

Hummersknott Academy Trust



61.1 - Drug Education & Incident Management Procedure

Adopted Date: July 2015

Review Date: July 2018

SECTION ONE – DRUG EDUCATION

Aims and objectives of drug/health education

“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”. DfES 2004 p18 Drugs: Guidance for Schools.

The main aims of our drug education programme are to:

- Enable each pupil to develop confidence and self-esteem
- Raise pupils’ awareness of the world of drugs so that they can make informed and responsible decisions about their own drug use in order to reach their full potential
- Encourage a healthy respect for all substances taken into the body
- Enable pupils to explore their own and other’s feelings, views, attitudes, and values towards drugs and drug-related issues.

All pupils in Key Stage 3 and 4 take part in a Healthy Life Style survey which will highlight the knowledge and prevalence of drugs and alcohol use within the school and inform the teaching and delivery of substance misuse education.

The aim of the Healthy Life Styles survey is to challenge the unhealthy perception held by young people in school and assist in the changing of their beliefs and behaviour. Feedback from the Healthy Life Styles survey work promotes the fact that these issues are not as common as young people think they are. Using the Healthy Life Styles survey data such as 9/10 young people in this school don’t think ‘it’s ok to get drunk’ has shown to help reduce a sense of peer pressure which is often associated with substance use and other risk taking. We will teach pupils that most young people in this school do not misuse drugs and alcohol and that they do not believe that their use is a good idea.

This Healthy Life Styles survey data will be used to help in the assessment and delivery of coordinated community activity delivered by positive messages and communication throughout the school.

The PSHCE Coordinator has developed schemes of work for delivery in PSHCE lessons across all years. These are constantly monitored and evaluated in light of the Healthy Life Styles survey results and in house pupil questionnaires.

The Education Act 2006

The Education Act 2006 places a statutory responsibility upon schools to provide a broad and balanced curriculum which:

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

PSHCE (Non- Statutory)

Key Stage 3

- Basic facts and laws, including school rules, about alcohol and tobacco, illegal substances and the risk of misusing prescribed drugs

Key Stage 4

- About the risks of alcohol, tobacco and other drugs use, early sexual activity and pregnancy different food choices and about safer choices they can make.

Teaching programme, strategies and resources

Drug Education is delivered through the PSHCE programme by class teachers in whole class or group situations using a broad variety of teaching and learning strategies. It is also taught via one-off events such as year group PSHCE days and via the Science National Curriculum. The PSHCE Coordinator will review the drug education provision on an annual basis through discussion with the teachers involved with the delivery of the programme.

Where the teaching and learning includes issues which may be sensitive, staff and pupils will work within clearly understood and applied ground-rules set by the teacher or member of staff delivering the session.

Drug Education will be assessed in a number of ways including: -

- Pupil self assessment and the opportunity for reflection
- Discussion and peer group reflection
- Teacher assessment of pupil attainment by observation and review of student written work

Monitoring and evaluation of the drug education programme.

The PSHCE Coordinator has responsibility for the overall monitoring of drug education. This can include: -

- reviewing samples of pupils' work
- teachers making comments on the scheme of work and lesson plans
- feedback from teachers involved in the delivery of the programme
- including PSHCE and Citizenship as a regular agenda item at team planning meetings
- Working alongside SLT during teaching observations

The views of pupils and teachers are essential for evaluation of the drug education programme. Feedback will be gained through discussions and written responses when necessary. Changes, if needed, will be made to the planning and teaching of the programme in light of the evaluation and evidence of best practice.

Resources

All resources for drug education are regularly reviewed and updated in line with the education aims of the policy and procedure and reflecting Drugs: Guidance for Schools (DfES/0092/2004). Drug education resources are kept within the citizenship department staff base.

Special Educational Needs

Children registered as having Special Educational Needs have the same right to good drug education as any other pupil and will be taught alongside all other pupils. However, teachers must be aware of and respond to their needs in drug education lessons just as in any others, taking account of targets set in the pupils' Individual Education Plans.

Children vulnerable to substance misuse

Those children who may be viewed as vulnerable to substance misuse are provided with targeted drug education through the schools pastoral support. Staff are able to gain additional support and guidance from the Drug Education Team on appropriate resources and educational approaches.

