

Handsworth Grange Community Sports College Drugs Policy



Current Policy as of: September 2018

LT Responsibility: Sally Ruczenczyn

Governor Committee: Pupil Wellbeing



School drug policy to cover NPS (Novel Psychoactive Substances)*

INTRODUCTION:

The Minerva Learning Trust (MLT) asks all partner schools to adopt and use this policy unless a partner school and the Minerva Learning Trust have discussed and agreed alternative procedures that they both agree would better suit the partner school's particular circumstances.

Any reference in this policy to the Governing Body or the school relates to the independent governing bodies and schools of all Minerva Learning Trust partners. Partner schools and their respective Governing Bodies have full delegated powers from the Trust and have responsibility for the operational implementation of the policies and their associated procedures. They are encouraged to seek advice and support from Minerva Learning Trust on matters of policy and procedure in circumstances where decisions may potentially impact on the Trust as a whole, e.g. dismissing staff or making staff redundant. In such circumstances, at least one member of the relevant panel should be a member of the Trust.

School drug policy to cover NPS (Novel Psychoactive Substances)*

Novel Psychoactive Substances (NPS) are substances designed to produce similar effects to illegal drugs such as cocaine, cannabis and ecstasy, but have been created so that their chemical structure is different enough to avoid being classified as illegal substances under the UK Misuse of Drugs Act 1971.

The Government has introduced a 'Temporary Class Drug Order' (TCDO), meaning they can ban a drug for 12 months while a decision is made whether to permanently control them. It is not illegal to possess a drug that is subject to a TCDO for personal use, but the police could take it from you and destroy it. It is however illegal to import, distribute and sell a drug under the TCDO, and anyone caught could be fined, sent to prison or both.

In autumn 2014 the UK government presented a report from an expert panel of possible strategies for tackling NPS. There have been no formal decisions made on action (if any) but please see the documents here:

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/368583/NPSexpertReviewPanelReport.pdf

A rigorous school policy should set out the school's approach to NPS and volatile substances. Both pupils and staff should be aware of how these products are regarded and treated by the school.

Should schools wish to include NPS in their drug policy, they should bear in mind these rules:

- Be clear – All categories of NPS should be included in the drug policy, regardless of related legal status. These include all substances having psychoactive effects on the brain: depressants, stimulants, cannabinoids, and hallucinogens. But there should be room for additions to this in the future.
- Do not be too specific – It is not necessary to name different substances or brand names. This would in fact be problematic, as new substances with new names and molecular structure are being introduced to the market every week.
- The school drug policy should also outline safeguarding and supporting procedures for pupils using or possessing these substances. To ensure that young people are offered/given the support they need.

We recommend that policies state that 'all substances having psychoactive effects on the brain and simulating other drugs effects are prohibited'.

We would also suggest that your policy explicitly mentions that all NPS are prohibited on your premises, whether legal, or controlled under the Misuse of Drugs Act 1971- either as Class A, B or C drugs, or through a 'temporary class drug order' (TCDO).

*Taken from Mentor-Adepis ('Legal Highs' and Novel Psychoactive Substances Alcohol and Drug Prevention Briefing Paper)

<http://mentor-adepis.org/wp-content/uploads/2014/06/Legal-highs-and-Novel-Psychoactive-Substances-briefing-paper1.pdf>

It is crucial to mention all the different categories NPS fall into:

- Depressants
- Stimulants
- Cannabinoids
- Hallucinogens

The below resource may also be helpful:

Reviewing your drug and alcohol policy: a toolkit for schools

Types of NPS currently available:

As advised above, the brand and chemical structure names have been avoided. Instead, the categories of NPS have been highlighted, it is these categories that we advise you include within your school drug policy.

Below is a reference list of the different types of NPS currently available on the market. Up to December 2013, more than 340 substances have been identified based on reports by Governments and laboratories around the world as well as submissions through the Early Warning Advisory (EWA). This figure is greater than the 234 substances scheduled under the international drugs conventions. Technically, the number of potential derivatives is unlimited.

