

Bedale High School Policy Statement on Staying Safe/Substance Use and Misuse

November 2016

School **BEDALE HIGH SCHOOL**

Headteacher **MR T RAWDIN**

Named personnel with designated responsibility for this policy

Academic year	Designated Senior Person	Nominated Governor	Chair of Governors
2014	Ms R Haydon		Gerry Price

Policy Review dates

Review Date	Changes made	By whom	Date Shared with staff
15.7.2014	Policy re-written in accordance with new NYCC guidelines	R Haydon	

Date Ratified by Governors	Review Date

Policy Statement on Staying Safe/Substance Use and Misuse

This policy links to:

- Behaviour and Rewards Policy
- Safeguarding Policy
- Policies covering school visits.
- Health and Safety.

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.
- As part of the statutory duty on schools to promote pupils' wellbeing, they have a clear role to play in preventing drug misuse as part of their pastoral responsibilities.

Background supporting Information in young people and drug and alcohol use

- There has been a national decline in drug use by 11-15 year olds since 2001. In 2011, 17% of pupils had ever taken drugs, compared with 29% in 2001.
- This decline in use parallels the fall in the proportion of pupils who have ever been offered drugs, from 42% in 2001 to 29% in 2011.
- There is an age difference. Nationally 3% of 11 year olds had taken drugs in the last year compared to 23% of 15 year olds.
- The drug most likely to have been used is cannabis but again this is down from 13% in 2001 to 8% in 2011.
- Nationally the proportion of 11-15 year olds who have **never** drunk alcohol has increased from 39% in 2003 to 55% in 2011.
- Nationally the proportion of pupils who drank alcohol in the last week has fallen from 26% in 2001 to 12% in 2011.
- In North Yorkshire the Every Child Matters- Health Related Behaviour Questionnaire (ECM-HRBQ) completed in 2012 by Year 6 pupils showed that 9 % had at a least one alcoholic drink in the last week. In 2010 this was 12%.
- In North Yorkshire the ECM-HRBQ completed in 2012 by Year 8 and Year 10 pupils found that 32% had at least one alcoholic drink in the last week. In 2010 this was 36%. Of those who did drink 11% drank over the advised lower weekly limit for adult females of 14 units (there are no recommended number of units for young people). This was 11% in 2010.
- The ECM-HRBQ for Year 8 and 10 pupils found that 19% had been offered cannabis which is the most common drug used in North Yorkshire. In 2010 this was also 19%.
- The ECM-HRBQ showed 9% had ever taken some form of illegal drugs, 5% within the last month. 2010 11% had ever taken some form of drug and 6% within the last month.

Source: Smoking, drinking and drug use among young people in England 2011, NatCen Social Research and ECM-HRBQ North Yorkshire 2012 and 2010.

This policy will apply to, 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.

The school reserves the right to intervene when non-criminal behaviour occurs anywhere off the school premises and which is witnessed by a member of staff or reported to the school e.g travelling to or from school, wearing school uniform or in some other way identifiable as a pupil at the school.

This policy will apply to school activities off-site, in particular residential experiences.

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) and novel psychoactive substances (legal highs).
- All over the counter and prescription medicines (misuse of).

It is recognised 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.

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.

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. The policy will also clearly reference any on-site drug and alcohol support that is available for pupils to access. 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. The governing body, in co-operation with the headteacher, will involve families, pupils, health and other professionals to ensure the drug and alcohol curriculum addresses the needs of pupils, local issues and trends. The governing body will continue their involvement through regular evaluation of provision and policy.

Headteacher

The headteacher has responsibility for the day-to-day management of all aspects of the school's work, including teaching and learning. The headteacher's responsibilities in respect of drugs and alcohol are to:

- Provide 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.
- Work with governors to ensure compliance with the government legislation.
- Liaise with the General Studies co-ordinator to ensure the effective delivery of the drug and alcohol education within the curriculum is being monitored.
- Keep the governing body fully informed of provision, issues and progress around drug and alcohol issues.
- Act upon any concerns which may arise from pupils' drug and alcohol behaviours.

General Studies Co-ordinator

The school has a co-ordinator for General Studies who is responsible for all aspects of the subject including education on drugs and alcohol. In respect of drugs and alcohol, responsibilities are to:

- Ensure the implementation and quality of long term and medium term schemes of work for General Studies that incorporates education on drugs and alcohol.
- Ensure that all staff are confident in the skills to teach and discuss issues related to drugs and alcohol.
- Consider the needs of all pupils, and to achieve this, recognise that the school might need to address some specific issues.
- Consult with pupils to inform provision around drugs and alcohol.
- Access appropriate training.
- Monitor and advise on drug and alcohol curriculum organisation, planning and resource issues across the school.
- Ensure procedures for assessment, monitoring and evaluation are included.
- Liaise with any service provision to support aspects of drugs and alcohol.
- Contribute to the review / updating of the Drugs Policy on a two year cycle or sooner if necessary.

Pupils

- Pupils are not allowed to take drugs or alcohol at school or whilst engaged in any off-site activity representing the school for example any educational visits, trips abroad and work experience.
- Pupils should not take drugs or alcohol whilst travelling to or from school when in Bedale High school uniform.

- Pupils are to be asked to contribute to the review of the drugs policy through feedback about the education provided and if it is meeting their needs.
- 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 one of the single biggest influence on young peoples' drug and alcohol behaviours, but parents sometimes state they lack knowledge about drugs and confidence about their knowledge of drugs. Parents also sometimes appear unsure about where their responsibilities as drug educators stop and the school's responsibilities begin.

