Consultation

Curriculum Standards

KS1, KS2, KS3, KS4

Drugs: Guidance for schools

Headteachers, Chairs of Governors, LEAs, Parents

Date of Issue: 28/04/2003
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Overview
Consultation on draft revision of guidance on drugs to schools (including pupil referral units) in England.

Action
Comments are welcome from schools, pupil referral units, governors, parents/carers, young people, Local Education Authorities, teacher unions, police, medical professionals, voluntary groups and other interested parties.

Please send response forms, by 18 July 2003, to: Consultation Unit, Level 1, Area B, Castle View House, East Lane, Runcorn WA7 2GJ.

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Foreword

Drugs can have a devastating impact on young people's lives. Even relatively small amounts can affect a young person's education and prevent them from reaching their full potential. Drugs can also lead to major disruption within schools themselves.

There are no quick fixes when it comes to solving the problems caused by drugs in our society which is why we have set out our long-term commitment to tackling this difficult issue in the Updated Drug Strategy (2002). The strategy has young people at its heart. Schools have a vital role to play, alongside parents and a host of agencies, in helping young people protect themselves from the risks and harm of all drugs.

Many schools are already doing excellent work in relation to drug issues and should be congratulated. Ofsted tells us that the quantity and quality of drug education has never been better and that almost all schools now have drug policies. However, if we are to prevent the young people of today becoming tomorrow's problematic drug users, we need to ensure that every young person receives good quality drug education and that those with problems are identified and supported before problems escalate. Like every parent, I want to know that my children will not be exposed to illegal or unauthorised drugs whilst at school and where any incidents do occur the response will be considered, firm and fair.

We are revising our guidance to schools on drugs so that our expectations in this difficult area are clearly set out.

The draft guidance on which we are consulting recognises that schools need to have flexibility to respond to drugs in a way which is most relevant to their pupils and the communities in which they live. However, there is a general consensus on the principles which underpin good practice in drug education and managing drug-related incidents. This draft guidance is based on these principles.

We want to help schools get this right. I strongly urge you to respond to this consultation so that the resulting guidance will really make a difference and help schools to have better planned, delivered, monitored and evaluated practice in relation to drugs.

I look forward to hearing your views

Ivan Lewis, MP
Parliamentary Under Secretary of State for Young People and Adult Skills

'DRUGS' refers to ALL DRUGS including MEDICINES, VOLATILE SUBSTANCES, ALCOHOL and TOBACCO

1 Summary

The purpose of this consultation is to gather views on the draft document, *Drugs: Guidance for Schools* which follows. This document provides guidance for maintained schools and pupil referral units in England on all matters relating to drug education and the management of drugs within the school community.

2 Background and Context

The draft guidance revises and consolidates existing DfES guidance, *Circular 4/95: Prevention and Schools* and *Protecting Young People: Good practice in drug education in schools and the youth service (1998).* It also incorporates key messages from a range of publications produced by DrugScope (formerly the Standing Conference on Drug Abuse) and the National Healthy School Standard (NHSS), along with recommendations from reports by the Office for Standards in Education (Ofsted) into drug education in schools. The intention is to provide schools with one authoritative guidance document to help them achieve better planned, delivered, monitored and evaluated practice in relation to drugs.

The final version of the guidance document incorporating appropriate comments will be published in 2003/2004.

3 How to respond

Questions appear throughout the body of the document. To give your response, please use the separate 'Consultation Response Form'.

Please send your completed response form to:
Consultation Unit, Level 1, Area B, Castle View House, East Lane, Runcorn WA7 2GJ or by email to: drugsguidance.consultation@dfes.gsi.gov.uk .

Enquiries about policy issues should be addressed to:
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5 Plans for making results public

We will attempt to incorporate your comments where possible. Please note that it will not always be possible to incorporate all your comments. A summary of comments from the consultation will be available on www.dfes.gov.uk/consultations from August 2003.

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Consultation Draft

Drugs: Guidance for schools

'DRUGS' refers to ALL DRUGS including MEDICINES, VOLATILE SUBSTANCES, ALCOHOL and TOBACCO

Contents

Executive Summary **5**

Section 1 - Introduction **8**

1.1 Purpose of document 8
1.2 Who the guidance is for 8
1.3 Terminology 9
1.4 The role of schools in contributing to Government strategies on drugs 9

Section 2 – Drug Education **11**

2.1 Aim of drug education 12
2.2 What pupils want 12
2.3 A whole-school approach 12
2.4 Drug education in the curriculum 13
2.4.1 Further opportunities for delivering drug education 14
2.5 Drugs of particular significance 14
2.5.1 Alcohol 14
2.5.2 Tobacco 15
2.5.3 Cannabis 15
2.5.4 Volatile Substances 16
2.5.5 Class A Drugs 16
2.6 Issues to consider when planning 16
2.6.1 Pupils' existing knowledge and understanding 16
2.6.2 The local context 17
2.6.3 Culture, ethnicity and diversity 18
2.6.4 Pupils with special educational needs (SEN) 18
2.6.5 Pupils with drug misusing parents/carers 18
2.6.6 Curriculum organisation 19
2.7 Setting learning objectives and learning outcomes 19
2.8 The evidence base for drug education 19
2.9 Teaching and learning 20
2.9.1 Establish ground rules 20
2.9.2 Starting where pupils are 21
2.9.3 Using an active learning approach 21
2.10 Real life impact 21
2.11 Peer education 22
2.12 Selecting teaching resources 22
2.13 External contributors to drug education 23
2.14 Coordinating and staffing 24
2.15 Staff support and training 24
2.16 Assessment of learning 25
2.17 Monitoring teaching 26
2.18 Evaluating the programme 26
2.19 Reviewing drug education provision 27

'DRUGS' refers to ALL DRUGS including MEDICINES, VOLATILE SUBSTANCES, ALCOHOL and TOBACCO

2.20 Ofsted inspections 27
2.21 Involving parents/carers 27
2.22 Involving school governors 28
2.23 Access to information about sources of support 28

Section 3 – Good management of drugs within the school community 29

3.1 Context 30
3.2 Authorised drugs 30
3.3 Unauthorised drugs 30
3.4 Defining schools boundaries 30
3.5 Defining drug incidents 31
3.6 Dealing with medical emergencies 31
3.7 Confiscation and disposal of illegal drugs 32
3.8 Confiscation of other unauthorised drugs 32
3.9 Detection 32
3.9.1 Searches 32
3.9.2 Sniffer dogs and urine testing 33
3.10 The role of police 34
3.11 Recording an incident 34
3.12 Establishing the nature of an incident 35
3.13 A range of responses 35
3.13.1 Early intervention 36
3.13.2 Referral 37
3.13.3 Counselling 37
3.13.4 Behaviour Contract 37
3.13.5 Inter-agency programmes 38
3.13.6 Fixed-period exclusion 38
3.13.7 Pastoral Support Programme 38
3.13.8 A managed move 38
3.13.9 Permanent exclusion 39
3.14 Confidentiality 39
3.15 Parents/carers and drug incidents 40
3.15.1 Informing parents/carers 40
3.15.2 Children of drug misusing parents/carers 40
3.15.3 Intoxicated parents/carers on school premises 40
3.16 Staff conduct and drug use 41

Section 4 – The school drugs policy 42

4.1 Purpose of the drugs policy 43
4.2 Policy content 43
4.3 Involving and consulting others 47
4.3.1 Involving pupils 47
4.3.2 Involving parents/carers 47
4.4 Recording and disseminating the policy 47
4.5 Reviewing and updating the policy 48
4.6 Handling local media 48

Glossary and abbreviations 49

'DRUGS' refers to ALL DRUGS including MEDICINES, VOLATILE SUBSTANCES, ALCOHOL and TOBACCO

References **53**

Appendices

1	Content of and progression within drug education	a
2	Summary of relevant laws	e
3	Useful organisations and websites	h
4	Planning form for external contributor to drug education	l
5	External contribution to school drug education – feedback form	m
6	Coordinator's checklist	n
7	Flowchart: Incidents involving unauthorised drugs	r
8	Drug Situations – Medical Emergencies	s
9	Record of incident involving unauthorised drug	t
10	Alcohol in the workplace – Staff drinking	u

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Executive Summary

[This document is not Government guidance, but a draft for consultation. Guidance will be published following consultation.]

Section 1 - Introduction

This document replaces existing DfES guidance to schools on drugs (including legal, illegal, over the counter and prescription medicines). It provides guidance to primary, secondary, special schools and Pupil Referral Units (PRUs) in England on all matters relating to drug education and the management of drugs within the school community. It is relevant to all staff, particularly senior managers and those responsible for coordinating and teaching drug education. (1.1 – 1.3)

Schools, parents/carers and a range of agencies working with young people have an important role to play in the delivery of Government strategies on drugs; helping prevent today's young people from becoming tomorrow's problematic drug users. (1.4)

Section 2 - Drug education

Drug education cannot be value free. It enables pupils to develop their knowledge, skills, attitudes and understanding about drugs, and appreciate the benefits of a healthy lifestyle relating this to their own and others' actions (2.1)

Drug education is a statutory requirement of the National Curriculum Science Order. It is best delivered through well-planned Personal, Social and Health Education (PSHE) and Citizenship provision and should take a whole-school approach. It includes teaching and learning about all drugs, although some drugs, such as alcohol, tobacco, cannabis, volatile substances and Class A drugs, may warrant particular attention. (2.3 – 2.5)

Consulting with pupils is vital if provision is to meet needs. Pupils' existing knowledge and understanding and other factors, such as the way in which the curriculum is organised, should be taken into account when planning. (2.6)

Schools need to develop specific, measurable, achievable, realistic and time-orientated (SMART) objectives for drug education. Learning outcomes need to be clearly defined. (2.7)

Programmes which are most effective in achieving an impact on drug using behaviours include knowledge, skills and attitude development, use participative methods and are multi-component e.g. supported by consistent messages from parents/carers and the community. Teachers should ensure that all pupils are fully involved in their own learning by using a variety of interactive and participatory approaches. (2.8 – 2.11)

Classroom resources and external contributors can be selected using simple

guidelines. (2.12 – 2.13)

Schools should appoint a designated member of staff to plan and coordinate drug education. Those involved in teaching need opportunities to develop skills, knowledge and confidence through a programme of continuing professional development. (2.14 - 2.15)

Schools should assess pupils' learning and monitor, evaluate and review their drug education provision. The Office for Standards in Education (Ofsted) inspect drug education within PSHE and Citizenship. (2.16 – 2.20)

Schools are encouraged to involve parents/carers in planning the drug education programme and related policies. They should have information on their child's drug education and be helped to support this learning at home. Governors also have an important role to play. (2.21 – 2.22)

Pupils should have access to up-to-date information on sources of help available locally and nationally. (2.23)

Section 3 - Good management of drugs within the school community

Illegal/unauthorised drugs in schools are not acceptable. Schools need to agree responses and procedures which are understood by all and documented within their drug policy. Utmost priority should be placed on safety and meeting medical emergencies. (3.1 – 3.3 and 3.6)

Schools should clearly define the limits of their boundaries and what constitutes a drug related incident. They will need agreed procedures for confiscation and disposal, in line with any Local Education Authority (LEA) protocols. (3.4, 3.5, 3.7, 3.9)

Schools and the police should build a trusting partnership. There should be an agreed policy clarifying roles and mutual expectations before incidents occur. (3.10)

The nature and seriousness of each incident should be carefully assessed before deciding on an appropriate response. Careful attention should be given to respecting the confidentiality of those involved and meeting the needs of any pupil and those of the whole school community. (3.11, 3.12, 3.14)

Schools should develop a range of responses for responding to the needs of those involved in a drug related incident. Permanent exclusion will usually be the final step, after a wide range of other strategies have been tried. In exceptional circumstances, even for a one-off or first offence, the head teacher may judge that an incident involving supply of an illegal drug warrants permanent exclusion. (3.13)

Schools should agree procedures for liaising with parents/carers if a drug incident occurs, including child protection arrangements for ensuring the welfare of pupils (3.15)

Section 4 - The school drug policy

All schools should have a drugs policy outlining the school's role in relation to all drugs. A model framework is provided. (4.1 – 4.2)

The policy should be developed, implemented and reviewed in consultation with the whole school community, including pupils, staff, parents/carers, governors and partner agencies. (4.3)

Schools should ensure their policy is clearly communicated, widely distributed, readily accessible and updated regularly. Clear links to other related policies need to be identified. (4.4 – 4.5)

Q1 Does the Executive Summary clearly summarise the key messages for schools?
If not, what should be added?

