



DENBIGH SCHOOL



Denbigh School Drug Education and Drug Related Incidents Policy

February 2024

1. Background

1.1 This Policy takes full account of the latest DfE guidance on Drug Education and responding to drug related incidents.

The School has a responsibility to:

- Have an up-to-date Drugs Policy.
- Deliver Drug Education through the relevant programmes of study within the Science curriculum.
- Prepare all students for the responsibilities of adult life.

Parents **do not** have a right to withdraw their children from Drug Education lessons.

1.2 There is a national expectation that all schools will be actively engaged in a National Healthy Schools Programme, within which a school can extend and develop on existing Drug Education provision and involve a wider cross-section of its school community.

1.3 The 2021 National Drug Strategy comprises three strands of work:

- Breaking drug supply chains.
- Delivering a world-class treatment and recovery system.
- Achieving a generational shift in the demand for drugs.

1.4 Denbigh School recognises that it also has a part to play in meeting these national strands and local Drug Education targets as identified in the National Drug Strategy 2021 and the Milton Keynes Joint Health and Well Being Strategy 2018 - 2028. This includes:

- Having an up-to-date Drug Education and Drug-Related Incidents Policy consistent with DfE guidelines.
- Having an effective implementation process for the Drug Education and Drug-Related Incidents Policy with subsequent monitoring and evaluation strategies.
- Having an effective and developmental Drug Education programme in each Key Stage.
- Ensuring that parents are provided with appropriate Drug Education materials.
- For all young people identified as being vulnerable to receive the appropriate education, advice, information and support on substance misuse both in and out of school.
- For all young people identified as having problems with substance misuse to receive an appropriate intervention or care package with support for parents and carers.
- For all young people assessed as being in need to be referred to the appropriate treatment programme or facilities.

In addition, we see Drug Education as a core component of an effective PSHEE programme.

2. Purpose of the Drug Education and Drug-Related Incidents Policy

The purpose of the Denbigh School Drug Education and Drug-Related Incidents Policy is to:

2.1 Clarify the legal requirements and responsibilities of the school.

- 2.2 Reinforce and safeguard the health and safety of students and others who use the school.
- 2.3 Clarify the school's approach to drugs for all staff, students, governors, parents/carers, external agencies and the wider community.
- 2.4 Give guidance on developing, implementing and monitoring the Drug Education programme.
- 2.5 Enable staff to manage drugs on the school premises, and any incidents that occur, with confidence and consistency, and in the best interests of those involved.
- 2.6. Ensure that the response to incidents involving drugs complements the overall approach to Drug Education and the values and ethos of the school.
- 2.7 Respond appropriately, considering the individual case and circumstances.
- 2.8 Provide a basis for evaluating the effectiveness of the school's Drug Education Programme and the management of incidents involving illegal and other unauthorised drugs.
- 2.9 Reinforce the role of the school in contributing to local and national strategies.

3. Terminology

The definition of a drug given by the United Nations Office on Drugs and Crime is:

'A substance people take to change the way they feel, think or behave'.

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

- 3.1 All illegal drugs (those controlled by the Misuse of Drugs Act 1971).
- 3.2 All legal drugs, including alcohol, tobacco, volatile substances (those giving off a gas or vapour which can be inhaled), ketamine, khat and alkyl nitrites (known as poppers) as well as so-called 'legal highs'.
- 3.3 All over-the-counter and prescription medicines.

(See Appendix 3: Definitions).

4. Boundaries

The possession or use of prohibited substances on the school site is absolutely forbidden. The 'school site' (as defined) will apply in the following situations:

- 4.1 All school grounds, inside and outside the school designated buildings.
- 4.2 Other designated premises, if students are part educated at partner institutions.
- 4.3 Educational trips and journeys (residential and non-residential).
- 4.4 Work experience placements.
- 4.5 Journeys to and from school (where the school has a duty of care and responsibility).

5. Vulnerable Groups

Denbigh is aware that some students are more vulnerable to drug misuse and other social problems. The following table illustrates the vulnerable groups and a range of risk and protective factors associated with drug misuse.

Denbigh School helps to reduce the impact of risk factors and strengthen protective factors by promoting¹:

- 5.1 Supportive and safe relationships.
- 5.2 Regular school attendance.

- 5.3 The ability to cope well with academic and social demands at school.
- 5.4 Strong and supportive social networks.
- 5.5 Good social skills.
- 5.6 Realistic self-awareness and self-esteem.
- 5.7 A good knowledge of the effects and risks of drugs.
- 5.8 A good knowledge of general health and how to ensure good mental health.
- 5.9 A good knowledge of how to access help and information.
- 5.10 Work with parents/carers, particularly around communication and setting boundaries.
- 5.11 Participation in extra-curricular activities.
- 5.12 Counselling and other support mechanisms.