- **Aminoindanes** – These substances, of which 5, 6-methylenedioxy-2-aminoindane (MDAI) is an example, have been sold as NPS for their ability to produce the empathogenic and entactogenic effects of serotonin releasing drugs, such as MDMA.
- **Synthetic Cannabinoids** – These are cannabinoid receptor agonists which produce effects similar to those of delta-9-tetrahydrocannabinol (THC), the principal psychoactive component in cannabis. Synthetic cannabinoids are often laced onto herbal products and sold as *spice*, *K2*, *Kronic*, etc.
- **Synthetic Cathinones** – These are analogues/derivatives of the internationally controlled substance cathinone, one of the active components of the khat plant. They generally have stimulant effects and include frequently reported NPS such as mephedrone and MDPV.
- **Ketamine and phencyclidine-type substances** – Ketamine is a human and veterinary anaesthetic which acts as a stimulant at low doses and a hallucinogen at high doses. It is one of the most widespread NPS in Asia. Phencyclidine-type substances are another group of NPS that has recently appeared in the market. Phencyclidine (PCP) and ketamine show structural similarity and are classified as arylcyclohexylamines. One of the most frequently reported substances in this group is 4-methoxyphencyclidine (4-MeO-PCP).
- **Phenethylamines** – This group contains substances related to amphetamine and methamphetamine, and generally produces stimulant effects. However, modification of these compounds can lead to potent hallucinogens such as *Bromo-Dragonfly*.

- **Piperazines** – These substances are frequently sold as ‘ecstasy’ due to their central nervous system stimulant properties. The most commonly reported members of this group are benzylpiperazine (BZP) and *m*CPP (1-(3-chlorophenyl) piperazine)
- **Plant-based psychoactive substances** – This group includes plants with psychoactive properties. The most frequently reported are: Kratom (*Mitragyna speciosa* Korth), a plant indigenous to South-East Asia that contains the alkaloid mitragynine; a stimulant at low doses and sedative at high doses. *Salvia divinorum*, a plant indigenous to forest areas in Oaxaca, Mexico, which contains the active ingredient salvinorin A, a hallucinogenic substance. Khat (*Catha edulis*), a plant native to the horn of Africa and the Arabian Peninsula. The leaves of the plant are chewed, resulting in the release of the stimulants cathinone and cathine.
- **Tryptamines** – These are derivatives of the naturally occurring tryptamine and have hallucinogenic properties. A common example is 5-Methoxy-N, N-dipropyltryptamine (5-Meo-DPT).
- **Other substances** – NPS substances in this category are structurally diverse and do not fit into the categories mentioned above for example, 1, 3-dimethylamylamine (DMAA).

Any further questions or guidance relating to this matter can be discussed with:

The Corner (Young Peoples Substance Misuse Service)

91 Division Street
 Sheffield
 S1 4GE
 0114 2752051
thecorner.sheffield@cri.org.uk

Safeguarding Advice

Sheffield Safeguarding Children Board
 Substance Misuse Support
 Floor 3, Howden House, Union Street,
 Sheffield, S1 2SH
 0114 2758214
mandy.craig@sheffield.gov.uk or toni.claridge@sheffield.gov.uk

Specimen/model Drugs Policy

The aim of this policy is to acknowledge and clarify the school's role in drug prevention and education and ensure it is appropriate to pupils' needs. The policy provides information and guidance about drug education, as well as procedures to respond to any drug-related incident, for pupils, teachers, support-staff and outside agencies or individuals.

The policy aims to ensure that the approach taken on the issue of drugs is a whole-school one and is part of our commitment to and concern for the health and well-being of the whole school community. Teachers will need to be confident and skilled to teach drug education and pupils need to receive up to date, relevant and accurate information as well as support.