Please answer the questions on the Consultation Response Form, which is a separate document in this pack.

Section 1 - Introduction

1.1 Purpose of document

This document replaces existing guidance to schools:

- *Circular 4/95: Drug Prevention and Schools*
- *Protecting Young People: Good practice in drug education in schools and the youth service*, 1998.

It also incorporates key messages from:

- *The Right Responses: Managing and making policy for drug-related incidents in schools* (DrugScope, 1999)
- *The Right Approach: Quality standards in drug education* (DrugScope, 1999)
- *The Right Choice: Guidance on selecting drug education materials for schools* (DrugScope, 1999)
- *Drug education in schools: an update* (Ofsted, 2000)
- *Drug education in schools: an update* (Ofsted, 2002)
- *National Healthy School Standard Guidance* (DfEE, 1999).

It links to and builds on *Drug, alcohol and tobacco education: curriculum guidance for schools at key stages 1-4* (QCA, 2002). For other related publications, see References.

This document provides guidance to schools on matters relating to drugs. It sets out the statutory position on drug education in schools for 5 to 16 year olds (key stages 1-4) and supports schools in:

- developing, implementing and reviewing a school drugs policy
- developing and implementing a comprehensive and effective drug education programme for all pupils
- dealing with the management of drug-related incidents in the school community, and
- supporting the personal, social and health needs of all pupils with regard to drugs.

1.2 Who the guidance is for

This guidance is for **all** staff in primary, secondary and special schools and Pupil Referral Units (PRUs) in England. It is particularly relevant to:

- the head teacher and deputy head teacher
- the member of staff with lead responsibility for drugs issues
- the Personal Social and Health Education (PSHE) coordinator
- those teaching drug education in the classroom
- those responsible for providing guidance and support to pupils.

It will also help Local Education Authorities (LEAs) to support schools in developing drug education, drug policies and to manage drug incidents competently. It will be of interest to those working with and supporting schools, for example, governors, School Drugs Advisers (SDAs), partners in the local Healthy Schools Programme, the police, school nurses, Connexions advisors and other external contributors to drug education. Those providing post-16 provision may also find it of use.

1.3 Terminology

The term '**drugs**', unless otherwise stated, is used throughout this document to refer to *all* drugs:

- all *illegal drugs* (those controlled by the Misuse of Drugs Act 1971)
- all *legal drugs*, including *alcohol and tobacco* which have a particular significance in relation to pupils, *volatile substances* (those giving off a gas or vapour which can be inhaled), *ketamine, khat, alkyl nitrites* (known as poppers) and *GHB* (gammahydroxybutyrate)
- all over-the-counter and prescription medicines.

Where '**schools**' are referred to this also includes PRUs.

The word **'should'** has been used to describe an expectation rather than a statutory requirement.

For further information on terminology, see the Glossary.

1.4 The role of schools in contributing to Government strategies on drugs

Schools, alongside parents/carers and the range of agencies working with young people, have an important role to play in the delivery of the Government's Updated Drug Strategy (2002) and the forthcoming National Alcohol Harm Reduction Strategy.

The National Drugs Strategy aims to reduce the harm that drugs cause to society and to prevent today's young people from becoming tomorrow's problematic drug users. The updated strategy proposes an expansion of provision and improvement in the quality of drug education so that by March 2004 all schools will provide drug education and by 2006 the quality of teaching rated as poor by Ofsted will be reduced to 0%. It also sets a target that all pupils in Pupil Referral Units will receive targeted prevention programmes by March 2004.

Drug Action Teams (DATs) are the strategic bodies responsible for coordinating the drug strategy at a local level. DATs are required to develop and implement an annual Young People's Substance Misuse Plan (YPSMP) which illustrates how young people's needs are being addressed across a four-tier model of service provision. Schools are an important part of the YPSMP as a Tier-One service providing drug education and pastoral support, and helping to identify and refer pupils requiring more specialist help. Tier-Two services, (such as Connexions, counselling and mentoring services and Social Services,) provide targeted education, advice and support for those vulnerable to drug misuse. Tiers Three and

Four incorporate very specialist services for young people with drug problems and those in greatest need.

Details of the YPSMP will usually be available through the LEA Adviser responsible for PSHE and/or drug education and the local Healthy Schools Programme coordinator.

Further information on the National Drugs Strategy can be found at www.drugs.gov.uk./ and information on the National Alcohol Harm Reduction Strategy can be found at www.strategy.gov.uk.

Q2 Is the introduction helpful?

Section 2 - Drug education

This section offers guidance on:

- the aims of drug education and what pupils want from lessons (2.1 - 2.2)
- drug education within the curriculum (2.3 – 2.4)
- drugs of particular significance (2.5)
- planning (2.6)
- learning objectives and learning outcomes (2.7)
- the evidence base for drug education (2.8)
- principles underpinning teaching and learning and different approaches (2.9 – 2.11)
- selecting teaching resources and use of external contributors (2.12 – 2.13)
- coordinating, staffing and training (2.14 – 2.15)
- assessment, monitoring, evaluation and review (2.16 – 2.19)
- Ofsted inspections (2.20)
- involving parents/carers and governors (2.21 – 2.22)
- access to information on sources of support (2.23).

2.1 Aim of Drug Education

Drug education should enable pupils to develop their knowledge, skills, attitudes and understanding about drugs and appreciate the benefits of a healthy lifestyle, relating this to their own and others' actions.

Drug education cannot be value free. Schools need to set realistic aims for their drug education programmes which are consistent with the moral and values framework of the school and with the laws of our society.

Drug education should:

- provide accurate information
- correct misunderstandings
- build on knowledge and understanding
- explore attitudes and values towards drugs, drug use and drug users
- develop pupils understanding of rules and laws
- develop pupils' interpersonal skills
- develop pupils' self-awareness and self-esteem
- explore the risks and consequences of their own and others' actions relating to drugs; and
- be relevant to the needs of pupils and the school community.

2.2 What pupils want

Pupils say they want:

- their views and opinions listened to
- to engage in discussion and debate
- their drug education to be interesting, involving drama, true stories and external contributors
- to be taught by people who know what they are talking about
- as much information as possible, they do not want to be told just to say 'no'
- to know the range of effects of drugs, including the real dangers, and how to cope with an emergency
- to emphasise that drug education in primary schools is really important.

Pupils' views about drug education will vary and it is important that schools consult pupils when planning a drug education programme.

2.3 A whole school approach

Drug education has implications for the whole school community. It is most effective when it is supported by consistent messages from the community, families and school policy and practice.

Pupils are likely to gain more from drug education when there is consistency between what is taught in the curriculum and the schools' values and ethos which have been developed by all members of the school community. Pupils need a safe and supportive environment in which to learn. They need to feel able to engage in

open discussion and feel confident about asking for help and support if needed.

An important element of promoting a healthy school environment involves considering staff attitudes and behaviour around drug use as part of the whole school approach.

The development of a whole school approach, which encompasses respect, responsibility, support, and the development of positive relationships, is encouraged. The NHSS supports a whole school approach. For further information on the NHSS, see www.wiredforhealth.gov.uk.

2.4 Drug education in the curriculum

Section 351, Education Act 1996 requires every school, including PRUs, to provide a balanced curriculum which:

a) promotes the spiritual, moral, cultural, mental and physical development of pupils at the school and of society, and
b) prepares pupils at the school for the opportunities, responsibilities and experiences of adult life.

Drug education is a part of this curriculum. There is a statutory requirement for drug education in the National Curriculum Science Order, 2000 (see www.nc.uk.net):

- **At Key Stage 1 (5-7 year olds)** pupils should be taught about the role of drugs as medicines
- **At Key Stage 2 (7-11 year olds)** pupils should be taught about the effects on the human body of tobacco, alcohol and other drugs, and how these relate to their personal health
- **At Key Stage 3 (11-14 year olds)** pupils should be taught that the abuse of alcohol, solvents, tobacco and other drugs affects health; how the growth and reproduction of bacteria and viruses can affect health and how the body's natural defences may be enhanced by immunisation and medicines; and the role of lung structure in gas exchange, including the effect of smoking
- **At Key Stage 4 (14-16 year olds)** pupils should be taught the effects of solvents, alcohol, tobacco and other drugs on body functions.

This represents the statutory minimum.

Schools are advised that drug education is best delivered through well-planned PSHE and Citizenship provision. Schools are expected to use the non-statutory frameworks for PSHE and Citizenship at key stages 1 and 2, PSHE at key stages 3 and 4 and the Citizenship programme of study at key stages 3 and 4 as the context for developing drug education.

Drug education should link to and be supported by other areas of PSHE, for example, emotional health and well-being and sex and relationship education. This is particularly relevant to older pupils as their use of drugs especially alcohol can have an impact on their relationships and on sexual activity and sexual health.

Citizenship at all key stages can contribute to drug education by, for example, providing opportunities for pupils to: understand rules and laws and how they relate to rights and responsibilities; consider different points of view; explore moral, social and cultural issues; discuss and debate topical issues.

Drug education should start in primary schools, and topics and issues should be revisited as pupils mature. Schools should ensure that they provide opportunities for pupils to progress. They should also liaise with their feeder and receiving schools to ensure continuity and progression across the phases. For further information on how the statutory requirements of the science and citizenship programmes of study and the PSHE frameworks can provide the basis for a drug education programme and ensure progression, see Appendix 1 (Content of and progression within drug education).

2.4.1 Further opportunities for delivering drug education

Many other curriculum subjects can make a contribution to drug education. Examples include:

English – group discussion and interaction, information texts, literature, media
Maths – handling data including interpreting and discussing results
Information and Communication Technology (ICT) – finding things out, exchanging and sharing information
Geography – economic activity
Physical Education - fitness and health
Religious Education – exploring morals, values and cultural diversity.

2.5 Drugs of particular significance

Drug education includes teaching about all drugs, including illegal drugs, alcohol, tobacco, volatile substances and over-the-counter and prescription medicines. It is important that issues related to specific drugs are not considered in isolation but integrated within an overall programme. On occasions, there may be a need for teachers to focus on the issues relating to specific drugs of particular relevance to their pupils. Information on recent incidents may help here. Other drugs that pupils themselves highlight, that are receiving extra media attention, or that local intelligence suggests are of particular concern, for example, crack cocaine, may also warrant particular attention. Further information on specific drugs is available in the Department of Health publication *Dangerousness of Drugs* (www.doh.gov.uk/drugs).

2.5.1 Alcohol

Educating pupils about the effects of alcohol and how to reduce alcohol related harm is an important priority for schools. Alcohol is the most widely used drug in our society and more young people are likely to use alcohol than illegal drugs. Schools' programmes should reflect this. The popularity and accessibility of alcohol can mask the risks for young people, as they may consider alcohol to be less harmful than illegal drugs. Older pupils are particularly vulnerable to the harm associated with binge drinking (see Glossary), which is a growing pattern of behaviour.

Education about alcohol should recognise the established role it has in our society. The aim of alcohol education should be to reduce the risks associated with pupils' own and others drinking. A harm-reduction approach accepts that people drink and seeks to enhance pupils' abilities to identify and deal with risky situations. It should not suggest that alcohol misuse is acceptable. Rather, it should allow children and young people to make safe and healthy choices. The links between drinking and personal responsibility and sexual behaviour should also be highlighted.

Schools may wish to explore the culture around alcohol by considering society's views, family values, the media and commercial interests. Education can explore and compare different cultures' use of alcohol. Education about the media can give pupils the insight necessary to resist advertising and other cultural pressures.

Alcohol needs to be addressed from primary age and should be revisited as pupils' understanding and experience increase.

2.5.2 Tobacco

Schools have an important role to play in raising pupils' awareness of the issues surrounding smoking.

Discussions should make clear that smoking is a minority habit – roughly three quarters of the population do **not** smoke. The health risks associated with smoking must be clearly stated and opportunities to develop refusal skills are important. The impact of smoking on immediate physical functioning and physical appearance is especially relevant. A number of other topics can be usefully explored, for example, how a pupil may be affected by influences such as the smoking habits and attitudes of friends and family and the approval or disapproval of parents/carers. The perception of smoking as a method of weight control or simply to appear more grown up should also be explored.