¹Adapted from: *The Right Responses – Managing and making policy for drug related incidents in schools*, DrugScope, 1999

Vulnerable Groups	Risk Factors	Protective Factors
<ul style="list-style-type: none"> • Homeless • Looked after Children (LAC) • Previously Looked after Children (PLAC) • School truants • Students with a statement of special educational need or EHCP • Students excluded from school • Sexually abused • Prostitutes • In contact with mental health and criminal justice system • Children of parents with drug problems • Children who are being sexually exploited (there is a CSE tool on the MKSCB website to help identify these students) 	<ul style="list-style-type: none"> • Chaotic home environment • Parents who misuse drugs or suffer from mental illness • Behavioural disorders • Lack of parental nurturing • Inappropriate and/or aggressive classroom behaviour • School failure • Poor coping skills • Low commitment to school • Friendship and deviant peers • Low socio-economic status • Early age of first drug use • Being labelled as a drug misuser 	<ul style="list-style-type: none"> • Strong family bonds • Experience of strong parental monitoring with clear family rules • Family involvement in the lives of children • Successful school experiences • Strong bonds with the local community activities • A caring relationship with at least one adult

6. ¹The Aim of Drug Education

6.1 Drug Education is a major component of drug prevention. Drug prevention aims to:

- Minimise the number of young people engaging in drug use.
- Delay the age of onset of first use; reduce the harm caused by drugs.
- Enable those who have concerns about drugs to seek help.

6.2 The aim of Drug Education is to provide opportunities for students 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.

6.3 Drug Education is an important aspect of the curriculum for Denbigh School. It should:

6.3.1 Increase students' knowledge and understanding and clarify misconceptions about:

- The short and long-term effects and risks of drugs.
- The rules and laws relating to drugs.
- The impact of drugs on individuals, families and communities.
- The prevalence and acceptability of drug use among peers.
- The complex moral, social, emotional and political issues surrounding drugs.

6.3.2 Develop students' personal and social skills to make informed decisions and keep themselves safe and healthy, including:

- Assessing, avoiding and managing risk.
- Communicating effectively.
- Resisting pressures.
- Finding information, help and advice.
- Devising problem-solving and coping strategies.
- Developing self-awareness and self-esteem.

6.3.3 Enable students to explore their own and other peoples' attitudes towards drugs, drug use and drug users, including challenging stereotypes, and exploring media and social influences.

7 What Students Want

Drug Education should reflect the views of students so that it is relevant and appropriate. When asked, students have said they want:

7.1 Their views and opinions listened to.

7.2 To engage in discussion and debate.

7.3 Their Drug Education to be interesting, involving drama, true-to-life stories and external contributors.

7.4 Drug Education to be taught by people who know what they are talking about.

7.5 As much information as possible; they do not want to be told just to 'say no'.

7.6 To know the range of effects and risks of drugs and why people use them.

7.7 To know how to cope with an emergency.

Students' views about Drug Education will vary and it is important that schools consult students when planning and evaluating the Drug Education programme.

8 The Evidence Base for Drug Education

8.1 Research shows that certain models of Drug Education can achieve modest reductions in the consumption of cannabis, alcohol and tobacco, and delay the onset of their use². There are also indications that Drug Education has a role in reducing the risks associated with drug use, reducing the amount of drugs used and helping people to stop³.

8.2 Although not yet thoroughly tested in Britain⁴, the best available worldwide research identifies effective Drug Education programmes as ones which:

8.2.1 Address knowledge, skills and attitudes.

8.2.2 Provide developmentally appropriate and culturally sensitive information.

8.2.3 Challenge misconceptions that young people hold about the norms of their peers' behaviour and their friends' reactions to drug use. This 'normative education' is important because young people often over-estimate how many of their own age group drink, smoke or use illegal drugs.

8.2.4 Use interactive teaching techniques such as discussion, small-group activities and role play.

8.2.5 Involve parents/carers as part of a wider community approach. Parents/carers should have access to information and support in talking with their children about drugs.

8.3 Recent research demonstrates that education is a highly important positive influence on knowledge and behaviour change. It also provides opportunities within the curriculum to address attitude development and discuss what influences a young person's decision-making.

9 Drug Education in the Curriculum

9.1 Drug Education is an entitlement for every student and is supported by Section 351, of the Education Act 1996 which requires every school, including PRU's, to provide a balanced curriculum which:

- Promotes the spiritual, moral, cultural, mental and physical development of students at the school and of society.
- Prepares students at the school for the opportunities, responsibilities and experiences of adult life.