Use of Visitors and outside agencies

Visiting facilitators can enhance the delivery of drugs education and some pupils do respond better if they perceive the deliverer to be an 'expert' rather than their 'normal' teacher. However, visitors will only be used in the programme if they can offer an expertise, approach or pupil response which cannot be achieved by the teachers. Where visitors and outside agencies are involved, their contribution must have been planned as part of an overall programme of Drug Education. Their contribution should complement the teaching already taking place in the school.

SECTION 2 - DEALING WITH DRUG-RELATED INCIDENTS

This section provides a framework for dealing with incidents surrounding the use, suspicion of use and finding of drugs and substances. The school does not condone the use of drugs but will endeavour to support any pupil with a drug problem in line with its pastoral responsibilities.

Parents/carers have the right to be informed of any drug-related incident that affects their child. An exception to this is when the child is deemed 'at risk' and the Child Protection Service has been contacted. In this case, it is up to the CPS to decide the course of action, or when 'Fraser' confidentiality (Appendix 2) guidelines are followed.

Staff should be aware that if they (a) fail to take action in a drug-related incident or (b) allow drug use to continue on school premises, they could contravene the Misuse of Drugs Act 1971. It should be noted that if the preservation of a confidence (a) enables criminal offences to be committed, or (b) results in serious harm to the pupil's health and welfare, criminal proceedings could ensue.

If a pupil is, or appears to be, under the influence of a drug (including misuse of medicines - **Seek First Aid**) or a pupil discloses their own drug use or a parent/carers is concerned about their child's drug use, the **SWITCH Audit Screening Tool (see Appendix 1)** can be carried out with the pupil involved to determine the pathway to follow. The people who can deliver this screening is:

- SWITCH team
- Youth Services
- Named teachers/College Managers (who have received training)

The Assistant Principal Inclusion at Hummersknott Academy and Lisa Jenkins at Skerne Park Academy will oversee and coordinate the drug issues and the key roles and responsibilities

(Refer to the drug incident flow chart for protocol) If the screening tool directs a referral, this should be made to:

SWITCH the Young Persons Substance Misuse Team - Tel 01325 346283 (tier3)

For incidents involving pupil alcohol use, the SWITCH Alcohol Use Screening Tool should be completed with consideration being given to referral of the young person. These forms are also held with College Managers at Hummersknott Academy and Senior Leaders at Skerne Park Academy.

Youth Service

Tier 2 interventions, they comprise drug-related information and advice and screening, assessment and referral to **SWITCH** the structured drug treatment, brief psychosocial interventions: harm reduction interventions service.

Unauthorised Substances

No substances are to be brought onto the school premises unless authorised by the Principal/Headteacher or through the agreed protocol for the use of medicines on the school premises. This includes alcohol, tobacco, volatile substances and medicines (This list is not exhaustive, other substances may be included at the discretion of the Principal). This applies to anybody using the building regardless of age or whether they are staff or pupils of the school.

Pupils found in contravention of this section of the school policy, on school premises, will be dealt with in the following way:

- Parents will be contacted by the relevant teacher. Parents' support will be sought in stressing to the pupil how the use of unauthorised substances in school is a serious breach of school rules.
- A suitable sanction will be considered. The severity of the sanction will depend upon various factors such as the age of the pupil, the circumstances of the incident, whether it is a pupil's first offence and whether it affected other pupils.
- The substance and associated paraphernalia such as matches or lighters found in a pupil's possession in school will be confiscated. They will be placed in a labelled envelope and kept securely until parents are able to collect them.
- In some cases the confiscated articles may be passed to the police.

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

Take possession of the drug/substance and inform the Principal, or if not available a senior member of staff.

1. In the presence of a witness the article should be packed securely and labelled with the date, time and place of discovery.
2. The package should be signed by the person who discovered it and stored in the safe within the administrative areas of the school
3. Police should be contacted immediately if deemed to be appropriate and arrangements should be made to hand the package over to them. Staff should not attempt to analyse or taste any found substance.

