

**NORTH YORKSHIRE COUNTY COUNCIL  
CHILDREN AND YOUNG PEOPLE'S SERVICE**

**SCALBY SCHOOL**

**Substance Misuse and Drug education**

**HISTORY OF DOCUMENT**

Issue No.	Author	Date Written	Approved by Governors	Comments
1	NYCC	10.10.09	21.10.09	
2	NYCC	10.10.09	2.2.12	Minor amendments made and re-approved
3	NYCC	10.10.09	22.01.14	Re-approved unchanged
			26.03.18	Approved

**Member of staff responsible: Mrs M Garfield, AHT Behaviour and Safety**

**Review date:** .....

**Introduction**

**1. Statutory Obligations**

Every school has a statutory responsibility to have:

- An up to date drug education policy.
- To deliver drug education through the relevant programmes of study within the Science national curriculum.
- To prepare all students for the responsibilities of adult life.
- Parents do not have a right to withdraw their children from drug education lessons.

**Scalby School** recognises that it also has its part to play in meeting national and local drug education targets. These include:

- having an up-to-date drug education policy consistent with DfE and ACPO drug advice for schools, 2012
- having an effective implementation process for the drug education policy with subsequent monitoring and evaluation strategies
- having an effective and developmental drug education programme in each key stage
- for all young people identified as being vulnerable to receive the appropriate education, advice, information and support on substance misuse both in and out of schools.

In addition we see drug education as a core component of an effective PSHE programme. As stated in section 41 of Keeping Children Safe in Education July 2015,

*'Governing bodies and proprietors should consider how children may be taught about safeguarding, including online, through teaching and learning opportunities, as part of providing a broad and balanced curriculum. This may include covering relevant issues*

*through personal, social health and economic education (PSHE), and/or – for maintained schools and colleges – through sex and relationship education (SRE).*

## **2. Statement of Policy on Drug Education, Substance Use and Misuse**

In response to our shared concerns at a local and national level, we wish to state that as part of our care for the welfare of our students, **Scalby School** believes it has a duty to inform and educate young people on the consequences of drug use and misuse. The school takes a pro-active stance on this matter, believing that health education is a vital part of the Personal, Social and Health education of every student.

Fundamental to our school's values and practice, is the principle of sharing the responsibility for education of young people with parents, by keeping them informed and involved at all times. Effective communication and co-operation is essential to the successful implementation of this policy.

Whilst we acknowledge that the numbers of young people who use and misuse substances is rising, it is seen as important to recognise that the larger numbers of young people are choosing not to use or misuse substances. We will continue to support their differing needs.

- The school condones neither the misuse of drugs and alcohol by members of the school, nor the illegal supply of these substances.
- The school is committed to the health and safety of its members and will take action to safeguard their well-being.
- The school acknowledges the importance of its pastoral role in the welfare of young people and, encouraged by the general ethos of the school, will seek to support the particular needs of individual or groups of students.

## **3. Definitions of Drugs Terms**

Our drug education policy and programme of study recognises that drug taking covers a broad spectrum in our society from medicinal drug taking, for example on prescription, to socially accepted, recreational, drug use, such as alcohol, through to problematic and chaotic drug taking which frequently involves a drug dependency, often using illegal drugs. We also recognise that our society has an ambivalent attitude to drug taking and drug takers and that young people frequently receive very mixed, and often contradictory, messages. As such it is important that we are clear and consistent in our use of language.

When we think of the words 'drugs' we often have images of illegal substances such as heroin, cocaine, ecstasy and cannabis. At **Scalby School** we take a broader view of drugs - be they legal or illegal - including alcohol, tobacco and medicines or drugs such as 'poppers', solvents, unprocessed magic mushrooms and 'legal highs' which it is not illegal to be in possession of.

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 word 'drug' is used to include all mood-altering substances including alcohol, tobacco and medicines, illegal drugs and other substances such as solvents, 'poppers' and 'legal highs'. **The term also relates to prescription medication.**

'Drug taking' involves the consumption of any drug.

