Guidance

Curriculum Standards

KS1, KS2, KS3, KS4

Headteachers, Chairs of Governors, LEAs

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Drugs:
Guidance for schools

department for
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creating opportunity, releasing potential, achieving excellence

Healthy Schools

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Foreword

All drugs have the potential to harm; but some drugs are more harmful than others. For a small number of people, drugs lead to serious and far reaching consequences not only for themselves, but their families, their communities and society in general. For children and young people in particular, drugs can impact on their education, their relationships with family and friends and prevent them from reaching their full potential.

All children and young people need to be able to make safe, healthy and responsible decisions about drugs, both legal and illegal. Schools play a central role in helping them make such decisions by providing education about the risk and effects of drugs; by developing their confidence and skills to manage situations involving drugs; by creating a safe and supportive learning environment; and ensuring that those for whom drugs are a concern receive appropriate support.

We know that many schools have made considerable progress in relation to drug issues. I am pleased to see that more schools are joining the National Healthy School Programme and taking advantage of the framework for improvement it offers. We are encouraging schools to respond effectively to drugs by having:

- a well-planned drug education programme which takes account of the needs of pupils so that teaching is relevant and engaging
- a drug policy developed in consultation with the whole school community which outlines the school's response to all drug matters

- strategies in place to identify and support young people for whom drugs may be a problem
- staff who are confident and skilled in addressing drug issues. We acknowledge the importance of staff training in this area and that is why we are committed to expanding continuing professional development opportunities for teachers.

This guidance is based on the principles which underpin good practice in drug education and managing drug incidents. During its development we have listened to young people and those working with them both in and outside schools. We have also taken account of the views of the many people who responded to the consultation.

We recognise that schools are not acting alone. They are part of a broader prevention picture which includes parents/carers and a range of partner agencies. By working together, they can help children and young people navigate their way through what is a complex social issue. We want to help schools so that they are effective in this area and I am sure this guidance will help them formulate a planned, co-ordinated and considered response to drugs.

Stephen Twigg MP
Parliamentary Under Secretary of State for Schools

Executive summary

Section 1 – Introduction

This document replaces existing guidance to schools on drugs (including medicines, volatile substances, alcohol, tobacco and illegal drugs) from the Department for Education and Skills (the Department). It provides guidance to primary, secondary, special schools and pupil referral units (PRUs) in England on all matters relating to drug education, the management of drugs within the school community, supporting the needs of pupils with regard to drugs and drug policy development. It is relevant to all staff, particularly senior managers and those responsible for co-ordinating and teaching drug education (see sections 1.1-1.4).

Schools, parents/carers and a range of agencies working with young people have an important role to play in the delivery of the Government's strategies on drugs. Schools play a key role in providing drug education and pastoral support to all pupils and identifying vulnerable pupils so that those who need extra help receive it either in school or through referral to other services (see section 1.5).

Section 2 – The context for drug education

Drug education should enable pupils to develop their knowledge, skills, attitudes and understanding about drugs and appreciate the benefits of a healthy lifestyle, relating this to their own and others' actions (see section 2.1).

Drug education should take account of pupils' views, so that it is both appropriate to their age and ability, and relevant to their particular circumstances (see section 2.2).

Research shows that certain models of drug education can achieve modest reductions in the consumption of cannabis, alcohol and tobacco, and delay the onset of their use. Drug education also has a role in reducing the risks associated with drug use, reducing the amount of drugs used and helping people to stop (see section 2.3).

Drug education in the classroom should be supported by a whole school approach that includes the school's values and ethos, staff training and the involvement of pupils, staff, parents/carers, governors and the wider community (see section 2.4).

Drug education should be delivered through personal, social and health education (PSHE) and citizenship and fulfil the statutory requirements of the National Curriculum Science Order. It should start in primary schools and develop through each of the Key Stages to ensure continuity and progression (see section 2.5).

Drug education should cover all drugs and, when appropriate, should focus on drugs of particular significance such as alcohol, tobacco, cannabis, volatile substances and class A drugs (see section 2.6).

Section 3 – Planning and teaching of drug education

When planning drug education, schools need to take account of pupils' existing knowledge and understanding. Other factors to consider include trends in local drug use and the diversity of pupils, as well as their attainment levels (see section 3.1).

Schools should ensure that drug education is accessible to pupils with special educational needs (SEN) (see section 3.1.4).

Particular attention should be given to drug education for pupils who are vulnerable to drug misuse, including those at risk of exclusion and those excluded from school, to ensure that their specific needs are addressed (see section 3.1.8).

Teaching in drug education should reach the same high standards as for other subjects and focus in particular on establishing a supportive learning environment and using active and participatory teaching methods (see sections 3.2).

Teachers should be the main providers of drug education. External contributors, if used, should be involved in a planned way, and where they can add value to the school's programme (see section 3.6).

Schools should appoint a designated senior member of staff with overall responsibility for all drug issues within the school (see section 3.7 and 4.2).

Secondary schools and PRUs should establish specialist teams of teachers to teach drug education. Teachers of drug education need access to a range of high-quality support and continuing professional development opportunities (see sections 3.7 and 3.8).

Schools should assess pupils' learning and monitor, evaluate and review their drug education provision (see sections 3.9-3.11).

Parents/carers should be given information about their child's drug education and have opportunities to become involved in planning and developing the drug policy and education programme (see section 3.13).

As part of their general responsibilities for the strategic direction of the school, governors have a key role to play in the development of their school's drug policy (see section 3.14).

Schools should ensure that pupils have access to up-to-date information about sources of help and advice (see section 3.15).

Section 4 – Good management of drugs within the school community

The possession, use or supply of illegal and other unauthorised drugs within school boundaries is unacceptable. All schools need to have agreed responses and procedures for managing drug incidents, which are understood by all and documented within the school drug policy (see section 4.1).

Schools should clearly define the limits of their boundaries and what constitutes a drug incident (see sections 4.1 and 5.1).

Schools should be aware that some pupils are more vulnerable to drug misuse and other social problems. Ensuring that these pupils are identified and receive appropriate support through the curriculum, the pastoral system or referral to other services should be a priority for all schools (see sections 4.1.1 and 4.1.2).

The Department expects to see schools making significant progress towards smoke-free status (see section 4.4).

Schools and police should work closely together to establish an agreed policy which clarifies roles and mutual expectations before incidents occur (see section 4.6).

Schools will need to agree procedures for taking possession of and disposing of illegal and other unauthorised drugs. In the case of illegal drugs, schools should, without delay, notify the police, who will collect and then store or dispose of them in line with locally agreed protocols (see section 4.7).

The procedures for and circumstances where searches may be considered appropriate should be made explicit in the school drug policy. It is not appropriate for a member of staff to carry out a personal search. Personal property cannot be searched without prior consent. Consent should also be sought for searches of school property such as lockers, but such a search may be conducted even where consent to it is withheld. (see section 4.10.1).

Section 5 – Responding to drug incidents

For any drug incident, the utmost priority should be placed on safety, meeting any medical emergencies with first aid and summoning appropriate help (see section 5.2).

Schools should develop a range of responses to drug incidents. Any response should balance the needs of the individual with those of the wider community and should be determined after a full and careful investigation (see sections 5.3 and 5.4).

Clear referral protocols and communication routes should be established between schools and the range of agencies providing support to young

people. In making referrals careful attention should be given to issues of confidentiality (see sections 5.4.2 and 4.3).

In any incident involving illegal and other unauthorised drugs schools are advised to involve the pupil's parents/carers, unless this would jeopardise the pupil's safety (see section 5.5.1).

Schools should make a full record of every incident (see section 5.7).

Section 6 – The school drug policy

All schools are expected to have a policy which sets out the school's role in relation to all drug matters. Those without a drug policy should develop one as a matter of urgency (see section 6.1).

The policy should be developed, implemented and reviewed in consultation with the whole school community including pupils, parents/carers, staff, governors and partner agencies (see section 6.3).

Schools should ensure that their policy is widely disseminated, readily accessible and updated regularly. Clear links to other related policies need to be identified (see sections 6.4-6.6).

Section 1 – Introduction

This section offers guidance on:

1.1 The purpose of the guidance

This document replaces existing Department guidance to schools:

- *Circular 4/95: Drug Prevention and Schools*
- *Protecting Young People: Good practice in drug education in schools and the youth service*, 1998.

It also incorporates key messages from a range of publications for schools on drug issues[1] and links to and builds on *Drug, alcohol and tobacco education: curriculum guidance for schools at Key Stages 1-4* (QCA, 2002).

It provides guidance to schools on all matters relating to drugs. It sets out the statutory position on drug education for 5 to 16-year-olds (Key Stages 1-4) and supports schools in:

- developing, implementing and reviewing a comprehensive and effective drug education programme for all pupils
- managing drug incidents in the school community
- supporting the personal, social and health needs of all pupils with regard to drugs, and
- developing, implementing and reviewing a school drug policy.

1.2 Who the guidance is for

This guidance is for all staff in primary, secondary and special schools and pupil referral units (PRUs) in England. It is particularly relevant to:

- the headteacher
- governing bodies
- members of staff with lead responsibility for drug and/or personal, social and health education (PSHE) and citizenship
- teachers of drug education
- those responsible for providing guidance and support to pupils.

It will also help Local Education Authorities (LEAs) and their local Healthy Schools Programmes support schools on drug issues and be of interest to school nurses and other health professionals, Connexions personal advisers, and all those working with schools.

1 *The Right Responses: Managing and making policy for drug-related incidents in schools* (DrugScope, 1999); *The Right Approach: Quality standards in drug education* (DrugScope, 1999); *The Right Choice: Guidance on selecting drug education materials for schools* (DrugScope, 1998); *Alcohol: Support and Guidance for schools* (Alcohol Concern, 2001) *Drug education in schools: an update* (OfSTED, 2000 and 2002); *National Healthy School Standard Guidance* (DfEE, 1999).

Those providing foundation and post-16 provision and the independent sector may also find the guidance of interest. However, specific guidance is being prepared for post-16 institutions details of which can be found on www.teachernet.gov.uk/PSHE

1.3 Terminology

The definition of a drug given by the United Nations Office on Drugs and Crime is:

A substance people take to change the way they feel, think or behave.

The term 'drugs' and 'drug education', unless otherwise stated, is used throughout this document to refer to all drugs:

- all illegal drugs (those controlled by the Misuse of Drugs Act 1971)
- all legal drugs, including alcohol, tobacco, volatile substances (those giving off a gas or vapour which can be inhaled), ketamine, khat and alkyl nitrites (known as poppers)
- all over-the-counter and prescription medicines.

Where 'schools' are referred to this also includes PRUs.

For further information on terminology, see Glossary.

The word 'should' has been used to describe an expectation rather than a statutory requirement.

1.4 Young people and drugs

The majority of young people of school-age have never used an illegal drug. Most will at some stage be occasional users of drugs for medicinal purposes and many will try tobacco or alcohol. Some will continue to use on a regular basis. There are complex motivations behind a young person's decision to first experiment with alcohol, tobacco, volatile substances and illegal drugs. However, very few of those who experiment with illegal drugs will go on to become problem drug users. All pupils, including those in primary schools, are likely to be exposed to the effects and influences of drugs in the wider community and be increasingly exposed to opportunities to try both legal and illegal drugs. Every school therefore has a responsibility to consider its response to drugs.

1.5 The role of schools in contributing to Government strategies on drugs

Schools, alongside parents/carers and the range of agencies working with children, young people and their families, have an important role to play in the delivery of the Government's strategies on illegal drugs, alcohol and tobacco.

The National Drug Strategy aims to reduce the harm that illegal drugs cause to society and to prevent today's young people from becoming tomorrow's problematic drug users. The updated strategy proposes an expansion of provision and improvement in the quality of drug education.

Drug Action Teams (DATs), which include representatives from education, health, social services, Connexions, police, youth offending teams and housing, are the strategic bodies responsible for co-ordinating the drug strategy at a local level. LEAs are strategic partners within the DAT and they should be fully involved in planning and commissioning services so that young people's drug related needs are addressed across a four-tier model[2]. LEAs along with their DAT partners should plan how to resource drug education in schools out of the total resources available to them. DATs will be managed through a series of key performance indicators and will require the assistance of the LEA and their Healthy Schools Programme to measure progress against these targets.

The Health Advisory Service four-tier model

	Practitioners/ agencies	Aims and interventions
Tier 1	Generic and primary services including schools, GPs and the police	Ensure universal access and continuity of advice and care to young people. Provide advice and information about drugs and, as part of their overall remit, identify and refer on those vulnerable to drug misuse or experiencing difficulties.

2 The 1996 Health Advisory Service Report 'The Substance of Young Needs' put forward a four-tier approach to improve the planning, co-ordination and delivery of substance misuse services for children and young people. The model was updated in 2001. See www.drugs.gov.uk

Tier 2	Youth orientated services (offered by practitioners with some drug and youth specialist knowledge)	Aim to reduce risk and vulnerability to drug misuse and keep or reintegrate young people into mainstream services. Provide targeted education, counselling and assessment.
Tier 3	Young people's specialist drug services and other specialised services	Respond to complex and multiple needs, not solely drug problems, and work towards reintegration of the child into mainstream services. Provide specialist assessment and specific drug interventions as part of a planned package of care and treatment.
Tier 4	Very specialised services	Provide specialist medical forms of interventions for young people misusing drugs with complex care needs e.g. substitute prescribing, detoxification and residential care.

For further information on national strategies see:

www.drugs.gov.uk (illegal drugs)

www.strategy.gov.uk, (alcohol)

www.doh.gov.uk/tobacco (tobacco)

The tiers build on each other, so that a young person with tier 3 needs for example, would also have tier 1 and 2 needs, which also need to be met.

Schools play an important part in this tiered model of provision providing drug education and pastoral support to all pupils and identifying children and young people vulnerable to drug misuse, so that those who need extra help receive it either in school or through referral to other services.

The Prime Minister's Strategy Unit will publish its report setting out a cross-governmental alcohol harm reduction strategy for England in 2004[3].

The Government, in *Smoking Kills – A White Paper on Tobacco* (1998), has set a target to reduce smoking among children from 13% to 9% or less by the year 2010, with a fall to 11% by 2005.

3 The strategy was informed by an interim analytical report published in September 2003 which presented an in-depth analysis of the harms associated with alcohol misuse. See www.pm.gov.uk/strategy

1.6 How to use this guidance

There has been much improvement in drug education in schools in recent years. Considerable progress has been made in the number of schools with a drug policy and in the quality of drug education programmes.

Schools wishing to review their existing provision in light of this guidance may want to use the check-list provided in Appendix 7 as a starting point. Those seeking to update their policy on drugs should find the sample policy framework in Section 6 useful. The guidance can be downloaded and appendices adapted to suit local circumstances from www.teachernet.gov.uk/PSHE

Support is available from the LEA and their local Healthy Schools Programme. Schools are strongly encouraged to seek their advice.

Summary

- This document replaces existing guidance to schools on drugs (including medicines, volatile substances, alcohol, tobacco and illegal drugs) from the Department for Education and Skills. It provides guidance to primary, secondary, special schools and PRUs in England on all matters relating to drug education, the management of drugs within the school community, supporting the needs of pupils with regard to drugs and drug policy development. It is relevant to all staff, particularly senior managers and those responsible for co-ordinating and teaching drug education.
- Schools, parents/carers and a range of agencies working with young people have an important role to play in the delivery of the Government's strategies on drugs. Schools play a key role in providing drug education and pastoral support to all pupils and identifying vulnerable pupils so that those who need extra help receive it either in school or through referral to other services.

Section 2 – The context for drug education

This section offers guidance on:

2.1 The aim of drug education

Drug education is a major component of drug prevention. Drug prevention aims to: minimise the number of young people engaging in drug use; delay the age of onset of first use; reduce the harm caused by drugs; and enable those who have concerns about drugs to seek help.

The aim of drug education is to provide opportunities for pupils to develop their knowledge, skills, attitudes and understanding about drugs and appreciate the benefits of a healthy lifestyle, relating this to their own and others' actions.

Drug education is an important aspect of the curriculum for all schools. It should:

- increase pupils' 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 pupils' personal and social skills to make informed decisions and keep themselves safe and healthy, including:
  - assessing, avoiding and managing risk
  - communicating effectively
  - resisting pressures
  - finding information, help and advice
  - devising problem-solving and coping strategies
  - developing self-awareness and self-esteem
- enable pupils to explore their own and other peoples' attitudes towards drugs, drug use and drug users, including challenging stereotypes, and exploring media and social influences.

All schools need to set realistic aims for their drug education which include the above and which are consistent with the values and ethos of the school and the laws of society, as well as appropriate to the age and maturity of pupils.

2.2 What pupils want

Drug education should reflect the views of pupils so that it is relevant and appropriate. When asked, pupils have said they want:

- their views and opinions listened to
- to engage in discussion and debate
- their drug education to be interesting, involving drama, true-to-life stories and external contributors
- drug education to be taught by people who know what they are talking about
- as much information as possible; they do not want to be told just to 'say no'
- to know the range of effects and risks of drugs and why people use them
- how to cope with an emergency
- drug education to be given greater emphasis in primary schools[1].

Pupils' views about drug education will vary and it is important that schools consult pupils when planning and evaluating the drug education programme. This is in accordance with the forthcoming statutory guidance *Working together: Giving children and young people a say*, which advises LEAs, governing bodies and schools on how to involve pupils when making decisions that affect them.

For further information on pupil participation see:

www.wiredforhealth.gov.uk

2.3 The evidence base for drug education

Research shows that certain models of drug education can achieve modest reductions in the consumption of cannabis, alcohol and tobacco, and delay the onset of their use[2]. There are also indications that drug education has a role in reducing the risks associated with drug use, reducing the amount of drugs used and helping people to stop[3].

Although not yet thoroughly tested in Britain[4], the best available worldwide research identifies effective drug education programmes as ones which:

- address knowledge, skills and attitudes (see section 2.1)
- provide developmentally appropriate and culturally sensitive information (see sections 2.5, 3.1.3 and 3.1.4)

1 Views expressed by young people aged 9-17 during the development of this guidance.

2 White D and Pitts M (1998) Educating young people about drugs: a systematic review. *Addiction*, 93(10), 1475-87

3 Lowden K and Powney J (1999) *Drug education in Scotland: provision, perspectives and effectiveness*. The Scottish Council for Research in Education

4 The existing evidence base mainly refers to secondary age pupils, since primary-school drug education cannot be expected to have a measurable impact on drug-using behaviours for four to five years. For information on the Blueprint Research Programme see, www.drugs.gov.uk/NationalStrategy/YoungPeople/Blueprint and for more on the evidence base for drug prevention see, www.hda-online.org.uk

- challenge misconceptions that young people hold about the norms of their peers' behaviour and their friends' reactions to drug use. This 'normative education' is important because young people often overestimate how many of their own age group drink, smoke or use illegal drugs
- use interactive teaching techniques such as discussion, small-group activities and role play (see section 3.2.2)
- involve parents/carers as part of a wider community approach. Parents/carers should have access to information and support in talking with their children about drugs (see section 3.13).

Recent research demonstrates that normative education is a highly important positive influence on knowledge and behaviour change. It also provides opportunities within the curriculum to address attitude development and discuss what influences young people's decision-making.

2.4 A whole school approach

A school's approach to drugs is most effective when:

- it is addressed by the whole school community – staff, parents/carers, pupils, governors and the wider community
- it is consistent with the school's values and ethos, developed by all members of the school community
- drug education is part of a well-planned programme delivered in a supportive environment, where pupils feel able to engage in open discussion and feel confident about asking for help if necessary
- policy and practice for managing incidents are consistent with teaching
- pupils' needs and views are taken into account when developing programmes and policies
- staff have access to training and support
- it is supported by consistent messages from the family and community.

The National Healthy School Standard (NHSS) supports such a whole school approach. Drug education is one of the 10 themes of the NHSS. Schools can have different levels of involvement in the NHSS but to gain recognition as a healthy school (at level 3) the school will need to show, alongside other evidence, that drug education is being delivered in line with statutory requirements, the non-statutory PSHE framework, Department guidance and the NHSS criteria.

For further information on the NHSS see:

Appendix 1

www.wiredforhealth.gov.uk

Drug Education (including alcohol and tobacco) (Health Development Agency, 2003)

2.5 Drug education in the curriculum

Drug education is an entitlement for every pupil and is supported by Section 351, of the Education Act 1996 which requires every school, including PRUs, to provide a balanced curriculum which:

For further information on content and progression in drug education see Appendix 2

- promotes the spiritual, moral, cultural, mental and physical development of pupils at the school and of society
- prepares pupils at the school for the opportunities, responsibilities and experiences of adult life.

Drug education should be delivered through well-planned PSHE and citizenship provision. Schools are expected to use the non-statutory frameworks for PSHE and citizenship at Key Stages 1 and 2, PSHE at Key Stages 3 and 4, the statutory citizenship programme of study at Key Stages 3 and 4 and the statutory requirements within the National Curriculum Science Order for all phases as the basis for developing drug education.

PSHE and citizenship provide an effective context for drug education because they focus on developing skills and exploring attitudes as well as learning about healthy and safe lifestyles.

