



Tuition, Medical and Behaviour Support Service Drugs and Alcohol Policy

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Introduction

This policy outlines policy for **TMBSS** for:

- Drug Education
- Handling of drug related incidents

For this policy, the term 'drugs' refers to any substance that changes the way the body or mind work, including:

- Alcohol
- Tobacco.
- Electronic cigarettes and vaping devices
- Volatile substances (aerosols, solvents, glue or petrol)
- Caffeine and energy drinks
- Over the counter/prescribed drugs e.g. painkillers, antibiotics
- Illegal drugs e.g. cannabis, ecstasy, cocaine, heroin and Novel Psychoactive Substances

Definition of Substance Misuse from West Midlands Safeguarding Procedures.

Drug and/or alcohol misuse refers to: illegal drugs, alcohol, solvents and the misuse of prescription and over the counter medications, the consumption of which is either dependent use, or use associated with having harmful effects on the individual, other members of their family or the community.

Drugs play a part in the lives of everyone and it is a feature of our society that children and young people will be exposed to legal and illegal drugs, whether in the home, the wider community or in the media.

The majority of school-aged students do not use or abuse illegal drugs. However, it is acknowledged that some will be curious and will experiment, others will use as a means of being part of a group/gang, establishing status and self-identity. Others will use substances as a coping mechanism related to emotional and mental health, sexual identity or dealing with unresolved adverse childhood experiences.

Young Person Trends – taken from Young People's substance misuse statistics 2021-2022

Cannabis remains the most common substance (87%) that young people come to treatment for. Around half of young people in treatment (46%) said they had problems with alcohol, 8% had problems with ecstasy and 8% reported powder cocaine problems.

The proportion of young people seeking help for codeine is lower than last year, falling by 0.3% (1.2% compared to 0.9% this year). People seeking help for heroin was very similar to last year (0.35% compared to 0.33% this year).

This year also saw a small decrease in young people reporting a problem with benzodiazepines. However, the proportion (3%) was over 4 times the proportion in 2013 to 2014 (0.7%).

Rationale

At TMBSS, we aim to ensure that our approach to drugs is a whole school one, designed as part of our commitment to, and concern for, the health and wellbeing of our whole school community.

This policy is based on evidence-based guidance provided by Public Health England and leading national organisations such as With You, Mind, Talk to Frank and the PSHE Association.

This policy also relates to, and complements other school policies:

Safeguarding Policy

E Safety Policy

Behaviour Policy

Smoking Policy

PSHE Policy

The purpose of drug education is to prevent drug use and experimentation amongst young people by ensuring that all students receive consistent, clear and thoroughly planned lessons appropriate to their age and stage of maturity, understanding and knowledge.

Drug education contributes to children's health and safety; it is part of a broad and balanced curriculum. An understanding of drugs enables students to make informed decisions and forms part of the school's duties under safeguarding (Keeping Children Safe in Education).

We aim to ensure that the approaches and processes that we follow for drug related incidents are clear for all students, staff, parents and the wider community.

We aim to manage drugs in a way, which enables students to access educational opportunities in a safe environment. We manage drugs, which are medicines, as well as legal and illegal drugs in a lawful, responsible way, which ensures the health and safety of individuals and community.

Social and educational outcomes for young people are likely to be better if they attend school regularly. Young people who are unable to access education because they need to take medicine at school or, because they have been excluded for smoking, the use of alcohol or using illegal drugs are more likely to develop problematic use. Good management of drugs in schools is therefore closely aligned with, and to ensuring educational attainment and achievement for all and safeguarding.

We are mindful of the evidence that exclusion of a student increases their vulnerability, increasing exposure to exploitative and coercive relationships, often increasing their risk around substance use and sexual behaviour.

At TMBSS, we have links with West Mercia Police, Local Authority TREES team, Shropshire Detached Youth Team and other external organisations to ensure our school reflects and responds to issues and trends affecting our local community. This is especially pertinent in relation to the use of substances in the context of child sexual exploitation, child criminal exploitation, grooming and illegal supply of drugs and alcohol.

Confidentiality

The welfare and voice of the child will always be central to any TMBSS's procedures and practice. All students need to feel able to talk in confidence to a member of staff about a drug-related problem. However, in line with Safeguarding procedures, staff will not be able to promise complete confidentiality and information about a child in relation to drugs will follow the same procedure as for other sensitive information.

Workplace Health

Members of staff need to be aware of procedures in relation to working and drug taking. Staff need to be clear about how they may access support, if required.

Part One: Drug Education

From harm to hope: A 10-year drugs plan to cut crime and save lives – is the Government Policy and Strategy. It states:

delivering school-based prevention and early intervention – delivering and evaluating mandatory relationships, sex and health education to improve quality and consistency, including a clear expectation that all students will learn about the dangers of drugs and alcohol during their time at school.

The strategy sets out the action needed at both a national and local level in order to ensure an effective universal approach to preventing drug use, including the promotion of health and wellbeing across the life course and building resilience.

The strategy goes on to underline the key role of schools and particularly PSHE in helping children and young people develop confidence and resilience, key protective factors in effective prevention.

Drug education is delivered in science as part of national curriculum as well as in PSHE. Other curriculum subjects also make contributions towards the teaching of drug education and cross-curricular links and opportunities in RE, English, Drama etc. should be utilised.

Drug Education at TMBSS aims to:

- Enable students to make informed healthy and safe choices by increasing their knowledge, challenge their understanding and develop their skills.
- Support students to develop positive self-esteem and resilience in order to help them assert themselves, respond to pressure, assess risks and seek help, support and advice to keep them and others safe from harm.
- Provide accurate, factual and up to date information about substances.
- Challenge common misconceptions around substance misuse.

The PSHE programme is planned and taught in line with national curriculum guidance, DFE guidance, PSHE association recommendations, Ofsted requirements,

PSHE is a co-ordinated programme which addresses keeping safe, healthy relationships and understanding the world around you as part of a planned, progressive and age appropriate curriculum.

The Shropshire Respect Yourself Relationship and Sex Education programme includes issues related to substance use, peer pressure, managing harmful sexualised behaviours and consent and is complemented by the PSHE Association curriculum and other online resources

In PSHE, we use a wide range of teaching and learning approaches. We undertake assessment for and of learning and the students will be engaged in identifying what they currently know and understand. Myths and misinformation will be discussed, attitudes and values will be challenged and realistic case studies and scenarios will be explored to help students assess risk, consider options and consequences.

TMBSS utilises the DFE statutory PSHE Guidance, for alcohol and drug education and prevention in schools.

External agencies and visiting speakers will only be used to complement and support the planned curriculum.

PSHE policies and additional information can be found on TMBSS's website

We recognise the evidence outlined in 'The International Evidence On The Prevention Of Drug And Alcohol Use: Summary And Examples Of Implementation In England (Public Health England 2015) that indicates that the use of individuals in recovery from drug and / or alcohol dependency or police officers as guest speakers is not effective and may, in some cases, be counterproductive.

Evidence shows that drug education programmes and approaches that rely upon scare tactics, knowledge only approaches, mass media campaign or the use of ex –users and the police as drug educators in schools where their input is not part of wider evidence based programme are not effective.

In addition, the PSHE Association advises caution about the use of drop-down days if used in isolation and not as part of a planned PSHE programme.

Evidence has been used to inform not just what we teach but when. Year 8 & 9 is the optimum time to dispel myths and clarify peer norms and develop skills related to peer pressure and influence. Experimentation among those who are curious and are looking to establish status among peers can, and may be factors related to substance use for young people in year 7 -9. Please see Appendix 1 for further information on resources.

Summary Drug Education Approaches

Effective

Curriculum and weekly timetabled lessons
Trained teacher delivery
Challenge myths
Focus on skills and resilience.
"Keep Safe" work and safe practise
Discussion based activities

Non-Effective

One-off / standalone sessions
Shock tactics

Drug and Alcohol Education as part of PSHE & Whole school approach:

Students voice is present throughout all learning

All staff deliver the same message

Up to date information and facts are taught.

Lesson plans amended to include any current changes in legislation

TMBSS staff are mindful that some students will require targeted support. We use a wide range of agencies, specifically able to support students who are facing a variety of challenges around substances, either directly or indirectly. These include Youth Services, Branch, Steer Clear, Social Prescribing and Climb

If we have any concerns over an individual young person's drug and / or alcohol use, we will, with the young person's consent and involvement, complete the Shropshire With You SMARTER Screening Tool (please see Appendix 4). We are With you also offer a "meet

and greet” service to meet students that may be initially reluctant to engage with the service.

We are also able to request support from the substance misuse worker within the Shropshire TREES Team (together reducing and ending exploitation in Shropshire) They are able to offer bespoke pieces of work with identified students.

Part Two: Drug Related Incident Procedure

School Boundaries

- The school boundary is the school perimeter fence.
- The school day is ...9:15... a.m. to ...2:15... p.m. within KS3/4
- If a drug related incident takes place in the immediate vicinity of the school, near the start or end of the school day, at an after-school club or at an evening school event, it will be dealt with at the discretion of the Head Teacher or other designated member of the senior management team.
- Drug related incidents occurring during school day trips or residential trips will be dealt with as if it had occurred within the school's boundaries.

Health and safety of the child should always be the principal concern when responding to all incidents.

Key Procedural Issues

Always inform the Executive Headteacher, Head of School, Senior DSL or Deputy DSL

For Safeguarding issues, refer to school's Safeguarding Policy

Record ALL drug related incidents on CPOMs

Disposal of illegal substances must be witnessed. Police can dispose of drugs for you.

Part Three: Staff Roles and Responsibilities

The Governing Body is responsible for:

- Authorising the Drugs and Alcohol policy and any subsequent reviews of the policy and ensuring that the terms and ethos of this policy are followed.
- Reviewing the policy every year in line with Keeping Children Safe in Education
- Monitoring the number and nature of drug related incidents and the outcomes, including any disciplinary action.

The Designated Safeguarding Lead is responsible for:

- Ensuring that the terms and ethos of this policy are followed.
- Ensuring that all staff are provided with the required training and guidance to deliver effective drug education and respond to drug related incidents.
- Ensuring that students are aware of the regulations around the prohibition of substances within school and the expectations on them to follow the regulations
- Ensuring that clear procedures for drug related incidents with appropriate sanctions consistent with the school's behavior, exclusion and safeguarding policy are in place.
- Liaising with external agencies and organisations.
- Ensuring that all staff receive regular updates and training

The Personal Social Health Education Lead is responsible for:

- Reviewing and updating PSHE Policy and Scheme of Work considering current research and local and national data.
Monitoring the effectiveness and quality of the planned and delivered curriculum for PSHE/Drug Education.
- Providing leadership and training for teachers.
- Auditing and monitoring resources for effective teaching and learning.
- Producing an annual PSHE report for school governors, to include recommendations and the identification of opportunities and threats to good practice.

All staff at TMBSS are expected to: follow the terms and ethos of this policy.

Appendix 1: Summary of Drug Education Resources and Approaches

KS2: Life Skills Focus

Resources available from:

Mentor

Shropshire Respect Yourself (RSE Programme)

PSHE Association Curriculum:

KS3: Friendship & Social Group Focus

Alcohol in the context of peer pressure/ Self-esteem & decision making
See the Shropshire Respect Yourself RSE lessons

Resources available from:

PSHE Association
NSPCC

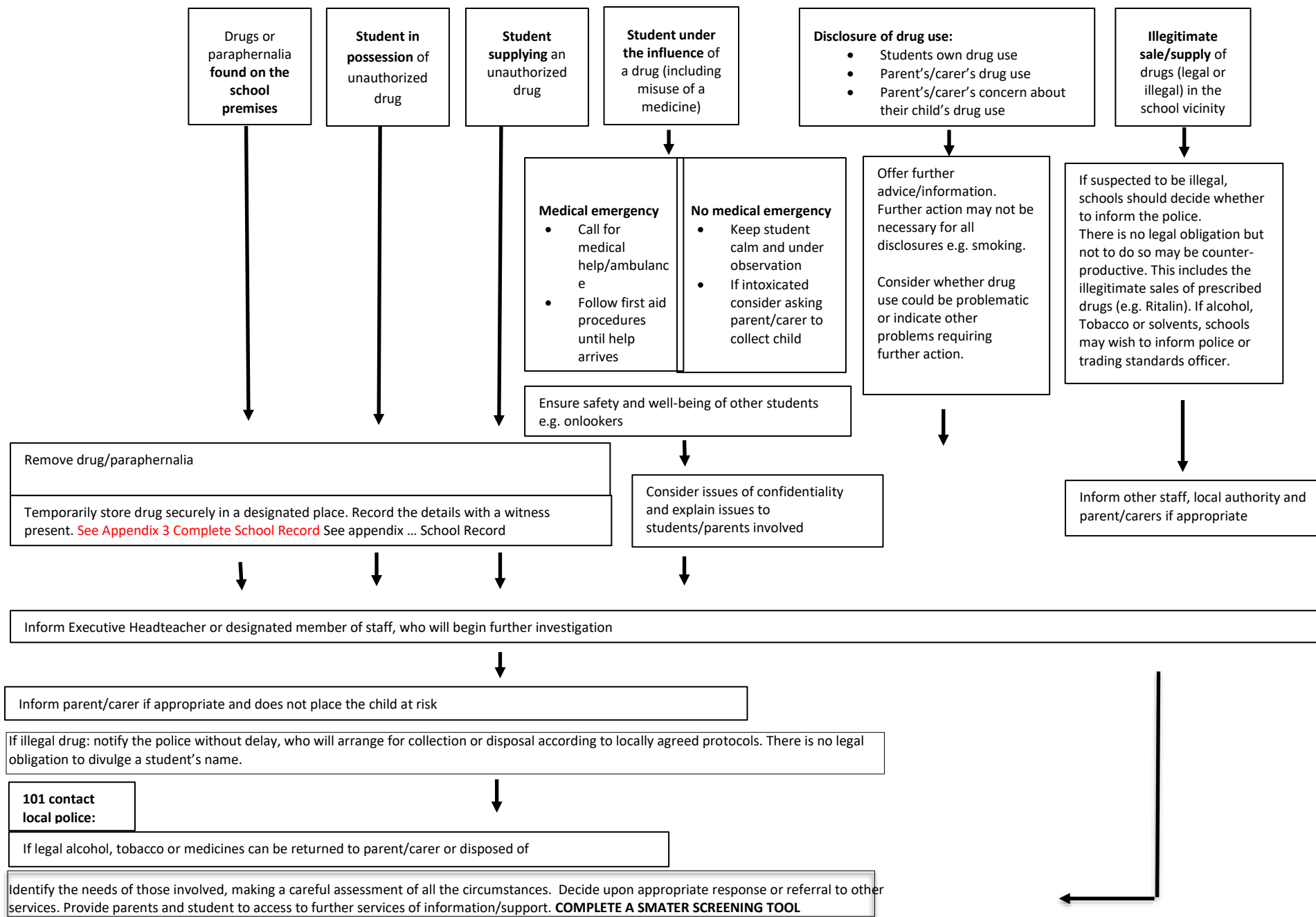
KS4: Experimentation & Personal Identity Focus

Drug education in the context of relationships, managing emotions and peer norms
Building resilience, decision making skills and self-esteem.

Resources available from:

PSHE Association
NSPCC

Appendix 2: Responding to Incidents Involving Drugs



SMARTER

SCREENING TOOL

SUBSTANCE MISUSE & RISK TAKING EARLY REFERRAL

With You Shropshire are a specialist drug & alcohol support service.

We work with young people that have a Shropshire postcode - up until their 19th birthday. We may support young people beyond this if they have complex needs e.g. leaving care or are receiving support for their mental health.

SCREENING TOOL

The SMARTER screening tool will indicate when specialist advice should be sought for a young person.

The tool will enable the identification of risk factors - however, the SMARTER screening tool will not provide a Comprehensive Specialist Substance Use Assessment.

The form is divided into sections designed to assess risk factors regarding:

Section 1: At Risk Groups

Section 2: At Risk situations

Section 3: Substance Use

Instructions:

Complete the form, ticking the box that is the most appropriate response, ask the young person open questions to gain an insight into their substance misuse and what risk it involves for the young person. A scoring system is employed in the Substance Use section. The scores should be added up and the total written in total section.

Do not worry if you are unable to gain consent from the young person, please complete the form to the best of your ability & we can offer a **'Meet & Greet'** appointment to explain more to the young person & hopefully gain their consent to a service.

Please complete all of the following sections:

RISK FACTORS

SECTION 1- AT RISK GROUPS

I am a Looked After Child (LAC)/ young person.

☐

I am excluded from School/College.

☐

I am a regular truant/ non-attender.

☐

I am involved with YOS or Probation Service.

☐

I have a Social Worker / CP / CIN

☐

I have a learning disability or development disorder e.g. ADHD, Asperger's.

☐

I am currently receiving support from CAMHS

☐

or have in the past.

I have family members who have mental health problems.

☐

I am a young carer

☐

SECTION 2 - AT RISK SITUATIONS

I am homeless, living in supported accommodation, temporary accommodation or sofa surfing.

☐

I have been involved in anti-social behaviour or crime.

☐

I have had repeated accidents/injuries or self-harm when under the influence of drugs or alcohol.

☐

I have been under the influence of drugs or alcohol at School or other settings e.g. College.

☐

I have caused others to become concerned about my lifestyle e.g. missing from home.

☐

I am, or have in the past, carried drugs for other people.

☐

I am, or have in the past, inserted drugs into my body.

☐

I have regular, unplanned unprotected sex.

☐

Any further relevant information:

SECTION 3 - SUBSTANCE MISUSE

Do you use substances?

0	No substance use <input type="checkbox"/>
2	<div> <input type="checkbox"/> Cannabis <input type="checkbox"/> Ecstasy <input type="checkbox"/> Amphetamines <input type="checkbox"/> Xanax </div> <div> <input type="checkbox"/> Cocaine <input type="checkbox"/> Alcohol <input type="checkbox"/> Solvents <input type="checkbox"/> Ketamine </div> <div> <input type="checkbox"/> LSD <input type="checkbox"/> NPS <input type="checkbox"/> Other (please state) _____ </div>
5	More than one drug at a time or mixing drugs and alcohol YES NO
5	<div> <input type="checkbox"/> Heroin/Methadone <input type="checkbox"/> Crack Cocaine <input type="checkbox"/> GHB </div> <div> <input type="checkbox"/> Other Opiates (please state) _____ </div>

How often do you use?

1	Occasional– Less than once a week <input type="checkbox"/>
3	Regular - More than once a week <input type="checkbox"/>
5	Daily <input type="checkbox"/>

Do your friends use substances?

0	No substance using friends <input type="checkbox"/>
1	Some use—some don't <input type="checkbox"/>
3	All friends use <input type="checkbox"/>

Are there any problems with substances in your family?

0	No problematic use in family <input type="checkbox"/>
5	Problematic drug/alcohol use among close family member <input type="checkbox"/>

Do you feel the need to use substances to cope with life?

0	I do not need substances to cope
2	I sometimes need substances to help me cope
5	I cannot cope without substances

Young Person's views:

Do you think your substance use is a problem?	Y	N
Do you want to change your substance use?	Y	N
Do you want to see a young person's drugs worker?	Y	N
Do you require a meet & greet to hear more about our service?	Y	N

Scoring Table

SCORE (from SECTION 3)

- 0-4** Give advice if no other risk factors from Sections 1 & 2 are present. If other risk factors are present in addition to substance misuse, consider make a referral to We Are With You.
- 5-12** Consider seeking advice BUT if one or more risk factors from Sections 1 & 2 are present, make a referral to the We Are With You team.
- 13 +** Refer to We Are With You by completing the Referral Form on page 10.

To work out scores: add figures of left column where there is a tick.

If you have any queries concerning this screening tool, wish to seek advice or would like copies of our substance guides please call We Are With You on 01743 294700, email SRPinfo@wearewithyou.org.uk or visit our social media accounts.



@WithYouShrops



@wearewithyoushropshire



We Are With You Shropshire

SCREENING TOOL - DRUGS GLOSSARY

AMPHETAMINE: Powerful stimulant that keeps people alert - usually sold as an off-white/pinkish powder that sometimes look like small crystals. Class B. Speed, whiz, sulphate, phet, base, paste, billy, base, dexies (Dexedrine). Methamphetamine (methedrine) is the strongest form of speed – can be smoked or available in powder form. Crank, crystal, ice, glass, tina or meth.

CANNABIS: Commonly used sedative with hallucinogenic effects. Class B. Sometimes cannabis is referred to by weight – 1 gram = £10.00/tens; an eighth (a Henry); a quarter (a Q) or an ounce. A 'nine bar' is 9 oz of cannabis resin.

Herbal: Weed, green, skunk, ganja, grass, bush, bud, herb, sinsemilla, shake, Pot, dope, blow, wacky baccy, spliff. Skunk is usually stronger & can be known by breed of plant – White Widow, Northern Lights, Bubblegum etc.

Resin: Solid, hash, pollen, slate, rocky (Moroccan), black, squidgy black.

Hash oil: Cannabis in liquid form – very rare in the UK.

Dabbing: Dabs are concentrated doses of cannabis that are made by extracting THC using a solvent like butane or carbon dioxide - resulting in sticky oils commonly referred to as wax, shatter, budder & butane hash oil (BHO).

Edibles: Forms of cannabis that can be eaten as cakes or sweets & can be available to purchase online. The strength can catch users off guard & leave them very unwell.

COCAINE: Powerful stimulant snorted as a powder (coke, posh, Charlie, white, snow, blow, wash, flake, sniff). Crack cocaine is much stronger & smoked from small rocks (stone, base, freebase, toot). Class A.

DMT: Powerful hallucinogenic drug from plants that can be smoked or snorted. Class A. Dimitri, ayahuasca.

ECSTASY:

Popular stimulant sold in pills (ecstasy) or powder (MDMA). Class A. MD, Molly, Mandy, E, beans, mud, brownies, XTC. Often known by the image stamped on the pill ie Mitsubishis, doves, dolphins, Donkey Kong, Blue Punishers, trump, Putin, Audi, Sprite, Technogym, Skype, Maybach etc.

Similar drugs are MDA (Adam) and MDEA (Eve).

Other ecstasy type drugs are 4-MTA (Flatliners) and 2CB.

GBL & GHB:

Strong
mixed with alcohol.

Closely related drugs with similar powerful sedative & anaesthetic effects. potential for dependency in regular users. Very dangerous
When consumed GBL is converted into GHB in the
body. Class C. Blue Nitro, G, liquid ecstasy (not chemically related to
ecstasy), 1, 4-BD, Geebs.

HEROIN:

Powerful opiate sold as a white/brown powder – addictive with risk of
overdose. Class A. Smack, gear, brown, skag, H, horse, junk, china
white. Often referred to by price e.g. 'a ten bag or twenty bag'.
Smoking heroin is called 'tooting' or 'chasing the dragon'. Injecting is
sometimes referred to as 'digging', 'pinning' or 'shooting up'.

Other opioids: Methadone (physeptone), Subutex (buprenorphine),
Dihydrocodeine (DF118), Diconal – known as 'pinkies

Synthetic opioids: Man-made drugs such as Fentanyl & Carfentanyl that
mimic the effects of natural opioids (such as opium or heroin). Most
synthetic opioids are Class A drugs.

KETAMINE:

Special K,

Hallucinogenic dissociative sold as a grainy white powder. Class B. K,
Vitamin K, Super K, Ket, Wonk, Wobble, Green, Donkey Dust -
often referred to as a horse tranquilliser.

LEAN:

containing
other opiates –

Drink made from cough syrups (Nurofen Plus/Max, Codis500)
Codeine & promethazine. Similar pain relief effects to
addictive with risk of overdose. Class B. Syrup, Purple
Drank, Dirty Spite.

LSD:

Class A.

Hallucinogen - small squares of paper, a liquid or pellets (micro-dots).
Acid, trips, dots, Lucy, tabs, blotters – sometimes the name is
the picture on the blotter.

MAGIC Hallucinogen – can be found wild or bought dried & made into tea.
Class A. **MUSHROOMS:** Shrooms, liberty caps, liberties, mushies, magics, philosopher's stones, amani, agaric.

NPS (NEW Drugs containing one or more chemical substances to mimic & produce similar

PSYCHOACTIVE effects to drugs like cocaine, cannabis & ecstasy – formerly known as 'legal highs'

SUBSTANCES): but illegal since 2016.

Cannabinoids: mimic cannabis and are traded under such names as Spice, Super Lemon Haze; Super Strawberry haze; Black mamba; Pandora's Box; Exodus Damnation; Psyclone; Cherry bong, Blue Cheese, Bombay Blue Extreme, X, Tai High Hawaiian Haze, Clockwork Orange, Annihilation, Amsterdam gold, Devil's Weed

Hallucinogens: mimic substances like LSD - include 25i-NBOMe, Bromo-Dragonfly & the ketamine-like methoxetamine.

Stimulants: mimic substances such as amphetamine, cocaine and ecstasy. BZ, MPDV, NRG-1, Benzo Fury, Ivory Wave, MDAI, ethylphenidate, Go Gaine, Charley Sheen, Pink Panther. Mephedrone is a powerful ecstasy-like stimulant. Also known as Meow, Meph. MC, M-smack, charge, 4-MMC, M-CAT, Drone, bounce or bubble.

Tranquilisers: mimic anti-anxiety drugs, in particular from the benzodiazepine family & include Etizolam, Pyrazolam and Flubromazepam.

NITROUS OXIDE: Solvent usually inhaled from balloons – contained in small silver canisters. Illegal to supply or use for psychoactive effect since 2016. Mr Whippy, whippits, laughing gas, NOS, NOZ, balloons, chargers, hippie crack. Covered by Psychoactive Substances Act 2016 – making it illegal to supply for human consumption.

PRESCRIPTION DRUGS: Commonly misused classes of prescription drugs include:

Opioids: Co-codamol & Codeine – for pain. Class B.

Benzodiazepines: central nervous system depressants for anxiety & sleep disorders - Xanax, diazepam/Valium, Tempazepam – Blues, roofies, downers, vallies. Class C

Stimulants: for ADHD or narcolepsy such as Dexedrine. Class B.

Pregabalin & Gabapentin: Prescription only medicines (Neurontin, Lyrica) used to treat epilepsy, anxiety & pain. Addictive with risk of overdose – especially if mixed with other drugs/alcohol. Class C. Bud Light, Budweisers, Gabbies.

SOLVENTS: Wide range of glues, gases & aerosols containing volatile substances - which people sniff to get high – butane gas (lighter refill), petrol, deodorant/hairspray canisters, Nitrous Oxide. Illegal to supply or use for psychoactive effect since 2016. Tooting, huffing, dusting, chroming, glue sniffing.

XANAX: Alprazolam is a tranquilising benzodiazepine prescription medication – however most 'street benzos' are illicit/fake & can contain harmful substances that can lead to hospitalisation or death. Xanax comes in a bar shaped pill. Class C. Zannies, bars, planks, footballs, downers, ladders, Xans, yellow boys, white girls, white boys, handlebars, school bus, blues, Xanbars.

Please note: This glossary is not exhaustive! Street names for drugs can vary from town to town & between peer groups. Many of the new drugs sold over the internet may not contain what is advertised & can be very dangerous.

Useful websites:

www.drugscope.org.uk both contain drugs information and glossaries

www.talktofrank.com

www.drugsand.me educational harm reduction information

www.erowid.org has comprehensive scientific, photographic & user-based information

www.drugs.com has information about prescription & over-the-counter medicines

CONTACT

Call: With You Shropshire on 01743 294700

Email: SRPinfo@wearewithyou.org.uk

Use our webchat: www.wearewithyou.org.uk

Follow our social media pages below:



@WithYouShrops @wearewithyoushropshire We Are With You Shropshire

REFERRAL FORM

Name of Referrer:

Agency:

Contact Address:

Email address:

Contact Telephone Number:

Young Person's details:

Name:

DOB:

Male

Female

Address:

Postcode:

Telephone (home): Email address:	(mobile):
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What school/college does the young person attend?
--

Can the young person be contacted at home?	Yes / No
---	-----------------

Are Parents/Carers aware of the Smarter Screening Tool being completed No	Yes /
--	--------------

Do you give your consent / permission for a copy of the Screening Tool to be sent to We Are With You?

Yes	No	Young person signature:
------------	-----------	--------------------------------

Date referral form sent:

Please note we only accept referrals via the following email address:

Email: SRPinfo@wearewithyou.org.uk

Keep a copy of this form for your reference

Appendix 4: Laws Relating to Controlled Substances

The Misuse of Drugs Act 1971 aims to prevent the non-medical use of certain drugs and defines a number of offences such as possession and use, possession with intent to supply, production, cultivation or manufacture, supply or offer to supply, importation or exportation, the occupier of premises knowingly permitting or allowing premises to be used for drug related production or supply.

The offences committed and hence the legal consequences depend on the class of drug.

The Psychoactive Substance Act 2016 cover offences to the supply and / or production of novel psychoactive substances.

Searching Students:

Senior staff have a statutory power to search students or their possessions, without consent, where they have reasonable grounds for suspecting that the student may have a prohibited item.

Prohibited items are defined as knives or weapons, alcohol, illegal drugs, stolen items, tobacco and cigarette papers, fireworks, pornographic images and articles that the member of staff reasonably suspects has been, or is likely to be used:

- i. to commit an offence
 - ii. to cause personal injury to, or damage to the property of, any person (including the student)
- A student's bag or other personal belongings can be searched if member of staff has reason to believe that it contains Drugs/controlled substances.
 - If a member of staff suspects a student is concealing illegal drugs on their person, every effort should be made to secure voluntary production by asking them to empty their pockets/bag etc. This should be done in presence of another member of staff and items placed securely on an open surface ie desk.
 - If the student refuses, staff may contact the police; the student should be isolated and supervised.
 - Physical searches or asking students to remove articles of clothing should never be made.
 - If the student does not cooperate and leaves the school premises the police should be informed.

Appendix 5: Drugs and Sex Related Litter

These guidelines are intended to minimise risk to students and staff.

Any member of staff who becomes aware of paraphilia that may have been involved in drug or sexual activity should treat the item as potential harmful to them and others.

Inform the head teacher and, if item is drug related, the police.

Do not touch the item.

Isolate the area.

Contact Shropshire Council Streetscene on 0345 678 9006

Appendix 6

Case Studies

Case Study 1 Contain and Retain

Student A

Background Information

History of substance misuse

Involvement from Children's Services and We Are With Yous. We Are With Yous closed due to lack of engagement.

Mother has a history of substance misuse.

Information was shared with all agencies for each incident

Timeline

- There had been suspicions of Student A smoking cannabis during break time. The staff rota was amended to ensure supervision of all students during any break periods.
- On a school trip, student A smoked cannabis – this resulted in 1 day fixed term exclusion.
- Staff often commented of Student a smelling of cannabis, hungry and displaying odd behaviour.
- Engagement in lessons was minimal.
- There was another student attending the centre from the same area. Both students used substances and often escalated their behaviours when together. The decision was made to move one of the students to a different centre to disrupt the behaviours.
- There were reports that Student A had took MDMA in the taxi home and there was a lot of “drug talk” during lessons
- Student A continued to smell strongly of cannabis
- Student A brought drug paraphernalia into school
- Student A is now searched when arriving at school
- Student A was found with a bag on cannabis – this resulted in a fixed term exclusion.
- Still reports of Student A smelling strongly of cannabis and lack of engagement in lessons. It was decided that fixed term exclusions were not proving beneficial in this instance. Student A was spoken to regarding this and the decision was explained to him and parents.
- Since the return in September. There has still been disruptive behaviours displayed but and concerns around cannabis use but the frequency of the concerns are less.

- Student A had left the site smoked some cannabis with two other students. He was honest with staff about this and staff praised this. He also accepted that staff had to inform the police

Analysis

Student A is clearly still involved in substances but it is clear that he has built positive relationships within school to allow the searches to take place and to be open and honest when questioned on potential substance misuse.

The decision to not fixed term exclude for a third occasion that shown Student A that school are looking at alternative options to support him in managing the substance misuse. It also shows him that school will not always take the conventional route and this has allowed the path for communication to be clear and an element of trust. The decision was justified when Student A was honest about a recent incident. The incident proved to be an opportunist moment for the students concerned and not a reflection on staff procedures.

Case Study 2 Sharing or Dealing

Student B

Background Information

Family history of involvement with County Lines

Involvement from Children's Services

Historical domestic violence in the home

Information was shared with all agencies for each incident

Timeline

- Poor behaviour in lessons and constant disregard for the smoking policy
- Threats to other students around her informing her sibling of their behaviour
- Student B talks openly about her "friendship" with other gang members
- Suspicion of Student B bringing a cannabis joint into school. Unable to search as it is suspected the joint is down her trousers
- Continued refusal to engage and constant disruptive behaviour in lessons. Often abusive to other students
- Coming into centre with cash
- Refusal to engage with We Are with You
- Concerns raised about her vulnerability with regard to exploitation. CAWN discussed with SW and Parent
- Alternative timetable arranged to manage her attendance in school with other "at risk" students
- Continued disregard for boundaries and unable to follow basic instructions
- Smelling of cannabis – family report that this was because she was wearing a family members coat

- Talked to other students about the drugs she has taken
- Other students are aware of family connection, giving Student B some status
- Some family members arrested during the summer
- Police called re Student B having a significant amount of cash
- Shared a cannabis joint with other students

Analysis

There are significant concerns around the welfare for this student due to the family links with county lines.

There have been 2 occasions where there are concerns that she has brought cannabis into school and 1 occasion where we are sure she has. She has also arrived with cash and she is often seen with other vulnerable individuals who are at risk of or are being exploited.

Fixed terms are only ever a last resort due to her vulnerabilities. Instead, a bespoke timetable has been organised to offer a balance of academic and enrichment subjects. This allows Student B to experience activities she may not have had access to previously and hopefully allow her to follow in other directions other than substances and the exploitation culture.

However, staff have to be extremely cautious and look for any signs or indicators that may raise suspicions of dealing substances or recruiting into any gang – particularly in younger students.