'Drug use' is drug taking through which harm may or may not occur.

'Drug misuse' is drug taking, which harms health or functioning. It may include physical or psychological dependence or be part of a wider spectrum of problematic or harmful behaviour. **This may relate to unauthorised substances which, regardless of legal status, may adversely affect the mental or physical health of young people.**

#### 4. Drug Education and Educational Aims\*

At **Scalby School** our practical definition of drug education is 'the acquisition of knowledge, understanding and skills and exploration of attitudes and values which will enable young people to make informed decisions about their own, and other people's, use of drugs.

Our educational approach focuses on provision of accurate and balanced information. It accepts that there are different views about drug use and encourages young people to explore a range of views, to develop their own opinions and also to challenge stereotypes. In terms of skill development an educational approach helps young people develop a range of relevant personal and social skills so they can make their own, informed decisions about their own, and other people's, drug use.

We believe and support the following educational aims in respect of substance use and misuse to:

- enable students to make healthy, informed choices by increasing knowledge, challenging attitudes and developing and practising skills
- provide accurate information about substances
- increase understanding about the implications and possible consequences of use and misuse
- widen understanding about related health and social issues, for example sex and sexuality, crime, HIV and AIDS.

At **Scalby School** these aims are fulfilled through:

- aspects of the students' experiences in the taught curriculum
- the informal curriculum and through opportunities for extra-curricular activities
- the taught curriculum mainly through "Life", Science and English, but other opportunities to reinforce learning will occur in other parts of the teaching programme.

#### 5. Inclusion

##### Drug Education

Mainstream schools and special schools have a duty to ensure that students with special educational needs and learning difficulties are properly included in drug education programmes. The programme includes a variety of teaching methods that cater for the range of attainment levels of students and their diverse learning styles. In **Scalby School** this involves focussing on developing student's self-confidence and

skills to manage medicines, stay safe, understand and manage feelings and enable students to seek help and support when they need it.

### **Our policy on specific matters:**

Students who use **alternative methods of communication** - some students have physical, visual or hearing impairments or are unable to use speech and may use signing, symbols and/or communication switches and aids. The staff will adapt their teaching of drug education to ensure that these students have equal access.

Students with **profound and multiple learning difficulties** are not excluded from the programme. Using appropriate methods, they will experience most of the basic content.

**Students with autism** will require individual teaching to meet their specific needs. RSE may be included in pre-teaching to enable them to access the lessons effectively. Explicit teaching and use of pictures and visual aids is essential to avoid confusion.

Students for which varying home circumstances may lead them to experience a home environment where drug use is normalised and condoned.

## **6. A Whole-School Approach**

A whole school approach will be adopted to drug education that actively involves the whole school community. All groups who make up the school community have rights and responsibilities regarding drugs. In particular:

**The Senior Leadership Team, SLT**, will endeavour to support the provision and development of drug education in line with this policy by providing leadership and adequate resourcing.

**The designated Drug Education Co-ordinator, currently Mrs S Mallison** will maintain an overview of drug education provision and have overall responsibility for its development. This will include keeping up to date with developments and good practice, developing the provision to meet student's needs, providing support and resources for staff, arranging staff training, liaison with outside agencies and monitoring and evaluation.

### **Teaching staff**

Drug education is best led by teachers rather than outside experts. Teachers have an understanding of their students, develop a dialogue with them and are accessible on an ongoing basis. Teacher led drug education also avoids the situation whereby drugs are sensationalised and seen by students as something teachers cannot talk about.

Teachers may not have detailed knowledge of drugs. Whilst it is helpful if they have some knowledge about drugs, they do not need to be 'walking encyclopaedias' to successfully teach drug education. Drug education is not just about factual information and many teaching packages include activities which contain relevant drug information for use with students. Students may sometimes know more about certain drugs than their teachers but this can be put to good use in lessons. If teachers need to know a specific piece of information, they can always find out later, possibly by involving students in research. More important than detailed factual information, is feeling

confident, developing trust with students and having the teaching skills to allow students to explore and discuss the many complex issues involved.