9.2 Drug Education at Denbigh School is delivered through a well-planned PSHEE and Citizenship provision. Denbigh uses PSHEE, the statutory Citizenship programme of study and the Science Curriculum for all phases as the basis for developing Drug Education. PSHEE and Citizenship provide an effective context for Drug Education because they focus on developing skills and exploring attitudes as well as learning about healthy and safe lifestyles.

² White d and Pitts M (1998) Educating young people about drugs: a systematic review. *Addiction*, 93(10),1475-87

³ Lowden K and Powney J (1999) *Drug education in Scotland: provision, perspectives and effectiveness*. The Scottish Council for Research in Education

⁴ existing evidence base mainly refers to secondary age students, since primary-school drug education cannot be expected to have a measurable impact on drug-using behaviours for four to five years. For information on the Blueprint Research Programme see, <https://www.stir.ac.uk/media/schools/management/documents/BlueprintDAR.pdf>

10 Drug Education at Denbigh School can be found mainly in:

10.1 The Science Curriculum:

10.1.1 Year 8 “Fit for Life” Topic: The dangers of smoking, effects of alcohol and the students do research projects on an illegal drug of their choice – separated into three categories of stimulants, depressants and hallucinogens.

10.1.2. Year 8 Drugs Day: Carrying out experiments into the effects of caffeine on reaction time.

10.1.3 At GCSE: Non-communicable diseases, which links to drugs such as tobacco and alcohol

10.2 The Tutorial Programme e.g. National Non-Smoking Day.

10.3 Drugs Curriculum days e.g. Year 8 Drugs Day, Year 10 Responsible Choices Day

10.4 Ad-hoc theatre group events - as they are available to the School through L.A recommendation and support.

11. Integration Within PSHEE

Many of the skills and attitudes developed and explored through Drug Education are common to other aspects of PSHEE. For example, skills to resist pressure to use drugs are applicable to personal safety and relationship education. Links between drugs and other areas of PSHEE, for example, emotional health and well-being and sex and relationship education, should also be made. This is particularly relevant to young people as their use of drugs, especially alcohol, can have an impact on their relationships and on sexual activity and sexual health.

12. Contribution of Citizenship Education

Citizenship can contribute to Drug Education by, for example, providing opportunities for students to:

12.1 Understand rules and laws and how they relate to rights and responsibilities.

12.2 Consider different points of view.

12.3 Explore moral, social and cultural issues.

12.4 Discuss and debate topical issues.

Opportunities to develop these skills and discuss drug related issues arise in Humanities Citizenship lessons and through ‘Thought for the Week’ in Tutorial.

13. Content

The Programme is based on⁵:

13.1 The Science Curriculum Programme of Study.

13.2 National Curriculum Citizenship Programme of Study.

13.3 Programmes of Study for PSHEE (Personal Wellbeing).

13.4 DfE Drug advice for schools.

14. Drug Education in Secondary Schools

Students learn more about the effects and risks of drugs and the laws relating to drugs. They learn the skills to recognise and manage risk and to resist pressures. They continue to develop the skills to make choices for a healthy lifestyle and learn about where to go for help and advice.

⁵ <http://mentor-adepis.org/>

Students build on their knowledge and learn more about the effects of drug misuse on family, friends, community and society. They gain greater understanding through clarifying their options and attitudes in discussions and debate and considering the consequences of their decisions.

15. Drug Education of Students with Special Educational Needs (SEN)

Students with SEN within all educational settings should receive their entitlement to Drug Education. The framework set out earlier in this section should be used as a basis. Teachers may need to focus more on developing students' confidence and skills to manage situations which require making decisions about drugs. This may include developing competence to manage medicines responsibly, staying safe and understanding and managing feelings. Teachers should pay particular attention to enabling students to seek help and support when they need it.

16. Equal Opportunities

The Denbigh Alliance Trust's Equality and Diversity Policy applies to Drug Education. Where appropriate teaching materials will reflect the cultural and ethnic diversity of British Society. We do try to avoid stereotyping in terms of gender and race. In addition, students' progress is monitored to ensure no student is disadvantaged. The School makes every effort to respect and reflect students' religious beliefs and take community views into account when teaching drugs education. Parents are always welcome to discuss these issues with staff.

17. Breadth and Balance

The contents and structure of our Drugs Education scheme of work represents a broad and balanced approach to the teaching of knowledge, skills and understanding attitudes and feelings. A variety of teaching strategies, use of external visitors, coupled with a wide range of student-centred tasks, ensures breadth and balance.

