

DRUGS AND ALCOHOL:

ADVICE FOR SCHOOLS

2014

This advice is primarily for head teachers, school staff and governing bodies in maintained schools, academies, free schools, independent schools, sixth form colleges, Pupil Referral Units (PRUs) and other forms of alternative education provision.

It may also be useful for parents; school nurses and other health professionals who have an input on drug issues; and local agencies working with schools to prevent drug misuse amongst pupils.

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1 AIMS

- 1.1 To provide schools, and other educational settings, with a framework from which to develop their own school policy.
- 1.2 To involve those agencies in Norfolk who are best able to support schools and other educational settings in the development of this advice.
- 1.3 To offer a model of good practice for developing procedures to manage any substance related incidents.
- 1.4 To provide guidance on the content and delivery of drug education.

2 STATUTORY DUTIES

- 2.1 Schools have a statutory duty to promote pupils' wellbeing and hence have a clear role in preventing drug misuse as part of their pastoral care.
- 2.2 Although there is no statutory requirement to have a drug policy, it is the advice of the DfE, Norfolk County Council Children's Services and N-DAP that they should have one as a clear procedure for managing any incidents is essential to protect staff, governors, parents/carers and pupils.
- 2.3 Alcohol and tobacco education is statutory in as far as it is included in National Curriculum Science.

3 DEVELOPING A DRUGS POLICY

- 3.1 It is strongly recommended that individual schools take responsibility for developing their own policy to ensure it reflects the school's setting and community. It is also strongly recommended that the policy draws upon and reflects good practice especially in dealing with drug related incidents.
- 3.2 Using the advice on developing a policy as a starting point, members of the senior leadership team and governors should personalise the content to reflect the school's position and agreed procedures.
- 3.3 Once the draft has been produced circulate it to those members of staff who deal with drug education and/or those who have responsibility for managing any potential incidents for comment. The school should actively involve pupils in the consultation process.
- 3.4 The final version should be presented to the governors for their approval and adoption as school policy. This should be formally recorded in the

minutes of the governors meeting and the policy signed and endorsed with its date of adoption and review date.

- 3.5 The policy should be publicised and disseminated to the whole school community. Pupils, parents/carers, governors and all staff should be made aware of, and have access to the School Drugs Policy. This should ensure that everyone in the school community is fully aware of the school's position on drugs and how any substance-related issues will be dealt with.