This policy aims to make clear procedures for responding to and managing drug-related incidents. Sanctions for incidents will be consistent with the school's behaviour policy but will approach incidents from a safeguarding perspective to ensure all young people are offered appropriate and relevant support and advice. This policy should also be read in conjunction with the PSHE policy, medicines policy, health and safety/smoking policy, SEN and discipline/behaviour policy. As a matter of course, all staff, parents/carers and pupils will be reminded of this policy on an annual basis.

This policy applies at all times to the school premises, school transport as well as school visits/trips/fieldwork/ residential etc.

Definition: "Drugs" are taken here to mean those that are legal, such as alcohol, tobacco and solvents, over the counter and prescribed drugs (this is particularly relevant if prescribed drugs are being sold/given out to someone they are not prescribed for). It also includes illegal drugs such as cannabis, ecstasy, amphetamines, heroin, crack/cocaine, LSD, some Novel Psychoactive Substances (NPS) and any other substances covered by the 1971 Misuse of Drugs Act or that is subject to a Temporary Class Drug Order or 'TCDO'. The school prohibits all substances having psychoactive effects on the brain: depressants, stimulants, cannabinoids, and hallucinogens, which therefore includes NPS that are not classified/controlled by the 1971 Misuse of Drugs Act. The school believes that the possession and/or use of such drugs in school, during the school day or while travelling to/from school is inappropriate. The drugs/substances covered by this policy are not to be bought, sold or otherwise exchanged or brought onto school premises during the school day, *or* while pupils are on school visits. Individual exceptions may be made for pupils who require prescription medicines where appropriate and where parent/carer permission is granted.

Drug Education: The school provides a planned drug education curriculum through the following:

(i) The National Curriculum science order outlines the content of the *statutory* drugs education:

- Key Stage 2 pupils learn about the effects and risks of alcohol, tobacco, volatile substances and illegal drugs and basic skills to manage risky situations. They learn how to make informed choices about their health, how to resist pressure to do wrong and to take more responsibility for their actions.
- Key Stage 3 pupils 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.
- Key Stage 4 pupils 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 opinions and attitudes in discussions and debate and considering the consequences of their decisions.

(ii) Other discretionary topics will be delivered through PSHE and Citizenship and will reflect knowledge, understanding, attitudes and social skills that will:

- Enable pupils to make healthy, informed choices
- Promote positive attitudes to healthy lifestyles
- Provide accurate information about substances
- Increase understanding about the implications and possible consequences of use and misuse
- Widen understanding about related health and social issues
- Enable young people to identify sources of appropriate advice and personal support

The content of the Drug Education Programme will be based on Appendix 2 of ***Drugs: guidance for schools***. Full details can be found in the school PSHE and Citizenship policies.

On the whole, it will be teachers who will teach drug education but, where appropriate, outside visitors may make a contribution. Such visitors should be used in a planned way and their contributions evaluated. Teachers will have access to ongoing advice, support and training as part of their own professional development. The school actively cooperates with agencies such as the LEA, police, health and local/national drug agencies.

Statutory duty of the school: The head teacher takes overall responsibility for the policy and its implementation, for liaison with the governing body, parents, LA and appropriate outside agencies. The head teacher will ensure that all staff dealing with substance issues are adequately supported and trained. This will include having key safeguarding staff trained on how to approach substance misuse issues with young people to offer support and guidance.

This policy would advise that schools allocate a '**drugs champion/key contact**' that would:

- Be the main link for substance updates from city wide services
- Receive regular and relevant training to support their role
- Be the key contact for incidents in schools.

This would hopefully ensure that young people in each school and across the city receive a standardised response when experiences issues/concerns around their substance use.

The role of 'drugs champion' will be undertaken by the school's Designated Safeguarding Lead: Alison Twomey.

A school cannot knowingly allow its premises to be used for the production or supply of any controlled drug (e.g. the preparation of, or smoking of cannabis). Where it is suspected that

substances are being sold on the premises, details regarding those involved (as well as much information as possible) will be passed to the police.