18. Cross-Curricular Links

Drugs Education has many cross-curricular links, in particular in the Science Curriculum. However, the development of life skills is a theme throughout the School, within the programme for personal, social and health education (PSHEE), and is essential in the values, which underpin the ethos of our School. Clearly there are links to other subjects, such as Geography and Physical Education, and aspects of school life, notably the moral, social and spiritual aspects of the curriculum.

19. Use of Visitors

It is important to work closely with external agencies. Good Drugs Education involves partnership, often using the services of the School's attached Youth Crime Reduction Officer (police officer) and other external agencies such as the School Nursing Service and Compass. Where visitors are used to support and extend classroom teaching, they are used to complement the School's scheme of work for Drugs Education. In particular, a teacher will always be present and retain overall responsibility in the classroom.

20. Staff Training

We recognise that many staff are daunted by the prospect of teaching Drugs Education. We therefore offer staff in-house training to support them in this role. A good teacher of Drugs Education does not need to be an authority on drugs. It is the life skills aspects that are so crucial

to this area of the curriculum. Most students want to be able to discuss drugs with a caring adult, which we offer through the development of life skills. It also forms an integral part of the new teacher induction programme which is available to staff.

21. Parental Involvement

Many parents have great concerns about drugs and, as the 'first educators' of their children, most want to develop and extend their child's awareness of the world, developing towards being a responsible citizen. Parents, like schools, need to assess when the time is right for their child to handle new ideas, concepts and knowledge. We welcome the opportunity to work with parents in Drugs Education. We inform parents about our Drugs Education Programmes and provide information to students which we encourage them to share with parents. We provide information to parents about how to contact national information and support agencies like FRANK and Milton Keynes Young People's Drug and Alcohol Service.

22. Defining Drug Incidents

Incidents are likely to involve suspicions, observations, disclosures or discoveries of situations involving illegal and other unauthorised drugs. They could fit into the following categories:

- 22.1 Drugs or associated paraphernalia (which includes shisha pens, e-cigs and vaping materials) are found on school premises.
- 22.2 A student demonstrates, perhaps through actions or play, an inappropriate level of knowledge of drugs for their age.
- 22.3 A student is found in possession of drugs or associated paraphernalia (which includes shisha pens, e-cigs and vaping materials).
- 22.4 A student is found to be supplying drugs on school premises.
- 22.5 A student, parent/carer or staff member is thought to be under the influence of drugs.
- 22.6 A staff member has information that the illegitimate sale or supply of drugs is taking place in the local area.
- 22.7 A student discloses that they or a family member/friend are misusing drugs.

23. Managing a Drugs Related Incident

Some schools have in the past found a substance or drug on the premises and, in a few cases, a student has been found in possession of a drug. Such an incident would have implications for the School, the student, parents, teachers, the Headteacher and the Local School Board of Governors. If a student is found with a substance or a drug, which is thought to be illegal, the following procedure will be adopted.

24. Confidentiality

24.1 In managing a drugs related incident regard will be given to issues of confidentiality. **Teachers cannot and should not promise total confidentiality.** The boundaries of confidentiality will be made clear to students. If a student discloses information which is sensitive, not generally known, and which the student asks not to be passed on, the request will be honored unless this is unavoidable in order for teachers to fulfill their professional responsibilities in relation to:

- Co-operating with a police investigation.
- Referral to external services.
- The safety of the student.

24.2 Every effort will be made to secure the student's agreement to the way in which the School intends to use any sensitive information.

24.3 It may be necessary to invoke local child protection procedures if a student's safety is under threat. It will be only in exceptional circumstances that sensitive information is passed on against a student's wishes, and even then, the School will inform the student first and endeavour to explain why this needs 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.

25. Liaison with Other Schools

Denbigh School will endeavour to establish that the local drug situation, the content of Drug Education, the management of incidents, training opportunities and transitions between schools will be routine elements of liaison between local schools.

26. Procedure for Handling a Drugs Related Incident

All unknown tablets, powders and substances should be regarded as possibly illegal. All teachers have a duty of care and need to protect the child. It should be noted that the 1971 *Misuse of Drugs Act* allows adults to remove unknown substances or drugs from a child, in order that he/she can be protected. The substances or drug should then be handed to the Headteacher/Deputy Headteachers who are responsible for disposing of it to the appropriate authority. This will involve the Police if the substance is believed to be illegal. Where possible, the drug should be removed from the child in the presence of a witness. This ensures that a student cannot accuse the adult of possession. For any suspected drug related incident, a member of the Leadership Team would be summoned.