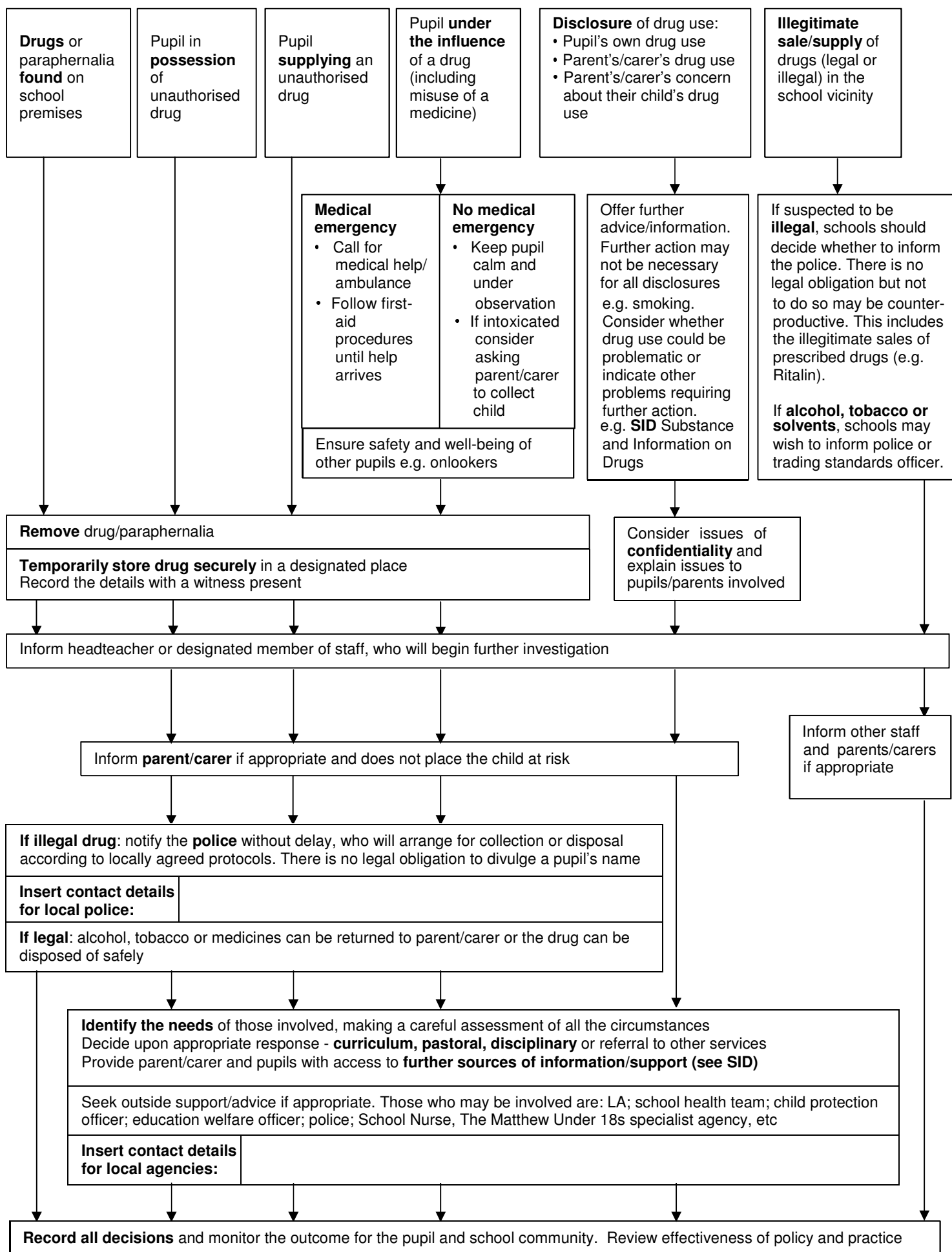
4 A POLICY FRAMEWORK

- 4.1 **The purpose of the policy** - identify the functions of the policy, showing how it reflects the whole school ethos and the whole school approach to health and wellbeing.
- 4.2 **State to whom the policy applies** - for example, all staff, pupils, parents/carers, governors and partner agencies working with the school. You may also want to specify that the policy applies to any contractors working on site and to anyone hiring the school premises.
- 4.3 **State where the policy applies** - clarify the 'boundaries' or scope of the policy e.g. travelling to/from school by bus/public transport, pupils being educated for part of the week at another institution etc.
- 4.4 **Links with other school policies** – make reference to the school's other policies that provide additional related guidance for example: the school mission statement, curriculum policies (PSHE, Science etc.), behaviour, safeguarding, health and safety, medicines, confidentiality, pastoral support, school visits and staff code of conduct.
- 4.5 **Definitions and terminology** - define the term 'drugs' and clarify the meanings of other key terms. The definition should include reference to medicines, volatile substances, alcohol, tobacco, illegal drugs, other unauthorised substances and New Psychoactive Substances (NPS) often referred to as 'Legal Highs'.
- 4.6 **The school's stance on drugs, health and the needs of pupils.**
- i. For example, include a statement that it is inappropriate and unacceptable for young people to bring substances into school, have them on their person, consume them before, during and after school on the way to or from school (including on school visits etc.);
 - ii indicate that the first concern in managing drugs is meeting the health and pastoral needs of individual pupil in the context of the health and safety of the school community;
 - iii. outline the school rules with regard to illegal drugs and substances and New Psychoactive Substances outlining how breaches of rules will be dealt

- with (this should be cross referenced with a statement in the behaviour policy);
- iv. outline the school rules with regard to authorised drugs and make links to the school policy on medicines.
- 4.7 **Staff with a key responsibility for drugs** - specify the named member of staff who will oversee and coordinate drug issues and their key roles and responsibilities.
- 4.8 **Drug education policy** (see 7)
- i. The school should provide a planned drug education programme delivered by teachers and supported where appropriate by other agencies with an expertise in the field.
 - ii. The school should actively cooperate with agencies such as the Local Authority, police, health and drug agencies, including The Matthew Project Under 18 Service who are commissioned by NDAP to work with LA maintained schools.(see 5.6):
 - iii. The school should make a statement about its commitment to providing staff with access to on-going advice, support and training as part of their own professional development.
- 4.9 **Staff support and training** – include a commitment to including drug awareness training in the induction of all staff working at the school and for governors. There should be specific continuing professional development opportunities for drug education teachers. Ensure a commitment that all First Aiders are up to date on drug-related First Aid.
- 4.10 **Management of drug incidents at school and on school visits**
- i. Describe the school's policy on dealing with drug paraphernalia and suspected illegal and unauthorised drugs including storage, disposal and safety guidance for staff.
 - ii. Make explicit the school's policy on searches, including personal searches (see 6.4) and searches of school and pupils' property.
 - iii. Outline the procedures for managing parents/carers under the influence of drugs on school premises.(see 6.2)
- Norfolk schools are strongly recommended to adopt the procedures outlined in appendixes A and B**
- 4.11 **Police involvement** (see 6.3) - outline the agreed criteria for if and when police should be informed, consulted or actively involved in an incident, and what action is expected if police involvement is requested. Include the name and contact details for the school's liaison officer.
- 4.12 **The needs of pupils** - outline the mechanisms for addressing the wider support needs of pupils and how pupils are made aware of the support available to them including support in school and the Family Support Process.

