

Guidance on developing a drugs policy for your school including how to manage a drug-related incident

You may also find the following documents helpful:

Drugs: Guidance for schools

DCFS/0092/2004

(pdf version available at www.dfes.gov.uk/drugsguidance)

Drug Education: An Entitlement for all

DCFS-00876-2008

(pdf version available at www.teachernet.gov.uk/publications)

Drugs: Guidance for the Youth Service

DrugScope and Alcohol Concern

(pdf version available at 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 and at 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 (ISBN: 1 85838 518 0)

Further clarification on searching pupils within the Education and Inspections Act 2006 can be found at <http://www.legislation.gov.uk/ukpga/2006/40/part/7/crossheading/confiscation-from-pupils>

Further support from Clare Barrowman, Education Development Advisor Well-being (risk-taking and vulnerable pupils). Tel: 01609 536808 and email:clare.barrowman@northyorks.gov.uk

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The purpose of this document is to enable your school to develop and agree an effective drugs policy through wide consultation with the whole school community. There is the outline of a policy that a school can adapt, but a school needs to consider the wording of the policy and the issues within the boxes to ensure the final policy reflects the needs, ethos and responses of the school.

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Schools Drugs Policy Checklist

Section 1: Development and management of the policy and drug education within the school

1. Policy is written in accordance with DFES drugs guidance 0092/2004 Drugs: Guidance for schools
2. There is a named member of staff with overall responsibility for drug education
- 2a *A governor is also designated to have responsibility for drugs ed (Good practice)*
- 2b Introduction includes:
- Name of school
 - Key features of school including demographic information
 - An ethos and values statement
 - The school's definition of drugs
 - Outline of the policy development consultative process
 - Target audience of the policy
 - Boundaries of policy – e.g. school & off-site activities

Section 2: Planned Drugs Education Curriculum, staff training and work with external agencies

- Is based on a needs assessment of its pupils
- Is part of the school's Science programme
- Is part of the school's PSHCEE programme
- Covers all Key Stages taught in the school
- Is differentiated to meet pupil's age, ability, gender and maturity
- Includes development of skills (e.g. assertiveness, decision-making, communication) & exploration of attitudes as well as knowledge and understanding
- Curriculum aims and learning outcomes are specified
- States how, when and by whom drug education is taught
- States how drug education is assessed, monitored & evaluated
- Allows pupils to participate in planning drug education
- A commitment to enable staff, including non-teachers, to develop professionally through lesson observations, training & access to national and local guidance and information on drugs
- How the school will ensure resources are relevant and up to date

- ❑ How the school helps to educate and inform parents about drugs, and drug education
- Ensure appropriate use of external agencies and that any provision is planned, delivered and evaluated with a member of staff from the school e.g PSHE co-ordinator
- Requires the use of the Partners in Education (Form HS2) where visitors contribute in the classroom
- Takes into account needs of vulnerable pupils, those with special educational needs or with specific cultural or religious views
- ❑ Does the school have positive links with local police? Police should only be providing curriculum input to pupils on the law and substances
- ❑ How the school will provide information about support services for pupils, parents and carers on and off-site
- ❑ Does the school have appropriate referral routes in place for young people to specialist services who can give professional advice on drugs and alcohol issues
- ❑ Does the school make use of local data from surveys etc? e.g Health Related Behaviour Questionnaire 2006 and 2008 data

Section 3: Managing drug-related incidents which includes identifying sources of support for pupils and alternatives to exclusions.

- ❑ State what is meant by “drug-related incident”
- ❑ Set out responses for dealing with suspicion, rumour, disclosure, emergencies, intoxication
- ❑ Outline a range of responses with an indication of when and how they may be applied
- ❑ Detail how suspected substances will be dealt with especially regarding security of substance and witnesses to action
- ❑ State the boundaries of confidentiality
- ❑ Set out legal matters e.g. when police may be informed
- ❑ State how and when parents will be involved/informed
- ❑ Detail recording and reporting procedures (taking into account the Freedom of Information Act 2000)

Section 1: Development and management of the policy and drug education within the school

This policy was developed and agreed with consultation with governors, senior management team, all teaching staff and non-teaching staff, parents, pupils and other relevant outside agencies, e.g. police. This policy has links with other school policies

Name the policies – for example:

- School Medicines Policy
- Behaviour and Rewards Policy
- Child Protection Policy
- Polices covering school visits
- Health and Safety
- Personal, Social, Health, Citizenship and Economic Education (PSHCEE)
- Confidentiality

This policy reflects national aims and priorities including DCFS documentation Drugs: Guidance for school (March 2004) and QCA Curriculum guidance for schools on drug, alcohol and tobacco education (2003). These publications are available for information and are kept (**Name place**)

Issues for consideration:

- Identify one person to **co-ordinate the development** of a policy and draw up a list of those individuals/organisations that can help; don't forget school nurse, community police officer and, where appropriate, integrated youth service providers etc. Even if any of these people cannot immediately contribute to the development of the policy they could be consulted at the draft stage.
- The amount of input that **pupils** can have will vary according to the nature of the school and age and maturity of the pupils or student body. However their views can be sought on issues such as *keeping safe in school, what rules should apply and the consequences of breaking rules*. Important learning about values, the school's expectations and concerns for well-being as well as raising awareness about some drug issues can be developed through consultation that could include quizzes, questionnaires, circle-time discussion, school council agendas or focus groups, for example.
- **Parents/carers** contributions can be valuable and may be sought through questionnaires, focus groups, recorded comments on consultation events etc. Whilst some parent representation can be reflected via parent governors, schools should ensure that they try to get responses from harder to reach individuals and groups including travellers, those with English as a second language and those parents whose own experiences of their school careers was such to require them to have extra encouragement to become involved and be respected for their contributions.
- The drugs policy should be widely publicised and distributed, be readily available as a reference source and be mentioned in the school prospectus, staff handbook, school website and information for new pupils, parents/carers and governors.
- A **summary of the policy** written in a way that **pupils and students will appreciate** should be available for them to access without having to ask for it, as should details of where to get additional help - sources such as the National Drugs helpline (FRANK - 0800 77 66 00), Childline 0800 1111, Samaritans, (08457 90 90 90), school nurse and local drug agencies
- There should be reference to where a copy of the **policy will be kept** for reference purposes, including for access by parents. This can be a hard copy and/or an electronic version.

The purpose of a drugs 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
- Provide a basis for evaluating the effectiveness of the school drug education programme and the management of incidents involving illegal and other unauthorised drugs
- Reinforce the role of the school in contributing to local and national strategies

School Information:

Issues for consideration:

Any key features of the school which could impact on the approach taken by the school:

- Demographic information
- Ethos, aims and mission statement of the school
- Local community – particular characteristics
- Data from any surveys e.g Health Related Behaviour Questionnaire completed by young people in 2006 and 2008 which raise particular issues for your school

Consider to whom the policy will apply, where and when:

This policy applies to the school buildings and grounds and is equally applicable to all people including pupils, staff, governors, adults, visitors, 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 specifically for school purposes. Although the school is not responsible for pupils traveling to and from school we will work with parents and/or other agencies should any problems be identified.