27. The Headteacher would then be informed

27.1 If a student has taken a drug, or there is reasonable evidence to assume so, professional medical help will be sought.

27.2 The member of staff would then write a brief assessment, indicating the time, place and the circumstances in which the incident took place. The witness should counter-sign the statement.

27.3 The substance or drug should be sealed in a clear plastic bag and locked away until it can be handed to the police. Where it is considered that the student has been at risk, or it is thought that the drug or substance is illegal, we will contact the student's parent or caring adult immediately. They will be asked to attend school. We will also contact our Safer Schools Partnership Police Officer who will give appropriate advice or attend the school. The substance or drug will be handed to the Officer as evidence and for disposal. It may be necessary at this time to involve the school nurse if it is believed that an individual is in an altered state as a result of the drug.

27.4 If a search is to be undertaken then it should comply with the advice as laid out in "Searching, Screening and Confiscation – January 2018" published by the DfE.

- 27.5** If necessary, the search will also undertake a search of desks, drawers and lockers and other school property where students' are able to keep books, pencils and other possessions.
- 27.6** The staff at Denbigh cannot guarantee confidentiality and, where a student discloses information that indicates that the student is at risk, the information needs to be immediately passed on to the appropriate person (Headteacher). The teacher should sensitively indicate to the student that confidentiality cannot be maintained.
- 27.7** If the student is suspected of having drugs for their own use and is not supplying other students, the School will follow the agreed procedure with Thames Valley Police and support sought through the Milton Keynes Young People's Drug and Alcohol Service. A second offence could lead to a long suspension from school. If, however, the student was found to be supplying others with classified drugs, then Denbigh School's policy is to exclude that student permanently.

28. Drugs – Staff Issues

- 28.1** Any employee of Denbigh School taking illegal drugs on School premises or during School hours or selling or buying such drugs or under the influence of illegal drugs or alcohol during School hours will be suspended on the grounds of potential gross misconduct and would face possible summary dismissal following a Local School Board of Governors disciplinary hearing.
- 28.2** Employees are warned that the effects of taking drugs can last for many days after they are taken. An employee may therefore be judged to be under the influence of drugs days after they are taken.
- 28.3** In all cases, the Headteacher will consider the individual circumstances and the context, with particular regard to vulnerable groups and associated risk factors (as outlined earlier).

Appendix 1: Summary of Relevant Laws

The laws and offences relating to controlled drugs:

- Changes to the law on cannabis
- The Youth Justice System
- The Medicines Act
- Tobacco laws
- Alcohol laws
- Laws relating to volatile substances
- The Road Traffic Act
- Responsibility for children

The laws relating to controlled drugs:

	Class A	Class B	Class C
Principal drugs included⁶	<ul style="list-style-type: none"> • Opium • Heroin/Methadone • Cocaine/Crack Cocaine • LSD • Ecstasy (MDMA) • Magic Mushrooms (processed)⁷ • Class B drugs prepared for injection • Amphetamines (if prepared for injection). 	<ul style="list-style-type: none"> • Amphetamines • Barbiturates • Codeine • Cannabis resin • Cannabis herb • Methylphenidate (Ritalin), • Ketamine • Synthetic cathinones 	<ul style="list-style-type: none"> • Anabolic steroids • Benzodiazepines (minor tranquillisers e.g. Temazepam) • Gamma-hydroxybutyrate (GHB) • Some stimulant, anti-depressant and anti-obesity medicines • Some painkillers, • Benzylpiperazines (BZP) • Khat
Maximum penalty for possession	<ul style="list-style-type: none"> • Up to seven years in prison or an unlimited fine or both. 	<ul style="list-style-type: none"> • Up to five years in prison or an unlimited fine or both. 	<ul style="list-style-type: none"> • Up to two years in prison or an unlimited fine or both.
Maximum penalty for trafficking, supply or production	<ul style="list-style-type: none"> • Up to life in prison or an unlimited fine or both. 	<ul style="list-style-type: none"> • Up to 14 years in prison or an unlimited fine or both. 	<ul style="list-style-type: none"> • Up to 14 years in prison or an unlimited fine or both.

⁶ The above table refers to some commonly available drugs; it is not an exhaustive list of controlled drugs.

⁷ Is not illegal to possess or eat magic mushrooms in their raw state, but it is an offence to process them, dry them, store them or use them in tea.

Offences under the Misuse of Drugs Act

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

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

Changes to the law on cannabis

Cannabis is a Class B drug. The government reclassified cannabis from Class C to Class B in January 2009. The decision was part of the drug strategy: “Drugs: protecting families and communities”⁸.