- 4.13 **Information sharing**
- i. Describe the safeguarding procedures to be followed if a pupil's safety is considered under threat, including incidences of parental drug or alcohol misuse ensuring that links are made to other relevant school policies.
 - ii. Specify the school's approach to sharing information including how the agreement of the pupils and where necessary, parent/carers will be secured whilst ensuring that pupils' rights and needs are protected and safeguarding procedures adhered to.
- 4.14 **Involvement of parents/carers**
- i. Outline the policy and procedures for informing and involving parents/carers about incidents involving illegal and other unauthorised drugs.
 - ii. Outline the school's approach to encouraging parental involvement in developing and reviewing the policy and the drug education programme.
- 4.14 **Liaison and working with other agencies and schools** (see 6.5)
- i. State the agreed criteria and protocols for working with external agencies.
 - ii. List the partner agencies with whom agreed protocols and roles have been negotiated for targeted and specialist support for pupils and their families.
- 4.15 **Staff conduct and drug use** - restate the school's policy in relation to staff drinking, smoking and other drug use. Ensure that this is cross referenced to the school's staff code of conduct.
- 4.16 **The role of governors**
- i. Clarify the role of governors (or a designated governor if appointed) in policy development and overseeing the drug education programme, and contributing to any case conferences called, or appeals against exclusions.
 - ii. Clarify the arrangements for ensuring that governors are well informed on drug issues as they affect the school.
 - iii. State the process and timescale for the governing body to review the policy.

APPENDIX A: Responding to incidents involving drugs



APPENDIX B: Record of drug/substance related incident

Complete this and store securely. It may be needed in cases such as exclusions, appeals police involvement etc.

Tick to indicate the category that best describes the nature of the incident:

Drug or paraphernalia found ON school premises		Pupil disclosure of drug use	
Emergency/Intoxication		Disclosure of parent/carers drug misuse	
Pupil in possession of unauthorized drug		Parent/carers expresses concern	
Pupil supplying unauthorised drug on school premises		Incident occurring OFF school premises	

Name of pupil:		If more than one pupil involved, use one sheet per pupil	
Pupil's form:		Date of incident:	
Names of all staff involved:			
Age of pupil:	MALE/FEMALE	Time of incident:	
Tick box if second or subsequent incident involving same pupil		Name of senior member of staff involved:	

First Aid given? YES NO	Ambulance/Doctor called? YES NO
Delete as necessary	Delete as necessary
First aid given by:	Ambulance called by:.....

Drug involved (state if known or suspected):	Drug found/removed? YES NO Where found/seized:
Description of incident (including any physical symptoms):	Name(s) and signature(s) of witness(es) to the incident:
There should be enough detail recorded so as to be useful in any further action (e.g. exclusions, appeals, police action, referral to external agencies etc.) CONTINUE ONSEPARATE SHEET IF NECESSARY	Details of agreed arrangements with police for disposal:
	At time: If police contacted, give incident/reference number:

Name of parent/carers informed:		
Informed by:	Date:	Time:

Other action taken: pupils/staff/parents/carers informed, sanction imposed, referral to another agency (e.g. Matthew Project Under18), case conference called, police involvement etc.	
This form completed by (name and signature):	Time/Date:
Witnessed by (name and signature):	Time/Date:

5 IMPLEMENTATION OF THE POLICY

- 5.1 Schools are strongly advised to adopt the procedures set out in [DfE and ACPO Drug Advice for Schools \(DFE-00001-2012\)](#) when dealing with incidents involving substance misuse or supply on the premises/during the school day or during school visits etc.
- 5.2 The school should ensure that all staff, parents/carers and pupils are reminded of these procedures on an annual basis.
- 5.3 Situations requiring first aid will be dealt with immediately as per the school's agreed policies and procedures. Information about emergency help for people who have had a bad reaction to drugs can be found at <http://www.talktofrank.com/emergency-help>.
- 5.4 In cases of substance misuse or supply on the premises during the school day or during school visits the case will be discussed with the young person and a written record taken (see Appendix B). Parents/carers will be informed by the head teacher as soon as possible. The support of outside agencies will be sought if appropriate.
- 5.5 While there is no legal obligation to inform the police, they may be involved at the discretion of the head teacher in consultation with governors and staff who know the young person well (see 5.3). The school will consider each incident individually and will employ a range of responses to deal with individual incidents. Specific cases will be managed as per Appendix A. The governing body will be involved in all drug-related incidents as they are concerning other matters relating to the school.
- 5.6 Schools should have an agreed sanctions procedure that recognises different types of incidents (including any repeat incidents) which will be applied consistently in all cases. This should be reflected in the scale/seriousness of sanctions (e.g. fixed term exclusions for first or minor offence, permanent exclusion for second or serious offence such as supplying to others or class of drug involved).
- 5.7 The head teacher should take responsibility for any liaison with the media. For LA maintained schools additional support and advice may be available from LA Communication Officers.
- 5.8 If there is a significant seizure of a suspected illegal substance schools should:
- i. Inform the police at an early stage
 - ii. Take steps to minimise handling the substance to aid future forensic investigation

6 SPECIFIC GUIDANCE

6.1 SAFEGUARDING YOUNG PEOPLE: CONFIDENTIALITY AND INFORMATION SHARING

6.1.1 Schools are an important source of support for pupils experiencing problems with drugs and must ensure that all staff (teaching and non-teaching) understand the limits of confidentiality, balancing the desire to maintain confidentiality and support the young person with the duty to safeguard and promote the welfare of the young person and others.

6.1.2 [Norfolk Safeguarding Children Board \(NSCB\) policies and procedures](#) must be followed. Specific guidance is provided by 5.10 *Child or Young Person involved in Problematic Substance Misuse* and 6.3 *Children of Alcohol and Substance Misusing Parents*

6.1.3 Staff cannot and should not promise total confidentiality. There are important reasons why personal and sensitive information needs to be shared in relation to Child Protection (e.g when working with the police, referral to external agencies etc). The Data Protection Act and Crime and Disorder Act all allow personal information to be shared if there is an over-riding public interest in the first instance or to prevent crime and disorder in the second. However, in assessing the suitability of sharing information, all efforts should be made to encourage the young person to give their informed consent. **If a decision is taken to share confidential information a written record of any concerns including the reasons for breaching a pupil's confidentiality should be made.**

6.1.4 The following questions should also be considered.

- i. How serious is the situation?
- ii. What immediate and significant risk does the young person face?
- iii. What implications (both positive and negative) could keeping a confidence have?
- iv. Could significant harm result from keeping the young person's disclosure confidential?

6.1.5 Young people must, whenever possible, be made aware of the limitations of confidentiality **before** they disclose a confidence. If a confidence needs to be broken the school should explain to the young person (and parents/carers as appropriate):

- i. Why the confidence was broken
- ii. Who will be/has been informed
- iii. What will be/was disclosed
- iv. How the information will be used
- v. That their privacy will be respected and information shared on a "need to know" basis

6.2 PARENTAL SUBSTANCE MISUSE

6.2.1 Parental substance misuse has the potential to impact negatively on outcomes for children and young people. *Hidden Harm: Responding to the Needs of Children*

of *Problem Drug Users* (ACMD: 2003) estimated that 2-3 per cent of children are affected by problematic parental substance use. This would suggest there may be half a dozen children in an average primary school whose parents use drugs and nearly 30 in a typical secondary school – the equivalent of a whole class. These estimates only cover parents with serious dependencies on heroin and crack cocaine, and do not account for children affected by alcohol or other drug use in the household.