While the emphasis should be on providing information and developing attitudes and skills which will help pupils not to take up smoking, the question of smoking cessation should be addressed. Some schools have set up smoking cessation support groups to help those pupils wishing to give up and some groups have extended their scope to deal with other factors causing difficulties in pupils' lives.

Adult example is important and schools are encouraged to prohibit smoking entirely or limit smoking by staff to a smoking area.

2.5.3 Cannabis

Cannabis is the most common illegal drug used by pupils. The government has proposed reclassifying cannabis from a Class B to a Class C drug. The proposed reclassification of cannabis is intended to support a credible message about the level of harm different drugs pose. Cannabis is unquestionably harmful but is substantially less harmful than other Class B drugs, such as amphetamines. It is important for schools to reinforce to pupils that cannabis is harmful to health and is still an illegal drug and possession will remain a criminal offence leading to a possible fine or imprisonment.

Schools should continue to deal with incidents relating to possession or supply of cannabis in line with their school drug policy (see Section 3: Drugs within the school community – safety and good management and Section 4: The School Drugs Policy). Pupils should be aware of the school policy relating to incidents involving cannabis. Teaching materials will need to be updated to reflect the change in classification if legislation is passed. Information about the proposed reclassification of cannabis can be found on www.drugs.gov.uk. For further information, see Appendix 2 (Summary of relevant laws).

2.5.4 Volatile substances

Volatile substance abuse (VSA), for example, of lighter fuel, glue or aerosols, needs to be addressed at an early point in the drug education curriculum because of the early onset of experimentation and the particular dangers posed by VSA. These include the high risk of accidental death, even for first-time and occasional users. When focusing on VSA, teachers need to give pupils an accurate picture of this risk and help pupils explore the issues raised by VSA. Particular attention and greater detail may be needed for pupils who are known to be abusing volatile substances. As in all drug use, persistent and compulsive use is likely to be associated with other problems. Teachers are encouraged to ensure that they have a sound understanding of VSA, see Appendix 3 (Useful organisations and websites).

2.5.5 Class A Drugs

It is important that young people understand which drugs are most harmful and why. In areas where the use of particular drugs is associated with other major social problems, such as crime, it is especially important for teachers to focus on these issues. For example, schools in areas where the use of crack is a specific problem may wish to highlight the particular risk this drug causes and the effect it has on the community.

2.6 Issues to consider when planning

Schools' drug education programmes should be planned using the statutory requirements and this guidance. Issues to take into account include:

- pupils' existing knowledge and understanding (2.6.1)
- the local context (2.6.2)
- culture, ethnicity and diversity (2.6.3)
- pupils with special educational needs (2.6.4)
- pupils with drug or alcohol misusing parents/carers (2.6.5)
- curriculum organisation (2.6.6).

2.6.1 Pupils' existing knowledge and understanding

Pupils' existing knowledge and understanding, their experiences and their attitudes will vary. All pupils are likely to know something about drugs. This knowledge can be inaccurate, incomplete or based on anecdotal information. Pupil's knowledge and attitudes are influenced by: their parents/carers and families; their cultural and

religious background; their peers; their community; the school; and the media. Using appropriate ways to investigate existing knowledge, beliefs, experiences, fears, priorities and needs is a vital first step in planning the drug education programme. This can help to establish appropriate aims and ensure the content is both credible and relevant to pupils' needs and expectations. These findings can be used to establish a baseline of existing knowledge, understanding and skills to use when evaluating the programme.

Existing knowledge and understanding can be identified through:

- the Draw and Write technique (see Glossary)
- questionnaires/surveys (ICT with teacher feedback may be used)
- discussion, for example, in class or school councils.

Further ideas can be found in appendix 6 of *Citizenship, A scheme of work for key stage 3, Teachers guide* (QCA 2001).

It is also important to consult pupils when developing the school drugs policy (see Section 4: The schools drugs policy). Pupils need to understand how their contributions will feed into planning and what they can influence. It is important that where pupils' suggestions cannot be incorporated, they have the opportunity to discuss with teachers why this is the case.

PRUs taking excluded pupils should pay particular attention to identifying pupils' existing knowledge and understanding. Schools should also liaise with PRUs to ensure continuity and progression.

2.6.2 The local context

Local sources of information may add to the school's understanding of the educational needs of pupils. For example, data maybe gathered on the trends in local drug use by the DAT, school nurse, Healthy Schools Programme, police and other agencies as well as local strategies for dealing with this, such as the YPSMP.

Schools may wish to compare the local context with national data. National data on young people's drug use can be obtained from the Department of Health's annual survey on smoking, drinking and drug use among secondary school pupils, see www.doh.gov.uk. The British Crime Survey reports illegal drug use amongst 16-24 year olds, see www.homeoffice.gsi.gov.uk.

Schools are encouraged to be flexible in their approach and to integrate their programmes with local initiatives, to support partnership working. This will help to address any particular issues in their local community, for example, a high prevalence of VSA. Pupils from vulnerable groups may need specific programmes of support.

2.6.3 Culture, ethnicity and diversity

Schools should plan drug education which has relevance for all pupils and bearing in mind the *Race Relations (Amendment) Act 2000* (www.hmso.gov.uk).

Teachers need to ensure that the programme includes a variety of teaching methods and strategies that cater for the range of attainment levels of their pupils and their diverse needs. They need to be sensitive to the fact that pupils may have varying attitudes towards drugs which are influenced by their cultural and religious backgrounds and their life experiences, values and beliefs. For example, the stigma around drug misuse is different in different communities. Alcohol is forbidden in some communities. However, it is still important for all pupils to be prepared for drug-related situations and decisions they may face.

Patterns of drugs use may be different between boys and girls, for example in general, young men are more likely to use drugs. Reasons for using drugs may also vary. For example, girls are more likely to describe their drug use as a way of coping with emotional stress whereas boys are more likely to describe their drug use as body or performance enhancing. These differences should also be reflected in teaching programmes.

Further information about drugs and diversity is available on the Home Office website (www.drugs.gov.uk). For further information on addressing diversity issues teachers should refer to appendix 5 of *Citizenship, A scheme of work for key stage 3, Teacher's guide* (QCA 2001).

For the statutory requirements and guidance on inclusion, teachers should refer to *The National Curriculum Handbook for primary teachers in England (*QCA, 1999) and *The National Curriculum Handbook for secondary teachers in England* (QCA, 1999).

2.6.4 Pupils with special educational needs (SEN)

Care should be taken to ensure that vulnerable pupils, including those with SEN, receive their entitlement to drug education. Pupils with SEN may be more vulnerable to situations involving risk. Teachers may need to focus more on developing pupils' confidence and skills to manage situations which require making decisions about drugs. For example, developing competence to manage medicines responsibly, staying safe and understanding and managing feelings. Teachers should pay particular attention to enabling pupils to seek help and support when they need it. Where teaching assistants are involved they need to understand the school drugs policy and the aims of drug education.

For further information see *Planning, teaching and assessing the curriculum for pupils with learning difficulties: PSHE and citizenship* (QCA 2001).

2.6.5 Pupils with drug misusing parents/carers

Teachers need to be sensitive to the possibility that some pupils in their classroom may have drug misusing parents/carers. Teachers should try to portray issues and use language which take this into account. Where such pupils have been identified, care should be taken to ensure they do not feel stigmatised. Schools should maintain

sensitive observation over these vulnerable pupils. Determining and addressing their educational needs will be a high priority. Schools may need to involve other agencies to support the welfare of pupils and their family situation. The structures in place for this, and the importance of confidentiality are dealt with more fully in Section 3: Good management of drugs within the school community.

2.6.6 Curriculum organisation

It is for schools to decide how drug education is organised. Contributions should be made through timetabled PSHE lessons. Science and other curriculum subjects and off-timetable activities, or a combination of approaches can also be used. Ofsted report that short or partial lessons limit the opportunities for pupil debate and limit their involvement and the deepening of their understanding. Schools are recommended to provide adequate time for learning to take place. One-off or isolated lessons or presentations have been shown to be less effective.

2.7 Setting learning objectives and learning outcomes

Having identified pupils' existing knowledge and understanding and taken account of the other issues in Section 2.6 above, schools will need to develop objectives for their school drug education programme. These need to be specific, measurable, achievable, realistic and time related (SMART). Learning outcomes then need to be made explicit. For example:

Key Stage	Learning Objective	Learning Outcome
1	To know the dangers from household substances, if they are not used as instructed	I can identify different household substances and know that if they are not used properly, they can be dangerous
2	To know that there are different names given to drugs	I know the scientific names for drugs and that they also have other, common names
3	To understand that people can become dependent on some drugs and that there is help available to them	I know what drug dependency means and how it affects people’s lives. I know where to go to get help locally
4	To explore a range of attitudes towards alcohol use	I recognise that different people have different attitudes towards alcohol and why they might feel this way

2.8 The evidence base for drug education

Literature reviews and analyses of many drug programmes throughout the world have shown that certain programmes can achieve at least modest reductions in drug use and delay the onset of drug use. This is considered a positive outcome since delaying onset reduces the risk of progressing from experimental to problematic drug use.

The programmes that offer these successes are achieved by developing knowledge,

challenging attitudes to drug use and drug users and by developing a range of interpersonal skills which could be used in a drug related situation.

Research reviews and analyses all show that the programmes which are most effective in achieving an impact on drug using behaviours, particularly alcohol, tobacco and cannabis:

- include knowledge, skill and attitude development
- are multi-component programmes (where the school, parents/carers and the community are sharing and delivering the same messages)
- use participative teaching and learning methods.

2.9 Teaching and learning

Drug education shares the features of well-taught lessons in any subject. The core principles of teaching and learning are:

- **ensure every child succeeds**: provide an inclusive education within a culture of high expectations
- **build on what learners already know**: structure and pace teaching so that students know what is to be learnt and how
- **make learning vivid and real:** develop understanding through enquiry, e-learning and group problem solving
- **make learning an enjoyable and challenging experience**: stimulate learning through matching teaching techniques and strategies to a range of learning styles
- **enrich the learning experience:** infuse learning skills across the curriculum
- **promote assessment for learning:** make children partners in their learning.

(Taken from: *A New Specialist System: Transforming Secondary Education* (DfES, 2003)

In addition, the following three good practice guidelines underpin effective drug education teaching:

- establish ground rules (2.9.1)
- start where pupils are (2.9.2)
- use an active learning approach (2.9.3)

2.9.1 Establish ground rules

A group agreement, established through discussion and negotiation with pupils, fosters mutual respect and an environment in which pupils are ready to listen to and discuss each other’s opinions. One of the rules should establish that it is not appropriate for pupils or teachers to disclose or discuss their personal or family drug use.

2.9.2 Starting where pupils are

Lessons should always start at a point to which pupils can relate, and then progress

into areas of new exploration and learning. Section 2.6 (Issues to consider when planning) will help with this initially but, as will be outlined below, an ongoing review of learning by teachers and pupils is essential.

2.9.3 Using an active learning approach

Teachers should act as facilitators/guides and ensure that all pupils are fully involved in the lesson by using a variety of interactive and participatory teaching methods that engage pupils actively in their own learning.

Active learning utilises the intrinsic motivation in pupils. Opportunities should be provided for pupils to process their learning, discuss their feelings and reflect on what they have learnt and how to transfer it to their own lives. Learning will need to be revisited so pupils can consider how they have applied knowledge and / or practised the skills either in a formal setting or independently over a period of time. Pupils should participate in regular review and evaluation of their learning including feedback at the end of each lesson.

Teachers should use a wide range of active approaches such as:

action research
brainstorming
case studies
circle time
creative writing
design (posters etc)
discussion
drama
external contributor (2.13)
formal debate
games
group work
interactive ict
local surveys
media analysis
peer education (2.11)
questionnaires
quiz
role play
real life impact (2.10)
theatre in education
video
visits

Further guidance on teaching and learning approaches specifically for drug education is provided in *Drug, Alcohol and Tobacco Education - curriculum guidance for schools at key stages 1 – 4* (QCA, 2003) and for PSHE and Citizenship in:

- Appendix 5 of *Citizenship, A scheme of work for key stages 1 and 2,* Teachers Guide (QCA, 2002)
- Appendix 6 of *Citizenship, A scheme of work for key stage 3,* Teachers Guide (QCA, 2001)
- Section 4 of *Sex and Relationship Education Guidance* (DfEE, 2000).

