the incident**

A substance / paraphernalia has been found on the school premises (not on a person)	
A pupil(s) has been found in possession of a substance on school premises	
A pupil(s) has been found supplying a substance on the school premises	
A pupil(s) has been found under the influence of a substance on school premises	
Suspicious that a pupil(s) is under the influence of a substance on school premises	
Rumour of substance use or misuse in school	
Concern for use off school premises which may be affecting school performance	
Pupil(s) disclose own involvement with substance misuse or that of a family member	
A pupil(s) has been found in possession or under the influence whilst on a school excursion	
A parent/ carer is thought to be under the influence of a substance when collecting their child(ren)	
Other (please give details)	

**2. Date of Incident** .....

**3. Brief, factual outline of what happened (or suspicions) including a description of substance**

**4. Who was involved and what role did they allegedly play? (name, age, role played)**

**5. Who reported the incident, which staff were involved and an outline of the conversations?**

**6. What action if any was taken? (medial response, parental involvement, involvement of external agencies etc )**



**Outcome of the incident**

**7. Outcome of the incident**

**Review:**

**Are changes needed to be made to the drug education curriculum?**

**Are changes required to the Drug Policy?**

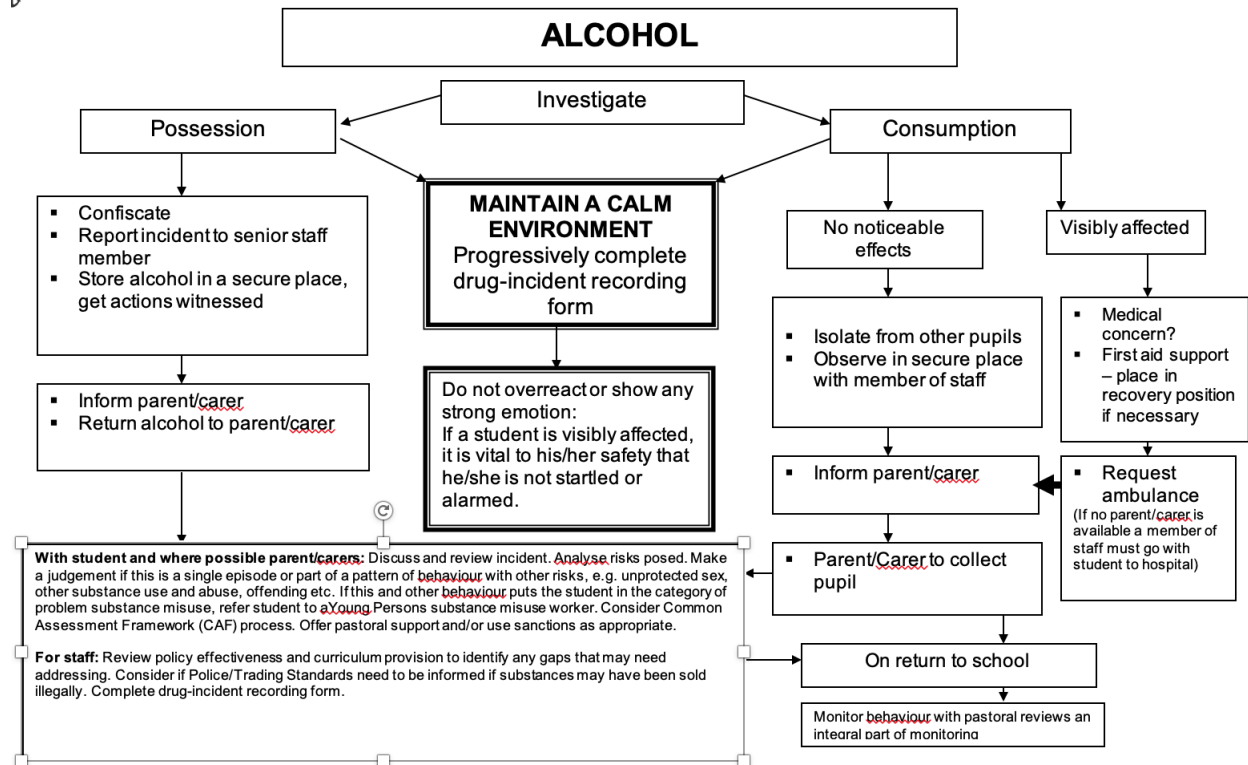
**Are there any staff/ governor training needs to be addressed?**

**Is further work required with external agencies e.g closer links with the police, young people substance misuse workers etc**

**Signed (original member of staff who dealt with the incident)**

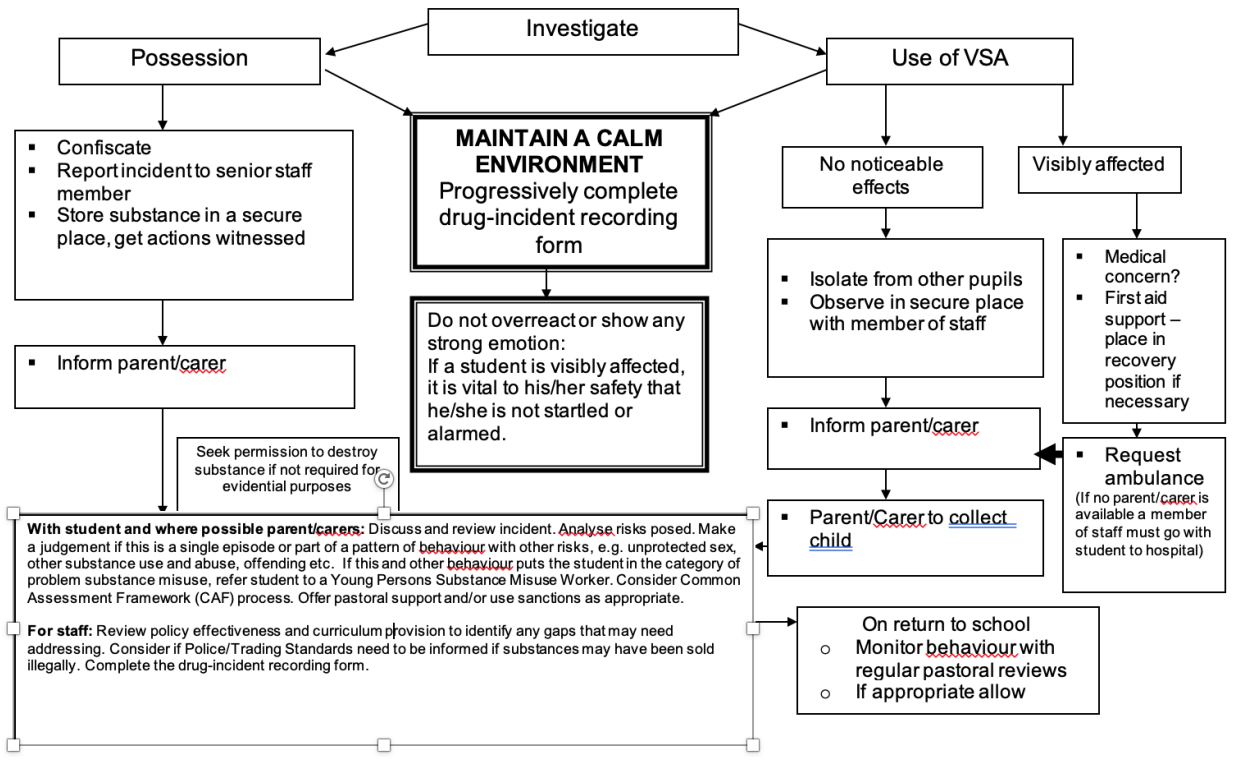
.....