- Parents at Bedale High School are informed about the school's General Studies programme that incorporates educating children about illegal drugs via a letter that goes out to all parents in the Autumn Term.
- Parents are 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 via the school website. Parents are made aware of the FRANK website and supporting materials.
- 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 headteacher will consider if there are any special circumstances, which may temper this right.

A designated member of staff and the whole staff team

To ensure a consistent approach to managing a drug incident there is a key member of staff who is the 'designated member of staff' who is consulted over any drug incident that happens on the school site. The designated member of staff has access to drug and alcohol training to support their role.

Drugs misuse is a whole school issue. All staff, both teaching and non-teaching, are made 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. Staff training needs around drugs should be assessed every two years to ensure staff are up-to-date about drugs issues including signs and symptoms, paraphernalia and with the school's drugs policy on how to respond to a drug related incident.

Additional training needs for those staff contributing to drug education in the curriculum will be made known to the General Studies co-ordinator. Staff will 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 designated member of staff and dealt with in accordance with this policy.

External agencies

Whilst the responsibility for organising and delivering most, if not all, of the drug and alcohol curriculum rests with the school, there may be times when an external contributor can add value and bring to the classroom additional experience, skills or knowledge that teachers may not always

have. However they may not possess the skills of organising teaching and learning or managing classroom behaviour. Close liaison between the co-ordinator and the outside agencies will ensure that the learning opportunities are maximised. A teacher is present when an external contributor is working with pupils. All external visitors will have a Criminal Records Bureau check.

Young people's drug and alcohol support services - Compass Risk Taking Behaviour Service

Some pupils engaged in risk taking behaviours related to drugs and alcohol may at times require further support from the Risk Taking Behaviour Service. The school will refer the pupil, with their consent to the service. The school will allow its premises to be used for any targeted intervention work with the pupil(s).

Compass will provide the full range of specialist interventions required by pupils who have been screened as having moderate or high levels of need with regard to their substance misuse and/or sexual health. Further information on the service is available at Appendix 4.

Parental Consent: Guidance from the National Treatment Agency (Department of Health)

Services can offer advice and information about drugs to children and young people without the consent of a parent. However, in line with the Children Act, it is good practice to involve the parents in any interventions that follow a comprehensive assessment and the school will do so wherever it deems it appropriate.

Usually, young people over 16 should be able to consent to treatment and confidentiality. The Fraser guidelines (1999) identify that young people under the age of 16 can consent to medical advice and treatment, provided that:

- They understand the advice and have the maturity to understand what is involved
- The professional cannot persuade them to inform the person who holds parental responsibility or allow the professional to inform that person
- Their physical or mental health will suffer if they do not have treatment
- It is in their best interests to give such treatment without parental consent
- In the case of contraception or substance misuse, young people will continue to put themselves at risk of harm if they do not have advice or treatment (Fraser guidelines (Mental Health Act 1983 Code of Practice 1999) quoted in SCODA 2000)

All services should have guidelines identifying competencies for staff who are required to assess a young person's ability to consent to treatment or a confidentiality agreement.

The guidelines should also agree the process for a multidisciplinary case discussion, for circumstances where an under 16 is deemed to be able to consent to their own treatment or not involving people with parental responsibility.

Source: Young People's Substance Misuse Treatment Services – essential elements, June 2005.

Additional information from Compass Risk Taking Behaviour Service about parental consent:

- The young person should be encouraged to involve their parents. However if they do not want to do so and they meet the above criteria then a referral can be made without parental consent.
- North Yorkshire Risk Taking Behaviour Service will work actively with the young person to encourage parental involvement in their treatment, as this will often result in an improved outcome.
- Schools should have an up to date drug and alcohol policy that sets out what support services young people can access in school. E.g. School Nurse, Targeted Youth Support

Adviser and that there may be occasions when a referral is made without parental consent. This policy should be made available to parents.

- Safeguarding and the best interests of the young person are paramount, particularly if they are engaging in risk taking behaviour and require support to address this.

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).

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 General Studies and also National Curriculum Science and is time-tabled across the year groups. An outline of the planned curriculum can be found on the website under General Studies.

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. Establishing a safe learning environment and using 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, and from time to time with support from partners including the police and health professionals. We always require teachers to be present throughout any contributions from visitors. Unsolicited requests from organisations or individuals to come and work with pupils on drug issues will be passed to the General Studies co-ordinator.

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 Safeguarding 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. Resources will be chosen based on the needs of the pupils and the values and ethos of the school.

Teaching programme, methodology and resources

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 will:

- 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 General Studies co-ordinator and for reporting the results to the Senior Leadership Team and, via the Head Teacher, to the Governors Curriculum Committee. The General Studies 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.

Monitoring and Evaluation

The drug education curriculum is regularly monitored within the schools framework for teaching and learning and delivery of the curriculum. The views of pupils, parents/carers and teachers are used to make changes and improvements to the programme on an ongoing basis. The policy will be formally reviewed every two years for the following purposes:

- To review and plan the content and delivery of the programme of study for drug education.
- To review resources and renew as appropriate.
- To update training in line with current guidance and staff identified needs.

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

Flow Charts **shown in pages 23-28** 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.
- A pupil is found to be a recognized source of supply of drugs on school premises.
- A pupil is thought to be under the influence of drugs on school premises.
- Allegations or suspicions of use off school premises.