Issues for consideration;

- The policy needs to take into account all those who use the school building and site during and outside of the school day. This could include staff, visitors, partner agencies, governors, other users of the building from Extended Schools and youth/adult service providers to commercial hirers and contractors. Consider if and/or how the policy applies to youth provision if housed separately on the school site.
- Consider if your policy will include events, activities organised by, for example, a parent-teacher association or similar particularly regarding alcohol - for example alcohol provided as prizes in raffles etc can only be given to someone aged 18 years or over
- Consider also how the policy will apply to school activities off-site, in particular residential experiences. It may be necessary to consider drawing up separate clauses to cover specialised activities such as home stays or civic ceremonies

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), Khat and legal highs
- 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

Issues for consideration:

- Because people have different perceptions and understanding when they hear the word “drugs” it is necessary to be clear about what the school means by drugs and drug education. Clarification can reduce the risk of misunderstanding and concern about dealing with a sensitive issue, especially with younger children

The 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.

Issues for consideration;

- Have a clear statement about where the school stands and clarify which drugs and under what circumstances are not acceptable on school premises or during any activity on or off-site as covered by the boundaries of the policy
- Outline school rules with regard to unauthorised drugs and make links to the school policy on medicines
- Explain that the school's first concern to a drugs incident will be to manage it to secure the health and safety of the school community and to meet the pastoral needs of pupils

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 (*fill in name*)

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.

PSHCEE 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 PSHCEE 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.

Section Two –Planned drug education curriculum, staff training and work with external agencies

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 PSHCEE and also National Curriculum Science and is time-tabled across the year groups. An outline of the planned curriculum can be found at

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 will 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 PSHCEE 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 PSHCEE 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 inter-active 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.

Teaching programme, methodology and resources

Issues for consideration:

- How will you assess pupils' needs? Use the Draw and Write technique perhaps or questionnaires, (e.g. Health Related Behaviour Questionnaire, HRBQ), focus groups, School Council opinion, national or local data, hard or soft data from A&E departments, police, youth workers, partner agencies etc. How will they be involved in contributing to the programme development so that it best fits their needs?
- How will you address diversity issues, given that not all cultures or faiths share common views about the use of alcohol or other drugs? Do you have pupils with special needs or who are vulnerable perhaps due to home circumstances? Do these pupils need additional support or monitoring?
- Consider how best to timetable, staff and support the work. Note that the most effective drug education is delivered by teachers, (especially those having had additional relevant training), working in a team context, often with additional input from relevant partner agencies and in a timetable framework that allows for frequent consideration of the subject. Stand alone days and special weeks do not provide the best platform for rigorous learning. Ofsted recommendations and evidence shows that where schools are using non-PSHCEE specialised teams and only stand alone days the pupils are probably not receiving their entitlement to drug education within the PSHCEE curriculum.
- Whilst the responsibility for organising and delivering most, if not all, of the drug education programme rests with the school, there may be times when an external contributor can add value and bring to the classroom additional experience, skills of knowledge that teachers may not always have. However they may not possess the skills of organising teaching and learning. Form HS2, *Partners in Education* is a North Yorkshire Local Authority document which is strongly recommended to be used when planning and for evaluating the input of an external contributor. By using this it is more likely that clear learning outcomes will be established as will the processes to achieve them and that the work is best tailored to the target audience. It is essential to ensure that at all times a teacher is present when an external contributor is working with pupils, especially since some contributors may only visit schools infrequently and may not have been checked by the Criminal Records Bureau.
- The use of ex-drug users should be considered with caution; they may only be reflecting their own experience, which may or may not be similar to others, and they may arouse interest. Equally some organisations or individuals seeking a 'free' audience in schools may have religious or philosophical backgrounds which may give a slant to the way they provide "a message". Caution is also advised if individuals or organisations suggest bringing drugs, even facsimiles, into schools to show pupils so that "they know what to look for". Often this approach engenders interest and mistakenly suggests that it is possible to identify drugs from appearance alone when strength, contaminants and constituents may vary from drug to drug, batch to batch
- How can you make the teaching varied, interesting and relevant, taking into account different styles of learning? Active learning approaches include using action research, case-studies, circle time, mind-mapping, thought showers, creative writing, literature, discussion, role-play, quizzes, drama, debate, group work, interactive ICT, local surveys, media analysis, peer education, questionnaires, video and follow up discussion and visits.
- How can you ensure that the methods and approaches will enable pupils to take and share responsibility, feel positive about themselves, participate, make real choices and decisions, meet, talk and work with people, develop relationships, consider social and moral dilemmas, find information and advice and prepare for changes that will occur as they grow and mature and widen their opportunities?
- How will difficult questions be dealt with? Is there provision for a teacher to deal with a persona, sensitive issue outside the formal lesson setting? Is there a school drop-in clinic or a school nurse to refer to? Is the matter serious enough to warrant being referred to the staff member responsible for Child Protection?

Assessing, monitoring, evaluating and reviewing Drug Education

Drug 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 PSHCEE 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.

Issues for consideration:

- Assessment *of learning* (summative) can identify what pupils know, feel and do, namely;
- Assessment *for learning* (formative) can help pupils review and reflect their progress and set goals for future achievement
- Methods of assessing include pupil reflection on own learning, target setting and monitoring their own progress through use of diaries, check-lists, portfolios and before and after comparisons, (for example using *Draw and Write* at the start and at the end of a unit of work and noting the differences). Peer assessment can involve pupils providing feedback to others, for example, via role-play, graffiti sheets, oral reports or video or audio tapes. Teacher led assessment can involve teachers listening, observing, reviewing written work, setting quizzes, end-of-unit tasks, discussions etc
- Consider how assessment of learning in this area of PSHCEE generally can be reported to parents as part of the school's annual report to parents/carers
- Monitoring enables the school to gather evidence about the quality, relevance and effectiveness of the drug education programme and should be an integral part in the planning and development of the programme. Monitoring can be carried out by senior leaders, the PSHCEE co-ordinator (or similar), by peers or, by request and negotiation, external "critical friends". Monitoring can include;
 - Lesson observations with feedback to teachers
 - Sampling of pupils' work
 - Regular marking/commenting on work
 - Looking at curriculum plans on a frequent basis and feeding back to teachers
 - Feedback from co-ordinator(s), subject leaders, heads of year, class teachers and pupils about what has been covered
- Including PSHCEE / drug education as an agenda item at tutor group, relevant departmental, staff or governor curriculum meetings
- o Evaluation seeks to find out if the aims of the programme or unit of work have been achieved. Evaluation results should be used to improve the quality of teaching. Approaches can include;
 - Participatory activities at end-of-unit lessons
 - Questionnaires or quizzes especially when compared with base-line knowledge, attitudes or skills
 - Oral or written feedback from pupils including unfinished sentences, e.g *what I liked best was...What is disliked was.... My best achievement was....etc*
 - Views of staff, parents/carers/external contributors/advisers etc

Research world-wide has shown that;

- drug education in school can achieve at least modest reductions in drug use
- drug education in school can delay the onset of drug use
- multi-component programmes work better than school interventions on their own