## 19. Flowcharts





# VOLATILE SUBSTANCES (gas, glue, etc)



- Confiscate
- Report incident to senior staff member
- Store substance in a secure place, get actions witnessed

- Inform parent/carer

Seek permission to destroy substance if not required for evidential purposes

**With student and where possible parent/carers:** Discuss and review incident. Analyse risks posed. Make a judgement if this is a single episode or part of a pattern of behaviour with other risks, e.g. unprotected sex, other substance use and abuse, offending etc. If this and other behaviour puts the student in the category of problem substance misuse, refer student to a Young Persons Substance Misuse Worker. Consider Common Assessment Framework (CAF) process. Offer pastoral support and/or use sanctions as appropriate.

**For staff:** Review policy effectiveness and curriculum provision to identify any gaps that may need addressing. Consider if Police/Trading Standards need to be informed if substances may have been sold illegally. Complete the drug-incident recording form.

**MAINTAIN A CALM ENVIRONMENT**  
Progressively complete drug-incident recording form

Do not overreact or show any strong emotion:  
If a student is visibly affected, it is vital to his/her safety that he/she is not startled or alarmed.

No noticeable effects

Visibly affected

- Isolate from other pupils
- Observe in secure place with member of staff

- Medical concern?
- First aid support - place in recovery position if necessary

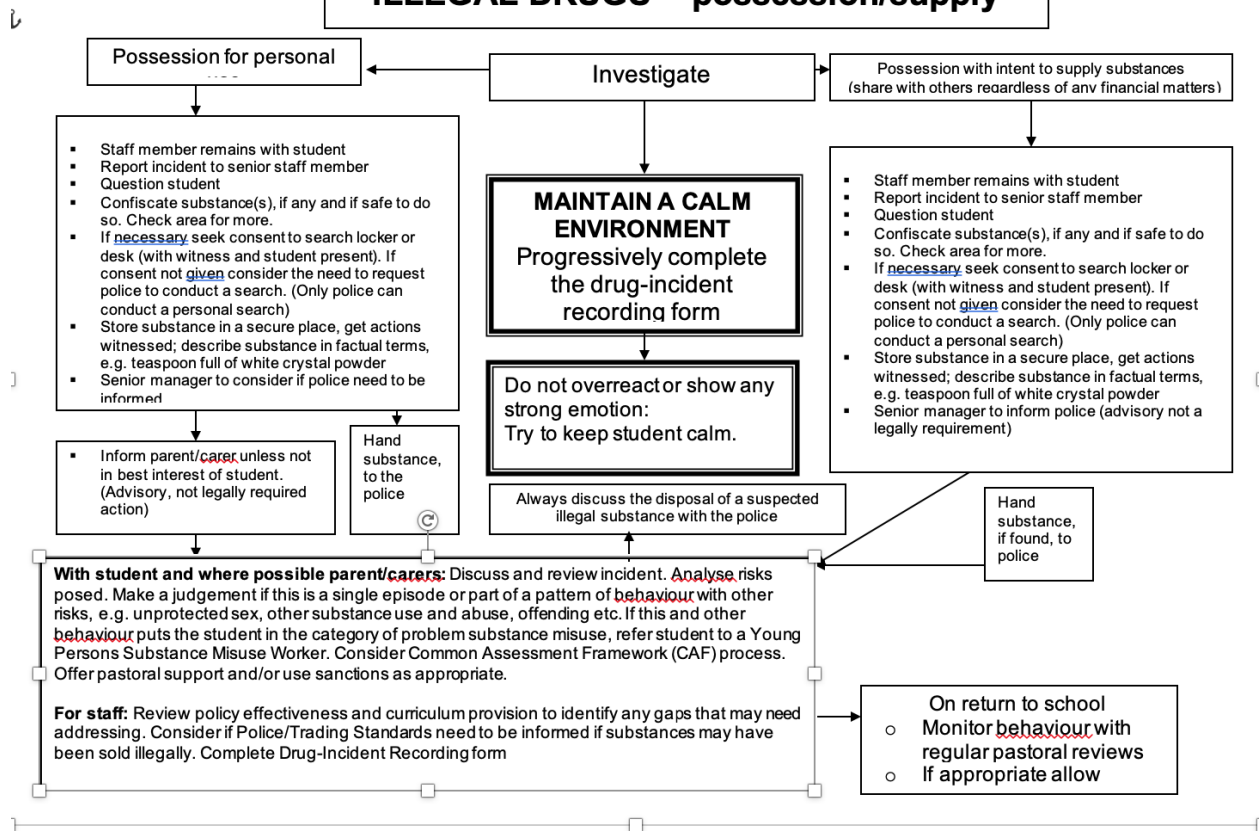
- Inform parent/carer

- Request ambulance (If no parent/carer is available a member of staff must go with student to hospital)

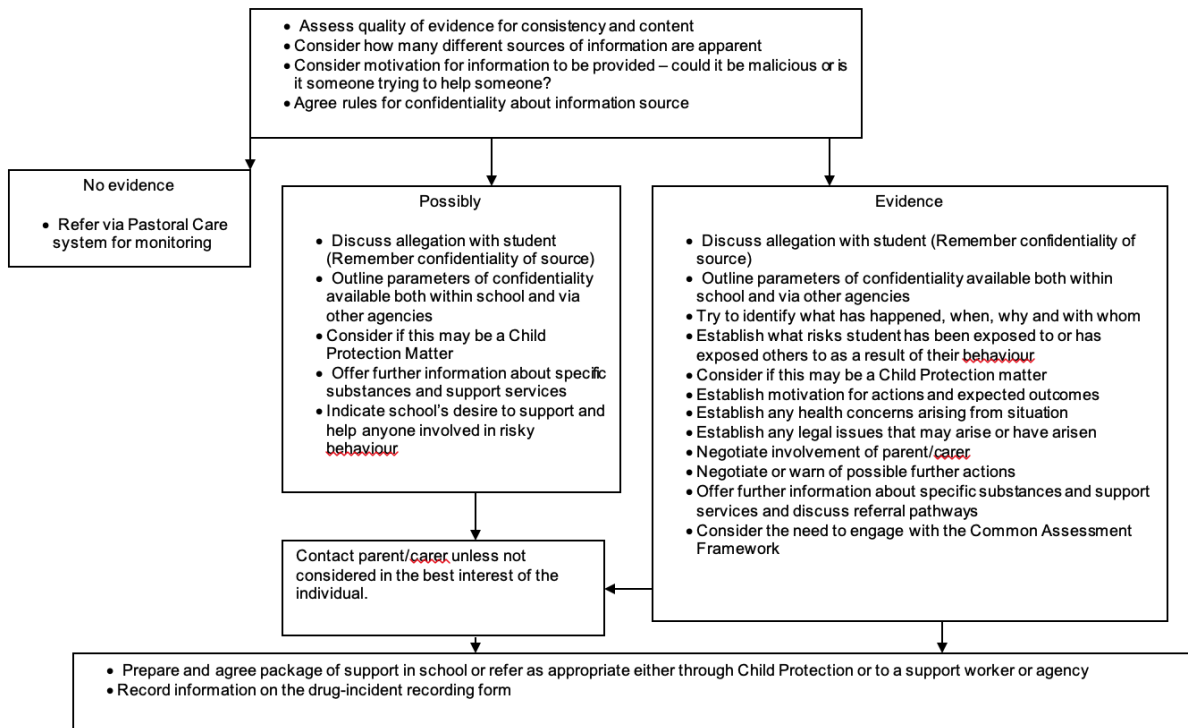
- Parent/Carer to collect child

- On return to school
- o Monitor behaviour with regular pastoral reviews
  - o If appropriate allow

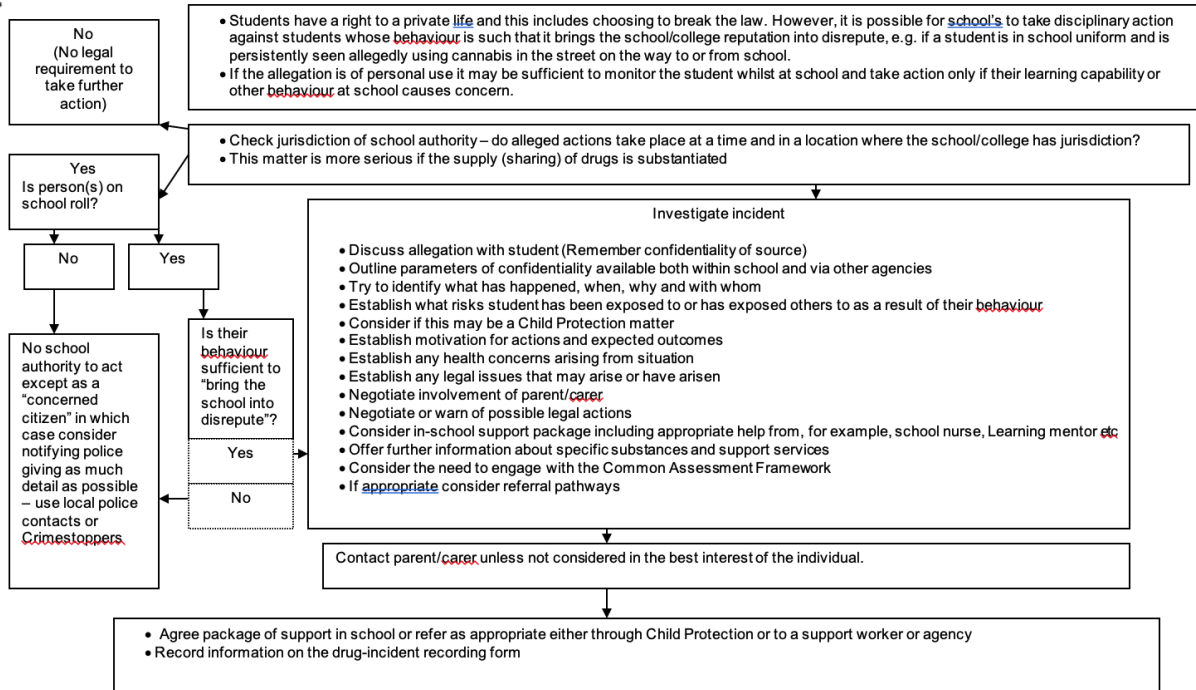
# ILLEGAL DRUGS – possession/supply



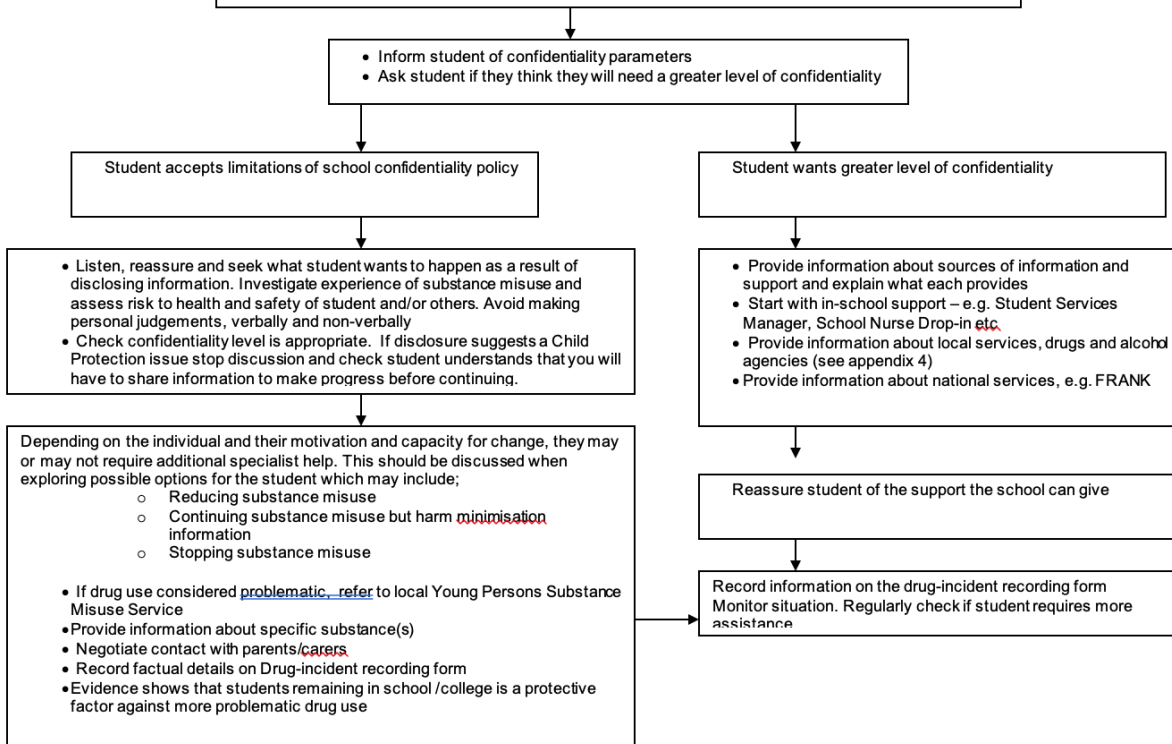
## Rumour of substance use or misuse in school



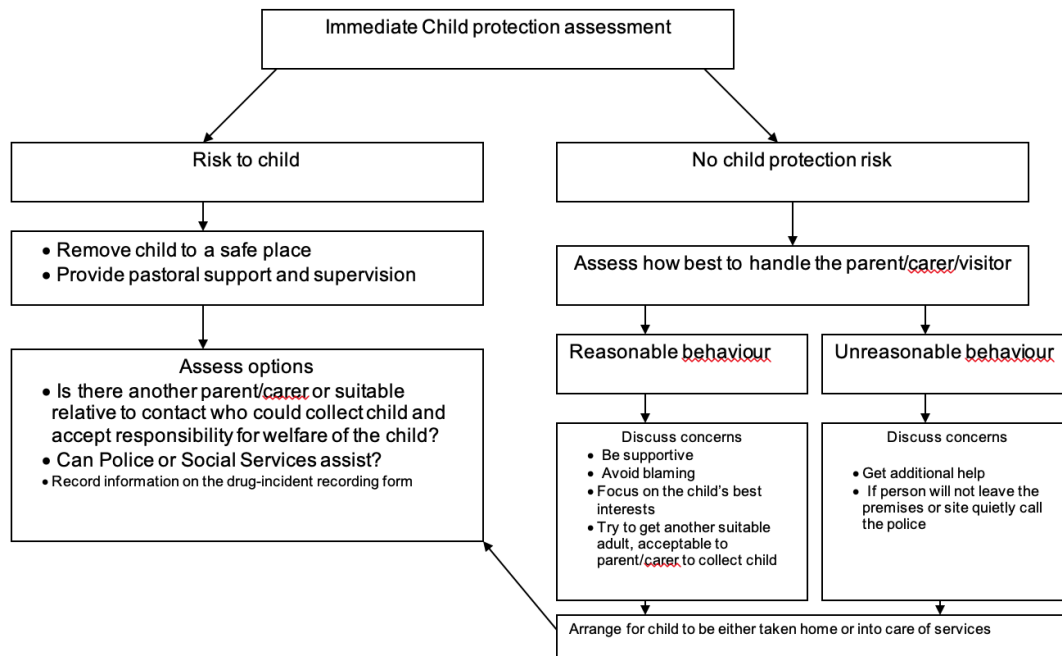
## Student using/supplying substances out of school



## Disclosure of substance use



## Parents/Carers/Visitors affected by alcohol or other substances on school premises



## Appendices

**Misuse of Drugs Act 1971 (Amended 2004)**- This is the main piece of legislation covering drugs and categorises drugs as class A, B and C.

These drugs are termed as controlled substances, and Class A drugs are those considered to be the most harmful. Offences under the Act include:

- Possession of a controlled substance unlawfully
- Possession of a controlled substance with intent to supply it
- Supplying or offering to supply a controlled drug (even where no charge is made for the drug, e.g. sharing between friends)
- Allowing premises you occupy or manage to be used unlawfully for the purpose of producing or supplying controlled drugs

**Drug trafficking (supply) attracts serious punishment including life imprisonment for Class A offences.** To enforce this law the police have special powers to stop, detain and search people on 'reasonable suspicion' that they are in possession of a controlled drug.