A small group of specialist teachers are involved in the school's drug education provision. Some teach drug education through the "Life" programme and others All teachers play an important pastoral role by offering support to students. Any teacher can be approached by a student who experiences a difficulty regarding drug education issues. Teachers will, as necessary, be consulted about the school's approach to drug education and aided in their work by provision of resources, background information, support and advice from experienced members of staff and access to appropriate training.

**Non-teaching staff, such as a Head of Year**, may be involved in a supportive role in some drug education lessons and also play an important, informal pastoral support role with students. They will have access to information about the drug education programme and be supported in their pastoral role.

The school ensures the confidence and competence of staff to carry out their role through the provision of whole school training and its commitment to the national PSHE CPD programme.

**Governors** have responsibilities for school policies. They will be consulted about the drug education provision

**Parents/carers** have a legal right to view this policy and to have information about the school's drug education provision. The school will seek and take account of parent/carer views and endeavour to adopt a partnership approach with parents/carers. This will periodically include information/education workshops for parents/carers and support for parents/carers to provide drug education for their own children. The school's approach to drug education will encourage dialogue between parents/carers and their children.

**The School Nurse Service** can play a key role in supporting the teacher in drug education both in terms of advice, input into lessons, provision of pastoral support for students and resources. The school will work in ongoing consultation and partnership with the School Nurse Service although the teacher will always remain the main provider of drug education in the classroom.

**Outside agencies and speakers** may be involved in inputting to drug education lessons and as points of referral as support services for students. The school actively co-operates with other agencies appropriate to student needs such as theatre groups, the police, the North Yorkshire Local Authority PSHE/Citizenship team, Health and Addiction to enhance the quality of its drug education provision delivery. Visitors who support the school will also be informed of the values held within this policy and encouraged to use the relevant NYCC proformas. The school will work in partnership with them and jointly plan their input in drug education lessons where this is appropriate.

## **Compass Reach**

**Compass Reach, through referral via the Prevention Service, is a county wide service staffed by qualified nurses that offers both psychosocial and clinical interventions to young people who are involved in risk taking behaviours relating to substance misuse (including alcohol), poor sexual health and emotional wellbeing and mental health.**

### **Referral Procedure**

**Referrals can be made from any source directly to Compass Reach, providing that the young person is considered to be at medium or high risk of substance misuse, poor sexual health or teenage pregnancy using the Screening and Referral Tool.**

**Referrals can be made over the telephone, e-mailed or posted. Young people will be also able to self-refer via the free phone number or a local website/e-mail address.**

**Engagement with the Compass Reach North Yorkshire risky behaviour service is voluntary; therefore, referrals will only be accepted if the young person has given their prior consent.**

**Compass Reach contact all those referring a young person into the service to confirm receipt of referral and to discuss what will happen next.**

**Compass Reach will ask referrers to assist in completing the young person's comprehensive risk assessment and what involvement they have in the care of the young person.**

**Compass Reach will inform, update when necessary, and will refer back to the school at the point of discharge to ensure that appropriate aftercare services are in place.**

**Students** have an entitlement to age and circumstance appropriate drug education and to pastoral support. They will be actively consulted about their drug education needs and their views will be central to developing the provision. Discussion of Drug related issues and concerns should be encouraged through Student Voice and the Junior Leadership team (JLT)

## **7. The Taught Drug Education Programme**

At **Scalby School** Drug education is taught in a number of places within the school curriculum.

