Drugs Education & Drugs Related Incidents Policy

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Responsible Committee:

Responsible SLT: Andrew Finney
Drug Education & Drug Related Incidents Policy

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Drug Education and Drugs Related Incidents Policy

1. **Introduction**

   At South Molton Community College our first priority is the welfare of students. We are committed to the highest standards in protecting and safeguarding the children entrusted to our care at all times. This policy aims to acknowledge and clarify the school’s role in drug prevention and education and to provide clear procedures for responding to and managing drug-related incidents.

2. **Local and national guidance**

   This policy reflects guidance from the DFE including the document Drugs Advice for Schools: Sept 2012.

3. **The purpose of the school drug policy is to:**

   3.1. Clarify the legal requirements and responsibilities of the school  
   3.2. Reinforce and safeguard the health and safety of students and others who use the school  
   3.3. Clarify the school’s approach to drugs for all staff, students, governors, parents/carers, external agencies and the wider community  
   3.4. Give guidance on developing, implementing and monitoring the drug education programme  
   3.5. Support members of the school community by providing clear guidance and procedures on drug education in the context of the curriculum of the school  
   3.6. 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  
   3.7. Ensure that the response to incidents involving drugs complements the overall approach to drug education and the values and ethos of the school  
   3.8. Provide a basis for evaluating the effectiveness of the school drug education programme and the management of incidents involving illegal and other unauthorised substances (e.g. other legal highs)  
   3.9. Reinforce the role of the school in contributing to local and national strategies

4. **Where and to whom the policy applies**

   4.1. This policy applies to all staff, students, parents/carers, governors, visitors and partner agencies working in South Molton Community College.

   4.2. This policy applies at all times to the school premises, during break and lunchtimes, travel to and from school, including school transport as well as school visits / trips/ fieldwork / residential and at any time when the child is in school or when there is a clear safeguarding issue to another child through usage of any type of drugs.

   4.3. It includes journeys to and from school, work experience, residential trips and college courses. Controlled drugs, psychoactive drugs (legal highs), associated paraphernalia, cigarettes, e-cigarettes, and Shisha pens must not be brought onto the school site at any time.

   4.4. Alcohol may only be brought onto the school site and / or consumed in limited amounts by staff, governors, visiting adults and partner agencies with the Principals permission, such as for an organised after-school event. Alcohol brought onto the school site for these purposes should be stored securely beforehand.
5. The definition of a ‘Drug’
The following gives a list of categories to define the word ‘drug’ as used in this policy:

5.1. Drugs which are controlled/illegal substances (for example cannabis, amphetamines, ecstasy, LSD) under the Misuse of Drugs Act 1971
5.2. Over-the-counter and prescription medicines, including those used improperly which can include sleeping tablets and slimming tablets
5.3. All legal drugs including alcohol, tobacco, volatile substances (those giving off a gas or vapour which can be inhaled), psychoactive substances (NPS)*, Alkyl Nitrites (also known as poppers).
5.4. Drugs which are misused to enhance performance (for example analgesics or steroids)
5.5. The term substance will be used throughout this policy and includes alcohol, tobacco and those outlined above.

*“Psychoactive substances (also known as legal highs) are substances that mimic the effect of illegal drugs but are structurally different enough to avoid being classified as illegal substances under the Misuse of Drugs Act. Despite being labelled as legal these substances are not always safe to use and often contain controlled drugs making them illegal to possess. They are considered illegal to sell, supply, or advertise for ‘human consumption’ under current medicines legislation.”

For a comprehensive list of controlled drugs please visit: https://www.gov.uk/guidance/controlled-drugs-licences-fees-and-returns

6. The school’s stance towards drugs, health and the needs of students

6.1. The school believes that the possession, use or supplying an illegal or unauthorised drug is a very serious offence that represents a significant violation of the school’s behaviour for learning policy. The drugs/substances covered by this policy are not to be bought, shared, sold or otherwise exchanged or brought onto school premises during the school day, or while students are on school visits. Individual exceptions may be made for students who require prescription medicines. The school does not support any use of substances that may harm or impair a person’s health and wellbeing.

6.2. The Principal takes overall responsibility for the implementation of the policy and for liaison with the governing body, parents, and appropriate outside agencies. The Principal will ensure that all staff dealing with substance issues are adequately supported and trained. A school cannot knowingly allow its premises to be used for the production or supply of any illegal/controlled substance (It is an offence under Section 8 of the Misuse of Drugs Act 1971 for the management of establishments to knowingly permit the supply and 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).

6.3. Where it is suspected that substances are being distributed or sold on the premises, details regarding those involved as well as as much information as possible, will be passed to the police.
7. Managing medicines needed at school by students and staff

The following procedures plan for the good management of appropriate and prescribed medicines.

7.1 Staffing – managing medicines is not part of a teacher’s role. Teaching or support staff may volunteer to take on such a role but must receive appropriate training. The school will make sure that its insurance arrangements provide full cover for staff acting within the scope of their employment. Our trained first-aider will take responsibility for managing medicines.

7.2 Administration – medicines must only be administered in accordance with the prescriber’s instructions, as displayed on the container/packaging.

7.3 Self-management – the school will decide in consultation with the student’s parents/carers whether the student can carry and administer their own medicines. The school will attempt to ensure that students have ready access to essential medicines, such as asthma inhalers, and that medicines are only accessible to those for whom they have been prescribed (e.g. EPI pens).

7.4 Storage – some medicines need to be readily available to students (e.g. their asthma inhalers) whilst some may require suitable storage (in a fridge, or a secure container). The school will make this judgement in consultation with the parents/carers.

7.5 Record keeping – an accurate record of when medicines have been given or if a child has refused their medication will be kept in Student Reception. This information is subject to the Data Protection Act.

7.6 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.

7.7 For non-prescribed medicines such as analgesics the school will have either written permission in advance from the parents/carers setting out the circumstances in which students may be provided with such over-the-counter medicines, or the school will contact parents/carers and receive verbal permission as necessary.

*Please see Appendix B for Medical Emergencies.*

8. Volatile substances

Some solvents or hazardous chemicals are legitimately used by staff or students. These substances are stored securely, in line with COSHH regulations, and managed to prevent inappropriate access or use as set out in the school’s health and safety policy.
9. Alcohol

9.1 Use and consumption of alcohol at school can only be authorised by the Principal. In keeping with the duty of care, employees are not permitted to consume alcohol during the school day, or at any time when they will be subsequently supervising children.

10. Tobacco & Smoking

10.1 South Molton Community College is a smoke free site and is subject to the same legislation as other premises and places of work. Smoking is prohibited in all buildings and vehicles owned, hired, leased or loaned for school business. It is strictly forbidden for staff and students to smoke tobacco cigarettes or e-cigarettes in any part of the school site, and for students this includes travelling to and from school.

10.2 Student possession of and use of tobacco, cigarettes & e-cigarettes and associated paraphernalia is prohibited.

11. Staff with key responsibilities for drugs & related matters

11.1. Designated Safeguarding Lead


11.3. If any member of staff has concerns about any drug related incident they should follow the school safeguarding procedures and immediately inform the safeguarding team, who will decide how best to respond to the issue. The Principal should be made aware of any drug related issues within school at the earliest opportunity.

12. Drugs Education

The school provides a planned drug education curriculum through the following:

12.1. Key Stage 3 students are taught about the dangers and abuse of solvents, tobacco, alcohol and other drugs on body functions via the PSHE days. This may include drama workshops, collapsed timetable days and school assemblies for example.

12.2. Key Stage 4, 14-16 year olds should be taught the effects of solvents, tobacco, alcohol and other drugs on body functions via PSHE and school assemblies.

(i) PSHE reflects other discretionary topics such as decision making, healthy lifestyles, peer pressure etc. that reflect knowledge, understanding, attitudes and social skills: this will:

12.3. Enable students to make healthy, informed choices
12.4. Promote positive attitudes to healthy lifestyles
12.5. Provide accurate information about substances
12.6. Increase understanding about the implications and possible consequences of use and misuse
12.7. Widen understanding about related health and social issues
12.8. Enable young people to identify sources of appropriate advice and personal support

Full details of the school’s PSHE programme can be obtained from the school if required.

On the whole, it will be teachers who will teach drug education but, where appropriate, outside visitors may make a contribution. Such visitors should be used in a planned way and their contributions fully evaluated. Teachers within the PSHE team must be confident and skilled to teach drug education and students need to receive up to date, relevant and accurate information as well as support.

Teachers will have access to on-going advice, support and training as part of their own professional development. The school actively cooperates with agencies such as the LA, police, health and drug agencies.

13. DEFINING A DRUG INCIDENT
A drug incident is likely to involve suspicions, observations, disclosures or discoveries of situations involving unauthorised drugs (see Appendix E). It may fit into the following categories:

13.1. Drugs or associated paraphernalia are found on school premises
13.2. A student is found in possession of drugs, or associated paraphernalia
13.3. A student is found to be a recognised source of supply of drugs on school premises
13.4. A student is thought to be under the influence of drugs
13.5. A student is displaying signs of illness or inappropriate behaviour as a result of substance misuse
13.6. A student discloses that they are misusing drugs or a family member/friend is misusing drugs
13.7. A parent/carer or staff member is thought to be under the influence of drugs on school premises
13.8. A staff member has information that the illegitimate sale or supply of drugs is taking place in the local vicinity

Please refer to Appendix A and for incidents where there are possible signs & symptoms of drug misuse Appendix E

14. ESTABLISHING THE NATURE OF AN INCIDENT

After immediate medical needs have been addressed, the nature and circumstances of any incident should be established, and an assessment made of the needs of the students involved (see Appendix A: ‘Responding to Incidents involving Drugs’ flow chart).

The Principal or designated senior member of staff will conduct a careful investigation to judge the nature and seriousness of each incident. They will inform, consult and involve others as necessary. Careful attention
should be given to respecting the confidentiality of those involved. A range of factors may be relevant and need exploration to determine the seriousness and needs of those involved and an appropriate response. For example:

14.1. Does the student admit or deny allegations?
14.2. Is this a first or one-off incident or a longer term situation?
14.3. Is the drug legal or illegal?
14.4. What quantity of the drug was involved?
14.5. What was the student’s motivation?
14.6. Is the student knowledgeable and careful or reckless as to their own or others’ safety?
14.7. What are the student’s home circumstances?
14.8. Does the student know and understand the school policy and school rules?
14.9. Where does the incident appear on a scale from ‘possession of a small quantity’ to ‘persistent supply’?
14.10. If illegal supply is suspected, how much was supplied and was the student coerced into the supply role or the one ‘whose turn it was’ to buy for others, or is there evidence of organised or habitual supply?”

(DfES 2004: ‘Drugs Guidance for Schools’)

Drugs should not be the only focus when managing drug-related incidents. Once safety issues have been addressed, factors such as students’ personal well-being (recklessness, bravado, rebellion, or susceptibility to a stronger influence), may need consideration and could provide opportunities for significant student learning. Staff will try to ensure that everyone involved, whether directly or indirectly, learns from each incident.

Any child or young person who uses drugs to cope with personal anxiety or problems may be in need of help from outside agencies. Information about local drug and support services will be made available to students and parents, but staff of the school may not give individual advice to students about their personal drug use.

15. PRINCIPLES TO CONSIDER

Each incident will be assessed according to the circumstances and student(s) involved, and that no two incidents can be viewed as the same. However, the school has a series of agreed principles that will be adhered to, regardless of the incident:

15.1. In every situation there will always be a thorough investigation
15.2. In every case we will ensure that the safety and welfare of all students is paramount
15.3. Any action taken will be commensurate with the seriousness of the incident and the needs of the student(s)
15.4. We recognise the importance of, and will make every endeavour to inform parents/carers as soon as practicable and whenever appropriate
15.5. In every drug-related incident careful records will always be made at all stages

16. SEARCHING

Searches of school property

Staff may search school property, for example, students’ lockers if they believe drugs, associated paraphernalia or other unauthorised substances to be stored there. However, consent should be obtained wherever possible. Individuals should be made aware that if consent is refused the school may proceed with a search.
Following a search, whether or not anything is found, a record of the person searched should be made, including:

16.1 The reason for the search
16.2 The time and place
16.3 Who was present
16.4 The outcomes of the search
16.5 Any follow up action

There is no legal requirement to do this but schools are advised to do so.

**Searches of personal possessions**

16.6 Headteachers and staff authorised by them have a statutory power to search pupils or their possessions, without consent, where they have reasonable grounds for suspecting that the pupil may have a prohibited item. If this is not possible the school may call the police.

16.7 The person conducting the search may not require the pupil to remove any clothing other than the outer clothing. ‘Outer clothing’ means clothing that is not worn next to skin or immediately over a garment that is being worn as underwear but ‘outer clothing’ includes hats; shoes; boots; gloves and scarves.

16.8 Possessions mean any goods over which the pupil has or appears to have control – this includes desks, lockers and bags.

16.9 After any search, the school, regardless of whether the result of the search is positive or negative should contact parents/carers, as long as this does not place the child at risk of harm.

**17. RESPONSE TO A DRUGS INCIDENT**

17.1 Any medical emergencies will be dealt with as per Appendix B
17.2 In cases of substance use/misuse or supply on the premises, during the school day or during school visits or whilst in uniform, the case will be discussed with the young person and a written record taken (see Appendix D); parents/carers will be informed by the Principal as soon as possible. The support of outside agencies will be sought if appropriate.

17.3 If a young person admits to using or supplying substances off the premises, the appropriate action will be to inform the Principal who will inform the parents/carers.

17.4 While there is no legal obligation to inform the police, they may also be involved at the discretion of the Principal in consultation with governors and staff who know the young person well

17.5 The school will consider each incident individually and will employ a range of responses to deal with each incident

17.6 The governing body will be notified of drug-related incidents in the same way as they are concerning other matters relating to the school.

17.7 The Principal will take responsibility for liaison with the media, where required. Additional support and advice is available from the School Drugs Adviser and LA Communication Officer-Education.
18. **A RANGE OF RESPONSES**

The needs of students in relation to drugs may come to light other than via an incident, for example, through the pastoral care system. The response may also serve to enforce and reinforce the school rules. Although not an exhaustive list, possible responses include:

18.1 Early intervention  
18.2 Referral  
18.3 Counselling  
18.4 Behaviour Contract  
18.5 Multi-agency programme  
18.6 Fixed-term exclusion  
18.7 Pastoral Support Programme  
18.8 A managed move  
18.9 Permanent exclusion  

18.10 Where an illegal drug is involved, areas to take into account include motive, medical requirements, personal needs, the reliability of evidence, the nature of the drug, the attitude of the student to the discovery, etc.

18.11 When all the circumstances and factors have been thoroughly explored, then the spectrum of possible responses will be considered and discussed.

18.12 School staff will be in a good position to judge whether the student or students involved are likely to learn from the experience and not engage in such activities in the future as a result of the school’s considered response. If the police become involved and decide to press charges, then the law will take its course. If not, the school will endeavour to avoid a response that would be harsher than that imposed by the law.

19. **Behaviour Contract**

In the case of serious breaches of discipline such as possession of drugs on the school site a Behaviour Contract is the most likely sanction. This must be agreed and signed by the student, the parents/carers and the school. The school will 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 student to be ‘internally excluded’ from normal contact with peers during the school day for a fixed period in the first instance. Such an approach may incorporate intensive drug education input to boost the student’s understanding. This may be supported by outside agencies such as health workers, youth workers or drug specialists.

20. **Fixed-term exclusion**

“Exclusion should not be the automatic response to a drug incident and permanent exclusion should only be used in serious cases.” (DFE & ACPO drug advice for Schools 2012)

Therefore exclusion will only be considered for serious breaches of the school’s behaviour and drugs policies, and will not be imposed without a thorough investigation unless there is an immediate threat to the safety of others in the school or the student concerned. The Principal need not postpone taking a decision on an exclusion solely because a police investigation is underway and, or any criminal proceeding may be brought. In such circumstances, the Principal will need to take a decision on the evidence available to them at the time (DFE – Exclusions from mainstream schools, Academies and pupil referral units in England 2012).

In all cases the needs of the students (including SEN need) involved will be taken into consideration.
21. **A managed move**
A managed move might be an alternative to avoid a permanent exclusion to provide a fresh opportunity in another mainstream school. This requires the full knowledge and co-operation of all parties involved, including the parents/carers and the LA, and will only be considered in circumstances when breaches of discipline have been serious and where it is clearly in the best interests of the student concerned. All managed moves will operate under the Devon LA guidelines for managed moves.

22. **Permanent exclusion**
A decision to exclude a student permanently is a serious one. Permanent exclusion will 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. Examples relating to drugs incidents that might result in a permanent exclusion are:

22.1 Persistent abuse of the schools rules on drugs

22.2 Serious drugs offences including selling /supplying/ handling drugs on the school site

22.3 If allowing the student to remain in school would seriously harm the education or welfare of the student or others in the school

22.4 Failure to meet the targets set through either a behaviour contract or a support programme

22.5 Supplying an illegal drug is always a serious breach of school rules. In exceptional circumstances, even for a ‘one-off’ or first offence the Principal may judge that an incident involving supply of an illegal drug warrants permanent exclusion. Making this judgement will also depend on the precise circumstances of the case, including the evidence available and the nature of the incident.

23. **CONFIDENTIALITY**
The essential nature of confidentiality is not altered by the fact that a case involves drugs. Teachers cannot promise total confidentiality. The boundaries of confidentiality should be made clear to students. Teachers therefore must fulfil their professional and moral duties in relation to:

23.1 Child protection
23.2 Co-operating with a police investigation
23.3 Every effort should be made to secure the student’s agreement to the way in which the school intends to use any sensitive information by explaining carefully the purpose of any onward transmission.
23.4 Local Child Protection procedures may need to be invoked if a student’s safety is under threat.

24. **CONFISCATION and DISPOSAL**
Schools’ general power to discipline, as set out in Section 91 of the Education and Inspections Act 2006, enables a member of staff to confiscate, retain or dispose of a student’s property as a disciplinary penalty, where reasonable to do so. This will be conducted in-line with the DfE searching, screening and confiscation document February 2014.
In taking temporary possession and disposing of suspected controlled drugs staff should:

24.1 Ensure that a second adult witness is present throughout.

24.2 Seal the sample in a plastic bag and include details of the place, date and time of the seizure/find and witness(es) present.

24.3 Store it in the school safe or locked medical cabinet with limited access (SLT / finance staff).

24.4 Notify the police without delay, 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 student from whom the drugs were taken but it is advisable to do so.

24.5 Record full details of the incident, including the police reference number.

24.6 Inform parents / carers, unless it is not in the best interests of the student.

24.7 Identify any safeguarding concerns and develop a support and disciplinary response.

24.8 The law also permits school staff to take temporary possession of a substance suspected of being an illegal drug for the purposes of protecting a student from harm and to prevent an offence being committed in relation to that drug. The school will always confiscate substances they suspect to be illegal, store them securely and arrange for their disposal without delay. An adult witness must be present when a confiscation occurs and a record kept of the details.

24.9 It will not always be possible to identify a drug (or to be sure it is a drug). If there is uncertainty about what the substance is, it should be treated as a controlled drug. In such cases the suspected drugs will be handed to the police. School staff must not attempt to analyse or taste unknown or confiscated substances. The matter will be considered on the balance of probability.

25. **CONFISCATION OF OTHER UNAUTHORISED SUBSTANCES**

Although it is not illegal to possess alcohol, medicines, solvents (or cigarettes / e cigarettes) these items and any paraphernalia associated with their use will always be confiscated. These items will be held securely and where appropriate parents/carers invited to attend the school to collect them. However, because of the level of danger posed by volatile substances, such as lighter fuel, glue or aerosols, the school will arrange for their safe disposal if they are not collected within 24 hours.

26. **CONTACTING PARENTS/CARERS**

It is the responsibility of the Principal (or the nominated senior member of staff) to contact the parents/carers of a student involved in a drug-related incident. It is at the discretion of the Principal whether parents/carers are contacted and if so, at what stage. Factors such as the safety and welfare of the child, whether they are the subject of a Child Protection Plan, and confidentiality issues will be recognised, although in most cases it is expected that a parent/carer would be contacted.
27. KEEPING A RECORD OF INCIDENTS

A proper record is kept of all drug related incidents, whether they are emergencies or not. Such sensitive information is kept, in accordance with the Data Protection Act 1998 within the student’s file in a secure and locked cabinet.

Great care will be taken to record any statements provided by those involved or by witnesses as police may require these if the incident becomes a criminal investigation. The school will separate any students involved in the incident and obtain other adults to support and witness both the teacher dealing with the incident and the students involved. The records may be used as evidence in any subsequent prosecution.

The drug related incident form must be filled in for every incident and a copy given to the parents/carers

See Appendix D
APPENDIX A: RESPONDING TO INCIDENTS INVOLVING DRUGS

If illegal drug: notify the police without delay who will arrange for collection and disposal according to locally agreed protocols. There is no obligation to divulge a student’s name (7).

Call the police 101 service.

Inform Headteacher / Designated Safeguarding Lead who will begin further investigation

Inform parent / carer if appropriate and does not place the child at risk

Consider informing others if appropriate:
- Local Authority
- Parents / carers if appropriate
- Police
- Local Drugs Agency

If illegal drug: notify the police without delay who will arrange for collection and disposal according to locally agreed protocols. There is no obligation to divulge a student’s name (7).

Contact details of local police

If legal: alcohol, tobacco or medicines consider returning to parents / carer only or the drug can be disposed of safely (2)

Identify the needs of those involved making a careful assessment of all the circumstances:
- Drug
- Quantity of Drug
- Legal status
- Risk, if any and to whom
- Age of student
- Motive: eg, medicinal, anxiety, depression, curiosity, bravo, challenging discipline...
- Level of use: tempt, bribe, corrupt
- Past record re: drugs
- Recent personal circumstances
- Needs
- Knowledge of school rules

Consult internally with SLT, support staff & externally with local or national agencies (eg Y Smart...)
Consider appropriate response: Curriculum, pastoral, disciplinary sanction, referral...
Seek further support to meet needs: consider school counsellor, Designated Safeguarding Lead, EWO, Youth services...

Record all decisions and monitor the outcome for the student and school community. Review effectiveness of policy and practice.
1. **CONFISCATION**  
It is legal to confiscate or retain an illegal or legal substance in order to prevent an offence being committed and then to destroy it or hand it to the police. A witness should always be present and the action recorded.

2. **DISPOSAL**  
Schools are allowed to dispose of illegal drugs. All suspected illegal substances should be handed to the police, though the law does not require this.

3. **POLICE**  
It is good practice to liaise closely with local police officers when school drug policy is being written or reviewed, to ensure it accords with police advice. The law does not require schools to inform the police of illegal drug situations and police will advise when it is appropriate for them to support schools who would prefer to deal with a situation internally.

4. **SEARCHING**  
Headteachers and staff authorised by them have a statutory power to search pupils or possessions, without consent, where they have reasonable grounds for suspecting that the pupil may have a prohibited item e.g. tobacco and cigarette papers and illegal drugs. Searches will be conducted in-line with the DfE Searching, screening and confiscation advice – February 2014.

5. **IDENTIFYING DRUGS**  
It will not always be possible to identify a drug (or to be sure it is a drug) without formally testing it. If staff are unable to identify the legal status of a drug it should be treated as a controlled drug.

6. **ASSESSING NEEDS**  
Assessment, in particular gauging a student’s needs is crucial in the process of deciding how to respond, whether skilled support is needed and whether sanctions need to be imposed.

7. **CONFIDENTIALITY**  
While there is no legal duty to pass on confidential information to other agencies, where a student is at risk of significant harm there is a moral duty to pass on such information. The boundaries of confidentiality should be made clear to young people before they begin to disclose.

8. **LEVELS OF USE**
   - Abstention
   - Experimentation
   - Casual / Occasional Use
   - Problematic use / misuse
APPENDIX B:

A MEDICAL EMERGENCY
A medical emergency arises when a person:
- Is unconscious
- Is having trouble breathing
- Is seriously confused or disorientated
- Has taken a harmful toxic substance
- Is otherwise at immediate risk of harm

The procedures for an emergency apply when a child or young person or others are at immediate risk of harm. In any incident involving drugs, the most urgent question is always whether medical help is needed.

If medical help is needed, or if there is any doubt, do not hesitate to get such help.

Basic first aid procedures e.g. placing an unconscious person in the recovery position are displayed in most teaching environments. The school also has trained first aiders.

The school and the staff must not chase or over-excite a person who is intoxicated from inhaling a volatile substance. Strenuous activity can put an intolerable strain on the heart and can increase the risk of sudden death. The person should be kept calm until the effects have worn off.

Unless they are unconscious, a student may be intoxicated without it being a medical emergency. Students must be continually observed in case of changes in their condition. Arrangements will be made with a parent/carer for the child to be collected or escorted home (or alternative arrangements made if the school perceives the child to be more at risk at home).

DEALING WITH A MAJOR INCIDENT

In the event of a drug incident or any other crisis involving serious injury or deaths, staff need to be able to act quickly without wasting time making decisions. The SLT must ensure the contingency plan is up to date and accessible to all staff. Sources of support from outside agencies for staff, students and families can be accessed to extend the school’s own expertise. These sources can be the Police, Educational Psychology services accessed via Babcock LDP and the Local Authority.

THE MEDIA
If the school receives a media enquiry after a drug-related incident the caller should be referred only to the Principal or SLT member designated in their absence.

DRUGS SITUATIONS - MEDICAL EMERGENCIES
The procedures for an emergency apply when a child or young person or others are at immediate risk of harm. A person who is unconscious, having trouble breathing, seriously confused or disorientated or who has taken a harmful toxic substance, should be responded to as an emergency.
Your main responsibility is for any student 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 it is a medical emergency, send for medical help and an ambulance

**BEFORE ASSISTANCE ARRIVES: If the person is conscious:**
- ask the person what has happened and to identify any drug used
- collect any drug sample and any vomit for medical analysis
- do not induce vomiting
- keep the person under observation, warm and quiet

**If the person is unconscious:**
- ensure that the person can breathe and place in recovery position
- do not move the person if they have fallen, as a fall may have led to spinal or other serious injury which may not be obvious
- do not give anything by mouth
- do not attempt to make the person sit or stand
- do not leave the person unattended or in the charge of another student.

**WHEN MEDICAL HELP ARRIVES:**
- pass on any available information and any vomit and drug samples.

**PLEASE COMPLETE AN EMERGENCY RECORD FORM AS SOON AS YOU HAVE DEALT WITH THE EMERGENCY**
APPENDIX C:

COLLECTION OF HYPODERMIC NEEDLES

The school will be vigilant in checking premises and grounds for health and safety hazards including signs of any discarded equipment, which may be drug-related. If needles are found they should be handled with 9½ inch sponge forceps in accordance with the guidelines below and put in a ‘sharps’ box. 

Handling used hypodermic needles incorrectly can lead to needlestick injuries. Blood-borne diseases such as Hepatitis B, Hepatitis C and HIV can be contracted via injuries from infected needles. The risk to contracting these diseases however can be lowered to negligible levels if normal hygiene precautions and this Code of Practice are followed.

1. Only authorised persons are to collect needles.
2. Disposable gloves must be worn (the reason for this is to prevent material from contacting the skin). WARNING: gloves will not prevent needlestick injuries.
3. The tongs provided must be used to uplift needles (the unaided hands must not be used).
4. Needles must be placed in the sharps box provided.
5. Sharp boxes can be used until approximately half full when they must be disposed of.
6. Tongs that have been used for retrieving needles must be sterilised by immersion in a 10% hypochlorite solution for a minimum of 30 minutes and then washed with clean water.

The grounds of the school/college should be checked regularly.

Ensure that the caretaker(s) and other grounds staff are aware of the policy and the need to check the grounds regularly.

A record should be kept of searches made and any items found of this nature.

Any concerns that the premises or grounds are being used for activities, which would endanger young people, should be referred to our local Police Officer.

Needlestick Policy

What is meant by needlestick?

Any injury from a needle which penetrates the skin irrespective of whether it draws blood.

Action once a needlestick has occurred:

Unused needles or sharps i.e. those from an unopened packet

• Wash the wound and cover with a waterproof plaster. A record of the injury should be made. No further action is needed.

Used and dirty needles

Immediate first aid following used needle needlestick injury:
Injuries from used needles should be gently encouraged to bleed.

- Do NOT suck the wound.
- The wound should then be washed with soap and water, dried and covered with a waterproof plaster.

It is essential to attend A&E, where the following precautions may be taken:
- Post exposure prophylaxis for HIV if deemed necessary is best started within an hour of the injury, although can be given after up to 72 hours
- Also an accelerated course of hepatitis B vaccination can be started.
APPENDIX D: Drug Related Incident Report Form

<table>
<thead>
<tr>
<th>Emergency/Intoxication</th>
<th>Suspicion Off premises</th>
<th>Suspicion ON premises</th>
<th>Discovery OFF premises</th>
<th>Discovery ON premises</th>
<th>Student disclosure</th>
<th>Parental use</th>
<th>Parent/Carer expresses concern</th>
</tr>
</thead>
</table>

Tick one of the boxes to indicate the category

Record of drug-related situation

<table>
<thead>
<tr>
<th>Name of Student:</th>
<th>Date of Incident</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tutor Group:</td>
<td>Time of Incident</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>First Aid given?</th>
<th>YES / NO</th>
<th>If Yes:</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Aid given by:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Ambulance/Doctor called? (delete as necessary)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Called by:</th>
<th>At time:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Drug involved (if known):</th>
<th>Sample found? (yes/no)</th>
</tr>
</thead>
<tbody>
<tr>
<td>WHERE RETAINED</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Senior staff involved:</th>
<th>(or) Destroyed at time:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Witness name:</td>
<td>am/pm</td>
</tr>
</tbody>
</table>

Parent/Carer

<table>
<thead>
<tr>
<th>Informed by:</th>
<th>At time:</th>
</tr>
</thead>
</table>

Brief description of symptoms/situation:

(continue on blank sheet if necessary)

Other action taken: (e.g. other agency involved; Ed. Psych. report requested; students/staff informed; sanction imposed; GP/Police consulted about drug)
APPENDIX E

POSSIBLE SIGNS & SYMPTOMS OF DRUG MISUSE

The signs listed may indicate that individuals or groups of young people are misusing drugs. Their presence alone is not conclusive proof of drug or solvent misuse: many of them are a normal part of adolescence but the presence of several signs together may point to a need for greater vigilance.

BEHAVIOUR

• Sudden and regular changes of mood or irritability.
• Unusually aggressive or restless.
• Gradual loss of interest in school/college work, friends, hobbies etc.
• Increased evidence of lying or other furtive behaviour.
• Loss of money of other objects from the house.
• Keeping at a distance from other students and away from points of supervision.
• Being the subject of rumours about drug taking.
• Talking to strangers on or near the premises.
• Stealing, which appears to be the work of several individuals rather than one person.
• Use of drug takers’ slang.
• Exchanging money or other objects in unusual circumstances.
• Associating briefly with one person who is much older and not normally part of the peer group.
• Secretiveness about leisure time activities.

PHYSICAL SYMPTOMS

• Loss of appetite.
• Uncharacteristically drowsy or sleepy.
• Unusual stains, marks or smells on the body or clothes or around the house.
• No interest in physical appearance.
• Sores or rashes especially on the mouth or nose.
• Heavy use of scents, colognes etc, to disguise the smell of drugs.
• Drunken behaviour.
• Frequent and persistent headaches, sore throat or running nose (whatever the reason a visit to the GP would be wise).

Equipment Which May Be Used

• Scorched pieces of tin foil
• A home-made pipe
• The remains of a cannabis cigarette with small cardboard tube filter
• Sunglasses worn at inappropriate times
• Foil containers or cup shapes made from silver foil – perhaps discoloured by heat
• Metal tins
• Spoons discoloured by heat
• Pill boxes
• Plastic, cellophane or metal foil wrappers
• Small plastic or glass files or bottles
• Twists of paper
• Straws
• Sugar lumps
• Syringes or needles
• Cigarette papers and lighters
• Spent matches
• Plastic bags or butane gas containers (solvent abuse)
• Cardboard or other tubes
• Stamps, stickers or similar items
• Shredded cigarettes, home-rolled cigarettes and pipes
• Small squares of paper folded to make little envelopes
• Electronic weighing scales
## APPENDIX F

### DRUGS PENALTIES

The penalties depend on which drug and the amount you have, and whether you are also dealing or producing the drug. The most severe penalty can be an unlimited fine and life in prison.

#### Types of drugs

The maximum penalties for drug possession, supply (dealing) and production depend on what type or ‘class’ the drug is.

<table>
<thead>
<tr>
<th>Class</th>
<th>Drug</th>
<th>Possession</th>
<th>Supply and production</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>Crack cocaine, cocaine, ecstasy (MDMA), heroin, LSD, magic mushrooms, methadone, methamphetamine (crystal meth)</td>
<td>Up to 7 years in prison, an unlimited fine or both</td>
<td>Up to life in prison, an unlimited fine or both</td>
</tr>
<tr>
<td></td>
<td>Amphetamines, barbiturates, cannabis, codeine, ketamine, methylphenidate (Ritalin), synthetic cannabinoids, synthetic cathinones (e.g. mephedrone, methoxetamine)</td>
<td>Up to 5 years in prison, an unlimited fine or both</td>
<td>Up to 14 years in prison, an unlimited fine or both</td>
</tr>
<tr>
<td>B</td>
<td>Anabolic steroids, benzodiazepines (diazepam), gamma hydroxybutyrate (GHB), gamma-butyrolactone (GBL), piperazines (BZP), khat</td>
<td>Up to 2 years in prison, an unlimited fine or both (except anabolic steroids - it’s not an offence to possess them for personal use)</td>
<td>Up to 14 years in prison, an unlimited fine or both</td>
</tr>
<tr>
<td>C</td>
<td>Some methylphenidate substances (ethylphenidate, 3,4-dichloromethylphenidate (3,4-DCMP), methylphosphidate (HDMP-28), isopropylphenidate (IPP or IPPD), 4-methylmethylphenidate, ethylphenidate, propylphenidate) and their simple derivatives</td>
<td>None, but police can take away a suspected temporary class drug</td>
<td>Up to 14 years in prison, an unlimited fine or both</td>
</tr>
</tbody>
</table>

Temporary class drugs:

*The government can ban new drugs for 1 year under a ‘temporary banning order’ while they decide how the drugs should be classified.

#### Psychoactive substances

You can also get a penalty for ‘psychoactive substances’, e.g. laughing gas.

<table>
<thead>
<tr>
<th>Psychoactive substances</th>
<th>Possession</th>
<th>Supply and production</th>
</tr>
</thead>
<tbody>
<tr>
<td>Things that cause hallucinations, drowsiness or changes in alertness, perception of time and space, mood or empathy with others</td>
<td>None, unless you’re in prison</td>
<td>Up to 7 years in prison, an unlimited fine or both</td>
</tr>
</tbody>
</table>
Food, alcohol, nicotine, caffeine, medicine and the types of drugs listed above don’t count as psychoactive substances.

**Possessing drugs**

You may be charged with possessing an illegal substance if you’re caught with drugs, whether they’re yours or not.

If you’re under 18, the police are allowed to tell your parent, guardian or carer that you’ve been caught with drugs.

Your penalty will depend on:

- the class and quantity of drug
- where you and the drugs were found
- your personal history (previous crimes, including any previous drug offences)
- other aggravating or mitigating factors

**Cannabis**

Police can issue a warning or an on-the-spot fine of £90 if you’re found with cannabis.

**Khat**

Police can issue a warning or an on-the-spot fine of £60 on the first 2 times that you’re found with khat. If you’re found with khat more than twice, you could get a maximum penalty of up to 2 years in prison, an unlimited fine, or both.

**Dealing or supplying drugs**

The penalty is likely to be more severe if you are found to be supplying or dealing drugs. Sharing drugs is also considered supplying.

The police will probably charge you if they suspect you of supplying drugs. The amount of drugs found and whether you have a criminal record will affect your penalty.

**More information**

[Talk to FRANK](https://www.gov.uk/penalties-drug-possession-dealing) has help, information and advice about drugs.

Last updated: 31 August 2016

*Taken from [https://www.gov.uk/penalties-drug-possession-dealing](https://www.gov.uk/penalties-drug-possession-dealing)*

*Last updated: 10th February 2017*

*Other useful Links:*

**Searching**
Police Powers of Arrest

https://www.gov.uk/police-powers-of-arrest-your-rights