### Classification under the Act

<b>Class</b>	<b>Examples</b>	<b>Penalties</b>
Class A	Ecstasy LSD (Acid) Heroin / Methadone Opium Cocaine and Crack cocaine Magic Mushrooms Amphetamine if prepared for injection	For possession: Up to seven years in prison or an unlimited fine. Or both  For dealing: Up to life in prison or an unlimited fine. Or both
Class B	Amphetamine (Speed, Whiz, Sulph) Barbiturates Codeine Ritalin Cannabis resin Cannabis herb Cannabis oil	For possession up to five years in prison or an unlimited fine. Or both  For dealing: Up to 14 years in prison or an unlimited fine. Or both
Class C	Anabolic steroids Benzodiazepines (minor tranquilisers, e.g. temazepam GHB (Gamma-hydroxy butyrate) Some stimulant anti-depressant and anti-obesity medicines	For possession up to 2 years in prison or an unlimited fine or both  For dealing up to 14 years in prison, an unlimited fine or both

### External Support agencies for substance Issues

1. National Drugs Helpline – FRANK  
0800 77 66 00  
[www.talktofrank.com](http://www.talktofrank.com)

All local specialist treatment services have a Young Persons Substance Misuse Worker. They can provide individual support for young people who are misusing substances; they may be able to provide some group sessions to identified vulnerable young people who may be at risk of misusing substances. They can not provide general education sessions within the PSHCEE curriculum.

2. For Hambleton / Richmondshire area  
HARCAS (Hambleton and Richmondshire Community Addictions Service)  
85 South Parade  
Northallerton  
DL7 8SJ



01609 779012

3. For Scarborough / Whitby and Ryedale  
The Cambridge Centre  
23 Alma Square  
Scarborough  
Y011 1JR  
01723 367475

4. For Selby District  
Compass Young people Service  
31c Finkle Street  
selby Y08 4DT  
01757 213120  
www.compass-uk.org

5. For Skipton and Craven  
CODA (Craven organisation for drugs and alcohol)  
Mill Bridge House  
4a Mill bridge  
Skipton  
BD23 1NJ  
01756 794362

6. For Harrogate  
HADA (Harrogate Alcohol and drugs agency)  
47 East Parade  
Harrogate  
HG1 5LQ  
01423 525999

## Outdoor Activities Drugs Issues

**This section is a brief summary only. You must read *Drug Issues and Off-site Visits and Activities Further Guidance* for detailed information.**

Drugs include medicines, tobacco, alcohol, solvents and other substances.

### **Medicines**

- Notification of the need for medication and arrangements for security and administration should be in accordance with the school's medicines policy.

### **Alcohol**

- Alcohol can pose a substantial risk to health and safety of adults and pupils resulting in behaviour change and impaired functioning for many hours after use has ceased, often well into the next day. Judgement about what is an excess of alcohol is generally a subjective one and is open to challenge, more so where incidents occur following allegations of alcohol use.

- Alcohol use or abuse by anyone involved in a visit should be considered during risk assessment.
- It is strongly recommended that alcohol use is not permitted for any outdoor activity that requires reliance on others as well as self for safety
- The use of alcohol by adults is also to be discouraged as each has a continuous responsibility for the welfare of the group and should always be in a position to respond to any emergency at any time. This 24-hour responsibility should be considered even when “stand-down time” is allocated.
- No adult should be drinking alcohol or in contact with pupils whilst under the influence of alcohol.

### **Tobacco**

- Although the possession and use of tobacco (though not sales to under 18s) is unrestricted in law, in practice smoking presents a danger to the health of the smoker, to those around and, in certain circumstances, may pose a fire risk.
- Non-smoking should be the norm on school visits. Adults should not smoke in face to face situations with children and young people.
- No pupils should be subject to passive smoking from anyone in their party, including peers, even if they decline to object.
- The purchase of tobacco products as gifts should be disallowed and parents advised accordingly.
- Any tobacco products which are confiscated for the safety of individuals or a group must be returned to their owner at the end of a visit or trip unless the owner has consented to their disposal by other means.

### **Solvents**

- Volatile Substance Abuse (VSA) accounts for over 60 deaths a year in the UK. Lighter refills are one of the principal causes of death although many household and personal hygiene products are capable of being abused.
- If adults find an individual or group engaging in solvent abuse they must not shout, alarm or excite them as this may precipitate a heart attack. A calm and reassuring approach is necessary.
- Pupils should be advised against taking aerosols and solvent based products with them on visits or trips.
- Cigarette lighters and refills similarly should be restricted. Staff should keep control of any items that pupils may have.

- Pupils and parents should be advised that cigarette lighters and refills are not acceptable presents for a child to buy as a gift. (Lighter fuel sales to under 18s are, in any case, illegal in England.)

### Other Drugs

- Most drugs used in a non-medical manner are covered by the Misuse of Drugs Act (MDA) 1971. Although other countries may have varying interpretations of the law, for example permitting small amounts of cannabis for personal use, school groups should be guided and abide by UK law. (See *Drug Issues and Off-site Visits and Activities Further Guidance*)
- Under Section 8 MDA it is an offence for people to knowingly allow premises they own, manage or have responsibility for, to be used by any person for the supply of a controlled drug or the administration or use of any controlled drug which is unlawfully in that person's possession. It may be held that teachers or other adults are responsible for premises wholly or substantially used by their pupils, even where ownership of the property lies elsewhere.
- Pupils, parents and all members of any party making a visit to any location should be informed that the possession, use or supply (which includes sharing) of any controlled substance is not acceptable and that any contravention of this will result in disciplinary and/or legal action including an individual or individuals being sent home at their own expenses.

## Drug Issues and Off-site Visits and Activities

### Further guidance

#### About this Document

This document approaches matters that should be considered as part of the planning of a visit and read in conjunction with Appendix F of the *Guidelines for Educational off-site Visits and Activities for Schools and Continuing Education* (NYCC 2004). As a matter of principle appropriate school/establishment policies should be applied and where necessary adapted to meet the requirements of off-site visits and activities.

It has been devised by the Risk Management Group of North Yorkshire Children and Young People's Service to safeguard children, young people and adults taking part in off-site visits and activities.

As part of the planning process for any off-site visit or activity, the Visit Leader should carefully consider a range of issues connected with medicinal needs and substance use and misuse.