Effective drug education programmes;

- Are developmentally appropriate to the age, maturity and capability of the target group or individuals
- Have a broad skills base that help people think more critically about drugs and drug use and make better, more-informed decisions
- Include social resistance skills, for example, how to resist unwanted pressure
- Social influences approach which focuses on the more immediate consequences for themselves, particularly loss of face with friends and peers or negative self-image rather than a focus on long-term implications for their health or consequences for others.
- Focus on sustaining the choices of the majority of young people who do not take drugs using the normative education approach. This means that learners appreciate that the use of tobacco, alcohol and illegal drugs may not always be as widespread or as common as they believe. Using data from local surveys may be helpful here.
- Uses interactive learning styles – a variety of styles that actively engage the learner
- Have adequate lesson coverage
- Are culturally sensitive – they take into account the cultural and religious sensitivities of the target audience
- Include and embrace other components such as parents/carers, the wider community, support agencies, other relevant professionals, e.g. police/health professionals etc
- Are evaluated and reviewed on a regular basis

Adapted from Principles in to Practice Blueprint Programme Home Office Drugs Strategy Directorate (2007)

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.

Issues for consideration:

- All staff including non-teaching, office based, maintenance and supervisory staff can benefit from periodic updating about drugs issues including signs and symptoms, paraphernalia, what to do if they hear allegations about drug misuse etc. In addition to this governors may need further training in their responsibilities towards drugs education and dealing with drug incidents as may senior staff and managers. It is essential to ensure that training does not focus solely on substances as no one can identify what a drug is and drugs only become potential problems when people make decisions to use them. Training should enable and encourage staff to consider how best to support pupils to make responsible, informed and healthier choices about drug use and to support those who make mistakes and become involved in drug incidents. It is everyone's responsibility to ensure the highest standards of safety and wellbeing for all which means being alert and aware of risks.

Section Three – Managing drug-related incidents which includes identifying sources of support for pupils and alternatives to exclusions

Use in conjunction with the **flowcharts from page 21 onwards**. They provide a framework for dealing with incidents surrounding suspicions, observations, disclosures or discoveries of situations involving drugs. ***It could fit into the following categories:***

- ***Drugs or associated paraphernalia are found on school premises***
- ***A pupil is found in possession of drugs or associated paraphernalia (flowchart page 24)***
- ***A pupil is found to be a recognized source of supply of drugs on school premises (flowchart page 24)***
- ***A pupil is thought to be under the influence of drugs on school premises (flowchart page 22, 23, 24)***
- ***Allegations or suspicions of use off school premises (flowchart page 26)***
- ***Rumour of substance use or misuse in school (flowchart page 25)***
- ***A pupil discloses that they are misusing drugs or a family member/friend is misusing drugs (flowchart page 27)***
- ***A parent/carer is thought to be under the influence of a substance on the school premises (flowchart page 28)***

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 (eg Headteacher- put position/name in here)**. 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 – **e.g School's safe (name the place in your school)**
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. Powers have been extended to enable searches to be made for controlled drugs, stolen items, alcohol, and other items specified in regulations where the member of staff has reasonable ground to suspect possession of a prohibited item. They give authorised members of staff the power to search where a pupil refuses a reasonable request to, for example, turn out their pockets, but this does not impose any duty upon members of staff to carry out a search.

- A person can only carry out a search if it is the head teacher of the school or they have been authorised by the head teacher to carry out the search. Staff can refuse to carry out searches
- School staff are not legally required to undergo any training prior to being authorised by the head teacher to search pupils.
- A pupil can only be searched without a pupil's consent for specific items (knives/weapons, alcohol, illegal drugs and stolen items). If the item being searched for is not on this prohibited list then the member of staff cannot search without consent for that item if the pupil has said no
- Teachers have to have reasonable suspicion that the pupils has a prohibited item and the search should take place on school property
- The person searching must be the same sex as the pupil and it must be carried out in the presence of another member of staff. Where reasonably practicable they should also be the same sex as the pupil
- The pupil may not be asked to remove any clothing other than outer clothing (clothing not touching skin or underwear)
- The power allows school staff to search for substances they reasonably believe are illegal but which may, after testing, be found to be legal
- Schools do not have to record the number of searches they carry out
- The school does not require the consent of a parent/carer to carry out a search nor do they need to inform parents when a search has been carried out. Though it would be good practice to do so
- If alcohol is found it can be retained or disposed of. Disposing of alcohol does not include returning it to the pupil. It may be poured down the sink or sold at a school fair.
- If drugs are found they must be handed to the police unless there is 'good reason not to'. In this instance they must be disposed of if it is safe to do so and will not put anyone at risk. If it is unclear if they are legal or illegal they should be treated as illegal

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 pupil's 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/carers, 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 dogs 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

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.

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)

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

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.

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

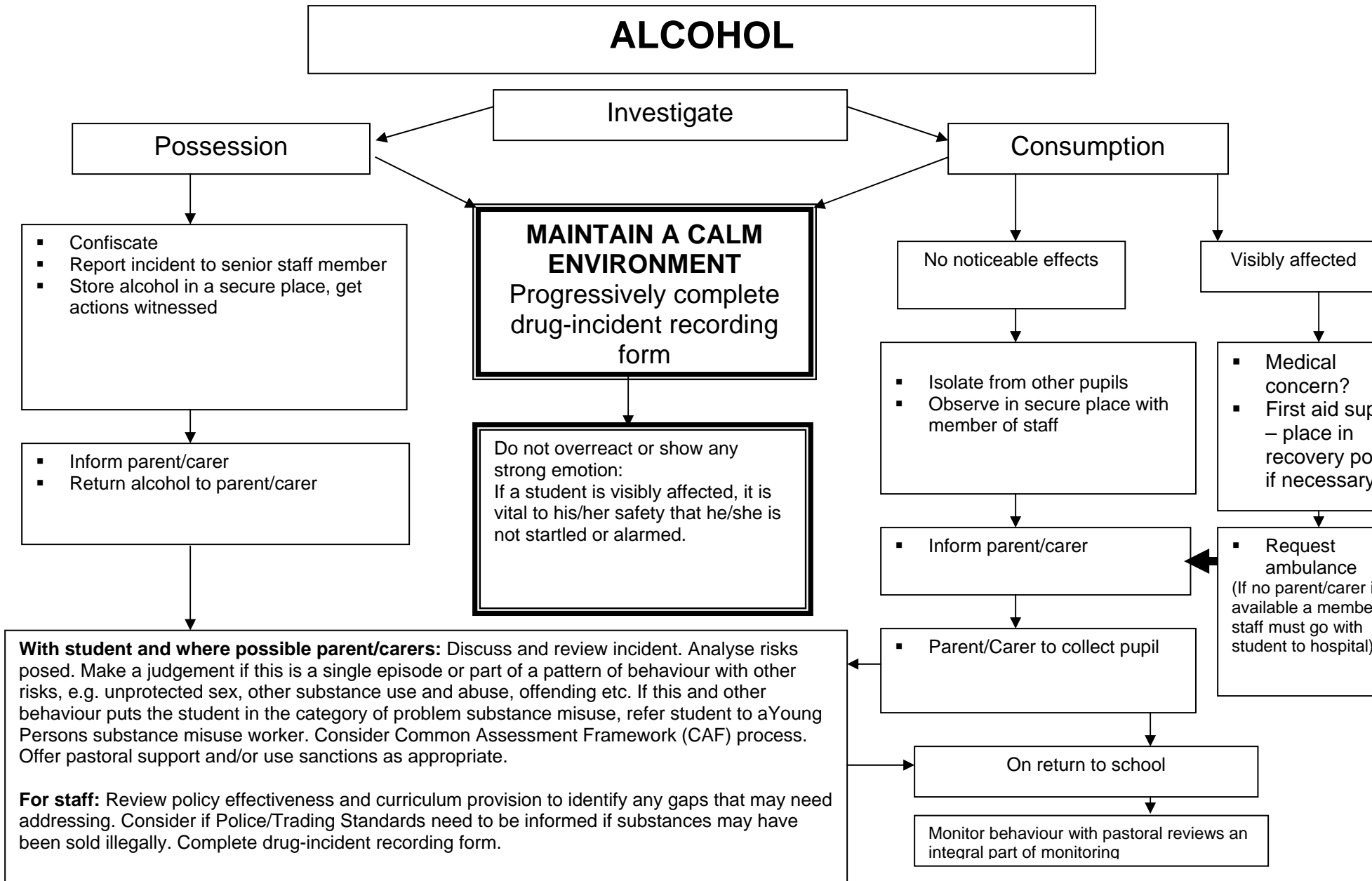
We know that the reasons why young people start taking drugs can contribute to them developing drug misuse issues. Early identification and intervention with young people who have begun to use drugs is a vital harm minimisation activity. The Common Assessment Framework (CAF) may be completed about any 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.

