

# The BRIT School

## Anti-Drugs Policy 2018-2019

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#### *Document Control*

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## Introduction

We believe all students and staff have a right to be safe and healthy. The school plays an important role in supporting and promoting attitudes, practices and understanding, which encourage everyone to make informed decisions enabling them to choose a healthy lifestyle. Students, in particular, are encouraged to respect their bodies.

## Objective of this Policy

- Clarify the legal requirements and responsibilities of the school.
- Reinforce and safeguard the health and safety of students, staff and others who use the school.
- Clarify the school's approach to drugs for all staff, students, governors, parents/carers, external agencies and the wider community.
- Give guidance on developing, implementing and monitoring the school's drug education programme.
- Enable staff to manage drug related issues on school premises, and any incidents that occur, with confidence and consistency, and in the best interests of those involved.
- Ensure that the response to incidents involving drugs complements the overall approach to drug education and the values and ethos of the school.
- Provide a basis for evaluating the effectiveness of the school's drug education programme and the management of incidents involving illegal and other authorised drugs
- Reinforce the role of the school in contributing to local and national strategies.

### **Links with other Policies**

This policy is closely linked with the following policies: Behaviour Policy & Safeguarding Policy.

## What is a 'drug'?

Drugs are substances which, when consumed or taken in some way, have the effect of altering the way we feel, think or act. These substances include: illegal drugs such as heroin, cannabis and ecstasy; drugs which can, with certain restrictions, be legally bought and used such as solvents, glues, alcohol and tobacco; medically given or prescribed drugs such as tranquillisers; over-the-counter drugs such as paracetamol. Everyday substances such as tea and coffee are also drugs but are not the concern of this policy.

### **Illegal Drugs**

Under the Misuse of Drugs Act 1971, illegal drugs are placed into one of 3 classes - A, B or C. This is broadly based on the harms they cause either to the user or to society when they are misused.

The class into which a drug is placed affects the maximum penalty for an offence involving the drug. Drugs controlled under the Misuse of Drugs Act are illegal to have, produce, give away or sell.

- Class A include: heroin (diamorphine), cocaine (including crack), methadone, ecstasy (MDMA), LSD, and magic mushrooms.
- Class B includes: amphetamines, barbiturates, codeine, cannabis, cathinones (including mephedrone) and synthetic cannabinoids.
- Class C includes: benzodiazepines (tranquillisers), GHB/GBL, ketamine, anabolic steroids and benzylpiperazines (BZP).

Not all drugs are illegal, but that doesn't mean they aren't harmful. For example, tobacco and alcohol can seriously damage health. Recently new 'legal highs' have been developed to mimic the effects of illegal drugs like cocaine and ecstasy but are structurally different enough to avoid being classified as illegal substances under the Misuse of Drugs Act. However, they can still have dangerous side effects.

### **So-called 'legal highs'**

Young people are becoming increasingly aware of, and in some cases using, new psychoactive substances (NPS). These are designed to mimic the effect of illegal drugs but are structurally different enough to avoid being classified as illegal substances under the Misuse of Drugs Act. Despite being labelled as legal these substances are not always safe to use and often contain controlled drugs making them illegal to possess. **These are treated in the same way as controlled drugs in relation to this policy and the school's anti-drugs stance.**

### **Where and to whom this policy applies**

This policy applies to staff, students, parents/carers, governors, contractors and partner agencies working with the school on the premises, within the neighbouring area of the school and also includes:

- Journeys in school time
- Work experience
- Residential trips
- During the school day
- Evening performances

## The BRIT School's Stance towards drugs, health and the needs of students

The possession, use or supply of illegal drugs and other unauthorised drugs (controlled substances) within school boundaries is unacceptable and prohibited. **Illegal drugs have no place in the school.** In every case of an incident involving drugs, the school's priorities are on the health and safety of the students and staff, meeting any medical emergency with first aid and summoning appropriate help before addressing further issues.

Note - Students may have medication which has been prescribed by a doctor or which has been bought over the counter for the treatment of a specific condition but neither of these can be passed to another student.

For the purpose of this document, we accept the following definitions:

Drug use: Drug use is drug taking through which harm may occur, whether through intoxication, breach of school rules or the law, or the possibility of health problems, although such harm may not be immediately perceptible. It may take the form of physical or psychological dependence or be part of a wider spectrum of problematic or harmful behaviour.

### **Students' conduct**

Students are not allowed to possess or use illegal drugs or alcohol or harmful solvents on the premises, or at any time during and at the end of the school day or on school trips.

### **Staff Conduct**

During the day, on visits, and when supervising students, teaching staff and other adults employed by The BRIT School;

- may not give or administer any drug to a student unless written permission has been given by a parent;
- must not consume alcohol at any time such that their professional performance or duty of supervision is in any way impaired.

Staff need to examine their attitudes towards drugs honestly. What is our own drug history, including tobacco and alcohol? What example do we set to our families and colleagues in the workplace? Is there a difference between what we say and what we do? Drugs can be dangerous, particularly to the young. We need to take care over what messages we are deliberately and accidentally passing on. We must take care not to promote the use of drugs or alcohol inadvertently.

Teachers need to be aware of the law concerning drugs. Any teacher discovering a suspected substance must not remain in possession of it for any significant length of time but should pass it to a member of SLT. If this is not possible, it should be destroyed or passed to the police. Any further action taken will depend on whether the substance was or was not a drug. No teacher, parent or student should be in possession of an illegal drug on school site.

### **Visitors**

A visitor who is thought to be intoxicated or "high" will be asked to leave the school site.

### **Facts & Myths**

We should not jump to conclusions about illegal drug use. Surveys and research have shown that in young people:

- there is a wide range of knowledge, attitudes and experiences concerning drugs.
- in all age groups, the largest single group is that which does not use and never has used an illegal drug.
- of those who do take illegal drugs, few show outward physical signs of having been harmed by them. Mental damage/trauma is more common
- the main drugs of choice, as with adults are nicotine (in tobacco) and alcohol.
- According to recent research, more harm is caused when young and into middle age from the use of alcohol than from any other drug.
- usage of tobacco and alcohol may be "gateways" into the usage of other drugs.
- In the whole population of Britain, more harm is caused by tobacco than by all other drugs.

## Drugs Education

Research has shown that frightening students about the serious effects of drugs using shock/horror tactics is the least effective type of drug education. The best methods are those, which concentrate on providing accurate information and developing life skills.

Drug education is a major component of drug preventions. 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; and enable those who have concerns about drugs to seek help. 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. Therefore drug education at The BRIT School allows opportunity for students to:

Increase their knowledge and understanding and clarify misconceptions about:

- the short and long term effects and risks of drug use
- 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 and political issues surrounding drugs

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

- making safer choices
- assessing, avoiding and managing risk
- communicating effectively
- resisting pressures and building resilience to them
- finding information, help and advice
- devising problem solving and coping strategies
- developing self-awareness and self esteem

Enable them to explore their own and other people's attitudes towards drug, drug use and drug users, including challenging stereotypes, and exploring media and social influences.

The overall aim of Drug Education is to allow students to develop knowledge, attitudes and skills that assist them in making safer choices and build resilience to peer pressure. Drug Education is delivered in Personal, Professional Development (PPD) sessions at KS4 & P16. Accurate information about drugs is given, the effects of drugs on behaviour and the body are studied and students learn how to resist pressure to use drugs through the development of resilience training.

We work closely with local organisations such as Croydon Drop-In, The Daniel Spargo-Mabbs Foundation (DSM) and Community Police Officers in delivering this programme.

## Management of drugs at school

All drug use as previously defined is actively discouraged in the school. In the case of controlled substances they are illegal and forbidden. Specifically, the following rules apply and will be enforced:

### **Tobacco**

KS4 students are not allowed to smoke cigarettes in the school, or in its vicinity. This includes journeys at the beginning and the end of the day and at lunchtime. A breach of this agreement will lead to parental notification and internal exclusion.

Post 16 students must not smoke on the school site. A breach of this agreement will lead to a warning recorded on the student's file. Persistent breaches may lead to further sanctions.

Staff must also not smoke on the school site.

P16 students and staff that do smoke cigarettes should do so out of sight of the school buildings and without negatively impacting the local community.

### **Alcohol**

Students should not bring alcohol on to the school site. If it is found in a students' possession it will be confiscated and not returned. If any student has consumed alcohol during or just before the school day, parents will be asked to attend and escort them home.

Staff should be aware of their professional responsibilities and ensure that they are not under the influence of alcohol whilst carrying out their duties in and around the school.

### **Illegal drugs**

Students and staff are not permitted to bring illegal drugs on to the school site nor should they be under the influence of drugs whilst on the site or when representing the school in any way. Furthermore they should not attempt to supply illegal drugs either on or off the premises or attempt to persuade anyone else to use or supply illegal drugs on or off the premises.

The school has no legal obligation to report an incident involving controlled substances to police but reserves the right to do so. The police should, however, be involved in the disposal of controlled substances.

The law permits staff to take temporary possession of a substance suspected of being a controlled substance for the purposes of preventing an offence from being committed or continued in relation to that drug providing that all reasonable steps are taken to destroy the drug or deliver it to a person lawfully entitled to take custody of it.

In taking temporary possession and disposing of suspected controlled substances staff are advised to:

- ensure that a second adult witness is present throughout
- seal the sample in a plastic bag and include details of the date and time of the seizure
- store it in a secure location such as the school safe or other lockable container
- without delay notify the police, who will collect it
- record full details of the incident
- inform parents/carers, unless this would jeopardise the safety of the student

In disposing of drug paraphernalia staff are advised to:

- place needles or syringes found on school premises in a sturdy, secure container using gloves.

All drug-related items taken into possession should be passed with due safety and discretion to a member of SLT or the Site Manager.

### **Suspicion**

Teachers should be wary about acting on the basis of rumours of drugs within the school. Concerns should be referred to the appropriate line manager, DSL or member of SLT. It is important to remember that physical and behavioural changes are not necessarily indicators of drug use (see the relevant guidance on Powers to Search in the Behaviour Policy – Appendix 7).

### **Disclosure**

This situation is one in which a student discloses drug usage to a member of staff. The teacher should respond positively to the expression of trust in such a disclosure but must ensure that the student is aware that confidentiality cannot be guaranteed. The paramount concern must be for the student's welfare. CPOMS should always be used in relation to a disclosure regarding drug-use and the relevant DSL or member of SLT informed.

### **Intoxication**

It can be difficult to talk to a person who is intoxicated or "high" and in such a situation it is important to keep the student under observation so he does not wander off and get into danger. If the student is conscious:

- Sit the student down in Medical Room or in a safe, quiet area where they can be supervised.
- Ensure ventilation is good, opening a window if necessary.
- Remain calm and do not shout or issue threats.
- Help to calm them down if they are distressed.

- A trained member of staff should issue first aid if appropriate.
- Call for assistance if necessary.
- Telephone parents.

### **Emergency**

If this situation arises, a student will have lost consciousness as a result of drug use or will have gone into a coma through overdosing.

- Immediately contact Welfare Officer to summon assistance from staff with first aid qualifications.
- Do not panic or leave the student alone.
- Place the student in the recovery position.
- Telephone 999 for an ambulance.
- Telephone parents.
- Question the student's friends to determine which substance has been used. Evidence (e.g. tablets, bottles, syringes) should be collected. This may help hospital staff identify what substance has been consumed. Samples of vomited material may also be needed. Care should be taken when collecting such materials.

### **Follow-up**

In any of the above situations, the school will decide how best to follow things up after the immediate problem has been dealt with. This is likely to be through either helping the student address problems, or a punishment or some combination of the two. Parents' involvement may be requested. Incidents will be recorded on the student's file.

### **Counselling Response**

The aim of this is to enable a student to discuss personal issues linked to drugs and aid him/her in coming to responsible decisions about the issue and the way forward. Counselling will always be recommended if a student is found to be in possession of a drug. It is also likely where an approach is made by a student with problems or where a disclosure is made. The counselling response may be in addition to a disciplinary response.

### **Disciplinary Response**

This will be the response if a student is found to be in possession of illegal drugs, is in the act of using them or is supplying them on the school premises or during the school day within the local area. See the Anti-Drugs Disciplinary Structures (Behaviour Policy – Appendix 7).

## Students whose parents/carers or family members misuse drugs

Schools will be alert to behaviour which might indicate that the child is experiencing difficult home circumstances. Most are pro-active in the early identification of children's and young people's needs and in safeguarding the children in their care. Screening is important in assessing needs. Where problems are observed or suspected, or if a child chooses to disclose that there are difficulties at home and it is not deemed a safeguarding issue, the school will follow the procedures set out in its drug policy. This should include protocols for assessing the student's welfare and support needs and when and how to involve other sources of support for the child such as Children's Services, services commissioned by the Drug and Alcohol Action Teams (DAAT) programmes and, where appropriate, the family.

## Guidance in responding to Incidents

A careful investigation will take place to judge the nature and seriousness of each incident, the needs of those involved and the most appropriate response. Staff will need to consider the following:

- What does the student have to say? This should be a written account by the student
- Is this a one-off incident or on-going situation?
- What quantity, type and classification of drug was involved?
- What was the student's motivation?
- Is the student knowledgeable and careful or reckless as to their own and others' safety and how was the drug being used?
- Does the student know and understand the school policy and school rules?
- Where does the incident appear on a scale from 'possession of a small quantity' to 'persistent supply for profit'?
- If supply of illegal drugs is suspected, how much was supplied, and was the student coerced into the supply role, were they 'the one whose turn it was' to buy for others, or if there evidence of organised or habitual supply?

**IF DURING THE COURSE OF THE INVESTIGATION THE PRINCIPAL OR HIS REPRESENTATIVE DECIDES THAT THE POLICE SHOULD BE INVOLVED HE WILL CEASE THE INVESTIGATION IMMEDIATELY TO ENABLE THE POLICE TO CONDUCT A FULL DETAILED ENQUIRY.**

## Confidentiality

**Staff cannot** and should not promise confidentiality. The boundaries of confidentiality should be made clear to the student. Staff should be aware that health risks make this action vital; very often students approach staff because they are troubled and concerned and recognise that only an adult can take control of the situation which they find too difficult.

### **Inset**

INSET will be provided to staff in accordance with the school INSET guidelines and within the constraints of the budget.



## Legislative Links

Drugs: Guidance for schools, Curriculum Standards, 2004

DfE and ACPO drug advice for schools, DfE 2012

Drug Strategy 2010

Searching, screening and confiscation Advice for headteachers, school staff and governing bodies, January 2018

Keeping children safe in education, Statutory guidance for schools and colleges September 2016

Controlled Substances list:

<https://www.gov.uk/government/publications/controlled-drugs-list--2/list-of-most-commonly-encountered-drugs-currently-controlled-under-the-misuse-of-drugs-legislation>

Drugs penalties

<https://www.gov.uk/penalties-drug-possession-dealing>

## Appendix 1

### Useful Organisations

**Addaction** is one of the UK's largest specialist drug and alcohol treatment charities. As well as adult services, they provide services specifically tailored to the needs of young people and their parents. The Skills for Life project supports young people with drug misusing parents. Website: [www.addaction.org.uk](http://www.addaction.org.uk)

**ADFAM** offers information to families of drug and alcohol users, and the website has a database of local family support services. Tel: 020 7553 7640 Email: [admin@adfam.org.uk](mailto:admin@adfam.org.uk) Website: [www.adfam.org.uk](http://www.adfam.org.uk)

**Alcohol Concern** works to reduce the incidence and costs of alcohol-related harm and to increase the range and quality of services available to people with alcohol-related problems Tel: 020 7264 0510. Email: [contact@alcoholconcern.org.uk](mailto:contact@alcoholconcern.org.uk) Website: [www.alcoholconcern.org.uk](http://www.alcoholconcern.org.uk)

**ASH (Action on Smoking and Health)** A campaigning public health charity aiming to reduce the health problems caused by tobacco. Tel: 020 7739 5902 Email: [enquiries@ash.org.uk](mailto:enquiries@ash.org.uk) Website: [www.ash.org.uk](http://www.ash.org.uk)

**Children's Legal Centre** operates a free and confidential legal advice and information service covering all aspects of law and policy affecting children and young people. Tel: 01206 877 910 Email: [clc@essex.ac.uk](mailto:clc@essex.ac.uk) Website: [www.childrenslegalcentre.com](http://www.childrenslegalcentre.com)

**Children's Rights Alliance for England** - A charity working to improve the lives and status of all children in England through the fullest implementation of the UN Convention on the Rights of the Child. Email: [info@crae.org.uk](mailto:info@crae.org.uk) Website: [www.crae.org.uk](http://www.crae.org.uk)

**Drinkaware** - An independent charity that promotes responsible drinking through innovative ways to challenge the national drinking culture, helping reduce alcohol misuse and minimise alcohol related harm. Tel: 020 7307 7450 Website: [www.drinkaware.co.uk/](http://www.drinkaware.co.uk/)

**Drinkline** - A free and confidential helpline for anyone who is concerned about their own or someone else's drinking. Tel: 0800 917 8282 (lines are open 24 hours a day)

**Drug Education Forum** – this website contains a number of useful papers and briefing sheets for use by practitioners: Website: [www.drugeducationforum.com/](http://www.drugeducationforum.com/)

**DrugScope** is a centre of expertise on illegal drugs, aiming to inform policy development and reduce drug-related risk. The website includes detailed drug information and access to the Information and Library Service. DrugScope also hosts the Drug Education Practitioners Forum. Tel: 020 7520 7550 Email: [info@drugscope.org.uk](mailto:info@drugscope.org.uk) Website: [www.drugscope.org.uk](http://www.drugscope.org.uk)

**FRANK** is the national drugs awareness campaign aiming to raise awareness amongst young people of the risks of illegal drugs, and to provide information and advice. It also provides support to parents/carers, helping to give them the skills and confidence to communicate with their children about drugs. 24 Hour Helpline: 0800 776 600 Email: [frank@talktofrank.com](mailto:frank@talktofrank.com) Website: [www.talktofrank.com](http://www.talktofrank.com)

**Mentor UK** is a non-government organisation with a focus on protecting the health and wellbeing of children and young people to reduce the damage that drugs can do to their lives. Tel: 020 7739 8494. Email [admin@mentoruk.org](mailto:admin@mentoruk.org) Website: [www.mentoruk.org.uk](http://www.mentoruk.org.uk)

**National Children's Bureau** promotes the interests and well-being of all children and young people across every aspect of their lives. Tel: 020 7843 6000 Website: [www.ncb.org.uk](http://www.ncb.org.uk)

**Family Lives** - A charity offering support and information to anyone parenting a child or teenager. It runs a free-phone helpline and courses for parents, and develops innovative projects. Tel: 0800 800 2222 Website: <http://familylives.org.uk/>

**Re-Solv (Society for the Prevention of Solvent and Volatile Substance Abuse)** A national charity providing information for teachers, other professionals, parents and young people. Tel: 01785817885 Information line: 0178 581 0762 Email: [information@re-solv.org](mailto:information@re-solv.org) Website: [www.re-solv.org](http://www.re-solv.org)

**Smokefree** - NHS Smoking Helpline: 0800 169 0169 Website: <http://smokefree.nhs.uk>

**Stars National Initiative** offers support for anyone working with children, young people and families affected by parental drug and alcohol misuse. Website: [www.starsnationalinitiative.org.uk](http://www.starsnationalinitiative.org.uk)

**Youth Offending Teams** – Local Youth Offending Teams are multi-agency teams and are the responsibility of the local authority, who have a statutory duty to [prevent offending by young people under the age of 18. Website: <https://www.gov.uk/youth-offending-team>

## Appendix 2

### Drugs & The Law

#### Types of drugs

The maximum penalties for drug possession, supply (dealing) and production depend on what type or 'class' the drug is.

Class	Drug
A	Crack cocaine, cocaine, ecstasy (MDMA), heroin, LSD, magic mushrooms, methadone, methamphetamine (crystal meth)
B	Amphetamines, barbiturates, cannabis, codeine, ketamine, methylphenidate (Ritalin), synthetic cannabinoids, synthetic cathinones (eg mephedrone, methoxetamine)
C	Anabolic steroids, benzodiazepines (diazepam), gamma hydroxybutyrate (GHB), gamma-butyrolactone (GBL), piperazines (BZP), khat
Temporary class drugs*	Some methylphenidate substances (ethylphenidate, 3,4-dichloromethylphenidate (3,4-DCMP), methylphenidate (HDMP-28), isopropylphenidate (IPP or IPPD), 4-methylmethylphenidate, ethylphenidate, propylphenidate) and their simple derivatives

\*The government can ban new drugs for 1 year under a 'temporary banning order' while they decide how the drugs should be classified.

#### Psychoactive substances

You can also get a penalty for 'psychoactive substances', eg laughing gas.

#### Psychoactive substances

Things that cause hallucinations, drowsiness or changes in alertness, perception of time and space, mood or empathy with others.

## Appendix 3

### Statistics on Drugs Misuse: England, 2017

#### Key Facts

##### Drug misuse related hospital admissions (England)

- In 2015/16 there were 8,621 hospital admissions with a primary diagnosis of drug-related mental health and behavioural disorders. This is 6 per cent more than 2014/15 and 11 per cent higher than 2005/06.
- There were 15,074 hospital admissions with a primary diagnosis of poisoning by illicit drugs. This is 6 per cent more than 2014/15 and 51 per cent more than 2005/06.

##### Deaths related to drug misuse (England and Wales)

- In 2015 there were 2,479 registered deaths related to drug misuse. This is an increase of 10 per cent on 2014 and 48 per cent higher than 2005.
- Deaths related to drug misuse are at their highest level since comparable records began in 1993.

##### Drug use among adults (England and Wales)

- In 2015/16, around 1 in 12 (8.4 per cent) adults aged 16 to 59 had taken an illicit drug in the last year. This equates to around 2.7 million people.
- This level of drug use was similar to the 2014/15 survey (8.6 per cent), but is significantly lower than a decade ago (10.5 per cent in the 2005/06 survey).

##### Drug use among children (England)

- In 2014, 15 per cent of pupils had ever taken drugs, 10 per cent had taken drugs in the last year and 6 per cent had taken drugs in the last month.
- The prevalence of drug use increased with age. 6 per cent of 11 year olds said they had tried drugs at least once, compared with 24 per cent of 15 year olds.