These issues may include;

- The necessary and authorised use of medicines

- The need for medication arising from an incident, experience or development of an unforeseen illness
- The possession, use, and for overseas visits, the possible importation of tobacco
- The possession and consumption of alcohol and, for overseas visits, the possible illegal importation of alcohol
- The possession, use or sharing (i.e. supplying) drugs illegal in the UK and abroad and other unauthorised substances which, although legal, may be used as a drug, e.g. volatile substances. The possible illegal importation of drugs from abroad

Whilst these are issues that may affect some children and young people the Visit leader should also recognise, and plan accordingly, for the fact that they could also apply to some adults participating in a visit, activity or residential experience.

### Legal Matters when Abroad

In some countries the legal position of drugs including tobacco and alcohol differs from the UK position. Details of these differences may be found at [www.fco.gov.uk/travel](http://www.fco.gov.uk/travel).

When travelling abroad, it is important that the Visit Leader is aware of these differences. However, these differences in legal status of drugs should only alter practice or behaviour expected from young peoples/adults where the country in question has stricter rules than the UK.

For Example:

Legal age to buy and consume Alcohol	France 16 years old	UK 18 years old but 16 with a meal	Iceland 20 years old
Outcome:	UK rules apply	UK Law/ rules apply	Icelandic law applies

### Codes of Conduct and Informing Parents

Prevention is always better than having to resolve a problem that could possibly have been foreseen. It is good practice to consider what risks there may be and how these may be eliminated or reduced by discussion and agreement prior to any activity taking place.

The chart identifies some of the issues that will require addressing prior to any activity or visit taking place. When considering these issues the age, maturity, capability and experiences of the group should be taken into account.

Issue: Involving Young people and Parents	
How will staff analyse the activity/experience and identify possible drug/alcohol-related risks? From whom will staff seek additional advice/help? .	<p>Risks are identified and noted. Suitable expectations/responses both negotiable and non-negotiable are noted for discussion and notification.</p> <p>Note is taken of national and local guidance and advice sought from relevant individuals, e.g. Local Authority Advisers/Consultants</p>
How will young people be involved in the decision making process and at what stage?	<p>A meeting is held with participating young people and/or their representatives. The responsibilities of the adults for ensuring young people's safety are described. Personal responsibility of individual children and young people for their own safety is clearly understood. Their responsibility for the safety of others is understood. Behaviour expectations are clearly outlined and understood.</p>
How do you gain fully informed parental consent?	<p>Through printed information to parents/carers; parents/carers meeting and opportunities for parents/carers to ask questions. Consent should always be gained in writing and where necessary the Visit Leader may implement a behaviour contract between the school/establishment, parents/carers and a young person.</p>
What if the expectations and/or agreement is broken?	<p>As a matter of principle the normal school policy should be followed with any necessary adaptation to allow for the circumstances of the activity/visit.</p> <p>Response to infringements needs to be proportionate and in line with policy and removal from the whole activity/visit would need to be in line with agreements outlined above.</p> <p>Note: Infringements that have the potential to compromise the safety of individuals or others, e.g. a "hang over" or the use or suspected use of substances are likely to result in at least removal from an activity or in a young person being sent home.</p> <p>Prior consideration should be given to the safety, security, cost and continued supervision of the individual and the rest of the party. The potential need for and deployment of additional</p>

staff and the financial implications need to be understood and agreed as part of the planning.

## Specific drug issues

### Children and Young People’s Drug Use - Medicines

Visit Leaders should continue to implement and review procedures for the recording of medical needs, storage and distribution of medicines. The procedure for use and administration of medicines on school visits/activities should be strongly influenced by the school’s existing ‘Medicine Policy’.

Issue: Storage and Handling of Medicines	
What arrangements are in place to guide the possession and use of over the counter medicines?	Over the counter medication is listed and lodged with a named member of staff designated with that responsibility. Clear arrangements must be in place for young people to access their medication if and when required,
Are there young people in your party who have particular medical conditions requiring regular prescribed medication?	Identify additional staffing or provision required. Ensure that the health and safety of other young people and adults is not compromised.
Is there a member of staff willing to administer this medication and keep an appropriate record?	Identify staff members who will ensure that medication is taken/administered appropriately and a record is kept of the dose, date and time of administration. (Staff could seek advice from their union)
How will you ensure that the staff member has all the relevant information about the medication and its administration?	Parents and carers must provide all relevant information* and give permission in writing for administration of medication. (* label medication with the name of the pupil, the name of the medicine, dose, frequency, action if dose missed etc., and contact information for related emergency). The information should be included on the medical form and on or with the container in which the medicines are supplied. Staff must be given training for the administration of specific medicines, e.g. Epipen Governors should indemnify staff from any legal action that could be taken following any incident arising from any claim of negligence made against a member of staff who has volunteered to administer medicines.

How will staff be indemnified against claims for negligence?	The employer should ensure that staff are indemnified against claims in the event of any allegation of negligence arising from the agreed parameters of the administration of medicines.
How will you keep the medication secure and at the correct temperature?	Ensure that arrangements are in place for the medication to be secure and that refrigeration facility is available if necessary, including on the journey. If not, seek medical/parental advice on alternatives.
Have you considered the possibility of the unauthorised use/supply (sharing) of prescribed or over-the counter medicines?	Arrangements in place for keeping medicines safe and for dispensing / recording as appropriate. Situation is monitored.

Medical forms should include the following information:

- Emergency contact details, day and evening
- Doctor's contact details
- Details of medicines to be used during the visit
- Allergy information
- See NYCC Guidelines for Educational off-site Visits and Activities for Schools and Continuing Education

### Staff Drug Use – Medicines

Visit Leaders should ensure that they have relevant information about the medical needs of staff members. These records should be treated confidentially by the Visit Leader.

Staff members should ensure that their medicines are stored safely. It is expected that staff who use medication are aware of any effects on driving etc and restrict their actions accordingly.

### Children and Young People's Drug Use – Tobacco

#### Legal Position

- The sale, but not the purchase, possession or use of tobacco, to under 18's is illegal in the UK. Many countries now have restrictions on smoking in enclosed and public places. Passive smoking is a danger to health and in no circumstances should non-smokers be subjected to second-hand smoke. The expectation should be of non-smoking and certainly not in face to face situations where adults interact with pupils
- The Visit Leader should ensure that practice in no way condones or encourages smoking and that all adult members of the party are fully informed of the policy. The default position is that the usual school No Smoking policy will apply. However, if

members of the party are over 18 years, you may wish to negotiate times and places they may smoke, making the sanctions clear

- For example: One leader of a skiing course was notified that some young people would not get through a day's activities without smoking. There would be significant impact on behaviour if a smoking ban was enforced. The Visit Leader established prior to the course the number of cigarettes they would need and agreed they would smoke only during free time and in designated open smoking areas
- There should be a clear expectation, explicit to parents/carers, adult party members and pupils that cigarettes and tobacco should not be brought back from overseas visits as presents.

### **Staff Drug Use – Tobacco**

Staff must be clear about the times and places they may smoke. The rules followed whilst on school premises will usually be applied.

If a school visit is to a County-run site, the County No Smoking Policy will apply. Staff should ensure that their behaviour in no way condones or encourages smoking and in no circumstances occurs in face to face situations with children or young people

### Children and Young People's Drug Use – Alcohol

#### **Legal Position**

- It is legal for those over 5 years old to consume alcohol in private places, however adults responsible for administering alcohol to children may lay themselves open to accusations of child neglect if a child is judged to be impaired in any way through the amount of alcohol that an adult has knowingly given them.
- In most cases, sale of alcohol to under 18's is illegal in the UK.
- It is illegal for someone to purchase alcohol for someone under 18 years of age - i.e. buy a drink at the bar and give it to someone under 18 years of age elsewhere on the premises
- The exception is where 16 and 17 year olds are having a table meal. It is legal for those over 16 to drink but not purchase beer, lager, cider or wine (but not spirits) if this is ancillary to a substantial meal. The drink must have been bought for them by someone over 18 years of age who must accompany them throughout.

Alcohol is the substance most likely to be abused, with significant and potentially dangerous consequences for young people and staff. Alcohol can pose a danger to the individual drinker and, through their behaviour, to others both at the material time and later, for example, having a "hang-over" the next day could compromise safety. The use of alcohol by young people and staff may also increase the risk of poor decision-making, misunderstandings and accusations of inappropriate behaviour.



Every effort should be made to prevent situations where young people are endangered through alcohol misuse. It is expected that single day visits will be alcohol free. However, residential visits may present different issues but even here serious consideration should be given to zero tolerance to alcohol. It is simply not possible to recommend a “safe level” for drinking because so many factors affect an individual’s response to imbibing alcohol. Indeed an alcohol-free experience may be regarded as a new learning experience for some.

The priority for safety is that staff should at all times be able to respond to any emergency and being alcohol-free is the only certain way of ensuring that one’s actions cannot later be criticised as being influenced by drink should any enquiry or legal action follow. Having the same rules for adults and pupils/students also reduces tensions about different standards and reminds everyone that safety is paramount.

Having considered the feasibility of a zero alcohol option, if this is discounted, perhaps on grounds of the age and make-up of the party, consideration should be given to the following;

<b>Issue 1: Over 18’s</b>	
Does the visit involve any young people over 18?	The proportion of young people over 18 may affect the way you deal with this issue.
Will you allow over 18’s to drink alcohol at certain times, outside organised activities?	Set clear parameters and decide if, where, what and how much alcohol consumption is to be permitted and confirm direct or remote supervision arrangements by staff.
How will the under 18’s in the group be monitored?	Clear and agreed procedures if arrangements for different age-groups vary. It may be fairer to decide on the same behaviour standards for all young people and adults.
<b>Issue 2: Over 16’s and Evening Meals</b>	
Will you allow over 16’s to drink alcohol with an evening meal?	If going abroad, check this is within the law of the country you are visiting.
Will you restrict the amount or type of alcohol they may drink?	Clear parameters regarding the amount of beer, wine or cider permitted to be consumed as an ancillary to their evening meal.
How will you monitor those who do not have parental permission to drink alcohol during an evening meal?	Monitor situation and take due regard of fully informed parents/carers wishes
<b>Issue 3: Foreign Exchange Visits for Under 16’s</b>	
Will young people be allowed to accept alcohol from their host families during an evening meal or at other times?	Ensure that young people are prepared for different cultural expectations about alcohol. Apply parents/carers wishes to the use of beer,

	wine or cider. This should be made clear to host families.
<a href="#">Issue 4: Safety and First Aid</a>	
How will young people be reminded of personal safety messages?	The young people may only be allowed out of direct supervision in at least pairs. Geographical boundaries may be set for 'free time'. Where practicable young people have an emergency telephone number to contact staff.
What emergency procedures will be in place?	The young people must be aware of the action that is expected of them if too much alcohol is consumed. It should be emphasised that breaking the rules is a lesser consideration than individual safety. Young people should know how to summon help immediately, if they feel someone is ill or in danger.

Whatever decisions are made about alcohol use, these must be clearly communicated to young people, parents and host families and, whilst undertaking an activity or visit, reinforced as necessary. The sanctions must be made clear.

It is essential to discuss emergency plans beforehand and to emphasise that personal safety is a far greater consideration than the fear of reprimand.

### **Staff Drug Use – Alcohol**

Staff alcohol consumption is an issue to be discussed and agreed in the planning stage of a residential visit. It is not possible for guidance to be given on what may be a “sensible” limit for the consumption of alcohol. Zero alcohol consumption is the best recommended practice. This said, the key points are:

- The effect of alcohol on health and safety of self and others and the capacity of all staff to be able to respond to any emergency at any time, which could include driving
- The effect of alcohol on decision making ability
- The potential for inappropriate behaviour or unprofessional conduct (e.g. Sexual Offences Act)
- What constitutes being 'off duty'
- Staff members being fit to resume duty.