Recording Drug-related incidents

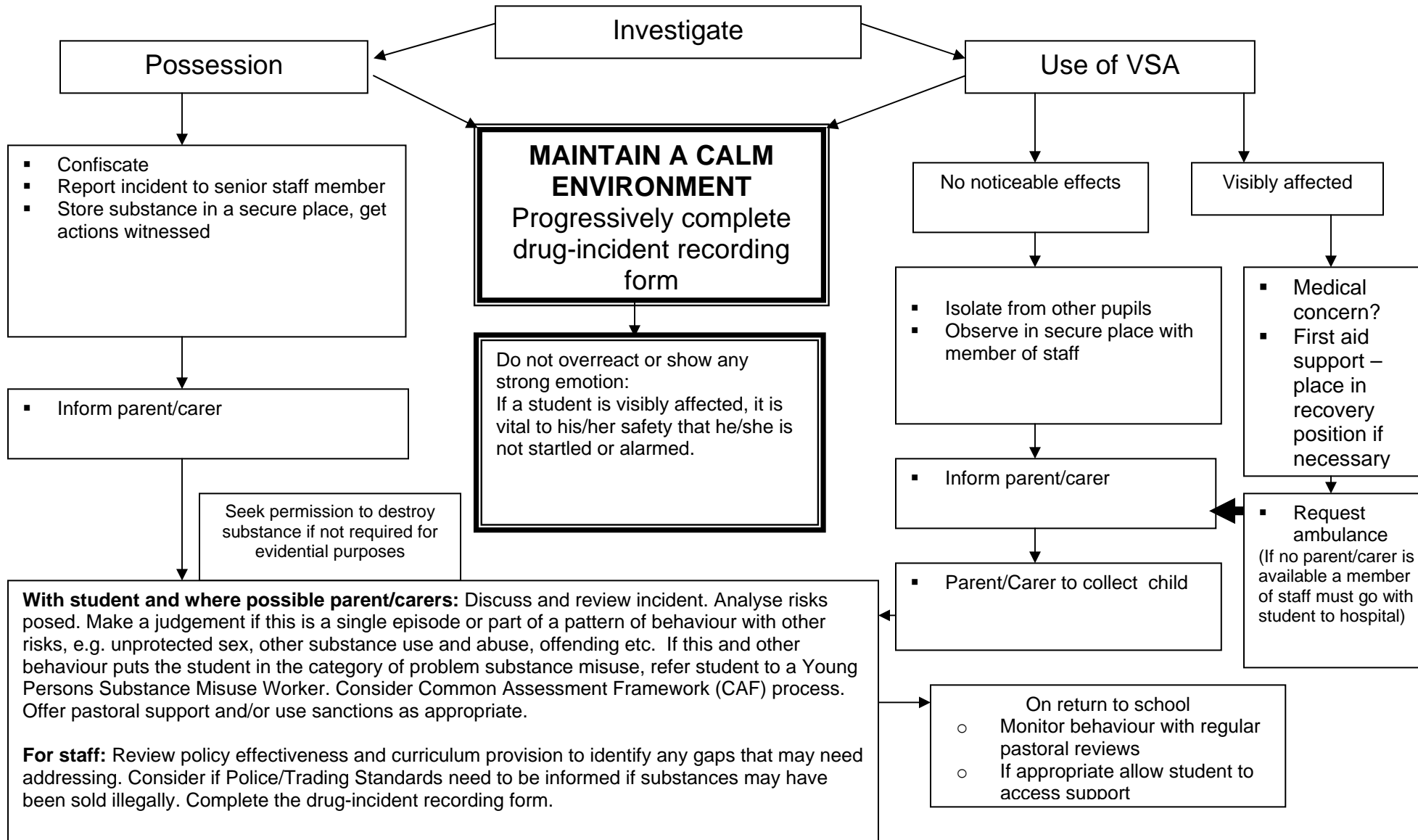
Appendix 1 on page 28 is an example of a confidential form that the school will use to record drug-related incidents to build up a picture of any reoccurring issues, how to best deal with an incident or the need to change the content of the schools drug education curriculum to match the types of incident and substances that the young people are using or coming into contact with.

This policy will be evaluated and reviewed on a two year basis. Next review date

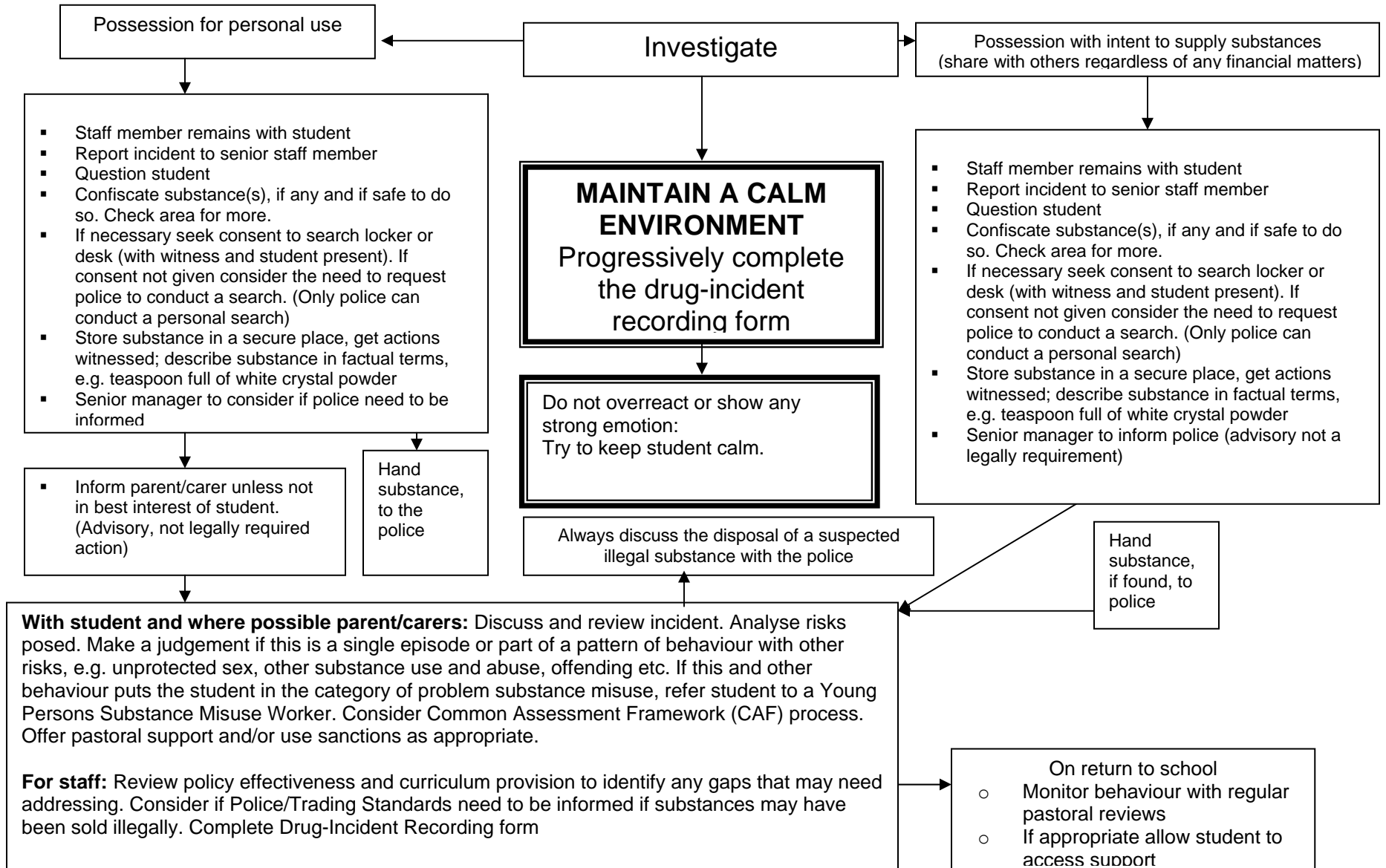
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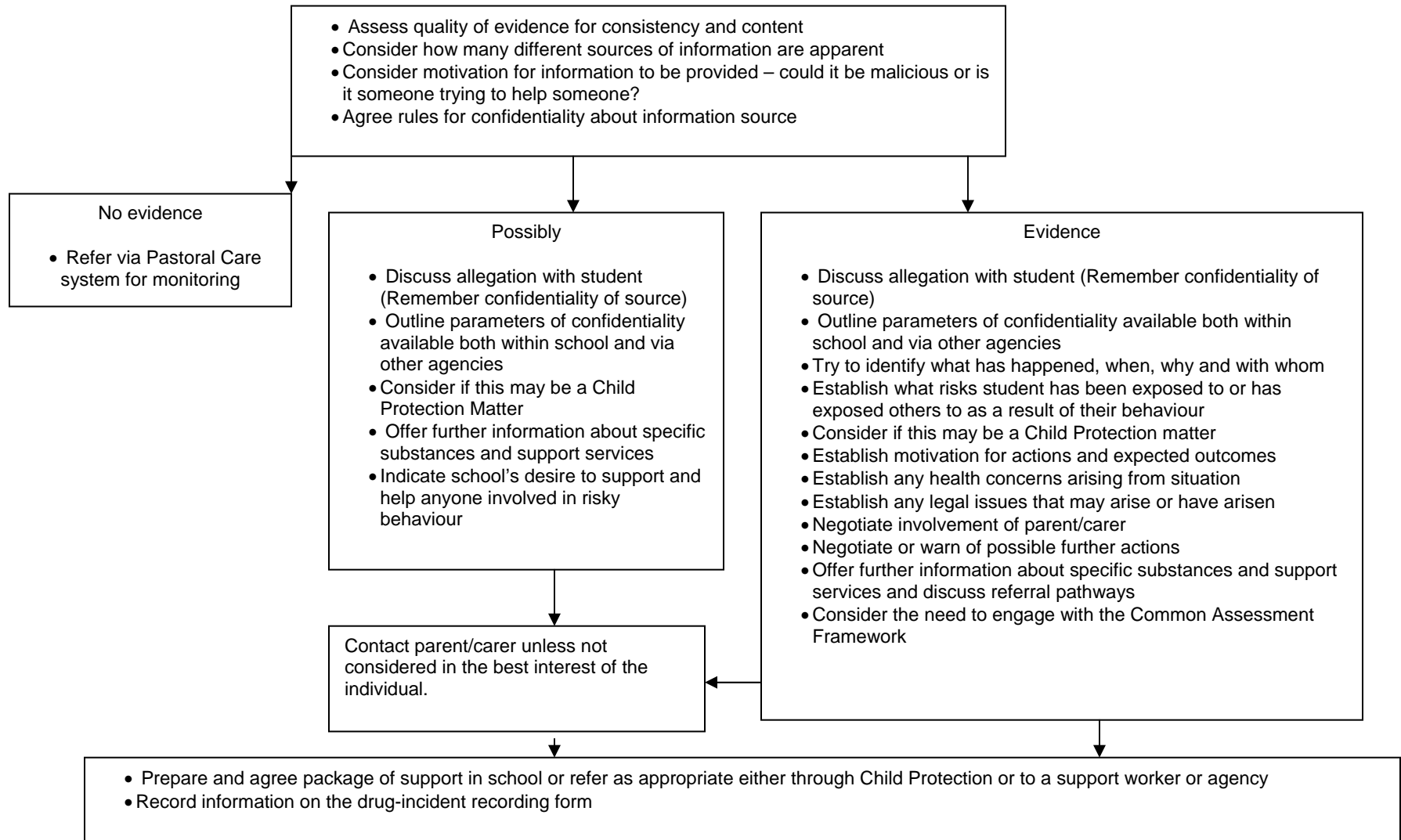
VOLATILE SUBSTANCES (gas, glue, etc)



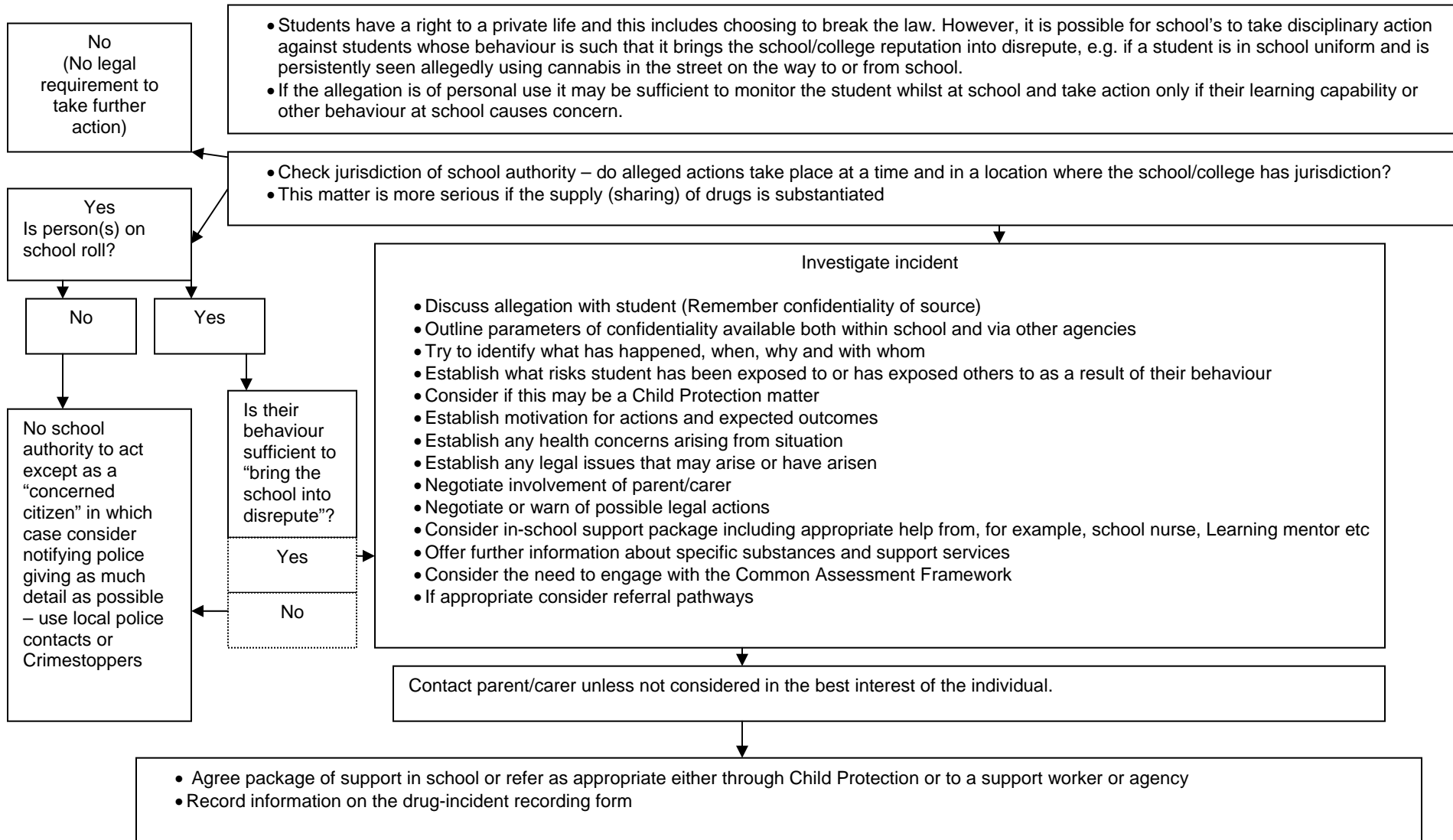
ILLEGAL DRUGS – possession/supply



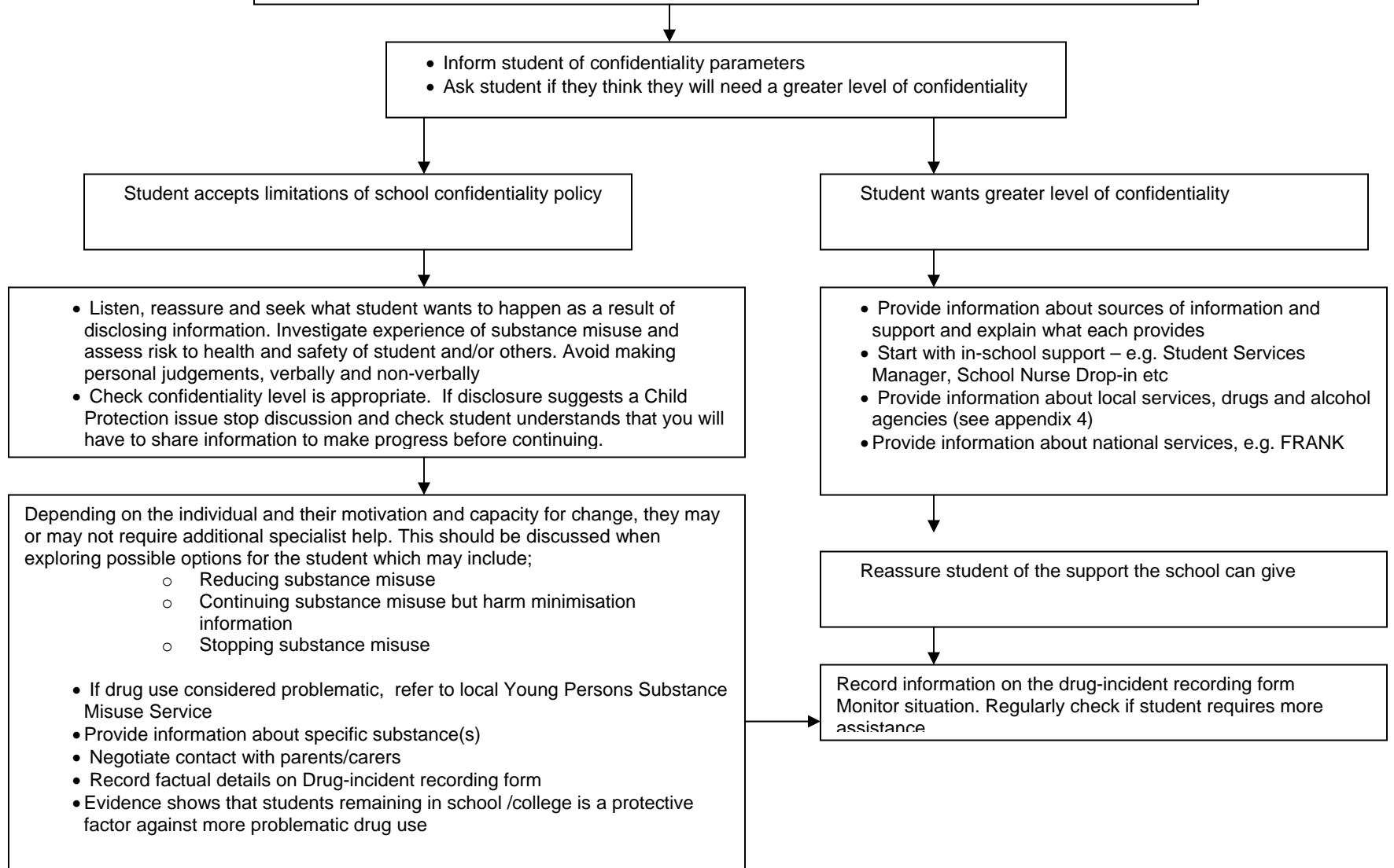
Rumour of substance use or misuse in school