- 6.2.2 Substance use in itself is not a reason for considering a child to be suffering or at risk of suffering significant harm although it may be a contributing factor.
- 6.2.3 Norfolk Safeguarding Children Board (NSCB)'s [Children of Alcohol and Substance Misusing Parents](#) sets out the procedures that must be followed when providing services for children.
- 6.2.4 Further advice can be found at http://www.adfam.org.uk/cms/docs/adepis_psu_schools.pdf

6.3 POLICE INVOLVEMENT

In Norfolk the suggested approach is as follows

- 6.3.1 The school should designate, and name in the school's policy a senior member of staff (ideally the person responsible for the school's drugs policy) to liaise with the police to agree a shared approach to dealing with any drug-related incidents. The name/telephone number of the local police contact should be entered in the relevant box on Appendix B of the School Drugs Policy. (Details of your **local police contact** can be **obtained from Norfolk Constabulary (see section 8)**).
- 6.3.2 **Legal drugs** - the police will not normally need to be involved in incidents involving legal drugs, but schools may wish to inform trading standards or police about the inappropriate sale or supply of tobacco, alcohol or volatile substances to pupils in the area.
- 6.3.3 **Controlled drugs (including New Psychoactive Substances)** - in taking temporary possession of *suspected* controlled drugs, schools are advised to:
 - i. Ensure that a second adult witness is present throughout.
 - ii. Seal the substance in a plastic bag and include details of the date and time of the seizure/find and the witness present.
 - iii. Store it in a secure location, such as a safe or other lockable container with access limited to senior members of staff.
Do NOT dispose of the substance.
Please note that this replaces previous advice which stated that schools could dispose of substances themselves. This can now only be done by the constabulary.
 - iv. Notify the police without delay who will collect it and then store or dispose of it in line with locally agreed protocols. The law does not require a school to divulge to the police the name of the pupil(s) from whom the drugs were taken but the police

advise that this *is* disclosed. The school should determine their position on this **in advance** to ensure consistency of approach.

- v. Record full details of the incident, including the police incident reference number if they are involved.
- vi. Inform parents/carers, unless this is not in the best interests of the pupil.
- vii. Identify any safeguarding concerns (see 6.1) and respond appropriately.
- viii. If there is a significant seizure of a suspected illegal substance schools should inform the police at an early stage; and take steps to minimise handling to aid future forensic investigations

6.4 SEARCHING

- 6.4.1 [Searching, Screening and Confiscations](#) (DfE: 2014) states that 'school staff can search a pupil for any item if the pupil agrees' noting that the ability to give consent may be influenced by the child's age or other factors.
- 6.4.2 Head teachers and staff authorised by them have a statutory power to search pupils or their possessions, **without consent**, where they have reasonable grounds for suspecting that the pupil may have a prohibited item. Prohibited items include alcohol and illegal drugs.
- 6.4.3 The law says that the person conducting the search may not require the pupil to remove any clothing other than outer clothing.
- 6.4.4 The Association of Chief Police Officers (ACPO) recommends that **drug dogs and drug testing** should not be used for searches where there is no evidence for the presence of drugs on school premises.

6.5 WORKING WITH EXTERNAL PARTNERS

- 6.5.1 Children and young people often find visitors to school a useful and informative part of their learning, but equally research suggests that for visits to be successful there need to be a shared understanding about the nature and content of the session/s.
- 6.5.2 Government guidance is that schools should exercise caution with the use of visitors as there is some evidence that particular messages can have a detrimental impact on young people's intentions to resist using drugs including alcohol. **Particular caution should be used when visitors have had firsthand experience of problematic drug use.**
- 6.5.3 **Schools should** ensure that visitors:
 - i. are appropriately qualified and trained to deliver work with children and young people in a school setting;
 - ii. are aware of good practice that recommends the avoidance of shocking images and inappropriate descriptions of drug use;

- iii. have a clear understanding of the aims and objectives of the session and have seen and understood the school's drug education policy;
- iv. have been briefed on any particular sensitivities that there may be in the student group – these may include identified drug issues by particular students or their families – as well as any broader needs within the group;
- v. have negotiated the content of the session which is linked to the broader drug education and PSHE delivered by the school and relevant to the identified needs of the pupils;
- vi. are aware of the school's protocols for dealing with any disclosures or distress shown by pupils during the session.

6.5.4 Teachers should

- i. be present at all times when a visitor is in the class, and be ready to be an active participant in these sessions;
- i. ensure that they reflect on the learning from particular sessions with pupils and visitors, assessing the learning, and building skills to support and enable pupils to make healthy choices and to avoid risk-taking behavior;
- ii. follow-up any unresolved issues or concerns and extend the learning begun by the visitor.

7. DEVELOPING A DRUG EDUCATION PROGRAMME OF STUDY

7.1 The aim of drug education is to provide opportunities for pupils 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. It should:

- i. increase pupils' 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
- ii. develop pupils' 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
- iii. enable pupils to explore their own and other peoples' attitudes towards drugs, drug use and drug users, including challenging stereotypes, and exploring media and social influences.