2.10 Real life impact

Pupils need to understand the dangers presented by drugs. Real life stories of young people whose lives have been destroyed by drugs should play a part in teaching and learning approaches. However, such messages should be part of a well-planned programme that includes the development of skills and exploration of attitudes. Care should be taken to provide credible information which does not exaggerate but clearly explains the dangers of drugs without glamorising or creating interest in drug experimentation. Real-life impact may have particular resonance with those who are unaware of or are reluctant to accept the dangers drug pose.

2.11 Peer education

Pupils may see peers as credible sources of information and advice. If peer educators are used, their role should be carefully negotiated with teaching staff, and adequate support provided. Research shows that often the pupils who benefit most from peer education are the peer educators themselves. Teachers should bear this in mind when choosing peer educators. LEAs can provide access to external agencies offering training and support for peer education programmes.

Pupils should be made aware of their potential role as informal peer educators, providing accurate information and positive role models.

2.12 Selecting teaching resources

Teachers and head teachers are best placed to select are the most appropriate resources to support their drug education programme, taking into account the needs and circumstances of all their pupils. School nurses, other professionals and governors may also provide support. It is important that teaching materials support and encourage good practice. There are a number of key criteria for selecting and using resources. The materials should:

- clearly state the underpinning beliefs and values
- show how pupils' existing drug awareness is incorporated
- offer a range of activities, based on successful teaching and learning styles
- give accurate and balanced facts
- take account of religious, cultural and physical diversity and use appropriate visual images
- be appropriate for the age and maturity of the target group
- have aims that are consistent with those of the school
- show they can meet statutory and non-statutory learning outcomes
- refer clearly to target age groups
- accommodate different curriculum models and school timetables
- provide guidance on the knowledge, understanding and skills required to deliver the materials
- recognise the importance of parent/carer understanding, support and involvement
- provide evidence of successful use in schools.

(Adapted from *The Right Choice – Guidance on selecting drug education materials for schools* (DrugScope, 1998)).

Teachers will also need to ensure that materials can be adapted to meet the needs of pupils with special educational needs.

Some websites listing drug education resources for schools are found in Appendix 3 (Useful organisations and websites). Advice can also be sought from the LEA.

2.13 External contributors to drug education

[In the final version, we intend that this section will be supplemented with information

from the DfES commissioned literature review into the effectiveness of external contributors to drug education, including the police, and Theatre-In-Education.]

When well planned, external agencies and individuals can make valuable contributions to a school's drug education programme, by giving advice, assisting with planning and providing classroom input. Their different relationship with pupils can enable them to provide information, advice and access to services not easily available by other routes. Contributors include youth workers, school nurses and other health care professionals, theatre-in-health-education groups, the police and specialist drug agencies. It is important that they have the skills to convey their knowledge in an appropriate way and that they do not provide input outside their area of expertise.

Schools should liaise with LEAs and local Healthy Schools Programme Coordinators on the range of individuals and agencies who can support drug education programmes. Many have standards and protocols for the use of external contributors in schools to ensure quality and consistency.

The responsibility for the pupils and their learning experience remains with the teacher throughout any external involvement. Schools are advised to take into account the following guidelines when involving external contributors:

- the contribution should be integrated into the school's programme, rather than being an isolated event
- the external contributor should add a dimension to the overall educational experience which the teacher alone cannot deliver, rather than act as a substitute teacher
- schools should ensure that external contributors are competent educators and facilitators and do not provide input outside their area of expertise.
- the content of lessons should be negotiated to ensure it meets the needs of pupils and is consistent with the overall aims of the drug education programme
- schools should be clear about the desired learning outcomes of the planned activities before deciding who is best able to help achieve them
- all external contributors should be made fully aware of the schools values and approach to drug education, the drugs policy, and the policy on confidentiality and disclosure, to ensure their approach is consistent with that of the school.
- schools should remind external contributors that their roles, responsibilities and boundaries when taking part in curriculum activities are different from when they are counselling individuals
- the teacher should be present in the classroom for the whole of each lesson, and should devise preparation and follow-up work to reinforce the pupils' learning, when appropriate
- schools should assess their value, through pupil feedback and evaluation. This information should be shared and use to inform future work.

Involving ex-drug users in drug education should be considered very carefully. They may be able to provide a valuable and compelling insight into the consequences of drug use but schools should be aware that without sensitive handling they may arouse interest in drugs that pupils would otherwise be unlikely to try and may glamorise drug misuse. An external contributor who has overcome alcohol

dependence, for example, could provide a useful insight into the consequences of addiction but pupils may not associate their own alcohol use with that which the external contributor describes.

Any visitor to the school who has unsupervised access to children or who works in the school on a regular basis will be subject to criminal background checks.

Schools may choose to use the form provided in Appendix 4 (Planning form for external contributor to drug education), as the basis for negotiating a clear role for external contributors, which determines where responsibilities and accountabilities lie and sets out the expectations of each planned session. External contributors may have their own procedures for evaluating their drug education provision and schools can contribute to this by providing feedback. A form for an external contributor to feedback comments on the session can be found in Appendix 5 (Feedback form for external contributor to drug education).

Details of local agencies can be found on www.doh.gov.uk/drugs/depis.

2.14 Coordinating and Staffing

Schools should be clear about who is responsible for planning and coordinating drug education and how this role relates to the implementation of the school drug policy with regards to incidents. If responsibility for these two aspects rests with more than one person, the roles should be closely linked.

Drug education is more effective when taught by teachers who have the necessary subject knowledge and who are able to employ appropriate teaching methods.

Ofsted reports that many secondary schools now use specialist teachers to teach about drugs and other specialist aspects of PSHE. Other schools either employ a specialist team with older pupils with tutors teaching PSHE at Key Stage 3, or use teachers in their role as tutors to provide drug education to all pupils. If schools involve tutors in the teaching of PSHE, monitoring and evaluation of the quality of teaching is crucial if the senior management team is to ensure that it meets the needs of the pupils.

In primary schools, most teachers will teach drug education. Adequate training is, therefore, required. Where non-specialist teachers are used the role of the PSHE or drug education coordinator is particularly important.

2.15 Staff support and training

All initial teacher training courses for those who are preparing to teach science should address the appropriate aspects of drug education. The new standards for initial teacher training introduced in September 2002 require newly qualified teachers to have an understanding of PSHE and Citizenship by the end of their course.

It is essential that all school staff have general drug awareness. Schools will need to consider how best to prepare all staff as part of their induction.

All those involved in teaching drug education need opportunities to develop skills, knowledge and confidence in addressing drug issues with pupils and access to ongoing support. Continuing professional development (CPD) activities could include:

- team teaching or teachers observing other skilled staff supported by mentoring/coaching
- participating in collaborative enquiry and action research, supported by teaching networks
- training courses with support to apply learning to classroom practice.

Most LEAs offer training and support to schools. It is important that staff who undertake CPD are supported in disseminating the lessons learnt within the school. They should also be encouraged to evaluate the impact on teaching and learning. The Ofsted PSHE 2001/2 subject report states that:

> *'in one school in six, participation in PSHE-related INSET has had no discernible impact on provision. This is cause for concern. Too often there is little or no expectation placed on those attending, by the senior management team (SMT) and/or provider, to carry out any review of provision following the training; and insufficient time is given for those attending the training to undertake planning or to cascade the training to other teachers' (p4, Personal, health and social education in secondary schools: Ofsted subject reports series 2001/2).*

The message from the primary report is very similar.

The teacher development website for PSHE helps teachers identify their training needs and provides information on resources that can be accessed to support teacher training and teaching programmes. See www.teachernet.gov.uk/pshe

[In the final version, we intend that this section will include reference to the DfES CPD programme on certifying the teaching of PSHE when the drugs module has been developed]

2.16 Assessment of learning

The elements of drug education that form part of the science curriculum at key stages 1-4 must be assessed in accordance with the requirements of national curriculum science. The learning from the other elements of drug education should also be assessed. The assessment should aim to establish:

- the knowledge and understanding pupils have gained and its relevance to them
- what skills they have developed and put into practice
- how their feelings and attitudes have been influenced during the programme.

Ofsted encourages schools to avoid judging achievement in drug education only in terms of gains in factual knowledge.

Schools should plan how they will conduct regular assessments when the

programme is devised. Methods could include:

- seeking feedback from pupils at the end of lessons on their progress and achievements, both individually and as a group
- more formal pupil self-assessment of their learning and its value to them, timed as key components of the programme
- teacher assessment of activities conducted and work completed
- class discussion, aimed at helping pupils to identify what they should do next
- inviting pupils and teachers to reflect on the overall programme.

More guidance on assessment of pupils' learning is provided in *Drug Alcohol and Tobacco Education - curriculum guidance for schools at key stages 1 – 4* (QCA, 2003) and *Citizenship at Key Stages 1 - 4: guidance on assessment, recording and reporting* (QCA, 2002).

2.17 Monitoring teaching

Coordinators and teachers should record systematically what is taught to chart the progress of the school drug education programme. Variations from the planned programme, for example, taking account of changing circumstances and needs, should also be recorded. These monitoring records should also include pupils' own feedback.

Examples of monitoring activities can include:

- lesson observation
- sampling pupils' work
- including drug education/PSHE as a regular item on the agenda for relevant departmental (and other) meetings.

2.18 Evaluating the programme

Evaluation establishes the extent to which the aims of the programme and pupils' needs are being met and where adaptations are required. This can be measured using:

- a picture of pupils' learning gathered during assessment
- the aims and intended learning outcomes initially specified
- the feedback recorded during monitoring
- comparison with the baseline of pupils existing knowledge, understanding and skills
- feedback collected from pupils, teachers, teaching assistants, non-teaching staff and parents/carers.

2.19 Reviewing drug education provision

Schools should review their drug education provision on a regular basis. A set of key questions, which set out the core components of effective drug education on which this guidance is based, have been adapted from the Quality Standards in *The Right Responses: Managing and making policy for drug-related incidents in schools*

(DrugScope, 1999). They can help schools develop, assess and improve their provision, see Appendix 6 (Coordinators' checklist). Many of the standards are also applicable to post-16 education.

2.20 Ofsted inspections

Ofsted is responsible for evaluating and reporting on the school's policies and practice in drug education within PSHE and Citizenship.

Primary
In primary schools, inspectors will refer to the four strands of the non-statutory framework for PSHE and citizenship when evaluating pupils' achievement. They will also look at the extent to which the school has helped its pupils gain the knowledge, understanding and skills to make sensible, informed choices by:

- increasing their knowledge and understanding (as appropriate to their age and need) of drugs and the potential effects that drugs have on them
- exploring and developing their attitudes and values
- developing their perceptions of self-worth and self-esteem
- helping them to develop and practise personal skills e.g. resistance skills

The policy on managing drug-related incidents will also be looked at. For further information see, *Inspecting Subjects 3-11* (Ofsted, 2000).

Secondary
In secondary schools, inspectors will evaluate standards and achievement, provision in the curriculum, teaching and learning and other factors that affect quality as part of the PSHE inspection. Inspections will also look at how pupils are cared for, how those at moral or physical risk are identified and supported, and the policy on managing drug related incidents.

[To be updated in line with the new handbook for inspecting secondary schools which will be effective from September 2003]

2.21 Involving parents/carers

Families have an important role to play in supporting the provision of drug education, especially in helping a young person examine their attitude to drugs. Parents/carers should be involved in planning the drug education programme and related policies. The school's approach and rationale needs to be explained to parents/carers to gain their understanding and support. This is particularly important for parents/carers of primary age pupils as they may not understand the necessity of starting drug education from an early age. Parents/carers should be provided with information about the drug education their child will receive at school so that they can support their children's learning at home, and access to support and information about drugs. It can be helpful for teachers to set tasks for pupils to complete at home with their parent/carer. Suggestion for home-based activities are included in the exemplar units within the *Drug, alcohol and tobacco education curriculum guidance for schools at key stages 1- 4* (QCA, 2002).

The LEA and Healthy School Programme can provide strategies to support the involvement of parents/ carers. Schools might suggest that parents/carers look at www.dfes.gov.uk/parents.