Implementation of the policy: In incidents involving substance misuse or supply on the premises/during the school day, and following discussion with the pupil and staff, action will proceed as follows.

It should be noted here that, when dealing with drug-related incidents, the school has adopted the procedures as laid out in ***Drugs: advice for schools (DFE-00001-2012)*** and that all staff, parents/carers and pupils will be reminded of these procedures on an annual basis.

- Any medical emergencies will be dealt with as per Appendix A
- The school will consider each incident individually and will employ a range of responses to deal with each incident. Specific cases will be managed as per Appendix B: all staff, pupils, parents/carers will be informed of these issues.
- In cases of substance use/misuse or supply on the premises, during the school day or during school visits etc, the case will be discussed with the young person and a written record taken (see Appendix C); parents/carers will be informed by the head teacher as soon as possible if deemed as appropriate by key safeguarding staff and senior leadership. The support of outside agencies will be sought if appropriate.
- If a young person admits to using or supplying substances off the premises, the appropriate action will be to inform key safeguarding staff who will inform the head teacher, who will inform the parents/carers if deemed appropriate by the safeguarding and senior leadership. The support of outside agencies will be sought if appropriate.
- While there is no legal obligation to inform the police, it is advisable to do so at the discretion of the head teacher and safeguarding staff in consultation with governors and staff who know the young person well (please note there is no legal obligation to share the name of the young person with the police).

Compiled by (<i>print name</i>):	Approved by Governor(s) (<i>print name</i>):
Date:	Date:

- The governing body of a school will be involved where appropriate in drug-related incidents - as they can affect other matters relating to the school.
- The head teacher will take responsibility for liaison with the media, where required. Additional support and advice is available from local substance misuse agencies and commissioning services.
- All staff, parents/carers and young people will be reminded of this policy, and its procedures, on a regular basis.

APPENDIX A: Drug situation – medical emergencies

APPENDIX B: Situations involving drugs without medical authority

APPENDIX C: Record of drug-related situation (a specimen record sheet)

APPENDIX D: Audit Tool for staff use (with guidance).

APPENDIX E: Guidance for contacting police around substances.

APPENDIX F: Contact sheet for Sheffield agencies.

APPENDIX G: Equality Impact Assessment (EIA)

LT or HR Check and approval (<i>Print names</i>):	Revision Number:
Date:	Next Review Date:

Relevant documents:

DfE and ACPO drug advice for schools -

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/270169/drug_advice_for_schools.pdf

Mentor: Reviewing your drug and alcohol policy –

<http://www.mentoruk.org.uk/wp-content/uploads/downloads/2012/12/Toolkit.pdf>

Government NPS Review, Autumn 2014 –

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/368583/NPExpertReviewPanelReport.pdf

Appendix A: 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 disorientated or who has taken harmful toxic substance, should be responded to as an emergency.

The main responsibility is for the pupil 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 an ambulance
- If further medical advice required please call 111 (NHS Support)

Before assistance arrives

If the person is conscious:

- Ask them what has happened and to identify any drug/substance used
- Collect any drug sample and vomit for medical analysis
- **Do not** induce vomiting
- **Do not** chase or over-excite them if intoxicated from inhaling a volatile substance
- Do keep them under observation, somewhere warm and quiet

If the person is unconscious:

- Ensure that they can breathe and place them 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 them anything by mouth
- **Do not** attempt to make them sit or stand
- **Do not** leave them unattended or in charge of another pupil
- Notify parents/carers

For needle stick (sharps) injuries:

- 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.

