

pulling it together

Drug Education

& Managing Drug Related Incidents Guidance



the learning trust
the future for education in Hackney

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Guidance to be reviewed 2007

Introduction

An overview of the drug use of Hackney's young people

There have been two revealing pieces of analysis of the drug-using situation in Hackney in recent years. The first, 'A Situational Analysis of Substance Misuse in the London Borough of Hackney' (Dunn, Edmunds and Child Oct. 1999) estimates the number of problem drug users in the Borough as totalling around 3000, and the number of problematic alcohol users as totalling around 7500. This, coupled with the Borough's socio-economic status, large youth population (48% of Hackney's residents are under 30, compared to 40% nationally), and high levels of crime indicate a worrying trend for those young people growing up in the Borough, highlighting the importance of preventing drug use.

However the current picture for young people is not as was previously expected. A survey conducted in all Hackney secondary schools (Years 7, 9 and 11) in December 2001 gave some **lower** than estimated results. 14.2% of all respondents claimed to regularly use some form of psychotropic substances such as cigarettes, alcohol, or illegal drugs. For comparison the national figures stands at 20.3% (1998, Goddard & Higgins).

However comparatively low these figures may seem they give no room for complacency. The above report highlighted a concerning trend for an escalation of use around 14 years old. Figures for substance use rise from 5% at 11 to 21% by the age 14. It is this escalation that is the central feature of this report. It suggests that prevention work should clearly be focused on the years preceding this age range.

This increase in use at aged 14, and a continuation of use throughout young people's years of schooling, would indicate that those involved in the education of Hackney pupils require a consistent approach to managing drug related incidents in order to ensure that their pupils can address their misuse of substances whilst continuing their education and avoiding the risk of potential exclusion from school and social exclusion in later life.

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Section 1: Drug Education

Why do drugs education? ■

- Pupil needs
- Government strategy
- Subject to OFSTED inspection

One of the aims of Government's updated drugs strategy (2002) states one of its main objectives as:

'preventing today's young people from becoming tomorrow's problematic drug users.'

All controlled drugs are dangerous and no one should take them. Universal programmes of education and information will give all young people and their families the information and skills they need to protect themselves from the risks and harm of all drugs. The most vulnerable young people will get support before drug problems escalate.

Drug education, in various forms, has been around in British schools since the 1970's. Recently, through the Home Office, Department for Education and Skills and the Department of Health, schools and LEAs are being issued guidance to develop these programmes further. The aim of The Learning Trust's guidance is to 'identify what works in drug education and take it forward effectively.' (David Blunkett MP 11/98)

This guidance helps us determine the reasons for teaching drug education:

- it can be effective in reducing use or delaying the age of first use;
- it can enhance the overall safety of a young person;
- it can, in conjunction with a personal, social, health and citizenship education (PSHCE) programme, provide young people with useful key life-skills;
- it should prepare young people to cope with the realities of living in a drug-using society.

Evaluating effectiveness

- The programme should be written in line with the Department for Education and Skills' (DfES) '*Drugs: guidance for schools*' (2004);
- It should be part of a wider scheme of work for PSHCE;
- Pupil's feedback should be included and acted upon;
- Learning outcomes can be assessed;
- Quality of provision can be assessed against the quality standards identified in (DfES) '*Drugs: guidance for schools*' (2004).

OFSTED framework for inspection

'*Framework 2003 - Inspecting schools*', (OFSTED) sets out a framework for all school's inspections. Inspectors are required to evaluate pupils' attitudes, values and personal development, including:

- the provision made for personal, social and health education including sex education and attention to drug misuse;
- how well the school cultivates pupils personal – including spiritual, moral, social and cultural – development;
- the steps taken to ensure pupils welfare, health and safety, including the schools arrangements for child protection;
- pupil's attitudes to school;
- pupil behaviour, including the incidence of exclusions;
- personal development and relationships;
- parents' and carers' views of the school.

School Inspections include

- PSHE and Citizenship at Key Stage 1 and 2;
- PSHE and aspects of the Citizenship curriculum at Key Stages 3 and 4;
- The statutory curriculum for Citizenship at Key 3 and 4.

The law relating to controlled drugs ■

The Misuse of Drugs Act 1971 (amended in January 2004) contains the following information:

It is an offence:

- To unlawfully possess a controlled drug
- To possess a controlled drug, whether or not, with intent to supply it
- To unlawfully supply (sell, give, share) a controlled drug
- To allow premises you occupy or manage to be used for the supply of a controlled drug, preparing, smoking opium or smoking cannabis

	Class A	Class B	Class C
	<ul style="list-style-type: none"> ■ Heroin ■ Opium ■ Methadone ■ Cocaine ■ Crack cocaine ■ Ecstasy ■ LSD ■ Processed magic mushrooms ■ Cannabis oil <p>Any class B drug that is prepared for injection</p>	<ul style="list-style-type: none"> ■ Amphetamines ■ Barbiturates ■ Codeine ■ Df118 Painkillers ■ Ritalin 	<ul style="list-style-type: none"> ■ Cannabis resin ■ Cannabis herb ■ Tranquillisers ■ Anabolic steroids ■ GHB
Maximum penalties for possession	<p>7 years in prison plus an unlimited fine</p> <p>Life imprisonment and/or a fine</p>	<p>5 years and/or a fine</p>	<p>2 years and/or a time</p>
Supplying/dealing or possession with intent to supply	<p>Life imprisonment</p> <p>And/or a fine</p>	<p>14 years and/or a fine</p>	<p>14 years and/or a fine</p>

Delivery of Drug Education

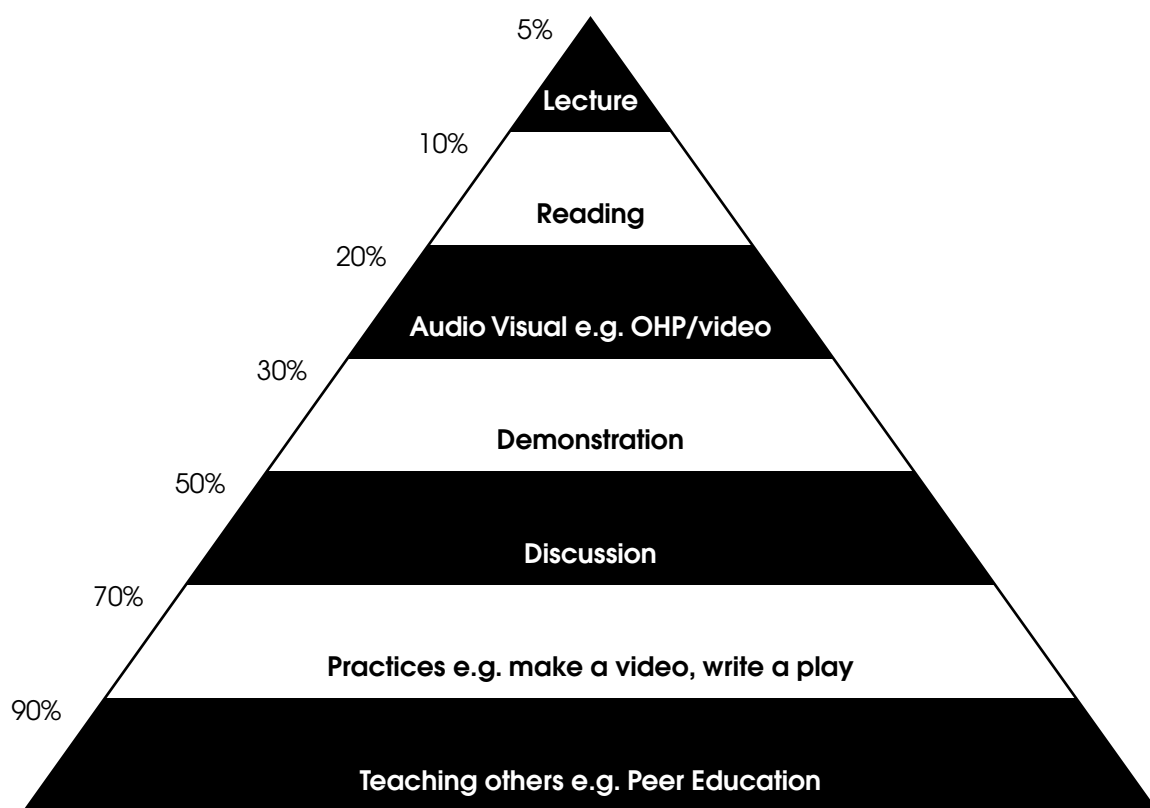
What is the best approach for the delivery of drug education? ■

- Teachers should lead on the delivery of drugs education. This provides a consistent approach which is enhanced by a teacher's prior knowledge of a class and individual pupils
- Visiting agencies, organisations or individuals should not be used as substitute teachers, nor should they constitute the entirety of a school's drug education programme
- An active learning approach should be adopted to ensure that all pupils are fully engaged
- Methodology should extend knowledge, develop and practise skills, explore attitudes, values and expectations
- It should start at reception and end at the earliest at Year 11, building skills and knowledge year on year. This is known as the whole school approach
- It is for schools to decide how drug education is organised but it is imperative that there is sufficient lesson time for learning to take place as well as opportunities for pupils to actively participate and reflect and consolidate their learning
- World wide research identifies interactive teaching techniques such as discussion, small group activities and role play as the most effective form of teaching drug education. The following diagram illustrates the retention figures for different forms of teaching

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Learning Pyramid - remembering the knowledge base



Who should deliver drug education?

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

DfES Drugs: *Guidance for Schools* (2004)

There is a checklist at the back of the DfES publication '*Drugs: Guidance for Schools*' (2004) for planning the use of external contributors.

Roles of those involved in Drug Education

The PSHCE co-ordinator's role

The PSHCE co-ordinator should:

- lead policy development and implementation;
- have an accurate picture of current provision and recommended targets for whole school development;
- provide appropriate support and training for staff;
- monitor, evaluate and review the programme, including resources, with input from staff and pupils;
- co-ordinate outside agency involvement (with assistance from the Learning Trust's Substance Misuse Education Adviser);
- support staff to assess pupils' progress;
- co-ordinate responses to drug related incidents.

Parent's role

Parents need to be involved in planning of a drug education programme. This will help overcome any initial fear parents may have when faced with the prospect of their children being 'taught about drugs'. Parents should be able to review and comment on drug education materials and be given support and information sessions to help develop their knowledge in this area. The Learning Trust's Schools Substance Misuse Education Advisor is available to conduct such sessions.

The Governor's role

It is essential that Governors are knowledgeable about the drug education programmes and policies that exist within their school. This is particularly relevant regarding the management of drug related incidents as the chair of the Governors will be present at hearings relating to the possible exclusion of a pupil.

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Support and resources available ■

The Head of Schools Plus represents The Learning Trust on Hackney's Drug Action Team (DAT). The Schools Substance Misuse Education Adviser is based at the Learning Trust:

Schools Substance Misuse Education Adviser
The Learning Trust
Hackney Technology and Learning Centre
1 Reading Lane
London E8 1GQ
Telephone: 020 8820 7496

- The Learning Trust's Scheme of Work outlines Drug Education session in reception and Years 2,6,7,9 and 11.
- Training opportunities for teachers of Drug Education and PSHCE Co-ordinators is available. Contact the Schools Substance Misuse Education Adviser for details.
- Resources have been provided in 2004 for all schools in the Borough. Primary Schools received a copy of the CD ROM Ace Monkey while Secondary Schools received a copy of Interactive Drug Education Pack. Both CD Roms have been developed collaboratively by Birchfield Interactive PLC and the well respected drug education resources organisation, Tacade.
- Alternative resources or signposting to new resources is available from the Schools Substance Misuse Education Adviser as well as on the spot information and advice.

Approaches to Drugs Education

Generally, drug education approaches fall into three main categories:

- Fear arousal
- Information based programme
- Life skills approaches

Fear arousal

Also known as 'shock tactics', such techniques are rarely effective in influencing behaviour. The approach can be pitched at an unrealistically hard-core level which most pupils find hard to connect to. Others may respond to the teaching by being intrigued and excited rather than deterred. This is thought to be an ineffective response, particularly in the long term.

Information based programmes

These programmes aim to influence people to choose healthy lifestyles by giving them all the relevant information available. However, not all young people choose to live healthy lives and most will take some form of risk at some time. This is especially relevant if the educated health risk is one that will harm them in a number of years, as the risk can seem very distant and therefore a very slight risk in the here and now.

This approach has a place as part of a whole programme, but is not effective if standing alone. Information that is relevant to the young person e.g. sexual health or criminal convictions can be more effective when covered using this approach.

According to the DfEE paper '*Protecting Young People*', (1999) information based approaches need to: '*Maintain balance: schools need to develop a credible approach, which does not exaggerate...*' and '*recognise and take account of the attitudes and assumptions of young people; for example the fact that young people may choose to take up drug for what they perceive to be positive reasons, and not because they are unaware of the potential risks.*'

Life skills approaches

The acquisition of life skills is a key element in all aspects of PSHCE education. This approach aims to effect drugs prevention by promoting a range of social skills, mainly relying on the assumption that substance misuse is due (at least in part) to poor coping strategies, decision-making skills and low self-esteem.

Life skills approaches can be an especially useful arena to explore peer relationships and more traditional concepts of communication skills and self-awareness.

Many of the resources suggested within the Learning Trust's Scheme of Work have a strong element of the life skills approach.

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Example of a Drug Education programme

The following outline-teaching programme taken, in part, from the Qualification and Curriculum Authority's (QCA) Drug, Alcohol and Tobacco Education Curriculum Guidance, illustrates topics that might be covered in a drug education programme at each key stage. The plan is not intended to be definitive or prescriptive and there is a degree of overlap in content between each key stage. Schools may wish to consider the plan as a starting point for their own thinking.

Schools will recognise that in this, as in other areas of study, there is interplay between the development of knowledge, understanding, skills and attitudes. The sequence in which ideas are presented is not intended to imply a teaching order. This is a matter for schools to determine.

Key Stage 1

Knowledge and Understanding

- School rules relating to medicines
- Basic information about how the body works and ways of looking after the body
- The role of medicines (both prescribed and over-the-counter) in promoting health and the reasons people use them
- Understanding that all drugs can be harmful if not used properly
- Simple safety rules about medicines and other substances used in the home, including solvents
- That medicines can be harmful if not used properly
- People who are involved with medicines (such as health professionals, pharmacists and shopkeepers)
- People who can help children when they have questions or concerns

Skills

- Communicating feelings such as concerns about illness and taking medicines
- Following simple safety instructions and rules
- When and how to get help from adults

Attitudes

- Valuing one's body and recognising its uniqueness
- Attitudes towards medicines, health professionals and hospitals

Key Stage 2

Knowledge and understanding

- Definition of a drug, their effects and risks
- Different reasons why people take risks
- Understand that pressure can have both positive and negative outcomes
- The law relating to smoking, drinking and drugs
- The effects of smoking and identify the negative effects of smoking
- The effects of alcohol – how different levels of intake can affect people differently
- How to access sources of help and support

Skills

- Identifying risks
- Coping with peer influences
- Communicating with adults
- Decision-making and assertiveness
- Giving and getting help

Attitudes

- Valuing oneself and other people
- Attitudes and beliefs about different drugs and people who may use or misuse them
- Taking responsibility for one's own safety and behaviour

Key Stage 3

Knowledge and understanding

- School rules relating to medicines, alcohol, tobacco, solvents and illegal drugs and responses to drug related incidents
- Information about legal drugs (including prescribed and over-the-counter medicines) and illegal drugs, their effects and associated health risks
- Knowledge of the effects of drugs, alcohol and tobacco on health and on society
- The law relating to drugs
- Changing the law – all the facets of the legislative system
- Some of the ways to influence the law
- Advice and support within the locality, national help lines and organisations

Skills

- Identifying risks to health
- Communicating with peers, parents and professionals
- Decision-making and assertiveness in situations relating to drug misuse
- Attitudes and beliefs about drugs and drug users among different groups in society
- Impact of the media and advertising on young people's thinking
- Attitudes towards drugs and laws relating to drugs
- Recognition of oneself as a role model and acceptance of responsibility for one's actions
- Taking responsibility for one's own and other people's safety

Attitudes

- Social and cultural influence on young people
- Attitudes towards drugs, drug users and misusers and laws relating to drugs, including licensing and retailing laws
- Valuing oneself and other people
- Taking responsibility for one's own safety and behaviour

Key Stage 4

Knowledge and understanding

- School rules relating to medicines, alcohol, tobacco, solvents and illegal drugs and responses to drug related incidents
- Information about drugs including their legal status, effects and appearance
- Physical, emotional, financial, and social risks associated with drug, alcohol and tobacco use
- Risks associated with particular drugs, mixing of drugs, and specific environments and moods
- Patterns of drug misuse locally and nationally and the impact on the community and wider society
- Consequences of drinking alcohol and how to respond positively in alcohol related situations
- Drug taking in sport
- Drug policy in this country, including education, prevention, policing and legal aspects, penalties, treatment and rehabilitation
- The services provided by local and national advice and support agencies

Skills

- Identifying and assessing risks
- Communicating with peers, parents and professionals
- Decision-making and assertiveness in situations relating to drug misuse
- Managing conflict and aggressive behaviour
- Communicating drug advice to other young people
- Giving and securing help if needed for a variety of situations

Attitudes

- Social and cultural influence on young people
- Attitudes towards drugs, drug users and misusers and laws relating to drugs, including licensing and retailing laws
- Individuals' responsibility for their own actions

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- Drug Education need not stop at Key Stage 4; schools may wish to extend their drug education programmes to Years 12 & 13. They will need to consider how the knowledge and understanding, attitudes and skills developed through earlier key stages can be reinforced and extended.

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The Learning Trust's PSHE Scheme of Work – Drug Education

This scheme of work aims to:

- Promote the entitlement of all pupils to PSHE and Citizenship education
- Encourage a co-ordinated and consistent approach to PSHE and Citizenship in and across Hackney schools
- Inform schools of the national requirements relating to PSHE and Citizenship
- Support schools to implement National Curriculum 2000 through a whole-school approach
- Provide guidance for co-ordinators of PSHE and Citizenship
- Provide support for teachers delivering PSHE and Citizenship with respect to lesson content, monitoring, assessment and reporting on pupil achievement

Overview of the scheme's drug education content:

Key Stage	Year	Suggested content
1	Reception	Unit: medicines, solvents and people who help us Covers: likes and dislikes, right and wrong, household products, including medicines, rules of safety, people who can help them keep safe
1	Year 2	Unit: Substance Use and Misuse Covers: likes and dislikes, right and wrong, household products, including medicines, rules of safety, people who can help them keep safe
2	Year 6	Unit: Substance Use and Misuse Media presentation, commonly available substances; legal and illegal, pressure and risk, techniques to resist right and wrong
3	Year 7	Unit: Substance Use and Misuse Covers: managing risk and choice, healthy lifestyles, recognition of pressure, where to get help, school rules and basic laws
3	Year 9	Unit: Illicit substances Covers: basic laws and school rules, recognition and management of choice and risk, pressures, personal safety – recognition and resistance, where to get help
4	Year 11	Unit: consequences of substance use and misuse Covers: long and short term alternatives and life and health choices, health risks of legal and illegal drugs, the judicial system

Special Educational Needs (SEN)

The Learning Trust adopts the principles outlined in the SEN code of Practice, namely:

- *'a child or young person with special educational needs should have their needs met;*
- *the special educational needs of children will normally be met in mainstream schools or settings;*
- *the views of the child or young person should be sought and taken into account;*
- *parents have a vital role to play in supporting their child's education;*
- *children with SEN should be offered full access to a broad, balanced and relevant education, including an appropriate curriculum for the Foundation stage and National Curriculum.'*

Inclusion and Special Educational Needs: A Strategy for Sustainable Inclusion, The Learning Trust, 2003-2007

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SEN young people and drug use

There is little data on illegal drug use within this group. There is some evidence (Delancy and Polling 1990) that suggests that drug and alcohol misuse was present in people with learning difficulties, albeit at a lower level than those without learning difficulties. The Glasgow Community Learning Disability Teams (1996) found approximately 3% of their client's misused alcohol or drugs.

Young people with special educational needs have been previously identified as a 'vulnerable group' due to:

- insufficient self control;
- low self-esteem;
- disenfranchisement;
- social isolation;
- peer isolation;
- unemployment.

With regard to drug education, these vulnerability factors are compounded through:

- sudden, or unexpected increase in responsibility or independence;
- the fact that young people with SEN can exhibit greater naivete in their approach to life;
- may be less aware of the dangers of readily available substances e.g. solvents;
- for some, a limited understanding or connection to emotion and psychological variables can make it difficult to understand the effects of drugs;
- confusion around the role of drugs; especially the difference between medicines and illegal drugs.

Curriculum suggestions:

- The lessons should not aim only to raise levels of knowledge but provide a skills base and explore attitudes;
- Careful consideration needs to be made concerning the level of learning, and differentiation should be made where appropriate;
- The outcome should be the same as for mainstream schools but the attainment levels may be different;
- There should be attention paid to the role of substances, e.g. medicinal, legal, illegal etc.;
- Additional attention should be paid to skills for resisting peer pressure;
- The lessons should tie in with the school's behavioural policy especially regarding sessions about acceptable and unacceptable behaviour;
- Activities should be designed in a way that take account of literacy capabilities.

For further information on SEN see the Qualifications & Curriculum Authority's (QCA's) *Planning, teaching and assessing curriculum for pupils with learning difficulties: PSHE and Citizenship, 2001*, available from www.nc.uk.net/ld/PSHE_content.html

In order to manage drug related incidents in those with emotional and behavioural difficulties, use the DfES *Code of Practice on Special Educational Needs (2001)*.

In relation to supporting pupils with medical needs, the DfES in partnership with the Department of Health has produced a good practice guide called '*Supporting pupils with medical needs*', which is available from:

<http://www.teachernet.gov.uk/docbank/index.cfm?id=4422>.

For further guidance and information, go to SEN section of the Learning Trust's website at www.learningtrust.co.uk.

Vulnerable young people

The Government's drug strategy places particular emphasis on the need to:

'Increase access to information and services for vulnerable groups including school excludees, truants, children in public care, young offenders, young homeless people and children of drug-misusing parents.'

Risk group – risk factors

Vulnerable young people may not see their drug use as a problem. Effective intervention must start early and be both intensive and sustained. There is usually cause to create a differentiated package of drug education which is based more on harm minimisation than in the 'mainstream'.

There are defining factors in a child's life, which although cannot predict drug misuse, can be key factors associated with the potential for drug misuse and/or associated conditions (e.g. mental health difficulties). However Rutter (1987), Catalino (1992), Dembo (1987) and Kumpfer (1987), quoted in Drugscope's The Right Response (1999) in identifying these 'risk factors' note that there can also exist 'protective factors' that can reduce the potential for drug or alcohol misuse:

Risk factors	Protective factors
Chaotic home environment	Stable home life, with good parental/carer supervision
Parents who misuse drugs or suffer mental illness	Stable home environment which involves as caring relationship with at least one adult
Behaviour disorders	Access to help and a knowledge of appropriate behaviour strategies, possible link to SEN
Lack of parental nurturing	Family involvement in the lives of children
Inappropriate /aggressive behaviour	Strong family and peer influences
School failure	Special educational needs support to create a successful school experience
Poor coping skills	Realistic self knowledge and self esteem, good knowledge of how to maintain good mental health
Low commitment to school	Regular school attendance
Friendship with deviant peers	Strong and supportive social networks
Low socio-economic status	Realistic understanding of money and basic economic principles e.g. debt
Being labelled as a drug misuser	Strong and supportive social networks, delayed onset of drug (or alcohol misuse)

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Young people whose parents or carers misuse drugs and alcohol ■

This section pertains to the serious misuse of substances by a young person's parents or carers. Not all children whose parents or carers misuse substances need to be placed on the Child Protection Register (for further information please refer to London Child Protection Procedures 2003 – available at <http://www.alg.gov.uk/doc.asp?doc=9669&cat=979>). However, it is essential that schools remain vigilant, as families with substance misusing parent/s are at greater risk from:

- domestic violence incidents;
- family conflict;
- sexual and physical abuse;
- neglect;
- increased psychological pressures and responsibilities;

These factors should be kept in mind – especially once a young person has been identified.

Intoxicated parents/carers on school premises ■

When dealing with intoxicated parents/carers, staff should attempt to maintain a calm atmosphere. On occasions, a teacher may have concerns about discharging a pupil into the care of a parent/carer. The focus for staff will always be the maintenance of the child's welfare, as opposed to the moderation of the parent's/carer's behaviour.

Where the behaviour of an intoxicated parent/carer places a child at risk or the parent/carer becomes abusive or violent, staff should consider whether the child is 'at risk of significant harm', thus invoking child protection procedures, and the involvement of the police, if necessary. Staff may also wish to consider if the pupil is a 'child in need' and whether a referral to Social Services or other agency would be appropriate in order to provide support services.

For further guidance see: 'A legal toolkit for schools' (DfES, 2002) For a copy of the document, go to <http://www.teachernet.gov.uk/wholeschool/behaviour/behaviour/>

Possible identification factors of drug using parents

(These factors are not an exhaustive list and may not, by their presence create conclusive proof of substance misuse):

- a refusal or reluctance to go home;
- pupils that are infrequent or sporadic attendees;
- pupils that display excessively needy or clinging behaviour;
- pupils that display high levels of responsibility or concern about parents or family members;
- a young person not meeting growth and milestone development;
- early onset of substance use;
- behavioural issues;
- inappropriate behaviour;
- young person often left unsupervised, without alternative care.

Drug Education considerations

It is essential that the drugs education of these young people be sensitively addressed, in a way that does not cause further emotional conflict. Referral to in-school or specialist counsellors should be considered, for example, Off Centre, Hackney Young People's Counselling, Advice and Information Service. (See appendix 7 for contact details)

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Excluded pupils

Pupil Referral Units (PRUs)

Drug Prevention Advisory Service Good Practice Points (DPAS Drug Education Toolkit 2000) suggest the following considerations are made concerning drug education:

- Excludees represent a group at high risk of involvement with drugs, crime and anti-social behaviour;
- Excludees usually have concerns relating to their low achievement status and can respond well to schemes with incentives and rewards;
- Drugs Education should be taught by highly skilled educators with a high pupil to staff ratio;
- Free time from PRU's can lead to opportunistic crime as the pupils have more time on their hands than mainstream pupils;
- These young people value relevant drugs information, provided by credible sources;
- Primary prevention approaches may be inappropriate for those already involved in drug and alcohol misuse;
- Drug Education needs to be appropriately levelled considering a pupil's possible involvement in crime and possible parental use.

Pupil Referral Units (PRUs) and Drug Policy

Recent research (*Drug Education For School Excludees – A study of six local authorities' provision of drug education for young people not in school*, Drugscope & BT Sept. 2000) found that staff at PRUs regard their own drugs education policies as pragmatic, i.e. they are realistic about the possibility of their pupils use of substances but aim to continue to provide healthy choices via educational and pastoral programmes. Therefore, it was found that the mainstay of a PRU's drug policy is the actual management of drug related incidents, which was predominantly linked to the Learning Trust's Behaviour support plan.

Research regarding the realities of responding to drug related incidents in a PRU suggest the following:

- Consistent inclusions throughout all the PRUs researched was summarised as 'a prohibition on using drugs, supplying drugs, or being under the influence whilst at the unit' (BT Research 2000)
- The research identified a need to balance pupils' behaviour, in order to uphold the integrity of rules and the wider good of the pupil (i.e. to minimise the risk of being referred to a residential facility)
- A flexible attitude to dealing with specific incidents
- Possible, additional consideration required when taking incidents further e.g. initial contact with the police

Additional considerations of the staff - pupil relationship, in relation to impact of sanctions placed after a drug incident, seemed integral to the way in which most incidents were dealt with.

Section 2: The Management of Drug Related Incidents

Overall co-ordination of incidents

The management of drug related incidents should be co-ordinated **through** the school's senior management member who is named as the key person for managing drug related incidents, this person's name should be recorded in the school's drug education and managing drug related incidents policy.

This member of senior management will initially co-ordinate action including:

- consultation with Headteacher;
- consultation with the named governor/s with specific responsibilities relating to the provision of drug education;
- consultation, where appropriate, with outside agencies.

Along with a named member of SMT, schools should also have a deputy drug related incidents co-ordinator. Again, this person's name should be recorded in the school's drug education and managing drug related incidents policy.

Both the named senior teacher and deputy should be fully aware of current guidance and local circumstances to ensure that a consistent, informed approach underpins responses to situations.

It is recommended that contact be made with a police officer in Hackney's Safer Schools Partnership for advice and support.

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Handling illegal substances ■

- Using latex gloves, confiscate substance and place in a secure area. Remember it is **illegal** to conduct a search of a pupil's person, even when looking for illegal drugs. You can ask the pupil to turn out their pockets, bags or desks. If a personal search is necessary then the police will have to be called in to arrange for this;
- Record details of find (who, what, where and when);
- Schools can use a punched-hole wallet to contain the substance. The bag can be sealed (to prevent accusations of tampering) content details, date and witness names can be recorded on the outside of the bag;
- Try **not** to flush it down the toilet, burn it or throw it in a bin as this contravenes the Environmental Protection Act 1990 and the Misuse of Drugs Regulations 1985. It can also be hard to prove that it has been securely disposed of;
- The school should liase with the Hackney Council's Clinical Waste Collection Service (020 8986 3022) on the best way to dispose of the contents of a sharps container;
- At the earliest opportunity, the schools SMT drug co-ordinator (or PSHCE co-ordinator) should contact the Safer Schools Partnership informing them that he/she is in possession of a substance suspected to be a controlled drug (the defence in law is that possession has been taken in order to prevent a person from committing a criminal offence);
- There is no legal obligation to inform the police of the identity of the pupil, although this should be seriously considered if the drug is class 'A' or if the pupil is believed to be involved in supply;
- If it is unclear as to whether or not the amount constitutes possession with intent to supply, the police officer can be asked to give an educated opinion upon arrival for collection;
- **Do not taste the substance in order to ascertain its identity;**
- The substance may need to be analysed if exclusion from school is a possible course of action.

Handling paraphernalia

If drug taking paraphernalia (i.e. syringes) is found (see appendix 2 for list) it is advisable to:

- investigate with any pupils involved;
- increase observation of area in which it was found and/or pupils involved;
- destroy paraphernalia;

It is important to remember that some 'paraphernalia' is carried for medicinal reasons, e.g. a diabetic's syringe. It is therefore essential that schools check this out.

Smoking

Hackney Council's *Policy on Smoking and Tobacco* (1992) states:

'The smoking of tobacco or any other substance by service users, employees, councillors and other users of and visitors to council buildings in an enclosed areas in Hackney Council workplaces will not be permitted.'

The Learning Trust takes a similar line.

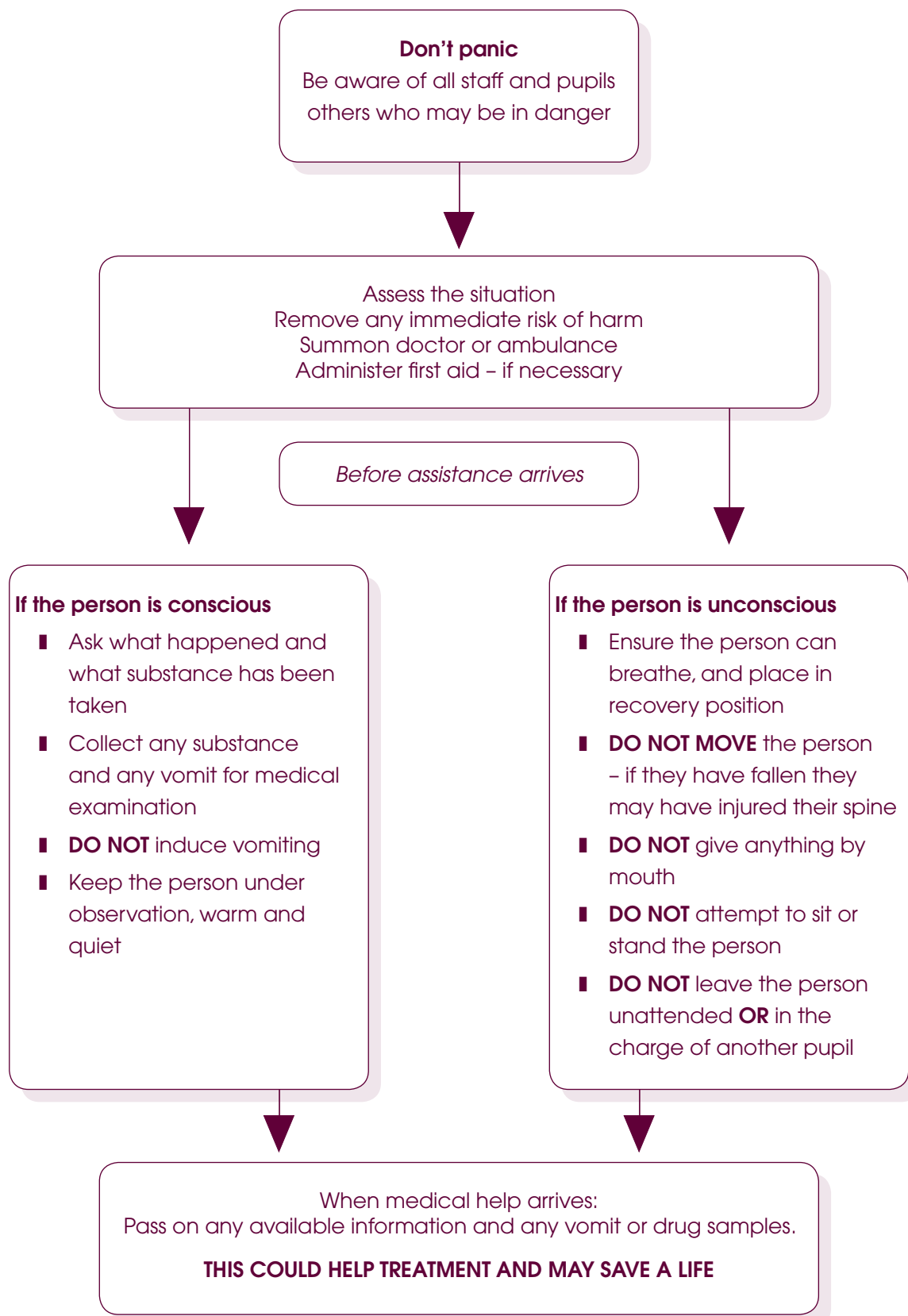
Medical emergencies

A medical emergency is defined in DfES *'Drugs: Guidance for Schools'* (2004) as arising when a person:

- is unconscious;
- is having trouble breathing;
- is seriously confused or disoriented;
- has taken a harmful, toxic substance;
- is otherwise at serious risk of harm.

In these circumstances, there is a need to act quickly to ensure the safety and well being of individuals and the school community. It is essential that all schools have named members of staff with responsibility for first aid.

Guidelines for managing an emergency situation



Post incident assessment of need

Once the medical emergency has been addressed, the circumstances of the incident will need to be assessed. A record sheet needs to be completed, (an example is included in Appendix). The assessment should be systematic and follow a checklist to ensure that all relevant issues have been included.

Factors to be considered prior to any sanctions being issued

Is the person involved in the incident:

- under the influence of a substance;
- using due to problems or out of pleasure;
- in immediate and recurrent danger;
- aware of his/her limitations and is currently engaged in controlled use;
- acting with a knowledge of rules;
- using an illegal or legal substance (particularly relevant if the substance is Class A);
- has admitted the incident;
- has never been in this kind of trouble previously;
- has a large amount of the substance on his/her person.

The evidence available to the school should also determine the school's actions.

Post Incident Sanctions and Support

The following are a recommended series of possible sanctions and support mechanisms that should be used when considering action post incident. These are based on *Health Education in Secondary & Special Schools: Guidelines for Policy & Programme Development*. (Wrenne, L Southwark Education Dept, 1999).

Tobacco

Incident	Sanction	Support
First breach of school rules on tobacco.	First warning. Record kept on drug incident sheet.	Consider involvement in smoking cessation group.
Subsequent breach of school rules on tobacco	Second and third warning. Record kept on drug incident sheet. Pupil placed on report.	Consider involvement in smoking cessation group.

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Alcohol and Solvent Related Incidents

Incident	Sanction	Support
First breach of school rules on alcohol or solvents and any misuse of medicines.	First warning. Record kept on drug incident sheet. Pupil should be put on report.	Consider whether parents/carers should be notified. Involve in-school counsellors, and relevant staff. Consider link with Connexions service (personal adviser) or learning mentor.
Second breach of school rules on alcohol or solvents and any misuse of medicines.	Second warning. Record kept on drug incident sheet. Increased supervision and restriction placed on breaks and lunchtime, placed on report.	Parents/carers notified and invited to participate in specialist consultation process. Child protection may need to be considered depending on circumstances.
Third breach of school rules on alcohol or solvents and any misuse of medicines.	Third and final warning. Record kept on drug incident sheet as above.	Parents/carers notified and invited to participate in specialist consultation process. Education Attendance service notified.
Subsequent breach of school rules on alcohol or solvents and any misuse of medicines.	Temporary exclusion. Record kept on drug incident sheet. Re-admission agreed and clarified by school and carers/parents *	Meeting with SMT and parents/carers. Child protection strategies may need to be considered. Referral to outside support agencies. Consider pupil involvement in behavioural contracts and out of school hours learning.

* A pupil cannot be punished for the behaviour of the parents, for example by extending a fixed term exclusion until the parent agrees to attend a meeting (paragraph 6.6 Circular 10/99)

Illegal Substances Related Incidents

Incident	Sanction	Support
First breach of school rules on any illegal substance.	First warning. Record kept on drug incident sheet. Pupil put on report and placed under close supervision.	Parents notified depending on circumstances. Initial meeting set with professional case conference members. Referral to outside specialist agency. Child protection strategies may need to be considered. Consider consulting with a police officer from the Safer School Partnership. Possible further police involvement.
Second Breach of school rules on any illegal substance.	Second warning. Record kept on drug incident sheet. Restrict breaks and lunchtime activities.	Case conference called including parents. Education Attendance Service involved. Pupil placed on behaviour contract and involved in specialist counselling and pastoral support programme (PSP). Involve police officer from Safer Schools Partnership.
Third breach of school rules on any illegal substance.	Temporary exclusion. Record kept on drug incident sheet. Re-admission criteria set by parents and school. *	Case conference called. Support by specialist consultation group. Involvement of police officer from Safer School Partnership. Placed on intensive in-school programme.
Subsequent breach of school rules on any illegal substance.	Permanent exclusion. Record kept on drug incident form.	Case conference called. Possible joint planning with the Youth Offending Team (YOT). Referral to specialist support, e.g. Off Centre.

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* A pupil cannot be punished for the behaviour of the parents, for example by extending a fixed term exclusion until the parent agrees to attend a meeting (paragraph 6.6 Circular 10/99)

Out of School

Incident	Sanction	Support
Allegation or suspicion of possessions or use off premises.	If evidence found. Place pupil on report. Record kept on drug incident form. Consider where the school's boundaries end.	Consider informing parents/carer, police officer in Safer Schools Partnership (no legal obligation). Consider raising matter with pupil involved and parents/carers.
Drug dealing around school premises.	Tighten restriction and school rules about leaving school during school time. Consider where the school's boundaries end.	Consult and inform: staff, pupils, parents/carers, Learning Trust's Substance Misuse Education Advisor, and local drugs agency, and a police officer from the Safer Schools Partnership.
Pupil dealing around school premises.	If first offence – fixed term exclusion, if subsequent occurrence consider permanent exclusion.	Case conference called, possible joint planning with the Youth Offending Team (YOT).

Supportive responses

Introduction

Schools need to determine the response to pupils identified as suspected mis-users of drugs. There is a need for a balance between the need for close supervision and monitoring, and the need to respect pupil confidentiality and rights.

There is also the need to avoid the labelling of a pupil. Kaplan and Johnson (1992) state that labelling is the strongest predictor of an escalation drug use. The label can strengthen anti-social identity, or can lead to social isolation. Schools should also note that young people who mis-behave do so for a variety of reasons, and if drug use is involved, it may be an indicator of a wider issue.

The pupil involved requires both discipline and support in order for them to learn from their actions. The following section gives school a number of responses that are tiered in detail and severity in order to deal with an incident's seriousness.

In School / 'Bought in' Borough Counselling or Drop-in Services

In-school counselling services are usually either in-house guidance services or are provided by professional agencies; the Drug Action Team, the Youth Service, local drug and alcohol agencies or counsellors employed by the school (Appendix – List of local resources). Referrals to these services should be through two main means:

1. Pupil self refers. – This necessitates advertisement of services throughout the school and an environment that encourages young people who need to speak to a professional. PSHCE would be useful to further this way of thinking.
2. Teacher-led referral. – Once pupil agreement has been established, a teacher or learning mentor can contact and refer pupils to either a specific or holistic counselling service. Counselling should not be imposed. If a pupil is unwilling, alternatives should be sought. Consider the involvement of parents and carers.

It should be noted that not all unauthorised drug incidents require counselling and assessment should include reviewing a pupils' willingness to engage.

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Specialist consultation groups

Some schools have a pre-arranged list of those who can be consulted to assess individual situations and circumstances surrounding substance misuse incidents. This group should include outside agencies with specialist knowledge. The table contains a local oriented list of possible inclusions for such a group.

Position	Contact Number
Named member of SMT with lead on drugs	
Deputy named member of SMT with lead on drugs	
Named governor with responsibility for drugs	
School's PSHCE Co-ordinator	
Schools Substance Misuse Education Adviser, The Learning Trust	020 8820 7496
Healthy Schools Co-ordinator, The Learning Trust	020 8820 7455
Assistant Director, Children's Services The Learning Trust, DAT Representative	020 8820 7465
Education Attendance Service, The Learning Trust	020 8820 7288
School Nurse Team Manager, Primary Care Trust	020 7683 4210
Drug Action Team's Young People's Substance Misuse Plan Co-ordinator	020 8356 2348
Educational Psychologists	020 8820 7519
Principle Officer for Vulnerable Pupils, The Learning Trust	020 8820 7473
Hackney Youth Service	020 8356 3120
Safer School Partnership	020 8217 3360 (or in an emergency, call Head of Schools Plus at the Learning Trust on 07717 581 723)
Hackney Social Services, Children and Families Team	020 8356 5582
City and Hackney Primary Care Trust	020 7683 4000
East London & City Mental Health Trust	020 8880 6296
ASATS TEAM (Adolescent specialist addiction treatment services – for secondary school pupils with complex needs), Child and Adolescent Mental Health Trust.	020 8709 5881
Hackney Council Clinical Waste Collection Service.	020 8986 3022

Pupil assistance programmes

The recommendation is that such programmes could be led through the local drug advice agency which, in the event of drug related concern could conduct a needs assessment. The result of this assessment would be an action plan of support. These schemes can be a first step in responding to a pupil in a caring manner, while making clear the unacceptability of breaking the law and school rules. It allows a school to move forward with the pupil and look towards re-integration into mainstream activities with 'extra support'.

Similar schemes exist in the USA using a collaboration of a number of schools. Hackney Drug Action Team (DAT) Young Person's Task Force could research this concept and help in its development.

Case conferences/strategy meetings

Case conferences/strategy meetings can be a useful method of dealing with serious drug related situations. One outcome can be the drawing up of an action plan with assigned roles and responsibilities. As with the specialist consultation groups it is useful to maintain an up to date list of participants.

DESIGNATED PERSON	NAME	POSITION	CONTACT No.
Headteacher			
SMT member with lead on drugs			
PSHCE Co-ordinator			
Safer Schools Partnership Officer			
Parents / Carers			
A Governor*			

* Governors should not be involved too early in the process as they may have to act in an independent management role at a later stage. (Drugscope 1999)

Action planning ■

Action plans for pupils should enable individual pupils to remain in school. Suggested areas to build on include:

- Key worker support e.g. Connexions personal adviser/learning mentor;
- Special educational and recreational activities (e.g. first aid course);
- Out of school hours learning activity involvement;
- Community activities or learning opportunities;
- Professional counselling / advice / support;
- Mentoring and or other individual support;
- Increased monitoring and regular reporting;
- Disciplinary action;
- Parental/carer involvement.

Other action plan activities can include the following provisions. These should be considered as the core 'extra-support' responses.

Three way agreement ■

This is an agreement, with the same aims as a behavioural contract, which aims to construct an agreement between the school, the pupil involved and the pupil's parents. It intended to create an opportunity for supported behavioural improvements. The following considerations should be address when developing an agreement:

- the agreement should be written to emphasise positive rather than negative behaviour;
- it should link in with a school's behavioural policy;
- action plans should be agreed and signed by pupil, school and parents and carers;
- action plan should reflect SMART objectives:
 - Simple
 - Manageable
 - Attainable
 - Realistic
 - Time scaled
- the agreement should be clearly set out;
- it should have clearly defined boundaries and consequences;
- state who the pupil should report to at various levels, e.g. on a day-to-day basis, if the contract is broken or at the end of the contract. It is suggested that Governors should be involved in this process, albeit at a higher level;
- pupils should be praised for providing evidence of good behaviour, and rewarded.

It is essential that this is not seen as being an agreement only for the pupil. There should be the opportunity to set action points for the school and the parents/carers in order to create a fully supportive environment in which the pupil's behaviour can improve.

Intensive in-school pastoral support programmes

The new DfES guidance *'Drugs: Guidance for schools'* (2004) states that:

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

The DfES guidance *'Social Inclusion: Pupil Support'* (1999) recommends pupils involved in an intensive in-school programme should:

- undertake an extensive educational programme over a defined period (from 1 week – 2 months);
- attend a specially scheduled school day, away from others, with individual lunch and break times;
- undertake a series of assignments, including a special end assignment;
- receive 1-1 tuition in drugs education (with the help of outside agencies);
- receive support with other PSHCE issues;
- follow a closely supervised course of independent learning;
- keep a portfolio of work;
- report to senior staff on a regular basis;
- attend a half way review;
- attend a case conference in order to decide future arrangements.

The DfES recommends schools setting up a PSP can access the following from their LEA (The Learning Trust in Hackney):

- Free support;
- Supplementing the school's budget so extra support as outlined can be bought in;
- Support in moving the child to another school;
- Dual registration at the PRU (Secondary or Primary PRU) and/or mainstream school.

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Setting up the a pupil support programme (PSP) ■

Social Inclusion: Pupil Support (10/99) Section 5 gives a detailed point-by-point analysis of setting up a PSP. Below is a summary of the main points:

Other agencies to be involved:

- **Social Services (Children & Families)** may be able to help with irregular attendance and behaviour difficulties. Essential link regarding child protection. Looked after children's PSP should link into educational section of care plan;
- **Housing** may be able to help resolve housing difficulties and help provide a stable home;
- **Voluntary organisations and the Youth Service** may provide support both in and out of school. Can engage in specifically targeted work, especially mentoring;
- **Connexions Personal Advisers** can help pupils make informed decisions about their future;
- **Ethnic Minority and Community Groups** can help with supplementary school programmes;
- **The Connexions Service** will help young people access services that provide the most appropriate help.

In drawing up a PSP schools should:

- review a pupils' literacy skill;
- consider dis-applying the National Curriculum;
- consider changing the teaching group;
- consider identifying a mentor or 'buddy';
- consider dual-registering the pupil at the school and a PRU;
- consider a managed move to another school;
- consider a learning support unit in a secondary school.

Hackney's Young People's Substance Misuse Service (YPSMS)

The Drug Action Team plan to have launched Hackney's Young People's Substance Misuse Service (YPSMS) by Christmas 2004.

The YPSMS's major function is to provide advice, assessment and support to young people aged 13 to 19 as well as their parents and carers and to act in support of other responsible agencies working with vulnerable young people at risk or misusing substances. It will consist of the following components:

1. Access, advice and support services
2. Satellite support to particular agencies
3. Outreach service

The service will have the following objectives:

- To involve parents/carers in a meaningful way in a young person's care package;
- To consult with and involve, as appropriate, young people directly in the development of the service;
- To improve the overall health of young people engaged in substance misuse or that are affected by another person's substance misuse and to provide effective and timely intervention for those presenting;
- To make services equitably available across Hackney;
- To build child protection measures into all services at every stage and throughout every service and sector so as to provide safeguards for young people wherever and whenever they are cared for or treated;
- To promote a multi-agency, multi-disciplinary approach and integrated service provision;
- To pro-actively address access to services by young people from black and ethnic communities and their families;
- To draw upon and disseminate good practice both from within the borough and outside;
- To link to Government programmes on social inclusion, adolescent mental health services and the reduction of youth offending;
- To be compatible with other strategies and initiatives on services for young people.

The service will target:

- Young people aged 13 to 19 (i.e. up to a young person's 19th birthday) living or receiving education or training in Hackney who are misusing substances, including alcohol. This does not preclude working with younger people in exceptional circumstances i.e. where there is a clear identified need and there is a referral from parents, carers or other responsible agencies;
- Young people, as above, affected by someone else's substance misuse.

It will initially comprise of four young people's substance misuse workers and a team leader. It is expected that the team will need to increase in future to meet developing workloads. This will also depend on funding provision from the DAT and partners.

Work with Schools

The YPSMS is required to provide support and intervention with young people identified by school authorities and others working in schools on a regular basis. This will mean work within schools both within and outside school hours. In particular, work must be focused on the secondary schools and PRUs. The role will consist of the following:

- While the YPSMS will not have a teaching role in class rooms primarily, it must advertise itself to young people and it may be appropriate to do this through some classroom based activity. At all times, the service will act in support of the teacher and at the discretion of the headteacher. It will not become **the provider** of Drug Education to schools. Contact with the Schools Substance Misuse Adviser will be made prior to any visit to schools and should form part of a regular exchange of information;
- One-to-one work with young people in schools will be conducted taking account of school policies and procedures on this;
- Referral to other agencies will be made taking into account confidentiality etc. and where possible with the active support of parents/carers and the school authorities particularly school pastoral provision;
- It is required that the provision of “clinics” at appropriate times in schools must be developed particularly in liaison with the school nurse and the PSHCE co-ordinator in the school. These must provide an opportunity for young people to drop in to discuss any issues or concerns they may have around substance misuse. Clearly, absolute confidentiality cannot and should not be provided and young people must be made aware of this when they use the service;
- It may be appropriate to support particular events, open days, parent evenings etc. at the school to inform and engage parents, carers and young people in the work of the YPSMS and to provide advice and information about substance misuse. This will again be at the discretion of both the YPSMS Team leader and the relevant school authorities;
- The service may find itself being approached by members of staff/parents/ carers etc in relation to personal problems around substance misuse. This will be at the discretion of the individual worker and referrals to the Community Drug Service and Community Alcohol Service may be appropriate if they are Hackney residents and to services elsewhere if not;
- A careful balance must be maintained between the primary task of the YPSMS which is to work with young people and the overall relationship with the school.

Appendix 9 is a mock referral form that teachers and non teaching staff can use to refer young people to the YPSM service once operational.

Exclusion

Fixed Term Exclusion

'Exclusion should only be considered for serious breaches of the school's behaviour policy, and should not be imposed without thorough investigation unless there is an immediate threat to the safety of others in the school or the pupil concerned' DfES *Drugs: guidance for schools* (2004).

This should only happen after a *'range of alternative strategies involving other relevant services have been tried and proven to have failed to resolve the pupil's disciplinary problems'* (Drugscope 1999). Essential resources include The Education Act 1997 and DfES Circular 10/99 which was amended (21.01.03) to state:

'A decision to exclude a child should be taken only:

- *In response to serious breaches of a school's discipline policy; and*
- *If allowing the pupil to remain in school would seriously harm the education or welfare of the pupils or others in the school.*

Before excluding a child, in most cases a range of alternative strategies should be tried. This is not meant to prevent immediate action to protect pupils and staff, including fixed-term exclusion.'

Permanent Exclusion

Permanent exclusion is the last resort, although for some cases may be the appropriate action. For essential reading on this issue, look at *'Social Inclusion: Pupil Support Section 6 and Annex D, and School Standards and Framework Act 1998.'*

'Permanent exclusion is an appropriate way to remove a pupil who represents a significant risk to the health and safety of other pupils, or has come to the end of a long line of sanctions and has not learned from past mistakes.' (Drugscope 1999)

However, schools should remember that permanent exclusion could increase the likelihood of young people becoming involved with drugs and other anti-social behaviour.

Permanent exclusion – the National Perspective

'Exclusion should not be imposed in the heat of the moment, unless there is an immediate threat to the safety of others in the school or the pupil concerned. The headteacher should have regard to the school's published policy on drugs and should consult with the school's drugs co-ordinator.' DfES *'Exclusions – guidelines and policies'* (2003)

However, *'Supplying an illegal drug is a serious breach of school rules and it may be one of the exceptional circumstances where the headteacher judges it appropriate to permanently exclude a pupil, even for a one off or first time offence.'* DfES *Drugs: Guidance for Schools* (2004).

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Permanent Exclusion – the local perspective

The Learning Trust aims to reduce the number of pupils permanently excluded from Hackney schools in line with the following Best Value Performance targets:

2003/4 a rate of 1.15 per 1000

2004/05 a rate of 1.00 per 1000

Assuming the pupil population remains constant, the rates per 1000 represents figures of:

2003/04 30

2004/05 27

If a school has decided to have policy led zero-tolerance approach to drugs, then an appeal panel would not usually re-instate.

Monitoring and Evaluation of Permanent Exclusion

- OFSTED will continue to monitor the management of drug related incidents as part of its inspection programme;
- The Learning Trust's Key Stage 4 Provisions and Exclusions Team, Head of Attendance and Behaviour and Research, Statistics and Development Department;
- Individual governing bodies.

Re-integration of excludees

A planned meeting should be held for all pupils returning to mainstream schools after:

- a long period of fixed exclusion especially if the pupil has been placed at the PRU (over 15 days);
- a period of permanent exclusion.

This meeting should refer to the original plans made previous to the period of exclusion, as set out in Circular 10/99, and to:

- review plans;
- clarify re-integration process;
- agree an induction programme (if the pupil is placed in a new school);
- agree practicalities (assistance with uniform, travel etc.);
- review any educational issues (e.g. classroom allocation);
- general expectations;
- support options;
- set targets, with appropriate review dates.

Schools should ensure that both pupils and their parents understand the expectations of re-integration. It may be useful in difficult instances to use the three-way agreement to clarify issues and responsibilities. It is recognised that this process can be lengthy and complicated, but it is essential that simple targets be established and that review dates are met.

The Role of the Police and the Youth Offending Team

Safer Schools Partnership

Safer School Partnerships are part of the package of measures introduced by the Prime Minister's Street Crime Action Group in 2002 to combat street robberies and related crime in high crime areas.

Police and schools are essential partners in the prevention of crime and anti-social behaviour. A safe school environment promotes respect, responsibility and good behaviour and enhances the prospects of increased educational achievement. The Safer School Partnership provides a way forward for schools, working together with the police and others, to deliver these outcomes for children, young people and their communities.

Hackney Safer Schools Partnership (SSP) was established in September 2002. The SSP is made up of police, schools and The Learning Trust, and has a team of officers based in secondary schools and an officer with a remit for primary schools.

Section 62 of the Crime and Disorder Act (1998) has brought changes to the case disposal options available to the police. If the police are called and there is evidence of a crime, such as a pupil found with a drug then they must be arrested (unless, for example, the child is under the age of legal responsibility). The police will no longer give the pupil involved a warning or advice. When the pupil is arrested, the pupil will enter the Criminal Justice System, the result of which are as follows:

- For the first offence, one reprimand only, if the offence is not too serious;
- If a young person commits a second offence he/she will receive a final warning;
- All young people that commit a third offence will be charged. All youths who are subsequently convicted of an offence will never receive a reprimand again or warning again, i.e. there is no more 'multiple-cautioning';
- If an offence is deemed serious enough the police can issue an immediate final warning irrespective of no previous criminal involvement.

The prime role of the police is to enforce the law; it is not to manage a school's drug related incidents. However, the role of the Safer Schools Partnership is to offer support and advice to school staff, and work with them in partnership. The Youth Offending Team exists to prevent offending and re-offending; final warnings entail referral to the Youth Offending Team for assessment and appropriate intervention.

Schools have no legal obligation to phone the police and a Headteacher has the authority to deal with the incident internally using the alternatives sanctions and support system recommended earlier. If it is unclear as to whether or not the incident necessitates police involvement, the Safer School Partnership officer can be asked to give an anonymous, informed opinion.

The role of parents and carers ■

Parents and carers have a crucial role in supporting young people. Because schools work closely with parents, it is understandable that they will want to keep parents/carers informed. However, on rare occasions, early parental involvement could be problematic. Care should be taken if there is the possibility of strong over-reaction. If the pupil is going to be put at risk and a decision is taken not to contact the parents, it is recommended that the following action are taken:

- This decision should only be made by a member of SMT;
- A record must be kept of the reasons for not contacting;
- The record should state that this action would be reconsidered if there is further incidents;
- Schools could consider a facilitated meeting;
- Schools should seek guidance from The Learning Trust and other relevant agencies;
- Any decision should be made in line with the London Child Protection Procedures 2003.

If parents are informed as part of the school's agreed sanctions, details of supports sessions should still be treated as confidential. The pupil should be notified, in advance of his/her parents or carers being contacted and if possible he/she should be consulted in how contact should be made.

The decision to involve parents is one that should be decided and agreed by the named school SMT member responsible for drug related incidents, the form tutor and the teacher involved in the incident. The headteacher retains the responsibility for deciding how to respond to incidents.

It is essential that parents are fully aware of the content of the policy, particularly with regard to sections relating to the liaison with parents or carers in the event of an incident. It is recommended that a version of sanction and support (from this document) is available for parents.

Contact with the Media ■

Bearing in mind Hackney Council's code of conduct which advises headteachers and their staff not talk (or issue written statements) to the media, if there is a drug related incident, please contact the Learning Trust's press office on 020 8820 7474.

Appendix 1: Early Warning Signals Checklist

Please note the tables 1, 2 and 3 may be indicators of substance use and /or misuse in young individuals and groups. Please note that these checklists are to enable you to obtain an overall picture of an individual and that the presence of these factors alone is not conclusive proof of substance abuse.

Table One - Individuals *

- | | |
|--------------------------------------------------------------------------------------|-----------------------|
| ■ Problems at school, particularly recent changes, reluctance at being involved etc. | <input type="radio"/> |
| ■ Low expectations | <input type="radio"/> |
| ■ Low achievement | <input type="radio"/> |
| ■ Truancy or anti-social behaviour (marked mood swings, outbreaks of temper etc.) | <input type="radio"/> |
| ■ Family problems | <input type="radio"/> |
| ■ Family influences | <input type="radio"/> |
| ■ Lack of parental support | <input type="radio"/> |
| ■ Family alcoholism or use of drugs | <input type="radio"/> |
| ■ Isolation from peers, or recent changes in peers | <input type="radio"/> |
| ■ Friends who use drugs | <input type="radio"/> |
| ■ Inability or unwillingness to resist peer pressure | <input type="radio"/> |
| ■ Excessive borrowing of money | <input type="radio"/> |
| ■ Stealing money or goods | <input type="radio"/> |
| ■ No interest in physical appearance | <input type="radio"/> |
| ■ Excessive tiredness without cause | <input type="radio"/> |
| ■ Sores, or rashes around mouth | <input type="radio"/> |
| ■ Lack of appetite or marked weight loss | <input type="radio"/> |
| ■ Wearing sunglasses | <input type="radio"/> |
| ■ Burnt or discoloured side of thumb | <input type="radio"/> |

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* Circular 4/95 Drug Prevention and Schools: (DfEE April 1995)

Appendix 1: Early Warning Signals Checklist

Table 2 - Groups *

- Regular absence on certain days
- Increased distance from supervision points –
End of field, behind buildings
- The subject of rumours particularly about drug use, Stealing etc.
- Talking to strangers on or near the premises
- Group shop-lifting and/or stealing
- Use of drug-using slang
- Exchanging money or other objects in unusual circumstances
- Bullying or intimidation especially concerning monetary gain
- Increased time spent with older pupils
- Associating briefly with an older person

* *Circular 4/95 Drug Prevention and Schools: (DfEE April 1995)*

Appendix 2: Paraphernalia

Table 3 - Objects that may indicate drug misuse

■ Cigarette papers and lighters	<input type="radio"/>
■ Ripped cigarette papers	<input type="radio"/>
■ Shredded cigarettes	<input type="radio"/>
■ Large home-rolled cigarettes	<input type="radio"/>
■ Pipes	<input type="radio"/>
■ Numerous spent matches	<input type="radio"/>
■ Rolled up £20 or £10 banknotes	<input type="radio"/>
■ Any sized plastic bags with residue	<input type="radio"/>
■ Unidentifiable white tablets or powder	<input type="radio"/>
■ Plastic, cellophane, foil or paper wrappers	<input type="radio"/>
■ Gas containers	<input type="radio"/>
■ Stamps, stickers, transfers	<input type="radio"/>
■ Metal tins (especially if burnt, pin-pricked and bent in the middle)	<input type="radio"/>
■ Foil containers and/or small sheet of foil, discoloured	<input type="radio"/>
■ Spoons discoloured by heat	<input type="radio"/>
■ Pill boxes	<input type="radio"/>
■ Small plastic or glass bottles	<input type="radio"/>
■ Small glass phials	<input type="radio"/>
■ Twists of paper (into 'banger' shapes)	<input type="radio"/>
■ Squares of paper folded into elaborate envelopes	<input type="radio"/>
■ Straws (cut to short lengths) or other tubes	<input type="radio"/>
■ Sugar lumps	<input type="radio"/>
■ Syringes and needles	<input type="radio"/>
■ Aerosol sprays	<input type="radio"/>

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Appendix 3: Policy Dissemination

Key Criteria for effective drugs policy dissemination and implementation * ■

The Policy is Widely Publicised

- Extracts in school prospectus
- Governors handbook
- Staff handbook
- Pupils handbook

The Policy is Widely Distributed

- Staff
- Governors
- Readily available for parents and carers to see
- External working partners
- Event to publicise

The Policy is included in Induction Sessions

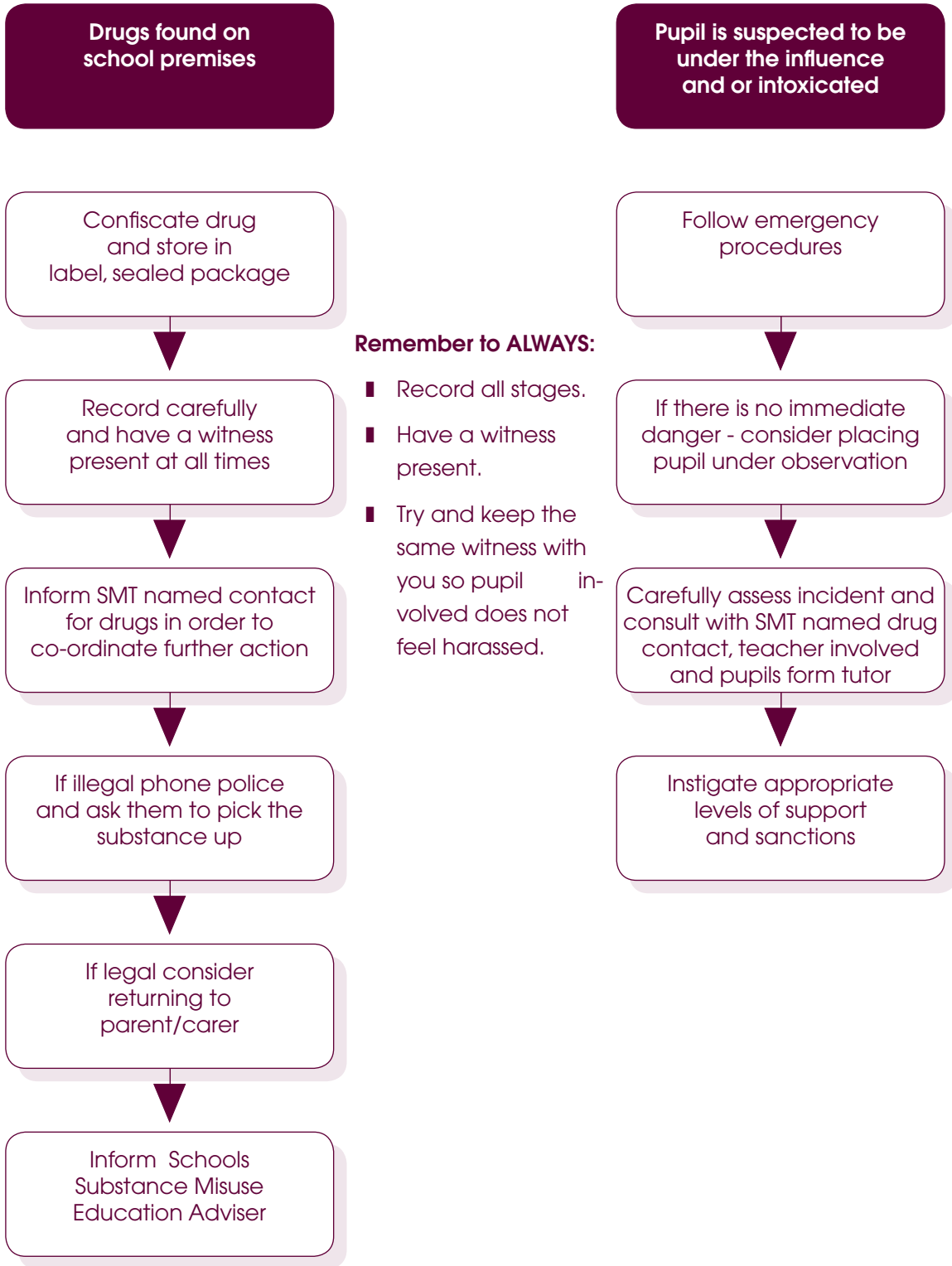
- Staff
- Governors
- Pupils

The Policy becomes a working document

- Inclusion as part of the staff meetings
- Regular item as part of SMT meetings
- Inclusion as part of Governors meetings

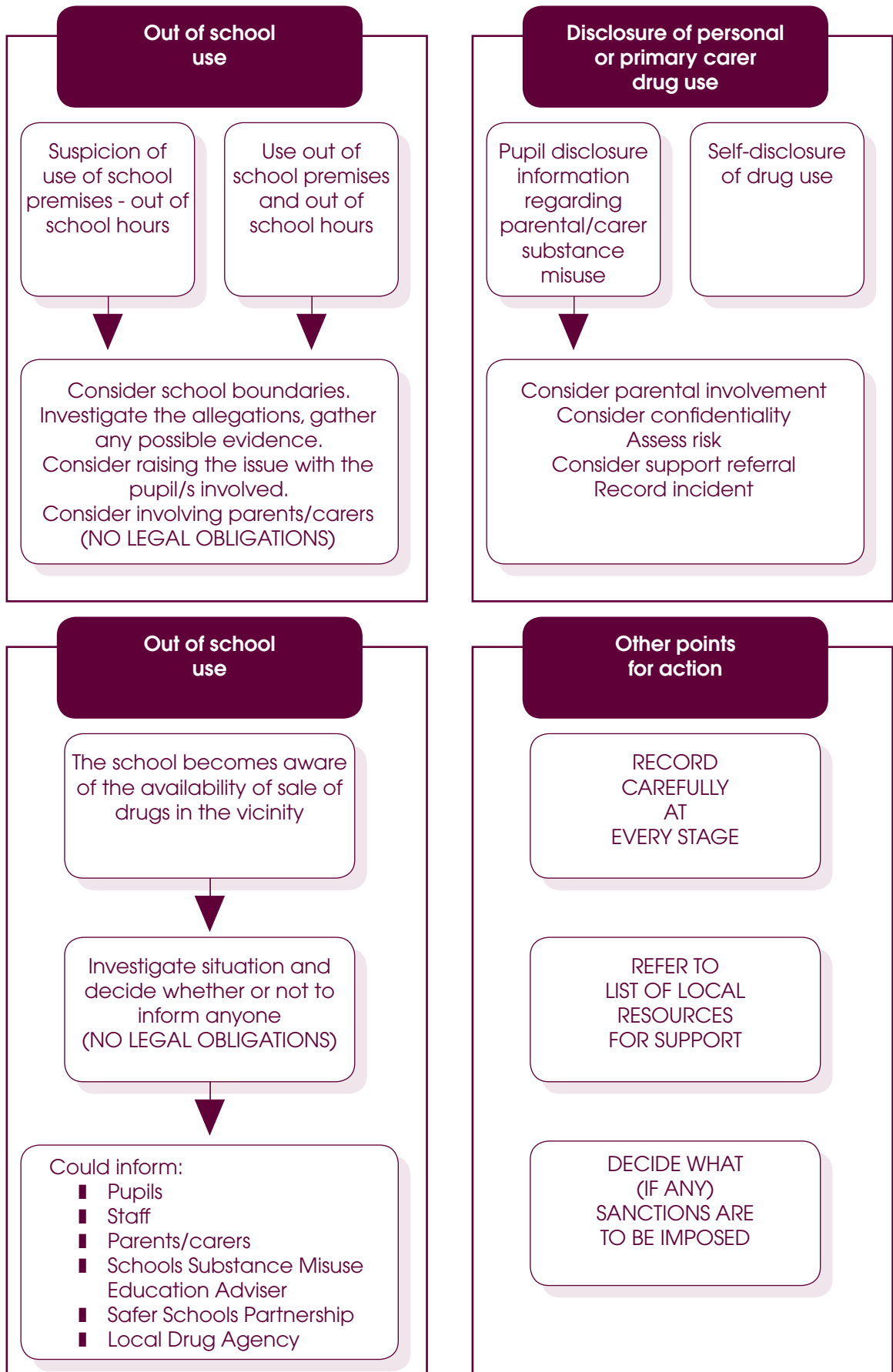
* *The Right Approach Managing and making Policy for Drug Related Incidents in Schools:* (SCODA 1999).

Appendix 4: Drug Related Incidents Flowchart



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Appendix 5: Drug Related Situations Flowchart



Appendix 6: Record Sheet

Record of a Drug Related Incident	
Date of incident:	Time of incident:

Pupil
Name:
Form/class:

Report form completed by
Name:

Incident	
Drug involved:	
Sample found:	<input type="checkbox"/> yes <input type="checkbox"/> no Circle or tick as appropriate

Where retained:
Witness:

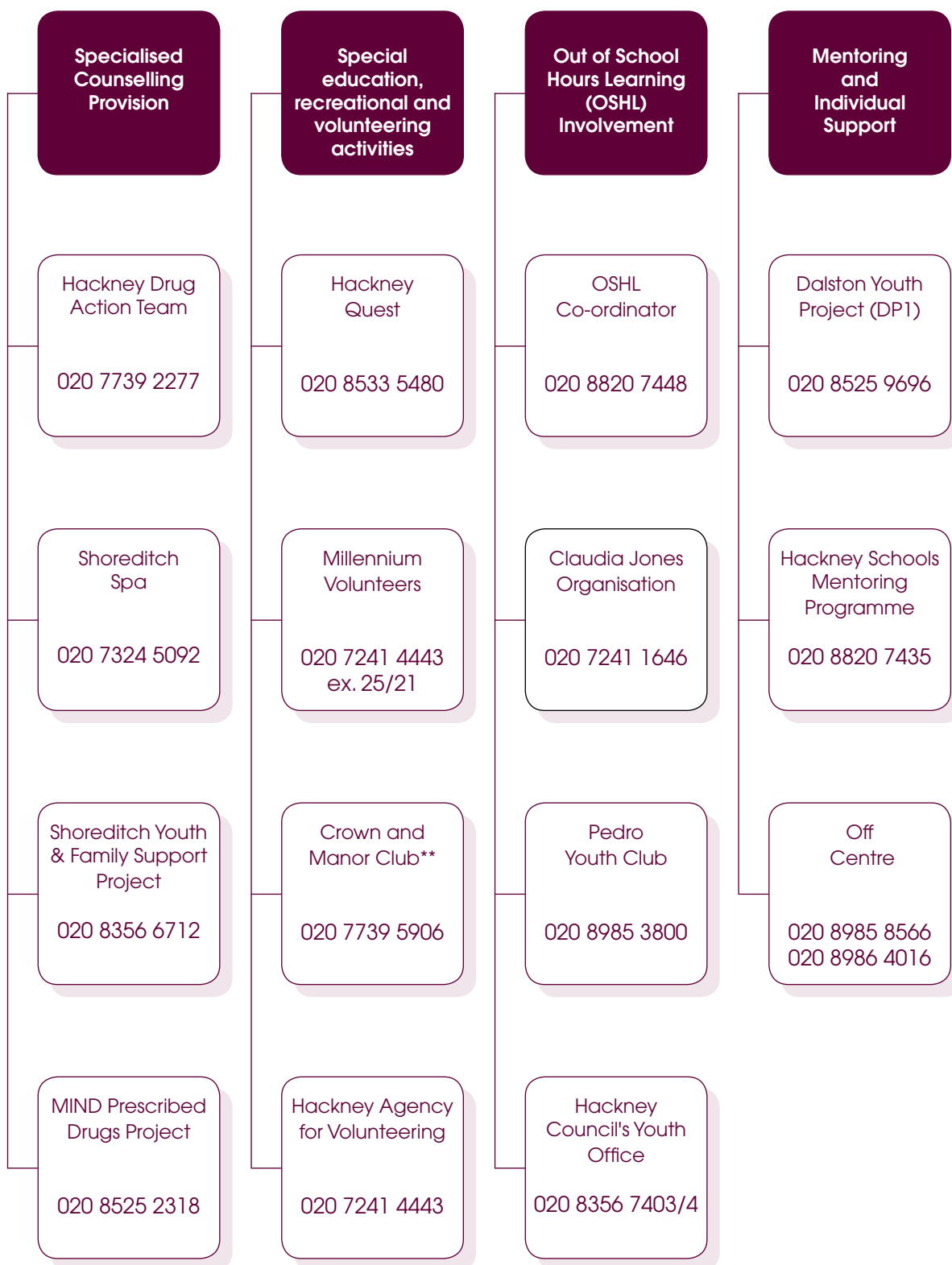
Brief description of incident:

Staff involved:
SMT involved:

Checklist	
First Aid given:	<input type="checkbox"/> yes <input type="checkbox"/> no Given by:
Ambulance/Dr. called:	<input type="checkbox"/> yes <input type="checkbox"/> no Called by: When:
Other Action: (e.g. parent/carer called, sanction imposed, police consulted etc.)	

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Appendix 7: Support in Hackney*



Appendix 8: Hackney Support Services

If you need help with a drugs problem or know someone who does, the first place to contact is the Hackney Community Drug Service on 020 8985 3757 at 19-20 Tudor Grove.

You can also call the National Drugs Line on 0800 776600 or the Alcoholics Anonymous 24 hour Helpline on 0845 7697555 or the City & Hackney Alcohol Service on 020 7613 1313.



1. Addaction Community Drug Services

First Stop for advice and support in the community offering advice, counselling, access to GP shared care plans, onward referral, women's service, community outreach.

19-20 Tudor Grove, London E9 7QL
Telephone: 020 8985 3757

2. Addaction Harm Reduction Team

Needle exchange, drop-in service for information and support. Also former Cable Street Day Programme.

228 Cambridge Heath Road,
London E2 9NN
Telephone: 020 8880 7780

3. Crossroads Alcohol Project

One to one advice and information for people with alcohol problems, their families and friends. Also provides complimentary therapies.

2 Westgate Street, London E8 3RN
Telephone: 020 8525 1313

4. Hackney Substance Misuse Team

Offering advice and information to service users, families and friends as well as assessment and access to specialist drug/alcohol services.

LBH Social Services, 205 Morning Lane,
London E9 6JX
Telephone: 020 8356 4057

5. Homerton Specialist Addiction Unit

Clients are being referred to the unit through the Community Drug Service, GP's.

Homerton Row, London E9 6SR
Telephone: 020 8510 8629

6. City and Hackney Alcohol Service

Advice and counselling for people with alcohol problems, families and friends. Also provides Black, women's and Gay & Lesbian services.

Tower View House,
134 Kingsland Road, London E2 8DY
Telephone: 020 7613 1313

7. Turningpoint Crack Intervention Programme

This is a specialised service supporting crack users in overcoming the problem of misuse.

Referrals should be made to the manager on 020 8986 9251.

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Appendix 9: DAT Confidential Referral Form for Young People's Substance Misuse Service

1 Personal details		
Date of birth	Age:	Gender:
Address:		
Contact telephone number:	Any Dependents (young parents)?	
Next of kin (include contact details):		
Ethnic origin: (please tick the appropriate box)		
<input type="checkbox"/> White – British <input type="checkbox"/> White – Irish <input type="checkbox"/> Other White Background <input type="checkbox"/> Black Caribbean <input type="checkbox"/> Black African <input type="checkbox"/> Black Other <input type="checkbox"/> Indian <input type="checkbox"/> Pakistani	<input type="checkbox"/> Chinese <input type="checkbox"/> Asian Other <input type="checkbox"/> White & Black Caribbean <input type="checkbox"/> White & Black African <input type="checkbox"/> White & Asian <input type="checkbox"/> Turkish/Kurdish <input type="checkbox"/> Other (specify)	
2. History of drug and alcohol use		
What is the reason for the referral?		
Substance use in past three months:		
<input type="checkbox"/> Alcohol <input type="checkbox"/> Amphetamines <input type="checkbox"/> Cannabis <input type="checkbox"/> Cocaine <input type="checkbox"/> Crack <input type="checkbox"/> Heroin <input type="checkbox"/> Methadone	<input type="checkbox"/> Other Opiates <input type="checkbox"/> Benzodiazepines <input type="checkbox"/> Steroids <input type="checkbox"/> Solvents & Inhalants <input type="checkbox"/> Ecstasy <input type="checkbox"/> Other (specify)	
3. History of contact with other agencies		
<input type="checkbox"/> PRU <input type="checkbox"/> BIPS/BEST <input type="checkbox"/> PLSU	<input type="checkbox"/> Connexions <input type="checkbox"/> YOT <input type="checkbox"/> Other	
4. Referral Priority		
<input type="checkbox"/> No referral required (no identified substance misuse problems, requiring further assessment). <input type="checkbox"/> Standard referral (substance misuse problems requiring triage assessment). <input type="checkbox"/> Priority referral (significant misuse problem requiring comprehensive assessment).		
5. Onward referral		
Hackney Young People's Substance Misuse Service Tel.		
6. Referral conducted by:		
Name:	School:	
7. Signature of agreement for information to be shared with other treatment agencies		
Client:	Date:	

Please ensure that the leaflet on permission to share information is given and explained to all clients before consent to share information is sought.

Appendix 10: References

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- A situational analysis of substance misuse in the London Borough of Hackney*
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