2.22 Involving school governors

As part of their general responsibilities for the strategic direction of the school, governors have a key role to play in the development of their school's policy for drug education. This is also the case for PRU Management Committees where they exist. Ofsted will be monitoring the effectiveness of this policy. NHSS has as one of its criteria, that the school appoint a governor with specific responsibilities relating to the provision of drug education, although this is not a statutory requirement. It is for each governing body to decide whether this approach is essential for them in developing an effective policy.

2.23 Access to information about sources of support

Schools should ensure that pupils have access to up-to-date information on other sources of help available. This includes local and national helplines, youth and community services and other drug and alcohol services. Some LEAs provide such lists for schools. Information needs to be prominently displayed in an appropriate location, so that those in need of help and who are reluctant to approach school staff can easily access it. Drug education programmes should explain to pupils how support services and helplines work and develop pupil confidence in how to use them. Helplines and relevant, national agencies are listed in Appendix 3 (Useful organisations and websites). Schools may find it helpful to list these and local services in their school drugs policy for reference.

Q3 Is Section 2 helpful in setting out good practice in relation to drug education? We are particularly interested in your comments on whether further guidance is required on: developing and setting realistic aims for schools' drug education programmes; drugs of particular significance to pupils; selecting teaching resources and using external contributors; teaching and learning; assessment, monitoring, evaluation and review.

Q4 Should the guidance propose that school polices should prohibit smoking entirely and not provide designated smoking areas?

Q5 What mechanisms have schools successfully used to engage with parents/carers, particularly those who are harder to reach, on issues related to drugs?

Section 3 - Good management of drugs within the school community

This section offers guidance on:

- authorised and unauthorised drugs (3.1 - 3.3)
- defining school boundaries and drug incidents (3.4 - 3.5)
- dealing with medical emergencies (3.6)
- confiscation of illegal and other unauthorised drugs (3.7 – 3.8)
- detecting drugs (3.9)
- the role of the police (3.10)
- recording and establishing the nature of an incident (3.11 – 3.12)
- the range of responses (3.13)
- confidentiality (3.14)
- informing parents/carers and intoxicated parents/carers (3.15).

3.1 Context

It is vital that schools send a clear message to the whole school community that the possession or use of illegal/unauthorised drugs on school premises is unacceptable and will be dealt with firmly, promptly and fairly. Also, that authorised drugs on school premises such as medicines need to be managed appropriately and that unauthorised possession is not permitted.

A chart summarising how to manage different incidents can be found in Appendix 7 (Flowchart: Incidents involving unauthorised drugs).

3.2 Authorised drugs

Medicines, or legal drugs such as alcohol and tobacco are only legitimately in school when they have been authorised by the head teacher.

Medicines should be managed systematically and be carefully stored or kept according to defined procedures. Guidance on managing medicines can be found in the *Good Practice Guide: Supporting Pupils with Medical Needs* (DfES/DH, 1996). Schools may want to refer to or incorporate this guidance within their own drugs policy.

Schools should take careful account of how any solvents or hazardous chemicals are legitimately used by school staff or pupils, and how these substances are stored securely and managed to prevent inappropriate access or use. School drugs policies should record these arrangements.

If alcohol is authorised at school, for example at parent/carer or community events, the arrangements for storage or use should be agreed and adhered to. It is an offence under the Licensing Act 1964 to sell alcohol without a licence. Schools would need to obtain an occasional licence to sell alcohol under the Licensing (Occasional Permissions) Act 1983. However, no licence would be needed by the school to offer alcohol at school events (where no sale takes place) or to store alcohol on school premises. Schools need to decide beforehand whether they will sell to pupils who are over 18.

3.3 Unauthorised drugs

All schools should have agreed responses and procedures for managing situations involving unauthorised drugs within school boundaries. Drug incidents in school are far more likely to involve tobacco, alcohol or volatile substances than illegal drugs.

3.4 Defining school boundaries

The limits of ‘school boundaries’ should be defined where they extend beyond the school premises to include, for example, journeys in school time, work experience, and residential trips. Schools should also consider when the school day begins and ends, and when *‘in loco parentis’* responsibilities apply. However, if rules relating to pupil or staff use of alcohol or tobacco change according to different school trips, individual polices will need to be drawn up and their content understood by pupils,

parent/carers, staff, and other key people. The school may wish to extend its concern beyond its boundaries though this is outside its duties.

With regard to exclusions, for behaviour outside school but not on school business, a head teacher may exclude a pupil if there is a clear link between that behaviour and maintaining good behaviour and discipline among the pupil body as a whole, see *Improving Behaviour and Attendance: Guidance on Exclusions from schools and Pupil Referral Units* (DfES, 2003).

3.5 Defining drug incidents

The school drugs policy should be clear about the definition of a drug incident. An incident is likely to involve suspicions, observations, disclosures or discoveries of situations involving unauthorised drugs. It could fit into the following categories:

- drugs or associated paraphernalia are found on school premises
- a pupil is found in possession of drugs or associated paraphernalia
- a pupil is found to be a recognised source of supply of drugs on school premises
- a pupil is thought to be under the influence of drugs
- a staff member has information that the illegitimate sale or supply of drugs is taking place in the local area
- a pupil discloses that they are misusing drugs or a family member/friend is misusing drugs
- a parent/carer or staff member is thought to be under the influence of drugs on school premises.

3.6 Dealing with medical emergencies

In every case of an incident involving drugs, schools must place the utmost priority on safety, meeting any medical emergencies with first aid and summoning appropriate help before addressing further issues. If schools are in doubt, they should seek medical assistance immediately.

The school policy that deals with health and safety should outline procedures for how to manage medical emergencies and administer first aid, for example, placing an unconscious person in the recovery position or dealing with a drug overdose. It should include a clear message not to chase or over-excite a person who is intoxicated from inhaling a volatile substance. Strenuous activity can put an intolerable strain on the heart and can increase the risk of sudden death. The person should be kept calm until the effects have worn off. Support with managing medical emergencies can be found in *Guidance on First Aid for Schools - A Good Practice Guide* (DfES). Information on the medical effects of different drugs can be found in *Dangerousness of Drugs* (www.doh.gov.uk/drugs). Also see Appendix 8 (Drug situations: Medical emergencies).

Unless they are unconscious, a pupil may be intoxicated without it being a medical emergency. Pupils should be continually observed in case of changes in their condition. It is recommended that arrangements are made with a parent/carer for the child to be collected or escorted home (or alternative arrangements made if the school perceives the child to be more at risk at home).

3.7 Confiscation and disposal of illegal drugs

It is an offence under Section 8 of the *Misuse of Drugs Act 1971* for the management of establishments (this includes schools) to knowingly permit the supply and production of any illegal drugs on their premises. It is also an offence to allow premises to be used for the smoking of cannabis or opium.

The law permits school staff to take temporary possession of a substance suspected of being an illegal drug for the purposes of protecting a pupil from harm and to prevent an offence being committed in relation to that drug. Schools should confiscate drugs they suspect to be illegal, store them securely and arrange for their disposal without delay. An adult witness should be present when confiscations occur and a record should be kept of the details, see Section 3.11. The school drugs policy should specify a secure storage location for confiscated drugs and any drugs found on the premises. School staff should not attempt to analyse or taste unknown or confiscated substances. If requested, police can advise on analysis and formal identification. Pharmacies can identify medicines.

Schools should plan, with local police, the procedure for collection and disposal of drugs. The law does not require a school to divulge to the police the name of the pupil from whom the drugs were confiscated. Where a pupil is identified the police will be required to follow set procedures. Many LEAs already have agreed protocols with local police and schools on the disposal of illegal drugs and should follow these.

3.8 Confiscation of other unauthorised drugs

Schools will need to agree procedures for managing confiscations of other unauthorised drugs, such as alcohol, tobacco, volatile substances and medicines. Parents/carers should always be informed and may be given the opportunity to collect any alcohol, tobacco or medicines that have been confiscated. However, because of the level of danger posed by volatile substances, such as lighter fuel, glue or aerosols, schools may arrange for their safe disposal.

3.9 Detection

3.9.1 Searches

When a pupil is suspected of concealing unauthorised drugs it is not permissible for a member of staff to carry out a personal search. Every effort should be made to persuade the pupil to voluntarily hand over any drugs. If a personal search is needed and the drug is suspected of being illegal, the police must be called to deal with the situation. However, staff may search pupils' lockers or desks if they believe drugs to be stored there. The pupils' consent should always be sought. Where consent is refused, the school will need to balance the likelihood that an offence has been committed against the risk that the pupil's right to privacy may be infringed without just cause before deciding whether to proceed with the search without consent.

Procedures and circumstances for searches where there is reason for suspicion

should be made explicit in the school drug policy.

After any search, parents/carers should normally be contacted by the school, regardless of whether the result of the search is positive or negative (see 3.15.1 Informing parents/carers).

3.9.2 Sniffer dogs and urine testing

A very small number of schools have felt the need to adopt further strategies such as urine-testing or requesting police handlers or private companies with sniffer dogs to enter the school in order to detect illegal drug possession or use. In deciding whether to use these approaches, schools should exercise caution. They are of course strategies for extreme circumstances and in full consultation with local partners, including the police. It is essential that before a school takes the decision to use one of these strategies, it should very carefully consider whether such actions:

- are consistent with the pastoral responsibility of the school to create a supportive environment
- will lead to labelling and be damaging to pupils concerned
- will result in appropriate support for pupils most in need
- are feasible and an effective use of school resources, and those of the police, where involved.

Where either course of action is planned, schools should make sure, in advance, that:

- they have clear evidence of consent. This will normally mean written permission. Consent should be granted by parents/carers for younger pupils and by pupils themselves if they are old enough to understand the full implications of their consent. If there is doubt about pupils' capacity to give consent, schools are advised to obtain consent from both the parents/carers and the pupils. Where the parent/carer is not asked to consent they should be informed of the proposal and that the pupil's consent will be sought
- procedures are in place to remove pupils for whom consent is not given
- it is included in the school policy
- the aim of the action is made explicit (for example, whether a sniffer dog is in school to give a demonstration or detect drugs)
- they have considered what action will be taken if drugs are found on any member of the school community, and that this has been communicated clearly and is consistent with responses to other drug incidents
- they are able to be sensitive to and respect the right to privacy of pupils whom the dog or urine test may identify either because they are taking prescription drugs or have been exposed to an environment where others have used drugs
- plans are in place to deal with potential media interest.

Immediately following a urine test or sniffer dog operation, parents should be informed.

Schools participating in certification schemes which use sniffer dogs should carefully consider the above issues and ensure that such action is supported by an on-going

whole-school approach to managing drugs on school premises rather than an isolated event.

3.10 The role of police

Schools and police should build a trusting partnership. Schools should liaise closely with their local police, or Safer School Partnership (SSP) officer where they exist, to ensure that there is an agreed policy based upon local (LEA and DAT) protocols for dealing with the range of incidents that might arise. This will clarify roles and mutual expectations before incidents occur. The following criteria should be agreed with the police and clearly set out in the school drugs policy:

- when an incident can be *managed internally* by the school
- when police should be *informed or consulted*
- when police should be *actively involved*
- when a pupil's name can be withheld and when it should be divulged to police

Schools have no legal obligation to report an incident to the police but schools should consider whether or not to inform the police where a criminal offence has taken place. However, not reporting a crime and not identifying an offender may prove to be counter-productive for a school and the wider community. They should also consider whether or not to inform other agencies. Schools should feel able to contact police to discuss a case and ask for advice without needing to divulge a pupil's name. It is good practice to contact the designated officer, named in the drugs policy, with whom a relationship has been built rather than the emergency services. 999 should only be called in emergencies.

The police will not normally need to be involved in incidents involving legal drugs, but schools may wish to inform trading standards or police about the inappropriate sale or supply of alcohol or volatile substances to pupils in the local area.

3.11 Recording an incident

Schools should make a full record of every incident. Schools and LEAs may use the forms in Appendix 9 (Record of incident involving unauthorised drug) or adapt or develop their own to meet local needs. Storage of sensitive information about pupils should be secure and should accord with the requirements of the *Data Protection Act 1998*.

Great care must be taken to record any statements provided by those involved or by witnesses as these may be required by police if the incident becomes a criminal investigation. Schools should consider separating any pupils involved in the incident and obtaining another adult in support of both the teacher dealing with the incident and the pupils involved. The records may be used as evidence in any subsequent prosecution.