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

EXTREME CARE SHOULD BE TAKEN

1. Do NOT attempt to pick up the needle.
2. Cover the needle with a bucket or other container.
3. If possible, cordon off the area to make it safe.
4. Inform the Principal or senior member of staff
5. Contact Environmental Health. Telephone: 380651

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

1. Request that the pupil hand over the article(s).
2. Having taken possession of the substance/paraphernalia, the drug incident management procedure detailed in this document should be followed.
3. Pupils should be placed in isolation until the matter has been investigated.
4. Parents should be contacted as quickly as possible.

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

- Teachers can search school property, eg cupboards and trays without permission. Power to search without consent for “prohibited items” including knives and weapons, alcohol, illegal drugs, stolen items, tobacco and cigarette papers, fireworks, pornographic images. Any article that has been or is likely to be used to commit an offence, cause personal injury or damage to property. Any item banned by the school rules which has been identified in the rules as an item which may be searched for. See school discipline policy www.hummersknott.org.uk
- Further searches can be conducted by the Police where appropriate

Procedures for dealing with a child suspected to be under the influence of a drug or substance.

The following suggestion given for guidance only.

Stay calm, place child in a quiet area. Do not leave them unsupervised; seek medical advice from a First Aider. If the child is drowsy or unconscious place them in the recovery position, loosen tight clothing and attempt to

establish what the child has taken. Any suspected substances should travel with child if removed for treatment.

Procedures for dealing with Parents/carers under the influence of drugs on the school premises

Staff should attempt to maintain a calm atmosphere. If staff have concerns regarding discharging a pupil in to the care of a parent/carer attempts should be made to discuss alternative arrangements with the parent/carer, for example requesting another family member escort the child home. The focus of the staff must be the maintenance of the pupil's welfare, as opposed to the moderation of the parent's behaviour.

Where the behaviour of the parent/carer immediately places the child at risk of significant harm or repeated behaviour places the 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

When to contact the police

There is no legal obligation for the school to contact the police when a drug incident or offence has been discovered. Contacting the police is at the Principal/Headteacher's discretion. However, the school has established close liaisons with local police and any information about illegal sales of drugs including alcohol and tobacco will be reported to them. In the event of a drug-related incident in the school, the school would cooperate with the police should they wish to search premises. A member of staff will accompany any search and any damage will be noted.

In the event of a serious incident the police may request to interview pupil(s). Parent(s)/carer(s) must be notified. They may refuse to give consent or prefer the interview to take place in their own home, in which case the police will make arrangements. Parents/carers may give authority to a responsible adult, e.g. a teacher to be present during the interview.

Dealing with the Media

If there has been a drug-related incident, the Principal/Headteacher will be informed and he/she will deal with any enquiries from the media in order to protect the interests of the child and the school.

Contact Numbers –

- SWITCH – Young People Substance Misuse Team – 01325 346283

Discipline

In normal circumstances parents will be contacted. If the Principal/Headteacher assesses that the situation is a child protection issue then CPS will be contacted in the first instance.

This school does not condone drug misuse. However, in deciding an appropriate sanction must consider the interests of the child balanced against the best interests of the whole school community. Whilst exclusion is a possible sanction (fixed or permanent) it would only be used considered as a last resort. A range of responses may also be considered that may include:

- A target pastoral support programme

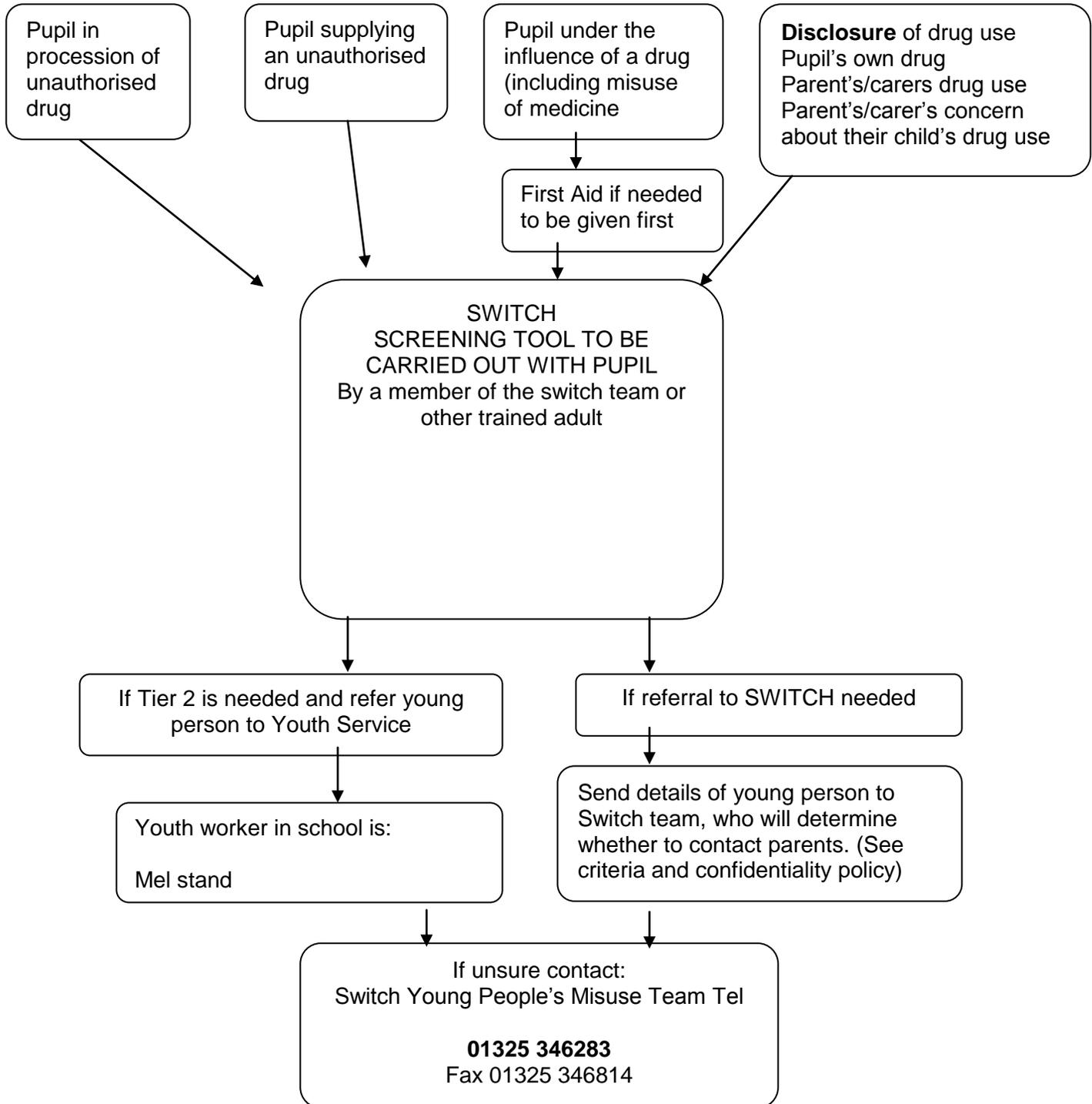
- Referral to an appropriate agency such as SWITCH Young People's Misuse Team
- Home-School contract
- Behaviour support plans
- A managed move
- Fixed term exclusion
- Permanent exclusion

Consideration should be given to:

- The age of the pupil
- Whether one pupil or a group of pupils is involved.
- Whether there is evidence of particular peer pressure
- Whether it is the pupil's first offence
- (See pages 67-68 DfES/0092/2004 for further considerations)

A free drug counselling service for adults, if deemed appropriate, is available through Addictive Behaviour Service.