Integration within PSHE

Many of the skills and attitudes developed and explored through drug education are common to other aspects of PSHE. For example, skills to resist pressure to use drugs are applicable to personal safety and relationship education. Links between drugs and other areas of PSHE, for example, emotional health and well-being and sex and relationship education, should also be made. This is particularly relevant to young people as their use of drugs, especially alcohol, can have an impact on their relationships and on sexual activity and sexual health.

Contribution of citizenship education

Citizenship at all Key Stages can contribute to drug education by, for example, providing opportunities for pupils to:

- understand rules and laws and how they relate to rights and responsibilities
- consider different points of view
- explore moral, social and cultural issues
- discuss and debate topical issues.

Continuity and progression within drug education

Drug education should start in primary schools and the primary age classes of special schools and continue throughout a child's development, with topics and issues being included which are appropriate to the age and maturity of pupils and revisited over time. The overall programme should be co-ordinated across the curriculum and from year to year.

Schools should liaise with their feeder and receiver schools to ensure continuity and progression across the phases, and with colleges where pupils study part-time under the increased flexibility programme for 14-16-year-olds. LEAs can assist with liaison. The transition from primary to secondary is particularly important, given the pattern of young people's drug use; drug education in Years 7 and 8 should reinforce and build upon drug education in primary schools.

Drug education in primary schools

At Key Stage 1 pupils learn about being safe with medicines and household substances and the basic skills for making healthy choices and following safety rules[5].

At Key Stage 2 pupils learn about the effects and risks of alcohol, tobacco, volatile substances and illegal drugs and basic skills to manage risky situations. They learn how to make informed choices about their health, how to resist pressure to do wrong and to take more responsibility for their actions.

Drug education in secondary schools

At Key Stage 3 pupils learn more about the effects and risks of drugs and the laws relating to drugs. They learn the skills to recognise and manage risk and to resist pressures. They continue to develop the skills to make choices for a healthy lifestyle and learn about where to go for help and advice.

At Key Stage 4 pupils build on their knowledge and learn more about the effects of drug misuse on family, friends, community and society. They gain greater understanding through clarifying their opinions and attitudes in discussions and debate and considering the consequences of their decisions.

5 The Foundation Stage of the National Curriculum supports children in developing an understanding of what keeps them healthy and safe. Drug education at Key Stage 1 should build on this.

Drug education of pupils with special educational needs (SEN)
Pupils with SEN within all educational settings should receive their entitlement to drug education. The framework set out earlier in this section should be used as a basis.

Teachers may need to focus more on developing pupils' confidence and skills to manage situations which require making decisions about drugs. This may include developing competence to manage medicines responsibly, staying safe and understanding and managing feelings. Teachers should pay particular attention to enabling pupils to seek help and support when they need it.

For further information on pupils with SEN see section 3.1.4

2.6 Drugs of particular significance

Drug education includes teaching about all drugs, including illegal drugs, alcohol, tobacco, volatile substances and over-the-counter and prescription medicines. Pupils need to understand that all drugs have the potential to cause harm; that using drugs in combination can increase risk; and that legal drugs can be as addictive as some illegal drugs. On occasion there may be a need for teachers to focus on the issues relating to specific drugs as a result of an incident in school, local intelligence, increased media attention, or pupil interest. It is important that issues related to specific drugs are not considered in isolation but integrated within an overall programme.

For further information on specific drugs see:

Dangerousness of Drugs

www.doh.gov.uk/drugs

www.talktofrank.com

2.6.1 Alcohol

Alcohol is readily available and generally considered socially acceptable in most but not all cultural groups. A recent survey found that 24% of 11-15-year-olds had consumed alcohol in the previous week. This ranged from 5% of 11-year-olds to 47% of 15-year-olds[6]. While the number of 11-15-year-olds who drink has not changed significantly since 1988[7], young people aged 15-16 are drinking larger amounts of alcohol, drinking more often, and binge drinking is more common[8].

Given its prevalence and the increased vulnerability of young people to the impact of alcohol misuse and changes in drinking behaviours, educating pupils about the effects of alcohol and how to reduce alcohol-related harm is an important priority for all schools. The Department therefore expects all schools to reflect this within their drug education programmes. Alcohol education should start at primary

6 *Smoking, drinking and drug use among young people in England in 2002* (National Centre for Social Research (Nat Cen) and the National Foundation for Educational Research (NFER)). The Stationery Office, 2003

7 *Strategy Unit Alcohol Project – Interim Analytical Report* (Cabinet Office, 2003)

8 *Young People's Drinking Factsheet 1* (Alcohol Concern, 2002)

school before drinking patterns become established and should be revisited as pupils' understanding and experience increases.

The aim of alcohol education should be to reduce the risks associated with pupils' own and others' drinking by taking a harm-reduction approach. This accepts that many, although not all, people drink, and seeks to enhance pupils' abilities to identify and manage risks and make responsible and healthy decisions. It should not suggest that alcohol misuse is acceptable or that all young people drink. Young people need to understand that alcohol is a drug and although legal to consume it has the potential to harm, particularly when consumed in large amounts or in combination with other drugs.

Schools may wish to explore the culture around alcohol by considering society's views, family values, the media and commercial interests; the law controlling the sale and purchase of alcohol; and the links between drinking, anti-social behaviour, personal safety, crime and sexual behaviour.

2.6.2 Tobacco

Smoking is the United Kingdom's single greatest cause of preventable illness and early death. The proportion of regular young smokers has been relatively stable since 1998. In 2002 10% of 11-15-year-olds in England said that they smoked regularly, though prevalence is strongly related to age. Only 1% of 11-year-olds were regular smokers (i.e. smoking at least one cigarette a week) compared with 23% of 15-year-olds[6].

For further information on tobacco and smoke-free schools see section 4.5

Schools have an important role to play in raising pupils' awareness of the health risks associated with smoking. The emphasis should be on providing information and developing attitudes and skills which will help pupils not to take up smoking and supporting those who want to stop. Some secondary schools have set up smoking cessation support groups to help those pupils (and staff and parents/carers) wishing to give up.

Schools may wish to explore the impact of smoking on immediate physical functioning and physical appearance as well as the influence of friends, family, society and the media on decisions about smoking. The perception of smoking as a method of weight control or simply to appear more grown up should also be explored.

2.6.3 Cannabis

Cannabis is the most common illegal drug used by pupils, with use increasing sharply with age. Research shows that 31% of 15-year-olds reported using cannabis in 2002[6].

For further information on cannabis reclassification and the law see Appendix 3 and

www.drugs.gov.uk

Cannabis has been reclassified from a Class B to a Class C drug with effect from 29 January 2004. This means that the Government recognises that cannabis is not as harmful to health as existing Class B drugs. Its continued classification as a controlled drug confirms its illegality and reflects the associated health risks. Research shows that the use of cannabis, particularly frequent use, can result in short-term memory loss and loss of concentration. In the longer term, smoking cannabis damages respiratory function and is linked to lung cancer in much the same way as cigarettes. Continued use can result in serious psychological dependence and mild withdrawal symptoms. It can also cause psychotic reactions among some individuals with mental health problems. In addition there has been a lot of debate about whether the use of cannabis can lead to mental illness, especially schizophrenia. However, no clear causal link has been proven for the latter, although cannabis can worsen existing schizophrenia and other mental illnesses and lead to relapse in some people. The medical benefits of some of the chemicals found in cannabis, but not cannabis itself, are being investigated[9].

It is important for schools to reinforce to pupils the message that cannabis is harmful to health and is still an illegal drug, and that possession remains a criminal offence leading to a possible criminal conviction. The policing of cannabis for under-18s has not changed as a result of reclassification. Young people should be made aware of the implications of having a criminal record. Teaching materials will need to be updated to reflect the change in classification.

Schools should continue to deal with incidents relating to possession or supply of cannabis in line with their school drug policy (see sections 5 and 6).

2.6.4 Volatile substances

Volatile substance abuse (VSA), the deliberate inhalation of volatile substances such as lighter fuel, glue or aerosols, is responsible for more deaths in young people aged 10-16 in England and Wales than illegal drugs[10]. Gauging VSA among young people is difficult since much of it is hidden, although 6% of pupils aged 11-15 reported sniffing a volatile

9 *Dangerousness of Drugs, A guide to the risks and harms associated with substance misuse* (Department of Health and National Addiction Centre, 2003)

10 Office for National Statistics and the National Programme for Substance Abuse Deaths, 2001

substance in 2002[6]. There is a growing recognition of the correlation between VSA and vulnerable young people[11].

For further information on VSA and the law see Appendix 3

For more on teaching and learning about VSA see:

www.ncb.org.uk/vsa

VSA needs to be addressed at an early point in the drug education curriculum because of the potential for early onset of experimentation, the availability of products open to abuse within the home and school, and the particular dangers posed by VSA. These include the high risk of sudden death, even for first-time and occasional users.

Schools should use the same approach for teaching about VSA as for other drugs. When focusing on VSA, teachers will need to find a balance between giving pupils an accurate picture of the potential harmful physical effects of VSA, including the risk of sudden death, and teaching them about its impact on emotional and social health and well-being. Teachers are encouraged to ensure that they have a sound understanding of VSA and are able to identify those who may be experiencing problems and know where to access help. More boys die from VSA than girls and it is important that education and support is able to meet their needs, as well as the needs of girls.

2.6.5 Class A Drugs

The use of Class A drugs in young people aged 11-15 years-old is low, with 4% reporting having used a class A drug in 2002. However, only 1% of 11-year-olds report taking a class A drug in the last year compared with 8% of 15-year-olds. Cocaine, crack, and ecstasy are more likely to be used than heroin[6]. Most of the teaching about class A drugs will usually take place at Key Stages 3 and 4, although primary-age pupils will need to know how to keep themselves safe around discarded drug paraphernalia, for example.

In areas where the use of particular drugs is associated with other major social problems, such as crime, it is especially important for teachers to focus on these issues. For example, schools in areas where the use of crack cocaine is a specific problem may wish to highlight the particular risks the use of this drug can pose and the effects it can have on the community.

11 C Goulden and A Sondhi, *At the Margins: drug use by vulnerable young people in the 1998/99 Youth Lifestyles Survey* (Home Office, 2001)

Summary

- Drug education should enable pupils to develop their knowledge, skills, attitudes and understanding about drugs and appreciate the benefits of a healthy lifestyle, relating this to their own and others' actions.
- Drug education should take account of pupils' views, so that it is both appropriate to their age and ability, and relevant to their particular circumstances.
- Research shows that certain models of drug education can achieve modest reductions in the consumption of cannabis, alcohol and tobacco, and delay the onset of their use. Drug education also has a role in reducing the risks associated with drug use, reducing the amount of drugs used and helping people to stop.
- Drug education in the classroom should be supported by a whole school approach that includes the school's values and ethos, staff training and the involvement of pupils, staff, parents/carers, governors and the wider community.
- Drug education should be delivered through PSHE and citizenship and fulfil the statutory requirements of the National Curriculum Science Order. It should start in primary schools and develop through each of the Key Stages to ensure continuity and progression.
- Drug education should cover all drugs and, when appropriate, should focus on drugs of particular significance such as alcohol, tobacco, cannabis, volatile substances and class A drugs.

Section 3 – Planning and teaching of drug education

This section offers guidance on:

3.1 Issues to consider when planning

Drug education programmes should be planned in line with Department guidance and statutory requirements. Issues to take into account when planning a programme include:

- pupils' existing knowledge and understanding (section 3.1.1)
- trends in local drug use (section 3.1.2)
- pupils' diversity (section 3.1.3)
- pupils with special educational needs (section 3.1.4)
- pupils who require regular medication (section 3.1.5)
- pupils whose parents/carers or relatives use or misuse drugs (section 3.1.6)
- pupils who have missed substantial amounts of schooling (section 3.1.7)
- pupils who are vulnerable to drug misuse (section 3.1.8)
- curriculum organisation (section 3.1.9)

3.1.1 Pupils' existing knowledge and understanding

All pupils are likely to know something about drugs, although this knowledge may be inaccurate, incomplete or based on myth.

Establishing existing knowledge, beliefs, experiences, and what young people want to learn will help to develop aims and learning objectives. It will ensure that the content is both credible and relevant to pupils and provide a baseline against which the programme can be evaluated.

Existing knowledge and understanding can be identified through:

- draw-and-write activities (see Glossary)
- circle time or 'rounds' where each pupil can contribute in turn
- graffiti sheets (see Glossary)
- questionnaires/surveys (online surveys or pupil-to-pupil interviews)
- discussion, e.g. in class or school councils.

Pupils need to understand what they can influence and how their contributions will feed into planning. Where pupils' suggestions cannot be incorporated teachers should explain why this is the case.

3.1.2 Trends in local drug use

Trends in local drug use, for example a high prevalence of VSA, may add to the school's understanding of the educational needs of its pupils. Local data may be available through the LEA and their Healthy Schools Programme, the DAT, the police, and other agencies.

For sources of national data see the Department of Health's annual survey on smoking, drinking and drug use among young people in England (11-15-year-olds)

www.doh.gov.uk

and the British Crime Survey (16-24-year-olds)

www.drugs.gov.uk

Schools are encouraged to be flexible in their approach and to integrate their programmes with local initiatives to support partnership working, for example 'No Smoking Day'.

3.1.3 Diversity

Schools should plan drug education which has relevance for all pupils and which takes into account the *Race Relations (Amendment) Act 2000* (www.hmso.gov.uk).

For further information on inclusion and diversity issues see:

Appendix 5 of *Citizenship: A scheme of work for Key Stage 3, Teachers Guide* (QCA, 2001)

The National Curriculum Handbook for primary teachers in England (QCA, 1999)

The National Curriculum Handbook for secondary teachers in England (QCA, 1999)

www.qca.org.uk

Teachers need to ensure that the programme includes a variety of teaching methods and strategies that cater for the range of attainment levels of their pupils and their diverse needs. Teachers need to be sensitive to the fact that pupils may have varying attitudes towards drugs which are influenced by their cultural and religious backgrounds and their life experiences, values and beliefs. The stigma attached to drug misuse within the South Asian, Chinese, Roma gypsies and Traveller communities is particularly acute and parents/carers may have concerns about their children discussing such matters or bringing drug education materials into the home. It is, nevertheless, important for all pupils to be prepared for drug-related situations and decisions they may face.

Working closely with parents/carers, youth workers and the wider community, including religious and community leaders, will help to alleviate concerns and ensure that the drug education programme is relevant and sensitive to the culture, ethnicity and diversity of pupils.

Teachers should also ensure that provision is made for pupils for whom English is an additional language. The LEA and community groups can offer help on this. The Healthy Schools Programme can also support schools in their work with local communities.

3.1.4 Pupils with special educational needs (SEN)

For further information on SEN see *Planning, teaching and assessing the curriculum for pupils with learning difficulties: PSHE and citizenship* (QCA, 2001)

In planning drug education for pupils with special educational needs teachers will need to consider whether:

- particular aspects of the programme need to be emphasised/expanded or given more/less time. Materials from an earlier Key Stage might be used or adapted

- certain pupils should be given opportunities to revisit knowledge and skills in different contexts
- activities should be adapted to provide support for pupils with difficulties in cognition and learning or communication and interaction. This could include placing a greater emphasis on discussion, modelling, role play and mechanisms for recording pupils' thoughts that do not rely on written materials.

Strategies to increase access to drug education include:

- using information and communication technology (ICT) or exploring realistic scenarios to compensate for a lack of first-hand experience in some social situations
- organising visits and providing real-life examples portrayed through theatre-in-education
- using specialist equipment and material such as sensory, large print and symbol textbooks.

Developing a tactile resource for alcohol education in a special school

The aim of this programme was to create a resource appropriate and relevant to the learning levels of pupils with severe learning difficulties, and to provide pupils with problem-solving and decision-making skills in relation to alcohol.

The teacher involved carried out an action research activity to assess pupils' knowledge, using mostly physical props, symbols and symbol worksheets to record responses. The teacher then worked with a company that produce 'bag books' to devise a visual and kinaesthetic resource to teach about the effects of alcohol. They produced a story bag consisting of short stories on separate laminated cards and multi-sensory props to help gain students' attention. The use of physical resources, such as bottle collection and alcohol smells, was extremely successful because they were recognisable to more able pupils and provided a good sensory base for the less able. The use of symbols and symbol worksheets helped pupils express basic ideas and knowledge and the use of photo-cards of alcohol and alcohol situations was very useful as the basis for discussion and problem-solving activities.

As a result of this work the teacher feels that alcohol education for pupils with severe learning difficulties has been improved, and confirmation obtained of how necessary such education is for these pupils.

Jack Taylor School, Camden LEA

3.1.5 Pupils requiring regular medication

Teaching may focus on the appropriate use of medicines and developing pupils' competence to manage their medication responsibly. As for all pupils, messages about the importance of taking medicines in accordance with the prescriber's instructions, not sharing medicines with others and the risks associated with taking some medicines in combination with alcohol, volatile substances and illegal drugs, should be included within the drug education programme. Community pharmacists should be able to provide advice to schools on matters relating to medicines.

3.1.6 Pupils whose parents/carers or relatives use or misuse drugs

Many pupils will have parents/carers or relatives who take medicines, smoke or drink alcohol. Some may have parents/carers or family members who use illegal drugs. All schools need to be sensitive to the very real possibility that the parents/carers or relatives of some pupils may be problem drug users[1]. Care should be taken to ensure that the drug education programme takes potential drug use of parents/carers or family members into account, for example in the issues portrayed and the language used, so that drug education does not stigmatise or heighten pupils' anxieties about their parent's/family member's welfare. Determining and addressing the additional educational needs of children of problem drug users will be a high priority (see section 4).

For further information on the needs of children of problem drug users, see *Hidden Harm – Responding to the needs of children of problem drug users* (Home Office, 2003)

www.homeoffice.gov.uk

3.1.7 Pupils who have missed substantial amounts of schooling

Pupils who have been out of education for long periods of time, for example, school-refusers and those suffering long-term health problems, may have missed substantial parts of the drug education programme, and this should be addressed when re-entering mainstream provision.

3.1.8 Pupils vulnerable to drug misuse including those at risk of exclusion and those excluded from school (educated in PRUs/alternative provision)

Drug education should be a priority for these pupils within all educational settings. It should be developed to address their specific needs, as many are more likely to be using drugs, many are at higher risk of developing problematic drug use and some may have been excluded as a result of a drug incident.

In addition to the guidance set out in section 2.5, teachers planning drug education should pay particular attention to involving these pupils and

1 There are an estimated 250,000-350,000 children of problem drug users in the UK. This figure excludes alcohol and tobacco. (*Hidden Harm: Responding to the needs of children of problem drug users*. Home Office, 2003). In addition, between 780,000 and 1.338 million children are affected by parental alcohol problems. (*Alcohol problems in the family – a report to the European Union*. Eurocare, 1998).

identifying their existing knowledge, understanding and experience to ensure that the teaching is highly relevant and engaging.

Teachers will need to consider:

- focusing on ways to reduce the harm drugs can cause
- involving a range of external contributors as part of the planned programme to add value by providing additional perspectives and approaches
- linking with tier-2 and -3 services such as young people's drugs services, which can provide targeted education, advice and support
- providing a range of highly engaging activities including media, film, music and ICT which focus on life skills
- arranging access to diversionary activities that focus on life skills and develop pupils' self-esteem and self-worth, and basic skills such as literacy and numeracy
- helping pupils to access further information and support.

For further information on external contributors see section 3.6

Supporting drug education with vulnerable young people

Pupils excluded from school, or at risk of exclusion, were targeted with extra drug education in a London borough. The LEA adviser worked with the PSHE co-ordinators of PRUs and other schools/centres and offered a range of support to the co-ordinators. This included lesson observations, training sessions on life skills, interviews with staff and discussions with pupils. Work plans were developed focusing on drug education tailored to the specific needs of the pupils, and these were regularly monitored. Network meetings were regularly held to share good practice and to enable teachers to pool their resources and skills.

A strong life skills approach to drug education was used, focusing on developing pupils' communication, interpersonal skills, decision-making and coping skills. Media and film were used to engage young people and motivate them to want to learn about drugs, through developing credible drama and practical media skills.

The drug education provided was more appropriate and relevant, and captured the interest of the pupils. There was a high level of commitment for drug education by both staff and pupils. The work also highlighted the need for one-to-one counselling support for pupils with drug-related problems and the need for specific training for teachers, for example, around drug use and mental health and drug misusing parents/carers.

Camden LEA

3.1.9 Curriculum organisation

It is for schools to decide how drug education is organised. Contributions can be made through timetabled PSHE, other curriculum subjects e.g. citizenship and science, off-timetable activities, or a combination of approaches.

Contributions from other curriculum subjects might include, for example:

- English – group discussion and interaction, information texts, literature and media
- maths – handling data, including interpreting and discussing results
- information and communication technology (ICT) – finding things out, exchanging and sharing information
- drama – exploring and developing skills through role play
- music and art – exploring popular culture
- geography – economic activity
- physical education – fitness and health
- religious education – exploring morals, values and cultural diversity.

Wherever drug education is located in the curriculum it should be explicitly planned as part of a cohesive and progressive programme. Both teachers and pupils should understand the connections between the different aspects of the programme.

There should be sufficient lesson time for learning to take place, as well as opportunities for pupils to actively participate and reflect and consolidate their learning. One-off sessions, talks to large groups and short sessions, such as registration time or form tutor time used alone, are not recommended.

3.2 Teaching and learning

Drug education shares the features of well-taught lessons in any subject. The core principles of teaching and learning are:

- ensure that every pupil succeeds: provide an inclusive education within a culture of high expectations
- build on what learners already know: structure and pace teaching so that students know what is to be learnt and how

For further information on teaching and learning approaches see:

Drug, Alcohol and Tobacco Education - curriculum guidance for schools at Key Stages 1-4 (QCA, 2003)

Appendix 5 of *Citizenship: A scheme of work for Key Stages 1 and 2, Teachers Guide* (QCA, 2002)

Appendix 6 of *Citizenship: A scheme of work for Key Stage 3, Teachers Guide* (QCA, 2001)

- make learning vivid and real: develop understanding through enquiry, e-learning and group problem-solving
- make learning an enjoyable and challenging experience: stimulate learning by matching teaching techniques and strategies to a range of learning styles
- enrich the learning experience: infuse learning skills across the curriculum
- promote assessment for learning: make children partners in their learning.

(Source: *A New Specialist System: Transforming Secondary Education* [DfES, 2003])

3.2.1 Creating a safe, secure and supportive learning environment

It is important that drug education is delivered within a safe, secure and supportive learning environment.

Ground rules/group agreement

A group agreement, established and reviewed periodically through discussion with pupils, helps to foster mutual respect and an environment in which pupils feel comfortable and ready to listen to and discuss each others' opinions. Ground rules should cover issues such as teachers' and pupils' right to privacy and respect, and the boundaries of discussion. Pupils (and teachers) should be discouraged from revealing any personal information that may incriminate them or others, or that they wish to remain confidential. Setting and agreeing ground rules is an important opportunity to remind pupils of ways to ask for help, the support available, the school's confidentiality policy and what may happen should information be disclosed.

Other strategies for teachers to manage sensitive and controversial issues include:

- using distancing techniques, e.g. third-person case studies, role play and theatre-in-education performances, depersonalised discussions, and anonymous question boxes
- dealing with difficult questions on an individual basis, e.g. seeing pupils outside the classroom or referring the pupil to the school nurse or an outside agency. N.B. If a pupil's question raises concern that they may be at risk, the teacher should follow the school's child protection policy (see section 4.3)

- presenting themselves as facilitators of pupil learning rather than 'drug experts', e.g. suggesting that the pupil or teacher or both research questions where they do not know the answer.

3.2.2 Active learning approach

Teachers should ensure that all pupils are fully involved in the lesson by using a variety of interactive and participatory teaching methods.

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

action research	external contributors (section 3.6)	peer education (section 3.4)
thought showers/ mind-mapping	drama visits	questionnaires
case studies	formal debate	quizzes
circle time	group work	role play/simulations
creative writing	interactive ICT	structured games
literature	local surveys	theatre-in-education
discussion	media analysis	video, supported by follow-up discussion

Breadth of opportunities

Pupils should have the chance to develop their knowledge, skills and understanding through a range of opportunities, including those outside the classroom:

- take and share responsibility, e.g. by helping to draw up classroom and school rules; acting as a peer supporter; liaising with outside visitors; taking responsibility for their own learning (by making informed choices within learning activities, reflecting on and recording what they have learnt and achieved, and setting targets to establish next steps)
- feel positive about themselves, e.g. by giving and receiving positive feedback; recording evidence of their progress and achievements; developing interests that enable them to socialise without drugs
- participate, e.g. in groups of different sizes and composition, including single-gender groups to meet the different needs of boys and girls; in workshops and events relating to drug education; in developing and reviewing drug policies; in action research projects related to local drug targets; in activities that provide alternatives to those associated with drugs

- make real choices and decisions, e.g. about issues affecting their health and well-being, such as diet, exercise and smoking
- meet, talk and work with people, e.g. by using visits and visitors appropriately; meeting, talking and working with people such as community drug workers, health professionals and emergency service professionals
- develop relationships, e.g. with pupils from other schools or year groups through projects or peer support schemes; with adults from the wider community through citizenship activities
- consider social and moral dilemmas, including the varied attitudes and values underpinning some of the issues they encounter in drug education, e.g. by considering other people's experiences; demonstrating their own skills and attitudes through role play
- find information and advice, e.g. through helplines and websites by learning to provide information to others
- prepare for change, e.g. by anticipating the challenges of new and widening social groups as they get older and make transitions; considering the choices they have to make, including choices about drugs.

(Source: *Drug, alcohol and tobacco education: curriculum guidance for schools at Key Stages 1-4* (QCA, 2003))

3.3 Real-life impact

Messages about the possible impacts of drug use and misuse should be integrated into a well-planned programme that includes the development of skills and exploration of attitudes. Care should be taken to provide information which is relevant and appropriate to the age, development and experience of the pupils, and which clearly explains risks without exaggeration. Real-life stories, depicted for example through case studies, theatre-in-education and the media, can be a powerful way of exploring the range of impacts of drugs. Impacts could include the benefits and essential nature of medicines for many people.

Real-life stories may be most effective when they focus on the difficulties most likely to be faced by young people. These may include underachievement at school, the breakdown of relationships with family and friends, short-term health risks, financial difficulties and acquiring a criminal record. However, drug use and misuse can result in fatalities

and in the discussion of some issues, for example, drink driving or volatile substance abuse, it is necessary to highlight the risk to life in a credible and balanced way.

3.4 Peer education

Peer education is an approach most commonly used in secondary schools, although peer educators may work with primary-age pupils. Peers are often seen as a credible source of information and advice. Where used, their role should be carefully negotiated with teachers, and adequate support provided. They should work within clearly defined boundaries and the school's policy on confidentiality. Research shows that often the pupils who benefit most from peer education are the peer educators themselves. Teachers should bear this in mind when choosing peer educators, particularly where vulnerable pupils might benefit (see section 4.1.1). LEAs can provide access to external agencies offering training and support for peer education programmes.

Pupils should be made aware of their potential role as informal peer educators, providing accurate information and positive role models.

3.5 Selecting teaching resources

It is important that teaching materials support and encourage good practice and that teachers are confident in using them. The LEA and their Healthy Schools Programme, school nurses, other professionals and governors can assist with the appropriate selection of teaching resources. The LEA and Primary Care Trust may also provide materials for loan.

For criteria for selecting resources and a check-list see Appendix 4

For websites listing drug education resources see Appendix 5

Teachers will need to ensure that materials can be adapted to meet the needs of pupils with special educational needs or that materials specifically designed for such pupils are obtained when appropriate.

3.6 External contributors to drug education

Teachers should always maintain responsibility for the overall drug education programme. External contributors should not be used as substitute teachers, nor should they constitute the entirety of a school's drug education programme. When working directly with pupils they should add a dimension to the drug education programme that the teacher alone cannot deliver.

For details of local projects which may offer services to schools see:

www.doh.gov.uk/drugs/depis and

www.alcoholconcern.org.uk/services

External contributors have a valuable role to play in supporting schools and working alongside teachers. Contributions could include advising and assisting programme planning, supporting staff through training or team-teaching and providing direct classroom input.

Schools are strongly encouraged to liaise with LEAs and their local Healthy Schools Programmes on the range of individuals and agencies who can support drug education programmes[2]. Many have devised quality standards and protocols for the use of external contributors and provide training to those supporting schools to ensure quality and consistency.

Vetting external contributors and child protection

For further information on vetting see *Criminal Records Bureau: Managing the Demand for Disclosure* (DfES, 2002, Ref 0780/2002)

Any visitor to the school who has unsupervised access to children or who works in the school on a regular basis will be subject to Criminal Records Bureau (CRB) checks. Given that most external contributors will come to the school infrequently and will not be left in sole charge of pupils, CRB checks will not normally be required. An external contributor who has not had a CRB check should not be left in sole charge of a pupil or pupils. In all instances, whether or not the external contributor is CRB-checked, it is strongly recommended that a teacher is present in the classroom for the whole of each lesson, so that they can maintain responsibility for class discipline and devise follow-up work to reinforce pupils' learning.

For further information on involving external contributors see:

Citizenship and PSHE: working with external contributors – Guidance for schools (QCA, 2003)

www.qca.org.uk

When involving external contributors, schools should ensure that:

- they are clear about the desired learning outcomes before deciding who is best able to help achieve them
- the external contribution is integrated into the school's programme, rather than being an isolated event
- the external contributors are competent educators and facilitators and do not provide input outside their area of expertise
- where possible, pupils are involved in the preparatory and follow-up work, e.g. writing invitation and thank you letters
- the content of lessons is negotiated to ensure that it meets the needs of pupils and is consistent with the overall aims of the drug education programme
- the contribution is grounded in a pupil-centred approach to learning, which may involve assessing educational needs

2 Contributors include youth workers, school nurses and other health care professionals such as community pharmacists, specialist drug agencies or young people services, the police and theatre-in-education groups. There is no evidence to suggest that any agency is more effective than any other in providing drug education.

- all external contributors are fully aware of the school's values and approach to drug education, the drug and other relevant policies, including those covering confidentiality, disclosure and child protection, to ensure that their approach is consistent with that of the school
- all external contributors are aware of their roles, responsibilities and boundaries, i.e. that they work to the professional boundaries of the teacher when taking part in curriculum activities
- the value of the external contribution is assessed through pupil feedback and evaluation. This information should be shared and used to inform future work.

For a planning pro-forma to support external contributor inputs see Appendix 6

Involving ex-users in drug education should be considered very carefully. Without sensitive handling they may arouse interest or glamorise drug use or describe experiences which young people may find it hard to relate to. In some instances they may unwittingly imply that their own drug use represents a 'safe limit' that can be copied. If they are to be involved, this should be because they are skilled in facilitating pupil learning and not simply by virtue of their status as a former user.

3.7 Co-ordinating and staffing

All schools should appoint a designated senior member of staff with overall responsibility for all drug issues within the school. This responsibility should include overseeing the planning and co-ordination of drug education and the management of drug incidents. Should responsibility for these two aspects lie with more than one person the roles should be closely linked (see section 4.2).

In primary and special schools most class teachers will teach drug education, although, where feasible, they may benefit from the use of specialist teams.

Secondary schools and PRUs are strongly encouraged to use specialist teachers to teach about drugs and other specialist elements of PSHE (see section 3.8). Ofsted reports that the use of specialist teachers has led to considerable improvements in the quality of teaching. Where most teachers are involved in delivering the programme there should be careful monitoring and evaluation of the quality of teaching. The role of the co-ordinator will be particularly important in ensuring quality and consistency.

3.8 Staff support and training

Initial teacher training

The standards for initial teacher training[3] require newly qualified teachers to be familiar with the programme of study for citizenship and the framework for PSHE, relevant to the age range they teach. In addition, the standards also prepare teachers for their pastoral responsibilities.

In-school induction

It is essential that all school staff have a general drug awareness and a good understanding of the school's drug and other related policies. This understanding should include first steps in managing drug incidents and identifying and responding to pupils' needs. Schools will need to consider how best to prepare all staff as part of their induction.

Continuing professional development

Drug education is more effective when taught by teachers who have the necessary subject knowledge and who are able to employ appropriate teaching methods.

All those involved in teaching drug education need opportunities to develop skills, knowledge and confidence in addressing drug issues with pupils through continuing professional development (CPD), and it is crucial that senior managers support teachers' access to CPD. Activities could include:

- team teaching or teachers observing other skilled staff with ongoing support from a coach/mentor
- participating in collaborative enquiry and action research supported by teaching networks
- training courses with support to apply learning to the classroom.

It is important that when any form of CPD is undertaken staff are supported in disseminating the lessons learnt within the school. They should also be encouraged to evaluate its impact on teaching and learning.

Identifying continuing professional development opportunities

LEAs and their local Healthy Schools Programmes should be the first point of contact for schools in identifying CPD opportunities. They can provide details not only of the programmes they offer but also those of other providers.

3 *Qualifying to Teach* (DfES, 2002)

Help in identifying professional development needs and information on resources to support teachers' development can be found on www.teachernet.gov.uk/pshe. The website also includes details of the national professional development programme for teachers of PSHE[4]. This sets standards for the effective teaching of the generic skills of PSHE and certificates those whose practice meets these standards.

3.9 Assessment

For further information on assessing pupils' learning see *Citizenship at Key Stages 1-4: guidance on assessment, recording and reporting* (QCA, 2002)

The elements of drug education that form part of the science curriculum at Key Stages 1-4 must be assessed in accordance with the requirements of the National Curriculum. The learning from the other elements of drug education should also be assessed as part of overall PSHE provision. Schools should plan how they will conduct regular assessments when the programme is devised.

Assessment should identify:

- what knowledge and understanding pupils have gained and its relevance to them
- what skills they have developed and put into practice
- how their feelings and attitudes have been influenced during the programme.

Ofsted encourages schools to avoid judging achievement in drug education only in terms of gains in factual knowledge.

Assessment should include:

- assessment for learning (formative), which involves pupils in reviewing and reflecting on their progress and understanding how they can improve their learning
- assessment of learning (summative), which measures what pupils know, understand and can do.

Methods could include:

- pupil self-assessment – pupils reflecting on what they have learnt, setting their own targets and monitoring their own progress using check-lists, diaries, displays, portfolios, before and after comparisons, for example using the 'draw-and-write' technique (see Glossary)

4 Currently, Sex and Relationship Education is addressed as an extension module within the programme. A drug module is currently being piloted, with a view to being made available nationally from April 2004. A similar certification programme is being piloted for community nurses. For further information see www.teachernet.gov.uk/PSHE

- peer-group assessment – pupils reflecting on what they have learnt, providing feedback to each other and reflecting on their roles in the group, using oral feedback, graffiti sheets, video/audio tapes
- teacher assessment – teachers observing, listening, reviewing written work and pupils' contribution to drama, role play and discussions and through end-of-unit tasks/tests.

Progress and achievement in drug education should form part of the PSHE section of the school's annual report to parents/carers. The report might include contributions from the pupils themselves.

3.10 Monitoring and evaluation

Monitoring and evaluation of teaching and curriculum provision enable schools to gather information about the quality, relevance and effectiveness of the drug education programme. Monitoring and evaluation should be integral to the planning and development of the PSHE programme.

Monitoring

The designated member of staff for co-ordinating drug issues (or senior manager with responsibility for monitoring) should be responsible for the overall monitoring of drug education, which might include:

- lesson observations with feedback to teachers
- looking at a sample of pupils' work
- teachers making regular comments on the scheme of work/lesson plans
- monitoring curriculum plans weekly, mid-term and termly, with feedback to teachers
- feedback from curriculum co-ordinators, heads of year, class teachers and pupils about what has been covered
- including drug education/PSHE as a regular agenda item at tutor group meetings and relevant departmental meetings
- including drug education/PSHE as a regular agenda item at governor curriculum meetings.

Evaluation

Evaluation seeks to find out how effective the teaching activities and materials have been in achieving the aims of the programme and meeting the needs of pupils.

The views of pupils, teachers and teaching assistants will be key issues for evaluation. Non-teaching staff, parents, the LEA, local drugs services and other agencies could also contribute.

Feedback recorded during monitoring, assessment of pupils' learning, and the achievement of the aims and learning outcomes will all contribute to the evaluation process.

Approaches to evaluation include:

- participatory activities at the end of lessons or units of work
- questionnaires at the end of units or as part of an end-of-year review
- feedback from pupils and teachers about particular aspects of the drug education programme, e.g. external contributors, theatre-in-education, peer education
- comparison with the baseline of pupils' existing knowledge, understanding and skills.

Schools should ensure that the evaluation results in changes to the planning and teaching of the programme where necessary.

3.11 Reviewing drug education provision

For help with reviewing existing provisions see Appendix 7

Schools should review their drug education provision on a regular basis. Many will do so as part of their healthy school audits and action plans.

3.12 Ofsted inspections

Ofsted is responsible for evaluating and reporting on the school's policies and practice in drug education within PSHE and citizenship at all Key Stages.

When inspecting schools, Ofsted will evaluate how well the curriculum meets pupils' needs and consider whether the curriculum provides effectively for PSHE, including sex and relationship education and attention to alcohol and drug misuse.

This may include determining:

- teachers' confidence in promoting pupils' personal and social development
- whether aspects of personal and social education are taught as discrete topics or integrated across the curriculum and the effectiveness of such arrangements
- how recently staff have undertaken professional development to help them to teach PSHE
- how recently the school's drug policy was approved or revised
- if parents/carers and pupils, where appropriate, were involved in agreeing the school's drug policy
- the effect of the school's drug policy on learning.

3.13 Involving parents/carers

Research shows that parents/carers have a crucial role in preventing problem drug use. Young people are more likely to delay or avoid drug misuse when:

- family bonds are strong
- there are strong parental monitoring and clear family rules
- they can talk openly with their parents/carers.

Parents/carers also have an important role to play in supporting their child's drug education. Schools should ensure that parents/carers are:

- made aware of the school's approach and rationale for drug education, for example, through the school prospectus or handbook. Parents/carers of primary-age pupils will need to understand the importance of starting drug education from an early age, and that it includes learning about medicines, volatile substances, alcohol and tobacco
- involved in the planning and review of the drug education programme and policy, for example, through questionnaires, mail shots or newsletters, focus group sessions, drug awareness evenings and inviting parents/carers in to view drug education materials
- given information about their child's drug education and school rules in relation to drugs, for example, through newsletters, parent/carer notice boards and signposting to information on www.parentcentre.gov.uk. It is essential that all parents/carers

understand how schools will respond to drug incidents and that schools act to allay parental concerns following any serious incidents

- encouraged to support their child's learning at home, for example through shared-learning activities. These have most impact when used as preparation for a forthcoming topic at school
- able to access information about drugs and local and national sources of help. Parents/carers particularly want advice on how to talk to their child about drugs and what to do if they have concerns. Schools can order multiple copies of the leaflet *A Parent's Guide to Drugs and Alcohol* for distribution to parents/carers by calling the NHS Responseline. Materials specifically for parents/carers are also available from the FRANK helpline/website. The LEA and their Healthy Schools Programme along with the DAT will be able to advise on information for parents/carers produced locally.

For suggestions on shared-learning activities see *Drug, alcohol and tobacco education curriculum guidance for schools at Key Stages 1-4* (QCA, 2002)

For details of the NHS Responseline and FRANK see Appendix 5

Schools will want to ensure that any information is readily accessible and culturally relevant.

Many schools hold drug awareness sessions for parents/carers. These are usually facilitated by experts from the community. The following strategies have been useful in encouraging wider uptake:

- combining with a pupil performance or assembly, for example, where pupils demonstrate what they have learnt through their drug education
- offering drug awareness as part of a broader parenting or communication programme
- holding sessions in community settings or within organisations representing particular ethnic groups
- inviting parents/carers into school to learn alongside their children
- providing interpreters and language support
- involving other parents/carers and/or a multi-agency team in the delivery, including representatives from community and religious organisations and those already working with those parents/carers who are harder to reach.

The LEA and their Healthy Schools Programme can offer support in involving parents/carers.

Parent/carers involvement in drug education at primary school

One primary school engaged parents/carers in their child's drug education by inviting them to watch their child perform in class assembly presentations. Support and training for teachers was provided by an external health education agency. The presentations gave parents/carers an opportunity to experience and understand some of the key messages around teaching children about how to look after their physical and emotional health and well-being.

Attendance from parents/carers was high, particularly in Key Stage 1. Follow-up work with parents/carers was an essential element in order to maximise the impact and benefit of the programme. Support materials based around the activities and themes explored in school were developed for the parents/carers to engage with their child at home. Interactive training sessions on heath related themes were offered to parents/carers immediately following the assembly presentations. These were conducted by external trainers on themes that parents/carers had identified as being particular areas of concern. The parents/carers were also given the opportunity to participate in a 7-week parenting skills course run by the external agency.

Kibworth Church of England Primary School, Leicestershire LEA

3.14 Involving school governors

As part of their general responsibilities for the strategic direction of the school, governors have a key role to play in the development of their school's policy on drugs. This is also the case for PRU management committees where they exist. Schools may decide to appoint a governor with specific responsibilities relating to the provision of drug education, although this is not a statutory requirement.

3.15 Access to information about sources of support

For details of national helplines see Appendix 5

Schools should ensure that pupils have access to up-to-date information on sources of help. This includes local and national helplines (including FRANK for illegal drugs, NHS Smoking Helpline for tobacco and Drinkline for alcohol), youth and community services and drug services. Information needs to be prominently displayed so that those in need of help and who are reluctant to approach school staff can easily access it. Drug education programmes should also include details of services and helplines, explain how they work and develop pupil confidence in using them. Local services should be listed in the school drug policy for reference. Some LEAs provide lists of sources of support for schools.

Summary

- When planning drug education, schools need to take account of pupils' existing knowledge and understanding. Other factors to consider include trends in local drug use and the diversity of pupils, as well as their attainment levels.
- Schools should ensure that drug education is accessible to pupils with SEN.
- Particular attention should be given to drug education for pupils who are vulnerable to drug misuse, including those at risk of exclusion and those excluded from school, to ensure that their specific needs are addressed.
- Teaching in drug education should reach the same high standards as for other subjects and focus in particular on establishing a supportive learning environment and using active and participatory teaching methods.
- Teachers should be the main providers of drug education. External contributors, if used, should be involved in a planned way, and where they can add value to the school's programme.
- Schools should appoint a designated senior member of staff with overall responsibility for all drug issues within the school.
- Secondary schools and PRUs should establish specialist teams of teachers to teach drug education. Teachers of drug education need access to high-quality support and a range of continuing professional development opportunities.