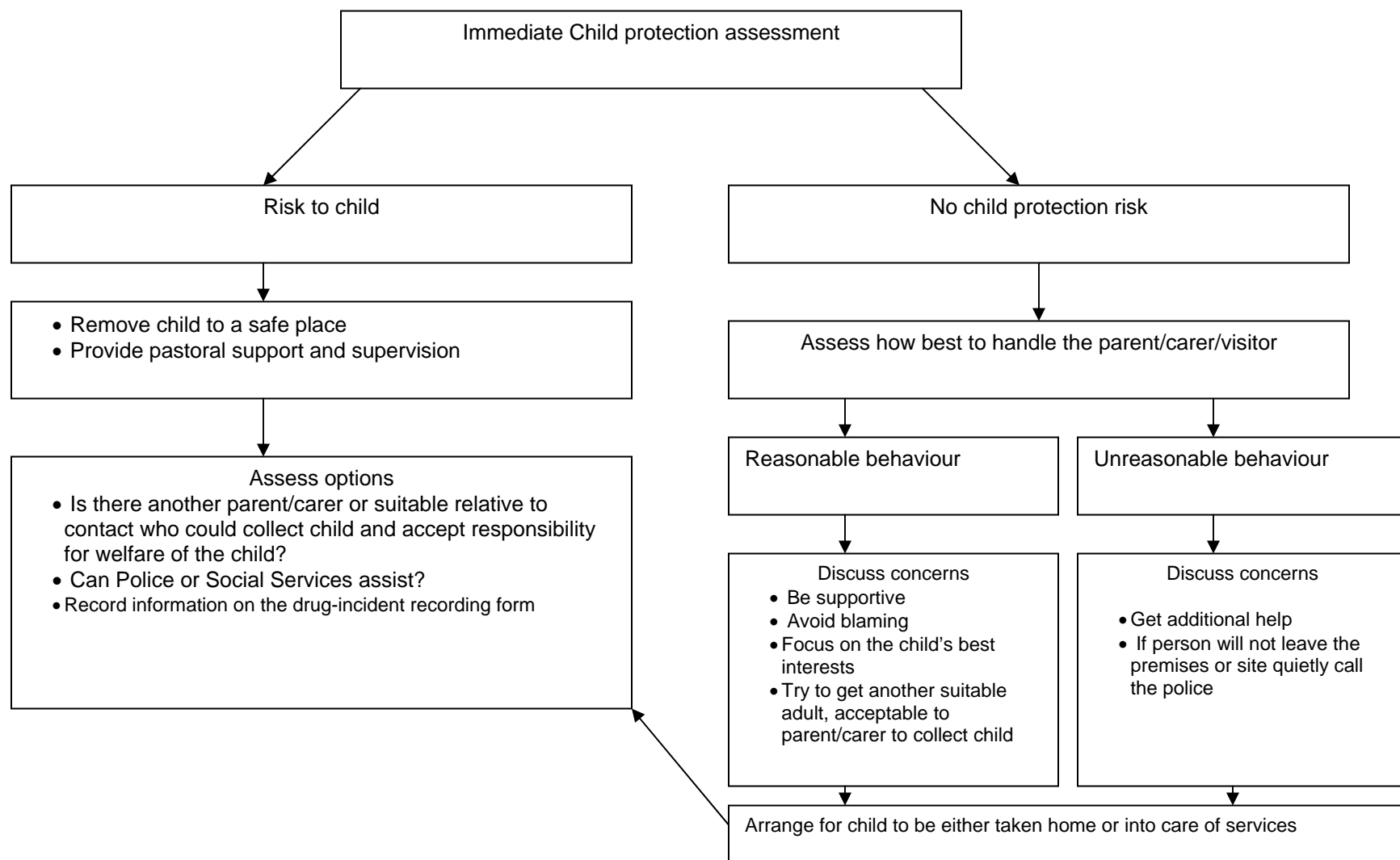
Student using/supplying substances out of school



Disclosure of substance use



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



School's Drug-related Incidents recording form

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	
A pupil(s) has been searched and drugs / alcohol has been found	
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

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

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)

.....

Headteacher (member of SLT)

.....



Partners in Education Support Agreement form (HS2)



Please read this document fully before completing any section.

Uncoloured areas require a school response and shaded areas a response from the provider of services.

Dark grey boxes contain words that may be helpful in describing intended outcomes.

School: Address: P/code: Contact person: Post held: Tel. ()	Agency: Address: P/code: Contact person: Post held: Tel. ()																																																							
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; border-bottom: none;">Details of input:</th> <th style="text-align: center; border-bottom: none;">Numbers</th> <th style="text-align: center; border-bottom: none;">Date(s)</th> <th style="text-align: center; border-bottom: none;">Time(s)</th> <th style="text-align: left; border-bottom: none;">Location</th> </tr> </thead> <tbody> <tr> <td style="border-top: none;">Tick target Group</td> <td></td> <td></td> <td></td> <td style="border-top: none;">e.g. Hall, classroom</td> </tr> <tr> <td style="border-top: none;">Pupils/students <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td style="border-top: none;"></td> </tr> <tr> <td style="border-top: none;">Age-range:.....</td> <td></td> <td></td> <td></td> <td style="border-top: none;"></td> </tr> <tr> <td style="border-top: none;">Key Stage:.....</td> <td></td> <td></td> <td></td> <td style="border-top: none;"></td> </tr> <tr> <td style="border-top: none;">Males, females or mixed group? (circle one) M F Mix</td> <td></td> <td></td> <td></td> <td style="border-top: none;"></td> </tr> <tr> <td style="border-top: none;">Teachers []</td> <td></td> <td></td> <td></td> <td style="border-top: none;"></td> </tr> <tr> <td style="border-top: none;">Governors []</td> <td></td> <td></td> <td></td> <td style="border-top: none;"></td> </tr> <tr> <td style="border-top: none;">Non-teaching staff []</td> <td></td> <td></td> <td></td> <td style="border-top: none;"></td> </tr> <tr> <td style="border-top: none;">Parents []</td> <td></td> <td></td> <td></td> <td style="border-top: none;"></td> </tr> <tr> <td style="border-top: none;">Other (specify) []</td> <td></td> <td></td> <td></td> <td style="border-top: none;"></td> </tr> </tbody> </table>		Details of input:	Numbers	Date(s)	Time(s)	Location	Tick target Group				e.g. Hall, classroom	Pupils/students <input type="checkbox"/>					Age-range:.....					Key Stage:.....					Males, females or mixed group? (circle one) M F Mix					Teachers []					Governors []					Non-teaching staff []					Parents []					Other (specify) []				
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Visitors should be made aware of fire safety procedures, have access to a telephone for emergencies and know where to obtain emergency aid assistance.