Issue 1: Staff Use of Alcohol	
What is the view of the school/establishment management on staff use of alcohol on a school visit?	Apply the school/establishment policy with any necessary adaptation
What process will you use to consult staff about decisions and communicate these to staff members before you go?	A briefing meeting should be held to discuss the necessary range of issues relating to the visit together with agreed practice.
Does the length of the visit affect the decision?	If the visit is short, staff may not wish to use alcohol.
Will there be any staff who will not be drinking alcohol during the trip? How will you ensure that these staff members are not given additional, unexpected responsibilities? How will the Visit Leader ensure that working relationships are not put under strain? How will supervisory responsibilities be organised?	Establish a rota, so that staff members have a clear understanding of when they are on and off duty. Ensure that at all times, there is appropriate supervision by alcohol free staff.  <i>(1 unit of alcohol is processed by the body every hour).</i>
Is it acceptable to drink alcohol in front of young people? If so, what are the restrictions?	Clear parameters are established and adhered to.
Does large scale public purchase by staff of duty-free alcohol compromise the integrity of the school/establishment drugs/alcohol policy?	Establish and adhere to an agreed protocol.

It is expected that single day visits will be alcohol free.

Alcohol misuse (use at the wrong time or use to excess) will be considered a disciplinary matter.

Young people should always supervised by alcohol-free staff, either directly or remotely.

## Children and Young People's Drug Use – Illegal Drugs

### Legal Position

- It is illegal to possess and supply (*for "supply" read "share"*) Class A, B and C drugs. (For more details see [www.talktofrank.com](http://www.talktofrank.com))
- "Magic mushrooms" are a Class A drug and is now always illegal even when not processed.
- Cannabis is a Class C drug and is illegal.
- The use of solvents and 'poppers' (nitrites) is not illegal, but the course of action a school takes if young people are using these substances may be similar to the action taken in the case of illegal drug use/supply.

<b>Issue: Illegal drug use, possession and supply</b>
---

Are you aware of the laws about the possession/supply of drugs in the area to be visited even though you are most likely to be applying UK law except where the local law is stricter?	Check the situation on <a href="http://www.fco.gov.uk/travel">www.fco.gov.uk/travel</a> or other relevant sites
Do all party members fully understand how the use of illegal and unauthorised drugs (including volatile substances and poppers) can compromise safety and potentially bring someone into contact with a legal system?	Ensure all party members are informed of expected behaviours and of the legal position. Ensure all party members understand how the use of some substances, especially cannabis, alcohol and ecstasy, can affect judgement, senses, perception and co-ordination for a number of days after their use and therefore compromise safety.
Do all party members understand legal and party rules for the bringing back of tobacco, alcohol or other substances?	Ensure all party members are informed of any party-imposed restrictions what they are allowed to bring back, especially if these are different from legal allowances
If the visit is to a country where practice and attitudes towards cannabis is perceived by young people as being more relaxed than in the UK, do all party members understand the gravity of anyone being found in possession of cannabis or other illegal substances? Do they understand the legal and other consequences, including disciplinary, that may follow if they are caught in possession of or supplying of an illegal substance?	Ensure all party members know the expectations of behaviours.
What will you do where expectations are not met and a drug related incident occurs? How will you differentiate between possession, use and supply (sharing) of a substance?	Clear and agreed consequences in response to specific drug-related situations which are practicable and capable of being supported by other appropriate adults from the school/establishment.

The school/establishment substance use and misuse policy will apply with any necessary adaptations to take account of the nature of the visit.

The expectation that there will be no use of illegal substances must be clearly made to young people before departing. Parents should also be made aware of the parameters and possible consequence of a young person being sent home in terms of supervision, cost and transfer of duty of care to them or a named responsible adult.

In the UK teachers are not legally bound to inform the police of illegal drug use or possession of an illegal substance, although they may choose to do so if they feel this in the best interests of the child or if their school/establishment policy directs this.

Visit Leaders should make themselves aware of the legal situation and policing arrangements which apply to the country they are visiting. When abroad, there may be other interpretations of concepts such as 'possession', 'intent' and 'criminal responsibility'. In the UK the supplying (sharing) of illegal substances would normally be reported to the police; however it may be possible to resolve such an incident within the school group unless the activity has involved local, i.e. non-school people, in which case the local police may have to be informed.

In the UK, responses to possession, use or supply of illegal drugs should be in keeping with the school's/establishment's drug policy, taking account of the law and Child Protection considerations.

### **Staff Drug Use - Illegal Drugs**

Every school visit should be free from illegal drug use. Illegal drug use will be considered a disciplinary matter.

A staff member must always be capable of fulfilling their duties. This is especially relevant when responsible for the pastoral care and health and safety of young people. Use of illegal substances whilst staffing a school visit may also threaten the image of the school and the County Council and adversely affect working relationships.

### **Appendix 1 Resources and Further Information**

The following websites have information and guidance for schools on medical conditions:

The Anaphylaxis Campaign [www.anaphylaxis.org.uk](http://www.anaphylaxis.org.uk)

Asthma UK [www.asthma.org.uk](http://www.asthma.org.uk)

Diabetes UK [www.diabetes.org.uk](http://www.diabetes.org.uk)

National Society for Epilepsy [www.epilepsynse.org.uk](http://www.epilepsynse.org.uk)

National Eczema [www.eczema.org](http://www.eczema.org)

These documents have been referred to in this document:

'Supporting Young people with Medical Needs' DfES available from [www.teachernet.gov.uk/medical](http://www.teachernet.gov.uk/medical)

Guidelines for Educational off-site Visits and Activities for Schools and Continuing Education (NYCC 2004)

'Health and Safety of Young People on Educational Visits' DfES available from [www.teachernet.gov.uk/visits](http://www.teachernet.gov.uk/visits)

Drugs: Guidance for Schools DfES Feb 2004 [www.drugs.gov.uk](http://www.drugs.gov.uk)

For further information about the legal situation in other countries see [www.fco.gov.uk/travel](http://www.fco.gov.uk/travel)

<b>Policy:</b>	<b>Drugs Policy</b>
<b>Signed Chair of Governors:</b>	<i>R Bain</i>
<b>Governors Meeting Ratified:</b>	<b>January 2023</b>
<b>Review Date:</b>	<b>Spring 2024</b>
<b>Review schedule</b>	<b>Annually</b>