3.12 Establishing the nature of an incident

Schools are recommended to conduct a careful investigation to judge the nature and seriousness of each incident. The head teacher or designated staff member leading on drugs issues should inform, consult and involve others as necessary. Careful attention should be given to respecting the confidentiality of those involved (see Section 3.14). A range of factors may be relevant and need exploration to determine the seriousness and needs of those involved and an appropriate response. For example:

- does the pupil admit or deny allegations?
- is this a first or subsequent offence?
- is the drug legal or illegal?
- what quantity of the drug was involved?
- what was the pupil's motivation?
- is the pupil knowledgeable and careful or reckless as to their own or others' safety?
- does the pupil have a parent/carer or family member who is misusing drugs?
- does the pupil know and understand the school policy and school rules?
- where does the incident appear on a scale from 'possession of a small quantity' to 'persistent supply'?
- if illegal supply is suspected, how much was supplied and was the pupil coerced into the supply role or the one 'whose turn it was' to buy for others, or is there evidence of organised or habitual supply?

3.13 A range of responses

Schools should develop a range of options for responding to the identified needs of those involved in a drug incident. Schools should refer to the YPSMP and the services and agencies involved in implementing local strategies to verify what is realistic in their locality.

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

- Early intervention (3.13.1)
- Referral (3.13.2)
- Counselling (3.13.3)
- Behaviour Contract (3.13.4)
- Inter-agency programme (3.13.5)
- Fixed-period exclusion (3.13.6)
- Pastoral Support Programme (3.13.7)
- A managed move (3.13.8)
- Permanent exclusion (3.13.9).

Response should always aim to provide pupils with the opportunity to learn from their mistakes and to develop as individuals. Any sanctions should always be justifiable in terms of:

- the seriousness of the incident

- the identified needs of the pupil, other pupils, the school and the community
- consistency with published school rules, codes, expectations
- consistency with disciplinary action for breaches of other school rules (such as theft, violence, bullying).

3.13.1 Early intervention

Schools may have detected risk factors associated with possible drug use or misuse or a pupil may have disclosed a problem. Communication between staff and early involvement of parents/carers may set the scene for early, supportive, pastoral intervention. An appraisal should take place to determine the nature of the pupil's needs and the additional support a pupil might need if, for example:

- their knowledge about drugs is low
- they rely upon frequent use of drugs
- their drug use is affecting performance at school
- their drug use is causing problems such as conflict at home
- they feel under pressure to use, perhaps due to other problems
- their (or someone else's) drug use is impacting on their behaviour and/or emotional health.

The publication, *First steps in identifying young people's substance related needs* (Drugscope, 2003) provides further guidance.

In addition to the drug education they receive through the curriculum, extra support may involve any or all of the following:

- providing information and advice in relation to specific drugs
- developing self esteem and skills such as strategies for seeking support
- increasing their motivation to address their drug use
- facilitating access to activities of interest to them (such as youth clubs, extra-curricular events and activities and external provision as part of youth service or DAT activity)
- liaison with the Connexions service who can identify need and coordinate the help of specialist agencies.

Behaviour and Education Support Teams (BESTs) are also being developed in some LEAs. These are multi-agency teams that work closely with schools and PRUs to support teachers and provide early intervention where there is a high proportion of pupils at risk of developing behavioural problems. They provide supportive services to pupils who have emotional and behavioural difficulties and involve and support their families. BESTs may be able to offer assistance to schools responding to the needs of a pupil involved with drugs.

3.13.2 Referral

Schools should be ready to involve or refer pupils to external agencies when needed. These include:

- the Connexions service
- the school health team
- the BEST where one has been developed
- the Youth and Community Service
- external agencies providing specialist help, for example, young people's substance misuse services and social services child protection teams.

Where possible, and where this will not compromise the pupil's safety, the school should seek the involvement of the pupil and the pupil's parents/carers in such a decision. Schools should familiarise themselves with established referral procedures for local services. The Connexions Service will also have established referral protocols and will play a key role in linking pupils in need of support into appropriate services.

Referral procedures may vary where children are thought to be 'suffering, or at risk of suffering significant harm' and the protocols of the Area Child Protection Committee are applicable. Clear referral criteria and communication routes should be established between young people's advice and treatment services and schools themselves as school drug policies are developed or routinely updated.

In every situation, schools should accord with the guidance on confidentiality, see section 3.14 and refer to the school confidentiality policy.

3.13.3 Counselling

In some instances, either before or following a drug incident, counselling may be identified as potentially valuable to a pupil. Counselling may be provided either on school premises or elsewhere, for example, by the Connexions service. Counselling rarely focuses on drug misuse alone, and can consider more holistic needs, which may underlie or herald drug-related problems. Counselling is only appropriate when a pupil wishes to take advantage of what it offers. It is usually neither constructive nor effective to attempt to impose it. Schools should always seek the pupil's consent and explain the purpose and benefits of counselling. Careful attention should be given to issues of confidentiality, see section 3.14.

3.13.4 Behaviour Contract

In the case of serious breaches of discipline, a Behaviour Contract agreed and signed by the pupil, the parents/carers and the school can set out clearly the terms on which a young person can remain at the school and monitor progress towards greater stability. This may require the pupil to be 'internally excluded' from normal contact with peers during the school day for a fixed period in the first instance, until behaviour has improved. Such an approach may incorporate intensive drug education input to boost the pupil's understanding. This may be supported by outside agencies such as health workers, youth workers or drug specialists. The LEA and the DAT can help explore the feasibility and arrangements for such initiatives.

3.13.5 Inter-agency programmes

Multi-agency collaboration provides an opportunity for a pupil to be involved in a short-term intensive programme away from school offering focused help for the pupil, both to understand drugs and to address his/her personal needs.

3.13.6 Fixed-period exclusion

In making a decision on whether or not to exclude for a drug related offence the head teacher should have regard to the schools drugs policy and should consult the school's drug coordinator. Exclusion should only be considered for serious breaches of the school's behaviour policy, and should not be imposed without a thorough investigation unless there is an immediate threat to the safety of others in the school or the pupil concerned. It should not be used if alternative solutions have the potential to achieve a change in the pupil's behaviour and are not detrimental to the whole school community.

In some cases fixed-period exclusion will be more appropriate than permanent exclusion. It is the responsibility of the school to set work for a pupil during the fixed period of exclusion. Arrangements may be made to include drug education, and ensure that any work set by the school and returned is carefully assessed. Schools should, jointly with the LEA, ensure that suitable, full time alternative education other than the setting and marking of work is planned and provided in the case of longer, for example more than 15 school days, fixed-period exclusions. LEAs should always ensure such provision for permanently excluded pupils.

Decisions about exclusion and procedures for putting it into practice must, by law, have regard to *Improving Behaviour and Attendance: Guidance on Exclusion From Schools and Pupil Referral Units* (DfES, 2003) and accord with statutory requirements.

3.13.7 Pastoral Support Programme

Pupils at serious risk of permanent exclusion or criminal activity should have a pastoral support programme (PSP) which has multi-agency involvement. The PSP should address underlying factors, whilst setting clear targets aimed at helping the pupils to manage their behaviour and supporting them towards positive re-investment in their own education. See *Circular 10/99: Social Inclusion: Pupil Support* (DfEE, 1999) on how to set up a PSP.

3.13.8 A managed move

A managed move involves asking another school to take over a pupil's education where a school feels that it can no longer manage the behaviour of that pupil. This requires the full knowledge and cooperation of all parties involved, including the parents/carers and the LEA, and should only be considered in circumstances when breaches of discipline have been serious and where it is clearly in the best interests of the pupil concerned. Managed moves work best when there are agreed protocols between schools and the LEA, and support is available to help integration to the new school.

Schools considering accepting pupils from another school for reasons related to

drugs should plan carefully to attend to their drug education needs.

3.13.9 Permanent exclusion

A decision to exclude a child permanently is a serious one. Permanent exclusion should usually be the final step in the process for dealing with disciplinary offences after a wide range of other strategies have been tried without success. Supplying an illegal drug is always a serious breach of school rules. In exceptional circumstances, even for a 'one off' or first offence the head teacher may judge that an incident involving supply of an illegal drug warrants permanent exclusion. In making this judgement the head teacher should have regard to the school's published policy on drugs and should consult the school's drugs coordinator. The decision will also depend on the precise circumstances of the case, including the evidence available and the nature of the incident (see section 3.12).

In exceptional cases where a school decides to exclude permanently for supply of an illegal drug, repeated possession and/or use of an illegal drug on school premises, the Secretary of State would not normally expect the governors' Discipline Committee or an Independent Appeal Panel to reinstate the pupil.

It is important that those permanently excluded from school are given appropriate support and advice. Connexions Partnerships focus on young people excluded from school as a priority. They can provide a personal adviser at the point of exclusion or provide access to relevant activities, including personal development opportunities and alternative curriculum programmes. The aim is to ensure that pupils receive the support they require to make a successful reintegration. All permanently excluded pupils should be offered a full-time education.

3.14 Confidentiality

The essential nature of confidentiality is not altered by the fact that a case involves drugs. Teachers cannot and should not promise total confidentiality. The boundaries of confidentiality should be made clear to pupils. If a pupil discloses information which is sensitive, not generally known, and which the pupil asks not to be passed on, the request should be honoured unless this is unavoidable in order for teachers to fulfil their professional and moral duties in relation to:

- child protection
- cooperating with a police investigation
- referral to external services, such as Tier-Two drugs services.

Every effort should be made to secure the pupil's agreement to the way in which the school intends to use any sensitive information by explaining carefully the purpose of any onward transmission.

Local Child Protection procedures may need to be invoked if a pupil's safety is under threat. It should be only in exceptional circumstances that sensitive information is passed on against a pupil's wishes, and even then the school should inform the pupil first and endeavour to explain why this may have to happen. These exceptions are defined by a moral or professional duty to act:

- where there is a child protection issue
- where a life is in danger.

3.15 Parents/carers and drug incidents

3.15.1 Informing parents/carers

In any incident involving unauthorised drugs schools are normally advised to involve the child's parent/carer and explain how the school intends to respond to the incident and to the pupil's needs. In exceptional circumstances, where the school suspects that to do this might put the child's safety at risk or if there is any other cause for concern for the child's safety at home then the school should exercise caution when considering involving parents/carers. In any situation where a pupil may need protection from the possibility of abuse, the school's Child Protection Coordinator should be consulted and local child protection procedures followed.

Parents/carers should be encouraged to approach the school if they are concerned about any issue related to drugs and their child. Schools can refer parents/carers to other sources of help, for example, drug or alcohol specialist agencies or family support groups.

3.15.2 Children of drug misusing parents/carers

Schools need to be aware of the impact parent/carer drug misuse can have on a child and his/her education. Children of drug misusing parents/carers may be at greater risk of emotional and/or physical harm, but this is not always the case. A parent/carer with a drug problem does not necessarily neglect their child or put them at risk. Schools should be alert to behaviour which might indicate that the child is experiencing difficult home circumstances. A child may respond to the parents'/carers' drug misuse in a variety of ways, including disturbed or anti-social behaviour; becoming reliant on drink or other drugs; running away from home; losing concentration in class; and showing reluctance to form friendships. Schooling is also likely to be disrupted if a child is depended upon to act as a carer. Where problems are observed or suspected, or if a child chooses to disclose that there are difficulties at home, the offer of pastoral support or counselling may be helpful.

Where the help of external services might be needed, and the child's safety is not considered at risk, schools are recommended to liaise with the Connexions Service about possible referral to other agencies. The school policy on confidentiality should be carefully followed and the pupil informed at every step.

3.15.3 Intoxicated parents/carers on school premises

When dealing with intoxicated parents/carers, staff should attempt to maintain a calm atmosphere. On occasion, a teacher may have concerns about discharging a pupil into the care of a parent/carer, for example, where an intoxicated parent is intending to drive a child home. Schools might wish to discuss with the parent/carer if alternative arrangements could be made for example asking another parent/carer to accompany the child home. The focus for staff will always be the maintenance of the

child's welfare, as opposed to the moderation of the parent/carer's behaviour.

Where the behaviour of an intoxicated parent repeatedly places a child at risk or the parent/carer becomes abusive or violent, staff should consider whether the circumstances of the case are so serious as to invoke child protection procedures, and the involvement of the police, if necessary.

In a minority of schools, aggressive or abusive behaviour from parents/carers can present a problem. For such situations, remedies for the wider school community are featured in *A Legal Toolkit for Schools* (DfES, 2002). LEAs should support schools in dealing with such issues.

3.16 Staff conduct and drug use

It is up to individual schools to give guidance in their staff welfare policy and/or staff employment contracts restricting drinking or other drug use in school hours and school trips. Teachers have a duty of care to act *in loco parentis* to pupils entrusted to the school, including when on school trips. A member of staff may be deemed unfit to work if he or she poses a risk or potential risk to the health and safety of pupils or colleagues.

The welfare of staff with a drug problem is also an issue for schools. The NHSS includes standards for schools to address staff professional, health and welfare needs and for ensuring that arrangements are in place for appropriate occupational health advice and support. See Appendix 10 (Alcohol in the workplace – Staff drinking) and the publications, *Fitness to teach: Occupational Health Guidance for the Training and Employment of Teachers* (DfEE, 2000) and *NHSS Staff Health and Wellbeing* (HDA, 2002).

Q6 Is Section 3 helpful in setting out good practice in the management of drugs within the school community? We would particularly welcome comments on: detection and searching; the role of the police; establishing the nature of an incident; supporting pupils' personal, social and health needs; intoxicated parents/carers; and whether the guidance covers areas which are of particular concern to schools.

Q7 Is the guidance on confiscation and disposal of illegal and unauthorised drugs workable?

Q8 What are your views on the use of sniffer dogs in schools? How could the guidance be improved in this area?

Section 4 - The School Drugs Policy

This section offers guidance on:

- the purpose of the drugs policy (4.1)
- policy content (4.2)
- involving and consulting pupils, parents/carers and other (4.3)
- recording and disseminating the policy (4.4)
- reviewing and updating the policy (4.5)
- handling local media (4.6).

4.1 Purpose of the drugs policy

It is vital that in every school there is clarity and consistency about the school's role in relation to all drug matters. All schools should have a drugs policy.

The purpose of developing a school drugs policy is to:

- clarify the school's approach to drugs for all staff, pupils, governors, parents/carers and external agencies
- clarify the legal requirements and responsibilities of the school
- give guidance to staff on developing, delivering and monitoring a drug education programme
- enable staff to manage drug related incidents with confidence, competence and consistency
- reinforce and safeguard the health and safety of pupils and others who use the school
- provide a basis for evaluating the effectiveness of the school's approach to drug education and its management of incidents involving unauthorised drugs
- give guidance to parents/carers on the drug education their child receives
- reinforce the role of the school in contributing to local strategies.

4.2 Policy content

The following policy framework illustrates the content and vital elements that should be covered in the school drugs policy.

School Drugs Policy Framework

The policy document should:

- record the date of the policy's approval and adoption
- record plans to monitor the policy's effectiveness in practice, stating the date of its next major review
- include a list of those consulted and involved in developing the policy (teaching staff, non-teaching staff, governors, parents/carers, pupils, external agencies)
- be approved by inserting the signatures of the head teacher, key personnel (working party members) and pupil representative.

The context of the policy and its relationship to other policies
Describe whether this is a section within another policy such as the PSHE and Citizenship Policy, and outline the links with separate written policies on, for example, behaviour, medicines, confidentiality, pastoral care, child protection, outside visits and residential trips.

Local and national guidance and support
Specify the national and local documents upon whose guidance the school relies, and where these are to be found. For example, guidance material from QCA, LEA guidance, and documentation accompanying the local Healthy School Programme. Also, sources of support such as helplines and local drug and alcohol specialist

services.

The purpose of the policy (see section 4.1)
Identify the functions the policy will serve.

State who the policy is aimed at
For example, all staff, pupils, parents/carers and prospective parents/carers, governors, and partner agencies working with schools.

Definitions and terminology (see sections 1.4 and 3.1)
Define the term 'drugs' and clarify the meanings of other key terms to be used in the document. Schools are strongly encouraged to include reference to all legal, illegal and medicinal drugs, and any chemicals/volatile substances needing managed storage. Clarify which drugs are to be authorised at school and in what circumstances.

The school's stance towards drugs, health and the needs of pupils
A clear statement is needed that unauthorised drugs in school are not acceptable, and that the first concern in managing drugs is to safeguard health. The mechanisms in place for addressing the wider pastoral needs of pupils should be clearly referred to in order to establish a supportive context within which drugs, drug education and drug incidents are managed by the school. Schools are recommended to include a section on the needs of pupils.

Location of the policy
It is vital to ensure the policy can be easily accessed by anyone who wishes to refer to it. This section may outline the dissemination plans, but also state the location in school where a reference copy of the policy is reliably to be found. Information for different target audiences can also be put in other documents, for example, parent/carer booklets, school prospectus, information leaflets for pupils and the staff handbook or induction pack.

Staff with key responsibility for drugs (see section 2.14)
Specify the named members of staff who will oversee and coordinate drugs issues within the school and their key roles and responsibilities. This could be a joint responsibility between the head teacher or SMT lead and a School Drugs or PSHE Coordinator. Responsibilities may include acting as lead in:

- policy development and review, involving pupils, staff, parents/carers and relevant local agencies
- implementing the policy, and monitoring and assessing its effectiveness in practice
- coordinating the drug education programme
- managing any drug-related incidents
- ensuring the overall health, welfare and well being of all pupils is taken into account
- establishing links with external agencies
- cross-phase liaison with local primary or secondary schools to promote a smooth transition
- accessing and coordinating training and support for staff.

Drug education (see sections 2.1-2.7)
The policy should:

- include the rationale for and aim of drug education in the school
- specify the content of drug education to be provided within the school curriculum, with reference to the statutory elements of the National Curriculum Science Order and the PSHE and Citizenship frameworks
- include a short description of the arrangements for drug education time-tabling, staffing and teaching
- indicate clearly how the needs of pupils will be determined and how pupils themselves are involved in the process of determining relevant content of the programme
- specify learning objectives.

Methodology and resources (see sections 2.9-2.13)
Outline the nature of teaching methods the school will use to involve pupils in active learning. Stress the importance of high quality teaching materials, which are chosen according to recommended criteria. Principal resources might be named and their storage location specified. These should be reviewed periodically for currency.

Training and support for staff (see sections 2.15)
Outline the arrangements for ensuring adequate induction and training is provided for all staff and particularly teachers delivering this subject, and how this is recorded, and disseminated amongst staff. Schools may also wish to consider drug awareness training for all staff, including site managers and lunch-time supervisors, relevant governors and induction of new members of staff.

Assessing, monitoring, evaluating and reviewing drug education (see sections 2.16-2.20)
State the arrangements in place to monitor carefully what has been taught and the way the school intends to assess the learning outcomes for pupils, and use this in formal evaluation of the programme. Plans should outline the strategies for gaining feedback from pupils about what they have successfully learned, how useful they consider it to be, what needs they feel they still have, and what changes they would recommend.

Management of drugs at school (see sections 3.1-3.13)
The policy should:

- outline the school rules with regard to medicine and to authorised drugs
- outline the strategies in place for responding competently and fairly to any situations or incidents involving unauthorised drugs
- make explicit the schools' policy on searches of pupils' lockers, desks and possessions
- specify the school's boundaries, and the jurisdiction of the policy's provision
- describe the range of responses to educational and personal need and the means of ensuring responses are matched to need and to seriousness, in accordance with LEA and national guidance
- record contact details of local and national agencies from which help can be

sought.

Police involvement (see section 3.10)
Outline the agreed criteria for when police should be informed, consulted or actively involved in an incident. Schools will want to know what action they can expect if police involvement is requested and how this affects the school's response.

Vulnerable pupils (see section 3.13)
Specify the school's commitment to supporting pupils with particular needs, and the arrangements for determining and addressing these needs.

Involvement of parents/carers (see sections 3.15)
Include the policy for informing and involving parents/carers if incidents with unauthorised drugs occur or earlier if concerns are raised and early intervention is a possibility. Outline the schools approach to encouraging parental involvement in developing and reviewing the policy and in their child's drug education. Encourage parents/carers to approach the school to discuss issues or to share concerns at any time.

The role of governors (see section 2.22)
State the arrangements for ensuring governors are well informed on drugs issues as they affect the school. Outline the role of governors in generating and updating policy, supporting the head teacher in overseeing the drug education curriculum, reviewing practice, and contributing to any case conferences called, or appeals against exclusions.

External contributors (see sections 2.13 and 3.13)
Outline the relationship with local partners and the roles negotiated with them for supporting pupils and the school when drug incidents occur, including agreed protocols for referral.

Specify those who may support the delivery of drug education and the circumstances where external contributors may be considered appropriate. State that their contribution will be carefully negotiated and that a teacher will always be present during their input.

Confidentiality (see section 3.14)
Specify the school's approach to ensuring that sensitive information is only disclosed internally or externally with careful attention to rights and needs.

Local Media (see section 4.6)
Record the school's policy with regard to the local media and how the school may avoid any adverse reporting about drug related incidents occurring in school.

Liaison with other schools
Specify any joint training arrangements with other local schools. State the policy of sharing the experience and practice of member schools for example, through network meetings. Establish that the local drug situation, the content of drug education, management of incidents and transition between schools will be routine elements of liaison between feeder and receiving schools.

4.3 Involving and consulting others

All schools need to establish mechanisms for involving the whole school community in policy development, implementation and review. The whole school community should feel involved in the policy development process, in order that:

- their views, feelings and needs are taken into account
- they fully understand their roles and responsibilities
- they feel ownership of, and commitment to, the resulting policy.

The process of policy development should include all staff (teaching and non-teaching), the pupils, parents/carers, the governing body and key external agencies such as the LEA, police, and where relevant and feasible specialist drugs agencies, and any external contributors to drug education.

4.3.1 Involving pupils

Consultation with pupils should ensure pupils develop a strong sense of the school's direction in relation to drugs and that programmes are credible and responsive to their needs and expectations. The consultation process itself can give rise to important learning about drug issues. Pupils have a role in determining rules and the consequences of breaking them, which gives value to their views, and embeds understanding of expectations and of the school's concern for their well-being. The NHSS document: *Pupil Involvement* (HDA, 2000), includes some useful examples of methods of involving and consulting with pupils, for example, through school councils, focus and discussion groups and questionnaires.

4.3.2 Involving parents/carers

All parents/carers need to be clear about the school drugs policy as it applies to them and their children. They should also be involved in its development for the same above. Involving parents/carers helps them understand the school's stance and approach to drugs issues and can help the school incorporate parents'/carers' priorities within the school policy. Parents/carers can usually be consulted through parents'/carers' evenings, drug awareness evenings, or questionnaires sent home.

4.4 Recording and disseminating the policy

Aspects of policy relating to drugs may reside in more than one document. References to drugs may be found in, for example, the behaviour policy, the health and safety policy, and internal documentation relating to the local Healthy Schools Programme. All related policies should be clearly cross-referenced. Once the school drugs policy is in place, it should:

- be widely publicised and distributed
- be readily available as a reference source
- be included in induction sessions (for new pupils, new staff and governors, prospective parents/carers)

- be reviewed within the school review process, as part of the school development plan.

4.5 Reviewing and updating the policy

The drugs policy will need to be reviewed by the whole school community and updated to ensure that its content is current and that it is effective in practice. The frequency of updating is for schools to decide, but the date of the next major review should be recorded in the policy as a prompt.

4.6 Handling local media

Schools are advised to seek advice from their Local Authority press office on how local media enquiries should be handled to encourage any reporting on the school's drugs policy or drug incidents to be fair and accurate.

Some Local Authorities channel all media inquiries through their press office to help schools avoid direct contact. If schools do speak directly to the media it is important never to release information that could incriminate individual pupils or the school, or to comment on events or circumstances which are outside the school's influence. Head teachers should ensure that their comments are consistent with those of the police. They should emphasise that all incidents are taken seriously and managed effectively within a framework set by the school's drugs policy in line with national and local (LEA) guidance.

Q9 Is section 4 helpful in setting out good practice in relation to school drugs policies? We would particularly welcome comments on what issues should be added to the policy framework.

Glossary and abbreviations

Assess
To assess drug education is to determine what pupils have learned, how their skills and attitudes have developed, and the value they attach to this learning.

Authorised Drugs
Principally, authorised drugs include medicines and any other drugs sanctioned for legitimate use, (such as alcohol stored for a raffle, smoking permitted at functions, safe storage and use of hazardous chemicals). In all other circumstances, drugs are unauthorised whether legal or not.

Binge Drinking
Binge drinking is variously defined as 10 plus or 8 plus units in a session or 5 drinks in a row on 3 or more occasions in the last 30 days .

CPD
Continuing Professional Development.

DATs
Drug Action Teams are multi-agency teams with responsibility for local drugs strategy. There is a DAT co-terminus with every English Local Authority. They involve Education, Health, Police, Social Services, Youth Service and the Voluntary Sector. In some areas they are called Drug and Alcohol Action Teams (DAATs).

DEF
Drug Education Forum (see useful organisations and websites).

DEPIS
Drugs Education and Prevention Information Service (see useful organisations and websites).

DfEE
Department for Education and Employment (now the DfES).

DfES
Department for Education and Skills.

DH
Department of Health.

Draw and write technique
Draw-and-write activities invite pupils, without prior information, to draw a picture about a particular issue/situation and then write a sentence or notes explaining the drawing. Supplementary questions are asked to help ascertain their prior knowledge/beliefs. This technique can be used with pupils at all Key Stages and also with pupils with low literacy skills.

Drugs
For the purpose of this document, 'drugs' refers to all drugs:

- all illegal drugs, i.e. those controlled by the Misuse of Drugs Act 1971; see Appendix 2 (Summary of relevant laws)
- all legal drugs, including alcohol and tobacco which have a particular significance in relation to pupils, volatile substances (those giving off a gas or vapour which can be inhaled), ketamine, khat, alkyl nitrites (known as poppers) and GHB (gammahydroxybutyrate)
- all over-the-counter and prescription medicines.

Drug misuse
Drug misuse is drug taking which harms health or functioning. It may take the form of physical or psychological dependence or be part of a wider spectrum of problematic or harmful behaviour. Drug misuse may require more intense interventions than 'drug use', including treatment.

Drug related incident
Suspicion or evidence of any situation or specific event involving a drug, where good management is needed to ensure safety. This could relate to a pupil, parent/carer or staff member and could involve a situation occurring outside of school time.

Drug use
Drug use is drug taking through which harm may occur, whether through intoxication, breach of laws or of school rules, or the possibility of future health problems, although such harm may not be immediately perceptible. Drug use will require interventions such as management, education, advice and information, and prevention work to reduce the potential for harm.

Evaluate
To evaluate drug education is to determine the extent to which the aims of the programme and pupils needs have been met.

HO
Home Office

ICT
Information and Communication Technology

Key Stages
A child's progress through school is measured in Key Stages (KS). Key Stage 1 covers pupils from 5 to 7, Key stage 2 from 7 to 11, Key Stage 3 from 11 to 14 and Key Stage 4 from 15 to 16.

LAs
Local Authorities.

LEAs
Local Education Authorities.

Monitor
To monitor drug education is to track and record systematically what is taught and the pupils' feedback from the lessons they receive.

NHSS
The National Healthy School Standard is an established national programme delivered by local education and health partnerships through local Healthy School Programmes. It aims to support schools to promote physical and emotional health and to provide a physical and social environment that is conducive to learning.

Ofsted
Office for Standards in Education (see useful organisations and websites).

Parents/Carers
Includes parents, carers and other family members that care for children and young people.

PSHE
Personal, Social and Health Education.

PSHE Framework
The PSHE framework sets out, through all the 4 key stages (age 5-16), a structured programme of learning opportunities through which pupils can be taught the knowledge, skills and understanding to take responsibility for themselves, show respect for others and to develop the self awareness and confidence needed for life

PRU
A Pupil Referral Unit is a type of school which provides alternative education to children of compulsory school age who are otherwise out of school by reason of illness, exclusion from school or otherwise.
For the purpose of this document, 'schools' includes PRUs.

PSP
Pastoral Support Programmes have multi-agency involvement and should address underlying factors. See *Circular 10/99: Social Inclusion: Pupil Support* (DfEE, 1999) on how to set up a PSP.

QCA
Qualifications and Curriculum Authority (see useful organisations and websites).

Risk Factors
Factors which, particularly in combination, may make children more vulnerable to harmful outcomes. Risk factors include chaotic home environments, being excluded from school, lack of nurturing by parents/carers, being looked-after, school failure, friendships with deviant peers, and being labelled as a drug misuser.

SCAA
Schools Curriculum and Assessment Authority (now QCA).

Schools
For the purposes of this document, 'schools' also includes Pupil Referral Units (PRUs).

SDA
School Drug Adviser
Every school should now have access to a school drug adviser, via their LEA, to help them deliver drug education and support tailored to the needs of pupils.

SEN
Special Educational Needs
For the purpose of this document, 'SEN' refers to all special educational needs, not only those which lead to a pupil having a statement.

Sniffer dogs
These are normally known by the police as 'passive drug detection dogs'. On detecting the presence of the scent of drugs, the dog will sit.

SRE
Sex and Relationship Education.

Safer School Partnerships
Safer School Partnerships (SSPs) involve an operational police officer working in a selected school to reduce crime, make the school a safer place for learning, keep young people in education and to re-engage youngsters with their community.

VSA
Volatile Substance Abuse (VSA) refers to the inhalation, sometimes referred to as 'sniffing', of gas or vapours from volatile substances, including butane and propane, aerosol propellants, some glues and solvents, petrol, etc. for intoxicating purposes. The effects are much like those of alcohol, though they do not last as long. This can also be referred to as solvent misuse.

Vulnerable groups
In this context, vulnerable means at increased risk of the misuse of drugs. Pupils found to be more vulnerable include those who are looked after, truants, excluded from school, physically or sexually abused, in contact with mental health services or the criminal justice system and children of parents/carers with drug problems.

Young People's Substance Misuse Plan (YPSMP)
Young People's Substance Misuse Plan (YPSMP**).** An YPSMP outlines the local strategy in relation to young people, which includes the role of schools. Every DAT has produced an YPSMP.

References

Department for Education and Skills (DfES)
from www.dfes.gov.uk or ordered from the DfES Publications Line on 0845 602260.

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

DfEE (2000) *Fitness to teach: Occupational Health Guidance for the Training and Employment of Teachers* can be downloaded from www.wiredforhealth.gov.uk/healthy/healgov.html

DfES *Guidance on First Aid for Schools - A Good Practice Guide* can be downloaded from www.dfes.gov.uk/firstaid

DfES (2003) *Improving Behaviour and Attendance: Guidance on Exclusions from schools and Pupil Referral Units*

DfES (2002*) A Legal Toolkit for Schools* can be downloaded from www.teachernet.gov.uk/Management/workingwithothers/safeschools/behaviour/

DfEE (2000) *National Healthy Schools Standard: Getting Started- A guide for schools.*

DfEE (1999*) National Healthy School Standard: Guidance* can be downloaded from http://www.wiredforhealth.gov.uk/

DfEE (1998) *Protecting Young People: Good practice in drug education in schools and the youth service*

DfEE (2000) *Sex and Relationship Education Guidance.*

DfES/DH (1996) *Supporting Pupils with Medical Needs.*

National Curriculum
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QCA (1999) *Citizenship: The National Curriculum for England: Key stages 3-4*

QCA(1999) *National Curriculum Handbook for primary teachers in England,* QCA99/457

QCA (1999) *National Curriculum Handbook for secondary teachers in England*, QCA99/758

Department of Health (DH)
The following can be downloaded from www.doh.gov.uk/publications/index.html

DH (1999) *Working Together to Safeguard Children*

DH (2003) *Dangerousness of Drugs*

Health Development Agency
These documents can be obtained from the Health Development Agency, PO Box 90, Wetherby, Yorkshire LS23 7EX, Tel: 0870 121 4194, had@twoten.press.net or downloaded from www.wiredforhealth.gov.uk

HDA (2002) *National Healthy School Standard Report-reviewing past achievements, sharing future plans*

HDA (2000) *NHSS Pupil Involvement*

HDA (2002) *NHSS Staff Health and Well Being*

HDA (2003) *Managing and Teaching Citizenship through the National Healthy School Standard*

HDA (2003) *NHSS Drug Education*

Home Office

Home Office (1995) *Volatile Substance Abuse: A Report by the Advisory Council on the Misuse of Drugs*

QCA
The following are available from www.qca.org.uk or 01787 884444

QCA(2002) *Citizenship at key stages 1 to 4: guidance on assessment, recording and reporting*, QCA/02/994.

QCA (2001) *Citizenship: A scheme of work for key stages 1 and 2*, Teachers Guide.

QCA (2001) *Citizenship: A scheme of work for key stage 3*', Teachers Guide.

QCA (2003) *'Drug, alcohol and tobacco education - curriculum guidance for schools at key stages 1 - 4'*

QCA (2001) *Planning, teaching and assessing the curriculum for pupils with learning difficulties: General guidelines* can be downloaded from www.nc.uk.net/ld/GG_content.html

QCA (2001*) Planning, teaching and assessing the curriculum for pupils with learning difficulties: PSHE and citizenship* can be downloaded from www.nc.uk.net/ld/PSHE_content.html

Office for Standards in Education (Ofsted)
The following can be obtained from Ofsted Publications Centre, Tel: 07002 637833, Fax: 07002 693274, E-mail: freepublications@ofsted.gov.uk or downloaded from www.ofsted.gov.uk

Ofsted (Nov 2002) *Personal, health and social education in secondary schools:*

'DRUGS' refers to ALL DRUGS including MEDICINES, VOLATILE SUBSTANCES, ALCOHOL and TOBACCO

Ofsted subject reports series 2001/02 E-publication: HMI 808.

Ofsted: (November 2002*) Personal, social and health education and citizenship in primary schools*, Ofsted subject series 2001/02

Ofsted (2000) *Drug education in schools: an update*

Ofsted (2002) *Drug education in schools: an update*

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Ofsted (2001) *Inspecting Subjects 11--16: Personal, Social and Health Education, with guidance on self-evaluation*

HMSO
See www.hmso.gov.uk

Data Protection Act 1998

Education Act 2002

Environmental Protection Act 1990.

Race Relations Amendment Act 2000.

Others
Alcohol Concern (2002) *Alcohol and teenage pregnancy*

Alcohol Concern (2001) *Alcohol: Support and guidance for schools*

DrugScope (2003) *First Steps in identifying young people's drug related needs*

DrugScope/Alcohol Concern (2001) *Alcohol: Support and Guidance for Schools*

DrugScope/Alcohol Concern (2001) *Opportunities for drug and alcohol education in the school curriculum*

DrugScope (1999) *The Right Approach: Quality standards in drug education*

DrugScope (1998) *The Right Choice: Guidance on selecting drug education materials for schools*

DrugScope (1999) *The Right Responses: Managing and making policy for drug-related incidents in schools*

DrugScope (2001) *Vulnerable young people and drugs*

The Health Advisory Service (Review 2001) *The substance of young needs*

Metropolitan Police (2002) *Police Response to Incidents in Schools*

Questions on the appendices

Q10 Can you suggest any improvements to the appendices, particularly Appendix 7: Flowchart: Incidents involving unauthorised drugs?
Please state clearly the number of the appendix which you are commenting on.

Q11 What additional appendices are required?

Questions on the whole document

Q12 We have used the term 'drugs' throughout to refer to all drugs including medicines, volatile substances, alcohol and tobacco and have put a note in the terminology section of the introduction and a footer on each page explaining this. Is the use of the generic term drugs useful?
If not what would be more helpful?

Q13 What are the particular issues the guidance needs to add/highlight with respect to primary schools?

Q14 What are the particular issues the guidance needs to add/highlight with respect to secondary schools?

Q15 What are the particular issues the guidance needs to add/highlight with respect to special schools?

Q16 What are the particular issues the guidance needs to add/highlight with respect to pupil referral units (PRUs)?

Q17 We have provided a contents page, executive summary and summaries at the beginning of each section to help people find their way around the document. How could the document be improved to make it easier to use?

Q18a Case studies will be included in the final guidance.
What areas should they cover?

Q18b If you would like to supply a case study please identify the subject to be covered and provide follow-up contact details

Q19 If you have any further comments to make on the content of this draft or on how we might publish and disseminate the final document, please give them below

We look forward to receiving your response on the separate 'Consultation Response Form'