Learning environment details: (Have regard to health and safety issues)

Space required/available: (state preference for floor level if bringing equipment)

Layout:

Equipment needed:	Provided by: (tick)	School	Visitor
•		<input type="checkbox"/>	<input type="checkbox"/>
•		<input type="checkbox"/>	<input type="checkbox"/>
•		<input type="checkbox"/>	<input type="checkbox"/>

Lecture style

- Theatre style
- Formal seating
- Circle
- No seating
- Hall
- Classroom
- Outdoor space
- Sports Hall
- Power points
- Extension cable
- Screen
- Tables
- OHP
- Water**
- TV
- Video (VHS)
- Computer
- PowerPoint

Intended learning outcomes:

(Consider the information that may be gained, any skills that will be acquired/rehearsed, attitudes and values that may be explored or anticipated behaviour change. In other words, what will participants learn, feel or be able to do at the end of the session compared to before?)

Know

- Understand
- Clarify
- Describe
- Explain
- Identify
- Appreciate
- Demonstrate
- Explore
- Discuss
- Feel

~~How will the learning outcomes be achieved: what methods will be used:~~

Lecture

- Group work
- Role-play
- Case Studies
- Survey
- Debate
- Peer led
- Participatory
- Drama
- Writing
- Problem solving
- Games
- Simulation
- Thought
- showering
- Mind Maps

Which people need to be informed about this activity?

Governors

- Teachers
- Non-Teaching staff
- Parents
- Other
- pupils/students
- Caretaking staff
- Catering staff
- LEA Advisory staff
- Healthy Schools
- Co-ord
- Other agencies
- Neighbours

hearing, sight, speech, co-ordination, mobility etc

Cultural, ethnic

<i>How have the following been addressed?</i>		<i>Context</i>
<i>Comment/action</i>		<i>Policies</i>
Context of the input in relation to ongoing work:		<i>DfES Circulars</i>
Understanding and application of school policies:		<i>LEA Guidelines</i>
Risk assessment (if needed)		<i>Resources</i>
Application of national/LEA/Local guidance:		<i>Confidentiality</i>
Appropriateness of materials/resources: <i>(If dealing with SRE see DfEE Circular 0116/200 Sex & Relationship Education Guidance, 1.8, p8)</i>		<i>Behaviour and discipline</i>
Level of confidentiality:		<i>Roles</i>
Ground rules / boundaries for working:		<i>Risk assessment</i>
Responsibility for behaviour management:		<i>Responsibilities</i>
The role of the teacher: <i>(Note: national & local guidance states that the teacher should always be present)</i>		<i>Evaluation</i>
Contingency arrangements in the event of late alteration of plans: Evaluation – responsibility for and feedback		
Follow-up work: Payment arrangements (if appropriate):		
(Continue overleaf if necessary)		
Signed by school representative:	Date:.....	
Signed by visitor:	Date:.....	
N.B. When completed, a copy of this document to be held by both parties		

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
- Import or export of 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

Class	Examples	Penalties
Class A	Ecstasy LSD (Acid) Heroin / Methadone Opium Cocaine and Crack Methamphetamine Magic Mushroom Any Class B drug 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 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 Ketamine Benzodiazepines (minor tranquillisers, 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

Legal Highs

(further information can be found at www.talktofrank.com)

'Legal Highs' are substances which produce the same, or similar effects, to drugs such as cocaine and ecstasy, but are not controlled under the Misuse of Drugs Act. They are however, considered illegal under current medicines legislation to sell, supply or advertise for "human consumption". To get round this sellers refer to them as research chemicals, plant food, bath crystals or pond cleaner.

In many cases 'legal highs' have been designed to mimic Class A drugs, but are structurally different enough to avoid being classified as illegal substances under the Misuse of Drugs Act. An example of this is mephedrone. The substance was created in a lab to mimic the effects of cocaine or ecstasy, but it had a slightly different chemical structure to both of these drugs so that it would not fall under the Misuse of Drugs Act. Subsequently the government passed legislation so that mephedrone became a controlled substance meaning it's now illegal to possess, give away or sell. There are a large number of legal highs which are readily available over the internet some retail outlets. The main concern is that, because these substances emerge swiftly there is little information of knowledge about their level of potency and their effects, which makes use extremely risky.

For many 'legal highs' there has been very little or no useful research into their short, medium and long term effects on people. While this means there isn't specific advice, there are certain key facts common to all 'legal highs':

- Just because a drug is legal to possess, it doesn't mean it's safe.
- It is becoming increasingly clear that 'legal highs' are far from harmless and can have similar health risks to drugs like cocaine, ecstasy and speed.
- Risks of 'legal highs' can include reduced inhibitions, drowsiness, excited or paranoid states, coma, seizures, and death.
- These risks are increased if used with alcohol or other drugs.
- It is likely that drugs sold as a 'legal high' may actually contain one or more substances that are actually illegal to possess. What you may think is a legal high that you can't get in trouble for having, could be something completely different, and in fact a class B drug.

Legal Highs' and the law

Under current guidance, teachers can confiscate, and dispose of, any 'legal highs' that they find on school property, in line with the school's policy. School staff also have the power to search any students suspected of carrying banned drugs. This power allows school staff to search for substances they reasonably believe are illegal but which may, after testing, be found to be legal (see page 15 of this guidance for further information)

The future of 'legal highs'

The Government have announced that they will introduce a new system of one-year temporary bans on new 'legal highs' while the health issues can be considered by an independent group of experts, the Advisory Council on the Misuse of Drugs (ACMD).

External Support agencies for substance Issues

1. National Drugs Helpline – FRANK
0800 77 66 00
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 780486

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 YO8 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
CODA
c/o Trax Integrated Youth Support Hub
15-17 Station Bridge,
Harrogate
HG1 1SP
0845 034 9573 or 07725995745

Outdoor Activities Drugs Issues

This section is a brief summary only. You must read *Drug Issues and Off-site Visits and Activities Further Guidance (Appendix G)* 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.

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? .	Risks are identified and noted. Suitable expectations/responses both negotiable and non-negotiable are noted for discussion and notification. Note is taken of national and local guidance and advice sought from relevant individuals, e.g. Local Authority Advisers/Consultants
How will young people be involved in the decision making process and at what stage?	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.
How do you gain fully informed parental consent?	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.
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. 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 staff and the financial implications need to be understood and agreed as part of the planning.</p>

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 included 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;

Issue 1: Over 18's	
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.
Issue 2: Over 16's and Evening Meals	
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

Issue 3: Foreign Exchange Visits for Under 16's	
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.
Issue 4: Safety and First Aid	
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	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.

relationships are not put under strain? How will supervisory responsibilities be organised?	(1 unit of alcohol is processed by the body every hour).
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)
- “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.

Issue: Illegal drug use, possession and supply	
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 www.fco.gov.uk/travel 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

Asthma UK www.asthma.org.uk

Diabetes UK www.diabetes.org.uk

National Society for Epilepsy www.epilepsynse.org.uk

National Eczema 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

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

Drugs: Guidance for Schools DfES Feb 2004 www.drugs.gov.uk

For further information about the legal situation in other countries see www.fco.gov.uk/travel