- Rumour of substance use or misuse in school.
- A pupil discloses that they are misusing drugs or a family member/friend is misusing drugs.
- A parent/carer is thought to be under the influence of a substance on the school premises.

School Guidance concerning what to do in the event of finding a drug or suspected illegal substance

1. Take possession of the drug/substance with an adult witness present and **inform the designated senior member of staff with responsibility for the drugs policy and all drug issues within the school.** 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 an adult witness the article will be packed securely and labelled 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 will be signed by the person who discovered it and the witness and stored in a secure place, such as a safe or other lockable container with access limited to senior members of staff.
4. If the drug/substance was not discovered on a person or in their possessions 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. The person dealing with the incident will speak to relevant staff, perhaps make pupils aware and parents if necessary. Staff will watch for any unusual behaviour in the pupils.
5. Arrangements will be made to hand the package over to police unless there is a 'good reason' for not doing so. The government's guidance for schools on drugs, January 2012 states that in determining what is a 'good reason' for not delivering controlled drugs to the police, the member of staff should take into account all relevant circumstances and use their professional judgement to determine whether they can safely dispose of a seized item. Staff will not attempt to analyse or taste any found substance. If the police are informed they will collect it and then store or dispose if it is in line with locally agreed protocols. The law does not require a school to divulge to the police the name of the pupil(s) from whom the drugs were taken but it is advisable to do so.
6. Record full details of the incident, including the police incident reference number.
7. Inform parents/carers, unless this is not in the best interests of the pupil(s).
8. Identify any safeguarding concerns and develop a support and disciplinary response. The school's response to a drug incident will be consistent with the ethos of the school and a range of supporting policies, in particular the Behaviour policy and Health and Safety policy. Responses to any drug incident will be proportionate, balancing the needs of the individual with those of the wider school community. The aim is to provide pupils with opportunities to learn from their mistakes, develop as individuals and re-engage with the learning process to fulfil their potential.
9. Staff will consider making a referral to the Risky Behaviours Service, Compass. Compass will see young people who have been found with/using substances on school premises, even if it does not meet the threshold for a normal referral to this service.

In the event of discovering a hypodermic needle the incident will be recorded in the **Health and Safety Book** and the following procedure will 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 will 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 designated senior member of staff with responsibility for all drug issues within the school 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 other adult witness.
2. Having taken possession of the substance/paraphernalia, the procedure should be followed as above (finding a drug or suspected illegal drug).

Searching and Confiscation

Headteachers and staff authorised by them have a statutory power to search pupils or their possessions, without consent, where they have reasonable grounds for suspecting that the pupil may have a prohibited item. Headteachers can decide not to use these powers. Prohibited items include drugs and alcohol. Authorised members of staff have 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.

- Schools will make it clear in their school policies and in communications to parents/carers and pupils that alcohol and drugs are banned items.
- A person can only carry out a search if it is the Headteacher of the school or they have been authorised by the Headteacher 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 Headteacher to search pupils.
- Teachers have to have reasonable suspicion that the pupil has a prohibited item and the search should take place on school property, or where the member of staff has lawful charge of the pupil, for example on school trips or in training settings in England (the powers only apply in England).
- 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).
- Possessions means any goods over which the pupil has or appears to have control – this includes desks, lockers and bags. Pupil's possessions can only be searched in the presence of the pupil and another member of staff.
- 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. There is no legal requirement to make or keep a record of a search. Though it would be good practice to do so.
- The power allows school staff to search for substances they reasonably believe are illegal but which may, after testing, be found to be legal
- If alcohol is found it can be retained or disposed of. Disposing of alcohol does not include returning it to the pupil.
- 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. In determining what is a 'good reason' for not delivering controlled drugs to the police, the member of staff should take into account all relevant circumstances and use their professional judgement to determine whether they can safely dispose of a seized item.

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.

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 will immediately inform the senior member of staff within their establishment that has responsibility for safeguarding. This designated individual will decide on the information available and after, where appropriate, consultation with parents and a Local Authority officer with responsibility for Safeguarding, 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

When dealing with such incidents, 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.

Suspected drug use off the school premises

(See also Guidance for governing bodies on behaviour and discipline: The power to discipline beyond the school gate available at www.education.gov.uk)

Under the DfE guidance on behaviour and discipline school reserves the right to intervene when circumstances:

- could have repercussions for the orderly running of the school.
- poses a threat to another pupil or member of the public.
- could adversely affect the reputation of the school.

In all of these circumstances the headteacher will consider whether it is appropriate to notify the police in their local authority of the actions taken against a pupil. If the behaviour is criminal or poses a serious threat to a member of the public, the police will always be informed. In addition, school staff will consider whether the misbehaviour may be linked to the child suffering, or being likely to suffer, significant harm. In this case the school staff will follow its safeguarding policy.

When to contact the police

There is no obligation on schools to inform the police about drug-related incidents or to disclose the name of a pupil involved in a drug incident on their premises if there is a 'good reason not to'. In determining what is a 'good reason' for not contacting the police, the member of staff will take into account all relevant circumstances and use their professional judgement. If a pupil is found in possession of and/or believed to be supplying suspected illegal drugs on the school premises the school accepts that 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'.

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 seriousness of the offence.
- identification of substances.

Pupils found in possession of illegal drugs on school premises might not be arrested, but will be assessed, and referred to the Compass Risk Taking Behaviour Service, as appropriate, and dealt with through the school own disciplinary procedures. The school will keep a record of any decisions made.

If police attend an incident at a school an appropriate adult will always be present during interviews, e.g. parent/carer, teacher, social worker etc. Every effort will 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. When it has been agreed to record an incident as a crime following discussions with the designated member of staff at the school who manages drug incidents a detailed record is made by both the school and the officer of the actions taken.

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.

Limits of Confidentiality

It is the responsibility of the school to support its pupils and to carry out its functions with a view to safeguarding and promoting the welfare of pupils. In fulfilling this duty they must have regard to guidance around safeguarding. Whilst pupils have the same rights to confidentiality as adults no pupil should be guaranteed absolute confidentiality. Staff will report any information or disclosure which raises concern that a child or children may be at risk of significant harm to the school's senior member of staff, with designated responsibility for Safeguarding. The Designated person will then, in line with the School's Safeguarding policy and the North Yorkshire Safeguarding Children Board guidance and procedures, take action as appropriate. Pupils should be informed about the remit of confidentiality and that teachers cannot offer or guarantee pupils unconditional confidentiality.

If rumours 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 will 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. 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 will 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 Compass Risk Taking Behaviour Service (see appendix 2).

Responses to a drug related incident

Responses to any drug related incident will be proportionate, balancing the needs of the individual with those of the wider school community. The aim is 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. The School has 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.
- A sanction or consequence for breaking the rules on the school site, consistent with the Behaviour Policy e.g detention.
- Contact with the parents/ carers to discuss appropriate support.
- Pastoral support programme and monitoring of the pupil.
- Referral with the young person consent to a relevant support agency e.g Targeted Youth Support or Compass Risk Taking Behaviour Service.

Exclusion for drug-related incidents

Any student found to be in possession of any risk taking substance may be liable to an exclusion at the Headteacher's discretion.

Appendix 1

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 Cocaine and Crack 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 Cannabis Cathinones(including mephedrone) Synthetic cannabinoids	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) GBL Benzylpiperazines	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

There are a large number of 'legal highs':

- Some are known by their brand/product name, for example Benzo Fury, Ivory Wave, Eric 3, Diablo. It's not always clear what's in these products and their contents can change regularly.
- Some are known by their chemical name, for example Dimethocaine, 5IAI, MDAT.
- Some may be known by a slang name, for example in some areas 'Bubble' is a generic name for any synthetic powder that has stimulant (amphetamine-like) effects.
- More recent 'legal highs' include methoxetamine (also called MXE, MKET or roflcoptr) and ethylphenidate.

For many 'legal highs' there has been very little 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 a pupil 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)

New temporary bans for 'legal highs'

The Government has now introduced new powers, meaning they can place a temporary ban on any potentially harmful substance, while they await a recommendation from the Advisory Council on the Misuse of Drugs (ACMD), an independent group of experts, on whether it should be permanently controlled under the Misuse of Drugs Act 1971.

When it is used, the temporary ban will come into immediate effect, but it will have to be agreed by Parliament within 40 days. The drug will not be Class A, B, or C, but called a temporary class drug. It would not be illegal to possess a temporary class drug for personal use, but the police could

confiscate it and destroy it. It will be illegal to import, distribute and sell the drug, and anyone caught could be fined, sent to jail or both.

Energy drinks (Information from Food Standards Agency)

What are energy drinks?

Energy drinks are non-alcoholic drinks containing ingredients such as glucose, caffeine or taurine, that boost energy and alertness.

How much caffeine is there in a high caffeine content soft drink?

Caffeine is found in many foods and drinks. The exact amount in any food or drink will depend on the recipe and method, e.g. how long a cup of tea is steeped, but the table below shows typical amounts.

Mug of filter coffee	140 mg
Mug of instant coffee	100 mg
Can of energy drink high in caffeine	80 mg
Mug of tea	75 mg
Small bar of chocolate	50 mg
Can of cola	40 mg

There is a code of practice for the food industry that states:

The industry's view is that high caffeine content soft drinks are not suitable for children, and specifies that this information should be clearly stated on the label of such drinks. It also ensures that high caffeine soft drinks will not be promoted or marketed to those under 16.

Are energy drinks safe for children?

Latest reviews of the scientific evidence suggest that children can be more susceptible to the stimulant effects of caffeine than adults because of their lower body mass and because, unlike many adults, they are not used to it on a regular basis. On a precautionary basis, therefore, the soft drinks industry suggests that high caffeine content soft drinks should not be consumed by children. However, this does not mean that the drinks are unsafe, and they firmly believe parents should decide what is right for their families.

What if a child drinks an energy drink?

A child's reaction will depend on his/her sensitivity to caffeine. If there are any effects, they will be transient and soon pass.

Are energy drinks allowed in schools?

The regulations regarding food and drink in schools already prohibit high caffeine content soft drinks from being sold in schools. Bedale High School has banned their students from bringing high caffeine content soft drinks into school from outside. Schools and parents have an important role to play in educating children about the food and drink they should be consuming – energy drinks are clearly labelled as being high caffeine soft drinks and not suitable for children so that people can make an informed choice.

Compass Risk Taking Behaviour Service – North Yorkshire

Substance misuse services for young people in North Yorkshire are changing. From the 1st September 2012, Compass will provide a new and innovative specialist service to help young people (11-19 years and up to 25 for those with special educational needs or disabilities) address their substance misuse, sexual health and risk taking behaviour.

Service aim

The service will help young people who are engaged in risk taking behaviour to make sustainable lifestyle changes that will improve their long term health, resilience and emotional wellbeing, reduce risk to themselves and others and equip them to succeed in mainstream services and to reach their potential.

The service and Compass staff team will be fully integrated into the Youth Support Service (YSS) structure. Compass will provide the full range of specialist interventions required by young people who have been screened as having moderate or high levels of need with regard to their substance misuse and/or sexual health.

Service priorities

The priorities will be to provide a range of effective, evidence-based services and interventions to address substance misuse and sexual health:

- To offer services which take account of safeguarding and promoting children's welfare at all times
- To offer user friendly, confidential interventions around risky behaviour, within clear information sharing protocols, to targeted young people
- To offer support to parents and carers while their child is undertaking treatment/support
- To reduce young people's risk taking behaviour.
- To support young people to access help for difficulties in addition to their risk taking behaviour through the use of the YSS referral system and the common assessment framework (CAF)
- To assist young people to access support from targeted or universal young people's services
- To support young people who need continued substance misuse treatment into adulthood to access adult substance services.
- To support targeted and universal children's services to meet young people's needs around risk taking behaviours and make appropriate referrals to specialist services.

Location of services

Compass staff will be based in a number of youth support centres across North Yorkshire and will deliver the service in a wide variety of young people friendly peripatetic sites. The service will comprise of three mini team clusters covering a specified geographical area:

- Cluster 1 - Craven, Harrogate and Selby.
- Cluster 2 - Hambleton and Richmondshire.
- Cluster 3 - Scarborough, Whitby, Ryedale.

The staff team will work together flexibly across North Yorkshire to best meet the needs of identified vulnerable young people. The team will not deliver assertive outreach *per se* but will work closely with frontline services and community groups to respond to hotspot areas/issues on a case by case basis.

Service opening hours

The core service will be available for 37 hours per week. Times will be finalised following consultation with YSS and wider stakeholders although it is anticipated that core service hours will operate mainly during the working week with evening and weekend working based on identified need.

Integration

The service will work alongside Youth Support Staff to identify young people at increased risk through the implementation of a locally approved screening tool. Any young people screened and assessed as requiring specialist treatment will be supported by Compass. Any young people screened and assessed as requiring targeted/brief interventions will be supported by YSS.

Referral Procedure

1. Referrals can be made from any source directly to Compass, providing that the young person is considered to be at medium or high risk of substance misuse, poor sexual health and teenage pregnancy using the Screening and Referral Tool.
2. Referrals can be made over the telephone, e-mailed or posted. Young people will be also able to self refer via the free phone number or our local website/e-mail address.
3. Engagement with the Compass North Yorkshire risky behaviour service is voluntary; therefore, referrals will only be accepted if the young person has given their prior consent.
4. Compass will contact all those referring a young person into the service to confirm receipt of referral and to discuss what will happen next.
5. Compass will ask referrers to assist in completing the young person's comprehensive risk assessment and what involvement you have in the care of the young person.
6. Compass will always inform you of whether the young person engaged with the service, keep you updated when necessary, and will refer back to you at the point of discharge to ensure that appropriate aftercare services are in place.

For an up-to-date referral form from the 1st of September 2012, contact:

Compass Risk Taking Behaviour Service

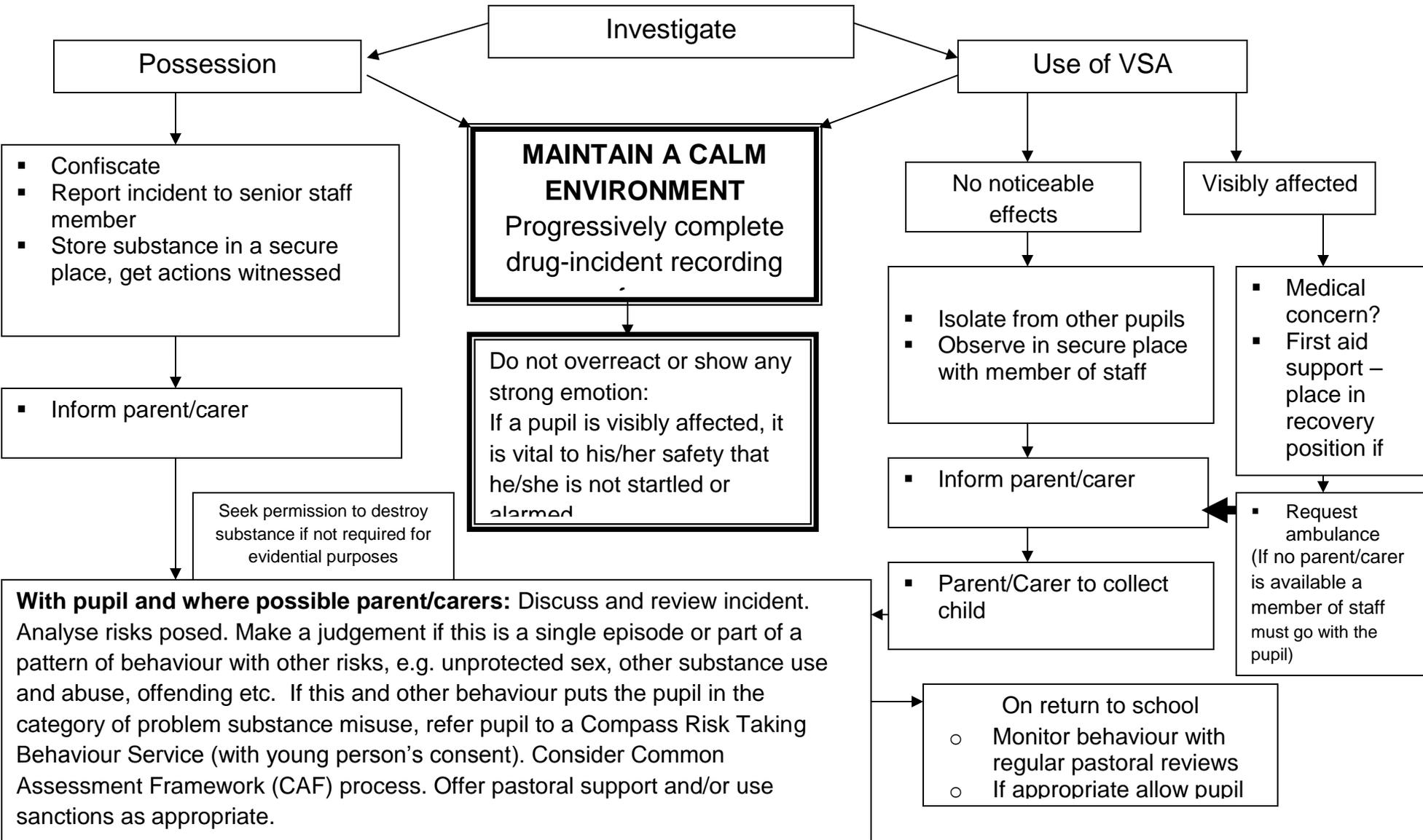
Telephone: 01609 777662

Freephone: 0800 008 7452

E mail: tracy.husband@compass-uk.org

A referral to the service can also be made through Targeted Youth Support(TYS)

VOLATILE SUBSTANCES (gas, glue, etc)



VOLATILE SUBSTANCES (gas, glue, etc)

Investigate

Possession

Use of VSA

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

MAINTAIN A CALM ENVIRONMENT
Progressively complete drug-incident recording

No noticeable effects

Visibly affected

- Inform parent/carer

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

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

Seek permission to destroy substance if not required for evidential purposes

- Inform parent/carer

- Request ambulance (If no parent/carer is available a member of staff must go with the pupil)

