



# The Federation of Mill Hill and Woodcroft Primary Schools Drugs Policy

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Head Teachers

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*Learning for a lifetime*

## **Policy Statement**

The Federation of Mill Hill and Woodcroft Primary School has an approach to drugs as part of its commitment to being a healthy school. The policy aims to enable pupils to make informed choices by increasing their knowledge and providing opportunities for them to explore their own and others' attitudes.

Some young people will use substances, both legal and illegal, including volatile substances, alcohol and tobacco. All children and young people require information, advice and education on this subject to help reduce harm caused by substance misuse. A small proportion of young people may have difficulties with substances and will need advice and support or specialist treatment to address their needs.

All staff who work with children and young people have a key role to play addressing substance misuse among children and young people.

This policy is designed to define and support the work of all those who work with children and young people in Hampshire, relating to the use and misuse of substances by young people. The purpose of this policy is to ensure that everyone actively enhances the delivery of education, advice, support and guidance to young people and adds value to the work of existing teams and professionals.

This policy reflects statutory requirements and non-statutory guidance provided by the Department of Health (DoH), Department for Education (DfE) and the Association of Chief Police Officers (ACPO), and links with other key Hampshire policies (see Appendix 1). All the Hampshire policies and publications mentioned in this document are listed in Appendix 1, with hyperlinks where available. This policy is set within the context of the *Hampshire's children and young people's plan* and the *Child poverty needs assessment*, and supports the *Hampshire alcohol strategy* and the *Smoke free youth plan*. It applies to young people aged 0 – 19 years (or up to 25 years of age for young people with additional needs and care leavers in further education) and everyone in Hampshire working with children.

The underlying principles of the policy are:

- **all** children and young people have an entitlement to good quality education about substance use and misuse, including alcohol and tobacco, within schools and other settings
- all substance use and misuse work should be seen as a key part of prevention and early intervention, and sit within the wider health and well-being agenda. The link should be explicitly made between substance misuse and risky behaviour. NB: This includes risky sexual behaviour. So this policy should be read and used in conjunction with the *Hampshire Children's Trust: Sex and relationships education policy for young people, including support for teenage parents*
- all individuals and agencies working with children and young people have a responsibility for reducing substance misuse, based on respect for the law, self and others
- keeping children and young people safe
- all children and young people have a right to confidentiality (see Appendix 7) unless their safety is being compromised, in line with the *Information sharing and confidentiality policy*
- enabling children and young people to make their own informed choices

- respecting the needs of young people, taking into account their religion, ethnicity, culture, gender, sexual orientation, age, health or disability, and in line with equal opportunities
- responding to the needs of individuals and groups, including the needs of vulnerable children and young people
- all children and young people are able to access accurate information (see Appendix 9) and appropriate services and effective support
- when working with children and young people, practitioners should consider whether information they acquire should be shared with other parties, and if so who should receive the shared information and how much information it is necessary to share. Such sharing of information should be in line with the *Information sharing and confidentiality policy*.

### **Objectives of the policy**

To promote consistent messages about substance use and misuse and the underlying values and principles that support it, particularly around:

- the law concerning substances, which may in some serious circumstances necessitate referral to the police
- the different substances and the mental, physical, psychological and social effects of misuse
- developing skills and attitudes to reduce harm
- the increasingly recognised dangers relating to alcohol misuse, including liver damage, risky sexual behaviour and antisocial behaviour
- information about access to substance misuse services
- making informed choices to maintain their health and well-being and be able to explain reasons for these choices
- being able to stay physically and mentally healthy
- understanding the risks and benefits associated with lifestyle choices, such as sexual activity or using alcohol, tobacco or illegal drugs, and can make safer choices based on this assessment.

To ensure that all those who work with children and young people are trained to deliver substance misuse education and have access to support and resources in line with the *Workforce development team – strategic guidance*.

To provide relevant and accurate information about services and ensure that all groups and agencies, including children, young people and families, are well informed about provision and the pathways to accessing them.

To ensure that all groups and agencies work together to deliver the aims and objectives of this policy.

To ensure an approach which meets both the entitlement of all children and young people and the needs of specific groups.

To ensure young people are aware of and are able to exercise their rights and responsibilities in line with the *Fraser Guidelines* and equal opportunities legislation (see Appendix 6).

To clarify the roles and responsibilities of all those working with children and young people in promoting health and well-being and making informed choices in line with the Children Act 1989 and 2004 (see Appendix 8).

To support and challenge agencies and individuals in fulfilling their roles and responsibilities in promoting health and well-being.

To provide a clear basis for service-specific guidance.

To provide a basis for quality assurance and performance management.

### **The underlying values and principles**

All staff have a responsibility for ensuring that the children and young people they are working with achieve optimum outcomes. Services provided by staff will be underpinned by the following key principles:

- a child or a young person is not an adult
- the overall welfare of the individual child or young person is paramount
- the views of the young person are of central importance and should always be considered
- services need to respect parental/carer responsibility when working with a young person
- services should recognise the role of, and co-operate with, the local authority in carrying out its responsibilities towards children and young people
- a holistic approach, taking account of psychological, physical and social factors that can affect a person, is vital at all levels, as young people's problems tend to cross professional boundaries
- services must be child centred
- a wide range of services should be provided
- services must be competent to respond to the needs of the young person using the DoH's *You're welcome* standards
- services should aim to operate according to the principles of good practice as laid out in the National Treatment Agency for Substance Misuse (NTA) standards.

