



KING EDWARD VI HANDSWORTH SCHOOL FOR GIRLS

Drugs, Alcohol, Smoking and Substances Policy 2020

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Related Documents/Policies

Reference	Title
	Behaviour for Learning Policy (2020)
	Safeguarding Policy (2020)
	PSHCE and RSE Policy (2020)
	Medication in School Policy (2018)

Jane Glendenning, DSL is responsible for reviewing and updating this procedure.

CONTENTS – amendments to contents shown in red

Aims and values	Page 3
Statement of principles and information on items this policy covers	Page 3
Roles and responsibilities: <ul style="list-style-type: none"> ● The Governing Body; ● The Headmistress; ● Subject Leader for PSHCE; ● All other staff; ● Parents/carers; ● Students. 	Page 4
Ascertaining at risk students	Page 6
Incidents	Page 6
Confidentiality	Page 6
Procedures	Page 7
Sanctions	Page 8
Monitoring, evaluation and review	Page 8
ANNEX A: Summary of Relevant Drug Laws	Page 9
ANNEX B: Useful organisations	Page 13
ANNEX C: Incidents Recording Form Source Drugs	Page 15
ANNEX D: Alcohol and substance misuse: <ul style="list-style-type: none"> ● What is substance misuse? ● Substance misuse and mental health ● Physical health impact of substance misuse ● Signs and symptoms ● Possible causes of substance misuse ● First aid for alcohol and substance misuse 	Page 18

Aims and values

This policy will help staff to achieve the vision of the School, which is that the Staff and Governors “are committed to the nurture and development of all those who learn here and seek to inspire all to be their best. We are a happy and caring school which values and takes pride in diversity and celebrates individuality.”

This policy aims to:

- Support our endeavour to maintain the safety and well-being of all students, staff and visitors;
- Clarify legal responsibilities, entitlements and obligations;
- Support all members of the School community by providing clear guidance and procedures on drug related issues to ensure clarity and consistency;
- Clarify the whole School approach to drug, alcohol, smoking and substance education in the context of the School curriculum.

Statement of Principles

This policy relates to possession and consumption of alcohol and the misuse of controlled drugs and other illegal substances and applies to all students at King Edward VI Handsworth School for Girls irrespective of their age. The policy may also apply at times when a student is not in the care of the school. The procedures and sanctions may be adapted as appropriate to meet the policy aims and the circumstances of the case.

Pupils are forbidden to be under the influence of, or to have in their possession, any drugs, alcohol, tobacco or substances which can be misused at any time when they are under the jurisdiction of the school, including when a pupil is in or at school, representing the school or wearing school uniform; traveling to or from school; on school organised trips; or when the pupil is associated with the school at any time. We are a substance free school.

This policy has been created in line with the DfE document *DfE and ACPO drug advice for schools: Advice for local authorities, headteachers, school staff and governing bodies. September 2012.*

Inclusive definition of drugs

King Edward VI Handsworth School for Girls defines a drug as a substance, which, when taken into the body, changes the way we feel, the way we perceive things, and the way our body works. This definition includes illegal substances and also legal substances such as alcohol, tobacco, e-Cigarettes, solvents, new psychoactive substances (so-called ‘legal highs’) and medicines (including “smart drugs”). See Annex A for further details on the Psychoactive Substances Act (May 2016).

Medicine

The school has a policy/procedures for the administration of medicines that must be followed for everyone’s safety. Our practice is in line with guidance from Birmingham City Council.

Smart drugs

The term is used to describe a collection of drugs known as “cognitive enhancers”. Many of these drugs are usually prescribed for conditions such as ADHD and narcolepsy, but people without these conditions believe they still get a benefit from them, be it in the form of improved memory, motivation or executive function.

Alcohol

The school is an alcohol-free area. No one in school may possess or consume alcohol on the school premises.

Tobacco

The school is a smoke-free zone. Students, regardless of age, may not possess, use or sell tobacco or cigarettes within the extended boundaries of the school.

E-Cigarettes and ‘vaping’

“The liquids vaporised by e-cigarettes are chemically unstable and form new chemicals that irritate the airways and may have other toxic effects. We observed that these chemicals, when mixed during manufacturing, quickly undergo chemical reactions producing many more chemicals. For example, we observed that flavour chemicals (vanilla, fruit flavour) and the vapour carrier chemicals (propylene glycol, glycerin) react to produce chemicals named acetals.

“This occurs at normal room temperature already, and we found that these compounds are enriched in the vapour and inhaled by users. This was unexpected and raised concerns since nothing is known about the inhalational safety of these compounds. In toxicological tests, we found that these compounds are strong irritants and we are currently researching whether they may harm cells in the lung.” Sven-Eric Jordt; Nicotine and Tobacco Research; Oxford Academic.

Roles and responsibilities

Governors

As part of their general responsibilities for the strategic direction of the school, Governors have a key role to play in the development and regular review of King Edward VI Handsworth School for Girls policy on drugs, alcohol, smoking and substances. Governors will be kept informed as to the effectiveness of present drug education provision and involved in any changes to existing provision/policy that may need to be made. Governors may take part as necessary in any appeals against exclusions related to illegal drugs, alcohol, smoking and illegal substances incidents.

Headmistress

The Headmistress will ensure that staff and parents/carers are informed about this policy, and that the policy is implemented effectively. The Headmistress will also ensure that staff receive training, so that they can teach confidently and handle any difficult issues with sensitivity.

PSHCE Subject Leader

The PSHCE Subject Leader will liaise with external agencies, if necessary, regarding the School drug, alcohol, smoking and substances education programme (which is taught in KS4 and 5 only). The PSHCE Subject Leader is also responsible for signposting training for non-specialist teachers and ensures that all adults who work with students are aware of the School policy and works within this framework. In designing and presenting our drugs, alcohol, smoking and substances education programme we will have regard to the diverse needs of our multi-ethnic and multi-faith community and to any SEN students. The PSHCE Subject Leader welcomes feedback from our students and staff on the PSHCE programme.

The PSHCE Subject Leader may report to Governors, if requested, on the PSHCE drug, alcohol, smoking and substances education programme.

All other school staff

Use of illegal substances, including illegal drugs, or smoking, is not permitted on the school site at any time (including e-Cigarettes), in the school week, in the evenings or at weekends. This includes:

- all school buildings;
- the school grounds;
- school vehicles;
- vehicles parked on the school site; and
- all school frontages in view of students/classrooms.

School staff have a legal duty towards students in their care. This is interpreted in case law as the duty to act as a careful parent/carer would. If a member of staff causes injury or loss to a student by failing to carry out his or her responsibilities in a reasonable and careful way, that staff member could be held liable in negligence to the young person. This duty of care is interpreted as a duty to exercise adequate supervision, which will depend on the maturity and age of the students involved, whether they are affected by a disability, and the precise circumstances. Supervision could mean giving adequate advice and instructions rather than constantly watching a student, although school trips, may require greater supervision. Staff are not permitted to drink alcohol or smoke on school visits in any area frequented by students or in the presence of students. Staff are therefore required to restrict any intake of alcohol. Staff who, through excess intake of alcohol, are unfit to carry out their duty of care effectively will be dealt with according to the school disciplinary procedures. Illegal drug taking is forbidden at all times during school visits. Any member of staff found to be in breach of these instructions will be subject to disciplinary proceedings.

Research states that students' attachment to school is a powerful protective factor which makes them resilient against substance misuse. This is strengthened by a positive and supportive school ethos, as well as the provision of quality drugs, alcohol, smoking and substances education. This link provides resources to support any staff in the provision of quality drugs, alcohol, smoking and substances prevention and education: <https://www.gov.uk/government/publications/alcohol-drugs-and-tobacco-commissioning-support-pack/young-people-substance-misuse-commissioning-support-2019-to-2020-principles-and-indicators>

Parent/carers

The School encourages the involvement of parents/carers by:

- informing parents/carers about the School PSHCE policy and practice (available in the curriculum area of the school website);
- answering any questions parents/carers may have about the drugs, alcohol, smoking and substances education their children receive in school;
- taking seriously any issue which parents/carers raise with teachers or Governors about this policy or the arrangements for drugs, alcohol, smoking and substances education in the school;
- requesting parents/carers support the key messages being given to students at school.

Should staff be concerned about discharging a student into the care of a parent/carer under the influence of illegal substances/drugs or alcohol, the Headmistress, Deputy Head or Designated Safeguarding Lead will be informed immediately. The School will attempt to make alternative arrangements for the care of the student (e.g. with another parent, relative or carer) but should the School's concerns be more serious we will invoke child protection procedures and/or enlist the help of the police.

www.nhs.uk offers some helpful advice for how to talk to children and young people in ways that are suitable to their age and development. <https://www.nhs.uk/live-well/healthy-body/talking-about-drugs-with-your-child/>

<https://www.gov.uk/government/publications/alcohol-drugs-and-tobacco-commissioning-support-pack/young-people-substance-misuse-commissioning-support-2019-to-2020-principles-and-indicators>

Adolescence is a crucial time for physical, emotional and social development. It's also a time of intense learning, both in terms of formal education and informally from family and peers. Alcohol and drug use which affects, impairs, interrupts or hinders young people in their physical, emotional, social or academic development is harmful.

The most recent advice for young people's alcohol consumption was from the Chief Medical Officer in 2009. The advice is that an alcohol-free childhood is the healthiest and best option and that if children do drink alcohol it should not be until at least the age of 15 years.

The latest estimates from NHS Digital's Smoking, Drinking and Drug Use Among Young People in England survey shows that 44% of 11 to 15-year-old pupils have ever had an alcoholic drink, 19% have ever smoked cigarettes and 24% have ever taken drugs.

Data from young people's specialist substance misuse services indicates that the young people who go to these services with a need for drug and alcohol treatment have a range of vulnerabilities and that the majority present with poly-drug use.

The most recent treatment data tells us that cannabis and alcohol are the most common substances that young people are seeking help with. However young people also come to treatment services using a range of substances including ecstasy (MDMA), new psychoactive substances and cocaine. A very small minority will present using heroin.

Young people's health behaviour is driven by the world they grow up in, and so exposure to smoking role models and cheap illicit tobacco increases the likelihood of them taking up smoking. Conversely, sustained efforts to reduce smoking prevalence among adults and to restrict access to cigarettes are among the most effective measures to prevent young people from starting to smoke.

The latest crime survey for England and Wales shows that younger people are more likely to take drugs than older people. The level of any drug use in the last year was highest among 16 to 19 year olds and 20 to 24 year olds. Young adults 16 to 24 were more likely to be frequent drug users than the wider age group.

Local authority level data on drug, alcohol and tobacco use from the What About Youth study was published in December 2015.

Over recent years, e-cigarettes have become the most popular stop smoking aid among adults in England. As e-cigarette use among adults has increased, so too has experimentation among young people. Data from ASH shows that 12% of 11 to 18 year olds in Great Britain having tried them. However, regular e-cigarette use among young people is rare, with 2% using them at least weekly, and is largely confined to regular smokers. Among young people who have never smoked, regular use is negligible and less than 1%. NHS Digital's data shows that smoking rates among young people have continued to decline and there is no evidence so far that e-cigarettes are acting as a route into smoking for young people.

How to talk to your child about illegal drugs, alcohol, smoking and substances:

- Pick the right time.
- Be calm and patient.
- Don't use scare tactics.
- Avoid confrontation and judgement.
- Listen to your child.
- Encourage honesty.
- Set clear boundaries and limits.
- Get to know their friends.
- Encourage independence.
- Remember most young people don't drink, smoke or take illegal drugs.

Experimenting is part of growing up. But that doesn't mean that you have to drink alcohol, take illegal drugs and smoke. If your friends are all taking part, it can be hard to say no. But it's your decision, not theirs. And you have the right to decide what you want to do.

It can be really hard to stand up to peer pressure and say no to your friends. Being pressured to do something you don't want to do can make you feel anxious and lonely but it's not your fault. Try these tips to help:

1. **Say it with confidence.** Be assertive. Practise saying 'no' so that it's easier when someone asks. Avoid situations which feel unsafe or uncomfortable.
2. **Try not to judge them.** By respecting their choices, they should respect yours.
3. **Spend time with friends who can say 'no'.** It takes confidence to say no to your friends. You could try seeing how your other friends stand up to peer pressure and you can try this too.
4. **Suggest something else to do.** If you don't feel comfortable doing what your friends are doing, why not suggest something you could do instead.

You can also talk to *Childline* www.childline.org.uk/get-support/contacting-childline for support at any time. We'll always listen, we won't judge you, and we'll keep what you say confidential.

Ascertaining at risk students

Symptoms signifying drug association could include: mood swings; bodily changes such as weight loss; garbled speech and panic; and/or an imperative need of finances. A student may be at risk if a combination of the following issues is present:

- lack of allegiance to School;
- acquaintances who use drugs;
- aggressive classroom conduct;
- inadequate communal skills;
- an approving outlook towards drug use.

Incidents

An incident may include any of the following:

- a student who is suspected of being under the influence of an illegal drug or other illegal substance;
- supplying, finding, being in possession of or using illegal drugs, alcohol, tobacco or other related paraphernalia on school premises;
- individual disclosing information about their illegal drug or substance use;
- rumours or reports of possession, supply or use.

All incidents must be reported immediately to the Headmistress (or Deputy Head in her absence).

Pupils

In circumstances where a pupil voluntarily requests support and advice for a problem with drugs or alcohol which takes place outside of school. The school will work with the family to provide suitable support.

Confidentiality

Teachers cannot and should not promise total confidentiality and should make clear to students the boundaries of confidentiality. However, if a student discloses information which is sensitive, not generally known, and which the student asks not to be passed on, the request should be honoured unless this is unavoidable in order for staff to fulfil their professional responsibilities in relation to:

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

If a student discloses that they are using a drug without medical authorisation, action will be taken to ensure that the student comes to no serious harm if this is considered a significant risk. Staff have a

commitment to inform the student in advance of any disclosure of information to others. In such cases every effort should be made to explain to the student why the School has to pass on the information and secure the student's agreement. If possible the School will enable the student to be involved in the process.

PROCEDURES

Every complaint, report or observation in relation to alcohol and smoking or involvement with illegal drugs or substances will be followed up and investigated. A student suspected of such involvement may need to be supervised by a member of the Senior Leadership Team pending the outcome of an investigation.

In every case of an incident involving illegal drugs, alcohol or substance misuse, we will place the utmost priority on safety before addressing any further issues. If a student is suspected of being under the influence of drugs on school premises, the student's safety and that of other people around them will be our first priority. First Aid will be administered if needed and any appropriate support summoned. Parents, an ambulance, or the police may need to be contacted. If the student is felt to be at risk the Safeguarding and Child Protection Policy will come into effect and Social Services may need to be contacted.

In the case of students suspected of being or found to be in possession of, using or selling alcohol, tobacco or volatile substances:

1. The nature and seriousness of the incident will be investigated. The investigation will normally be conducted by the Deputy Head, Designated Safeguarding Lead, Director of Post-16 or relevant Pastoral Leader; however, off site it may be necessary for this role to be undertaken by any member of the school teaching staff;
2. Students involved in an incident will be separated and questioned individually; a second adult witness should always be present;
3. Students may be temporarily isolated whilst the investigation is ongoing and receive a fixed term exclusion at the conclusion of the investigation;
4. Members of staff must decide in each case what constitutes reasonable grounds for suspicion. For example, they may have heard other students talking about the item or noticed the pupil behaving in a suspicious manner. The School may rely on CCTV footage to help reach a decision. These powers apply regardless of whether any prohibited item is found on the student. Staff should try to persuade students to hand over voluntarily any alcohol, tobacco or inappropriate substance in their possession. Staff may search school property (e.g. desks, lockers) if they believe items to be stored there; prior consent should always be requested but students must be made aware that if consent is refused the School may proceed with the search. Staff can search students' personal property for prohibited items (e.g. bags, pencil cases) without their consent where there are reasonable grounds for suspecting that a pupil is in possession of a prohibited item. Searches should always be made in the presence of a second adult witness and the student, if possible. A search can be carried out by a member of staff who is of the opposite sex to the pupil and without a witness where the staff member reasonably believes that there is a risk of serious harm to a person if such a search is not carried out immediately and it is not reasonably practicable to call another member of staff. In such cases, staff should take into account the increased expectation of privacy for students. Schools are not required, by law, to inform parents/carers before a search takes place or to seek their consent to search their child, however, during the course of the investigation parents/carers will be informed of the situation by the School;
5. 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. Staff have a defence to any complaint provided they act within their legal powers. The law protects members of staff from liability for any loss of or damage to any confiscated item, provided they have acted lawfully. As a result, tobacco or alcohol may be disposed of by the School or parents/carers;
6. The School will arrange for safe disposal of unauthorised medicines and volatile substances;
7. Students may be offered support or referred to external agencies for help;
8. A record will be made of the incident on CPOMS and SIMS and all paperwork kept in the student's files;

9. The police will not normally need to be informed unless it is appropriate to inform them or Trading Standards about the inappropriate sale or supply of tobacco, alcohol or volatile substances to students in the local area.

In the case of students suspected of being or found to be in possession of, using, or selling illegal drugs including new psychoactive substances

1. As per 1-4 above.
2. Should any illegal drugs be found they should be sealed in a plastic bag (from Reception) including details of the date, time and place of seizure and the signatures of witnesses present. These should be stored in the school safe, accessible only by the Senior Leadership Team, until they can be handed over to the police. Staff should use gloves, place any paraphernalia in a sturdy container and arrange for this to be stored in the school safe as above;
3. The police will be informed;
4. Parents/carers will be informed, providing this will not put students' safety at risk;
5. If formal action is to be taken students should normally be interviewed at the local police station accompanied by their parent(s). In exceptional circumstances students may be interviewed by the police at school accompanied by an appropriate adult;
6. Students involved in illegal drug incidents may be temporarily or permanently excluded;
7. At the same time, we will do our utmost to assist in finding suitable counselling and support for students involved in drug misuse;
8. Students taking public examinations would be allowed to sit the examinations; the parents/carers may be expected to pay for home invigilation or the students may be referred to an external agency; and
9. A record will be made of the incident on CPOMS and SIMS and a full, detailed record of the incident, including the police incident reference number will be kept in the student's file.

Sanctions

- The School's response to any illegal drug-, alcohol-, smoking- or illegal substance-related incident will be balanced against the needs of the individual student concerned and the wider school community.
- Exclusion may not be our automatic response and permanent exclusion will only be used in serious cases. www.gov.uk/government/publications/school-exclusion
- Illegal drug, alcohol or illegal substance use may be a symptom of other problems and the School may need to involve or refer students to other services if needed.

Monitoring, evaluation and review

Governors, the Headmistress and the DSL will review this policy annually and assess its implementation and effectiveness. The policy will be promoted and implemented throughout the school.

1. The School Council will review the effectiveness of the policy annually and their views given to the DSL.
2. A record of all such incidents will be kept both centrally on CPOMS and on students' files.
3. The numbers of incidents will be reported to governors annually or provided to them at any time on request.
4. Data (if applicable) will be analysed to reflect and re-design further strategies to improve procedures.

ANNEX A:

Summary of Relevant Drug Laws

www.gov.uk/government/publications/controlled-drugs-list--2/list-of-most-commonly-encountered-drugs-currently-controlled-under-the-misuse-of-drugs-legislation 2nd December 2019

Drug Classifications

In the UK, illegal drugs are classified into three main categories. They can be Class A, B or C, with A attracting the most serious punishments and fines.

Each drug is designated as controlled under the Misuse of Drugs Act 1971 and is allocated to a class based on the harm it is considered to cause.

Class	Drug	Possession	Supply & Production
A	Crack cocaine, cocaine, ecstasy (MDMA), heroin, LSD, magic mushrooms, methadone, methamphetamine (crystal meth)	Up to 7 years in prison, an unlimited fine or both	Up to life in prison, an unlimited fine or both
B	Amphetamines, barbiturates, cannabis, codeine, methylphenidate (Ritalin), synthetic cannabinoids, synthetic cathinones (e.g. mephedrone, methoxetamine), ketamine	Up to 5 years in prison, an unlimited fine or both	Up to 14 years in prison, an unlimited fine or both
C	Anabolic steroids, benzodiazepines (diazepam), gamma hydroxybutyrate (GHB), gamma-butyrolactone (GBL), piperazines (BZP), khat, pregabalin	Up to 2 years in prison, an unlimited fine or both	Up to 14 years in prison, an unlimited fine or both

Offences under the Misuse of Drugs Act

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

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

The Youth Justice System www.sentencingcouncil.org.uk/wp-content/uploads/Sentencing-Children-and-young-people-Definitive-Guide_FINAL_WEB.pdf

- When sentencing children or young people (those aged under 18 at the date of the finding of guilt) a court must have regard to: the principal aim of the youth justice system (to prevent offending by children and young people); and the welfare of the child or young person.
- While the seriousness of the offence will be the starting point, the approach to sentencing should be individualistic and focused on the child or young person, as opposed to offence focused. For a child or young person the sentence should focus on rehabilitation where possible. A court should also consider the effect the sentence is likely to have on the child or young person (both positive and negative) as well as any underlying factors contributing to the offending behaviour.
- Domestic and international laws dictate that a custodial sentence should always be a measure of last resort for children and young people and statute provides that a custodial sentence may only be imposed when the offence is so serious that no other sanction is appropriate (see section six for more information on custodial sentences).
- It is important to avoid "criminalising" children and young people unnecessarily; the primary purpose of the youth justice system is to encourage children and young people to take responsibility for their own actions and promote re-integration into society rather than to punish. Restorative justice disposals may be of particular value for children and young people as they can encourage them to take responsibility for their actions and understand the impact their offence may have had on others.
- It is important to bear in mind any factors that may diminish the culpability of a child or young person. Children and young people are not fully developed and they have not attained full maturity. As such, this can impact on their decision making and risk taking behaviour. It is important to consider the extent to which the child or young person has been acting impulsively and whether their conduct has been affected by inexperience, emotional volatility or negative influences. They may not fully appreciate the effect their actions can have on other people and may not be capable of fully understanding the distress and pain they cause to the victims of their crimes. Children and young people are also likely to be susceptible to peer pressure and other external influences and changes taking place during adolescence can lead to experimentation, resulting in criminal behaviour. When considering a child or young person's age their emotional and developmental age is of at least equal importance to their chronological age (if not greater).
- For these reasons, children and young people are likely to benefit from being given an opportunity to address their behaviour and may be receptive to changing their conduct. They should, if possible, be given the opportunity to learn from their mistakes without undue penalisation or stigma, especially as a court sanction might have a significant effect on the prospects and opportunities of the child or young person and hinder their re-integration into society.
- Offending by a child or young person is often a phase which passes fairly rapidly and so the sentence should not result in the alienation of the child or young person from society if that can be avoided.
- The impact of punishment is likely to be felt more heavily by a child or young person in comparison to an adult as any sentence will seem longer due to their young age. In addition penal interventions may interfere with a child or young person's education and this should be considered by a court at sentencing.
- Any restriction on liberty must be commensurate with the seriousness of the offence. In considering the seriousness of any offence, the court must consider the child or young person's culpability in committing the offence and any harm which the offence caused, was intended to cause or might foreseeably have caused.
- Section 142 of the Criminal Justice Act 2003 sets out the purposes of sentencing for offenders who are over 18 on the date of conviction. That Act was amended in 2008 to add section 142A which sets out the purposes of sentencing for children and young people, subject to a commencement order being made. The difference between the purposes of sentencing for those under and over 18 is that section

142A does not include as a purpose of sentencing 'the reduction of crime (including its reduction by deterrence)'. Section 142A has not been brought into effect. Unless and until that happens, deterrence can be a factor in sentencing children and young people although normally it should be restricted to serious offences and can, and often will, be outweighed by considerations of the child or young person's welfare.

The Medicines Act 1968

The Medicines Act divides medicines into three categories:

- *restricted medicines or prescription-only medicines*, which can only be supplied from a registered pharmacy by or under the supervision of a pharmacist on receipt of a prescription from an appropriate practitioner. An appropriate practitioner is a doctor, dentist, independent nurse prescriber (within the scope of their prescribing practice) or a supplementary prescriber (who can be nurses or pharmacists prescribing within the terms of a clinical management plan for a specific patient)
- *pharmacy medicines*, which can be sold without a prescription but only by a pharmacist (also called *over-the-counter* medicines)
- *general sales medicines*, which can be sold without a prescription by any shop.

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

Minor Tranquillisers are controlled under the Misuse of Drugs Act as Class C drugs but the possession offence is waived so that it is not illegal to possess or use them without a prescription. It is an offence to sell or supply them to another person. The exception is Temazepam and Rohypnol tranquilisers which are illegal to be in possession of without a prescription.

Tobacco laws

Under section 7 of the Children and Young Persons Act 1933 (as amended by the Children and Young Persons (Protection from Tobacco) Act 1991) it is an offence for a vendor to sell tobacco products to anyone under the age of 18. Cigarettes must be sold in their original packaging and it is illegal to sell single cigarettes to anyone, adult or child. Since 1st July 2007 smoking in public places has been banned in the UK.

Alcohol laws

Giving a child under 5 alcohol, unless in an emergency or under medical supervision (Children and Young Persons Act 1933) is an offence. It is also an offence for a vendor to knowingly sell alcohol to an under 18 year old and to buy alcohol when under 18.

In some areas there are by laws restricting drinking of alcohol on the streets at any age. Police also have powers to confiscate alcohol from under 18s who drink in public places.

Psychoactive Substances Act 2016

A psychoactive drug, psychopharmaceutical, or psychotropic is a chemical substance that changes brain function and results in alterations in perception, mood, consciousness or behaviour. These substances may be used medically; recreationally; to purposefully improve performance or alter one's consciousness; as entheogens; for ritual, spiritual, or shamanic purposes; or for research. Some categories of psychoactive drugs, which have therapeutic value, are prescribed by physicians and other healthcare practitioners.

Examples include anesthetics, analgesics, anticonvulsant and antiparkinsonian drugs as well as medications used to treat neuropsychiatric disorders, such as antidepressants, anxiolytics, antipsychotics, and stimulant medications. Some psychoactive substances may be used in the detoxification and rehabilitation programs for persons dependent on or addicted to other psychoactive drugs.

The Psychoactive Substances Act received Royal Assent on 28 January 2016. The act applies across the UK and came into force on 26 May 2016.

The act:

- makes it an offence to produce, supply, offer to supply, possess with intent to supply, possess on custodial premises, import or export psychoactive substances; that is, any substance intended for human consumption that is capable of producing a psychoactive effect. The maximum sentence will be 7 years' imprisonment.
- excludes legitimate substances, such as food, alcohol, tobacco, nicotine, caffeine and medical products from the scope of the offence, as well as controlled drugs, which continue to be regulated by the Misuse of Drugs Act 1971.
- exempts healthcare activities and approved scientific research from the offences under the act on the basis that persons engaged in such activities have a legitimate need to use psychoactive substances in their work.
- includes provision for civil sanctions – prohibition notices, premises notices, prohibition orders and premises orders (breach of the 2 orders will be a criminal offence) – to enable the police and local authorities to adopt a graded response to the supply of psychoactive substances in appropriate cases
- provides powers to stop and search persons, vehicles and vessels, enter and search premises in accordance with a warrant, and to seize and destroy psychoactive substances.

Producers and suppliers may be given a Notice or Order as follows:

- Prohibition Notice: a warning to stop doing prohibited activity
- Premises Notice: a warning to a property owner, landlord etc. to take steps to stop prohibited activity
- Prohibition Order: a Court Order to stop doing prohibited activity
- Premises Order: a Court Order to a property owner, landlord etc. to take steps to stop prohibited activity

Orders can last for up to three years and being in breach of an Order is a criminal offence punishable by a prison sentence of up to two years, an unlimited fine, or both.

Solvents (aerosols, gases, glues etc.) are not illegal to possess, use or buy at any age. In England and Wales it is an offence for a shopkeeper to sell them to an under 18 year old if they know they are to be used for intoxicating purposes. The Government has extended this legislation to make it illegal for shopkeepers to sell lighter fuel (butane) to under 18s whether or not they know it will be used for intoxicating purposes.

Anabolic Steroids are controlled under the Misuse of Drugs Act as class C drugs but their legal status is complicated. In most situations the possession offence is waived meaning that people who possess or use steroids without a prescription are unlikely to be prosecuted. However, in some areas of the UK police have successfully prosecuted people for possession of steroids when the steroids have not been in the form of a medicinal product. It is always an offence to sell or supply steroids to another person. People can also be prosecuted for possession with intent to supply if they have large quantities of steroids without a prescription for them.

Cognitive enhancers (source TES 23 March 2018)

Surveys suggest that anywhere between 7-38% of adults have illicitly used these drugs which include Amphetamine (trade name *Adderall*); methylphenidate (*Ritalin*); Modafinil (*Provigil*); Racetams and related chemicals (*piracetam*, *Noopept*). Experts believe a small but significant number of teenagers have turned to smart drugs. As we live in a knowledge economy, if a young person is trying to use their mind to advance themselves e.g. getting in to the best universities or a competitive job, it is not surprising to find a high usage in those areas.

The fear of researchers is not just that, faced with ever-increasing exam pressure and easy dealing from peers or the internet, teenagers are using these drugs – it is also that their use will now spread. Peer influence is a big factor in people taking the drugs in the first place.

Smart drugs are chemicals that enhance the cognitive functions of the brain: they have been described in the past as being a balancing agent to “optimise” brain performance. For those with ADHD or narcolepsy, the positive impact of these drugs has been proven – they do help with the challenges those conditions cause – but their impact on people without a prescription is unclear.

The Road Traffic Act 1988

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

The way alcohol affects you depends on:

- your weight, age, sex and metabolism (the rate your body uses energy);
- the type and amount of alcohol you're drinking;
- what you've eaten recently;
- your stress levels at the time.

ANNEX B:

Useful Organisations

Addaction is one of the UK's largest specialist drug and alcohol treatment charities. As well as adult services, they provide services specifically tailored to the needs of young people and their parents/carers. The Skills for Life project supports young people with drug misusing parents/carers.

www.addaction.org.uk/news/how-talk-your-children-about-drugs-and-alcohol-guide-for-parents-addaction-and-amy-winehouse

ADFAM offers information to families of drug and alcohol users, and the website has a database of local family support services. Tel: 020 7553 7640 Email: admin@adfam.org.uk Website: www.adfam.org.uk

Alcohol Concern works to reduce the incidence and costs of alcohol-related harm and to increase the range and quality of services available to people with alcohol-related problems Tel: 020 7264 0510. Email: contact@alcoholconcern.org.uk Website: www.alcoholconcern.org.uk

Aquarius supports 10-19 year olds where they are affected by parental substance misuse and support 8-24 year olds where they are affected by parental substance misuse or mental health and are care experienced young people. Their aim is to improve the emotional wellbeing of the young person and to build resilience <https://aquarius.org.uk/>

ASH (Action on Smoking and Health) a campaigning public health charity aiming to reduce the health problems caused by tobacco. Tel: 020 7739 5902 Email: enquiries@ash.org.uk Website: www.ash.org.uk

Birmingham Police and Schools Panels provide teaching resources and updates for schools and parents <http://policeandschools.org.uk/KNOWLEDGE%20BASE/Psychoactive%20Substances.html>

Childline provides support for drugs, alcohol, parents and alcohol, smoking, addiction, peer pressure, alcohol and why people drink, your rights <https://www.childline.org.uk/info-advice/you-your-body/drugs-alcohol-smoking/>

Children's Legal Centre operates a free and confidential legal advice and information service covering all aspects of law and policy affecting children and young people. Tel: 01206 877910 Email: clc@essex.ac.uk Website: www.childrenslegalcentre.com

Children's Rights Alliance for England - A charity working to improve the lives and status of all children in England through the fullest implementation of the UN Convention on the Rights of the Child. Email: info@crae.org.uk Website: www.crae.org.uk

Drinkaware - An independent charity that promotes responsible drinking through innovative ways to challenge the national drinking culture, helping reduce alcohol misuse and minimise alcohol related harm. Tel: 020 7307 7450 Website: www.drinkaware.co.uk/

Drinkline - A free and confidential helpline for anyone who is concerned about their own or someone else's drinking. Tel: 0800 917 8282 (lines are open 24 hours a day)

DrugScope is a centre of expertise on illegal drugs, aiming to inform policy development and reduce drug-related risk. The website includes detailed drug information and access to the Information and Library Service. Email: info@drugscope.org.uk. Website: www.drugscope.org.uk. DrugScope also hosts the Drug Education Practitioners Forum which contains a number of useful papers and briefing sheets for use by practitioners. Website: www.drugeducationforum.com/ Tel: 020 7520 7550

Family Lives - A charity offering support and information to anyone parenting a child or teenager. It runs a free-phone helpline and courses for parents/carers, and develops innovative projects. Tel: 0800 800 2222 Website: <http://familylives.org.uk/>

FRANK is the national drugs awareness campaign aiming to raise awareness amongst young people of the risks of illegal drugs, and to provide information and advice. It also provides support to parents/carers, helping to give them the skills and confidence to communicate with their children about drugs. 24 Hour Helpline: 0800 776600 Email: frank@talktofrank.com Website: www.talktofrank.com

The Mix is the UK's leading support service for young people. They help young people to take on the any challenge they are facing – from mental health to money, from homelessness to finding a job, from break ups to drugs. They can be contacted online, social media or their free, confidential helpline: 0808 808 4994 www.themix.org.uk

NACOA - The National Association of Children of Alcoholics - Providing information, advice and support for everyone affected by a parent's drinking <https://www.nacoa.org.uk/>

National Children's Bureau promotes the interests and well-being of all children and young people across every aspect of their lives. Tel: 020 7843 6000 Website: www.ncb.org.uk

National Drugs Helpline

Helpline for anyone concerned about drug misuse, including users, families, friends and carers. Also available in some languages other than English. 0800 776600 (anytime).

NHS- Help finding support within your area <https://www.nhs.uk/live-well/alcohol-support/?tabname=advice-and-support>

Open Door Youth Counselling confidential counselling and support for young people on all matters 0121 454 1116 www.opendooryouthcounselling.org.uk

Quit with Help www.quitwithhelp.co.uk

Re-Solv (Society for the Prevention of Solvent and Volatile Substance Abuse) A national charity providing information for teachers, other professionals, parents/carers and young people. Tel: 01785 817885 Information line: 01785 810762 Email: information@re-solv.org Website: www.re-solv.org

Rise Above is where you will find interesting and useful stuff from the web and beyond to get us all talking about the things that matter to us. You'll find inspiring and useful stories, videos, games and advice. <https://riseabove.org.uk/tag/drinking-smoking-drugs/>

Smokefree - NHS Smoking Helpline: 0800 169 0 169 Website: <http://smokefree.nhs.uk>

Stars National Initiative offers support for anyone working with children, young people and families affected by parental drug and alcohol misuse. Website: <https://www.addiction-ssa.org/>

US Department of Education <https://www.dea.gov/sites/default/files/2018-06/growing-up-drug-free-2017.pdf> a parental guide to prevention

Welcome Change – based in the East of Birmingham, their purpose is to help individuals who have overcome drug or alcohol dependency to rebuild their lives, while at the same time making a positive contribution to local communities. <http://welcome-change.org.uk/> Telephone 0121 749 5702

Young Minds <https://youngminds.org.uk/find-help/for-parents/parents-guide-to-support-a-z/parents-guide-to-support-drugs-and-alcohol/>

Youth Offending Teams – Local Youth Offending Teams are multi-agency teams and are the responsibility of the local authority, who have a statutory duty to [prevent offending by young people under the age of 18. Website: <https://www.gov.uk/youth-offending-team>

ANNEX C: Incidents Recording Form Source Drugs

Name of student*: _____		Name of school: _____	
Student's class: _____	Age of student: _____	Gender: _____	
Date of incident: _____		Time of incident: _____ am/pm	
Tick box if second or subsequent incident involving same student			
Incident type	Drug or paraphernalia found ON school premises		Student disclosure of drug use
	Emergency/Intoxication		Disclosure of parent/carer drug misuse
	Student in possession of unauthorised drug		Parent/carer expresses concern
	Parent / carer suspected of being intoxicated when collecting child(ren)		
	Other (describe): _____ _____		
Report form completed by: _____			
First Aid given? Yes No		Ambulance/Doctor called? Yes No (Delete as necessary)	
If Yes, Given by: _____ Time: _____		If Yes, Called by: _____ Time: _____	
Drug involved (if known): _____	Drug found/removed? YES/NO	Where found/seized: _____	
Senior staff involved: _____ _____		Name and signature of witness: _____ _____	
Disposal arranged with (police/parents/other): _____	At time: _____	If police, incident ref. number: _____	
Name of parent/carer informed: _____			
Informed by: _____			
At time: _____			

Brief description of incident (including any physical symptoms):

Other action taken

Form Completed by: _____ Time: _____
Date: _____

ANNEX D: Alcohol and substance misuse.

(Source: Mental Health First Aid England)

What is substance misuse?

Young people's use of drugs and alcohol is a cause for enormous concern among parents, education authorities, health services and the wider public.

Experimentation with drugs and alcohol is sometimes considered to be a rite of passage in adolescence. Young people report that they take drugs for a variety of reasons: to gain pleasure, to conform to the attitudes and values of their peer groups, to block out traumatic and painful memories and to relieve sadness and worries associated with their everyday lives.

Once they become regular users, a substantial number of young people have issues that continue into adult life.

Using alcohol and/or drugs does not on its own qualify a young person for a substance misuse disorder. Dependence syndrome, substance abuse and harmful use may include the following:

- dependence on alcohol or other drugs;
- use of alcohol or other drugs which lead to issues at school or home;
- use of alcohol or other drugs at a level which is causing damage to their mental, psychological and emotional health;
- use of alcohol or other drugs in situations which are physically hazardous.

Binge drinking

Although the consequences of binge drinking are more likely to be related to intoxication rather than long-term health risks, regular heavy or binge drinking behaviours are associated with a whole range of issues.

The impact of alcohol on young people has often focused on the resulting antisocial behaviour in young people, but there are other consequences which include accidents, violence and vulnerability to violence, physical and mental health issues and poor school performance.

Substance misuse and mental health

It is a common observation that many of the adolescents presenting to child and adolescent mental health services show significant substance related issues. The presence of co-existing substance misuse complicates the clinical course, treatment compliance and prognosis for these young people and is the single most important factor for increasing the risk of suicide in young people with psychosis or depression.

People with both a substance misuse problem and mental disorder are often referred to as having a 'dual diagnosis'. The overlap between substance misuse and other mental disorders may occur because people use substances to self-medicate but also because the substances may trigger or worsen other mental disorders.

Physical health impact of substance misuse

Substance misuse can contribute to and compound physical and mental health issues. Therefore, it is important to take account of a young person's current and past physical and mental health, and to be aware of the effects of specific substances upon them.

Where any of the issues listed below are a concern, a young person should be referred to a nurse, doctor, psychologist or psychiatrist as appropriate.

Major physical health issues that substance misuse can cause or adversely affect include:

- breathing issues;
- abscesses and vein damage associated with injecting;
- heart conditions;

- damage to vital organs such as the liver, kidney and brain;
- pregnancy;
- blood-borne viruses and infections;
- the risk of sexually transmitted infections should also be assessed and referrals made where appropriate.

Signs and symptoms

At home, a young person who is misusing substances may:

- become increasingly secretive or avoid answering parents' questions, particularly when it comes to where they go and what they do with friends;
- take alcohol from where it is stored in the house;
- appear to suffer from a hangover some mornings, difficulty getting up or vomiting;
- eat a lot of snack food when they get home at night as a result of increased appetite from cannabis or alcohol use;
- spend money more quickly than they used to, or be unable to explain what they are spending their money on.

At school a young person who is misusing substances may:

- show a decline in school grades;
- have difficulty maintaining focus and concentration;
- decrease the time spent on healthy extracurricular activities such as sport.

Possible causes for substance misuse

Different substances affect the brain in different ways. Young people use substances because of these effects, which include increasing feelings of pleasure or decreasing feelings of distress. Some substances cause dependence, in which case the user may eventually take the substances mainly to reduce their withdrawal symptoms. Substance use typically starts in adolescence or young adulthood and some people will go on to develop an addiction in adulthood depending on the substance. Possible causes might include:

Environmental factors:

- access and drug availability;
- peer pressure;
- social acceptance;
- discrimination;
- poor community networks.

Individual factors:

- other mental, emotional and behavioural issues;
- genetic/biological predisposition;
- psychological factors i.e. resilience.

Family factors:

- chaotic home situation;
- family mental health and/or substance misuse history;
- abuse;
- families with relationship issues.

First aid for alcohol and substance misuse

Approach the young person, assess and assist with any crisis

Listen and communicate non-judgementally

Give support and information

Encourage the young person to get appropriate professional help

Encourage other supports

ACTION 1: Approach the young person, assess, and assist with any crisis

If the young person has thoughts of suicide or self-harm, alcohol will increase the chance that they will harm themselves or complete suicide. To help a young person who is suicidal follow the action plan in the School Suicide-Safer School Policy. If a young person with suicidal thoughts is drinking, urge them to stop drinking any more, or at least to cut down.

If the young person is aggressive avoid confrontation and physical contact and keep a safe distance.

If the young person is injecting drugs, it is important that they do so in a way that is as safe as possible. This is called 'harm minimisation'. Drug injectors need to use new needles and not inject alone, as accidental overdose is always possible.

If there is an intentional or unintentional overdose, the person may become unconscious. Any unconscious person needs immediate medical attention – dial 999.

Assessing the risk

Identifying immediate substance-related risks is vital to ensure young people's wellbeing and ensure that interventions to reduce substance-related risks are prioritised.

Those working with young people should be aware that these are indicators of risk and should consider what steps are required to reduce the risk as soon as possible.

A widely used assessment tool is the Drug Use Screening Tool (DUST). Designed to be used by those working with young people, DUST aims to help identify risk factors and indicate where specialist advice should be sought.

Factors indicating an increase in substance-related risk include:

- overdose, self-harm and attempted suicide;
- quantities of substance misuse and effects that indicate extreme intoxication that could result in overdose;
- taking substances in the presence of older people, including parents, siblings and older partners, especially those with established substance misuse behaviour themselves;
- in association with sexual exploitation or risky sexual behaviour;
- in association with offending behaviour;
- in dangerous physical environments, such as near roads or railway lines, while driving or using alone;
- injecting of substances;
- direct inhalation of volatile substances, particularly butane;
- polysubstance use that increases the risk of adverse reactions and overdose;
- drugs or alcohol being administered to the young person by another person;
- age – the younger the person and the more unusual substance use is, the higher the risk of developing substance misuse issues.

NB risk factors also compound each other, so the presence of multiple risk factors means the overall risk to the young person is higher.

Call an ambulance or seek medical help if the young person:

- is unconscious (i.e. falls asleep and cannot be woken);
- has irregular, shallow or slow breathing;
- has cold, clammy, pale or bluish coloured skin;
- vomits continuously;
- has seizures;
- appears delirious or confused and talking completely incoherently;
- has hallucinations.

ACTION 2: Listen and communicate non-judgementally

- Listen to the young person without judging them as bad or immoral;
- Do not be critical of them. You are more likely to be able to help them in the long term if you maintain a non-critical approach;
- Try not to express your frustration at the person. Respond calmly, avoid anger;
- Avoid confrontation with the young person unless necessary to prevent harmful or dangerous acts;
- Don't panic and try not to act shocked;
- Don't give unhelpful advice such as:
 - "Show some will-power."
 - "You must stop doing this before we can help you."
 - "Why are you doing this to yourself?" (They probably won't know the answer.)

ACTION 3: Give support and information

Give the young person information about:

- The safe levels of use for alcohol;
- The harms associated with substance use (e.g. impact on health) and how to minimise the risks (e.g. avoiding risk taking behaviour);
- Programmes that are available to help young people deal with alcohol or drug issues;
- Explain to the young person how emotional and mental health issues can be contributing to their substance misuse and that there are effective treatments and help available.

ACTION 4: Encourage the young person to get appropriate professional help

People who have alcohol or substance misuse issues often do not want or are not ready to change.

Unless the young person is at a stage where they are prepared to change, it is unlikely that any treatment will succeed. People who recognise the harm and disadvantages of continuing their behaviour, as opposed to the advantages of continuing, will be best placed to consider making changes.

Signpost to GPs and drug and alcohol specialists (see annex B).

A model for change

Major behavioural changes take time to be achieved and often involve a person going through a number of stages. There are often five stages of change and a person may move back and forth between the stages at different times.

Stage 1: pre-contemplation – the person does not think they have a problem;

Stage 2: contemplation – the person thinks their drug use might be a problem;

Stage 3: preparation – the person has decided to make a change;

Stage 4: Action – making the change;

Stage 5: Maintenance – keeping up the new habits.

ACTION 5: Encourage other supports

Family are a very important course of support for a young person with an alcohol or substance misuse problem. Family members can help reduce the chances of relapse after a person has quit. Young people are more likely to start using again if there is an emotional upset in their life and the family can try to reduce this possibility and be aware that extra support may be needed at these times. When an adolescent is using substances, family members need to be aware of the influence their own substance use might have and reduce the availability of the substance in the home.