

BEAL HIGH SCHOOL
DRUGS PREVENTION POLICY – BACKGROUND

INTRODUCTION

Drug use and misuse have become common in our society. Children and young people of school age are part of society and consequently schools recognise the need to deal with the broad range of drug-related situations and incidents, which may occur, in the lives of their pupils and others involved in the life of the school

Although there is no statutory requirement that schools have a written policy on drug-related incidents it is now generally acknowledged that clear comprehensive and coherent statements of policy are a prerequisite for good and effective practise in schools.

DRUG USE

Adolescence is recognised as being a time of experimentation with risk-taking behaviours, which may include drug taking. Despite widespread fears that pupils may become involved with drugs like ecstasy, LSD or crack/cocaine, the majority of incidents reported by schools involve smoking tobacco, cannabis use and alcohol intoxication. Many young people never use illegal drugs at all and of those who do use, most grow out of it quickly. There may be few perceptible signs and symptoms of these experimental behaviours.

However:

- Most young people have tried alcohol by the age of nine or before and experimentation with tobacco starts at a similar age;
- 58% of 11-15 year olds drink alcohol occasionally;
- 22% of 11-15 year old smoke tobacco at least occasionally;
- 8% begin to experiment with illegal drugs around 12 years old; this rises to 33% by age 14;
- By 16 the majority of pupils say they have been offered illegal drugs and 40% say they have tried them at least once;
- There is a strong correlation between the use of illegal drugs and the use of volatile substances, tobacco and alcohol amongst young people;
- There is increasing evidence that the earlier a young person uses drugs the greater the chance that he or she will develop a serious drug problem;
- In early to mid teens there are strong links between drug problems and exclusion or truancy from school;
- For older teenagers and young people in their 20's there are strong links between drug problems and unemployment, homelessness and other features of social exclusion;
- There is evidence of increasing mixing of drugs-especially mixing alcohol with other drugs;
- Over 90% of females representing to drug services were of childbearing age;
- Deaths from sniffing volatile substances are higher than for illegal drugs: there were 57 deaths in 1994, 68 in 1995 and 75 in 1996;
- Alcohol kills approximately 30,000 people a year and tobacco kills 120,000 people a year.

LEVELS OF DRUG USE

As a guide to understanding the nature of a user's involvement with non-medicinal drugs, four levels of drug taking have been identified.

Abstention:

Abstention is non-use. The person may have stopped use temporarily or permanently, or may never have tried at all.

Experimentation:

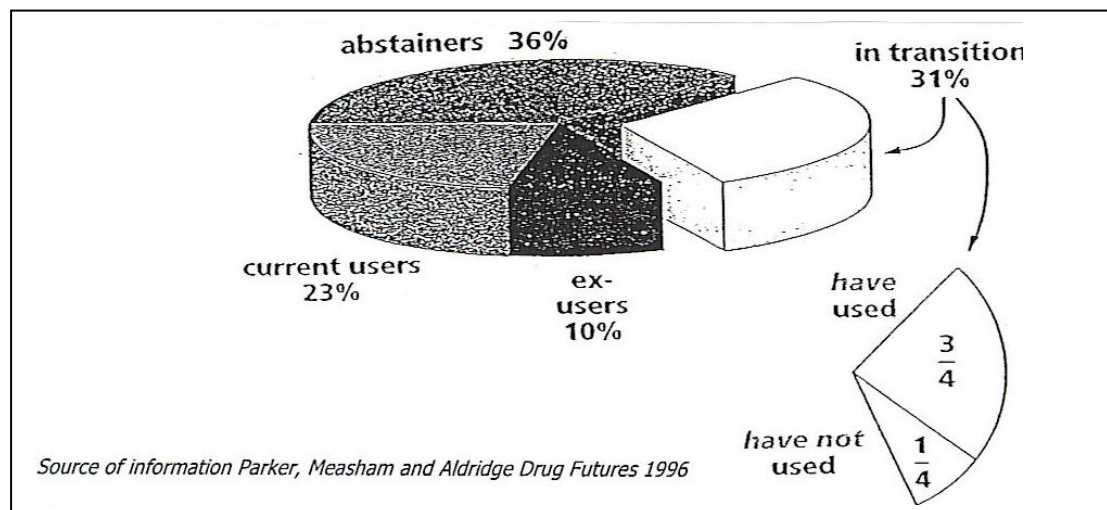
Trying a drug, often out of curiosity. Many people who try a drug will not develop a pattern and will stop using. Others may develop a taste for the drug's effects and continue use. Experimentation may be hazardous, particularly for the ignorant, careless, or reckless user. Dangers may be inherent in the drug (e.g. overdose of alcohol from first use has caused deaths), in the manner of taking the drug (e.g. injecting any drug may be particularly dangerous, squirting freezing lighter fuel directly into the mouth), in the circumstances in which the drug is taken (e.g. drinking before driving, sniffing solvent next to a canal), or in the consequences of taking the drug (eg discovery by police, interference with work).

Casual/occasional use:

This is use with little apparent risk of harm, often principally for enjoyment. To the user, careful and planned use of a familiar drug may reduce risk of unwanted outcomes to a minimum, or to a level they find acceptable. Most young people who try illegal drugs are in this category, and the drug they use is likely to be cannabis. Use at this level often causes few problems to the user, even though it is unlikely to be totally risk-free. Discovery and/or legal proceedings are often the most serious consequences, as a criminal record may lead to restrictions on future avenues of employment or foreign travel. Casual use is usually a social event with other users.

Problematic use (or' misuse'):

Misuse is commonly frequent, heavy, reckless, and dependant. Any potential adverse health, social and legal consequences of drug use are likely to be compounded if use of the drug is heavy, frequent or careless. Damage to self and lifestyle may result, and is more common amongst those who misuse in this way. Sometimes there is progression from casual use to misuse, but more frequently that misusing lack caution from the start. Mixing drugs compounds dangers particularly when alcohol mixed with depressants or painkillers. Much crime against property, such as theft to raise money to buy drugs, is associated with this group.



VULNERABLE GROUPS

It is wrong to assume that all adolescents who misuse drugs do so simply because they are weak or have low self-esteem. Vulnerable young people may often develop a number of problems, and drug misuse may be one of these.

Vulnerable groups include those who are:

- Homeless;
- Looked after;
- School truants;
- Pupils excluded from school;
- Sexually abused;
- Prostitutes;
- In contact with mental health services or the criminal justice system;
- Children of parents with drug problems.

RISK FACTORS

These factors do not necessarily lead to or cause future drug misuse, and where misuse does occur, rigorous and careful research clearly shows that there is usually no simple casual chain. Risk factors are often inter-related and can be more significant in combination. Identified risk factors include:

- Chaotic home environment;
- Parents who misuse drugs or suffer from mental illness;
- Behaviour disorders;

- Lack of parental nurturing;
- Inappropriate and/or aggressive classroom behaviour;
- School failure;
- Poor coping skills;
- Low commitment to school;
- Friendships with deviant peers;
- Low socio-economic status;
- Early eager or first drug use;
- Being labelled as a drug misuser.

PROTECTIVE FACTORS

Some general protective factors have been identified, which include:

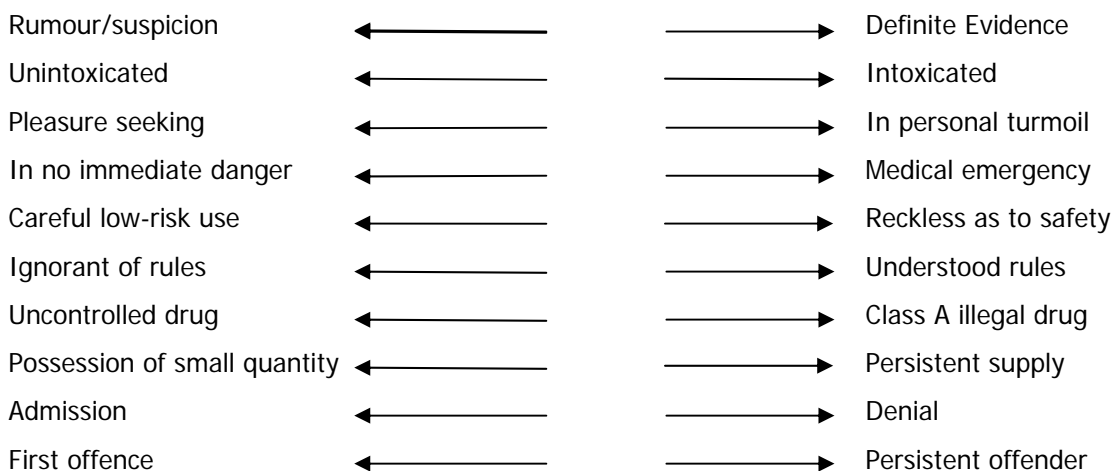
- Strong family bonds;
 - Experiences of strong parental monitoring with clear family rules;
 - Family involvement in the lives of children;
 - Successful school experiences;
 - Strong bonds with local community activities;
 - A caring relationship with at least one adult;
 - Supportive and safe relationships;
 - Regular school attendance;
 - The ability to cope well with academic and social demands at school;
 - Strong and supportive social networks;
 - Good social skills;
 - Realistic self-knowledge and esteem;
 - A good knowledge of legal and illegal drugs, their effects and their risks;
 - Good knowledge of general health and how to ensure their good mental health;
- Knowledge of how to access help and information;
- Delayed involvement with legal drugs.

ASSESSMENT

After immediate medical needs have been addressed, the nature and circumstances of any incident should be established, and an assessment made of the needs of the pupils involved.

Schools will want to determine the seriousness of any breach of school rules. Where an illegal drug is involved this has often been over-simplified into deciding whether the breach involves possession or supply. However, there are many other factors to consider which may be of equal or greater importance and it is vital to review them all. Some are suggested in the following diagram, which shows only the extreme ends of ten areas of possible concern.

There may be other factors, too, such as whether the pupil is weak, vulnerable and easily lead, a rebellious ringleader, or somewhere between. When all the circumstances and factors have been thoroughly explored, then the spectrum of possible responses, can be considered and discussed.



BEAL HIGH SCHOOL
DRUGS PREVENTION POLICY

INTRODUCTION

This is Beal High Schools' policy on drugs.

The policy will be reviewed in a year's time. This policy gives clear guidance to staff, governors, parents and students on the school's view of drugs, its strategy for drug prevention, how drug-related incidents are managed and the rules relating to drugs in schools.

THE NEED FOR A POLICY

- It is the responsibility of schools to help reduce the harm from drugs and play a role in drug prevention as well as being one possible source of help for those who misuse drugs.
- Schools need a policy, which gives a clear view on the use of drugs in school and the importance of drug education.
- This policy emphasises the school's pastoral role and proactive approach to drug education and presents a clear view on handling the problem of drug use in school.

In developing this policy the school has considered its legal responsibility, the needs of students, teachers, governors, parents and the local community.

A DEFINITION OF DRUGS

- Drugs are substances that alter the mind or the body.
- This policy is concerned with legal drugs such as alcohol, tobacco and solvents, over the counter and prescribed drugs such as tranquillisers and pain killers and legal drugs such as ecstasy, cannabis, cocaine, crack and heroin, and other drugs young people may use such as "poppers".

DRUG EDUCATION AND DRUG PREVENTION

- This school provides a comprehensive and planned drug education curriculum for all students, as part of the health education within Personal Social education and aims to provide all students with knowledge, attitudes and skills to be able to make informed decisions about drugs.
- This school acknowledges that a positive school ethos helps students to feel valued and part of the school community and in so doing helps to foster positive self-images, which may help students cope better in situations involving, drugs use.

STATEMENT ON THE USE OF DRUGS IN SCHOOL

- This school believes that the possession and use of drugs in school or during the school day is unacceptable and in some cases it is illegal.
- All the drugs covered by this policy are not permitted to be brought to, sold, passed on, or obtained on school premises, during the school day, on school activities and when in Beal uniform.
- Any break of these rules may result in punishment including permanent exclusion.
- These rules apply to school staff and other adults working in and for the school, apart from the use of alcohol at official school social events and smoking within permitted areas.
- Parents are asked to inform the school in writing as to who is taking medication, but the school will not administer medicines or supervise children taking medicines.

CONFIDENTIALITY

- Students at this school need to feel able to talk in confidence to a member of staff about a drug-related problem without the fear of being judged or told off.
- The welfare of young people will always be central to our policy and practise.
- However, teachers will not be able to promise complete confidentiality in order to seek specialist help if needed.
- Students will always be given this information if at all possible.

- Information about a student in relation to drugs will be the same procedure as for other sensitive information. The Head of Year and Key Stage Director will be informed and help sought if appropriate and in discussion with the student involved.
- Confidentiality will be maintained within certain key people, including the Head of Year, Key Stage Directors, Head teacher and Deputy Head teachers. In the case of a drug related incident in school the parents will be informed.

PARENTAL INVOLVMENT

- Parents will be given a copy of this policy when their children first enter the school.
- Parents will be contacted if their child is caught breaking the rules on drugs.
- Opportunities will be made available for parents to get support and guidance concerning drugs and other health-related issues.

POLICE INVOLVMENT

- In most cases any punishment is likely to be a school not a police matter. However the school is aware of the Misuse of Drugs Act 1971, which controls heroin, cocaine, LSD, MDMA (ecstasy), amphetamines, cannabis and other drugs as well. This Act makes it an offence to possess or supply these drugs and it allows individuals to take possession of an illegal drug in order to prevent someone else committing an offence, providing they either hand it to the police or destroy immediately.

RESPONDING TO DRUG RELATED INCIDENTS

In all situations involving drugs the following principles apply:

- All situations will be carefully considered before deciding on the response;
- The needs of the child and of the rest of the body of the school will be carefully considered;
- The Pastoral system will be the first response if at all possible;
- Parents/Carers will be involved at an early stage and throughout any investigation;
- Support agencies will be involved if appropriate;
- Responses may include both a disciplinary and counselling response;
- See Appendix A and B.

DISCIPLINARY RESPONSE

- Situations, which include breaking of the school rules on drugs, will result in punishment.
- The type of punishment cannot be categorically stated, as it will depend on the exact nature and degree of the offence. The school employs a variety of sanctions related to the offence. Permanent exclusion will be considered for serious breaches of school rules.
- Parents/Carers and students will be informed throughout the investigations.

COUNSELLING RESPONSE

- The pupils' welfare is paramount and in all incidents involving drugs, referral for counselling or support within the school will be actively considered.
- We believe that those students who are misusing illegal drugs and volatile substances should be encouraged to seek help at the earliest possible stage so that they can be helped.

APPENDIX A

STAFF PROCEDURES ON DRUGS USE/MISUSE IN SCHOOL

Incidents involving drugs may take the form of emergencies, intoxication, discovery/observation, disclosure, and suspicion/rumour. This policy considers responses to these situations.

Emergency situations where a person is unconscious, which may be as a result of drug use (see Appendix C). Staff with first aid qualifications should be called and the person not left alone. The person will be placed in the recovery position and an ambulance called. The parents will be informed and called to the school or the hospital. An assessment of the incident started including finding out whether a substance has been taken and evidence gathered. A report of the incident will be written down and given to the Head teacher, Key Stage Director, Head of Year and Deputy Head teacher (see Appendix D). These key staff involved will decide whether disciplinary and/or counselling action will be taken.

Intoxication from drug use. The person will be removed to a quiet room and not left alone. The first aider and senior member of staff called. The person will be helped to calm down and medical assistance sought if necessary. The parents will be informed and called to the school. The report of the incident written down and key staff involved will decide if disciplinary and/or counselling action should be taken (see Appendix D).

Discovery/observation of a person using, supplying or holding a substance that is not permitted on school premises and which is described in this policy. The person should be approached and the substance confiscated, if possible. A senior member of staff will be called and the person(s) involved questioned. If the substance is illegal or there is doubt about its identity, drug services or local community police/schools involvement officer will be contacted. All illegal substances will be handed to the police or destroyed. Parents will be involved and called to the school. A report of the incident will be written down and key staff will decide whether a disciplinary and/or counselling approach will be taken (see Appendix D).

Disclosure. When a student discloses to a member of staff that he/she has been using drugs, or is concerned about someone else's drug use, teachers will be non-judgmental and caring and will show concern for the pupil's welfare. Students will know that teachers cannot promise total confidentiality if further support is to be considered, such as referral to a drug service or counselling service. Information about the student will only be given to key people and no one else unless the student gives his/her consent. Total confidentiality is maintained at all times in drug and counselling services.

Suspicion/rumour. Staffs do not act quickly on the basis of rumours of drugs or a belief that a student's using drugs just on his/her behaviour alone. However, if there is a suspicion, evidence will be collected over a period of time before a decision is made to question the student(s) involved. See situation with Drugs Summary Chart- Appendix E.

REPORTING PROCEDURE

- The reporting procedures ensures that only a limited number of people will be involved in any incident.
- All incidents are reported to the Headteacher, Key Stage Director, appropriate Head of Year and Deputy Headteacher. If exclusion is considered then the procedure for this is put into action by the Head teacher, involving the governors.
- All incidents are written down and kept in the year office as confidential items.

APPENDIX B

STATEMENT IN STUDENT PERSONAL ORGNISER

The school accepts that the usage of drugs of any description is a personal decision in anyone's life, but that the possession and usage of drugs in school or during school day is acceptable.

A DEFINITION OF DRUGS

Drugs are substances that alter the mind or the body. This policy is concerned with legal drugs such as alcohol, tobacco and solvents, over the counter and prescribed drugs such as tranquillisers and pain killers and illegal drugs such as ecstasy, cannabis, cocaine, crack, heroin and other drugs young people use such as 'poppers'.

The aim of this policy and education programme is that students:

1. Have access to drug education all key stages;
2. Feel able to talk in confidence to a member of staff about a drug related problem without fear of being judged or told off. However teachers will not be able to promise complete confidentiality in order to seek specialist help if needed;
3. Understand that drugs should not be brought to, sold, passed on or obtained on school premises, or during the school day;
4. Understand that deliberately breaking school rules is likely to result in punishment including permanent exclusion for serious offences such as dealing in drugs;
5. Understand the difference between voluntarily confiding a drug-related problem (when a certain amount of confidentiality can be expected) and being found deliberately breaking school rules on drugs (when parents will be informed);
6. Understand that parents will be contacted if their child is caught breaking the rules on drugs;
7. Must bring a letter from home if they have to take any form of medication during school hours.

APPENDIX C

DRUG SITUATIONS – MEDICAL EMERGENCIES

The procedures for an emergency apply when a child or young person or others are at immediate risk of harm. A person who is unconscious, having trouble breathing, seriously confused or disoriented or who has taken a harmful toxic substance, should be responded to as an emergency.

Your main responsibility is for any pupil at immediate risk, but you also need to ensure the well-being and safety of others. Put into practise your school's first aid procedures. **IF IN ANY DOUBT, CALL MEDICAL HELP**

ALWAYS:

- Assess the situation
- If a medical emergency, send for medical help and ambulance

BEFORE ASSISTANCE ARRIVES:

If the person is conscious:

- Ask the person what has happened and to identify any drug used
- Collect any drug sample and any vomit for medical analysis
- Do not induce vomiting
- Keep the person under observation, warm and quiet

If the person is unconscious:

- Ensure that the person can breathe and place in recovery position
- Do not move the person if a fall is likely to have led to spinal or other serious injury which may not be obvious
- Do not give anything by mouth
- Do not attempt to make the person sit or stand
- Do not leave the person unattended or in the charge of another pupil

WHEN MEDICAL HELP ARRIVES:

- Pass on any information available including vomit and any drug samples

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

SITUATION INVOLVING DRUGS WITHOUT MEDICAL AUTHORITY APPENDIX E

Pastoral Committee Meeting: October 2007