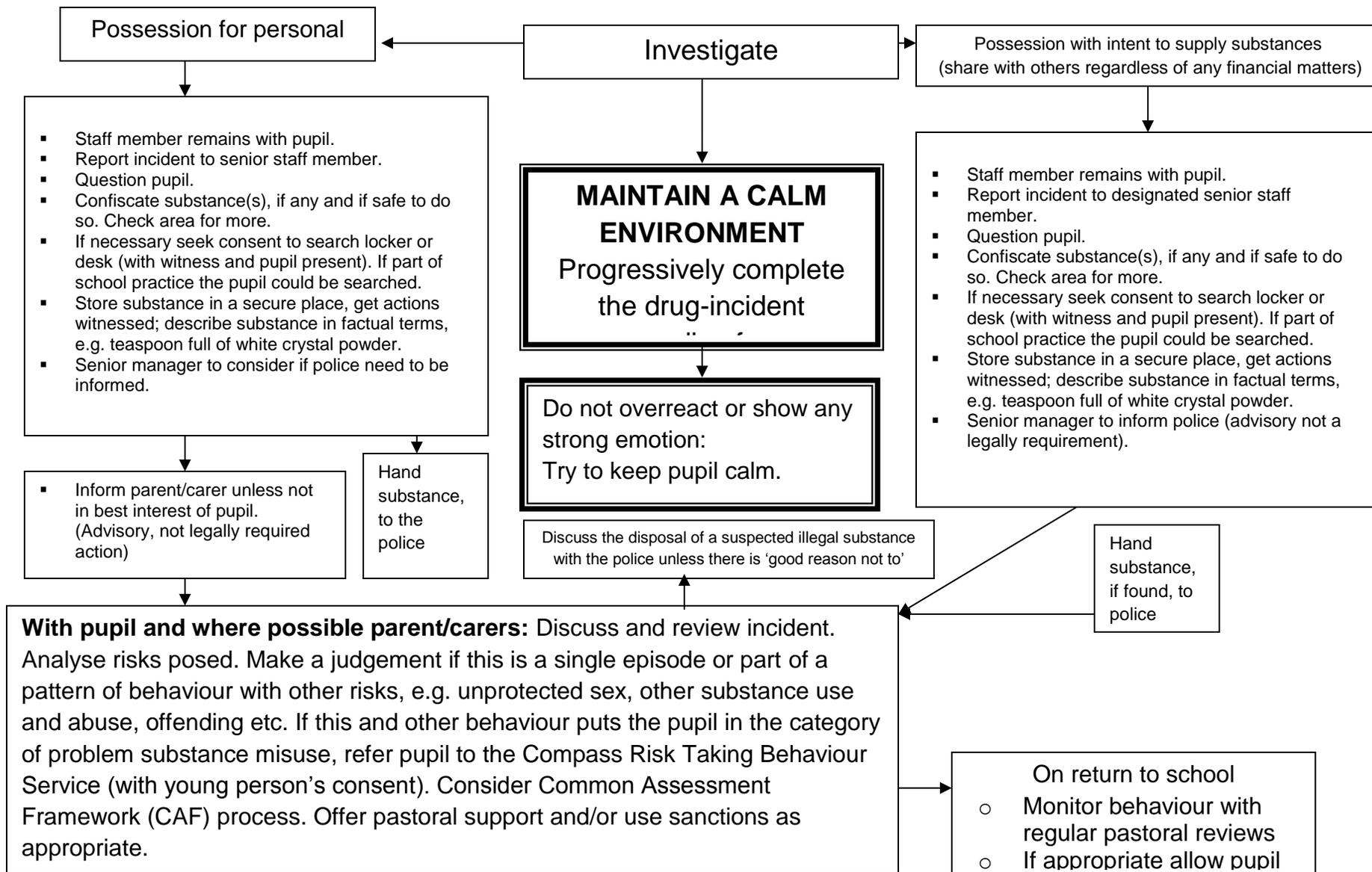
- Parent/Carer to collect child

With pupil and where possible parent/carers: Discuss and review incident. Analyse risks posed. Make a judgement if this is a single episode or part of a pattern of behaviour with other risks, e.g. unprotected sex, other substance use and abuse, offending etc. If this and other behaviour puts the pupil in the category of problem substance misuse, refer pupil to a Compass Risk Taking Behaviour Service (with young person’s consent). Consider Common Assessment Framework (CAF) process. Offer pastoral support and/or use sanctions as appropriate.

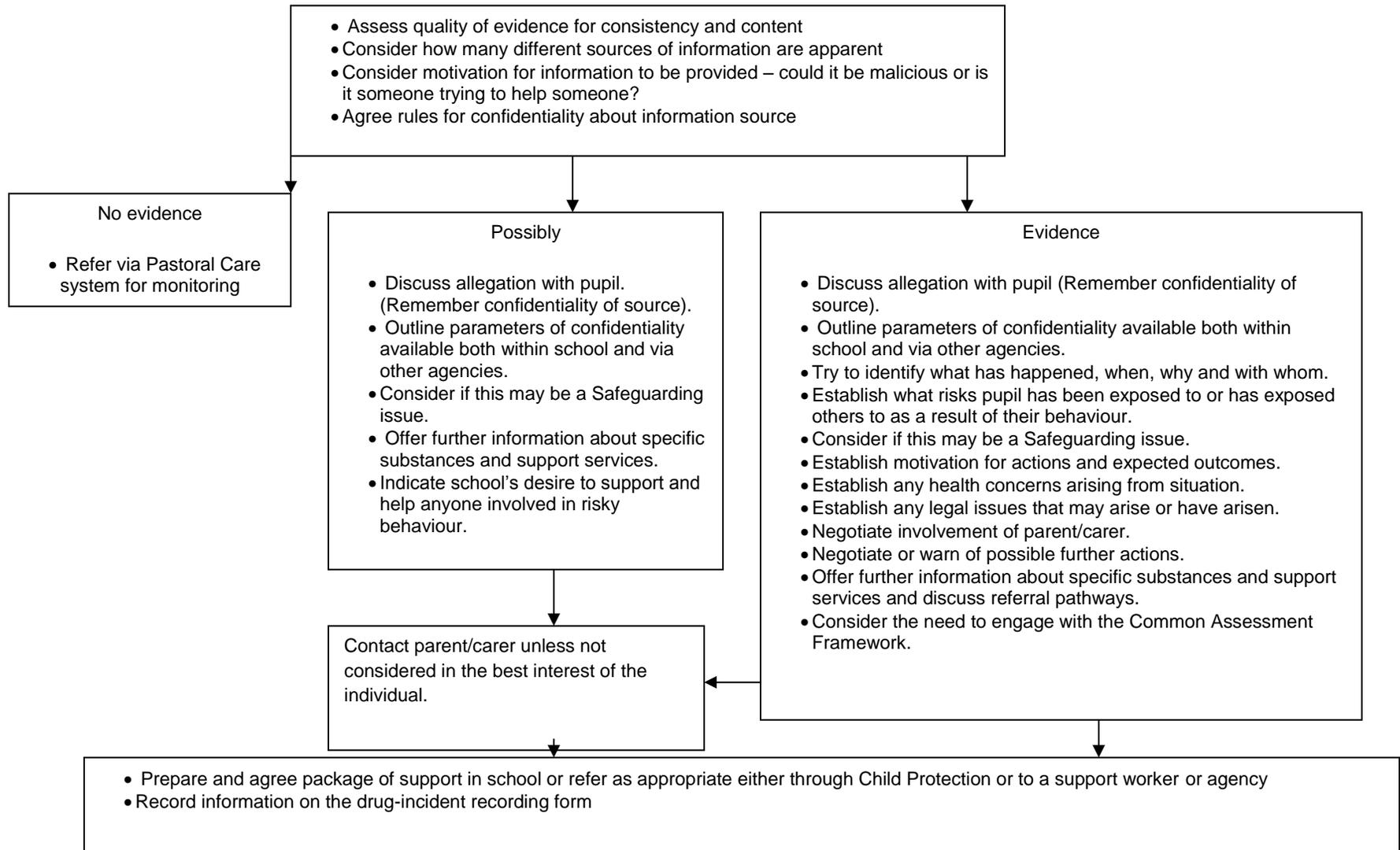
- On return to school
- Monitor behaviour with regular pastoral reviews
 - If appropriate allow pupil