7.2 A whole school policy should be agreed that:

- i. states the aims and objectives for the programme of study and how these aims will be achieved;
- ii. is created through consultation with staff, parents and the wider community;
- iii. defines the content of the programme of study;
- iv. considers the implications for ensuring the safeguarding and well-being of the child/young person and staff;
- v. considers the implications and needs of all pupils including those with special educational needs and from varying religious and cultural backgrounds;
- vi. provides guidance on teaching methods and agreed 'ground rules' which may include
 - everyone has the right to avoid embarrassment. Discussions and scenarios will always be depersonalised;
 - no one (teacher or pupil) will have to answer a personal question;
 - no one will be forced to take part in a discussion;
 - meanings of words will be explained in a sensible and factual way.

7.3 Organising the delivery of the programme of study is best decided by the individual school. Contributions can be made through timetabled PSHE, other curriculum subjects e.g. citizenship and science, off-timetable activities, or a combination of approaches.

- i. Contributions from other curriculum subjects might include:
 - English – group discussion and interaction, information texts, literature and media
 - Maths – handling data, including interpreting and discussing results
 - Information and Communication Technology (ICT) – finding things out, exchanging and sharing information
 - Drama – exploring and developing skills through role play
 - Music and Art – exploring popular culture
 - Geography – economic activity
 - Physical education – fitness and health
 - Religious Education – exploring morals, values and cultural diversity.
- ii. Wherever drug education is located in the curriculum it should be explicitly planned as part of a cohesive and progressive programme. Both teachers and pupils should understand the connections between the different aspects of the programme.
- iii. There should be sufficient lesson time for learning to take place, as well as opportunities for pupils to actively participate and reflect and consolidate their learning. One-off sessions, talks to large groups and short sessions, such as registration time or form tutor time used alone, are not recommended.

7.4 The programme of study should:

- i. cover the range of substances including medicines, alcohol, solvents and illegal drugs, New Psychoactive Substances and Tobacco
- ii. take into account gender, social and cultural issues and local trends
- iii. make links between drugs and other related issues, such as sexual health, personal safety and risk taking behaviour
- iv. be age (and maturity) appropriate and include skills development and an exploration of attitudes
- v. be cyclical and progressive as pupils move through the key stages

7.5 Discretionary guidance for a drug education programme of study - the following topics are intended as an illustration of the topics that might be covered in a drugs education programme to equip pupils with the knowledge, understanding, skills and strategies required to live healthy, safe, productive, capable, responsible and balanced lives. **This guidance is in addition to what would be delivered through relevant areas of the national curriculum science programme of study.** It is not intended to be definitive or prescriptive and there may be a degree of overlap in content between the key stages. The sequence in which topics are taught is a matter for schools and individual teachers to determine according to the needs of their pupils and should provide a context to progressively expand overarching concepts and transferable skills.

Overarching Concepts		
<p>Identity (their personal qualities, attitudes, skills, attributes and achievements and what influences these)</p> <p>Relationships (including different types and in different settings)</p> <p>A healthy (including physically, emotionally and socially) balanced lifestyle (including within relationships, work-life, exercise and rest, spending and saving and diet)</p> <p>Risk (to be managed rather than simply avoided) and safety (including behaviour and strategies in different settings)</p> <p>Diversity and equality (in all its forms)</p> <p>Rights, responsibilities (including fairness and justice) and consent (in different contexts)</p> <p>Change (as something to be managed) and resilience (the skills, strategies and 'inner resources' we can draw on when faced with challenging change or circumstance)</p> <p>Power (how it is used and encountered in a variety of contexts including persuasion, bullying, negotiation and 'win-win' outcomes)</p> <p>Career (including enterprise and economic understanding).</p>		
Intrapersonal skills required for self-management	Interpersonal skills required for positive relationships	The skills of enquiry
<p>Critical, constructive self-reflection (including being aware of own needs and motivations and how we are influenced by our perception of peers' behaviour)</p> <p>Recognising some of the common ways our brains can 'trick us' or 'trap us' in unhelpful thinking (including generalisation, distortion of events, deletion of information, misconceptions or misperceptions about the behaviour of peers)</p> <p>Resilience (including self-motivation, adaptability, constructively managing</p>	<p>Communication (non-verbal and verbal including assertiveness and recognising how this differs from aggressive and passive behaviour)</p> <p>Negotiation (including flexibility, self-advocacy and compromise)</p> <p>Recognising and strategies for managing pressure, persuasion and coercion</p> <p>Responding to the need for positive affirmation for self and others.</p>	<p>Formulating questions</p> <p>Planning and deciding</p> <p>Recalling and applying knowledge creatively and in novel situations</p> <p>Identification, assessment (including prediction) and management of risk</p> <p>Evaluating social norms.</p>

change including setbacks and stress)		
Self-regulation (including managing strong emotions e.g. negativity and impulse)		
Recognising and managing the need for peer approval.		
KS1		
Pupils could have the opportunity to learn: <ul style="list-style-type: none"> • What constitutes a healthy lifestyle • That people's bodies can be hurt • The responsibilities they have for their own health and that of others • About growing and changing and new opportunities and responsibilities that increasing independence may bring • To recognise what they like and dislike, how to make real, informed choices that improve their physical and emotional health • That household products, including medicines, can be harmful if not used properly • To recognise that they share a responsibility for keeping themselves and others safe, when to say 'yes', 'no', 'I'll ask' and 'I'll tell' • The difference between secrets and surprises and the importance of not keeping adults' secrets, only surprises • About people who look after them, their family networks, who to go to if they are worried and how to attract their attention, ways that pupils can help these people look after them. 		
KS2		
Pupils could have the opportunity to learn: <ul style="list-style-type: none"> • What positively and negatively affects their physical, mental and emotional health • To recognise their increasing independence brings increased responsibility to keep themselves and others safe • How to make informed choices (including recognising that choices can have positive, neutral and negative consequences) • Which, why and how, commonly available substances and drugs (including alcohol and tobacco) could damage their immediate and future health and safety, that some are legal, some are restricted and some are illegal to own, use and supply to others • What is meant by the term 'habit' and why habits can be hard to change • That pressure to behave in an unacceptable, unhealthy or risky way can come from a variety of sources, including people they know and the media • To recognise and manage 'dares' • To differentiate between the terms, 'risk', 'danger' and hazard • To deepen their understanding of risk by recognising, predicting and assessing risks in different situations and deciding how to manage them responsibly and to use this as an opportunity to develop resilience • The concept of 'keeping something confidential or secret', when we should or should not agree to this and when it is right to 'break a confidence' or 'share a secret' 		

- Why and how rules and laws that protect themselves and others are made and enforced
- School rules about health and safety, basic emergency aid procedures, where and how to get help
- About people who are responsible for helping them stay healthy and safe and ways that they can help these people.

KS3

Pupils could have the opportunity to learn:

- The characteristics of mental and emotional health and strategies for managing it
- The purpose and importance of immunisation and vaccination
- The safe use of prescribed and over the counter medicines, including the contraceptive pill.
- Factual information about legal and illegal substances, including alcohol, volatile substances, tobacco and cannabis and the law relating to their supply, use and misuse
- The positive and negative roles played by drugs in society (including alcohol)
- The personal and social risks and consequences for themselves and others of making different decisions regarding substances, including the benefits of not drinking alcohol (or delaying the age at which to start)
- The risks and consequences of 'experimental' and 'occasional' substance use and the terms 'dependence' and 'addiction'
- To recognise and manage different influences on their decisions about the use of substances, (including clarifying and challenging their own perceptions values and beliefs) including managing peer influence
- To understand the feelings and pressure that the need for peer approval (including in relation to the use of tobacco, alcohol, drugs and other risky behaviours) can generate, to recognise peer pressure and have strategies to manage both
- To recognise, clarify and if necessary challenge their own core values and how their values influence their choices.
- Ways of recognising and reducing risk, minimising harm and getting help in emergency and risky situations
- A knowledge of basic first aid and life saving skills
- How to access local health services
- The benefits of being ambitious and enterprising in all aspects of life.

KS4

Pupils could have the opportunity to learn:

- The characteristics of emotional and mental health and the causes, symptoms and treatments of some mental and emotional health disorders
- About health risks and issues, including cosmetic procedures
- The short and long-term consequences of substance use and misuse for the health and mental and emotional wellbeing of individuals, families and communities
- The wider risks and consequences of legal and illegal substance use including on their personal safety, career, relationships and future lifestyle
- To recognise the impact of drugs and alcohol on choices and sexual behavior.
- How lifestyle choices affect unborn children
- Understand the terms 'habit', 'dependence' and 'addiction' in relation to

<p>substance use and to whom to talk if they have concerns</p> <ul style="list-style-type: none"> • About personal safety and protection, reducing risk and minimising harm in different settings (including social settings, the street, on roads and during travel) • How to find sources of emergency help and how to give basic and emergency first aid in appropriate contexts • Where and how to obtain health information, advice and support • The role peers can play in supporting one another (including helping vulnerable friends to access reliable, accurate and appropriate support) • To develop their career identity, including how to maximise their chances when applying for education or employment opportunities.
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POST 16
<p>Drug Education at KS5 should provide an opportunity to consolidate the learning from KS1-4 whilst recognising that young people may have more direct experience of the issues explored throughout earlier key stages. It is important to ensure students have accurate information, and may therefore be useful to have greater focus on content rather than the previously embedded skills and concepts. An effective drugs education programme will be needs led through providing students a strong voice in determining the areas that they identify to be covered.</p> <p>Pupils could have the opportunity to learn the impact of legal and illegal substance use and misuse on:</p> <ul style="list-style-type: none"> • Individual responsibility to manage the conflict surrounding healthy lifestyle choices, social pleasure and the influence of variance in social acceptability towards different drugs. • Relationships and sexual behaviours and health. • Dangers associated with 'legal highs' (New Psychoactive Substances) and 'cocktails of drugs', and the influence of specific environments and moods. • Adult responsibilities (driving, operating machinery, further education and employment prospects, moving towards forming long-term relationships, parenthood) • Services provided by local and national advice and support agencies. • The legal/illegal debate and how it relates to the harm evidenced in the population. (health, employment, family, economic and environmental) • The position of government and government policies (categorisation of substances, revenue from taxes, public health campaigns).

8. USEFUL CONTACTS AND REFERENCES

Support for young people in Norfolk:

Matthew Project Under18 Service: advice and support services to young people about drugs and alcohol. 24 hour helpline - 0800 970 4866 and office - 01603 216420. Other services (e.g. for friends, families, carers etc.) also available www.matthewproject.org

Advice and information for schools:

Department for Education: essential for monitoring changes and updates in current policies, guidance and advice www.dfe.gov.uk

Drug Education Forum: national organisations committed to improving the practice and profile of drug education in England
<http://www.drugeducationforum.com>

DrugScope: offers a wide range of drug and alcohol information and resources www.drugscope.org.uk

Healthy Norfolk Schools: advice on policy planning, resources and whole school approaches to promoting health and well-being.
adele.godsmark@nhs.net

HERON: comprehensive and searchable source of health information for Norfolk and Waveney www.heron.nhs.uk

Mentor: charity offering support, information and free resources to schools www.mentoruk.org.uk

Norfolk Constabulary: Drug Availability Liaison Officer can be contacted with non-urgent enquiries regarding any drug/alcohol incidents pearcec@norfolk.pnn.police.uk; To establish the Neighbourhood Policing Team responsible for your area go to www.norfolk.police.uk navigate to “safer neighbourhoods” then input your postcode.

Norfolk Drug and Alcohol Action Team: coordinates the work of Norfolk Drug and Alcohol Partnership (N-DAP) and leads on the commissioning of drug and alcohol services daat.info@norfolk.gov.uk

Norfolk Drug and Alcohol Partnership: brings together a wide range of agencies and services from public, voluntary, community and private sectors to coordinate collective responses to drug and alcohol related needs and the implementation of national drug and alcohol strategies within the county. Website includes information on available substance misuse training, and resources www.ndap.org.uk

Norfolk Safeguarding Children Board: coordinates how agencies work together to safeguard and promote young people and to ensure the effectiveness of safeguarding arrangements
www.nscb.norfolk.gov.uk

Locally available training:

Norfolk Drug and Alcohol Partnership: provides a range of substance misuse training courses aimed at helping practitioners to develop and/or refresh their knowledge, skills and behaviours www.ndap.org.uk

Norfolk Safeguarding Children Board: provides a range of safeguarding courses including Substance Misuse within the Family www.nscb.norfolk.gov.uk

National advice and support organisations:

Drinkline: a free and confidential helpline for anyone who is concerned about their own or someone else's drinking: **08009178282**

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: **telephone 0800 800 222**

FRANK: national drugs awareness campaign to raise awareness amongst young people, their parents/carers www.talktofrank.com. Schools can receive free resources, updates, newsletters etc.

Smokefree: NHS Smoking Helpline www.nhs.uk/smokefree

For advice on First Aid/What to do in an emergency:

FRANK: Advice on what to do to help someone who's having a bad reaction to drugs www.talktofrank.com/emergency-help

Resuscitation Council (UK): Guidelines for resuscitation procedures www.resus.org.uk/pages/GL2010.pdf