### **Science**

**There is a statutory requirement to deliver an element of the drug education programme through the National Curriculum.**

A unit on Health and lifestyle in Year 8 covers the effects of drugs alcohol and smoking

At KS4:

Year 10 work covers the effects of alcohol on the heart and the effects of ecstasy and alcohol on the production of ADH

In addition students should be able to:

Explain the effect of lifestyle factors, including exercise, diet, alcohol and smoking, on the incidence of non-communicable diseases at local, national and global levels

## **Life**

The revision of the National Curriculum, 2013, also strongly locates effective drug education in the non-statutory **PSHE** Programme of Study for Personal Wellbeing and is reinforced in the statutory **Citizenship** National Curriculum programmes of study at Key Stages 3-4.

At **Scalby School** the drug education components of the “Life” curriculum within each key stage are:

See attached appendix on layout of life curriculum.

In addition, many teachers find they are able to deliver additional aspects of drug education in English, Drama, History, Geography, Physical Education and Religious Education.

## **Methodology and resources**

A wide range of teaching methods are used that enable students to actively participate in their own learning. This includes use of quizzes, case studies, research, role play, video, small group discussion and use of appropriate guest speakers.

Teaching is conducted in a safe learning environment through the use of ground rules and distancing techniques so that students are not put on the spot or expected to discuss their own personal issues in class. Teaching resources are selected on the basis of their appropriateness to students.

## **Answering students’ questions**

The school believes that students should have opportunities to have their genuine questions answered in a sensible and matter-of-fact manner. However, occasionally a student may ask a particularly explicit, difficult or embarrassing question in class. Teachers will use their skill and discretion to decide about whether to answer questions in class and, if so, how. They will establish clear parameters of what is appropriate and inappropriate in class by discussing ground rules with students and by taking an approach that encourages students to be mature and sensible.

If a teacher does not know the answer to a question they will acknowledge this and suggest that they and students research the answer to the question later. If a question is too explicit or inappropriate to answer in class at that moment, teachers will acknowledge it and attend to it later with the student who asked it. If a question is too personal teachers will remind students about the ground rules and if necessary point out appropriate sources of support. If a teacher is concerned that a student is at risk they will follow the school’s child protection procedures.

## **Monitoring and evaluation**

The programme is regularly evaluated by the drug education co-ordinator. The views of students and teachers who deliver the programme are used to make changes and improvements to the programme on an ongoing basis.

Monitoring and evaluation arrangements are open to external assessment by the LA and Ofsted.

## **Assessment**

Students' progress in drug education is assessed as part of the "Life" assessment policy, which is in line with the schools own assessment policy. Students' knowledge, skills and attitudes are assessed through a range of methods including teacher, peer and self assessment, reflecting the principles of assessment for learning.

## **Pastoral Support for Students who Experience Difficulties**

### **The nature of support available to students**

The school takes its role in the promotion of student welfare seriously. Staff endeavour to make themselves approachable and to provide caring and sensitive pastoral support for students in a number of ways. Staff may be approached for help on an individual basis and through the tutorial/ pastoral system. They offer a listening ear and, where appropriate, information and advice. The school can request help from the School Nurse Service which offers a health and support service to students. Where appropriate, students are referred to the school nurse and/or outside helping agencies. The school will keep up to date about the development of local services and national help lines, CEOP website and other government funded help resources for young people, promote their existence to students and endeavour to form working relationships with local agencies that are relevant to student needs.

### **Confidentiality and informing parents/carers**

School staff cannot promise absolute confidentiality if approached by a student for help. Staff must make this clear to students. Child protection procedures must be followed when any disclosures are made.

It is very rare for a student to request absolute confidentiality. If they do, in situations other than those involving child protection issues, staff must make a careful judgement about whether or not a third party needs to be informed. This judgement will be based upon:

- the seriousness of the situation and the degree of harm that the student may be experiencing
- the student's age, maturity and competence to make their own decisions.

Where it is clear that a student would benefit from the involvement of a third party, staff should seek the consent of the student to do so. If appropriate, staff

might inform the third party together with the student. Unless clearly inappropriate, students will always be encouraged to talk to their parent/carer.

### **Confiscation and Search**

Where appropriate senior staff can exercise the school's legal right, and general power to discipline, as set out in Section 91 of the Education and Inspections Act 2006,

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/444053/Searching\\_screening\\_confiscation\\_advice\\_Reviewed\\_July\\_2015.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/444053/Searching_screening_confiscation_advice_Reviewed_July_2015.pdf)

to confiscate, retain or dispose of a pupil's property as a disciplinary penalty, where reasonable to do so.

Where the staff member finds other substances which are not believed to be controlled drugs, these can be confiscated if the teacher believes them to be harmful or detrimental to good order and discipline. This will include smoking materials. If a student is under 16 these materials will be destroyed. If a student is over 16, their parents will be asked to collect them. If they are not collected by the end of each half term they will be destroyed.

This would include new psychoactive substances or 'legal highs'. If school staff are unable to identify the legal status of a drug, it should be treated as a controlled drug.

The school is not required to inform parents before a search takes place or to seek their consent to search their child. There is no legal requirement to make or keep a record of a search.

The school would normally inform the individual pupil's parents or guardians where alcohol, illegal drugs or potentially harmful substances are found, though there is no legal requirement to do so.

Complaints about searching should be dealt with through the normal school complaints procedure.

In taking temporary possession and disposing of suspected controlled drugs staff 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;
- store it in a secure location, such as a safe or other lockable container with access limited to senior members of staff;
- 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 the school to divulge to the police the name of the pupil from whom the drugs were taken but it is advisable to do so;
- record full details of the incident, including the police incident reference number;
- inform parents/carers, unless this is not in the best interests of the pupil;
- identify any safeguarding concerns and develop a support and disciplinary response.

## **Responding to Substance Misuse Related Incidents**

If a pupil is suspected of being under the influence of drugs or alcohol on school premises, the school must prioritise the safety of the young person and those around them. If necessary it should be dealt with as a medical emergency, administering First Aid and summoning appropriate support.

Depending on the circumstances, parents or the police may need to be contacted. If the child is felt to be at risk the Safeguarding Policy will come into effect and social services may need to be contacted.

## **Early Intervention**

The school recognises that pastoral and teaching staff have a key role in providing preventative support for students at risk of becoming in substance misuse. The process of identifying needs should aim to distinguish between pupils who require general information and education, those who could benefit from targeted prevention, and those who require a detailed needs assessment and more intensive support.

## **Pupils whose parents/carers or family members misuse drugs**

Staff will be alert to behaviour which might indicate that the child is experiencing difficult home circumstances. 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 safeguarding issue, the school will follow the procedures set out in its drug policy. This includes protocols for assessing the pupil's welfare and support needs and when and how to involve other sources of support for the child such as Children's Services, services commissioned by the Drug and Alcohol Action Teams (DAAT) programmes and, where appropriate, the family.

## **Confidentiality**

The school recognises and adheres to guidelines relating to issues of confidentiality (although staff cannot promise total confidentiality to pupils).

## **Tobacco – Smoke Free Schools**

The minimum age for buying cigarettes is 18 and schools are subject to the same smoke free legislation as other premises. Tobacco products found on a student under the age of 16 will be destroyed. Tobacco products found on students over 16 will have to be collected by a parent/carer.

The school is a smoke-free site and this prohibits the use of e-cigarettes and vapourisers as well as traditional tobacco products

Children, young people, staff, parents/carers and governors have been involved in the development and implementation of a smoke-free site.

**The school can refer students to the School Nurse Services which can provide information and support for smokers to quit e.g. promoting access to smoking cessation classes.**

**Children and young people's awareness of the school's non-smoking policy is facilitated through the Life programme.**

**Staff induction materials**

**The school follows the National Institute for Clinical Excellence (NICE) guidance on school based interventions to prevent the uptake of smoking amongst young people.**

### **Managing Medicines**

**Some pupils may require medicines that have been prescribed for their medical condition during the school day which are managed through the school risks assessment procedure (see also the Managing Health Care Needs Policy)**