The above is based on: *10 key policy principles from Young people and drugs: policy guidance for drug interventions, 1999, SCODA/Children's Legal Centre.*

### **Supporting young people as outlined in the *Drug strategy 2010: reducing demand, restricting supply, building recovery: supporting people to live a drug free life***

The above strategy states that all those working with young people have the responsibility to:

- assess young people's needs in respect of drug and alcohol education
- provide good quality education and advice, planning for opportunities to meet the varied needs of young people, so that they and their families are provided with credible information to actively resist substance misuse and have a thorough knowledge of their effects and harms, and have the skills and confidence to choose not to use drugs and alcohol

The Federation has a clear role to play in preventing drug and alcohol misuse as part of their pastoral responsibilities to pupils. School staff will have the information, advice and power to:

- provide accurate information on drugs and alcohol through drug education and targeted information via the FRANK service
- tackle problem behaviour in schools with wider powers of search and confiscation, and take action against pupils who are found to be dealing
- work with health services, the police, local voluntary organisations and other agencies to prevent drug or alcohol misuse
- create an environment where young people can reflect on their own and others' attitudes to drugs and alcohol, and where misconceptions can be challenged
- manage sensitively any issues that arise during work with young people
- involve young people in the planning and delivery of drug and alcohol education
- set clear boundaries for behaviour
- be good role models to young people
- clarify the extent and limits of confidentiality
- provide links to services and other agencies
- facilitate processes that support young people and professionals
- facilitate processes that support young people in developing their decision making skills within a safe learning environment
- evaluate contributions with reference to the extent to which young people's needs have been met
- ensure systematic and regular review and audit of drug education takes place.

Substance use and misuse education is learning about the different substances and the mental, physical, psychological and social effects of misuse, and encourages the development of the skills and attitudes to reduce harm. It should equip children and young people with the information, skills and positive values to health and well-being. Within schools, substance use and misuse programmes should reflect the requirements of the National Curriculum (see Appendix 11). Good quality substance use and misuse education is an entitlement for all children and young people and must:

- be accurate and factual covering a comprehensive range of information
- begin in the primary school and be developmental in nature
- reflect the age and experience of children and young people
- start from existing knowledge and experience
- create a climate in which children and young people feel able to discuss by establishing and maintaining ground rules
- develop concepts and skills, including social skills such as communication, negotiation and assertion
- stress the importance of communication, respect and equal rights and responsibilities in relationships
- promote access to local health services
- within schools, colleges and youth centres, ensure that programmes are taught by trained and confident staff with support from health professionals and police staff
- be respectful of the realities in which children and young people live, so that no-one is disadvantaged because of their family or community background
- include the development of skills that enable personal responsibility, support healthy relationships and ensure good communication about sex and relationships

- promote a critical awareness of different social and peer norms and values
- nurture the development of clear values based on mutual respect and care
- ensure that children and young people are clearly informed about where they can get confidential advice and support.

### **Involving parents/carers**

Staff should follow the guidelines for parental/legal guardianship involvement, which are set out in *Hampshire Children's Trust: Information sharing and confidentiality policy*. All young people should be encouraged to discuss relationships and health issues with their parents/carers. Young people who refuse to inform their parents/carers may, with help, do so at a later stage.

Parents/carers have a valuable role in supporting the young person. Their initial reaction to their child using substances may be of worry and/or anger. They may feel they do not know enough about substances or know how best to offer support.

Therefore, services need to consider the support and education needs of parents/carers with regards to substance use and misuse. This could include referral to Hampshire's specialist parenting practitioners: [www.hants.gov.uk/parentpartnership](http://www.hants.gov.uk/parentpartnership) .

### **Working with vulnerable young people**

Whilst this policy is aimed at reducing the risks around substance use and misuse for all young people, it is important to focus on ensuring that young people most at risk receive early and effective support. These include:

- young people with low educational attainment
- poor attenders
- children in care and care leavers
- young offenders
- children of parents misusing substances.

Staff providing support for vulnerable young people need to be appropriately trained, supported and supervised to:

- undertake needs assessments
- provide substance misuse education
- provide advice and guidance to young people to access specialist services
- identify risk factors and provide wider support with personal skills and aspirations
- provide appropriate intervention and referral for support, treatment or police involvement if considered appropriate.

### **Children in care**

It is recognised that children in care and young people leaving care are vulnerable in relation to substance misuse. Substance misuse may be one of many challenges facing such young people and may be linked with other risk-taking behaviour.

Hampshire County Council Children's Services will work with partners to meet its responsibilities as the corporate parent for children and young people in care and/or foster care by:

- promoting high aspirations

- ensuring stable relationships
- taking time to listen to the voice of children and young people.

All children and young people in care in Hampshire will receive drug and alcohol interventions in line with this policy.

To meet this role:

- there will be a lead officer for substance use in each residential unit
- all staff, including foster carers and placement officers, will receive universal (Level 1) and targeted (Level 2) alcohol and drugs training (see Appendix 9), and information about healthy lifestyles, local services and referral processes as a minimum
- all children and young people in care will be able to access information, advice and support appropriate to their needs, including services within their local community.

### **Young offenders**

All Hampshire Youth Offending Team (YOT) practitioners who work with young offenders will:

- undertake training in universal (Level 1) and targeted (Level 2) alcohol and drugs
- be trained to undertake needs assessments
- know how to, and be prepared to, provide Tier 2 interventions
- be aware of the onward referral process
- have appropriate supervision with regard to substance misuse incidents and all health workers to also undertake training and have an understanding and knowledge of the referral pathway to enable them to signpost and refer young person to appropriate services.

### **Workforce development**

Hampshire Children's Trust should ensure that all staff working with young people receive appropriate universal drug and alcohol training. They should be committed to the ongoing professional development of staff, in order to improve confidence and competence in delivering drug education and responding to the health needs of young people. Further information can be found in the Hampshire County Council Children's Services *Substance misuse training strategy and framework*. Multi-agency drug and alcohol training is provided via the County Council's Learning Zone:

[www.hants.gov.uk/learningzone](http://www.hants.gov.uk/learningzone) .

## Appendix 1

### Linking policies

This policy complements existing Hampshire policies including:

*Hampshire's children and young people's plan*

[www.hants.gov.uk/childrenservices/childrenandyoungpeople/cypp.htm](http://www.hants.gov.uk/childrenservices/childrenandyoungpeople/cypp.htm)

*Child poverty needs assessment*

[www.hants.gov.uk/child\\_poverty\\_needs\\_assessment\\_2011.pdf](http://www.hants.gov.uk/child_poverty_needs_assessment_2011.pdf)

*Hampshire alcohol strategy*

[www.hants.gov.uk/hampshire-alcohol-strategy-201-15.pdf](http://www.hants.gov.uk/hampshire-alcohol-strategy-201-15.pdf)

*Smoke free youth plan*

[www.hants.gov.uk/rh/smokefree/strategy.pdf](http://www.hants.gov.uk/rh/smokefree/strategy.pdf)

*Hampshire Children's Trust: Sex and relationships education policy for young people, including support for teenage parents*

[www.hants.gov.uk/sre-education-policy-november-2010.pdf](http://www.hants.gov.uk/sre-education-policy-november-2010.pdf)

*Hampshire Children's Trust: Information sharing and confidentiality policy*

[www.hants.gov.uk/childrens-services/childrenstrust/informationsharing.htm](http://www.hants.gov.uk/childrens-services/childrenstrust/informationsharing.htm)

*Children's Services Department: Workforce development team – strategic guidance*

*Substance misuse training strategy and framework*

*Young people's specialist substance misuse treatment plan*

*Health, personal development and well-being team integrated service plan*

*Equality in services delivery policy.*

## **Regulatory and policy context**

The policy reflects statutory and non-statutory guidance provided by the Department for Education – but known as the Department for Children, Schools and Families (DCSF) when their guidance was issued – Department of Health, National Treatment Agency (NTA) and the Home Office National Drug Strategy. It underpins Hampshire County Council's *Young people's specialist substance misuse treatment plan* and the wider *Health, personal development and well-being team integrated service plan*. It is set within the context of *Every Child Matters* and the *Hampshire's children and young people's plan*.

In 2008, the Government published the new *National drug strategy* to replace and build on the previous 10-year strategy, published in 1998 and updated in 2002. It sets out an overarching framework of objectives, which extends the approach taken in the previous strategy.

There are four central themes to the new strategy, the second of which is particularly relevant to the children and young people's agenda: *Preventing harm to children, young people and families affected by substance misuse*. The strategy is clear that young people should have their needs met in universal or targeted services whenever possible and that specialist substance misuse treatment services should be offered to all young people whose functioning is significantly impaired by substance misuse, and who have been assessed as requiring it to improve their functioning.

## **Legal framework (drugs and the law)**

The most important drug laws in the UK are the Misuse of Drugs Act (1971) and the Medicines Act (1968). It was the Misuse of Drugs Act that divided controlled drugs into three Classes (A, B, C) according to the perceived degree of harm that misuse can cause, with Class A being the most harmful.

On 26 January 2009 cannabis was reclassified up from a Class C to a Class B drug. The Government decided to reclassify cannabis as a preventative measure rather than risk the potential impact on health in the future. The Class B classification takes into account the known risks of cannabis and the potential health risks where conclusive evidence is not yet available. Reclassification also reinforces the message that cannabis is harmful and illegal, backed up by a stronger approach to enforcement.

### **Possession and supply**

The most common charge brought under the Misuse of Drugs Act is that of *possession*. This means that a person is charged with knowingly having drugs in their possession or within their control, eg: in their hand, pocket, car or home. Possession usually means that the police accept that the drugs were for personal use only.

### **Supply**

It is an offence to supply or intend to supply (possession with intent to supply) drugs to another person unless you are authorised to do so. It is not just people selling large amounts of drugs who are charged with supply. Supply includes selling or giving even small amounts of drugs to friends.

There is not a set amount of a drug that the law considers as being for your own personal use, and there is no set amount that is seen as dealing. Whilst young people are very much aware of what different substances do, how much they cost, where they get them and how to use them, their understanding of the law relating to substance use and possession is at best sketchy but often completely lacking.

This is one area where it does pay to be sure what the current law is and be prepared to challenge and be challenged. Young people should be made aware of the seriousness with which the law regards any element of the supply of controlled drugs.

### **Substance classifications and penalties**

The Misuse of Drugs Act 1971 is the main piece of legislation covering drugs and categorises drugs as Class A, B and C. These drugs are termed as controlled substances, and Class A drugs are those considered to be the most harmful.

Offences under the Act include:

- possession of a controlled substance unlawfully
- possession of a controlled drug with intent to supply it

- supplying or offering to supply a controlled drug (even where no charge is made for the drug)
- allowing premises you occupy or manage to be used unlawfully for the purpose of producing or supplying controlled drugs. Drug trafficking (supply) attracts serious punishment, including life imprisonment for Class A offences.

To enforce this law, the police have special powers to stop, detain and search people on *reasonable suspicion* that they are in possession of a controlled drug.

### **Classification under the Act**

#### **Class A drugs** include:

- ecstasy
- LSD
- heroin
- cocaine
- crack cocaine
- magic mushrooms
- amphetamines (if prepared for injection)
- methyl amphetamine
- methadone.

#### **Class B drugs** include:

- amphetamines
- methylphenidate (Ritalin)
- barbiturates
- cannabis.

#### **Class C drugs** include:

- tranquillisers
- some pain killers
- GHB (gamma hydroxybutyrate)
- ketamine
- anabolic steroids
- benzodiazepines.

### **Penalties under the Act**

#### **Class A drugs**

For possession: up to seven years in prison or an unlimited fine. Or both.  
For dealing: up to life in prison or an unlimited fine. Or both.

#### **Class B drugs**

For possession: up to five years in prison or an unlimited fine. Or both.  
For dealing: up to 14 years in prison or an unlimited fine. Or both.

#### **Class C drugs**

For possession: up to two years in prison or an unlimited fine. Or both.  
For dealing: up to 14 years in prison or an unlimited fine. Or both.

The penalties indicated are based on the maximum levels that can be set when a case is heard in a Crown Court. Some drugs are not yet classified and are regulated through the

Medicines Act. It is legal to possess some of the drugs if prescribed by a doctor, ie: methadone, benzodiazepine, anabolic steroids. But it is illegal to supply them to another person.

### **Other Acts relative to substance (mis)use**

The **Medicines Act 1968** governs manufacture and supply of medicines.

There are three categories:

- prescription only drugs can be sold by a pharmacist if prescribed by a doctor
- pharmacy medicines may be sold by a pharmacist without prescription
- general sales list medicines may be sold without a prescription in any shop.
- Possession of prescription only medicine without a prescription is an offence. Drugs such as amyl nitrite are regulated under the Medicines Act.

**The Road Traffic Act 1972** makes it an offence to drive under the influence of drugs and alcohol. Drugs include illegal and **prescribed** substances. Causing death by dangerous driving could lead to a long prison sentence and an unlimited fine.

**The Customs and Excise Management Act 1979**, in conjunction with the Misuse of Drugs Act, makes it illegal to import or export controlled drugs without authorisation. A successful conviction leads to the same penalties as under the Misuse of Drugs Act, although, based on the value of the drugs seized, the fines can be more substantial.

**The Licensing Act 1964** is the main piece of legislation relating to the sale and supply of alcohol. It sets down the times alcohol may be served and to whom it may be served. The Act makes it illegal to sell alcohol to anyone under the age of 18 (with some exceptions). This Act has now been updated by the Licensing Act 2003.

**The Cigarette Lighter Refill (Safety) Regulations 1999** is an amendment to Consumer Protection Act 1987 and makes it illegal to supply gas cigarette lighter refills to anyone under the age of 18. Retailers could face hefty fines or a prison sentence.

**The Intoxicating Substances (Supply) Act 1985** makes it an offence for retailers to sell solvents to anyone under the age of 18, knowing they are being purchased to be abused. It does not make it illegal to own or buy solvents.

**The Children and Young Persons (Protection from Tobacco) Act 1991**, along with **the Children and Young Persons Act 1933**, makes it illegal to sell tobacco products, which includes cigarettes, to people under the age of 16 (this has changed to 18 since October 2007). It also makes it mandatory to display warning signs.

**The Confiscation of Alcohol (Young Persons) Act 1997** gives the police powers to confiscate alcohol from under 18s drinking in public places and to contact their parents.

**The Drug Traffickers Offences Act 1994** gives the police the power to seize the assets and income of anyone who is found guilty of drugs trafficking, even if that income is not related to the trafficking of drugs. It also makes it illegal to manufacture or sell equipment for the preparation or use of controlled drugs.

**The Crime and Disorder Act 1998** makes it legal to force offenders who are convicted of crime committed in order to fund their drug habit into getting drug treatment. It also allows for them to be tested for drug misuse.

## **Management of premises**

Immediate action must be taken to curtail the supply or use of intoxicants on all premises where interventions with young people are being delivered. *Premises* refer to any buildings, gardens, front steps, yards, adjoining alleys or outbuildings within the project's grounds. On residential sites the same rules apply as if at a based project.

The Amendment to Section 8 of the Misuse of Drugs Act 2001 states that it is a criminal offence to knowingly allow premises they own, manage or have responsibility for, to be used by any other person for:

- administration or use of any controlled drugs
- supply of any controlled drugs
- the production or cultivation of controlled drugs (such as growing cannabis).

Previously, the law only referred to the use of cannabis, cannabis resin or prepared opium. If staff are unable to curtail these activities and require support, then the duty manager system should be used and, if necessary, the police should be involved. A record needs to be kept in the service log and the situation discussed with the line manager.

The word *knowingly* means that staff have actual knowledge – witnessed or having received reliable information – that an unlawful or banned activity, such as drug taking or drug dealing, is taking place on the premises. However, it is also possible to be in the *know* if there are circumstances in which it is clear that a drug-related activity or incident is taking place on the premises.

It is good practice for young people to be encouraged to keep staff informed about medication drugs brought on to premises, in order that young people can be offered support, such as secure storage for medications or help in managing situations when medication may be required. Admission or exclusion of people to premises when they are already intoxicated, and where there is no indication that they are in possession of alcohol or drugs, is best considered as a health and safety issue, not a legal issue.

Young people should not be excluded solely on the grounds that they are known to be drug users or that they appear to be under the influence of alcohol or illegal drugs. In admitting them to the premises, safety issues affecting all members and staff must be considered, as well as long-term aims for the individual or group concerned. A dynamic risk assessment needs to be completed to protect the young person.

When a young person has been excluded from any premises due to unacceptable behaviour caused by intoxication, or where there is evidence of possession, this exclusion should apply for no more than two hours and should be appropriately recorded. Longer-term exclusion should not be readily used with minors and should always be discussed with the senior staff member.

## **Guidance around dealing with incidents**

### **Intoxication from drink or drugs**

If young people present themselves in an intoxicated or *high* state, staff should consider the possibility that the young person's condition may cause them to injure or harm themselves or others. In such situations the well-being of the individual, other young people and staff is of paramount importance. An assessment should be conducted as to whether first aid needs to be administered, ambulance service called or to provide a safe environment for the young person to *come down*. The young person should be kept apart from other project users, in a small room or quiet location. Observation at regular intervals will be necessary. There are situations in which it might be appropriate as a matter of safety to take the young person home. Staff should never do this using their own transport whilst alone. Accompanied (taxi) transport may be preferable.

When the immediate situation has been managed, there is then a responsibility to review the situation and put it into the context of the young person's overall life situation, ie: is it a one off or a regular occurrence on a Friday night? What substances are being used, and how are they administered? How long has it been going on? What risks are involved and to whom? In discussion with the young person (at a later date then the young person is not intoxicated) further action may be decided upon, eg: parental/carer involvement or referral to a drug agency.

### **Loss of consciousness**

In the event of a young person losing consciousness, they should be placed on their side in the recovery position. It is expected that staff will check that the casualty has a clear airway, and steady breathing and heartbeat. An ambulance should be called immediately. The person should not be left unattended at any time. If breathing stops, resuscitation should be administered. If there is evidence of what the young person has taken, this should be given to the ambulance staff to help them make an accurate diagnosis so they can provide appropriate treatment. Parents/carers should be informed and the incident should be recorded immediately and reported to the line manager as soon as possible and within 72 hours.

### **Searching young people**

Staff should not search young people. Search without consent is unlikely to improve levels of trust or communication, and forceful search of a resistant young person may amount to assault. In the case of a young person who makes it evident that they are in possession of a small amount of drugs for their own use, staff or any other member of the public may receive the illegal drug from the young person in order to give it to the police or destroy it by flushing it away. This whole process should be witnessed. If flushing, this should be done immediately. If the intention is to give it to the police, the substance should be sealed in an envelope immediately, signed by a witness across the joins and taken to the police station at the end of the session. Colleagues should be informed of the course of action. The incident should be recorded in the service log immediately, and reported to the staff member's line manager as soon as possible and within 72 hours.

## **Equal opportunities (single Equality Act, 2011)**

All services must be provided within a framework of equality, non-discrimination and inclusive practice. There are several pieces of legislation that prohibit discrimination and promote non-discriminatory practice including, among others, the Disability Discrimination Acts (1995 and 2005), the Equality Act 2006 and the Equality Act (Sexual Orientation) Regulations 2007.

Under the Equality Act 2011 (from clause 149), the existing separate equality duties on public authorities covering race, disability and gender will be replaced by a single equality duty, which will also extend to gender reassignment, age, sexual orientation and religion or belief. Staff should ensure that they act in accordance with Hampshire County Council's *Equality in services delivery policy*.

## **Confidentiality**

Confidentiality and its appropriate use and application is highly important to the quality and nature of a relationship between staff and young people. Therefore, staff should adhere to the *Hampshire Children's Trust: Information sharing and confidentiality policy*: [www.hants.gov.uk/childrens-services/childrenstrust/informationsharing.htm](http://www.hants.gov.uk/childrens-services/childrenstrust/informationsharing.htm) .

## **Safeguarding**

Section 11 of the Children Act 2004 places a duty on local authorities and their partners to make arrangements to safeguard and promote the welfare of children. Both the prevention of problems and the protection of children and young people are central to safeguarding.

All staff should work to prevent children and young people suffering harm and to promote their welfare, provide them with the services they require to address their identified needs and safeguard those who are being or who are likely to be harmed. Prevention requires organisations working with children and young people, their parents or carers, to help create the conditions in which children and young people can thrive.

Work to promote substance awareness and education (as part of wider health and well-being) forms part of this, both in terms of universal provision and targeted interventions.

## **Tiered approach to substance misuse education and intervention**

### **Practice and procedures – Tier 1 – universal (Level 1)**

All people working with children and young people have a key role to play addressing substance misuse among children and young people. All need to have basic substance misuse knowledge and understanding within their core competences. These procedures apply to all staff. Staff will seek to provide young people with assistance to make informed decisions.

They will:

- support young people, but not moralise or be judgemental
- provide information on issues of substance use and misuse, including both legal and illegal drugs, alcohol, tobacco and volatile substances
- provide access to national drugs campaign, *FRANK*, materials available from: [www.talktofrank.com](http://www.talktofrank.com) and/or alcohol materials available from the Drinkaware Trust website: [www.drinkaware.co.uk/children-and-alcohol/professionals](http://www.drinkaware.co.uk/children-and-alcohol/professionals)
- provide health promotion information and education on substances
- signpost young people to access services where appropriate
- help young people to develop healthy, safe and stable lifestyles which enable them to engage successfully in learning and work, and to realise their potential.

Staff will provide a context that enables young people to make their own choices and decisions by:

### **Undertaking an initial screening**

Screening is a process to identify gaps in knowledge of legal and illegal drugs, alcohol, tobacco and volatile substances, whether drug and/or alcohol use occurs, if there is any related harm and whether any intervention is required. The screening process can be formal, such as part of an assessment process or short interview, or informal, such as observation or discussion. Screening should take place if there is actual or strong evidence of substance taking:

- where a young person seeks substance-related
- advice on a one-to-one basis
- where a substance related incident occurs
- when in contact with *at risk* young people as part of an existing holistic assessment process looking at health need
- or when in contact with children of drug using parents.

Screening will clarify whether the young person:

- is using substances
- is misusing the substances she/he is taking or whether the young person's knowledge in relation to substances and their impact is low knowledge in relation to other substances and their impact is low use is causing problems, such as minor conflicts at home or in other relationships use is affecting performance at school or work, eg: coming in late, not attending or finding it hard to concentrate behaviour in relation to their drug use is unusual for that age group drug use is part of complex troubling behaviour drug use results in other consequences, including contact with the criminal justice system current situation puts them in immediate danger.

### **Completing CAF and substance misuse screening**

The Common Assessment Framework (CAF) national guidance for managers and practitioners states: *“Drug action teams (DATs) have developed local screening tools to help identify the risk of substance misuse. Clear links should be established between these tools and the CAF to support further assessment where a substance misuse issue has been identified. Training for practitioners needs to take into account the links between these assessments.”*

*Common Assessment Framework for children and young people: manager’s guide, 2006, DfES.* Staff should, if appropriate, use their local Drug Action Team guidance/tools in identifying substance-related needs and substance use/misuse screening as part of the CAF.

### **Offering accurate information and objective advice**

Approaches should be based around the national FRANK campaign themes, through promoting the helpline and website and following DfE guidance around young people and alcohol. Staff should provide young people with up-to-date and relevant information so that they can make healthy, informed choices.

### **Making referrals**

All staff will work within the limits of their experience and training, being sensitive to issues of gender, ethnicity, culture and sexual orientation, referring issues beyond their expertise to other services if they lack the professional competence to provide or meet the young person’s needs in line with other agency referral criteria.

### **Offering education, training and employment**

All staff will assist young people who seek information and advice related to substance use and misuse to fulfil their potential personal development, education, and training or employment opportunities.

### **Providing drug and alcohol education**

All staff delivering drug and alcohol education to young people should:

- assess young people’s needs in respect of drug alcohol education
- plan for opportunities to meet the varied needs of young people with respect to knowledge, skills and understanding through a variety of activities
- use methods of delivery and strategies that have been recognised as good practice and are relevant to the needs of young people
- use resources that have been assessed and inspected for quality and relevance as part of the planning process
- create an environment where young people can reflect on their own and others’ attitudes to drugs and alcohol and where misconceptions can be challenged
- manage sensitively any issues that arise during work with young people
- involve young people in the planning and delivery of drug and alcohol education
- set clear boundaries for behaviour
- clarify the extent and limits of confidentiality
- provide links to services and other agencies
- facilitate processes that support young people and professionals
- facilitate processes that support young people in developing their decision-making skills within safe learning environments
- evaluate contributions with reference to the extent to which young people’s needs have been met

- ensure systematic and regular review and monitoring of drug education takes place.

### **Practice and procedures – Tier 2 – targeted support (Level 2)**

One lead member of staff as identified by Hampshire County Council Children's Services will be trained to targeted (Level 2) in each district. Where an area is experiencing high levels of substance misuse and/or where members of a team take on a targeted youth support role, a Children's Services manager may decide to offer targeted (Level 2) training to more than one member of staff.

Targeted (Level 2) staff will offer:

- referral to a relevant specialist substance misuse treatment service where they believe their knowledge or experience is exceeded
- additional support to all colleagues in the team where their knowledge or experience is exceeded
- practical advice on associated issues, eg: housing
- crisis support
- support to a young person from a family who use or misuse substances
- alternative options to using drugs, such as diversionary activities
- where appropriate, brief interventions (six to eight weeks) to young people who use, or are at risk of using/misusing legal or illegal drugs and alcohol, using evidence-based holistic interventions.

Targeted support will be provided by:

- the Hampshire Young People's Substance Misuse Specialist Treatment Service
- Youth Offending Team (YOT)/Youth Inclusion Support Project Work
- Rock Challenge Youth Division
- Youth Offending Team parenting courses via YOT
- commissioned and non-commissioned Youth Support Services (YSS)
- young people's sexual health services
- treatment programmes, and retain in treatment those young people who are most at risk of harm due to their substance misuse.

Services should consider referral to the Hampshire Young People's Substance Misuse Specialist Treatment Service any children or young people under 18 years old who meet one or more of the following:

- there is a need for comprehensive assessment of substance misuse to ensure there is a co-ordinated and integrated package of care, which could include a range of services. The Substance Misuse Specialist Treatment Service would act as the care co-ordinator
- young people under 13 years of age and taking substances not usual for age or developmental age (except tobacco)
- young people regularly present as incoherent following use of substances (stoned, drunk, incoherent, slurred speech, unco-ordinated) at more than one formal meeting or on more than two occasions in other circumstances, eg: park, youth clubs
- young person has developed a physical or psychological tolerance to a substance, ie: stopping would result in withdrawal symptoms

- young person perceives substance use affecting their daily life and requests specialist support, eg: use is causing physical, psychological, social functioning or legal problems
- young person has difficulty controlling use and has a compulsion to continue using
- young person is in contact with the criminal justice system as a result of substance use
- substance use is dangerous, ie: likely to lead to an overdose (young person repeatedly putting self at risk; health, mental health, safety), child protection issues, is a danger to themselves or others, not responding to harm reduction work, etc
- any heroin, crack cocaine, amphetamine or volatile substance use on a daily basis
- any substance use taken in quantities or frequencies that increase risk to self or others, eg: weekend bingeing, mixing
- dependent cannabis use
- polysubstance use, eg: daily cannabis use and alcohol, or opiates and alcohol, or cocaine and alcohol
- pregnant young woman using substances
- substances being injected
- young person is only receiving needle and syringe from a pharmacist
- young person requests safer injecting advice
- substance use is causing or contributing to acute health problems (physical complications, persistent health problems, loss of weight, problems needing medical treatment)
- substance use is contributing to acute mental health problems, ie: young person expresses changes in mood and/or requests help to manage better, anxiety, panic attacks, increasing sense of hopelessness, feelings they can only manage with substance misuse, substance induced psychosis, increases in paranoia
- young person requires advice, information, on pre- and post-test counselling on Hepatitis B and C and HIV.

### **Practice and procedures – Tier 3 – specialist support**

Specialist support for young people who have developed drug and/or alcohol problems is provided in Hampshire by the Young People's Substance Misuse Specialist Treatment Service. The main aim of the Service is to provide comprehensive assessment, individualised packages of care, intervention and treatment based on the needs of the children and young people.

The objectives of the Service are to:

- attract, engage, assess, develop treatment plans and retain in treatment those young people who are most at risk of harm due to their substance misuse
- work towards reducing the harm and potential for harm of substance misuse by young people, and encourage or promote abstinence where appropriate
- support young people to access support from targeted or universal young people's services
- support young people to reintegrate into their family, community, school, training or work
- support young people, who need continued substance misuse treatment into adulthood, to access adult substance misuse services

- work with young people from diverse communities and with their parents or carers in relation to their treatment.

The desired outcome of the Service is to reduce the adverse affects of substance misuse on the development of children and young people's social, education, health and emotional growth and progress.

## **Responding to substance needs**

Depending on the level of substance use, the following steps are recommended.

### **No substance use**

- *What to do* – provide information on substance(s).
- *Purpose* – to ensure young people understand the risks of taking substances so that they can make informed decisions.

### **Substance use – no current social or behavioural problems and no high-risk behaviour**

- *What to do* – provide information on substance(s).
- *Purpose* – to ensure young people understand the risks of taking substances so they can make informed decisions.
- *What to do* – provide information on substance(s) and information on the safest way to take substances being used.
- *Purpose* – to ensure young people can make informed choices about their substance use, to reduce likelihood of drug/alcohol-related harm and to help prevent an escalation of substance use.

### **Substance misuse – social or behavioural problems which are substance related or high-risk drug taking**

- *What to do* – provide information on substance(s).
- *Purpose* – to ensure young people understand the risks of taking substances in such a way that they can make informed decisions.
- *What to do* – provide information on substance(s) and information on the safest way to take substances being used.
- *Purpose* – to ensure young people can make informed choices about their substance use, to reduce likelihood of drug/alcohol-related harm and to help prevent an escalation of substance use.
- *What to do* – provide, or arrange for referral to, services which can provide interventions at Tiers 2 – 4 based upon a full assessment of need. Or refer to a Tier 2 case worker able to manage this process and ensure substance misuse services form an integrated part of wider support based on need.
- *Purpose* – reduce/stop substance misuse, and to reduce/stop associated drug and alcohol-related harm.

The above steps are based on: *First steps in identifying young people's substance related needs*, Home Office/Drugscope (2003).

## **Drug education in the personal, social and health education (PSHE) and science National Curriculum**

### **Key Stage 1**

***PSHE: Non-statutory Framework (NC, 1999)***

***Science: Statutory Programme of Study (NC, 1999)***

### **Questions to help pupils to explore drug education within the National Curriculum (NC)**

*Pupils should be taught:*

#### **Developing a healthy, safer lifestyle**

- That all household products, including medicines, can be harmful if not used properly.
- Rules for, and ways of, keeping safe ... and about people who can help them to stay safe.
- How to recognise and make simple choices that improve their health and well-being.

#### **Developing good relationships**

- To recognise how their behaviour affects other people.
- To listen to other people, and play and work co-operatively.
- To take and share responsibility for their own behaviour.
- To help make and keep rules.

*Pupils should be taught:*

- About the role of drugs as medicines.
- What are the medicines?
- What are the differences between medicines and other household products?
- What happens if I take medicines when I don't need them?
- Is it good to keep secrets?
- Who can I tell if I have a secret or worry?
- What are rules and what happens if I break them?
- What is the difference between right and wrong?
- How can I be a good friend?
- How do I like to be treated by people I know, including friends and family?

## **Key Stage 2**

***PSHE: Non-statutory Framework (NC, 1999)***

***Science: Statutory Programme of Study (NC, 1999)***

### **Questions to help pupils to explore drug education within the National Curriculum (NC)**

*Pupils should be taught:*

#### **Developing confidence and responsibility and making the most of their abilities**

- To recognise why and how rules and laws are made and enforced, why different rules are needed in different situations and how to take part in making and changing laws.
- To talk and write about their opinions and explain their views.

#### **Developing a healthy, safer lifestyle**

- To recognise the different risks in different situations and then decide how to behave responsibly.
- That pressure to behave in an unacceptable or risky way can come from a variety of sources, including people they know, and how to ask for help and use basic techniques for resisting pressure to do wrong.
- That bacteria and viruses can affect health and that following simple and safe routines can reduce their spread.
- To understand what makes a healthy lifestyle, including what affects mental health, and how to make informed choices.

#### **Developing good relationships and respecting the differences between people**

- That their actions affect themselves and others, to care about other people's feelings and to try to see things from their point of view.

*Pupils should be taught:*

- About the effects on the body of tobacco, alcohol and other substances, and how these relate to their personal health.
- Why am I allowed to take some drugs but not others?
- What drugs can I take and what drugs mustn't I take?
- What will happen to me if I take drugs that I shouldn't?
- What effect will they have on my health and well-being if I take them?
- What should I do if I am asked to do something that I know is wrong?
- Why do people have different views to me?
- What should I do if I don't agree with their views?
- Who can I talk to if I am unhappy or worried?
- What are the school rules about health and safety?
- What should I do in an emergency?
- Where can I get help?

**References**

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- *Assessing young people for substance misuse* 2007, National Treatment Agency
- *Care matters: Time for change* 2007, DfE
- *The Children Acts 1989 and 2004 Common Assessment Framework for children and young people: manager's guide* 2006, DfES
- *The Data Protection Act* 1998
- *The Disability Discrimination Act 1995*, (as amended and updated by the Special Educational Needs and Disability Act 2001)
- *Drugs: guidance for schools* 2004, DCSF
- *Drugs: protecting families and communities: the 2008 drug strategy* 2008, HM Government
- *Drug strategy 2010: reducing demand, restricting supply, building recovery: supporting people to live a drug-free life* 2010, Home Office
- *Every child matters: young people and drugs* 2005, DCSF
- *First steps in identifying young people's substance related needs* 2003, Home Office/Drugscope
- *Guidance on commissioning young people's specialist substance misuse treatment services* 2008, National Treatment Agency
- *Healthy lives, brighter futures* 2009, DCSF/DoH
- *The Human Rights Act* 1998
- *National Service Framework for children, young people and maternity services* 2004, DoH
- *Promoting the health and well-being of looked after children – revised statutory guidance (draft)* 2009, DCSF
- *PSA Delivery Agreement 14: Increase the number of children and young people on the path to success* October 2007, HM Government
- *PSA Delivery Agreement 25: Reduce the harm caused by drugs and alcohol* October 2007, HM Government
- *The Children's Plan: Building brighter futures* 2007, DCSF
- *The Race Relations Amendment Act*
- *The substance of young needs* 1996, 2001, Health Advisory Service (HAS)
- *The youth alcohol action plan* 2008, DCSF, DoH, Home Office
- *Working together to safeguard children: a guide to inter-agency working to safeguard and promote the welfare of children* 2006, HM Government
- *Young people and drugs: policy guidance for drug interventions* 1999, SCODA/Children's Legal Centre
- *Young people's substance misuse services – essential elements* 2005, National Treatment Agency (NTA)
- *You're welcome: quality criteria for young people friendly services* 2011, DoH
- *The Fraser guidelines: based on a decision of the House of Lords in the case Gillick v West Norfolk and Wisbech Area Health Authority and Department of Health and Social Services* 1985, House of Lords
- *The United Nations Convention on the Rights of the Child (UNCRC)* 1989, The United Nations

## Glossary

### **CAF**

Common Assessment Framework for children and young people

### **Children and young people**

The term *children* refers to all those individuals who are under the age of 18, in accordance with the Children's Act and the UN Convention on the Rights of the Child (1989).

The term *young people* is also used in this document as many services for teenagers, and teenagers themselves, prefer the term *young people* to *children*. Local authorities, acting under certain provisions of the Children's Act 1989, use the term *young person* to refer to those up to the age of 21.

### **Children in care**

Includes all children being looked after by a local authority, including those subject to care orders under Section 31 of the Children Act 1989, and those looked after on a voluntary basis through an agreement with their parents under Section 20 of the Children Act 1989 (*Care matters*, DfE, June 2007).

### **Drug education**

Drug education is the planned provision of information and skills relevant to living in a world where drugs are common place. It aims to give young people skills and up-to-date and relevant information to make healthy, informed choices, and to support them in developing decision making skills in relation to both legal and illegal drugs.

### **Drug prevention**

Aims to change personal, social or environmental factors to assist delaying or avoiding the onset of drug use or its progression to harmful or problematic misuse. Measures aimed at preventing or delaying drug use by young people include:

- education for young people, their parents, carers and those who work with them
- enforcement of the law, including drugs seizure and other means of reducing availability and treatment.

### **Drug use**

Drug taking through which harm may occur. This may be through intoxication, breach of school rules or the law, or through 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.

### **Harm reduction**

A term used to describe interventions that aim to reduce the harm individuals may experience as a result of their substance use, without necessarily affecting the underlying substance use.

### **Intervention**

We use the term *intervention* to refer to the taking of any particular planned course of action (with a young person and/or their family) by a professional, a team of professionals and/or a specific type of service.

## **Screening**

A process identifying young people who have drug-related needs and what these needs are.

**Staff** Anyone working with children and young people in Hampshire in a paid or unpaid capacity, full-time or part-time.

## **Substance**

*Substance* is used to refer to any psychotropic substance (capable of affecting the mind – changing the way we feel, think and/or behave) including alcohol, tobacco, drugs sold as *legal highs*, illegal drugs, illicit use of prescription drugs and volatile substances, such as solvents (gases, lighter and other fuel), some plants and fungi (magic mushrooms), and over-the-counter and prescribed medicines that are used for recreational rather than medical purposes.

## **Substance misuse**

The use and misuse of illegal and illicit drugs, alcohol and volatile substances, but not tobacco. This includes any of these used in isolation or where it co-exists with another substance.

## **Young people's specialist substance misuse treatment**

Young people's specialist substance misuse treatment is a care planned medical, psychosocial or specialist harm reduction intervention, aimed at alleviating current harm caused by a young person's substance misuse. (See: *Guidance on commissioning young people's specialist substance misuse treatment services*, 2008, NTA.)