Referral process involving pupils





Substance Misuse Referral Form for Young People in Darlington

Tel: 01325 346283

Section A

<u>Details of young Person</u>		<u>Details of person completing screening tool and referral</u>			
Name		Name & Position			
Date of birth/age		Organisation and Telephone number			
Gender		Date of referral			
Ethnicity		Date received by SWITCH			
Address (that SWITCH can write to)		<u>Referral Process Agreement</u>			
Telephone no. that SWITCH can use		Does the young person consent to this referral?	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 50px; text-align: center;">Yes</td> <td style="width: 50px; text-align: center;">No</td> </tr> </table>	Yes	No
Yes	No				
Name of education or training provision		Young person signature confirming their consent to this referral:			
Telephone Number		Parent/Carer consent to, and involvement in, the treatment of young people will be sought immediately by SWITCH based on the young person's age and assessed level of competency.			
Name of Doctor					
Telephone					

Section B: Refer directly to SWITCH *if* a young person meets any of the following:

	Tick
is injecting drugs	
is using any Class A drug i.e. Heroin, Crack, Cocaine, Ecstasy	
is misusing prescription drugs	
is misusing anabolic steroids	
reports any use of volatile substances i.e. gas, glue, lighter fluid etc.	
wants to cut down or stop using alcohol or drugs but is finding it difficult to do so.	
is under 13 and reports any drug misuse	
is experiencing 'problematic drug use'. I.e. use which results in social, financial, psychological, physical or legal problems as a result of their drug use	
is misusing substances and has mental health issues	
is offending <i>in order to fund</i> substance misuse	
Please note, if the young person is using alcohol then section D of this form, the AUDIT C tool must now be completed to assess whether or not to refer to SWITCH.	

Section C

Main substance/issue and key risk factors

E.g. Accommodation/Support/Health problems/Mental Health/Pregnant/Social services/ Violence/Crime /Education/Employment/Training/other

Completing this form:

- Please photocopy for your file prior to submission
 - Referrals can be made by email (switchteam@darlington.gov.uk) if sent electronically paper copies **must** follow, secure fax 01325 346 814 or posting.
 - Referrals will be acknowledged upon receipt and allocated within one working day if thought acute, 5 working days for all other cases
 - **Please contact the SWITCH team if you are unsure about any aspect of this referral.**
-

CONTACT DETAILS: For referral or advice/assessment

If aged 10-18 with significant substance misuse problems	SWITCH – Young People Substance Misuse Team Tel: 01325 346283 Fax: 01325 346814
Under 16 and concerns of a moderate to severe mental health problems	CAMHS Tel: 01325 380100 Fax: 01325 743732
Under 18 and general concerns of risk/vulnerability	Children’s Childcare Duty Team Tel: 01325 346200/346867 Fax: 01325 346479

SWITCH
Young Peoples Substance Misuse Team
Central House Annex,
Gladstone Street,
Darlington DL3 6JX

Section D

AUDIT – C

Questions	Scoring system					Your score
	0	1	2	3	4	
How often do you have a drink containing alcohol?	Never	Monthly or less	2 - 4 times per month	2 - 3 times per week	4+ times per week	
How many units of alcohol do you drink on a typical day when you are drinking?	1 - 2	3 - 4	5 - 6	7 - 8	10+	
How often have you had 6 or more units if female, or 8 or more if male, on a single occasion in the last year?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	

Scoring:

- If the Young Person is under 13 and scores 3+ refer to SWITCH
- A score of 3+ for young people aged 15 or under, or 5+ for young people aged 16-18 indicates increasing or higher risk drinking. In such cases please complete the rest of the questionnaire overleaf.



For information only:

ALCOPOPS

275ml bottle of 5.5% alcopops = 1.5 units

750ml bottle of 5.5% alcopops = 4 units

WINE

175ml glass of 12% wine = 2 units

750ml bottle of 12% wine = 9 units.

750ml bottle of 13.5% wine = 10.25 units

BEER

pint of 3 – 3.5% normal strength beer = 2 units

pint of 5.2% lager = 3 units

440ml can of 5.3% lager = 1.75 units

440ml can of 9.5% lager = 4.25 units

CIDER & PERRY

pint of 6% cider = 3.5 units

500ml can of 5% cider = 2.5 units.

litre bottle of 5% cider = 5 units

500ml can of 7.5% cider = 3.75 units.

litre bottle of 7.5% cider = 7.5 units

3 litre bottle of 7.5% cider = 22.5 units

SPIRITS

single measure (25ml) 40% spirits = 1 unit

350ml bottle of 37.5% spirits = 13.25 units ie vodka

700ml bottle = 26.5 units

litre bottle = 37.5 units

187.5ml bottle of 40% spirits = 7.5 units ie whisky, brandy, dark rum

200ml bottle = 8 units 350ml bottle = 14 units 700ml bottle = 28 units. litre bottle = 40 units