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

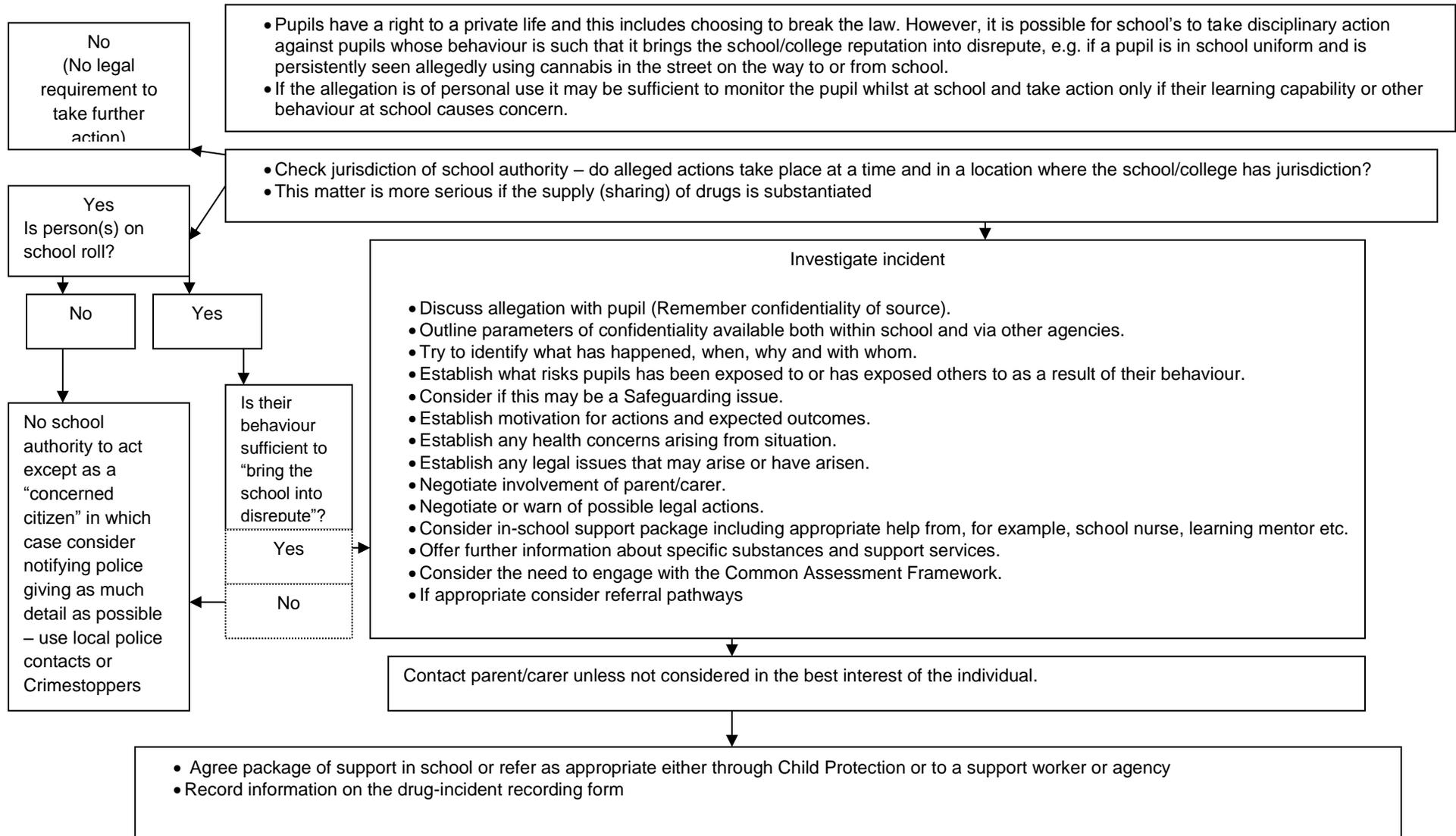
ILLEGAL DRUGS – possession/supply



Rumour of substance use or misuse in school



Pupil using/supplying substances out of school



Disclosure of substance use

- Inform pupil of confidentiality parameters.
- Ask pupil if they think they will need a greater level of confidentiality.

Pupil accepts limitations of school confidentiality policy

- Listen, reassure and seek what pupil wants to happen as a result of disclosing information. Investigate experience of substance misuse and assess risk to health and safety of pupil and/or others. Avoid making personal judgements, verbally and non-verbally.
- Check confidentiality level is appropriate. If disclosure suggests a Safeguarding issue stop discussion and check pupil understands that you will have to share information to make progress before continuing.

Depending on the individual and their motivation and capacity for change, they may or may not require additional specialist help. This should be discussed when exploring possible options for the pupil which may include;

- Reducing substance misuse.
- Continuing substance misuse but harm minimisation information.
- Stopping substance misuse.

- If drug use considered problematic, refer to Compass Risk Taking Behaviour Service (with young person's consent).
- Provide information about specific substance(s).
- Negotiate contact with parents/carers.
- Record factual details on Drug-incident recording form.
- Evidence shows that pupils remaining in school /college is a protective factor against more problematic drug use.

Pupil wants greater level of confidentiality

- Provide information about sources of information and support and explain what each provides
- Start with in-school support – e.g. Student Services, School Nurse Drop-in etc
- Provide information about local services, drugs and alcohol agencies (see appendix 4)
- Provide information about national services, e.g. FRANK

Reassure pupil of the support the school can give

Record information on the drug-incident recording form
Monitor situation. Regularly check if pupil requires more assistance

