

# **Acknowledgements**

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# Drugs: Guidance for Further Education Institutions

## Purpose of the guidance

The aim of this guidance is to help further education (FE) institutions:

- respond to the drug education needs of students
- manage drug related situations
- develop and implement a college policy on drugs

The focus is on students aged 16-19 in further education but the guidance is also relevant to students in other age groups.

This guidance supports *Drugs: Guidance for Schools (Department for Education and Skills (DfES) 2004)* and draws out areas of relevance for FE institutions. Schools with sixth forms and colleges with an increasing population of 14-16 year olds should particularly refer to *Drugs: Guidance for Schools (DfES 2004)*.

Drugs: Guidance for schools (DfES 2004) provides guidance on all matters relating to drug education, the management of drugs within the school community and drug policy development.

Copies of *Drugs: Guidance for schools* and *Drugs: Guidance for schools - Summary for Headteachers and Governors* can be downloaded from www.dfes.gov.uk/drugsguidance. Hard copies are available from DfES publications by calling 0845 602 2260, quoting reference number DfES/092/2004 (guidance) and DfES/0112/2004 (summary).

# Who the guidance is for

The guidance will be of particular relevance to:

 principals of colleges/head teachers of schools with post-16 units

- managers and staff of Student Services
- staff who co-ordinate tutorials
- student representative bodies
- tutors
- personal advisers
- counsellors
- and others working to support student welfare e.g. health promotion workers, drug agencies, youth service

The guidance has been developed in consultation with those who work and study in FE institutions and other related services. It takes into account the latest research and existing government and good practice guidance on drugs.

### **Terminology**

The term 'drugs', unless otherwise stated, is used to refer to all drugs:

- All illegal drugs (those controlled by the Misuse of Drug Act 1971)
- All legal drugs, including alcohol, tobacco, volatile substances (those giving off a gas or vapor which can be inhaled), ketamine, khat and alkyl nitrites (known as poppers)
- All over the counter and prescription medicine

For the purpose of this document FE institutions, FE colleges, Post 16 providers, sixth form colleges, schools with sixth forms will be referred to as **'college/s'**.

#### The role of colleges

Colleges reach an increasingly diverse student population, some of whom may have specific

#### **Statistics**

People aged between 16 and 24 years are more likely than older people to have used drugs in the last year and last month - 28% had used at least one illicit drug in the last year. Findings 229, Prevalence of drug use: key findings from the 2002/2003 British Crime Survey (BCS)

The most commonly used illicit drug by young people is cannabis. 26% of 16-24 year olds reporting use in the last year. *Findings 229, Prevalence of drug use: key findings from the 2002/2003 BCS* 

Among young people aged 16-24 year olds, use of amphetamines and LSD in the last year has decreased and cocaine is the only drug where use has increased. There has been a decrease in ecstasy use since 2001/02. Findings 229, Prevalence of drug use: key findings from the 2002/2003 BCS

Around 8% of 16-24 year olds had used a Class A drug in the last year. Findings 229, Prevalence of drug use: key findings from the 2002/2003 BCS

14-19 year olds have the highest levels of death caused by Volatile Substance Abuse of all age groups. Trends in death associated with abuse of volatile substances, Department of Public Health Sciences, St Georges Hospital Medical School, June 2002

16-24 year olds are the heaviest drinking section of the population; 42 per cent of young men had drank more than 21 units of alcohol a week and 32 per cent of young women drank more than 14 units a week. Health Survey for England 2002, The Health of Children and Young People, Department of Health

### **Statistics**

Although young people drink less frequently than older people, men and women aged 16-24 were more likely to have exceeded the recommended number of daily units on at least one day in the previous week. *General Household Survey 2001/02* 

Young people say they are more likely to have had sex with someone they regret when they have been drinking. A third of 15-19 year old girls and over a quarter of boys regretted having sex that happened when they had been drinking *Ingham 2001*, *cited in Alcohol and Teenage Pregnancy, Alcohol Concern 2002* 

Young people aged between 18 to 24 who binge drink (reported 'being drunk' either on a weekly basis or at least once a month) reported a range of risk-taking behaviours, including walking home alone, getting into cars or going home with strangers, going in unlicensed minicabs and having unprotected sex. *Drunk and disorderly: a qualitative study of binge drinking among 18-24 year olds, Home Office Research Study 262, 2003* 

Young drinkers aged between 16-24, often binge drinking, are more likely to suffer accidents, assaults and acute incidents of alcohol poisoning. *Interim Analytical Report for the National Alcohol Harm Reduction Strategy, Strategy Unit 2003* 

Young men aged 16-19 year old are overrepresented in drink-drive road accidents deaths. *Alcohol Alert 2001* 

Among 16-24 year olds, 33% of young men and 35% of young women said they were current smokers. *Health Survey for England* 2002, *The Health of Children and Young People, Department of Health* 

needs relating to drugs. Tackling these needs effectively may help colleges meet their targets for recruitment, retention and achievement.

16-24 year olds have the heaviest reported drinking compared with any other age group. Additionally 16-24 year olds have been reported through the British Crime Survey to have high levels of drug use compared to other age groups.

Colleges should be prepared to tackle the potential impact of drug use on their students and on student life. There could be an impact on individuals' health, including mental health, and drug use is linked to social exclusion and risk taking behaviours; accidents, sexual health and crime. The impact might also be significant for individuals in the college who choose not to use drugs.

Reports by NIACE (National Institution of Adult Continuing Education); A Health Promoting College for 16-19 year old learners (James 2003), commissioned by Department of Health and Healthy Colleges, A study and report into how Further Education Colleges can promote health and well-being (Escolme, James and Aylward 2002), commissioned by DfES, explores the challenges as well as the opportunities for promoting the health and well-being of young people in FE. The reports can be downloaded from www.niace.org.uk, from the Learning and Health web page.

# The role of colleges in contributing to local and national strategies on drugs

• The *Updated Drug Strategy (2002)* aims to reduce the harm that all illegal drugs cause to society and to prevent today's young people from becoming tomorrow's problematic drug users. It aims to expand and improve the quality of school drug education and seeks ways to provide drug education in post-16 settings. The strategy also aims to target prevention programmes at the most vulnerable young people and to ensure that those who develop drug problems are identified early and receive support before problems escalate. The government has

launched a communications campaign (FRANK campaign) to encourage young people and their parents to seek advice and help. See www.talktofrank.com and to register for free campaign updates and materials log on to www.drugs.gov.uk/campaign.

- National Alcohol Harm Reduction Strategy (forthcoming in 2004). The Prime Minister's Strategy Unit is carrying out a project on how to tackle the problems associated with alcohol misuse and will publish its report setting out a cross-governmental strategy for England.
- Tackling Crack, A National Plan (2002)
  recognises that crack use poses challenges
  for education and young people. There is a
  need to include the risks of crack misuse in
  drug education for young people in areas with
  high crack problems and to provide realistic
  alternatives to crack culture.

### The Challenge For Colleges

According to our consultation *Mapping of FE student service managers* and *Local Education Authorities (LEAs) on drug policies (2003)*, the main challenges that colleges need to overcome in relation to managing drugs include:

- the lack of statutory requirements for drug education
- too few trained or confident staff to deliver drug education
- limited curriculum time and resources
- diverse educational needs and a reluctance by students to engage in anything resembling 'school' drug education
- the need for effective partnership work with external agencies, for example, police, Connexions, local drug services
- achieving a balance between strict codes of behaviour and having a supportive ethos for those coping with drug related problems
- confusion over the legal status of drugs, particularly cannabis
- part time status of some students

Examples of how some of these challenges

have been met are provided as case studies in this guidance.

### Building on what colleges are doing

Colleges are used to supporting students' educational, personal and social needs. Drugs should not be seen as isolated issues. Rather, they should be integrated into a holistic approach to student welfare, focusing on the boundaries of acceptable behaviour and education for personal and social development.

Many colleges already have procedures for managing drug related situations and some colleges are providing drug education on a formal and informal basis. The way a college manages drugs needs to be linked to and be consistent with the provision of drug education. This should be reflected in an ethos which has been developed and owned by the whole college community and that promotes a safe and supportive environment to learn and work.

# **Drug education**

# Opportunities for drug education

Opportunities for drug education can be seized across the life of the college, even when there is very limited curriculum time. Examples include:

# **Case Study**

New College Nottingham has developed and implemented a drug and alcohol code of conduct and policy that is readily available to both staff and students. The Student Development Team at the college offer a menu of social, careers and personal education programmes called the BEST (Building Employability Skills Training) programmes. Within the BEST menu is a drug education programme which is based on raising students' awareness of drugs; what drugs look like, the effects and consequences, and legal implications of drugs, along with dispelling myths and challenging attitudes. Tutors, support staff or groups of students often book these sessions to be delivered as part of the tutorial process.

The Student Development Team at New College Nottingham also offer drug training to staff through the CPD (Continuing Professional Development) Centre. This training focuses on raising staff awareness of what drugs look like, the effects and consequences of drug use, the legal implications of drug use, and how staff can respond to drug-related situations.

Much of the information and materials used in these sessions is from the FRANK campaign.

**New College Nottingham** 

- providing ongoing access to information and advice, for example through displays, information points, booklets/posters, discreet access to computer-based relevant information and internet advice, FRANK campaign material, information in college diaries
- timetabled tutorial sessions based on assessment of tutor group needs
- through subject studies, for example, child care, sociology, media studies etc., where objectives for drug education can be met alongside objectives for other studies
- through citizenship activities, for example, exploring legal position of drugs. Further examples can be found on www.citizenshippost-16.lsda.org.uk
- focus days/weeks or events
- group or individual targeted sessions
- dance events
- debates and quizzes
- health fairs
- advice drop-ins
- using drama students from the college to deliver/perform to other students
- counselling service
- external contributors to drug education, for example, theatre in education, youth workers, local drug service
- through preparation for work placements / workplace training
- peer education and support initiatives
- encouraging student representative bodies or student unions to lead on drug education activities

## Aim of drug education

Drug education for students in colleges should aim to build on and extend school based approaches. From our consultation *Mapping* of *FE student service managers and LEAs on drug policies (2003)* it was clear that young people want drug education, and they particularly value the opportunity to explore attitudes and relate what they know and learn about drugs to their own life experiences.

Drug education should aim to provide opportunities for students to develop their knowledge, understanding, skills and attitudes about drugs to help them make healthy and informed choices. Some young people may have already experimented with or may be using drugs. For such students a harm minimisation approach, which aims to ensure students know where dangers lie, and how they can be reduced or avoided, may be more appropriate. This approach should not suggest that drug use/misuse is condoned, but should allow young people to make choices about drugs, understand why others do use drugs, and highlight associated risks.

It is important that colleges focus on enhancing skills and exploring attitudes rather than simply providing knowledge about drugs, although it is important that myths and misunderstandings are corrected.

Skills to help young people respond to drug related situations include:

- communication
- handling relationships
- · accessing sources of support
- coping strategies
- developing self awareness and self esteem
- understanding, avoiding and managing risks for example, safe clubbing/ going out, sexual risk taking, drinks/drugs at work, drinks/drugs and driving/riding, giving help and first aid to others in emergencies

Examples of attitudinal work are:

- to enable students to explore their own and other peoples' attitudes towards drugs, drug use and drug users
- to explore media and social influences
- to challenge stereotypes

Knowledge, understanding, skills and attitudes can be developed across a number of personal, social and health issues. Links should be made between drugs and issues such as, sex and relationships education, fitness, safety, healthy eating, emotional health and well-being. The harm minimisation approach can be relevant to students whatever their lifestyle choices.

# Students' existing knowledge and understanding

Colleges should find out what their students already know, understand and think about drugs. This may be done, for example, through focus groups, one-to-one interviews with tutors, student-led action research, questionnaires and student discussions. This will help identify what students want to know, as well as apparent gaps in knowledge and skills and it may also highlight needs of young people who are particularly vulnerable to drug use.

For more guidance, see Section 3.1 Issues to consider when planning, Drugs: Guidance for Schools (DfES 2004).

# **Case Study**

In February 2003 York College, supported by funding from Safer York Partnership, launched a project with 1500 students in the college to find out what they wanted from a drug education programme. Through focus groups, questionnaires and individual activity a consultation programme was set up led by professional health education advisers. As a result, a teaching strategy was devised and delivered, and this proved very successful among the students. Typical comments from the students included: "It makes you re-think about what you are going to do and be sensible about it" Media student, aged 16

"These session were interesting and easy to understand. They also made it comfortable to ask questions" ICT student, aged 16

Such was the success of the programme that a Drug Education Adviser, funded by Safer York Partnership, was appointed to the college in October 2003. Their brief is to raise awareness of drug issues among the 16-19 age group, minimise risk and harm to drug users, develop inter-agency relationships and address and enhance the current service to the students.

Major promotional events and exhibitions are planned by the Drug Education Adviser linking to national awareness campaigns.

#### York College

# Drugs of particular significance

There may be occasions when the college may want to focus on particular drugs, although this should still be part of the overall drug education provision. This could be because of; trends in local drug use, an incident in the college, high media profile or particular interest from the students.

See Section 2.6 Drugs of particular significance, Drugs: Guidance for Schools (DfES 2004) for more information on alcohol, tobacco, cannabis, volatile substances and Class A drugs.

Cannabis was reclassified on 29th January 2004 to Class C from a Class B drug.

To find out more about the reclassification and to order an information pack and leaflets, go to www.drugs.gov.uk/Nationalstrategy/
CannbabisReclassification

Information for young people can be found at www.talktofrank.com/azofdrugs/C/Cannabis .aspx

#### Peer education

Research indicates that young people enjoy and learn from drug education delivered by their peers. Colleges may want to include

# Case Study

Nailsea School has been involved in a successful peer drug education project for the last seven years. The project is co-ordinated by North Somerset Local Education Authority (LEA). Sixth form, Year 10 and Year 11 students are trained to be peer drug educators who deliver to Years 7, 8 and 9 in their own school and to Year 6 in local primary schools. The peer educators receive training from their local police, Youth Offending Team (YOT), Primary Care Trust (PCT), LEA, school nurse team and other interested professionals, which includes a residential event. Alcohol misuse is a big concern for the local community and the students have responded to this by focusing on alcohol in their programme and have produced an alcohol awareness booklet 'Think before you drink' to support their peer delivery.

#### **Nailsea School**

peer education within their provision. Peer education requires plenty of planning, training, preparation and ongoing support for the peer educators. It is often the peer educator that benefits the most from peer education. Colleges can draw on local external agencies for training and support, for example, youth service, young peoples drugs services and community drug prevention agencies.

# External contributors to drug education

External agencies can make a valuable contribution and enhance drug education. Their input should be integrated into the college's provision. Colleges need to ensure the agency is providing a high quality input in line with the overall aims of their drug education provision.

Many young people request an input from an ex-user who has had experience of drug misuse. Colleges need to make sure this input is suitable for their students by ensuring the content is relevant and presented well. Without careful planning the input may arouse interest or glamorise drug use or describe experiences which students may have difficulty relating to.

For further information on external contributors, see Section 3.6 External contributors to drug education, Drugs: Guidance for Schools (DfES 2004).

#### Monitoring and Evaluation

Monitoring and evaluation will provide information about the quality of the drug education provision and its effectiveness. It should be built into the planning and development of the drug education provision.

Monitoring and evaluation activities could include: observing sessions, focus group discussions with students and staff, and feedback questionnaires on particular aspects of drug education provision.

For more information on monitoring and evaluation, see Section 3.10 Monitoring and Evaluation, Drugs: Guidance for Schools (DfES 2004).

### Staff training

Some colleges have trained staff to deliver drug education. But in many colleges, the task often falls to tutors with other areas of expertise. It is not realistic to expect staff to become drug experts, and they don't need to be expert. The role of staff is to focus more on facilitating students' learning and helping students develop generic skills, rather than providing in-depth information about drugs.

Staff should know where to find credible drug information and help students access such information for themselves. They may benefit from training to build confidence in their abilities to facilitate learning across a range of personal, social and health issues. Some specific training

may be needed to enable staff to feel confident in this role of managing drugs, for example:

- training on understanding the college policy on drugs (and associated policies) and their role in implementing the policy
- training on sources of support such as, local services, national helplines, websites and procedures for referrals
- training on general drug awareness
- training on the use of specific learning materials

For information on where to access training, go to www.teachernet.gov.uk/pshe

This website is aimed at teachers of Personal Social Health Education key stages 1-4, but may also be useful for FE staff.

# Managing drug related situations

Colleges should make it clear that possession, use or supply of illegal and other unauthorised drugs within the college boundaries is unacceptable. However, there will be particular situations where other drugs may legitimately be in colleges, for example, medicines, tobacco and alcohol. For further guidance, see Section 4.5 Drugs which may be authorised in schools, Drugs: Guidance for Schools (DfES 2004).

All institutions or establishments need to be aware that under Section 8 of the Misuse of Drugs Act 1971 it is an offence for the management of establishments (this includes colleges) to knowingly permit the supply and production of any illegal drugs on their premises. It is also an offence to allow premises to be used for the smoking of cannabis and opium, and the preparation of opium. Please see Section 4.4 Schools and the Misuse of Drugs Act for further information (on avoiding prosecution) and Appendix 3: Summary of relevant laws, Drugs: Guidance for schools, (DfES 2004).

Drug related situations could range from a one-off incident of possession or supply to a long-term problem with a student. Situations can also arise that are not a direct result of

student behaviour but of others in or outside of the college, for example, disclosure of someone misusing drugs, drug paraphernalia found on college premises or knowledge of the sale/supply of drugs in the vicinity of the college.

All colleges should have procedures to manage these situations to ensure there is a consistent response. However, a flexible approach is needed; the precise response can't always be pre-determined, as each circumstance will vary.

Colleges should work closely with local police liaison officers to agree procedures for managing drug related situations. There is no legal obligation to involve the police in incidents involving illegal drugs, or where police are involved, to share the identity of the students. Involvement of the police will depend on the individual circumstance and those involved in each case.

Colleges will need to define the limits of their premises and boundaries, and outline clearly procedures for;

- managing medical emergencies involving drugs
- involving and working with the police
- taking temporary possession of and disposal

of suspected illegal drugs

- confiscation and disposal of other unauthorised drugs
- disposal of drugs paraphernalia
- detection
- circumstances where searches may be considered appropriate
- recording an incident

For further guidance for formulating these arrangements, colleges should refer to Section 4 - Good management of drugs within the school community, Appendix 8: Responding to incidents involving drugs, Appendix 9: Drug situations - medical emergencies, Appendix 10: Guidance on the use of sniffer dogs and drug testing in school and Appendix 11: Record of incident involving unauthorised drug, Drugs: Guidance for schools, (DfES 2004).

### **Vulnerable students**

Colleges should be aware that some students may be particularly vulnerable to drug misuse

# Case Study

Students who are not attending regularly, those struggling with their studies and vulnerable students are offered oneto-one personal tutorials from their tutors to discuss and try and resolve with them the issues that are causing the problem with their progress. Where the student needs more intensive one to one support than the tutor can offer, the student is referred to a Learning Mentor, who is based at the college. It is often at this stage that other issues, such as drugs, homelessness, pregnancy, bereavement and relationship problems, which are underlying the initial problem with progress, are uncovered. In some cases, concerns around drug use are not identified as the primary concern but tend to be linked to other issues identified and faced by the student. The Learning Mentor would offer further support and if specialist support is required, the college has protocols in place with local support agencies where the students can be referred to.

#### **Newcastle College**

and other social problems. For example:

- Young people who are looked after or who have recently left care
- Young people who truant or have been excluded from schools
- Young people with special educational needs
- Young people with mental health problems
- Young people in contact with the criminal justice system
- Those who live with drug misusing parents/ carers
- Young people who are homeless or involved in prostitution

In some cases the college may be the first opportunity for students to receive drug education and support.

Colleges should ensure vulnerable young people are identified and receive appropriate support, through the pastoral system and through targeted drug education. Local support services can assist colleges to do this. Colleges need to identify internal support that is available to students as well as external agencies that may be able to offer more specialist support, for example, local drug service, college counselling service, Connexions, youth service and social services. This information should be made available to the students. Staff should make themselves aware of referral protocols to local support services.

For more information, see *First steps in identifying young people's substance related needs (Britton and Noor, Home Office 2003)* 

Students need to feel confident to seek support and guidance from the staff without fear of reprimand or being judged. Colleges should make explicit to students the level of confidentiality that can be offered, and how this is limited. Colleges cannot promise total confidentiality, but if a student discloses information, which they wish not to be shared, this should be honored unless it puts the student or someone else at risk.

## Responding to a drug related situation

Each drug related situation would require a thorough investigation to establish the facts and any student support needs, before deciding on an appropriate response. As drug problems tend not to occur in isolation, the response should not focus exclusively on drugs but take a holistic approach. Responses could include early intervention and targeted prevention, counselling, referral to other services or disci-

plinary procedures. Disciplinary procedures should be proportionate to the offence and be consistent with other disciplinary rules in the college.

For more information on responding to drug related situations, see Section 5.3

Establishing the nature of incidents and Section 5.4 A range of responses, Drugs: Guidance for Schools (DfES 2004).

# The college drug policy

It is strongly recommended that all colleges have a drug policy, although there is no statutory requirement. The drug policy should be part of a holistic approach that promotes the health and welfare of all members of the college community. The policy should provide transparency and coherence in the way the college manages all drug matters, including drug education, managing incidents and responding to student needs.

The drugs policy should link with other relevant policies, for example, student discipline, health and safety, confidentiality and data protection. This will help to emphasis the whole college approach to managing drug matters.

Colleges should identify a key person or key people with designated responsibility for the management of drugs and for drug education, including planning, coordinating and monitoring throughout the college.

# Developing, implementing and reviewing the drug policy

A range of individuals from the college community should be involved in developing, implementing and reviewing the policy, including, students, student unions, teaching and non-teaching staff. Colleges can also involve people from external agencies, for example;

- police
- local drugs services
- local health promotion unit
- Connexions

- parents/carers
- the youth service

Consulting a range of people increases the likelihood that the policy will meet the diverse needs of the college community and be more effective in practice. In particular, it will help the college to understand the impact of the local drug situation on the college students and staff.

The involvement of students in developing the drug policy is crucial, as the student population will bring a wide range of personal and social experience. It can support the college to deliver drug education that is relevant, credible and responsive to students' needs. It also helps to raise student awareness of the college's stance on managing drug related situations.

Like all other policies, the drug policy should be reviewed and updated on a regular basis to make certain the content is kept up to date and to maintain its effectiveness. It should be readily available and accessible to all.

Where pre-16 students from schools are accepted on to courses, the students remain the responsibility of the school and therefore will be managed according to the school policy. It is vital that all parties are aware of this. Any college in this situation needs to reflect this in its policy and both college and school need to agree procedures and named contacts before these placements begin.

# Resources

There are many resources for school drug education which can be useful if adapted to meet the needs of the students. Youth work resources targeting older young people can be useful for colleges

## Some organisations have developed Post 16 resources for drug education:

Delta 1: drug education learning and training activities for 14-18 year olds/ key stages 4/5 A developmental programme for use in schools and other settings. Cohen J, DrugScope 2002

**Drunk in charge of a body.** Aimed at 13-19 year olds in formal and youth work settings. It makes direct links between sexual health and the effects of alcohol through illustrated stories supported by active learning activities. Alcohol Concern and Brook 2000

Sex, drugs and alcohol: for young people aged 14-19 with a range of abilities Makes direct links with sexual health and drug and alcohol use. Lee H. Buckiewicz M. (ed), Tacade, Department of Health. Tacade 2003

## A useful resource for anyone involved in providing advice or information about drugs:

**Druglink Guide to Drugs** For information on all the most widely used licit and illicit drugs and other background information on drug use in the UK. Ideal for professional development training, staff drug awareness courses and general interest. DrugScope 2004

The following databases can help colleges identify suitable resources for drug educa-

# **Drug Education and Prevention** Information Service (DEPIS)

Online information about drug education and prevention projects and resources for those

working with young people and their parents/carers.

www.doh.gov.uk/drugs/depis

#### **Alcohol Education Resource Directory**

Directory of resources and contacts for teaching about alcohol, funded by the Portman Group

www.portmangroup.org.uk

# **Useful organisations and websites: ADFAM**

Adfam offers information to families of drug and alcohol users, and the website has a database of local family support services.

Waterbridge House, 32-36 Loman St, London SE1 0EE

Tel: 020 7928 8898 Email: admin@adfam.org.uk

Website: www.adfam.org.uk

#### ASH (Action on Smoking and Health)

A campaigning public health charity aiming to reduce the health problems caused by tobacco.

102-108 Clifton Street, London EC2A 4HW

Tel: 020 7739 5902 Email: enquires@ash.org.uk

Website: www.ash.org.uk

#### **Connexions**

Information about Connexions Service www.connexions.gov.uk

#### **Connexions Direct**

Gives young people information and advice on issues relating to health, housing, relationships, career and learning options and money.

Connexions Direct advisers can be contacted by phone, email, text or webchat

Tel: 0808 0013219

www.connexions-direct.com

#### **Department for Education and Skills**

For Government updates and publications Website: www.dfes.gov.uk

#### **Department of Health**

Up to date statistical information on substance misuse, government policy and guidelines www.doh.gov.uk/drugs

#### **Drinkline**

A free and confidential helpline for anyone who is concerned about their own or someone else's drinking.

Tel: 0800 917 8282 (lines are open between 9 am and 11 pm on Tuesdays to Thursdays and from 9 am on Friday mornings to 11 pm on Monday evenings)

#### **FRANK**

National drug awareness campaign aiming to raise awareness among young people of the risks of illegal drugs, and to provide details of sources of information and advice.

24 Hour Helpline: 0800 77 66 00 Email:

frank@talktofrank.com

Website: www.talktofrank.com

Colleges can receive free FRANK resource materials, updates and newsletter by registering

at www.drugs.gov.uk/campaign

#### **Health Development Agency**

Information on the National Healthy School Standard (NHSS) and

on a range of personal, social and health issues, including drugs. Colleges can find further links for working with post 16 students.

Holborn Place, 330 High Holborn, London

WC1V 7BA

Tel: 020 7061 3072

www.wiredforhealth.gov.uk

#### National Children's Bureau

A national registered charity that promotes the interests and well-being of children and young people across every aspect of their lives.

8 Wakely Street, London EC1 7QE www.ncb.org.uk

# National Tobacco Campaign (Department of Health)

NHS Smoking Helpline: 0800 169 0 169 Website: www.givingupsmoking.co.uk

#### QUIT

An independent charity that aims to reduce tobacco-related harm by helping smokers to stop

Tel: 0800 00 22 00 Email: info@quit.org.uk Website: www.release.org.uk

#### **RELEASE**

Provides advice and referral on drug-related legal problems.

388 Old Street, London EC1V 9LT

Tel: 020 7729 9904 Email: info@release.org.uk

Website: www.release.org.uk

# Re-Solv (Society for the Prevention of Solvent and Volatile Substance Abuse)

A national charity providing information for teachers, other professionals, parents and young people

30A High Street, Staffordshire ST15 8AW

Tel: 01785 817 885

Helpline: 0808 8002345 Email: information

@re-solv.org

Website: www.re-solv.org

#### Think About Drink (NHS site)

Informative site about alcohol aimed at young people.

www.wrecked.co.uk

#### **TeacherNet**

TeacherNet is the Government site for school teachers, but could be useful for college staff to access resources, training and support.

www.teachernet.gov.uk/pshe

# **Drug Policy Framework**

#### Policy development process

- State date of approval and adoption
- State date of review
- Describe who was involved in consultation process

#### **Location and Dissemination**

- Describe plans for dissemination
- State where policy will be located

#### **Context of policy**

 Identify links with other policies. e.g. student disciplinary, health and safety, smoking policy

#### **Local and National Guidance**

 Specify local and national guidance documents used to develop policy

#### Purpose of the policy

 Outline function of policy and how it is part of a whole college approach

#### Whom and where the policy applies

- Specify whom the policy applies to e.g. students, staff, and agencies working with the college
- Specify college's boundaries and premises
- Outline how policy will apply to Pre-16 students from schools that are accessing the college

#### **Definition and terminology**

 Define term 'drugs' and any other meaning of key terms

# College's stance towards drugs and needs of students

- Statement outlining illegal drugs and other unauthorised drugs (specify which drugs) are not acceptable
- Specify rules for authorised drugs (link to other relevant policies, e.g. smoking, medicines, alcohol)

#### Staff with responsibility for drugs

 Specify named members of staff who will be responsible for coordinating drugs issues

#### **Drug education**

Outline drug education provision, including

- aims, content, staffing, timetabling, teaching methods and resources
- Indicate how needs of students will be identified
- Specify external contributors supporting drug education
- Outline provision for diverse student population, including vulnerable students and those with special educational needs

#### Staff support and training

Outline training arrangement for college staff

#### Monitoring and evaluation

State arrangements for monitoring and evaluating

#### Management of drugs at college

- Describe procedures for dealing with paraphernalia or suspected illegal drugs, including storage, disposal and safety
- Outline colleges policy on searches
- Outline strategies for responding to drug related situations and a range of responses to meet needs of those involved

#### **Police involvement**

 Outline criteria for involving and consulting police and what is expected from their involvement

#### **Needs of students**

- Outline how pastoral needs of pupils are addressed
- Outline how students are made aware of internal and external support that is available

#### Referral and external support

- Outline roles negotiated with local agencies for supporting students
- Specify agreed protocols for referral
- List local support services and National helplines/websites

#### Confidentiality

- Specify approach to ensure information is only disclosed with careful consideration to students' rights and needs
- Make links to other relevant policies



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