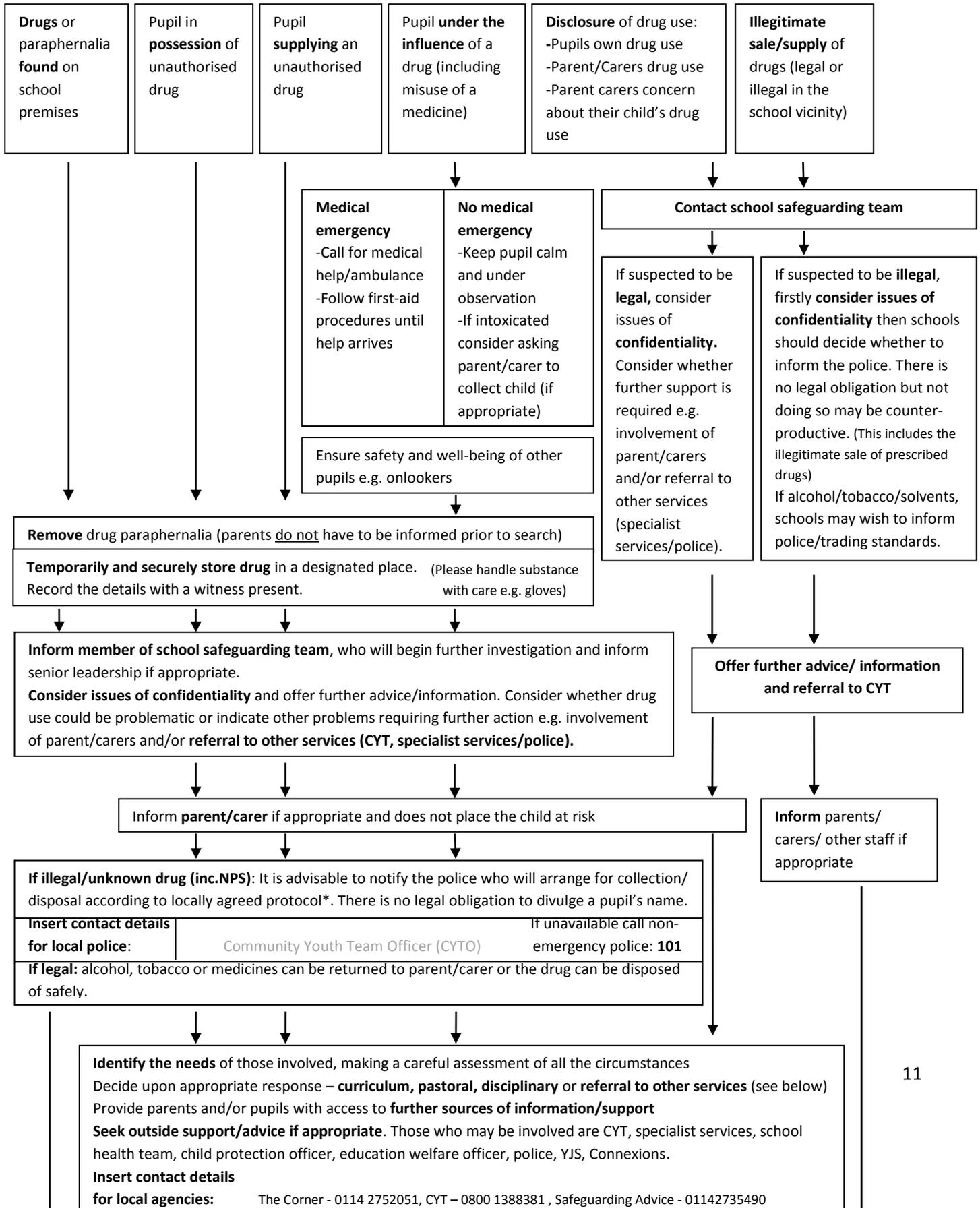
This form is based on Appendix 9 of *Drugs: guidance for schools*.