- Schools should assess pupils' learning and monitor, evaluate and review their drug education provision.
- Parents/carers should be given information about their child's drug education and have opportunities to become involved in planning and developing the drug policy and education programme.
- As part of their general responsibilities for the strategic direction of the school, governors have a key role to play in the development of their school's policy on drugs.
- Schools should ensure that pupils have access to up-to-date information about sources of help and advice.

Section 4 – Good management of drugs within the school community

This section offers guidance on:

4.1 Context

It is vital that schools send a clear message to the whole school community that the possession, use or supply of illegal and other unauthorised drugs (as designated by the headteacher) within school boundaries is unacceptable.

All schools should have agreed responses and procedures for managing the broad range of potential situations involving illegal and other unauthorised drugs. These should be set out clearly within the school's drug policy (see section 6).

While schools should prepare for all eventualities, schools within different sectors may face different issues. For example, within primary schools incidents involving illegal drugs may be less common. They are more likely to involve medicines, tobacco, solvents or alcohol or relate to parents'/carers' drug use, or the finding of drug paraphernalia. PRUs may experience more drug incidents (including disclosures of drug use) as pupils who have been excluded from school are more likely to use drugs.

Defining school boundaries

The limits of 'school boundaries' should be defined where they extend beyond the school premises and perimeters to include, for example, journeys in school time, work experience, and residential trips. Schools should also consider when the school day begins and ends, and when its 'duty of care' responsibilities apply. However, if rules relating to pupil or staff use of alcohol or tobacco change according to different school trips, this will need to be documented and clearly communicated and understood by pupils, parents/carers, staff, and other key people (see section 4.7).

4.1.1 Vulnerable groups

Schools should be aware that some pupils are more vulnerable to drug misuse and other social problems. The table overleaf illustrates the range of risk and protective factors associated with drug misuse.

Schools can help to reduce the impact of risk factors and strengthen protective factors by promoting[1]:

- supportive and safe relationships
- regular school attendance
- the ability to cope well with academic and social demands at school
- strong and supportive social networks

1 Adapted from *The Right Responses – Managing and making policy for drug-related incidents in schools*, DrugScope 1999.

- good social skills
- realistic self-awareness and self-esteem
- a good knowledge of the effects and risks of drugs
- a good knowledge of general health and how to ensure good mental health
- a good knowledge of how to access help and information
- work with parents/carers, particularly around communication and setting boundaries
- participation in extra-curricular activities
- counselling and other support mechanisms.

Vulnerable groups	Risk factors	Protective factors
Homeless Looked after School truants Pupils excluded from school Sexually abused Prostitutes In contact with mental health and criminal justice system Children of parents with drug problems	Chaotic home environment Parents who misuse drugs or suffer from mental illness Behavioural disorders Lack of parental nurturing Inappropriate and/or aggressive classroom behaviour School failure Poor coping skills Low commitment to school Friendship with deviant peers Low socio-economic status Early age of first drug use Being labelled as a drug misuser	Strong family bonds Experiences of strong parental monitoring with clear family rules Family involvement in the lives of children Successful school experiences Strong bonds with local community activities A caring relationship with at least one adult

(Source: *The Right Responses – Managing and making policy for drug-related incidents in schools* [DrugScope, 1999])

For further information on children of problem drug users see *Hidden Harm – Responding to the needs of children of problem drug users* (Home Office, 2003)

For details of agencies who can provide support to problem drug users and their families, and young carers see Appendix 5

Pupils whose parents/carers or family members misuse drugs

Schools need to be aware of the impact that parental or family member drug misuse can have on a child and their education. Children whose parents/carers misuse drugs may be at greater risk of emotional and/or physical harm, but this is not always the case. A parent/carer with a drug problem does not necessarily neglect their child or put them at risk.

Schools should be alert to behaviour which might indicate that the child is experiencing difficult home circumstances. A child may respond to parental or family member drug misuse in a variety of ways, including disturbed or anti-social behaviour; becoming reliant on drugs themselves; running away from home; losing concentration in class; and showing reluctance to form friendships. Schooling is also likely to be disrupted if a family member is dependent on a child acting as a carer. Because of the stigma surrounding drug misuse, many children will go to great lengths to hide their problems at home. Social and emotional effects can include feelings of hurt, rejection, shame, sadness and anger.

Where problems are observed or suspected, or if a child chooses to disclose that there are difficulties at home and it is not deemed a child protection issue, the school should follow the procedures set out in the school's drug policy. This should include protocols for assessing the pupil's welfare and support needs and when and how to involve other sources of support for the child and, where appropriate, the family.

LEAs can offer support to schools in dealing with such issues. Extended schools offering health services may be able to offer advice on drugs to parents/carers and families (see section 4.1.2). Sure Start programmes will work closely with DATs in providing support for families in dealing with drug misuse as part of their core services. Healthy Schools Programmes may also offer support.

4.1.2 Accessing support

Ensuring that vulnerable young people are identified and receive appropriate support through the curriculum, the pastoral system, or referral to other services, should be a priority for all schools. All members of staff need to feel confident in identifying pupils who may be experiencing difficulties and be clear about where and how support can be accessed (see section 5.4.2).

Schools should liaise with the LEA and DAT regarding the services and agencies available locally and familiarise themselves with established referral procedures. In making referrals schools should have regard to the policy on confidentiality (see section 4.3).

Extended schools

For further information on extended schools see

www.teachernet.gov.uk/extended schools

Extended schools provide a range of extended services and facilities for the benefit of their pupils, their parents/carers, families and the wider community. The range of services that may be offered will differ from one school to another depending on local needs and priorities, and may include provision of health services including drug prevention and early intervention/treatment services for young people.

4.2 Management responsibilities

Schools should designate responsibility for the management of drug incidents to a senior member of staff. All staff should be made fully aware of the procedures for managing incidents, including who they should inform and who has authority regarding issues such as searching school property and involving the police.

4.3 Confidentiality

In managing drugs schools need to have regard to issues of confidentiality. Teachers cannot and should not promise total confidentiality. The boundaries of confidentiality should be made clear to pupils. If a pupil discloses information which is sensitive, not generally known, and which the pupil asks not to be passed on, the request should be honoured unless this is unavoidable in order for teachers to fulfil their professional responsibilities in relation to:

- child protection
- co-operating with a police investigation
- referral to external services.

Every effort should be made to secure the pupil's agreement to the way in which the school intends to use any sensitive information.

It may be necessary to invoke local child protection procedures if a pupil's safety is under threat. It should be only in exceptional circumstances that sensitive information is passed on against a pupil's wishes, and even then the school should inform the pupil first and endeavour to explain why this needs to happen. These exceptions are defined by a moral or professional duty to act:

- where there is a child protection issue
- where a life is in danger.

4.4 Schools and the Misuse of Drugs Act

It is an offence under Section 8 of the Misuse of Drugs Act 1971 for the management of establishments (this includes schools) to knowingly permit the supply or production of any illegal drugs on their premises. It is also an offence to allow premises to be used for the smoking of cannabis or opium, and the preparation of opium[2].

Although a prosecution would be highly unlikely without the school having first received advice from the police, schools are advised to:

- have an actively implemented school drug policy in line with Department guidance (see section 6)
- ensure that the drug policy is understood by pupils, parents/carers, staff and the whole school community
- maintain vigilance over school premises and grounds
- keep a record of all drug incidents (see section 5.7)
- follow any advice from the local police.

4.5 Drugs which may be authorised in schools

For further information on managing medicines in school see *Supporting Pupils with Medical Needs: a good practice guide* and *Circular 14/96: Supporting pupils with medical needs* (both DfES/DH, 1996)

www.teachernet.gov.uk/medical

Illegal drugs have no place in schools. However, there are instances where other drugs may legitimately be in school.

Medicines

Some pupils may require medicines that have been prescribed for their medical condition during the school day. When schools manage and administer medicines they should have clear procedures and arrangements in place. These must comply with legislation and take account of local and national guidance. The policy should be clearly set out and understood by staff, parents/carers and pupils. Schools should

2 Section 38 of the Criminal Justice and Police Act 2001 detailed some changes to the provision, but section 38 has not been brought into force, and as such, section 8 of the MDA 1971 remains unchanged.

be aware that a long-term medical condition that has a substantial and adverse effect on a pupil's ability to carry out normal day-to-day activities is recognised as a disability and schools must be mindful of their duties under the Disability Discrimination Act 1995 to have a school access plan.

When drafting a medicines policy a school will need to consider the following in relation to prescribed medicines:

- staffing – managing medicines is not part of a teacher's duties although some support staff may have this as part of their contract of employment. Staff may volunteer to take on such a role but must receive appropriate training. The employer must make sure that their insurance arrangements provide full cover for staff acting within the scope of their employment
- administration – medicines must only be administered in accordance with the prescriber's instructions, as displayed on the container/packaging
- self-management – in deciding whether pupils can carry and administer their own medicines schools will want to ensure that pupils have ready access to essential medicines, such as asthma inhalers, and that medicines are only accessible to those for whom they have been prescribed
- storage – some medicines should be readily available to pupils (e.g. their asthma inhalers) whilst some may require suitable storage (in a fridge, or a secure container)
- record keeping – it is important to keep an accurate record of when medicines have been given or if a child has refused their medication. Records offer proof that schools have followed appropriate procedures.

Schools should be aware of the potential misuse of medicines. Medicines that have been prescribed for an individual must only be used by them. They must not be given or passed to a third party. Responses to the misuse of medicines should be included within the school's drug policy[3].

For non-prescribed medicines the policy will need to set out the circumstances in which pupils may take over-the-counter medicines, such as those providing relief from period pains or hay fever. It is advised that school staff do not give non-prescribed medication to pupils.

3 Schools should be aware that Methylphenidate Hydrochloride (Ritalin) is a class B drug that may be prescribed as part of the treatment for those diagnosed with Attention Deficit Hyperactivity Disorder (ADHD). As with all prescribed medication it may only be taken by those for whom it has been prescribed. Inappropriate use of Ritalin, including sharing or selling to others, should be dealt with in line with the school's drug policy.

Volatile substances

Schools should take careful account of how any solvents or hazardous chemicals are legitimately used by school staff or pupils, and how these substances are stored securely and managed to prevent inappropriate access or use. Arrangements should be set out in the school's health and safety policy.

Alcohol

If alcohol is authorised at school, for example at parent/carer or community events, the arrangements for storage or use should be agreed and adhered to. It is an offence under the Licensing Act 1964 to sell alcohol without a licence. Schools would need to obtain an occasional licence to sell alcohol under the Licensing (Occasional Permissions) Act 1983. However, no licence would be needed by the school to offer alcohol at school events (where no sale takes place) or to store alcohol on school premises. Schools need to decide beforehand whether they will sell alcohol to pupils who are over 18.

Tobacco – smoke-free schools

In line with increasing evidence of the adverse health effects of second-hand smoke, the Department expects to see schools making significant progress towards smoke-free status. This is in keeping with a whole school approach advocated by the National Healthy School Standard.

How to become a smoke-free school:

- review existing arrangements
- communicate with staff, pupils and parents/carers on plans to move towards smoke-free status and seek their views on the best way to achieve this
- develop an action plan outlining steps to prohibiting smoking. Part of the process towards smoke-free schools could include:
  - restricting smoking by staff and visitors to the school to a designated area, which is well ventilated and, as far as practical, away from pupil view
  - providing access to smoking-cessation support for those who want to stop smoking (www.givingupsmoking.org.uk).

Schools should seek advice from the LEA and local Tobacco Alliance (www.doh.gov.uk/tobacco/alliance.htm) on how to become smoke-free. Many LEAs already have a smoke-free policy and schools should have regard to this.

Supporting smoking cessation in secondary schools

A secondary school developed their focus on improving pupil attendance and behaviour by addressing concerns about students smoking. This was supported by the Healthy Schools Programme. The school set up a pupil smoking cessation support group with Year 10 and Year 11 pupils, targeting those who had been in trouble for smoking in school, as well as pupils who had expressed a desire to stop smoking. The group involved weekly meetings for 10 weeks and a financial incentive for regular attendance at the meetings. The attendance and performance of participating pupils was monitored.

Eighty percent of participating students reported giving up smoking. Overall, school staff reported that participating pupils displayed a more positive attitude to school, reflected in fewer reported incidents of poor behaviour and attendance. The pupils responded well to a short sustained programme in which positive behaviour (in this case giving up smoking) was recognised, celebrated and publicised by the school.

Blake School, Somerset LEA

4.6 The role of the police

The Department has consulted with the Association of Chief Police Officers (ACPO) in framing this guidance. Local practice and circumstances may vary from the guidance offered here.

Legal drugs

The police will not normally need to be involved in incidents involving legal drugs, but schools may wish to inform trading standards or police about the inappropriate sale or supply of tobacco, alcohol or volatile substances to pupils in the local area.

Illegal drugs

Schools have no legal obligation to report an incident involving drugs to the police. Nevertheless, not informing the police may prove to be counter-productive for the school and wider community. The police should, however, be involved in the disposal of suspected illegal drugs (see section 4.7).

Working in partnership

Schools and the police should build a trusting partnership. Schools should liaise closely with their local police or Safer School Partnership (SSP) officer where they exist, to ensure that there is an agreed policy based on local protocols for dealing with the range of incidents that might arise. This will clarify roles and mutual expectations before incidents occur. The following criteria should be agreed with the police and clearly set out in the school drug policy:

- when an incident can be managed internally by the school
- when the police should be informed or consulted
- when the police should be actively involved
- when a pupil's name can be withheld and when it should be divulged to the police.

However, there may be a very small number of incidents where the police need to take action, irrespective of agreed protocols or the wishes of the school.

Schools should feel able to contact the police to discuss a case and ask for advice without needing to divulge a pupil's name. Schools should contact the designated officer, named in the drug policy, with whom a relationship has been built. 999 should only be called in emergencies. Good links will also need to be made with the Youth Offending Team (Yot) (see section 5.4.2).

4.7 Taking temporary possession of and disposal of suspected illegal drugs

Many areas already have agreed protocols with local police and schools on the collection and disposal of suspected illegal drugs, and schools should follow these.

The law permits school staff to take temporary possession of a substance suspected of being an illegal drug for the purposes of

preventing an offence from being committed or continued in relation to that drug providing that all reasonable steps are taken to destroy the drug or deliver it to a person lawfully entitled to take custody of it.

In taking temporary possession and disposing of suspected illegal drugs schools are advised to:

- ensure that a second adult witness is present throughout
- seal the sample in a plastic bag and include details of the date and time of the seizure/find and witness present. Some police forces provide schools with drug bags for this purpose
- store it in a secure location, such as the school safe or other lockable container with access limited to two senior members of staff
- without delay notify the police, who will collect it and then store or dispose of it in line with locally agreed protocols. The law does not require a school to divulge to the police the name of the pupil from whom the drugs were taken. Where a pupil is identified the police will be required to follow set internal procedures
- record full details of the incident, including the police incident reference number (see section 5.7)
- inform parents/carers, unless this would jeopardise the safety of the pupil.

School staff should not attempt to analyse or taste unknown substances. Police can advise on analysis and formal identification, although this is normally carried out only if it will be required as evidence within a prosecution.

If formal action is to be taken against a pupil, the police should make arrangements for them to attend a local police station accompanied by an appropriate adult for interview. Only in exceptional circumstances should arrest or interviews take place at school. An appropriate adult should always be present during interviews, preferably a parent/carer or duty social worker.

School trips

Schools should determine their policy on the disposal of suspected illegal drugs while on school trips and ensure that this policy is clearly understood by all. For example, adherence to rules relating to illegal and other unauthorised drugs may be part of the consent form signed by the pupil or parent/carer prior to the trip. Schools may also wish to insert a

clause that if a pupil breaches the rules and is returned home, parents/carers will need to meet the cost of these arrangements. While on centre-based residential trips in this country, schools are advised to follow the procedures outlined above or those of the centre being visited. Schools should be aware, however, that laws on drugs and policing arrangements vary widely in other countries. Schools should ensure that they (and all participants on the trip) are fully aware of these differences before departure, and should have considered in advance how they will respond to any drug incident. For in-country advice schools should contact British embassy or consulate staff.

For information on drug laws and penalties abroad prior to travel see www.fco.gov.uk/travel

4.8 Confiscation and disposal of other unauthorised drugs

Schools will need to agree procedures for managing confiscations of other unauthorised drugs. The presence of a second adult witness is advisable.

Alcohol and tobacco

Parents/carers should normally be informed and given the opportunity to collect the alcohol or tobacco, unless this would jeopardise the safety of the child.

Volatile substances

Given the level of danger posed by volatile substances schools may arrange for their safe disposal. Small amounts may be placed in a bin to which pupils do not have access, for example a bin within a locked cupboard.

Medicines

Disposal of medicines held at school should be covered in the school's medicines policy. Parents/carers should collect and dispose of unused or date-expired medicines.

4.9 Disposal of drug paraphernalia

For advice on treating needle stick injuries see Appendix 9

Needles or syringes found on school premises should be placed in a sturdy, secure container (for example, a tin with lid), using gloves. Soft-drink cans or plastic bottles should not be used. Used needles and syringes should not be disposed of in domestic waste. If incidents of finding needles are high then the school may wish to obtain a properly constructed sharps container, which should be kept out of reach of

pupils and members of the public who may not appreciate the associated risks.

The school should liaise with the LEA or Local Authority Environmental Health Department on the best way to dispose of the contents of a sharps container.

4.10 Detection

4.10.1 Searches

The procedures for and circumstances where searches may be considered appropriate should be made explicit in the school drug policy. Schools should always seek consent and ensure that a second adult witness is present. If this is refused they will need to consider whether to call the police. Searches should be conducted in such a way as to minimise potential embarrassment or distress.

Personal searches

When a person is suspected of concealing illegal or other unauthorised drugs it is not appropriate for a member of staff to carry out a personal search; this includes the searching of outer clothing and inside pockets. Every effort should be made to persuade the person to hand over voluntarily any drugs, in the presence of a second adult witness. Where the individual refuses and the drug is believed to be illegal, and the school wishes to proceed along formal lines, then the police must be called. The police can conduct a personal search if they believe a crime has taken place, or to prevent harm to themselves or others following an arrest. Schools are not permitted to detain a person without their consent unless a citizen's arrest is made.

Searches of school property

Staff may search school property, for example, pupils' lockers or desks if they believe drugs to be stored there. Prior consent should always be sought. Individuals should be made aware that if consent is refused the school may proceed with a search. However, where consent is refused, the school will need to balance the likelihood that an offence has been committed against the risk of infringing the individual's privacy without just cause.

Searches of personal property

Schools must not search personal property without consent. If the school wishes to search personal property, including pupils' property stored within school property, for example a bag or pencil case within a locker, they should ask for consent. Where consent is refused they will need to consider, in the case of pupils, notifying parents/carers, who may persuade their child to give consent or if they wish to proceed along formal lines calling the police.

After any search involving pupils, parents/carers should normally be contacted by the school, regardless of whether the result of the search is positive or negative (see section 5.5.1).

For further guidance on the use of sniffer dogs see Appendix 10

4.10.2 Sniffer dogs and drug testing

Some schools have adopted further strategies such as urine-testing or requesting police handlers or private companies with sniffer dogs[4] to enter the school in order to detect illegal drug possession or use. Headteachers are entitled to use such strategies and they are best placed to make decisions on whether such approaches are appropriate. It is important headteachers have at their disposal a full range of actions to deal with drugs in their schools.

In deciding whether to use these approaches, schools will want to consult with local partners, including the police. It is essential that before a school takes the decision to use one of these strategies, it should consider very carefully the factors outlined in Appendix 10.

Sniffer dog demonstrations/educational visits

If sniffer dogs are to be used for demonstration or educational purposes schools will need to have procedures in place and have agreed in advance with the police what will happen should the sniffer dog indicate a trace on a pupil, member of staff or visitor to the school.

The purpose of demonstrations or educational visits should be made clear. Demonstrations/educational visits should never be used surreptitiously as a detection exercise.

4 Passive dogs, passive drug detection dogs or proactive drug detention dogs carry out similar operations. They are able to detect Class A, B and C drugs – see Appendix 3.

Summary

- The possession, use or supply of illegal and other unauthorised drugs within school boundaries is unacceptable. All schools need to have agreed responses and procedures for managing drug incidents, which are understood by all and documented within the school drug policy.
- Schools should clearly define the limits of their boundaries and what constitutes a drug incident.
- Schools should be aware that some pupils are more vulnerable to drug misuse and other social problems. Ensuring that these pupils are identified and receive appropriate support through the curriculum, the pastoral system or referral to other services should be a priority for all schools.
- The Department expects to see schools making significant progress towards smoke-free status.
- Schools and the police should work closely together to establish an agreed policy which clarifies roles and mutual expectations before incidents occur.
- Schools will need to agree procedures for taking possession of and disposing of illegal and other unauthorised drugs. In the case of illegal drugs, schools should, without delay, notify the police, who will collect and then store or dispose of them in line with locally agreed protocols.
- The procedures for and circumstances where searches may be considered appropriate should be made explicit in the school drug policy. It is not appropriate for a member of staff to carry out a personal search. Personal property cannot be searched without prior consent. Consent should also be sought for searches of school property such as lockers, but such a search may be conducted even where consent to it is withheld.

Section 5 – Responding to drug incidents

This section offers guidance on:

5.1 Defining drug incidents

Further information on managing drug incidents see Appendix 8

For the legal definition of offences involving illegal drugs see Appendix 3

The school's drug policy should be clear about the definition of a drug incident. Incidents are likely to involve suspicions, observations, disclosures or discoveries of situations involving illegal and other unauthorised drugs. They could fit into the following categories:

- drugs or associated paraphernalia are found on school premises
- a pupil demonstrates, perhaps through actions or play, an inappropriate level of knowledge of drugs for their age
- a pupil is found in possession of drugs or associated paraphernalia
- a pupil is found to be supplying drugs on school premises[1]
- a pupil, parent/carer or staff member is thought to be under the influence of drugs
- a staff member has information that the illegitimate sale or supply of drugs is taking place in the local area
- a pupil discloses that they or a family member/friend are misusing drugs.

5.2 Dealing with medical emergencies involving drugs

For further information on managing medical emergencies see Appendix 9

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

5.3 Establishing the nature of incidents

For further information on first aid see *Guidance on first aid for schools: a good practice guide* (DfEE, 1998) www.teachernet.gov.uk/firstaid

Schools are recommended to conduct a careful investigation to judge the nature and seriousness of each incident. The emphasis should be on listening to what people have to say and asking open-ended, rather than closed or leading questions. Schools should consider separating any pupils involved in the incident and ensuring that a second adult witness is present.

The headteacher or designated staff member leading on drug issues should inform, consult and involve others as necessary. Careful attention should be given to respecting the confidentiality of those involved (see section 4.3). A range of factors may be relevant and need exploring to

1 The legal definition of supply is given in Appendix 3. However, within the context of the school drug policy the term 'supply' may be used to describe pupils sharing drugs, or pupils being coerced to supply drugs, a group of friends taking it in turn to bring drugs in for their own use, and habitual organised supply for profit.

determine the seriousness of the incident, the needs of those involved and the most appropriate response. For example:

- what does the pupil have to say?
- is this a one-off incident or longer-term situation?
- is the drug legal or illegal?
- what quantity of the drug was involved?
- what was the pupil's motivation?
- is the pupil knowledgeable and careful or reckless as to their own or others' safety and how was the drug being used?
- what are the pupil's home circumstances?
- does the pupil know and understand the school policy and school rules?
- where does the incident appear on a scale from 'possession of a small quantity' to 'persistent supply for profit'?
- if supply of illegal drugs is suspected, how much was supplied, and was the pupil coerced into the supply role, were they 'the one whose turn it was' to buy for others, or is there evidence of organised or habitual supply?

If during the course of its investigation the school decides that the police should be involved they are advised to cease detailed questioning and leave this to the latter.

5.4 A range of responses

Any response should balance the needs of the individual with those of the wider school community, and aim to provide pupils with the opportunity to learn from their mistakes and develop as individuals. The needs of pupils in relation to drugs may come to light other than via an incident, for example, through the pastoral system.

Schools should develop a range of responses in line with local protocols and consider all the factors outlined in section 5.3 before determining their response. Given that drug problems rarely occur in isolation, responses may need to take a holistic approach rather than focus solely on drugs.

Although not an exhaustive list, possible responses include:

- early intervention and targeted prevention (section 5.4.1)
- referral (section 5.4.2)
- counselling (section 5.4.3)
- behaviour support plans (section 5.4.4)
- inter-agency programmes (section 5.4.5)
- fixed-period exclusion (section 5.4.6)
- pastoral support programmes (section 5.4.7)
- a managed move (section 5.4.8)
- permanent exclusion (section 5.4.9).

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

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

For further information on early identification see *First steps in identifying young people's substance related needs* (DrugScope, 2003)

5.4.1 Early intervention and targeted prevention

Schools have a role in identifying pupils who have drug related needs. The process of identifying needs should aim to distinguish those who require additional information and education, those who could benefit from targeted prevention, and those who require a more detailed assessment of their needs. Pupils might require additional support if, for example:

- their knowledge about drugs is low
- they rely upon frequent use of drugs
- their drug use is affecting performance at school
- their drug use is causing problems such as conflict at home
- they feel under pressure to use drugs
- they fall into an identified vulnerable group or are experiencing one or a number of risk factors (see section 4.1.1)
- their (or someone else's) drug use is impacting on their behaviour and/or emotional health.

In addition to the drug education they receive through the curriculum (see sections 2.5 and 3.1.8), early intervention and support may involve any or all of the following:

- providing targeted information and advice in relation to specific drugs, perhaps in small groups or on a one-to-one basis
- developing self-esteem
- developing skills such as strategies for seeking support
- increasing their motivation to address their drug use
- facilitating access to activities of interest to them (such as youth clubs, extra-curricular activities and external provision as part of youth service or DAT activity) or vocational training, if appropriate
- liaison with the Connexions Service, which can identify need and co-ordinate the help of specialist agencies.

Schools should consider whether teachers or other agencies are best placed to deliver such programmes.

Pupils at risk of exclusion consulted about school drug policy

A Year 10 tutor from a secondary school sought advice from the LEA to work with a group of pupils at risk of exclusion; the group contained both confirmed and suspected cannabis users. It was decided that the pupils would be approached and asked if they would participate in a focus group to discuss the school's drug policy. This would enable them to become aware of the possible consequences of their behaviour and allow their views to be considered as part of the policy review process.

A number of issues were discussed that were relevant to both the school and to the pupils. They discussed the issue of informing parents/carers when a pupil is found using cannabis at school and agreed that this would be a deterrent if it were policy. The pupils also gave suggestions about how young people should be questioned by the school and what support could be offered. This exercise increased the pupils' understanding of school rules and the consequences of breaking them as well as reinforcing the school's concern for their well-being. It enabled the pupils to feel that their views were valued.

Southwark LEA

5.4.2 Referral

Schools should be ready to involve or refer pupils to other services when needed. These do not necessarily need to be drug specific agencies, and in some situations the general youth service or young people's counselling may be more appropriate. Where possible, and where this will not compromise the pupil's safety, the school should seek the involvement of the pupil and the pupil's parents/carers in such a decision.

Referral procedures may vary where children are thought to be 'suffering, or at risk of suffering significant harm' and the protocols of the Area Child Protection Committee are applicable. Clear referral criteria and communication routes should be established between the range of agencies, including young people's advice and treatment services.

In every situation schools should proceed in accordance with the guidance on confidentiality, and refer to the school confidentiality policy (see section 4.3).

Possible agencies include:

- the LEA, for example, the Education Welfare Service
- the Connexions Service
- the Behaviour and Education Support Team (BEST), where one has been developed – see below
- the school health team
- the Youth and Community Service
- agencies providing specialist help, for example, young people's drugs services, social services, family support and child protection teams.

Connexions

Every 13-19-year-old in England is entitled to access to a Connexions personal adviser who can provide advice, guidance and support on a range of issues from careers advice through to identifying needs and co-ordinating the help of specialist agencies. Young people can approach their personal adviser on any number of subjects including problems with drugs. While not all personal advisers will be trained to provide counselling, they are trained to broker relationships with other agencies that can provide the level of support young people need and should have established referral protocols.

Behaviour and Education Support Teams (BESTs)
BESTs are also being developed in a number of LEAs. These are multi-agency teams that work closely with schools and PRUs to support teachers and provide early intervention where there is a high proportion of pupils at risk of developing behavioural problems. BESTs may be able to offer assistance to schools responding to the needs of a pupil involved with drugs.

Youth Offending Teams (Yots)
Each Local Authority has a multi-disciplinary Yot made up of staff from the police, social services, health, education and probation. Although many Yots are involved in prevention work with young people, they are formally involved when a young person is going to receive a final warning from the police or appear in court.

Each Yot has a named drug worker who is responsible for ensuring that all young people they are involved with are screened for drug misuse, receive early intervention and helped to access the resources and services they need.

All schools should have protocols in place with Yots to identify how the Yot can support young people who are at risk of entering the Youth Justice System.

Pupil disclosure of volatile substance abuse

During a Year 5 drug lesson a pupil disclosed use of solvents to the class teacher. The pupil was using aerosols sprayed directly into the mouth. In following the school drug policy, the class teacher and headteacher discussed what steps to take and telephoned the LEA for advice. Issues of pupil confidentiality and child protection were considered before contacting the pupil's parents. Parental permission was given to make a referral to the local young people's substance misuse service to receive one-to-one support. Other problems were identified which may have been contributing to the pupil's behaviour. The parents were also offered support and were encouraged to ensure that any volatile substances in the home were securely stored.

5.4.3 Counselling

In some instances, counselling may be identified as potentially valuable to a pupil. Counselling may be provided by trained counsellors either on

school premises or those of external agencies. Counselling rarely focuses on drug issues alone, and can consider more holistic needs, which may underlie or herald drug-related problems. Counselling is only appropriate when a pupil wishes to take advantage of what it offers. It is usually neither constructive nor effective to attempt to impose it. Connexions will usually be able to arrange access to professional counselling. Schools should always seek the pupil's consent and explain the purpose and benefits of counselling. Careful attention should be given to issues of confidentiality (see section 4.3).

5.4.4 Behaviour support plans

In the case of serious breaches of discipline, a behaviour support plan agreed and signed by the pupil, the parents/carers and the school can set out clearly the terms on which a young person can remain at the school and monitor progress towards greater stability. This may require the pupil to be 'internally excluded' from normal contact with peers during the school day for a fixed period in the first instance, until their behaviour has improved. Such an approach may incorporate targeted drug education and prevention to boost the pupil's understanding and motivation to address their behaviour. This may be supported by outside agencies such as health workers, youth workers or drug specialists. The LEA and the DAT can help explore the feasibility and arrangements for such initiatives.

5.4.5 Inter-agency programmes

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

5.4.6 Fixed-period exclusion

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

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

ensure that suitable, full-time alternative education other than the setting and marking of work is planned and provided in the case of longer fixed-period exclusions of more than 15 school days.

For further information on Pastoral Support Programmes see Circular 10/99: *Social Inclusion: Pupil Support* (DfEE, 1999)

5.4.7 Pastoral support programmes

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

5.4.8 A managed move

A managed move, where another school takes over a pupil's education, requires the full knowledge and co-operation of all parties involved, including the parents/carers and the LEA. It should only be considered for serious breaches of discipline and where it is clearly in the best interests of the pupil. Managed moves work best when there are agreed protocols between schools and the LEA, and support is available to help integration to the new school.

Schools considering accepting pupils from another school for reasons related to drugs should plan carefully to attend to their drug education and wider needs.

5.4.9 Permanent exclusion

A decision to exclude a child permanently is a serious one. Permanent exclusion should usually be the final step in the process for dealing with disciplinary offences after a wide range of other strategies have been tried without success. Supplying an illegal drug is a serious breach of school rules and it may be one of the exceptional circumstances where the headteacher judges that it is appropriate to permanently exclude a pupil, even for a one-off or first-time offence. In making this judgement the headteacher should have regard to the school's policy on drugs and consider the precise circumstances of each case, including the nature of the incident and the evidence available. This may also include the precise nature of the supply (see section 5.1).

Decisions about exclusion and procedures for putting it into practice must, by law, have regard to:

Improving Behaviour and Attendance: Guidance on Exclusion From Schools and Pupil Referral Units (DfES, 2003) and accord with statutory requirements

Where pupils are permanently excluded for supplying an illegal drug, repeated possession and/or use of an illegal drug on school premises, the Secretary of State would not normally expect the governing body or an independent appeal panel to reinstate the pupil.

It is important that those permanently excluded from school are given appropriate support and advice. Connexions can help with this by providing a personal adviser at the point of exclusion or by providing access to relevant activities, including personal development opportunities and alternative curriculum programmes. The aim is to ensure that pupils receive the support they require to make a successful reintegration.

All permanently excluded pupils should be offered a full-time education and LEAs should always ensure such provision is made available for permanently excluded pupils. It is important that pupils educated in PRUs or alternative provision receive drug education and targeted prevention appropriate to their identified needs. This may involve referral to other agencies.

5.5 Parents/carers and drug incidents

5.5.1 Informing parents/carers

In any incident involving illegal and other unauthorised drugs schools are normally advised to involve the child's parents/carers and explain how the school intends to respond to the incident and to the pupil's needs. Where the school suspects that to do this might put the child's safety at risk or if there is any other cause for concern for the child's safety at home, then the school should exercise caution when considering involving parents/carers. In any situation where a pupil may need protection from the possibility of abuse, the school's child protection co-ordinator should be consulted and local child protection procedures followed.

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

For advice on dealing with aggressive or abusive parents/carers see *A legal toolkit for schools* (DfES, 2002)

5.5.2 Parents/carers under the influence of drugs on school premises

When dealing with parents/carers under the influence of drugs on school premises, staff should attempt to maintain a calm atmosphere. On occasion, a teacher may have concerns about discharging a pupil into the care of a parent/carer. In such instances, schools might wish to discuss with the parent/carer if alternative arrangements could be made, for example asking another parent/carer to accompany the child home.

The focus for staff will always be the maintenance of the child's welfare, as opposed to the moderation of the parent's/carer's behaviour.

Where the behaviour of a parent/carer under the influence of drugs repeatedly places a child at risk or the parent/carer becomes abusive or violent, staff should consider whether to invoke child protection procedures and/or the involvement of the police.

5.6 Staff conduct and drugs

For further information on staff conduct and fitness to teach see:

Appendix 12

Fitness to teach: Occupational Health Guidance for the Training and Employment of Teachers (DfEE, 2000)

Staff Health and Wellbeing (Health Development Agency, 2002)

It is up to individual schools to give guidance in their staff welfare policy and/or staff employment contracts about restricting drinking and other drug use in school hours and on school trips. Section 4.5 outlines the Department's expectations for all schools to make significant progress towards smoke-free status. Teachers have a duty of care to pupils entrusted to the school, including when on school trips. A member of staff may be deemed unfit to work if he or she poses a risk or potential risk to the health and safety of pupils or colleagues.

The welfare of staff with a drug problem is also an issue for schools. The NHSS includes standards for schools to address the professional, health and welfare needs of staff and for ensuring that arrangements are in place for appropriate occupational health advice and support.

5.7 Recording an incident

For a sample incident record form see Appendix 11

Schools should make a full record of every incident. Storage of sensitive information about pupils or staff should be secure and should accord with the requirements of the Data Protection Act 1998.

Schools should be aware that records, including notes of any discussions with pupils, may be used in any subsequent court proceedings. Notes should include the time, date, place and people present, as well as what was said.

Summary

- For any drug incident, the utmost priority should be placed on safety, meeting any medical emergencies with first aid and summoning appropriate help.
- Schools should develop a range of responses to drug incidents. Any response should balance the needs of the individual against those of the wider community and should be determined after a full and careful investigation.
- Clear referral protocols and communication routes should be established between schools and the range of agencies providing support to young people. In making referrals careful attention should be given to issues of confidentiality.
- In any incident involving illegal and other unauthorised drugs schools are advised to involve the pupil's parents/carers, unless this would jeopardise the pupil's safety.
- Schools should make a full record of every incident.

Section 6 – The school drug policy

This section offers guidance on:

6.1 Context

All schools are expected to have a policy which sets out the school's role in relation to all drug matters. LEAs may collect data on the number of schools with a drug policy as a means of measuring progress against the Government's drug strategy.

Nearly all secondary schools and the vast majority of primary and special schools already have a drug policy in place and are advised to use Department guidance as a basis for reviewing these policies. Those without a drug policy should develop one as a matter of urgency. The LEA can offer support to schools in policy development.

6.2 Purpose of the drug policy

The purpose of the school drug 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.

6.3 Process of policy development

The process of developing a drug policy should not be the role of one person, but should involve the whole school community, with strong support from the senior management team. Schools need to establish mechanisms for involving all staff (teaching and non-teaching), pupils, parents/carers and the governing body in the development, implementation and review of the drug policy. Key external agencies such as the police, Yot, and, where relevant and feasible, external contributors and specialist drugs agencies, may also be involved.

Involving the whole school community will ensure:

- that their views, feelings and needs are taken into account
- that they fully understand their roles and responsibilities
- that they feel ownership of, and commitment to, the resulting policy.

6.3.1 Involving pupils

Consultation with pupils, which is in accordance with the forthcoming statutory guidance *Working together: Giving children and young people a say*, should ensure that they develop a strong sense of the school's approach to drugs. Pupils can be consulted through school councils, focus groups and questionnaires. The consultation process itself can give rise to important learning opportunities about drug issues. Pupils can have a role in determining rules and the consequences of breaking them, which gives value to their views, and helps their understanding of the school's expectations and concern for their well-being.

6.3.2 Involving parents/carers

All parents/carers need to be clear about the school drug policy as it applies to them and their children. Involving parents/carers helps them understand the school's stance and approach to drug issues and can help the school incorporate their priorities within the school policy (see section 3.13). Schools need to consider how they involve all parents/carers, including those whose first language is not English.

6.4 Recording and disseminating the policy

The drug policy may be recorded as a separate policy or it may be incorporated within another policy, for example, the PSHE and citizenship policy. An overall PSHE and citizenship policy has the advantage of avoiding repetition of content, and sets drugs within the context of health and other related subjects, such as sex and relationship education.

Aspects of the school's policy on drugs may also be referred to in other documents, for example, the behaviour policy, the health and safety policy, medicines policy, and documentation relating to the local Healthy Schools Programme. All related policies should be clearly cross-referenced and care taken to ensure that all parts of the drug policy are in harmony.

Once the school's drug policy is in place, it should:

- be widely publicised and distributed
- be readily available as a reference source
- be included in induction sessions (for new pupils, new staff and governors, prospective parents/carers)
- be mentioned, in part, in the staff hand-book, parent/carer booklets or the school prospectus.

6.5 Reviewing and updating the policy

The drug policy will need to be reviewed by the whole school community and updated to ensure that its content is current and that it is effective in practice. The review could be part of the overall school development improvement plan. The frequency of updating is for schools to decide, although a review is recommended at least every two years. A drug incident or changing local circumstances might also prompt a review. The date of the next major review should be recorded in the policy.

School drug policy review involving the whole school community

An LEA adviser supported the PSHE co-ordinator of a primary school in developing a drug policy. A 'draw-and-write' activity was conducted with all pupils to act as a baseline of their current drug knowledge. Meetings were held with staff to identify any specific needs of the school in relation to drugs.

In addition a parent/carer drug evening was held to explain the school drug policy, to ask for their views and to provide an update of the local drugs issues facing young people.

A first draft policy was presented to a group of four governors, who discussed it in detail. The full governing body was also given a copy of the policy to comment on. The governors approved the policy and it was fully ratified.

The PSHE co-ordinator regularly monitored the effectiveness of the policy through keeping track of the 'drugs incident file' and drug education work done with pupils. A designated governor also monitored the policy at the end of every term. Plans were put in place for the policy to be reviewed every two years by the headteacher, governors, pupils and parents/carers via specially arranged parent/carer sessions.

Coulson Park First School, Northumberland LEA

6.6 Content of the drug policy

The policy framework (see page 83-85) illustrates the content and vital elements that should be covered in the school's policy on drugs. Some of the content will be generic to all areas of PSHE and citizenship. The broad content areas of the drug policy will be similar for all schools, but policies for primary schools, secondary schools, special schools and PRUs, particularly in relation to incident management, will each have a different emphasis (see sections 2.5 and 4.1).

6.7 Working with the media

Schools are advised to seek advice from their Local Authority press office on how local media enquiries should be handled to encourage any reporting on the school's drug policy or drug incidents to be fair, accurate and timely. The local press may also be used proactively by schools for positive promotion of, for example, healthy schools initiatives or successfully evaluated drug education programmes.

Some Local Authorities channel all media inquiries through their press office to help schools avoid direct contact; schools should follow local protocols. Where schools talk directly to the media it is important never to release information that could incriminate individual pupils or members of staff. Headteachers may want to consult with local partners so that any messages given to the media are consistent. Training on working with the media may be available through the LEA or DAT.

Summary

- All schools are expected to have a policy which sets out the school's role in relation to all drug matters. Those without a drug policy should develop one as a matter of urgency.
- The policy should be developed, implemented and reviewed in consultation with the whole school community including staff, pupils, parents/carers, governors and partner agencies.
- Schools should ensure that their policy is widely disseminated, readily accessible and updated regularly. Clear links to other related policies need to be identified.

6.8 Drug policy framework

Development process

- State the date of approval and adoption, and the date for the next major review
- Describe the development process and how the whole school community was involved
- Insert the signatures of the headteacher, a governor, key personnel (and pupil representative if appropriate).

Location and dissemination

Outline the dissemination plans and where a reference copy of the policy can reliably be found. Parts of the policy may be replicated in other school publications.

The context of the policy and its relationship to other policies

Outline the links with other written policies on, for example, behaviour, health and safety, medicines, confidentiality, pastoral support, healthy schools, school visits and child protection.

Local and national guidance

Specify national and local guidance documents, for example, this and other government guidance, guidance from QCA, LEA guidance and local Healthy Schools Programme documentation on which the policy has drawn.

The purpose of the policy (see section 6.2)

Identify the functions of the policy and show how it reflects the whole school ethos and the whole school approach to health (if part of the Healthy Schools Programme).

State where and to whom the policy applies (see section 4.1)

For example, all staff, pupils, parents/carers, governors and partner agencies working with schools. Specify the school's boundaries and jurisdiction of the policy's provisions. Clarify how the policy applies to pupils educated in part within further education or other provision.

Definitions and terminology (see section 1.3 and Glossary)

Define the term 'drugs' and clarify the meanings of other key terms. The definition should include reference to medicines, volatile substances, alcohol, tobacco and illegal drugs.

The school's stance towards drugs, health and the needs of pupils (see sections 4.1, 4.5 and 5.2)

- Include a clear statement that illegal and other unauthorised drugs (specify which drugs and under what circumstances) are not acceptable within the boundaries identified within the policy
- Outline school rules with regard to authorised drugs and make links to the school policy on medicines
- Explain that the first concern in managing drugs is the health and safety of the school community and meeting the pastoral needs of pupils.

Staff with key responsibility for drugs (see sections 3.7 and 4.2)
Specify the named members of staff who will oversee and co-ordinate drug issues and their key roles and responsibilities.

Drug education (see sections 2.1, 2.5, 3.1 and 3.7)
- Include the aim of drug education and outline key learning objectives
- Specify or refer to the content of the drug education to be provided (with reference to the frameworks for PSHE and citizenship and the National Curriculum Science Order)
- Outline the arrangements for timetabling, staffing and teaching
- Indicate how the needs of pupils will be identified and how they will be involved in determining the relevant content of the programme
- Outline the provision for vulnerable pupils and those with SEN, and how the issues of pupils' diversity will be addressed in the programme.

Methodology and resources (see sections 3.2-3.6)
- Outline teaching methods that will be used to involve all pupils in active learning
- Name principal resources and specify their storage location
- Specify external contributors who may support drug education and outline how their contribution will be managed.

Staff support and training (see section 3.8)
- Outline induction and drug awareness training arrangements for all staff (including site managers, lunch-time supervisors, teaching assistants, relevant governors and new members of staff)
- Outline specific continuing professional development opportunities for drug education teachers and how learning will be cascaded.

Assessment, monitoring, evaluation and reviewing (see sections 3.9-3.11)
State how the teaching of drug education will be monitored and assessed. State plans for evaluating the programme using this information.

Management of drugs at school (see sections 4.5, 4.7-4.10, and 5.3-5.5)
- Describe the policy on dealing with drug paraphernalia and suspected illegal and unauthorised drugs. Outline storage, disposal and safety guidance for staff
- Make explicit the school's policy on searches, including personal searches and searches of school and pupils' property
- Outline strategies for responding competently and fairly to any incidents involving illegal and other unauthorised drugs, and the range of options for responding to the identified needs of those involved
- Outline procedures for managing parents/carers under the influence of drugs on school premises.

Police involvement (see section 4.6)
- Outline the agreed criteria for when police should be informed, consulted or actively involved in an incident, and what action is expected if police involvement is requested
- Include name and contact details for the school's liaison officer.

The needs of pupils (see sections 3.15 and 4.1)
Outline the mechanisms for addressing the wider pastoral needs of pupils and how pupils are made aware of the various internal and external support structures.

Referral and external support (see sections 5.2 and 5.4.2)

- Outline the relationship with local partner agencies and the roles negotiated with them for supporting pupils and agreed protocols for referral
- List local services and national helplines/websites.

Confidentiality (see section 4.3)

- Specify the school's approach to ensuring that sensitive information is only disclosed internally or externally with careful attention to pupils' rights and needs
- Outline local child protection procedures to be followed if a pupil's safety is considered under threat (or make links to relevant school policy).

Involvement of parents/carers (see sections 3.13, 5.4.1, 5.5 and 6.3.2)

- Include the policy for informing and involving parents/carers of incidents involving illegal and other unauthorised drugs
- Outline the school's approach to encouraging parental involvement in developing and reviewing the policy and in their child's drug education

The role of governors (see section 3.14)

- State the arrangements for ensuring that governors are well informed on drugs issues as they affect the school
- Outline the role of governors (or the designated governor if appointed, although not a requirement) in policy development and overseeing the drug education programme, and contributing to any case conferences called, or appeals against exclusions.

Liaison with other schools (see section 2.5)
Establish that the local drug situation, the content of drug education, the management of incidents, training opportunities and transitions between schools will be routine elements of liaison between local schools.

Glossary

Assess

To assess drug education is to determine what pupils have learnt, how their skills and attitudes have developed, and the value they attach to this learning.

Authorised drugs

Principally, 'authorised drugs' refers to medicines and any other drugs sanctioned for legitimate use (such as alcohol stored for a raffle, safe storage and use of hazardous chemicals). In all other circumstances, drugs are unauthorised whether legal or not.

Binge drinking

Binge drinking is variously defined as 10 plus (males) or eight plus (females) units in a session or five drinks in a row on three or more occasions in the previous 30 days. There are no recommended levels of drinking for children and young people but binge drinking could be seen as a single episode involving five or more drinks.

Controlled drugs

Those drugs controlled under the Misuse of Drugs Act 1971 (also known as illegal drugs).

Draw-and-write strategies

The Draw and Write strategy was first devised by Noreen Wetton as part of *Health for Life: Volume 1 and 2* (Williams T, Wetton N, Moon A. Health Education Authority 1989). Draw-and-write strategies invite pupils, without

prior information, to draw a picture about a particular issue/situation and then write a sentence or notes explaining the drawing. Supplementary questions are asked to help ascertain their prior knowledge/beliefs. This can be used as a research strategy to ascertain pupils' knowledge of drugs and how they explain the world of drugs (the written statements only can be used as quantifiable data, rather than the drawings). As an evaluation tool it can be used to discover how far children's perceptions and explanations have developed as they work through the drug education programme. The technique can be used with pupils at all Key Stages and also with pupils with low literacy skills.

Drug Action Teams

Drug Action Teams (DATs) are multi-agency teams, within every English Local Authority, with responsibility for the local delivery of the drugs strategy. They involve education, health, police, social services, youth service and the voluntary sector. In some areas they are called Drug and Alcohol Action Teams (DAATs).

Drug incident

Suspicion or evidence of any situation or specific event involving a drug. This could relate to a pupil, parent/carer or staff member.

Drug misuse

Drug misuse is drug taking which leads a person to experience social, psychological, physical or legal problems related to intoxication or regular excessive consumption and/or dependence. It may be part of a wider spectrum of problematic or harmful behaviour and require specific interventions, including treatment.

Drug use

Drug use is drug taking, for example, consuming alcohol, taking medication or using illegal drugs. Any drug use can potentially lead to harm, whether through intoxication, breach of the law or of school rules, or the possibility of future health problems, although such harm may not be immediately apparent. Drug use will require interventions such as management, education, advice and information, and prevention work to reduce the potential for harm.

Evaluate

To evaluate drug education is to determine the extent to which the aims of the programme and pupils' needs have been met.

Graffiti sheets

Large sheets of paper are pinned to the wall around the room and pupils write on them in marker pen, or large sheets of paper are passed around the room with each pupil adding their contribution to the sheet. This can be used to assess pupils' knowledge and perceptions of drugs and also as a monitoring and assessment tool to record pupils' progress.

Key Stages

Key Stages (KS) represent a child's progression through school. Key Stage 1 covers pupils from age 5 to age 7, Key stage 2 from 7 to 11, Key Stage 3 from 11 to 14 and Key Stage 4 from 14 to 16.

Monitor

To monitor drug education is to track and record systematically what is taught and the pupils' feedback from the lessons they receive.

NHSS

The National Healthy School Standard is an established national programme delivered by local education and health partnerships through local Healthy Schools Programmes. It aims to support schools to promote physical and emotional health and to provide a physical and social environment that is conducive to learning.

Paraphernalia

This is the equipment used for drug taking, for example, pipe or bong, aluminium ('silver') foil, needles and syringes.

Parents/carers

Includes parents, carers and other family members who care for children and young people.

Pastoral support programmes

Pastoral support programmes have multi-agency involvement and should address underlying factors affecting pupils with problems. See *Circular 10/99: Social Inclusion: Pupil Support* (DfEE, 1999) on how to set up a PSP.

PSHE framework

The PSHE framework sets out, through all the 4 Key Stages (ages 5-16), a structured programme of learning opportunities through which pupils can be taught the knowledge, skills and understanding to take responsibility for themselves, show respect for others and develop the self-awareness and confidence needed for life.

Pupil referral unit

A pupil referral unit is a type of school that provides alternative education to children of compulsory school age who are out of school by reason of illness, exclusion from school or otherwise.

For the purpose of this document, 'schools' includes PRUs.

Risk factors

There are a range of risk factors, which, particularly, in combination, may make children and young people more vulnerable to drug misuse and/or play a role in the later development of drug problems. These include chaotic home environments, lack of nurturing by parents/carers, parent/carer drug misuse, being in Local Authority care, truanting and school exclusion, school failure, association with drug using peers, early age of first drug use, neighbourhood deprivation or low socio-economic status, physical or sexual abuse, physical disabilities, mental health and behaviour problems, poor coping skills, homelessness, involvement in crime or prostitution and being labelled as a drug misuser.

Sniffer dogs

On detecting the presence of the scent of drugs, the dog will sit beside the detected item (this is known as a 'passive drug detection dog').

Safer School Partnerships

Safer school partnerships involve an operational police officer working in a selected school to reduce crime, make the school a safer place for learning, keep young people in education and re-engage youngsters with their community. See fuller definition in guidance at: www.teachernet.gov.uk/saferschoolpartnerships

Volatile substance abuse

Volatile substance abuse refers to the inhalation, sometimes referred to as 'sniffing', of gas or vapours from volatile substances, including butane and propane, aerosol propellants, some glues and solvents, petrol, etc. for intoxicating purposes. The effects are much like those of alcohol, though they do not last as long. This can also be referred to as solvent misuse.

Vulnerable groups

Vulnerable groups are those at increased risk of the misuse of drugs. Pupils found to be more vulnerable may include those who are in Local Authority care, truants and pupils excluded from school, those who have been physically or sexually abused, homeless young people, those in contact with mental health services or the criminal justice system and those involved in prostitution.

Abbreviations

ACPO
Association of Chief Police Officers.

CPD
Continuing professional development.

CRB
Criminal Records Bureau.

DATs
Drug Action Teams.

DEF
Drug Education Forum (see useful organisations and websites).

DEPIS
Drugs Education and Prevention Information Service (see useful organisations and websites).

DfEE
Department for Education and Employment (now the DfES).

DfES
Department for Education and Skills.

DH
Department of Health.

GHB
Gamma hydroxyl butyrate.

ICT
Information and communication technology.

LEAs
Local Education Authorities.

LSD
Lysergic acid diethylamine.

NHSS
The National Healthy School Standard.

OfSTED
Office for Standards in Education (see useful organisations and websites).

PSHE
Personal, social and health education.

PRU
Pupil referral unit.

QCA
Qualifications and Curriculum Authority (see useful organisations and websites).

SEN
Special educational needs. For the purpose of this document 'SEN' refers to all special educational needs, not only those which lead to a pupil having a statement.

SRE
Sex and relationship education.

Yot
Youth Offending Team.

VSA
Volatile Substance Abuse.

Appendices

Appendix 1: Confirming healthy schools' achievement and NHSS criteria for assessing drug education (including alcohol and tobacco)

A school is a healthy school when there is a range of evidence of impact, demonstrating that all the following criteria are being met:

- Social inclusion and health inequalities inform the development and implementation of activities
- In line with the DfES Continuing Professional Development strategy, the impact of CPD on the success of healthy school's activities is regularly being evaluated and informing the development of the healthy schools programme
- The school is delivering the requirements of the National Curriculum, particularly in relation to sex and relationship education and drug education, including alcohol and tobacco, in line with statutory requirements, non-statutory guidance and the NHSS criteria (see overleaf)
- Pupils views are reflected in school activities, including those with special educational needs and specific health conditions, as well as disaffected pupils, young carers and teenage parents
- The whole school community (pupils, staff, parents, governors and community partners) is invited to take part in policy development, physical, social and cultural activity and support each others learning
- The school provides a culture and environment to support the taught PSHE and citizenship curriculum.

Guidance on appropriate evidence is available on the NHSS website www.wiredforhealth.gov.uk

NHSS criteria for assessing school achievements in drug education (including alcohol and tobacco)

- The school has a named member of staff and a governor who are responsible for drug education provision.
- The school has a planned drug education programme involving the development of skills, starting from the early years, which identifies learning outcomes appropriate to pupils' age, ability and level of maturity and which is based on pupils needs assessment.
- The school has a policy owned and implemented by the whole school, including parents/carers, for managing drug related incidents which includes identifying sources of support for pupils and alternatives to exclusion.
- Staff understand the role that schools can play in the national drug strategy and are confident to discuss drugs issues and services with pupils.
- the school works with the police, youth service and local drug services in line with the Drug Action Team strategy to develop its understanding of local issues and inform its policy.

National Healthy School Standard Guidance (DfEE 2001)

Appendix 2: Content of and progression within drug education

The table below shows how the statutory requirements of the science ('Sc') and citizenship ('Ct') programmes of study and the PSHE frameworks ('PSHE and Ct' and 'PSHE') can provide the basis for a drug education programme. It illustrates the opportunities for progression as pupils develop their knowledge, understanding, skills and attitudes.

Knowledge and understanding

Key Stage 1	Key Stage 2	Key Stage 3	Key Stage 4
Pupils should be taught: • (PSHE and Ct 2d) to agree and follow rules for their group and classroom, and understand how rules help them *[e.g. simple safety rules]** • (Sc2 2d) about the role of drugs as medicines • (PSHE and Ct 3f) that all household products, including medicines, can be harmful if not used properly • (PHSE and Ct 3g) rules for, and ways of, keeping safe, including basic road safety *[e.g. rules for medicines]**, and about people who can help them to stay safe *[e.g. the police, health professionals]**	Pupils should be taught: • (PSHE and Ct 2b) why and how rules and laws are made and enforced, why different rules are needed in different situations and how to take part in making and changing rules • (Sc2 2g) about the effects on the human body of tobacco, alcohol and other drugs, and how these relate to their personal health • (PSHE and Ct 3a) what makes a healthy lifestyle, including the benefits of exercise and healthy eating, what affects mental health, and how to make informed choices • (PSHE and Ct 3b) that bacteria and viruses can affect health and that following simple, safe routines can reduce their spread • (PSHE and Ct 3d) which commonly available substances and drugs are legal and illegal, their effects and risks • (PSHE and Ct 3f) that pressure to behave in an unacceptable or risky way can come from a variety of sources, including people they know, and how to ask for help and use basic techniques for resisting pressure to do wrong • (PSHE and Ct 3g) school rules about health and safety, basic emergency aid procedures and where to get help • PSHE and Ct 4g) where individuals, families and groups can get help and support	Pupils should be taught: • (Ct 1a) about the legal and human rights and responsibilities underpinning society, basic aspects of the criminal justice system, and how both relate to young people • (Ct 1f) about the work of community-based, national and international voluntary groups • (PSHE 2b) how to keep healthy and what influences health, including the media • (PSHE 2c) that good relationships and an appropriate balance between work, leisure and exercise can promote physical and mental health • (Sc2 2m) that the abuse of alcohol, solvents and other drugs affects health • (PSHE 2d) basic facts and laws, including school rules, about alcohol and tobacco, illegal substances and the risks of misusing prescribed *[and over-the-counter]** medicines • (PSHE 2h) basic emergency aid procedures and where to get help and support During this Key Stage, pupils should be taught the knowledge, skills and understanding through opportunities to: • (PSHE 4h) find information and advice	Pupils should be taught: • (Ct 1a) about the legal and human rights and responsibilities underpinning society and how they relate to citizens, including the role and operation of the criminal and civil justice systems *[e.g. in relation to drug, alcohol and tobacco laws]** • (Ct 1c) about the work of Parliament, the Government and the courts in making and shaping the law *[e.g. laws on use, misuse and supply, the reclassification of substances, etc.]** • (PSHE 2a) to think about the alternatives and long- and short-term consequences when making decisions about personal health • (Sc2 2m) about the effects of solvents, alcohol, tobacco and other drugs on bodily functions • (PSHE 2e) about the health risks of alcohol, tobacco and other drug use, early sexual activity and pregnancy, different food choices and sunbathing, and about safer choices they can make • (PSHE 3j) to know about the statutory and voluntary organisations *that relate to drug, alcohol and tobacco use**

Skills

Pupils should be taught: • (PSHE and Ct 1b) to share their opinions on things that matter to them and explain their views *[e.g. about illness and taking medicines]** • (PSHE and Ct 1c) to recognise, name and deal with their feelings in a positive way • (PSHE and Ct 2c) to recognise choices they can make, and recognise the difference between right and wrong • (PSHE and Ct 3a) how to make simple choices that improve their health and well-being During this Key Stage, pupils should be taught the knowledge, skills and understanding through opportunities to: • (PSHE and Ct 5a) take and share responsibility [e.g. for their own behaviour; by helping to make classroom rules and following them; by looking after pets well] • (PSHE and Ct 5d) make real choices • (PSHE and Ct 5e) meet and talk with people • (PSHE and Ct 5h) ask for help	Pupils should be taught: • (PSHE and Ct 1a) to talk and write about their opinions, and explain their views, on issues that affect themselves and society • (PSHE and Ct 2b) why and how rules and laws are made and enforced, why different rules are needed in different situations and how to take part in making and changing rules • (PSHE and Ct 3e) to recognise the different risks in different situations and then decide how to behave responsibly, including sensible road use, and judging what kind of physical contact is acceptable or unacceptable • (PSHE and Ct 3f) that pressure to behave in an unacceptable or risky way can come from a variety of sources, including people they know, and how to ask for help and use basic techniques for resisting pressure to do wrong • (PSHE and Ct 4e) to recognise and challenge stereotypes During this Key Stage, pupils should be taught the knowledge, skills and understanding through opportunities to: • (PSHE and Ct 5e) meet and talk with people • (PSHE and Ct 5h) find information and advice [e.g. through helplines; by understanding about welfare systems in society]	Pupils should be taught: • (PSHE 2f) to recognise and manage risk and make safer choices about healthy lifestyles, different environments and travel • (PSHE 2g) to recognise when pressure from others threatens their personal safety and well-being, and to develop effective ways of resisting pressures, including knowing when and where to get help • (PSHE 3a) about the effects of all types of stereotyping, prejudice, bullying, racism and discrimination and how to challenge them assertively • (PSHE 3d) to recognise some of the cultural norms in society, including the range of lifestyles and relationships *[e.g. recognising that not all young people use drugs, alcohol or tobacco]** • (PSHE 3k) to communicate confidently with their peers and adults During this Key Stage, pupils should be taught the knowledge, skills and understanding through opportunities to: • (PSHE 4c) participate *[e.g. in developing and putting into practice school policies about drugs and alcohol]** • (PSHE 4e) meet and work with people [e.g. people who can give them reliable information about health and safety issues, such as school nurses, community drug awareness workers] • (PSHE 4h) find information and advice *[e.g. about drug misuse]**	Pupils should be taught: • (PSHE 1d) to recognise influences, pressures and sources of help and respond to them appropriately • (Ct 2a) to research a topical political, spiritual, moral, social or cultural issue, problem or event by analysing information from different sources, showing an awareness of the use and abuse of statistics • (PSHE 2b) to use assertiveness skills to resist unhelpful pressure • (PSHE 2g) to seek professional advice confidently and find information about health • (PSHE 2h) to recognise and follow health and safety requirements and develop the skills to cope with emergency situations that require basic aid procedures, including resuscitation techniques • (Ct 3a) to use their imagination to consider other people's experiences and be able to think about, express, explain and critically evaluate views that are not their own • (Ct 3b) to negotiate, decide and take part responsibly in school and community-based activities • (PSHE 3c) to challenge offending behaviour, prejudice, bullying, racism and discrimination assertively and take the initiative in giving and receiving support During this Key Stage, pupils should be taught the knowledge, skills and understanding through opportunities to: • (PSHE 4c) participate *[e.g. in an initiative with local shopkeepers to highlight the law on selling tobacco to young people]** • (PSHE 4h) find information and provide advice

Attitudes

Pupils should be taught: • (PSHE and Ct 2a) to take part in discussions with one other person and the whole class *[e.g. by exploring attitudes to medicines and other substances]** • (PSHE and Ct 2b) to take part in a simple debate about topical issues During this Key Stage, pupils should be taught the knowledge, skills and understanding through opportunities to: • (PSHE and Ct 5b) feel positive about themselves • (PSHE and Ct 5c) take part in discussions • (PSHE and Ct 5g) consider social and moral dilemmas that they come across in everyday life *[e.g. attitudes towards smoking and alcohol]**	Pupils should be taught: • (PSHE and Ct 1b) to recognise their worth as individuals by identifying positive things about themselves and their achievements, seeing their mistakes, making amends and setting personal goals During this Key Stage, pupils should be taught the knowledge, skills and understanding through opportunities to: • (PSHE and Ct 5a) take responsibility • (PSHE and Ct 5b) feel positive about themselves • (PSH and Ct 5g) consider social and moral dilemmas that they come across in life *[e.g. attitudes towards smoking and alcohol] **	Pupils should be taught: • (Ct 1a) the legal and human rights and responsibilities underpinning society, basic aspects of the criminal justice system, and how both relate to young people *[e.g. by considering attitudes towards law-breaking and the criminal justice system in relation to drugs, alcohol and tobacco]** • (PSHE 3b) how to empathise with people different from themselves During this Key Stage, pupils should be taught the knowledge, skills and understanding through opportunities to: • (PSHE 4b) feel positive about themselves • (PSHE 4g) consider social and moral dilemmas	Pupils should be taught: • (Ct 1a) the legal and human rights and responsibilities underpinning society and how they relate to citizens, including the role and operation of the criminal and civil justice systems *[e.g. by considering attitudes towards the law and the role of the criminal justice system in relation to drugs, in the UK and elsewhere]** • (Ct 2a) to research a topical political, spiritual, moral, social or cultural issue, problem or event *[e.g. young people's attitudes and values in relation to substance use]** by analysing information from different sources, including ICT-based sources, showing an awareness of the use and abuse of statistics During this Key Stage, pupils should be taught the knowledge, skills and understanding through opportunities to: • (PSHE 4b) feel positive about themselves • (PSHE 4g) consider social and moral dilemmas

* denotes examples (in italics) that are not included in the frameworks or national curriculum programmes of study

(Source: *Drug, alcohol and tobacco education – curriculum guidance for schools at key stages 1-4* [QCA, 2003])

Appendix 3: Summary of relevant laws

- The laws and offences relating to controlled drugs
- Changes to the law on cannabis
- The Youth Justice System
- The Medicines Act
- Tobacco laws
- Alcohol laws
- Laws relating to volatile substances
- The Road Traffic Act
- Responsibility for children.

The laws relating to controlled drugs

The Misuse of Drugs Act 1971 (amended in January 2004)

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

* The above table refers to some commonly available drugs; it is not a complete list of controlled drugs.

** It is not illegal to possess or eat magic mushrooms in their raw state, but it is an offence to process them, dry them, store them or use them in tea.

Offences under the Misuse of Drugs Act

- Possession – where a person knowingly has custody or control of a controlled drug.
- Possession with intent to supply another person a controlled drug – where a person knowingly has custody or control of a controlled drug and intends to supply to others whether for payment or not. This would include packaging a drug in a way that indicates it is going to be supplied to others and where a person is 'looking after' drugs and returns them (or intends to return them) to another person. They can be charged with supply or intent to supply.
- Supplying another person a controlled drug – giving or selling drugs to someone else, including friends. The law does not differentiate between supplying/giving drugs to friends and supplying for profit. Offences are considered on an individual case basis and the police may be very unlikely to charge someone with supply when passing a cannabis joint for smoking amongst friends. However, if charged courts may be likely to consider a lower sentence for supply to friends compared to supply for profit.
- Supplying drug paraphernalia – this should only be provided by an authorised person or agency and includes all equipment to enable the use of a controlled drug in any form with the exception of matches and a tourniquet.
- Production, cultivation or manufacture of controlled drugs – for young people, this would most commonly be growing cannabis plants.
- Allowing premises you occupy or manage to be used for the supply, production or cultivation of a controlled drug. Also, to allow premises to be used for the smoking of cannabis or opium and the preparation of opium.

It is not illegal for someone to be in possession of a controlled drug if it is found, it is given, or if it is confiscated, and it is not for that person's own use but to prevent a crime being committed. They should hold it for as short a time as possible (see section 4.7).

Changes to the law on cannabis

Cannabis (resin and herb) has been reclassified from a Class B to a Class C drug (with effect from 29 January 2004). Cannabis remains an illegal drug with penalties for supply and possession. A consequence of this reclassification for adults will be that the use of the retained power of arrest may not be used in all circumstances of cannabis possession.

Each case will be judged on its own merit. However, youth offenders will continue to be dealt with through the Crime and Disorder Act, which requires offenders to be dealt with at the police station. In practice, this means that persons aged 17 years or under who are in possession of cannabis for personal use will be arrested. They will then be dealt with through the Youth Justice System (see below) with options of a reprimand, final warning, and then a charge.

The Youth Justice System

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

When a young person receives a reprimand or final warning this will be kept on the Police National Computer for five years or until the offender's eighteenth birthday, whichever is the longer, from the date given. Reprimands and warnings do not constitute a criminal record but may still have to be declared on overseas visa applications, some job applications and motor insurance. If a young person is prosecuted and subsequently convicted this constitutes a criminal record. The length of time in which some criminal convictions can be considered 'spent', and no longer need to be declared, will vary depending on the charge and sentence as outlined in the Rehabilitation of Offenders Act 1974.

The Medicines Act 1968

The Medicines Act divides medicines into three categories:

- *restricted medicines or prescription-only medicines*, which can only be supplied from a registered pharmacy by or under the supervision of a pharmacist on receipt of a prescription from an appropriate practitioner. An appropriate practitioner is a doctor, dentist, independent nurse prescriber (within the scope of their prescribing practice) or a

supplementary prescriber (who can be nurses or pharmacists prescribing within the terms of a clinical management plan for a specific patient)

- *pharmacy medicines*, which can be sold without a prescription but only by a pharmacist (also called *over-the-counter* medicines)
- *general sales medicines*, which can be sold without a prescription by any shop.

Possession of some prescription-only medicines, such as Temazepam and Ritalin, is illegal under the Misuse of Drugs Act if no prescription is held.

Tobacco laws

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

Alcohol laws

It is an offence under the Children and Young Persons Act 1933 to give alcohol to any child under the age of 5, except in a medical emergency. Children over 5 can legally consume alcohol in a private environment, although police have powers to confiscate alcohol from under-18s who are drinking in a public place. At present, at the discretion of the licence holder, children of any age may enter premises licensed for the sale of alcohol for consumption on those premises, like a public house, but only children aged over 14 or over may enter the bar area whether they are accompanied by an adult or not. It is illegal for the staff of licensed premises to knowingly sell alcohol to anyone under the age of 18 or allow them to consume alcohol in the bar area of their premises. It is also an offence for a child to buy or attempt to buy alcohol on licensed premises. It is illegal for an adult to purchase alcohol on behalf of a person under 18. However, an exception allows young people aged 16 and 17 accompanied by an adult to consume beer, porter, and cider with a meal on licensed premises.

At present it is lawful for children over the age of 4 to purchase or be supplied with alcohol in registered members clubs (such as ex-services, working men's and sports clubs).

Changes to the law on alcohol as set out in the Licensing Act 2003 are unlikely to be brought into force before May 2005. Details of the current status of these provisions can be obtained from www.culture.gov.uk

Laws relating to volatile substances

In England and Wales it is an offence to sell solvent products to any person under 18 if the retailer has reason to suspect that the substances will be misused. Butane product sales, such as lighter refills, are further restricted under the Cigarette Lighter Refill (Safety) Regulations 1999, in recognition of the high number of butane-related deaths. The regulations make it an offence to sell them to people under the age of 18 years, in any circumstances. The penalty is up to 6 months' imprisonment or a £5000 fine.

The Road Traffic Act 1988

It is an offence to be in charge of a motor vehicle while 'unfit to drive through drink or drugs'. This includes alcohol, illegal drugs, prescribed medicines and solvents. The legal limit for alcohol levels in the blood while driving is 80 mg of alcohol per 100 ml of blood.

Responsibility for children

School staff have a legal duty of care towards pupils in their care. This is interpreted in case law as the duty to act as a careful parent would. If a member of staff causes injury or loss to a pupil by failing to carry out his or her responsibilities in a reasonable and careful way, that staff member could be held liable in negligence to the young person. This duty of care is interpreted as a duty to exercise adequate supervision, which will depend on the maturity and age of the pupils involved, whether they are affected by a disability, and the precise circumstances. Supervision could mean giving adequate advice and instructions rather than constantly watching a pupil, although some activities, for example while on school trips, may require greater supervision.

Appendix 4: Check-list for selecting resources

It is unlikely that any one resource will generate a positive response to every aspect of the check-list, but positive answers to a high proportion are desirable.

Good practice principles	Yes/No
Are the underpinning values and beliefs clearly stated, and are they consistent with those of the school?	
Are drugs defined to include medicines, alcohol, tobacco, volatile substance and illegal drugs?	
Is there guidance on identifying pupils' levels of knowledge and experience of drug use and how to incorporate this into planning?	
Do activities cover a range of teaching and learning styles?	
Is there guidance on evaluating activities?	
Are the materials free from racial, gender and sexist stereotypes?	
Do the materials take account of religious, cultural, physical diversity and special educational needs?	
Does the material suggest ways of involving parents and the community in drug education?	
Has the material been developed in consultation with pupils and teachers and has the effectiveness been evaluated?	
Does the material include guidance on the knowledge and skills needed for effective delivery and help build teacher confidence?	
Teaching and learning	
Does the material outline processes for establishing a safe learning environment?	
Is active learning promoted?	
Are discussion and reflection encouraged?	
Do the activities cover the development of knowledge, skills and attitudes?	
Is the content differentiated and can it be adapted for use with particular groups of pupils?	
Is guidance given on assessing learning outcomes?	

Content	Yes/No
Does the range of drugs covered meet with pupils' needs?	
Is the content factually accurate and balanced?	
Are learning outcomes clearly stated?	
Are learning outcomes sufficiently challenging?	
Is the content appropriate to the needs of pupils in terms of language, images, attitude, maturity, understanding and knowledge required?	
Does it avoid racial, sexist, and gender stereotyping?	
Does it include positive images of a range of people and will the imagery and language appeal to pupils?	
Do the activities encourage pupils to think about drug use, evaluate evidence and take account of a range of perspectives?	
Curriculum issues	
Does it contribute to broad and balanced PSHE and citizenship provision?	
Does the material say how it covers statutory and non-statutory learning outcomes?	
Does the resource support continuity and progression across Key Stages and curriculum subjects?	
Can the material be adapted to differing curriculum models and school timetables?	

(Adapted from *The Right Choice – Guidance on selecting drug education materials for schools* [DrugScope, 1998])

Appendix 5: Useful organisations and websites

- National organisations
- Young people's websites
- Information for teachers including PSHE/citizenship
- Government websites.

National organisations

ADFAM
Adfam offers information to families of drug and alcohol users, and the website has a database of local family support services.
Waterbridge House, 32-36 Loman Street, London SE1 0EE
Tel: 020 7928 8898 Email: admin@adfam.org.uk
Website: www.adfam.org.uk

Alcohol Concern
Works to reduce the incidence and costs of alcohol-related harm and to increase the range and quality of services available to people with alcohol-related problems.
Waterbridge House, 32-36 Loman Street, London SE1 0EE
Tel: 020 7928 7377. Email: contact@alcoholconcern.org.uk
Website: www.alcoholconcern.org.uk

Alcohol Education Resource Directory
Directory of resources and contacts for teaching about alcohol, funded by the Portman Group (an organisation funded by the UK's leading drinks producers).
Tel: 020 7907 3700 Email: info@portmangroup.org.uk
Website: www.portmangroup.org.uk

ASH (Action on Smoking and Health)
A campaigning public health charity aiming to reduce the health problems caused by tobacco.
102-108 Clifton Street, London EC2A 4HW Tel: 020 7739 5902
Email: enquiries@ash.org.uk Website: www.ash.org.uk

Children's Legal Centre

The Centre operates a free and confidential legal advice and information service covering all aspects of law and policy affecting children and young people.
University of Essex, Wivenhoe Park, Colchester, Essex CO4 3SQ
Tel: 01206 873820 Email: clc@essex.ac.uk
Website: www.childrenslegalcentre.com

Children's Rights Alliance for England

A charity working to improve the lives and status of all children in England through the fullest implementation of the UN Convention on the Rights of the Child.
94 White Lion Street, London N1 9PF Tel: 020 7278 8222
Email: info@crights.org.uk Website: www.crights.org.uk

Drinkline

A free and confidential helpline for anyone who is concerned about their own or someone else's drinking.
Tel: 0800 917 8282
(lines are open between 9 am and 11 pm on Tuesdays to Thursdays and from 9 am on Friday mornings to 11 pm on Monday evenings)

Drug Concern

This organisation provides a helpline, support groups and training for parents and carers concerned about their child's drug use.
Tel: 0845 120 3745

Drug Education Forum (DEF)

A forum of national organisations in England which provide drug education to children and young people or offer a service to those who do.
C/o Mentor UK, 4th Floor, 74 Great Eastern Street, London EC2A 3JG
Tel: 020 7739 8494 Website: www.drugeducation.org.uk

DrugScope

DrugScope is a centre of expertise on illegal drugs, aiming to inform policy development and reduce drug-related risk. The website includes detailed drug information and access to the Information and Library Service. DrugScope also hosts the Drug Education Practitioners Forum.
Waterbridge House, 32-36 Loman Street, London, SE1 0EE
Tel: 020 7928 1211 Email: info@drugscope.org.uk
Website: www.drugscope.org.uk

Drug and Alcohol Education and Prevention Team
A joint initiative between DrugScope and Alcohol Concern aiming to identify, develop and promote good practice in alcohol and drug education and prevention.
Email: ed&prev@drugscope.org.uk Tel: 020 7928 1211

FRANK (replaces the National Drugs Helpline)
FRANK is the national drugs awareness campaign aiming to raise awareness amongst young people of the risks of illegal drugs, and to provide details of sources of information and advice. It also provides support to parents/carers, helping to give them the skills and confidence to communicate with their children about drugs.
24 Hour Helpline: 0800 77 66 00 Email: frank@talktofrank.com
Website: www.talktofrank.com
Schools can receive free FRANK resource materials, updates and newsletters by registering at www.drugs.gov.uk/campaign

National Association for Children of Alcoholics
NACOA provides information, advice and support to children of alcoholics through its free, confidential helpline.
Tel: 0800 358 3456 Website: www.nacoa.org.uk

National Children's Bureau
NCB promotes the interests and well-being of all children and young people across every aspect of their lives.
8 Wakley Street, London EC1V 7QE Tel: 020 7843 6000
Website: www.ncb.org.uk

National Health Education Group
A membership group, open to professionals whose work has a primary focus of supporting health and/or drugs education with children and young people in formal and informal educational settings.
Website: www.nheg.org.uk (please see the website for regional contact details)

National Tobacco Campaign (Department of Health)
NHS Smoking Helpline: 0800 169 0 169
Website: www.givingupsmoking.co.uk

Parents Against Drug Abuse (PADA)
An organisation set up to support parents of drug users. A large percentage of helpline workers have experienced drug use within their own families.
Tel: 08457 023 867 Website: www.btinternet.com/~padahelp/

Parentline Plus
A charity offering support and information to anyone parenting a child. It runs a free-phone helpline and courses for parents, and develops innovative projects.
Tel: 0800 800 2222 Website: www.parentlineplus.org.uk

QUIT
An independent charity that aims to reduce tobacco-related harm by helping smokers to stop.
Tel: 0800 00 22 00 Email: info@quit.org.uk Website: www.quit.org.uk

RELEASE
Provides advice and referral on drug-related legal problems.
388 Old Street, London EC1V 9LT
Tel: 020 7729 9904 Email: info@release.org.uk
Website: www.release.org.uk

Re-Solv (Society for the Prevention of Solvent and Volatile Substance Abuse)
A national charity providing information for teachers, other professionals, parents and young people.
30A High Street, Staffordshire ST15 8AW Tel: 01785 817885
Helpline: 0808 8002345 Email: information@re-solv.org
Website: www.re-solv.org

Young people's websites

Connexions Direct
Connexions Direct can help young people with information and advice on issues relating to health, housing, relationships with family and friends, career and learning options, money, as well as helping young people find out about activities they can get involved in. Connexions Direct advisers can be contacted by phone, email, text or webchat www.connexions-direct.com Telephone 080 800 13219

Health Development Agency
(health information websites for young people)

Mind, Body and Soul – for young people aged 14-16
www.mindbodysoul.gov.uk
Lifebytes – for young people aged 11-14 www.lifebytes.gov.uk
Galaxy – for young people aged 7-11 www.galaxy-h.gov.uk
Welltown – for young people aged 5-7 www.welltown.gov.uk

Pupil Line
Featuring information and advice for all issues affecting school pupils.
www.pupilline.net

Think About Drink (NHS site)
Informative site about alcohol aimed at young people.
www.wrecked.co.uk

Information for teachers including PSHE/citizenship

Citizenship Foundation
Support for teachers delivering citizenship education.
Ferroners House, Shaftesbury Place, London EC2Y 8AA
Tel: 020 7367 0500 Website: www.citfou.org.uk

Drugs Education and Prevention Information Service (DEPIS)
Information for planners and providers of drug education and prevention in both school and community settings. The website lists drug education resources which have been reviewed and evaluations of drug education and prevention projects. Managed by DrugScope and funded by the Department of Health.
Website: www.doh.gov.uk/drugs/depis
Email: depis@drugscope.org.uk

Institute for Citizenship
Support for teachers delivering citizenship education.
62 Marylebone High Street, London W1M 3AF
Tel: 020 7935 4777 Website: www.citizen.org.uk

National Healthy School Standard
Information about the National Healthy School Standard, local healthy school partnerships and healthy schools.
Health Development Agency, Holborn Place, 330 High Holborn, London WC1V 7BA Tel: 020 7061 3072 Website: www.wiredforhealth.gov.uk

The National PSE Association for advisers, inspectors and consultants

NSCoPSE is the professional organisation for LEA advisers, inspectors and advisory teachers with responsibility for all aspects of personal social and health education, including citizenship. Email: info@nscopse.org.uk
Website: www.nscopse.org.uk

NHS Responseline

Various drug resources and materials can be ordered on
Tel: 08701 555 455

OfSTED

Reports and Inspectors' guidance on all subjects including PSHE.
33 Kingsway, London WC2B 6SE Tel: 020 7421 6800
Website: www.ofsted.gov.uk/publications

PSHE framework

The entire PSHE framework can be found at:
www.nc.uk.net/home.html

Qualifications Curriculum Authority (QCA)

For updates, guidance and schemes of work.
Tel: 01787 884444 Website: www.qca.org.uk/ca/subjects/pshe

TeacherNet

TeacherNet is the Government site for teachers. Use this site to access resources, training, professional development and support.
Website: www.teachernet.gov.uk/pshe

Government

Connexions

Information about the Connexions Service, with links to Connexions sites aimed specifically at young people and at personal advisers.
Website: www.connexions.gov.uk

Department for Education and Skills (also see Teachernet)

For Government updates and publications. Website: www.dfes.gov.uk
Teachers may also wish to refer parents/carers to the parents' portal.
Website: www.dfes.gov.uk/parents

Department of Health
This website includes drug-related information such as the annual survey on young people's drug use.
Website: www.doh.gov.uk/drugs

Home Office (also see the National Drugs Strategy)
The Research Development and Statistics Directorate (RDS) of the Home Office collects data about drug use. Website: www.homeoffice.gov.uk/rds/drugs

National drugs strategy
The strategy website contains information for DATs and interested individuals to find out about the Government's national illegal drug strategy.
Website: www.drugs.gov.uk

Appendix 6: Planning check-list for schools and external contributors

Copies of this check-list can be held by the school and external contributor/partner (and LEA where appropriate).

Time and place	
Date	From hrs to hrs
Venue	External contributor arrival time hrs
	Welcome/reception arrangements
Furniture layout	
Equipment: TV/Video/Sound/Flip-chart/OHP/Projector/Screen	

People	
School	*External contributor(s)*
	Name
Organiser	Introduce as
Class teacher (if different)	Specialism
Other teacher(s)	Agency
Additional staff	
Number of pupils	Have you discussed the visit and the schools citizenship and PSHE policies? Yes/No
Class(es)	Have you discussed materials or resources that the external contributor(s)/partnership(s) will give to the pupils? Yes/No
Age of pupils	Have you discussed any gender, racial, cultural or special educational issues to be addressed? Yes/No

Learning	
Session title	*Subject area*
Most relevant policies	Lesson context (previous work covered)
Learning outcomes	Level of teacher involvement
Lesson outline (overleaf)	Special needs
Evaluation, including involvement of external contributor	Any follow up-with external contributor

Agreements	
Expenses: Have you discussed and agreed any relevant expenses and fees? Yes/No/Na	*Agreement:* Have you and your external contributor signed an agreement for this visit? Yes/No
Profile: In the case of an on-going partnership with the external contributor/agency have you both created a profile Yes/No	*Quality standards:* Have the school and partner/agency signed any joint agreement to ensure quality standards? Yes/No/Na

(Source: Citizenship and PSHE working with external contributors [QCA, 2003])

Appendix 7: Co-ordinators' check-list

The following check-list is adapted from the quality standards in *The Right Approach: Quality standards in drug education* (DrugScope, 1999), which were developed as benchmarks to help schools develop and implement their drug education in the most effective and efficient way. Many of the questions are also applicable to post-16 education.

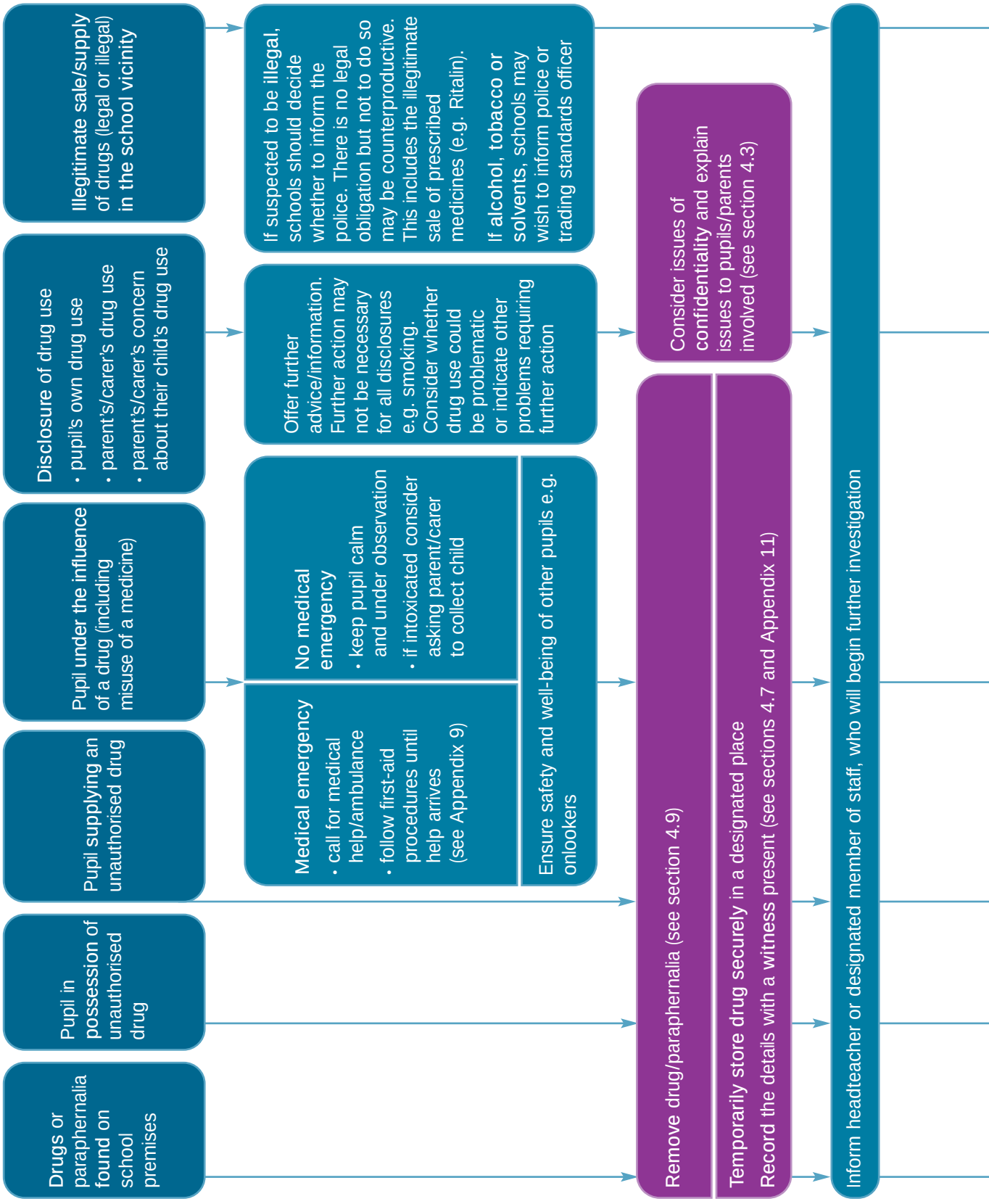
		Notes on current position/action to take
A	*A whole school approach to drugs*	
1	Is there a designated senior member of staff (or team) responsible for drug issues in school with an agreed description of their role and responsibilities in relation to drugs?	
2	Is there a school drug policy covering drug education and the school's approach to managing drug incidents and the welfare of pupils?	
3	Has the policy been developed in consultation with the whole school community, including staff, governors, parents/carers, pupils and outside agencies?	
4	Has the policy been disseminated among staff, pupils and parents/carers and included in induction arrangements for new staff, pupils and prospective parents?	
5	Is the approach to drugs consistent with the ethos and values framework of the school developed by the whole school community?	
6	Is the policy and the school's approach to drug education set in the context of the National Healthy School Standard (which advocates a whole school approach), where the school is participating?	
7	Have pupils been consulted for suggestions on what and how drug education is taught?	
8	Are parents/carers informed and consulted about their child's drug education and are there opportunities for parents/carers to be actively involved?	
9	Do parents/carers have access to information and support about drugs?	
10	Although not statutory, is there a designated school governor with responsibility for drugs?	
11	Has liaison with local schools taken place to ensure consistency and continuity of the approach to drug issues across phases?	
	List the key priorities for action	

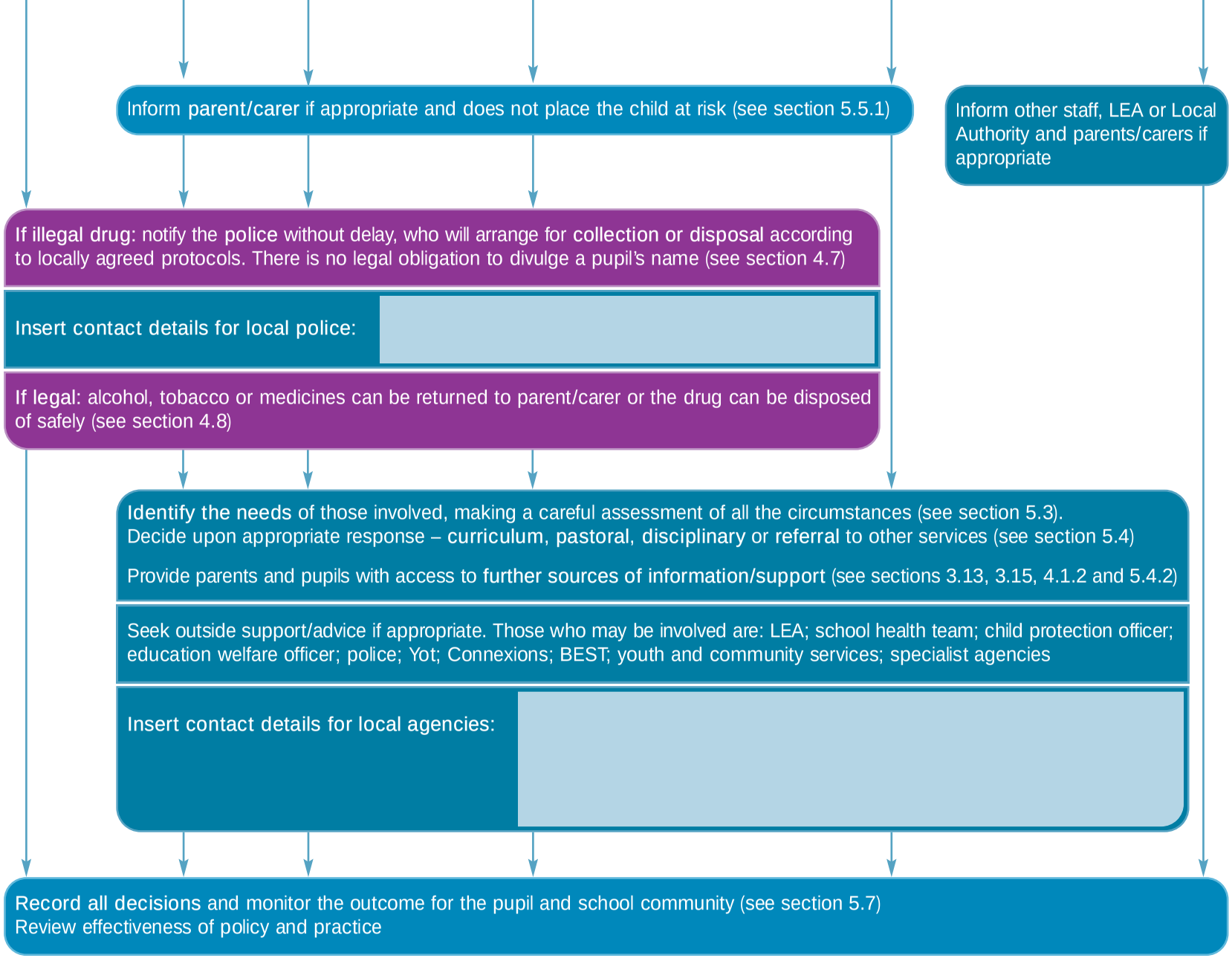
		Notes on current position/action to take
B	*Content of the drug education programme*	
1	Have realistic and achievable aims for drug education been stated in the drug policy which are consistent with the moral and values framework of the school?	
2	Have specific teaching objectives and learning outcomes been set for each year group/class, reflecting a balance between the development of personal and social skills, knowledge and understanding and exploring attitudes and values?	
3	Have pupils' existing knowledge and understanding been taken into account as a starting point?	
4	Does the content include statutory elements of the National Curriculum Science Order and take account of the PSHE and citizenship framework and statutory requirements for citizenship at Key Stages 3 & 4?	
5	Have links with other curriculum subjects and PSHE components, for example sex and relationship education, been explored?	
6	Have local priorities for drug education as identified by the LEA or DAT been incorporated?	
7	Has adequate time been allocated on the timetable for drug education lessons?	
	List the key priorities for action	
C	*Methods and resources*	
1	Do teachers understand the importance of establishing ground rules and creating a safe and supportive learning environment?	
2	Are pupils made aware of the aims and intended learning outcomes of each lesson/activity?	
3	Have a wide range of teaching approaches been established to engage pupils actively in their own learning, for example, drama, theatre-in-education, debate and discussion, and external contributors?	
4	Are good quality, appropriate teaching resources available, which have been chosen according to key criteria?	
5	Have external agencies and individuals who can contribute to the drug education programme been identified? Has their contribution been planned and a clear role been negotiated with them?	
6	Are external contributors aware of the school's aims of drug education, the school drug policy and the confidentiality policy, to ensure consistency with the school's approach?	

		Notes on current position/action to take
7	Have plans been made for teachers to devise preparation and follow-up work?	
	List the key priorities for action	
D	*The needs of all pupils*	
1	Is the content of lessons culturally sensitive?	
2	Have the needs of all pupils with special educational needs been taken into account?	
3	Has provision been made for drug education for those pupils not at school, for example, those on fixed-period exclusion or long-term sick?	
4	Does the school have agreed policies to support those who may have problems with drugs (either themselves or a family member)?	
5	Have targeted support and education been established for these pupils or those identified as being vulnerable to drug misuse?	
6	Are staff and pupils aware of the policy regarding confidentiality and disclosure?	
7	Are staff aware of policy and protocols for referring pupils to outside agencies, should the need arise?	
8	Do all pupils have access in school to information on local and national helplines and support services?	
	List the key priorities for action	
E	*Staff support and training*	
1	Does drug education have senior management team support?	
2	Has induction training on general drug awareness been provided for all staff?	
3	Do those teaching drug education have access to support and continuing professional development activities to enable them to feel confident in their role? Are they encouraged to identify their training needs and priorities?	
4	Are staff who have attended training given support in disseminating the training to other members of staff and evaluating its impact on teaching and learning?	
5	Do teachers have knowledge of the local drug situation and the role of local support agencies?	

	List the key priorities for action	Notes on current position/action to take
F	*Assessment, monitoring, evaluation and review*	
1	Are procedures in place to systematically record what is taught, including deviations from the planned programme?	
2	Are systems in place for monitoring and assessing the quality of teaching, including contributions from external contributors?	
3	Have plans been made for how feedback from pupils will be recorded?	
4	Have procedures for assessing pupils' learning been established, taking account of the knowledge and understanding they have gained, the skills they have developed and put into practice, and how their feelings and attitudes have been influenced?	
5	Have plans been made for how the effectiveness of the programme will be evaluated, taking into account the stated aims and objectives, what has been learnt, and feedback gained from pupils, teaching staff, parents/carers and external contributors?	
6	Is the drug education programme reviewed and amended to ensure that the content is brought up to date with changing local patterns of drug use, the changing needs of pupils, and evaluation findings?	
7	Have staff training opportunities been evaluated and reviewed?	
	List the key priorities for action	
	Summary of key priorities for developing an action plan	

Appendix 8: Responding to incidents involving drugs




Inform parent/carer if appropriate and does not place the child at risk (see section 5.5.1)
Inform other staff, LEA or Local Authority and parents/carers if appropriate
If illegal drug: notify the police without delay, who will arrange for collection or disposal according to locally agreed protocols. There is no legal obligation to divulge a pupil's name (see section 4.7)
Insert contact details for local police:
If legal: alcohol, tobacco or medicines can be returned to parent/carer or the drug can be disposed of safely (see section 4.8)
Identify the needs of those involved, making a careful assessment of all the circumstances (see section 5.3).
Decide upon appropriate response – curriculum, pastoral, disciplinary or referral to other services (see section 5.4)
Provide parents and pupils with access to further sources of information/support (see sections 3.13, 3.15, 4.1.2 and 5.4.2)
Seek outside support/advice if appropriate. Those who may be involved are: LEA; school health team; child protection officer; education welfare officer; police; Yot; Connexions; BEST; youth and community services; specialist agencies
Insert contact details for local agencies:
Record all decisions and monitor the outcome for the pupil and school community (see section 5.7)
Review effectiveness of policy and practice

Appendix 9: Drug situations – medical emergencies

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

Your main responsibility is for any pupil at immediate risk, but you also need to ensure the well-being and safety of others. Put into practice your school's first-aid procedures. If in any doubt, call medical help.

Always:

- assess the situation
- if a medical emergency, send for medical help and ambulance.

Before assistance arrives

If the person is conscious:

- ask them what has happened and to identify any drug used
- collect any drug sample and any vomit for medical analysis
- do not induce vomiting
- do not chase or over-excite them if intoxicated from inhaling a volatile substance
- keep them under observation, warm and quiet.

If the person is unconscious:

- ensure that they can breathe and place in the recovery position
- do not move them if a fall is likely to have led to spinal or other serious injury which may not be obvious
- do not give anything by mouth
- do not attempt to make them sit or stand
- do not leave them unattended or in the charge of another pupil
- notify parents/carers

For needle stick (sharps) injuries:

- encourage wound to bleed. Do not suck. Wash with soap and water. Dry and apply waterproof dressing
- if used/dirty needle seek advice from a doctor.

When medical help arrives

- pass on any information available, including vomit and any drug samples.

Complete a medical record form as soon as you have dealt with the emergency.

(Adapted from: *The Right Responses* [DrugScope, 1999])

Appendix 10: Guidance on the use of sniffer dogs and drug testing in schools

Headteachers are within their rights to invite the police or private companies to bring sniffer dogs onto school premises or employ drug testing. They should, however, involve local partners, including the police and consider the factors outlined below.

Involvement of sniffer dogs at the request of the headteacher
Where a school believes that there is reasonable evidence of possession or supply of suspected illegal drugs they should consult their local police. The advice from ACPO is that local police, if they are to respond with the use of sniffer dogs, should do so as part of a warrant-led operation, unless evidence may be lost by delaying the search.

However, schools considering sniffer dog searches without the authority of a police warrant should exercise extreme caution before doing so. They should consider very carefully whether such action:

- is consistent with the pastoral responsibility of the school to create a supportive environment
- is culturally insensitive – for example, dogs are considered unclean in Muslim and Buddhist cultures
- will lead to labelling and be damaging to pupils concerned
- will result in appropriate support for pupils most in need
- is feasible and an effective use of school resources, and those of the police, where involved.

The above considerations apply equally to drug testing.

Where such action is planned for the purposes of detection schools are advised to make sure, in advance, that:

- the intention to use such an approach is clearly stated in the school's drug policy developed in consultation with pupils, parents, staff, governors and the whole school community
- parents/carers have given their consent (usually in writing) to the proposed use of sniffer dogs at the request of the headteacher. This is good practice rather than a legal requirement.

- procedures are in place to remove pupils for whom consent is not given
- they have considered what action will be taken if drugs are found on any member of the school community (including staff and visitors), and that this has been communicated clearly and is consistent with responses to other drug incidents
- they are able to be sensitive to and respect the right to privacy of pupils whom the dog may identify either because they are taking prescription medicines or have been exposed to an environment where others have used drugs
- plans are in place to deal with potential media interest.

In addition to informing parents/carers of the intention to use such an approach (and seeking their consent – see above), parents/carers should be notified immediately after such action has taken place.

Involvement of sniffer dogs purely as a deterrent

A headteacher requesting the use of sniffer dogs solely as a deterrent, where there are no reasonable grounds for suspicion and where prior consent has not been sought, will need to consider possible challenges by parents and pupils under the Human Rights Act.

Schools should ensure that if sniffer dogs are used for detection or as a deterrent, they form part of an on-going whole school approach to managing drugs on school premises rather than an isolated action.

Appendix 11: Record of incident involving unauthorised drug

1 For help and advice, telephone the LEA.
2 Complete this form WITHOUT identifying the pupil involved.
3 Copy the form.
4 Send the copy within 24 hours of the incident to the LEA.
5 KEEP the original, adding the pupil's name and form – store securely.

Tick to indicate the category:

- Drug or paraphernalia found ON school premises ☐
- Emergency/Intoxication ☐
- Pupil in possession of unauthorised drug ☐
- Pupil supplying unauthorised drug on school premises ☐
- Pupil disclosure of drug use ☐
- Disclosure of parent/carer drug misuse ☐
- Parent/carer expresses concern ☐
- Incident occurring OFF school premises ☐

Name of pupil*: . . . .
. . . .
Pupil's form*: . . . .(*For school records only)
Age of pupil: .Male/Female
Ethnicity of pupil**: . . . .

Name of school: . . . .
. . . .
. . . .
Time of incident: . . . . am/pm
Date of incident: . . . .

Tick box if second or subsequent incident involving same pupil ☐
Report form completed by: . . . .

First Aid given? . . . .
Yes ☐ No ☐
First aid given by: . . . .

Ambulance/Doctor called? . . . . (Delete as necessary)
Yes ☐ Called by: . . . .
No ☐ Time: . . . .

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

Senior staff involved:

Drug found/removed? YES/NO

Where found/seized: . . . .

Name and signature of witness:
. . . .
. . . .

Disposal arranged with
(police/parents/other): . . . .
At time: . . . .
If police, incident
reference number: . . . .

Name of parent/carer informed*: . . . .(*For school records only)
Informed by: . . . . At time: . . . .

Brief description of incident (including any physical symptoms):

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

(continue on blank sheet if necessary)

** Categories: British, Irish, other white, white and black Caribbean, white and black African, white and Asian, other mixed, Indian, Pakistani, Bangladeshi, other Asian, Caribbean, African, other black, Chinese, any other, not stated.

(Adapted from: *The Right Responses* [DrugScope, 1999])

Appendix 12: Drugs in the workplace

Drugs in the workplace are an issue for schools in terms of:

- laws and professional responsibilities relating to the use of drugs in the workplace and working with children
- the welfare of staff with drug problems
- the messages conveyed to pupils through the role model teachers provide, which has implications for their behaviour in and out of school.

Responsibilities of employers and employees

Headteachers have responsibility for the health, safety and welfare of pupils and staff at all times. Under the Health and Safety at Work Act 1974 employers have a duty to:

- ensure the health, safety and welfare at work of employees
- ensure that employees do not injure themselves or endanger the public or colleagues.

Additionally, under the Management of Health and Safety at Work Regulations 1999, employers have a duty to assess the risks to health and safety of their employees. Employers can be liable to prosecution if they knowingly allow an employee to continue working under the influence of alcohol or drugs if that employee's behaviour places themselves or others at risk.

Equally, employees are required to take reasonable care of themselves and others who could be affected by their actions at work. School staff have a legal duty of care towards pupils in their care.

The welfare of staff

The misuse of illegal drugs, prescription medicines or problem drinking by staff should be regarded as a health matter rather than an immediate cause for discipline. Problems with illegal drugs, prescription medicines, or alcohol often result from pre-existing circumstances, including stress and personal problems.

Employers have a responsibility to maintain a safe and healthy working environment (DfEE Circular 4/99) which will include taking action to support members of staff affected by workplace stress or other pressures.

The National Healthy School Standard (DfEE 1999) lays down standards for schools to address staff professional, health and welfare needs, and for appropriate occupational health advice and support.

Headteachers sometimes do not report drug-related staff problems to LEAs early enough in situations in which early support may improve the outcome.

Fitness to teach and discipline

Teachers' misuse of illegal drugs, prescription medicines or alcohol can be a disciplinary matter. It can lead to barring or restricting a person's employment, for instance if it leads to criminal activity or to behaviour that involves an abuse of the teacher's position of trust or a breach of the standards of propriety expected of the profession (DfEE Circular 11/95). Employers have a statutory duty to inform the Department for Education and Skills and provide specific information when they cease to use a person's services (or might have ceased to use the person's services had they not withdrawn them) on the grounds of their misconduct, unsuitability to work with children or where a relevant health issue is raised (Education (Prohibition from Teaching or Working with Children) Regulations 2003).

A teacher may be deemed unfit to teach if he or she poses a risk or potential risk to the health and safety of pupils or colleagues. The governing body or headteacher must take emergency action when they consider a teacher may have become medically incapable of performing teaching duties and is putting pupils or colleagues at risk (DfEE Circular 4/99 and DfEE 2000).

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