Classing cannabis in Class B reflects the fact that skunk, a much stronger version of the drug, now dominates in the UK. Skunk has swept many less potent forms of cannabis off the market, and now accounts for more than 80% of cannabis available on our streets, compared to just 30% in 2002.

The classification of cannabis means:

- the government will robustly enforce laws on cannabis supply and possession
- police and other agencies will work to shut down cannabis farms and arrest the organised criminals who run them
- the consideration of additional aggravating sentencing factors for those caught supplying cannabis near schools

Current penalties related to cannabis

- Penalties for supply, dealing, production and trafficking - the maximum penalty is 14 years imprisonment.
- Penalties for possession - the maximum penalty is five years imprisonment.

⁸ <http://drugs.homeoffice.gov.uk/publication-search/drug-strategy/drug-strategy-2008.html>

Young people in possession of cannabis

A young person found to be in possession of cannabis will be arrested and taken to a police station where they can receive a reprimand, final warning or charge depending on the seriousness of the offence. Following one reprimand, any further offence will lead to a final warning or charge. Any further offence following a warning will normally result in criminal charges. After a final warning, the young offender must be referred to a Youth Offending Team to arrange a rehabilitation programme.

This police enforcement is consistent with the structured framework for early juvenile offending established under the Crime and Disorder Act 1998.

The Young Justice System

In normal circumstances, when a young person (under age 18) has committed a first offence he/she will be given a reprimand. For second offences he/she will be given a final warning. For subsequent offences the young person will usually be prosecuted. A further, and definitely final warning can only be issued in exceptional circumstances. For serious cases a young person can receive a final warning or be prosecuted for a first offence. In all cases the young person will be referred to the local Youth Offending Team (YOT), consisting of representatives from probation, education, social services, the health service and the police.

When a young person receives a reprimand or final warning this will be kept on the Police National Computer for five years or until the offender's eighteenth birthday, whichever is the longer, from the date given. Reprimands and warnings do not constitute a criminal record but may still have to be declared on overseas visa applications, some job applications and motor insurance. If a young person is prosecuted and subsequently convicted this constitutes a criminal record. The length of time in which some criminal convictions can be considered 'spent', and no longer need to be declared, will vary depending on the charge and sentence as outlined in the Rehabilitation of Offenders Act 1974.

Medicines Act 1968

This law governs the manufacture and supply of medicine. There are three categories:

- 'Prescription Only' drugs can be sold by a pharmacist if prescribed by a doctor or appropriate prescribing officer
- 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 medicines without a prescription is a serious offence. Drugs such as amyl nitrite, GHB and ketamine are regulated under the Medicines Act.

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 who it may be served to. The act makes it illegal to sell alcohol to anyone under the age of 18 (with some exceptions).

Intoxicating Substances (Supply) Act 1985

Makes it an offence for a retailer to sell solvents to anyone under the age of 18, knowing that they are being purchased to be abused. It doesn't make it illegal to own or buy solvents.

Tobacco Laws

On 1st October 2007 the legal age limit to buy tobacco products rose from 16 to 18 years⁹. It is now an offence for any retailer to sell cigarettes to anyone under 18 years old, even if they look older. This is the

⁹ For the purposes of the legislation, tobacco products include cigarettes, cigars, loose rolling tobacco and rolling papers.

case whether or not the cigarettes are for the young person's own use. The new controls apply to 'face to face' shop sales and purchases from vending machines or on the internet.

The power to increase the age of sale of tobacco products is conferred on the Secretary of State by virtue of Section 13 of the Health Act 2006. The relevant Order is the Children and Young Persons (Sale of Tobacco etc) Order 2007, which amends the Children and Young Persons Act 1933 and the Children and Young Persons (Protection from Tobacco) Act 1991. The offences remain the same. Local authority trading standards officers are responsible for enforcing the new law and a business found selling tobacco products to a person under 18 could face a fine of up to £2,500.

Offence	Who is liable	Fixed penalty notice (if paid in 15 days)	Fixed penalty notice (if paid in 29 days)	Court awarded fine
<i>Smoking in a smokefree place</i>	<i>Anyone who smokes in a smokefree place</i>	<i>£30</i>	<i>£50</i>	<i>Up to £200</i>
<i>Failing to display required no-smoking signs in a smokefree place</i>	<i>Anyone who manages or occupies a smokefree premises or vehicle</i>	<i>£150</i>	<i>£200</i>	<i>Up to £1,000</i>
<i>Failing to prevent smoking in a smokefree place</i>	<i>Anyone who manages or controls the smokefree premises or vehicle</i>	<i>N/A</i>	<i>N/A</i>	<i>Up to £2,500</i>

- On July 1st 2007, the smokefree law was introduced. It is now against the law to smoke in virtually all 'enclosed' and 'substantially enclosed' public places and workplaces.
- Public transport and work vehicles used by more than one person must be smokefree at all times.
- No-smoking signs must be displayed in all smokefree premises and vehicles.
- Staff smoking rooms and indoor smoking areas are no longer allowed, so anyone who wants to smoke has to go outside.
- Managers of smokefree premises and vehicles have legal responsibilities to prevent people from smoking.

Cigarette Lighter Refill (Safety) Regulations 1999

Is an amendment to the Consumer Protection Act 1987. It makes it illegal to supply gas cigarette lighter refills to anyone under the age of 18. Retailers could face a hefty fine or a prison sentence.

Alcohol Laws

It is an offence under the Children and Young Persons Act 1933 to give alcohol to any child under the age of 5, except in a medical emergency. Children over 5 can legally consume alcohol in a private environment, although police have powers to confiscate alcohol from under-18s who are drinking in a public place. At present, at the discretion of the licence holder, children of any age may enter premises licensed for the sale of alcohol for consumption on those premises, like a public house, but only children aged over 14 or over may enter the bar area whether they are accompanied by an adult or not. It is illegal for the staff of licensed premises to knowingly sell alcohol to anyone under the age of 18 or allow them to consume alcohol in the bar area of their premises. It is also an offence for a child to buy or attempt to buy alcohol on licensed premises. It is illegal for an adult to purchase alcohol on behalf of a person under 18. However, an exception allows young people aged 16 and 17 accompanied by an adult to consume beer, porter, and cider with a meal on licensed premises.

Laws relating to volatile substances

In England and Wales it is an offence to sell solvent products to any person under 18 if the retailer has reason to suspect that the substances will be misused. Butane product sales, such as lighter refills, are further restricted under the Cigarette Lighter Refill (Safety) Regulations 1999, in recognition of the high number of butane-related deaths. The regulations make it an offence to sell them to people under the age of 18 years, in any circumstances. The penalty is up to 6 months' imprisonment or a £5,000 fine.

The Road Traffic Act 1988

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

Responsibility for children

School staff have a legal duty of care towards students in their care (this extends beyond the school premises and the school day). This is interpreted in case law as the duty to act as a careful parent would, if a member of staff causes injury or loss to a student by failing to carry out his or her responsibilities in a reasonable and careful way, that staff member could be held liable in negligence to the young person. This duty of care is interpreted as a duty to exercise adequate supervision, which will depend on the maturity and age of the students involved, whether they are affected by a disability, and the precise circumstances. Supervision could mean giving adequate advice and instructions rather than constantly watching a student, although some activities, for example while on school trips, may require greater supervision.

APPENDIX 2: Drug Situations – Medical Emergencies

The procedures for an emergency apply when a person is 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 student at immediate risk, but you also need to ensure the well-being and safety of others.

Put into practice 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 them what has happened and to identify any drug used;
- Collect any drug sample and any vomit for medical analysis;
- Do not induce vomiting;
- Do not chase or over-excite them if intoxicated from inhaling a volatile substance;
- Keep them under observation, warm and quiet.

If the person is unconscious:

- Ensure that they can breathe and place in the recovery position;
- Do not move them 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 them sit or stand;
- Do not leave them unattended or in the charge of another student;
- Notify parents/carers.

For needle stick (sharps) injuries (these incidents should **ONLY** be dealt with by the School Senior First Aider).

- Encourage wound to bleed. Do not suck. Wash with soap and water. Dry and apply waterproof dressing.
- If used/dirty needle seek advice from a doctor.

When medical help arrives

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

Complete a medical record form as soon as you have dealt with the emergency.

Appendix 3: Definitions

What are 'drug-related incidents'?

Drug-related incidents may be connected with young people themselves, with their parents or carers, or with some other person. The drug used that is of concern may take place within the school, in the immediate neighbourhood of the school building, or in another setting where it is nevertheless having an impact on the children or young people for whom you are responsible.

Ensuring that drug-related incidents are appropriately dealt with is part of effective drug prevention, minimising the harm to young people that may arise from their use of drugs, and aiming for as positive outcome as possible from any problem situations that may occur.

What is 'dependence', 'addiction' and problem drug use'?

Experimentation with drugs is mostly short-lived, but some young people continue to use for quite some time. This doesn't necessarily mean that they are 'hooked on drugs'. When they decide to, they may be able to quit without any difficulty. But some drugs are more likely to lead to dependence than others. Nicotine, heroin, crack cocaine and caffeine can be hard to give up while LSD tends not to be used in a dependent¹⁰ fashion.

What is a drug?

We live in a drug-using society and there is a wide range of substances, both illegal and legal, that are of potential concern. Two very common drugs are legal: alcohol and tobacco. Illegal drugs, especially cannabis, are tried by many young people. Medicinal drugs – both over-the-counter and prescribed – can also be misused. Volatile substances (such as gases, glues and aerosols) can be deadly if misused.

What is drug education and prevention?

Drug education aims to educate people for living in a drug-using society; it is concerned with providing information, with exploring issues, and helping young people to develop their abilities to make choices. It aims to:

- Increase students' knowledge about drugs;
- Develop students' skills in handling drug-related situations;
- Help students to explore attitudes towards drugs.

Drug prevention aims to reduce the misuse of drugs and reduce the harm that they cause. While drug education may contribute to the aims of drug prevention by, for example, making people more aware of the dangers, this is not its focus. In practice, the drug education and drug prevention distinction will not always be maintained – a typical school lesson, or a typical interaction with a young person in an informal educational setting, might deal with both aspects.

Appendix 4: Local Agencies

Name	Contact	Information
Police Routine Incidents dial	Dial 101 in first instance	
Milton Keynes Young People's Drug and Alcohol Service	Zoe, Team Leader – 07557317317	Replacing COMPASS this service is run by Milton Keynes Council and referrals should be made using the online form: https://www.milton- keynes.gov.uk/assets/attach/65242/Referral-Form-MKC- Drug-and-Alcohol-Team-2020-2-.pdf

Appendix 5: School based support and sanctions for drug-related incidents.

INCIDENT	SUPPORT	SANCTION
Smoking or possession of smoking paraphernalia (including vapes)		
Possession	<ul style="list-style-type: none"> • Head of Year and tutor informed. • Information supplied in the form of leaflets / websites etc. • Referred to local agencies • Parent/carer meetings with HOY 	<ul style="list-style-type: none"> • Internal Suspension • Letter home.
Smoking or vaping on school grounds	<ul style="list-style-type: none"> • Referred to local and national agencies • Information supplied in the form of leaflets/websites • Referred to internal support programmes – 1:1 mentoring or counselling • Parent/carer meetings with HOY and AH (Behaviour) 	<ul style="list-style-type: none"> • External Suspension • Letter home
Supplying cigarettes or vapes	<ul style="list-style-type: none"> • Referred to local and national agencies • Information supplied in the form of leaflets/websites • Referred to internal support programmes – 1:1 mentoring or counselling • Parent/carer meetings with AH (Behaviour) and Headteacher 	<ul style="list-style-type: none"> • External Suspension or possible Permanent Exclusion • Possible referral to Alternative Provision • Parental meeting

INCIDENT	SUPPORT	SANCTION
Alcohol		
Possession	<ul style="list-style-type: none"> • Tutor informed. • HOH informed. • Re-integration meeting with parents / carers. 	<ul style="list-style-type: none"> • Internal suspension. or • External Suspension • Letter home.
Under the influence	<ul style="list-style-type: none"> • Tutor informed. • HOH informed. • Re-integration meeting with parents / carers. • Referred to the school nurse. • Referred to Compass. 	<ul style="list-style-type: none"> • External Suspension or • Permanent exclusion • Letter home.
Supply	<ul style="list-style-type: none"> • Tutor informed. • HOH informed. • Re-integration meeting with parents / carers. 	<ul style="list-style-type: none"> • External Suspension or • Permanent exclusion. • Letter home.

INCIDENT	SUPPORT	SANCTION
Illegal Drugs		
Possession (including possession of drug related paraphernalia)	<ul style="list-style-type: none"> • Tutor informed. • HOH informed. • Re-integration meeting with parents / carers. • Pastoral Support Programme. • Referred to Compass. 	<ul style="list-style-type: none"> • External Suspension or Permanent Exclusion (class A drugs). • Letter home. • Police involvement.
Under the influence	<ul style="list-style-type: none"> • Tutor informed. • HOH informed. • Re-integration meeting with parents / carers. • Pastoral Support Programme. • Referred to the school nurse. • Referred to Compass. 	<ul style="list-style-type: none"> • External Suspension or Permanent Exclusion (class A drugs). • Letter home. • Police involvement.
Supply (as defined earlier in the policy)	<ul style="list-style-type: none"> • Alternative Education 	<ul style="list-style-type: none"> • Permanent Exclusion. • Letter home. • Police involvement.