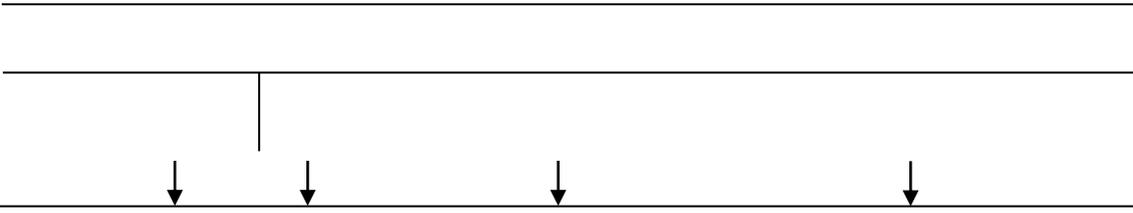
"Drugs" refers to **all drugs** including **medicines ("over the counter" and prescription – this includes if prescribed drugs are being sold/given out to someone they are not prescribed for), volatile substances, alcohol, tobacco, Novel Psychoactive Substances and illegal**

drugs

(please see 'drugs' definition in related Sheffield Drugs Policy Documents)

Appendix B: Responding to incidents involving drugs





Record all decisions and monitor the outcome for the pupil and school community. Review effectiveness of policy and practice.

Please follow Instructions for use and recording:

1. For help and advice, telephone The Cornerstone Project on 01427 52051 or visit www.cornerstoneproject.co.uk Appendix E for more details.
2. Complete this form WITHOUT identifying the pupil involved
3. Copy the form
4. If incident involves NPS then please send the copy within 24 hours to the Local Early Warning System - LEWS (See contact details in Appendix F)
5. KEEP the original, adding the pupil's name and form – store securely

Tick to indicate the category:

- | | | | |
|---|--------------------------|--|--------------------------|
| Drug/paraphernalia found on school premises | <input type="checkbox"/> | Pupil disclosure of drug use | <input type="checkbox"/> |
| Emergency Intoxication | <input type="checkbox"/> | Disclosure of parent/carer drug misuse | <input type="checkbox"/> |
| Pupil in possession of unauthorised drug | <input type="checkbox"/> | Parent/carer expresses concern | <input type="checkbox"/> |
| Pupil supplying unauthorised on school premises | <input type="checkbox"/> | Incident occurring OFF school premises | <input type="checkbox"/> |

Name of pupil*:	Name of School:
Pupil's form*: (*for school records only)	Time of incident: am/pm
Age of pupil: MALE/FEMALE	Date of incident:
Ethnicity of pupil:	
Tick box if second or subsequent incident involving same pupil <input type="checkbox"/>	Review form completed by:

First Aid given? YES NO
(Delete as necessary)

Ambulance/Doctor called? YES NO
(Delete as necessary)

First Aid given by:.....
Time:.....

Called By:.....

Drug found/removed? YES NO

Drug involved: Appearance, Name (if unknown, use Tool in Appendix D):

Where found/seized:

.....
Name and signature of witness:

.....
.....

Safeguarding/Senior Staff involved:

Disposal arranged with
(police/parents/carers/other):.....

.....

At time:.....

If police, please note incident number:.....

Name of parent/carer informed:

Informed by:

At time:

Brief description of the incident (if possible including: source of substance, physical symptoms, presenting behaviour, if person became ill etc):

Other action taken (services contacted/referrals made/police consulted):

What's the name of what I use?

What's it look like? White powder? Like cannabis? Other?

Where do I get it from?

What were people saying about it...?

Appendix D: Audit Tool

Please complete with young person regarding their substance misuse experience. For training on using this tool please contact: The Corner 0114 2752051

**Legal
Highs
(NPS)**

What are they?

Where do they come from?

Are they safe?

CRI – Young People's Services



What does the package look like? Can you draw it? Or describe it?

What did it feel like...?

Initially...

Later on...

Environment?

Where?

Who with?

How are you taking it?

Appendix E: Guidance for contacting police around substances

A member of staff who is responsible for the school's drugs policy should liaise with the police (preferably your allocated Community Youth Team Officer - CYTO) and agree a shared approach to dealing with drug related incidents. This approach should be updated as part of a regular review of the policy.