Score from AUDIT- C (other side)



Remaining AUDIT questions

Questions	Scoring system					Your score
	0	1	2	3	4	
How often during the last year have you found that you were not able to stop drinking once you had started?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you failed to do what was normally expected from you because of your drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you needed an alcoholic drink in the morning to get yourself going after a heavy drinking session?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you had a feeling of guilt or remorse after drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you been unable to remember what happened the night before because you had been drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
Have you or somebody else been injured as a result of your drinking?	No		Yes, but not in the last year		Yes, during the last year	
Has a relative or friend, doctor or other health worker been concerned about your drinking or suggested that you cut down?	No		Yes, but not in the last year		Yes, during the last year	

Scoring:

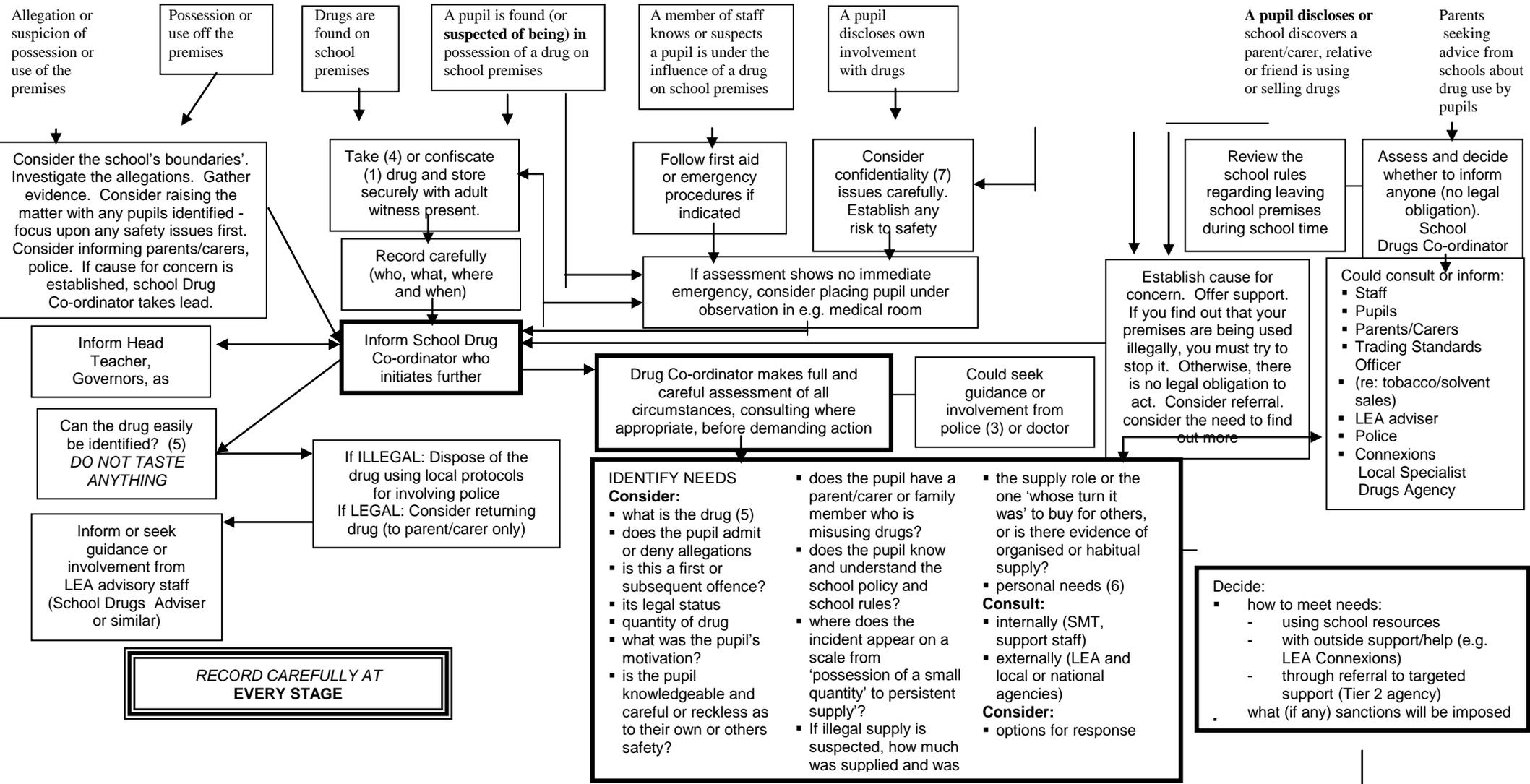
0 – 7 Lower risk, if young person is aged 13 or over advise of health risks

8 – 15 Increasing risk, if young person is aged 13 or over commence work to get client to reduce drinking.

16 – 19 Higher risk – **Refer to SWITCH** if aged 13 -15

20+ Possible dependence- **Refer to SWITCH**





Incident Flow Chart
Taken from the DfES Drugs: Guidance for schools 2004

FRASER GUIDANCE

The Law, Fraser Guidelines and Confidentiality

The Law (Sexual Offences Act 2003)

- The age of consent is 16 for everyone!
- The same laws apply to heterosexual & homosexual activity
- Offences can be committed by anyone over the age of 10
- Sexual activity with a child under 13 carries the highest penalties
- **Under 13s**
- Young people under the age of 13 cannot legally give their consent so sexual activity with a child under 13 is never acceptable.
- When young people under the age of 13 are identified as being **sexual active** child protection procedures must be followed.
- Young people should not be discouraged from attending services for fear of breaches of confidentiality/ referrals to Social Services.
- 1 or 2 condoms can be given for educational purposes if young person not sexually active
- A referral must be made if young person is sexually active. Non-referral is not an option. Confidentiality cannot be maintained.

General guidance

- The Act states that a person is not guilty of aiding, abetting or counselling a sexual offence against a child where they are acting for the purpose of:
 - Protecting a child from pregnancy or STI's
 - Protecting the physical safety of a child
 - Promoting a child's emotional well-being by giving the advice
- In all cases the person must not be causing or encouraging the commission of an offence or a child's participation in it.
- This exception covers anyone who acts to protect a child, for example teachers, Connexions Personal Advisors and youth workers.
- The law is not intended to prosecute mutually agreed sexual activity between two young people of a similar age
- Young people, including those under 13, will continue to have the right to confidential **advice** on contraception, condoms, pregnancy and abortion

Fraser Guidelines

- Workers may provide advice or treatment to young people under 16 on contraception, sexual & reproductive health provided that they have undergone an initial assessment. The assessment should demonstrate that the young person:
- Understands the information provided and is aware of the costs and consequences.
- Is likely to begin or continue having sex with or without contraceptive information.
- Cannot be persuaded to talk to his or her parents/guardians.
- The worker is satisfied that it is in the best interests of the young person to provide information/treatment without parental consent.
- Physical or mental health or both are likely to suffer unless he/she receives advice or treatment.

Confidentiality

- “The duty of confidentiality owed to a young person is as great as that owed to any adult. Regardless of whether or not the requested treatment/information is given confidentiality should still be respected, **unless** there are convincing reasons to the contrary.”
- Confidentiality should be discussed with young people **before** any consultation has begun. Workers working with partner agencies (e.g. schools) should make themselves aware of the confidentiality policy of that organisation

When to breach confidentiality

- Any risk of harm to the young person
- Evidence of exploitation or abuse
- Unable to satisfy Fraser competency
- Sexual activity under the age of 13
- Confidentiality should only be breached in exceptional circumstances where the health, safety or welfare of the young person or others would otherwise be at grave risk. The decision whether to breach confidentiality depends on the degree of current or likely harm not solely on the age of the client. **Unless the client is under the age of 13.**
- Breaching confidentiality does not automatically mean a child protection referral is being made (although it would if concerns involved current or potential harm, exploitation or abuse to the young person or anyone else). It may just mean a referral or involvement of another agency or professional (e.g. GP, sexual health outreach worker).