When schools are making a decision about whether to involve police in a drug related incident it might be useful to explore the following areas to help inform their decision:

Class – What classification is the substance you have found? Or what class do you suspect the substance is? It can be very difficult to tell substances apart with the prevalence of NPS, so guidance states that if staff are unable to identify the legal status of the drug it should be treated as a controlled drug.

Quantity- What amount of the substance has been found? Is there a large or small quantity of the substance to be disposed of? (For further support around quantity please speak to your CYTO)

Whether it was for personal use or supply – Do you believe that the substance discovered was for the young person's own use or to give to others? Were they holding the substance for others? Was a profit being made? Peer pressure/intimidation/coercion involved?

Please be aware that possession with intent to supply of classified drugs (A, B and C) is an offense that would ordinarily be taken to court, so if you have concerns around intent to supply please speak to your allocated CYTO.

Any other known risk factors –

- Mental/physical health - medical implications/consequences of offending
- Age – Is the substance found on the young people unusual for their age? Does this give any concerns related to their safety or the safety of others?
- Is there known gang involvement (either with the young person or family members)?
- Offending history – a one off incident or long term/persistent offending?
- Habitually user or one-off incident
- Other vulnerabilities e.g. vulnerabilities for those supplied with drugs
- Family issues/social background (hidden harm)

...or any other significant safeguarding factors that may affect the care of a young person using/found with substances.

This policy would advise schools to consider these areas when deciding whether to involve police in any drug related incident.

Please remember that the safety and well being of the young person involved is paramount so make sure a member of safeguarding staff (or senior leadership) is involved in any discussions around police involvement.

Further guidance could come from the local Community Youth Team Officer

(CYTO)

CYTO Contact Details –

APPENDIX F: Contact sheet for Sheffield agencies

The Corner

Young People's Substance Misuse Service
91 Division Street
Sheffield, S1 4GE
0114 2752051
thecorner.sheffield@cri.org.uk
www.thecornersheffield.com

Community Youth Teams

0800 138 8381
cyt@sheffield.gov.uk
www.sheffieldfutures.org.uk/

WAM (What about me?)

91 Division Street
Sheffield, S1 4GE
0114 2752051
imogen.powell@cri.org.uk

Adult Services

SHSC Service
44 Sidney Street
Sheffield, S1 4RH
0114 3050500

Safeguarding Advice

Sheffield Safeguarding Children Board

Substance Misuse Support
Floor 3, Howden House, Union Street,
Sheffield, S1 2SH
0114 2758214
mandy.craig@sheffield.gov.uk
toni.claridge@sheffield.gov.uk

MAST

You can contact your local MAST on the number below or a member of the Prevention and Early Intervention Team via: 0114 2053158
childrenandfamiliesmast@sheffield.gov.uk

North MAST – 0114 2331189
East MAST – 0114 2053635
West MAST – 0114 2506865

Local Early Warning System - LEWS

(for sending incident forms)
Sheffield Drug and Alcohol Coordination Team
Floor 9, East Wing
Moorfoot Building
Sheffield, S1 4PL
0114 2736810
DACT@sheffield.gov.uk (email titled 'LEWS Report')

APPENDIX G: Equality Impact Audit And Action Plan

Put X in the PLUS column to indicate if you judge that the policy has a positive impact on a group.

Put X in the neutral column to indicate if you judge that the policy has a neutral impact on a group.

Put X in the MINUS column to indicate if you judge that the policy has a negative impact on a group.

In making a judgement *due regard* has been paid to the requirement to:

- i. Eliminate unlawful discrimination, harassment and victimization
- ii. Advance equality of opportunity
- iii. Foster good relations

PROTECTED CHARACTERISTICS		PLUS	NEUTRAL	MINUS	ACTION
1	Age				
2	Disability				
3	Gender Reassignment				
4	Marriage and Civil Partnership				
5	Pregnancy and Maternity				
6	Race				
7	Religion or Belief				
8	Gender				
9	Sexual Orientation				
Other					



Approved by

Governor: **Date:**

Signature: