



# Joining Forces

Drugs: Guidance for police working  
with schools and colleges



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Drugs: Guidance for Police Working with Schools and Colleges

Association of Chief Police Officers of England, Wales and Northern Ireland  
in association with the Home Office and Department for Education and Skills

A joint DrugScope and Alcohol Concern project for the Association of Chief Police Officers of England, Wales and Northern Ireland and the Home Office

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Note on the law

The content of this document reflects the law in March 2006. Users of this document should be aware that subsequent changes in the law may affect the validity of statements in this guidance and should take steps to ensure that they are aware of any such changes.

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The ACPO drugs committee

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This guidance document from ACPO represents the first opportunity to provide a coherent framework for police working with schools and colleges on drugs and drug-related issues.

In our society, young people are particularly vulnerable to using drugs in ways that can cause them harm. In recent years, the age at which young people begin to experiment with using drugs has fallen, although the number of young people using illegal drugs on a regular basis has stabilised and may now be falling. While most young people do not use illegal drugs, some of those who do are more likely to develop problem behaviour than others. The misuse of alcohol, solvents, prescription medicines and other legal drugs can also add to the problems of our young people. The police, in strong partnerships with other agencies, can have an impact on reducing the harm that drugs cause to individuals, families and communities.

In this guidance we comment on the three main approaches to drug misuse: enforcement, treatment and education. The police have a key role to play in each. Enforcement is often seen as the major focus of police work but joint intervention with arrest-referral can help gain access to treatment and limit the impact of the criminal justice system on young people's lives. Police working together with schools and colleges in an education setting can help to inform young people about drugs, the law and the potential risks and effects of using drugs.

Recent legislation, such as the Children Act 2004, has emphasised the importance of all agencies working together to help young people, especially those who are most vulnerable. For example, the National Healthy Schools programmes provide a framework within which agencies can work together to promote the health of school children.

By consulting widely in developing this guidance we have found that police and schools work together most effectively when both partners understand the other's role in relation to drug issues; when there is a high level of trust between partners; and when the needs and interests of young people are at the centre of local agreements. Police must work with all their partners to ensure the best possible outcomes for young people who start to use drugs.



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This section provides an overview of the key issues which formed the background to the development of this guidance.

This document by the Association of Chief Police Officers (ACPO) sets out practical and strategic guidance for all police forces in England, Wales and Northern Ireland working with schools and colleges on drug issues. It is the first document of its kind issued by ACPO and builds on *Drugs: Guidance for Schools* (2004) issued by the Department for Education and Skills (DfES), *Drugs: Guidance for Further Education Institutions* (DrugScope, 2004) and the ACPO Youth Strategy document *Never Too Early, Never Too Late* (2004). It also accords with the principles outlined in *Every Child Matters* (2004). It has been written with the development of Neighbourhood Policing in mind.

The guidance describes how police can work with their colleagues in education by contributing to effective drug education; supporting the development of local policies and protocols; responding to and helping schools and colleges to manage drug-related incidents; and by working with parents and other adults in the community who seek to reduce harm from drugs. This guidance has been developed as a result of extensive consultation with police and education practitioners, with relevant agencies and organisations and with young people.

Police officers will benefit from this guidance by:

- understanding the context of drug use by young people
- understanding the role of police and partner agencies in reducing harm from drugs
- acquiring a greater understanding of the evidence for effective drug education.

Teachers and school managers will find this guidance useful by:

- understanding what contribution the police can make to effective drug education in schools and colleges
- having a greater understanding of the range of responses available to schools and police in dealing with drug-related issues and incidents
- understanding that working with police on drug-related issues can help reduce harm and make communities safer.

The guidance will be of benefit to young people because:

- they will benefit from well informed education about the law relating to drugs and the consequences of breaking the law
- they will have a greater understanding of the role of the police in helping to keep communities safe
- they will experience a joined-up approach to drugs from the police and schools.



## 1.1 Purpose of the guidance

The aim of this guidance is to ensure that police forces across England, Wales and Northern Ireland offer an informed, consistent approach to supporting schools and colleges in reducing the harm from drugs. This should be done in a way that enables police resources to be used in the most cost-effective way, supporting the National Intelligence Model control strategy either at force or Basic Command Unit (BCU) level.

## 1.2 Who the guidance is for

This guidance has been developed specifically for all police forces in England, Wales and Northern Ireland. It will be of particular interest to chief officers and senior managers, to police working directly with schools and colleges, especially Safer Schools Officers (SSOs), force drug co-ordinators and youth strategy officers. It will also be of interest to teachers and headteachers, college principals and student services managers, healthy schools co-ordinators, school drug advisers, school drug co-ordinators, Drug (and Alcohol) Action Team (D(A)AT) co-ordinators and education advisers based in local authorities. The guidance is also intended for use by those training officers who work with schools and colleges.

Others who will find it useful include those responsible for inspection services in schools and police forces: the Office for Standards in Education (OFSTED); Her Majesty's Inspectorate of Constabulary (HMIC); teaching unions; and professional associations, including the Police Federation and Superintendents' Association.

## 1.3 Diversity

In preparing this guidance the Police Service has recognised the need actively to consider both the general and specific duties placed on public authorities by the Race Relations (Amendment) Act 2000. This is particularly important in the context of drug education and prevention policies and the programmes with which they are involved. During the development of the guidance every effort has been made to ensure that the needs of children of ethnic minority communities have been adequately addressed.

Individual forces are encouraged to make sure that there are sufficient translated materials available to support their work in addressing young people's substance misuse and that those materials are culturally and religiously sensitive. This should apply to all types of information including training resources, posters, information leaflets and any other examples of written material.

Religious sensitivity is a key aspect of the professional delivery of drug education and prevention programmes. Every effort should be made actively to engage with religious communities and their leaders so that there is a mutual understanding of the objectives. A resource that suits one particular community may not be appropriate when working with another. The DrugScope and Alcohol Concern Briefing Paper *Developing Culturally Sensitive Alcohol Education Resources* (2005) looks at the cultural sensitivities around alcohol education and provides an understanding of the issues to be considered when providing alcohol education or when developing resource materials for culturally diverse groups.



#### 1.4 Note on terminology

See Appendix 14 for a fuller Glossary of terms.

The definition of ‘drugs’ adopted by this document is a wide one, taken from the United Nations Office on Drugs and Crime. It highlights the need to address all drugs, whether legal or illegal:

**The term ‘drugs’ includes all substances that affect the way people think, feel or behave. This includes tobacco, alcohol, volatile substances and illegal drugs, as well as prescription and over-the-counter medicines.**

This definition is in line with that used by the DfES in their guidance document for schools *Drugs: Guidance For Schools* (2004) (hereafter referred to as DfES, *Guidance*), and it is important that both police and schools have a similar understanding of the terminology.

Throughout this document, the term ‘schools’ should be taken to include all schools, including independent schools, and colleges.

- The term ‘police’ is used to include police officers and other members of the police workforce, including, in particular, Police Community Support Officers (PCSOs) and Special Constables. However, all the quoted research into the role of police in schools has been carried out with police officers who have the requisite police training (see Section 5 for a discussion of the issues surrounding necessary competencies and training).
- The term ‘parents’ is used throughout this guidance to include parents, carers, legal guardians and family members involved in looking after young people.
- The term ‘young people’ in this document includes all young people up to the age of 18. It is worth noting, however, that some agencies consider ‘young people’ to include those up to the age of 24 where they have special needs or disabilities.

In many places, DATs (Drug Action Teams) and D(A)ATs (Drug (and Alcohol) Action Teams) have been merged into CDRPs (Crime and Disorder Reduction Partnerships). Throughout this document, CDRPs (and Community Safety Partnerships in Wales and Northern Ireland) are taken to include DATs and D(A)ATs.

The National Intelligence Model provides a method of working based on the principles of problem-solving policing and the use of community and criminal intelligence. The National Intelligence Model is at the core of investigative theory and practice and provides the framework for gathering and using intelligence in all areas from road safety to organised crime, targeting active criminals and tackling problems on the basis of intelligence.

## 1.5 How to use this guidance

This document is divided into the core text and a number of supporting Appendices, which offer detailed information on a range of topics and documents to which reference is made in the core text.

The main sections of the guidance apply to schools and colleges in England. Important political and legislative differences in Wales and Northern Ireland are reflected in Appendix 1 and Appendix 2, which identify these differences and give details of key supporting documents.

*Police with responsibility for local planning and resourcing* will also find the following sections most central to their work:

- Section 2
- Section 3
- Section 5

*Police working with schools* will also find the following sections most relevant to their practice:

- Section 2
- Section 3
- Section 4
- Section 5

*School managers, teachers and education practitioners* will also find the following sections of primary interest:

- Section 2
- Section 4
- Section 5

The guidance is illustrated throughout by a series of case studies which provide starting points for discussion of policy and practice.

Appendix 15 contains a list of relevant documents relating to drugs and drug education from ACPO, DfES, the Home Office, the Welsh Assembly Government and the Northern Ireland Office, and from non-governmental organisations and agencies operating in this area (e.g. DrugScope and Alcohol Concern) that will be useful to police practitioners.

In particular, this guidance supports and reinforces the *Drugs: Guidance for schools* (DfES, 2004) for schools in England; *Substance Misuse: Children and Young People* (Circular 17/02, National Assembly for Wales, 2002) for schools in Wales; and *Drugs: Guidance for schools* (Circular 2004/9, DENI) and *Drugs: Guidance for Schools in Northern Ireland* (CCEA) for schools in Northern Ireland.

## 1.6 Strategic focus

Two Public Service Agreements (PSAs) from the 2005–2008 series (Chapter 21, 'Action on Illegal Drugs') are directly relevant to this document.

### PSA 1

Reduce the harm caused by illegal drugs (as measured by the Drug Harm Index encompassing measures of the availability of Class A drugs and drug-related crime), including substantially increasing the number of drug misusing offenders entering treatment through the criminal justice system.

### PSA3

Reduce the use of Class A drugs and the frequent use of any illicit drugs among all young people under the age of 25, especially the most vulnerable young people (Treasury, 2004).

Responsibility for these PSAs lies with the Home Office and DfES, with DfES taking lead responsibility on preventing young people from becoming problematic drug users.

The police service has no specific Key Performance Indicators (KPIs) for reducing or delaying drug use by young people. However, under the Children Act 2004 all agencies who work with children are required to work together for the welfare of children and young people. Thus key partners in education and social services have related performance indicators to which the police make a significant contribution and which will be inspected under the Common Inspection Framework and Joint Area Reviews. The police, with their partners, are accountable for reducing the harm from drugs at local and national levels through these strategic partnerships.

Reducing drug use by young people, particularly by the most vulnerable, is central to the government's *Updated Drug Strategy*. Choosing not to take illegal drugs is an aim within the 'Be healthy' outcome in the *Every Child Matters* framework. *Every Child Matters: Change for Children – Young People and Drugs* focuses on building provision around the needs of young people, particularly the most vulnerable, through:

- drug education – based on the guidance available to schools
- advice and information on drugs and services for young people and their families
- prevention through access to core services such as education, health, housing and family services
- social inclusion programmes offering a range of activities aimed at ensuring that young people stay engaged or re-engage with their families, education and the community
- identification and effective early intervention with groups of young people which research indicates are most at risk of drug misuse such as truants, excludees and looked-after children.

For more information on *Every Child Matters: Change for Children* see Appendix 13.

The National Drugs Strategy performance management framework includes the target: To increase the participation of young problem drug users (under 18 years of age) in treatment programmes by 50 per cent between 2004 and 2008.

See also 2.1.3 for a discussion of working in the context of Children and Young People's Strategic Partnerships and within Children's Trust arrangements.



### 1.6.1 Recording drug-related crime on school premises

In some cases the police service may have KPIs under other PSAs which appear to conflict with those of their partners. For example: possession of illegal drugs is a crime. Police forces are required to increase the number of sanction detections. However, where a young person is involved in a drug-related incident on school premises it may not always be in their best interest to become involved in a judicial process. The Home Office, ACPO and the DfES have previously addressed this issue in a note published in 2004, which states:

Police officers who witness or who have reported to them an incident which took place on school premises and which they would normally record as a notifiable offence will, in the first instance, not create a crime record for such an incident until or unless:

- a. they judge it to be a serious incident as defined below;
- b. having brought the matter to the attention of the school, in line with good practice, they receive a formal request from the school to create a crime record; or
- c. the child, parent or guardian or the child's representative asks the police to create a crime record.

A serious incident is one which meets the definition of a serious arrestable offence in accordance with Section 116 of the Police and Criminal Evidence Act 1984 [now repealed by the Serious Organised Crime and Police Act 2005 and defined as an indictable offence (see Appendix 9)]. In addition, a serious incident is one which in the view of the child, parent or guardian or the child's representative has led or is intended to, or is likely to or threatened to lead to serious harm or loss to any school child. See also Appendix 7.

This advice is appropriate and proportionate, and enables limited resources to be used to identify, prosecute and criminalise those who supply the drugs that pupils use, rather than identify, prosecute and criminalise young people who use drugs. It is essential, however, that police and schools work closely together to develop local protocols which address these issues (see Section 4.5 and Appendices 5 and 6).

### 1.6.2 Arrest of young people on school premises

A police officer who is contemplating making an arrest of a young person in school for any reason, such as the possession of illegal drugs, should consider whether this action is absolutely necessary and reasonable given the surrounding circumstances.

See Appendix 7 for more detailed information about young people and arrest, and the principles of proportionality, legality, necessity and accountability.

### 1.6.3 Drug-related intelligence gathering and sharing in schools

In the National Intelligence Model, intelligence-gathering is a separate and equally important policing activity alongside prevention and enforcement. A school community is a community like any other and it is, on occasions, quite proper to gather intelligence within it, provided this is done with the support and co-operation of the school. An intelligence-led approach includes the sharing of information between schools and police and will enable communities to be safer places to live, work and learn.

From time to time schools may request information from the police about local drug issues. In addition, it may be appropriate, as part of the National Intelligence Model tasking process, proactively to share information about emerging threats and local drug problems with schools. (See 4.3 for a summary of the Drugs Act 2005, and for information about the aggravated offence of selling drugs in the vicinity of schools.)

This guidance will identify how police forces can contribute to:

- reducing the harm from drugs
- making communities safer
- more effective partnership working.

## 1.7 Context of this guidance

This section includes: recent data about the use of drugs by young people and their involvement in drug-related crime; risk and protective factors; the role of the police in reducing the harm from drugs; the evidence for police working with schools to reduce the harm from drugs.

### 1.7.1 Young people and drug use

Most young people of school age do not smoke tobacco, drink alcohol or use illegal drugs. The prevalence of all substance use by young people in England and Wales has been relatively stable since 1997. Cannabis is the most common illegal drug used by young people under 18 years of age. After considerable increases in the 1990s and a period of relative stability since 1999, there are some signs that cannabis use may be falling among young people (Department of Health, 2006). In 2005, 12 per cent of pupils aged 11 to 15 had taken cannabis in the last year, rising to 25 per cent for 16–24 year-olds. However, the number of young people who report being offered illegal drugs has risen, and the age at which young people first use them is falling.

The use of volatile substances varies from year to year, and in some years exceeds that of cannabis use by young people under 12 years of age. There are other discouraging trends. For example, girls now report drinking alcohol as frequently as boys and the amount of alcohol consumed by those who do drink is increasing (Department of Health, 2006).

The data used in this document refer to national statistics. Police practitioners involved in school or college-based drug education, teachers and other partners will also find local statistics regarding drug use among young people helpful.

## 1.7.2 Alcohol and young people

Alcohol plays an important role in UK society. Young people drink alcohol to enjoy themselves, to feel confident and to celebrate. Some also drink to relieve stress and escape from distressing circumstances. Underage drinking and binge drinking is a cause of widespread concern. While more young people aged 11 to 15 now abstain from underage drinking, the average amount of alcohol consumed in this age group has doubled since 1990 to 10.7 units per week.

There is a causal link between alcohol consumption and violent crime. In particular young male drinkers have a tendency to misinterpret other people's behaviour as threatening and respond aggressively (Gibbs, 1986). Victims and perpetrators of alcohol-related crime share many risk factors: being male and aged between 16 and 24; being single; visiting pubs and clubs regularly and drinking alcohol on 3–4 occasions every week; and regularly consuming 10 or more units of alcohol (Cabinet Office Strategy Unit Alcohol Project, 2003). The greater the amount of alcohol consumed the more likely a young person will commit a criminal offence. A youth lifestyles study by the Home Office revealed that 69 per cent of young male heavy drinkers and 45 per cent of young female heavy drinkers had been involved in criminal or antisocial behaviour, including fighting and criminal damage (Richardson and Budd, 2003).

For further information on alcohol and young people, refer to the Alcohol Concern website at: <http://www.alcoholconcern.org.uk/servlets/home>

## 1.7.3 Volatile substances

Volatile substances are a particular cause of concern for those working with young people. There are more deaths from volatile substances than from all other illegal drugs with an average of one death per week. Deaths among under-18s have fallen since the introduction of legislation to restrict sales of common solvents used for intoxication, and since improved drug education in schools. Death can occur from a single use of volatile substances (see [www.sgul.ac.uk](http://www.sgul.ac.uk)).

## 1.7.4 The health risks from drugs

Tobacco, alcohol, solvents, prescription drugs and illegal drugs all have the potential to cause significant health risks when misused. The risks of significant health effects are greater the younger a person is when they first use them. The law which restricts tobacco and alcohol use by young people reflects these concerns. Although illegal drug use by young people is falling, the age at which young people first use cannabis and other drugs is also falling. There has been considerable debate about the effects of cannabis on mental health of young people. Some commentators believe that cannabis causes psychotic illness, while others believe it can trigger psychosis in those who have a predisposition. A recent report by the Advisory Committee on the Misuse of Drugs (ACMD, 2005) has concluded that there is a very small increased risk of a person developing schizophrenia from smoking cannabis. The full report can be accessed at [www.drugs.gov.uk/publication-search/acmd/cannabis\\_reclass\\_2005?view=Binary](http://www.drugs.gov.uk/publication-search/acmd/cannabis_reclass_2005?view=Binary)

It is clear that some young people who use cannabis regularly do so to relieve stress and anxiety. It is important therefore when deciding how to deal with young people who are using drugs to consider the reasons for their drug use and ensure they receive appropriate health advice and support. Further information on the health effects of illegal drugs can be found at <http://www.drugscope.org.uk/druginfo/home.asp>

### 1.7.5 Young people and drug-related offences

Most young people are law-abiding. According to the Mori survey of youth crime in England and Wales 2004, 26 per cent of young people aged 11–16 in mainstream education reported committing a crime in the previous year. This rose to 60 per cent for young people aged 11–17 who had been excluded from school. There has been no overall change in these figures since the inception of the youth survey in 1999, although some categories of crime have increased, and some decreased. This should be seen in context: the number of pupils permanently excluded from school for any reason makes up just 1.55 per cent of the school population (DfES, 2001/02).

Table 1 below shows drug-related crime reported by the young people in the Youth Crime Survey in 2004 and some other crimes for comparison purposes. Of those young people who reported having committed an offence in the last year, 19 per cent of young people attending secondary school reported having bought drugs, while 49 per cent of their excluded peers reported having bought drugs. In addition, 9 per cent of 11–16 year olds in school reported having sold drugs, whereas 29 per cent of those excluded from school reported selling drugs.

**Table 1 Drug-related crime reported by young people (Mori, 2004)**

Offence reported	Attending school (N=1295)	Excludees (N=410)
Bought drugs for own use	19%	49%
Sold drugs to someone else	9%	29%
Carried a knife	18%	51%
Damaged or destroyed property belonging to someone else	34%	55%
Hurt someone (no medical treatment needed)	43%	60%

In England and Wales the numbers of young people under 21 found guilty, cautioned or given a fine for drug offences or convicted of drug-related crime doubled between 1992 and 2002. The proportion of young people found guilty, cautioned or fined compared with all offenders remains stable, however (Home Office, 2003). Figures for 2004 show an increase in the number of under-17 year-olds arrested for drug offences in England and Wales (Home Office, 2005).

### 1.7.6 The hidden harm from drug-related crime

A survey by the Advisory Council on the Misuse of Drugs (Hidden Harm, ACMD, 2003) revealed that for every adult who has problematic drug use, there is a dependent child or young person under the age of 16, i.e. 300,000 children or 2–3 per cent of all children under 16 in the UK. Children of problematic drug users are 7 times more likely than their peers to develop a drug problem themselves. Young people who live with a drug using parent are also at increased risk of harm from accidental poisoning, needle injuries and neglect. Some children of drug using parents are looked after by other family members or may be in temporary and unsuitable housing, leading to disruption of stable social relationships and schooling. Some children of problematic drug users become carers for their parents, and this may involve them in obtaining drugs for their parents.

A recent report for the Rowntree Foundation (Institute for Criminal Policy Research, 2005) describes how young people as young as 12 years old may be acting as runners in some illegal drug markets. These young people are rarely drug users themselves and are often excluded or truanting from school. Although the young people appear to benefit financially from their involvement they are at risk from violence and exploitation by adults who have more to gain and less to lose from the trade in illegal drugs.



### 1.7.7 Risk and protective factors for problematic drug use

Being excluded from school, or having a parent with problematic drug use are both known to increase the risk of a young person developing a drug problem. Other factors are also associated with increased risks of young people developing problems with drugs, while some factors are correlated with protection from risks of drug problems. The risk and protective factors are shown in the table below:

Table 2 Risk and Protective Factors	
<p><b>Risk factors</b></p> <ul style="list-style-type: none"> <li>Chaotic home environment</li> <li>Parents who misuse drugs or suffer from mental illness</li> <li>Behavioural disorders</li> <li>Lack of parental nurturing</li> <li>Inappropriate and/or aggressive classroom behaviour</li> <li>School failure</li> <li>Poor coping skills</li> <li>Low commitment to school</li> <li>Friendship with deviant peers</li> <li>Low socio-economic status</li> <li>Early age of first drug use</li> <li>Being labelled as a drug misuser</li> </ul>	<p><b>Protective factors</b></p> <ul style="list-style-type: none"> <li>Strong family bonds</li> <li>Experiences of strong parental monitoring with clear family rules</li> <li>Family involvement in the lives of children</li> <li>Successful school experiences</li> <li>Strong bonds with local community</li> <li>A caring relationship with at least one adult</li> </ul>

Adapted from DfES, *Drugs: Guidance for Schools* (2004), 52

If a young person experiences a number of risk factors this increases the chance that he or she will develop a problem with drugs. However, these risk factors are not in themselves predictive of individual drug use. A young person may be homeless, have lived with drug using parents and have a chaotic lifestyle and may never use drugs of any kind. Similarly, young people may have a stable family background, be successful at school, have clear family rules and still go on to develop a drug problem. Nevertheless, efforts by all those working with children and young people to reduce the risk factors and increase protective factors should lead to a reduction in the number of young people who develop a problem with drugs.

## 1.8 The role of the police in reducing the harm from drugs

The harm from illegal drugs, volatile substances, alcohol and tobacco include health, social and economic consequences for individuals and for communities. The government's *Updated Drug Strategy* (2002) stresses the importance of partnership working to reduce the harm from illegal drugs. While the police have a specific contribution to make as far as law enforcement is concerned, there is also a long tradition of police being involved in prevention activities with young people in schools. This includes drug education in the classroom; working with parents, governors and teachers to increase drug awareness; and responding to drug incidents on or around school premises. Some police are trained to recognise the substance misuse issues early via screening and referral mechanisms which facilitate early interventions by specialist drugs workers when necessary. This ensures that needs are assessed in a universal manner and that the young person receives the level of intervention they need, thereby preventing further harm.

The police have a clear role, too, in educating young people about the law on tobacco and alcohol as suggested by the definition of drugs adopted by this document.

### 1.8.1 Alcohol strategy

The government's *Alcohol Strategy* (2004) focuses on reducing harm from alcohol misuse, and states:

The four key ways that government can act to reduce alcohol-related harms are through:

- improved, and better-targeted, education and communication;
- better identification and treatment of alcohol problems;
- better co-ordination and enforcement of existing powers against crime and disorder; and
- encouraging the industry to continue promoting responsible drinking and to continue to take a role in reducing alcohol-related harm.

### 1.8.2 Tobacco strategy

The government's policy on tobacco to reduce deaths from smoking has six areas for action:

1. Reducing exposure to secondhand smoke – making smoke-free environments the norm at work and elsewhere.
2. Media and/or education campaigns – see [www.givingupsmoking.co.uk](http://www.givingupsmoking.co.uk).
3. Reducing availability of tobacco products and regulating supply – this will include action by trading standards departments on shops that sell cigarettes to children and further reductions in tobacco smuggling.
4. Further improvements to NHS Stop Smoking Services and increased availability of Nicotine Replacement Therapy (NRT) to help smokers quit.
5. Reducing tobacco promotion – to include further restrictions on tobacco advertising.
6. Regulating tobacco – for example, proposals to put hard-hitting picture warnings on cigarette packets.

(Department of Health, 2004)

### 1.8.3 The Children Acts 1989 and 2004, and *Every Child Matters*

The Children Act 1989 provides the basis of the law relating to child protection. See [www.dfes.gov.uk/publications/childrenactreport/](http://www.dfes.gov.uk/publications/childrenactreport/) for further details. The police have a responsibility for considering child protection issues when dealing with a drug-related incident involving a young person.

The Children Act 2004 requires all those working with children and young people to work towards five outcomes for children, which are described in *Every Child Matters: Change for Children*:

- being healthy
- staying safe
- enjoying and achieving
- making a positive contribution
- achieving economic well-being.

The five outcomes form the basis of a common inspection framework for schools and children's services. Statutory Guidance under Section 11 of the Children Act 2004 places specific responsibility on the police to safeguard and promote the wellbeing of young people and all agencies are required to work together for their welfare. Police working in schools on drug issues should consider how their work contributes to 'Choosing not to take drugs' (DfES, 2004, which is a specific outcome within 'being healthy'. See Appendix 13 for more information about the Children Act 2004 and *Every Child Matters: Change for Children*.

*Every Child Matters: Change for Children – Young People and Drugs* sets out the delivery of children's and young people's services and the drug strategy. It shows how those responsible for this delivery co-operate and plan holistic responses for young people who are using drugs or otherwise affected by drug misuse. There are three main objectives to the joint approach outlined in the document:

- reforming delivery and strengthening accountability: closer links between the *Updated Drug Strategy* (2002) and the programme outlined in *Every Child Matters: Change for Children* – locally, regionally and nationally
- ensuring provision is built around the needs of vulnerable children and young people: more focus on prevention and early intervention with those most at risk, with drug misuse considered as part of assessments, care planning and intervention by all agencies providing services for children, including schools
- building service and workforce capacity, and developing a range of universal, targeted and specialist provision to meet local needs and ensure delivery of workforce training to support it.

This joint approach is being implemented nationally from 2005, with rapid and sustained progress in a number of selected High Focus Areas.



#### 1.8.4 Accountability

All local authority services for children and young people, along with the wide range of services from other agencies and organisations, are subject to a Joint Area Review (referred to as JAR). The services being reviewed include council services, health, police and probation services and publicly funded services provided by voluntary bodies such as treatment and after-care for problematic drug users.

A Joint Area Review will:

- focus on the five outcomes for children and young people
- evaluate the collective contribution made to the outcomes for children and young people by relevant services in the area
- make specific judgements about the quality of management and leadership of the council's principal education and children's social care services and other services, where there is sufficient evidence
- report on the well-being of all children and young people in the local area, covering universal, preventative and targeted services, and paying particular attention to children and young people who are vulnerable, such as those looked after by the council and/or those with learning difficulties or disabilities
- examine how local services gather and respond to the views of users, parents and carers, and ensure they involve children and young people.

#### 1.8.5 Additional responsibilities under the Children Act 2004

The police service also makes a major contribution to the ECM outcomes 'Staying safe' and 'Making a positive contribution'. It does this by providing education and support for parents, carers and children, in order to:

- help safeguard them from crime and disorder
- help them feel confident about reporting crime and disorder
- help children most at risk of antisocial behaviour and criminality
- deal quickly and effectively with young people in the criminal justice system
- safeguard and promote the welfare of children.

### 1.8.6 ACPO Strategy for Children and Young People

The ACPO Strategy for Children and Young People *Never Too Early, Never Too Late* (2003) sets out a comprehensive youth strategy for building positive relationships between young people and the police. The strategy consists of five main aims:

1. To build and maintain positive relationships between all young people and the police.
2. To provide young people and their parents and carers with the best available information to enable young people to avoid crime and disorder.
3. To take a lead in helping those children and young people at greatest risk of becoming involved in antisocial behaviour or criminality before they enter the criminal justice system.
4. To ensure policing responses are appropriately graduated towards those young offenders who are at the highest risk of further antisocial behaviour or criminality.
5. To target nominated young offender groups such as 'spree offenders' by intelligence-led policing and multi-agency partnerships.

Other points in the Strategy refer to dealing quickly and effectively with children and young people within the youth justice system, and to the use of consistent and effective processes and systems across all police forces.

### 1.8.7 Working with young people

The DfES guidance document *Working Together: Giving Children and Young People a Say* (2004) is one of a series of documents about safeguarding children. It sets out five principles of children's and young people's participation:

1. There should be a clear and visible commitment to involving children and young people with a route map of how to make it happen.
2. Children's and young people's involvement is valued.
3. Children and young people have equality of opportunity to be involved.
4. Children's and young people's participation and involvement are continually evaluated and reviewed.
5. There should be a set of quality standards.

The Youth Green Paper *Youth Matters* (2005) extends the principles outlined in *Every Child Matters* to emphasise the importance of involving young people in the development of services which are intended to support them. It proposes a range of mechanisms through which young people can be engaged in developing services and make a contribution to the community including the development of local police youth strategy.

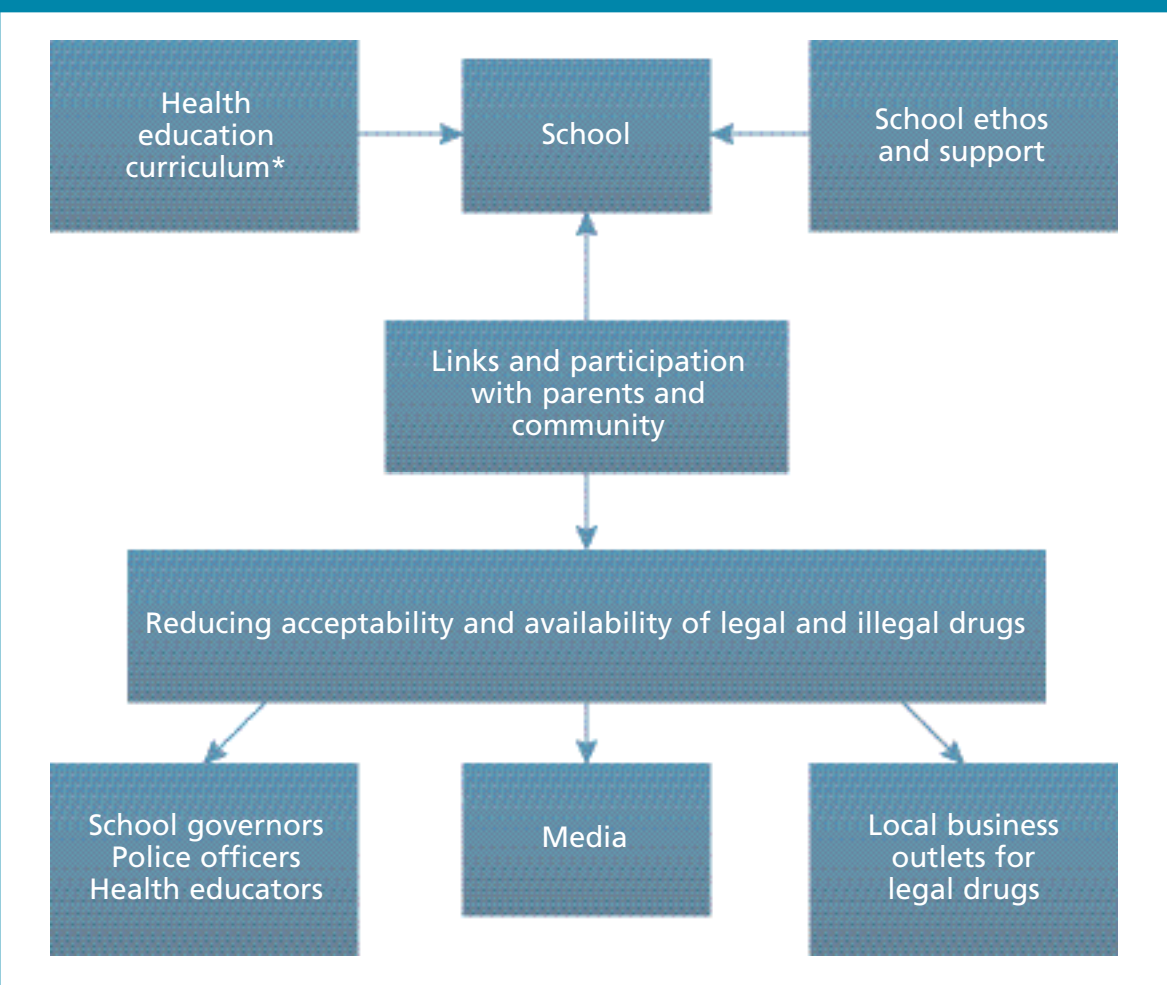
#### Case study

In Essex 70 young people have volunteered to take part in the Proactive Essex Police Youth Strategy (PEPYS) Forum. As a result the youth strategy was rewritten in a child-friendly version and 100,000 copies were distributed to young people via schools and youth groups. The forum has successfully completed a range of other initiatives, including the development of the PEPYS website for young people and has now turned its attention among other things to police training in Essex with respect to youth issues.

### 1.9 Evidence for the effectiveness of police officers working with schools on drug education

Drug education for young people is most effective when it is delivered within a whole school, whole community approach to drug prevention, where different partners work together to convey coherent messages about the risks of drug taking (Pentz and others, 1994). This whole community approach can be summarised in the model shown below (adapted from O'Connor and others, 1999). This model means that while young people may be the primary target for drug education and prevention, they need the support of well informed adults (including police, teachers, parents and governors) if they are to put what they learn in the classroom into practice in the context of their everyday lives. There is growing evidence for the effectiveness of particular forms of drug education (see Section 3.1 and Appendix 3 for more detail). All those who offer classroom-based drug education should be aware of these evidence-based teaching and learning practices, which are also summarised in DfES, *Guidance*.

#### Drug education as part of a community prevention model



\* Drug education is a part of the health education curriculum

### 1.9.1 Police involvement in drug education in schools

Drug education is a major component of drug prevention. The DfES recommends that drug education in schools be teacher led. Police forces in England, Wales and Northern Ireland provide support for schools through delivery of drug education in the classroom. In some cases this support is extensive and delivered by police officers who have had comprehensive training in school liaison (e.g. the All Wales Core Programme and Hampshire Constabulary's Getting it Right Programme). Some of this work is delivered by serving and / or former police officers working with or for not-for-profit organisations (e.g. DARE UK – Drug Abuse Resistance Education; and RIDE – Resistance in Drug Education). Other examples add value to an extensive programme provided by schools with support from the local authority (e.g. *2 Smart 4 Drugs* in Essex).

#### Case study

Essex Police run the *2 Smart 4 Drugs* events which raise drug awareness for pupils in Year 7 through a high-profile 'roadshow'. The roadshow incorporates dance, comedy, game show style quizzes and audience participation to increase young people's knowledge of the harm that drugs can cause. Local sports celebrities demonstrate alternative ways to feel good and enjoy life. The roadshow is supported by the local authority and is carried out in partnership with the local radio station.

Ideally, police involvement should be part of a wider school 'Alliance in Education' that establishes quality standards from all external contributors to a school's drug education programme. The alliance may be facilitated by the local authority school drugs adviser and will aim to ensure that external contributions are consistent with the school's drug education programme and its drug policy. See Appendix 9 for a checklist for use by schools when working with external contributors.

There is no evidence that delivery of drug education by police officers in uniform offers any particular advantage over delivery by teachers with respect to delaying or preventing drug use by young people (O'Connor and others, 1999). There is considerable evidence that, when teachers are given appropriate training and support, teacher-led programmes are more effective than those delivered by external contributors. A recent report by Ofsted (2005) found that the best delivery of Personal, Social and Health Education (PSHE) (which includes drug education) in English schools was by specialist teachers.

There is currently a lack of evaluation of police support for schools on drug issues with respect to measures of effectiveness such as drug-related knowledge, attitudes and behaviour. The costs of police officers delivering drug education are also not well documented. Most evaluations of police input are concerned with issues such as how satisfied schools are with the input, monitoring the number of lessons delivered and evaluation of the methods used. Similarly, the benefits for police working on drug issues with schools and colleges are not well documented. See Section 2.8.

However, consultation for this guidance and some research has highlighted the benefits of police support for schools and colleges on drug issues. These benefits include:

- the delivery of accurate information on drugs, the law and the consequences of breaking the law
- fostering good relationships between pupils and the police, in and out of school
- enabling pupils to understand the role of the police in helping communities to be safer
- delivering diversionary activities with highly vulnerable groups, such as truants and pupils excluded from school.

These benefits are difficult, but not impossible, to quantify.

The following case study is an example of an early intervention and diversionary activity for young people.

### Case study

Merseyside Police devised and co-ordinated the Kick it – Kick off scheme. The primary aim of the scheme is to engage youngsters aged between 14 and 16 years at risk of exclusion from school or of offending in the community. Merseyside Police have joined with the three senior football clubs on Merseyside: Liverpool FC, Everton FC and Tranmere Rovers FC. The Schools Drug Co-ordinators and a senior learning mentor based at the local High Schools select the young people and help co-ordinate the scheme. It is a short-impact (six-week) scheme in which the young people must engage with school teaching staff in addressing issues relating to their attendance, behaviour and time-keeping.

To support the social skills theme, issues relating to smoking, illicit drugs, and bullying are explored in a weekly lesson in school. The participants are then rewarded with an afternoon at one of the three football club academies where they are coached by the club's staff. The coaching follows the overall theme of instilling discipline, teamwork and developing social skills.

So far, over 500 young people have taken part in the scheme. There have been some positive outcomes for individuals, with some of the earlier participants returning to help out with the new youngsters, and one 14 year-old girl has trained as a junior referee.

The scheme is developing, and a recent extension is for those young people who attend the scheme to have their successes accredited towards the Sports Leader Awards.





### 1.9.2 Adding value to drug education

A report by O'Connor and others (1999) made a number of recommendations about the value of the police service delivering drug education within a model of good practice:

- Police may have the most impact and credibility by restricting their inputs to recognised areas of police expertise, drugs and the law, and ensuring that the content and delivery are appropriate to the needs of the young people.
- Police programmes which address broader but equally desirable outcomes, such as better relationships between pupils and police, should be described and evaluated in these terms, and not in terms of drug-related knowledge gained or attitude change.
- Evaluation of police involvement in drug issues in schools should be determined by the overall objectives of the force drug strategy or force control strategy, and the costs related to the benefits obtained.

One of the ways in which police can add value to drug education is in the area of the law relating to alcohol, tobacco and volatile substances, as well as illegal drugs.

A further report (O'Connor and others, 2001) on the implementation of these recommendations found that while the content of drug education lessons was generally consistent with this approach, there was a need for officers to use more interactive methods when working with pupils; to make better use of visual aids and Information Communication Technology (ICT); to ensure that teachers were able to reinforce or follow up the work; and to ensure that multi-agency partners understood the rationale behind their approach.

Overall, these findings suggest:

- there is a distinct role for police in drug education with young people in schools and colleges which adds value to, but does not substitute for, drug education provided by teachers
- there is a need for police to have a better understanding of how young people learn and the most appropriate teaching methodology to use in drug education
- there is a need for better partnership working to improve understanding of the role of the police in schools and colleges.

Section 5 deals with training and quality issues for police working in schools and colleges, including issues about workforce development and the role of police personnel as part of the children's workforce.

### 1.9.3 Working with parents, teachers and governors

There is no published evidence on the effectiveness of police who work with adults to enhance their knowledge, understanding or confidence with respect to drug-related issues. However, there is good evidence to suggest that prevention programmes which include a component involving parents of school-aged pupils make a valuable contribution to a community-based model of drug prevention (Spoth and others, 2001). Parents who have attended meetings about drugs and young people report feeling more confident about talking to their children about drugs, and are more likely to have talked to their children about drugs following the meetings. Similarly, governors and teachers report increased knowledge about drugs and the law and how to develop school drug policies (Boddington and others, 1999).

Thus, police working with schools on drug-related issues may add further value to drug prevention by working to increase drug awareness and knowledge of the law and by providing local information for parents, teachers and governors.

#### Case study

In Avon and Somerset a police school liaison officer provides a wrap-around service supporting and working with schools and other agencies. The officer works alongside teachers to deliver sessions for Year 7 pupils on personal safety and Year 8 pupils on drugs and the law. With Year 10 pupils he works alongside a local authority drugs consultant to deliver a Question and Answer session. This work is supported by drug awareness sessions for parents and teachers in partnership with the young person's counselling service representatives, the drug education co-ordinator, and the health promotion service. Information about drugs in the community is shared with schools via the local education website.



2

Working with schools  
and colleges

This section sets out what police should expect when working with schools and colleges on drug issues.

## 2.1 Key partners in reducing the harm from drugs

Support for the role of police working with schools and colleges to reduce the harm from drugs can be found at three levels:

- institutional level
- community level
- local strategic level.

### 2.1.1 Institutional level

At the school or college level a number of people are likely to have responsibility for different aspects of drug issues. These include form tutors; members of a specialist Personal, Social and Health Education (PSHE) team; and those responsible for pastoral care of pupils. There may also be a named governor with specific responsibility for all aspects of drug issues. The delivery of drug education is often overseen by a co-ordinator for PSHE. The same person may also fulfil the role of Citizenship co-ordinator. Those schools participating in a National Healthy Schools Programme will have a named member of staff responsible for the co-ordination of relevant activities who may be known as the healthy schools co-ordinator.

There is also likely to be a senior member of staff with responsibility for drug incidents. This could be the Personal Social Health (Citizenship) Education (PSH(C)E) co-ordinator, healthy schools co-ordinator, a Student Services Manager (in colleges), or a staff member with responsibility for discipline, and may also be known as the drugs co-ordinator.

When approaching a school or college about drug-related issues police should consider if the contact concerns a curriculum, intelligence or a disciplinary issue. Curriculum issues (such as offering an input to drug education) should be addressed to the PSH(C)E co-ordinator or healthy schools co-ordinator and copied to the headteacher or principal. Matters relating to intelligence gathering or intelligence sharing should be addressed to the headteacher or deputy headteacher, or college principal, and copied to a governor with responsibility for drug issues. Disciplinary matters should be addressed to the headteacher, principal, senior manager with responsibility for pastoral care or drugs co-ordinator.

### 2.1.2 Community level

At a community level a wide range of agencies have responsibility for drug issues. These include D(A)ATs and Crime and Disorder Partnerships (CDRPs). (Note that CDRPs have replaced or merged with D(A)ATs in some areas.) The police are represented on these bodies at chief officer level. D(A)ATs have a Key Performance Indicator (KPI) with respect to drug education and prevention. This is the number of schools achieving national healthy school status. Other agencies such as Child and Adolescent Mental Health Services (CAMHS) and treatment services will have protocols for liaison with police, agreed at the level of Basic Command Units (BCU). Police working in schools and colleges may wish to consider these protocols when planning joint work. Police practitioners should also liaise with the local authority adviser and local healthy schools co-ordinator.

### 2.1.3 Local strategic level

Local authorities, police and other partners working through children's trust arrangements have overall responsibility for the education and welfare of children and young people, including ensuring that the five outcomes of *Every Child Matters* are delivered. However, schools and colleges ultimately decide on how their drug education programme is delivered and are advised under DfES guidance to agree how they handle drug incidents with local police. Police should liaise directly with institutions on these issues.

See 1.8.4 for a description of the Joint Area Review inspection process and 1.6 for a summary of *Every Child Matters: Change for Children – Young People and Drugs*.

#### Case study

In Bath and North Somerset the police school liaison officer works at institutional and community level to ensure his work is up to date and addressing local and national needs. This includes:

- termly planning and monitoring meetings with the local authority Drug Education Consultant to look at national and local strategies and targets including the local authority's Education Development Plan (soon to be the Children and Young People's Plan)
- regular meetings with Secondary and Special School PSHE Co-ordinators to discuss how the work fits into the PSHE programme
- attendance at the Young People's Sub Group of the Drug Action Team to share information and good practice and to address gaps in provision
- advice to schools based on the Avon and Somerset 'Guide to police response to incidents in schools' document, which supports local authority and DfES guidance documents.

## 2.2 Information Sharing and young people

The government has issued guidance about information-sharing for all practitioners, including the police, who are working with children and young people. The aim of this information sharing is to identify and support young people who have additional needs, or who may be in danger of falling into crime, and to ensure young people's needs are addressed by appropriate agencies, working together. A cross government group, working under the Every Child Matters umbrella, has consulted on establishing a standard framework for information sharing. The guidance document *Information Sharing: Practitioner's Guide Integrated working to improve outcomes for children and young people* and associated training materials is available on [www.ecm.gov.uk/informationsharing](http://www.ecm.gov.uk/informationsharing)

The guidance contains six key principles about information sharing which practitioners should use. However, the sharing of information about children and young people will always be a matter of professional judgement, based on the powers of the organisation holding the information, the likelihood of the information being shared with a third party and the risks of sharing or not sharing information to the welfare of the young person concerned. (See also section on Confidentiality, Appendix 3.)

The six key points on information sharing are:

- You should explain to children, young people and families at the outset, openly and honestly, what and how information will, or could be shared and why, and seek their agreement
- You must always consider the safety and welfare of a child or young person when making decisions on whether to share information about them.
- You should, where possible, respect the wishes of children, young people or families who do not consent to share confidential information.

- You should seek advice where you are in doubt, especially where your doubt relates to a concern about possible significant harm to a child or serious harm to others.
- You should ensure that the information you share is accurate and up-to-date, necessary for the purpose for which you are sharing it, shared only with those people who need to see it, and shared securely.
- You should always record the reasons for your decision – whether it is to share information or not.

### 2.3 Senior management support across a range of local authorities

Local authorities have a statutory responsibility to safeguard and promote the welfare and education of children and young people. This includes ensuring that children and young people develop the knowledge, skills and attributes they need to live confidently and safely in a society where all kinds of drugs (including medicines) are commonplace.

Chief Officers and BCU commanders have specific responsibility for the most effective use of resources at their disposal. Senior management support is vital in the provision of police support for schools with drug issues. This support can take the form of strategic direction, negotiation of local protocols, providing resources, and ensuring that all police working with schools receive appropriate training and support.

Headteachers and principals have overall responsibility for the education, health, safety and well-being of young people while they are at school or college. Although specific areas of responsibility may be delegated, their support is vital to the development and implementation of school policies relating to drugs. This includes the involvement of a wide range of agencies, including the police.

### 2.4 The role of the teacher

While police personnel have specific knowledge, experience and skills which will add value to drug education programmes in schools and colleges, it is essential that a teacher is present in the classroom when any external contributor – such as a police officer – is working with pupils to support the curriculum. This applies regardless of the external contributor's Criminal Record Bureau (CRB) status. The teacher should retain responsibility for discipline, ensure that there is follow-up work to reinforce pupils' learning, and that the lesson is properly planned, assessed and evaluated. Teachers will also want to be able to respond to pupils' questions if they arise at a later date.

### 2.5 The role of the police practitioner

The role of the police practitioner includes:

- ensuring that they have appropriate training
- responding to requests for drug education
- being aware of the school's drug policy
- being aware of the aims and objectives of the school's drug education programme
- consulting with teachers on appropriate resources
- assessing pupils' needs
- planning and delivering the lesson
- evaluating the learning resulting from police contribution to drug education
- responding to requests to search school or college premises for drugs
- responding to drug-related incidents on school or college premises.

### 2.6 Safer School Partnerships (SSPs)

As part of the package of measures to tackle street crime and improve behaviour in schools, there are police officers based in selected schools in areas with high levels of street crime. This is a joint initiative between the Department for Education and Skills, the Home Office, the Youth Justice Board and ACPO, and is called Safer School Partnerships (SSPs).

SSPs build on previous police involvement in schools where police have tended to take an essentially teaching role. However, as part of an SSP the police role is more operational. SSP officers provide a much fuller level of resource and develop a much closer relationship with the school and its community. There are differing models of SSPs around the country and interpretation and practice may vary between areas.

SSPs are intended to complement and enhance existing locally based services such as Connexions, Youth Service, Youth Offending Teams, and Education Welfare by developing a more robust partnership between families of schools and the police. Taking a more operational policing approach enables the police to become more proactive in working with partners to:

- reduce truancy and exclusions
- reduce victimisation, criminality and antisocial behaviour within the school and its community
- identify and work with children and young people at risk of becoming victims or offenders
- ensure the full-time education of young offenders
- support school staff in dealing with incidents of crime, victimisation or antisocial behaviour
- support vulnerable children and young people through periods of transition
- promote the full participation of all children and young people in the life of the school and its wider community.

In helping to ensure the security of the school and the safety of children, young people and staff alike, through addressing all aspects of criminality and antisocial behaviour, SSPs also contribute to raising attainment by maintaining a calm learning environment free from disruption.

Although many schools will already have well-established working relationships with the police, SSPs provide a more structured, outcome-focused model. The resources needed to support this model are also greater.

In 2005 a national evaluation of the programme by the Youth Justice Board found:

- There is evidence that victimisation outcomes are improving in intervention [SSP] schools, particularly in YJB/ACPO schools. Data on school level offending is weak.
- SSP schools have made good progress towards introducing a whole school approach. There remains scope for increasing clarity about the roles of teaching and support staff, and of police, and for improving communication between the schools' senior management teams and other school staff.
- SSP schools have sought to identify and work with young people at risk of becoming victims or offenders. This has been harder to achieve where less money has been spent.
- The SSP programme has achieved its objective of reducing truancy rates. Permanent exclusions have fallen in most schools, so it is not possible to attribute this improvement to the SSP programme.

There are clear signs that pupils in SSP intervention schools feel significantly safer than their counterparts in comparison schools. Guidance for local multi-agency partnerships (*Mainstreaming Safer School Partnerships*, DfES, 2006) is available at [www.everychildmatters.gov.uk/ssp](http://www.everychildmatters.gov.uk/ssp)

### 2.7 Planning the delivery of drug education by police and others

All those involved in the delivery of drug education need to plan how they intend to work with the group, whether they are pupils, parents, staff or governors. External contributors to schools should plan their involvement alongside the teacher or PSH(C)E co-ordinator. A planning checklist for external contributors working with pupils is included in Appendix 9.

Good planning by practitioners including the police will take into account the following:

- the needs of all members of the group (see Appendix 3)
- the resources available
- the aims and objectives of the session or programme (see QCA end of Key Stage statements, Appendix 3)
- how the learning will be assessed
- how the input will be evaluated.

Detailed guidance on needs assessment and setting aims and objectives is given in Appendix 3, and a checklist for selecting resources is in Appendix 10.

### 2.8 Evaluating impact and outcomes

Needs assessment helps to shape the aims and objectives, but it also helps in determining how the impact and outcomes of police working with schools on drug issues can be evaluated. See Appendices 3 and 4 for further information on needs assessment. Evaluation is essential if police forces wish to demonstrate that their involvement with schools is making a difference, for example in helping to reduce the number of young people using Class A drugs, reducing the frequency of illicit drug use (PSA3), or increasing the number of young people identified as needing a referral into treatment for further, specialist input (PSA2).

#### 2.8.1 Evaluating outcomes

Outcomes are statements of the overall aim of the strategy expressed in quantifiable terms. A reduction in drug use by young people is an example of an outcome. However, it may be impossible, for example, to relate lessons on the law about drugs to any subsequent reduction in Class A drug use by those under 25. Measuring these kinds of outcomes is also a very costly exercise. For these reasons it is more usual and realistic for the police to evaluate the impact of an intervention or programme.



## 2.8.2 Evaluating impacts

Impacts are intermediate indicators of desired outcomes. For example, it is possible to argue that knowledge of the law is an important factor in helping young people decide whether or not to use drugs illegally – for instance, in underage drinking. Thus, measuring a change in knowledge and understanding of the law would indicate some likelihood of success in preventing drug use among young people. Because impacts are related only indirectly to outcomes they do not always predict that the desired outcome will be achieved. For example, a good knowledge of the law on drugs may have no effect on a young person's drug-related choices, or may enable them to find ways to avoid being caught breaking the law. However, if a lesson has no impact on young people's knowledge and understanding of the law, then it is unlikely to contribute to the desired outcome and may be a waste of resources.

### Case study

The All Wales Schools Liaison Core Programme employs 70 police officers to work full-time in schools. Eighty per cent of the officers' time is devoted to delivering lessons and 20 per cent is devoted to supportive school policing. One aspect of the programme is substance misuse education. The programme introduces the topic of drugs at five years of age and continues throughout primary and secondary education, focusing on areas of police expertise. A recent survey of the drug education inputs for primary and secondary pupils received from the police revealed that 94 per cent of pupils felt that they had been given up-to-date information about the legal implications of taking drugs which would dissuade them from experimenting. Furthermore, a significant number of pupils identified police officers as the best person to deliver this message.



3

Drug education  
– introduction  
and context

# Drug education – introduction and context

3



This section includes the evidence for effective drug education; whole school, whole community approaches; and the components of the drug education curriculum. Please refer to Appendices 1 and 2 for specific policies and documents which apply in Wales and Northern Ireland.

Drug education is an entitlement for all pupils and is supported by Section 351 of the Education Act 1996. It requires every school to provide a balanced curriculum which:

- promotes the spiritual, moral, cultural, mental and physical development of pupils at the school and of society
- prepares pupils at the school for the opportunities, responsibilities and experiences of life.

Drug education is one component of drug prevention. Drug education should form part of a young person's education from primary to secondary school and beyond. The aim of drug prevention is to:

- minimise the number of young people engaging in drug use
- delay the onset of first use
- reduce the harm from drugs
- enable those who have drug problems to seek help.

The aim of drug education is 'to provide opportunities for young people to develop their knowledge, understanding, skills and attitudes about drugs and appreciate the benefits of a healthy lifestyle, relating this to their own and others' actions' (DfES, *Guidance*).

## 3.1 The evidence for effective drug education and prevention

Effective drug education involves reducing the consumption of drugs including tobacco, alcohol and illegal drugs and delaying the onset of their use. Certain models of drug education have been successful in demonstrating modest reductions in use, while others have been shown to have little or no effect on these outcomes. The best available worldwide research on effective drug education has identified key components as those which:

- address knowledge, skills and attitudes
- provide developmentally appropriate and culturally sensitive information
- challenge misconceptions that children hold about their peers' behaviour and their friends' reactions to drug use (young people frequently overestimate the prevalence of drug use among their peers and the approval of their friends for drug use); this is known as normative drug education
- use interactive teaching techniques such as discussion, small group activities and role play
- involve parents and/or carers as part of a wider community approach; parents should have access to information and support in talking to their children about drugs and other issues.

To these can be added the following characteristics of effective drug education programmes, which:

- are research-based and theory driven
- include teacher training and support
- provide sufficient lesson coverage
- are strengthened by family, community and media components and by components for special populations
- include evaluation.

(Dusenbury and Falco, 1995)

These components are part of a programme and cannot be delivered in a single session or event. A programme may be delivered over a long period with intensive activity at key ages and stages.

## 3.2 A whole community / multi-component approach to drug education and prevention

Many successful drug prevention programmes extend beyond the school and involve the wider community. Members of the community have important contributions to make to ensure that young people receive consistent messages about the harm drugs cause to individuals and communities, and about the penalties for breaking the law with respect to drugs. Many agencies provide information, advice and guidance to help reduce the risk factors which make young people vulnerable to drug use.

## 3.2.1 Involving the wider community

The Blueprint project is a research project funded by the Home Office which is examining the implementation of a multi-component, multi-agency approach to drug prevention. The full results of this project will not be known until 2007. In addition to drug education resources and training for teachers, parents and governors, the Blueprint team has developed approaches and resources for working with trading standards, retailers and licensees and the local media. The aim of this aspect of the project is to ensure that families, teachers and young people receive consistent messages about drugs, and know that they can expect their community to take action to help reduce the opportunities for harmful drug use.

Trading standards, licensees and retailers are important partners in ensuring that the laws regarding supply of alcohol and tobacco to young people are enforced. The media have a particularly important role to play in communicating the norms of drug use among young people and the population as a whole. It is easy for the media to highlight negative associations between young people and drug use, especially with respect to antisocial behaviour and community safety. These stories may inadvertently contribute to an exaggerated fear of drug-related crime, and the demonisation of young people, most of whom do not use drugs or engage in antisocial behaviour.

## 3.3 A whole school approach

A whole school approach to health is based on the understanding that healthy choices and behaviours are easier to adopt when the climate or setting clearly supports those choices. Thus a whole school approach concerns the curriculum, school ethos and policy, and the links between the school, families and other agencies. Evidence (Lister-Sharp and others, 1999) suggests that a school's approach to health is most effective when:

- it is addressed by the whole school community – staff, parents/carers, pupils, governors and the wider community
- it is consistent with the school's values and ethos, developed by all members of the school community
- health education is part of a well-planned programme delivered in a supportive environment, where pupils feel able to engage in open discussion and feel confident about asking for help if necessary
- policy and practice for dealing with drug incidents are consistent with teaching
- pupils' needs and views are taken into account when developing programmes and policies
- staff have access to training and support
- it is supported by consistent messages from the family and community.

### 3.3.1 The National Healthy Schools Programme in England uses a whole school approach

The National Healthy Schools Programme (NHSP) in England has a national Programme Delivery Unit, with a regional and local network of healthy schools programmes that all schools can access. The Programme is based on the premise that healthy pupils achieve well at school, and is jointly sponsored by the DfES and DH. About 70 per cent of all schools in England have achieved or are working towards achieving national healthy school status, with a projected involvement of all schools by 2009 and expansion into nurseries, Pupil Referral Units and Further Education. Individual school achievement is recorded on a national school database which provides data on a local, regional and national basis.

There are four key themes that schools have to evidence in order to achieve national healthy school status:

1. Personal, social and health education, including drugs and sex and relationships education (SRE).
2. Healthy eating.
3. Physical activity.
4. Emotional health and well-being.

The way in which schools achieve the themes is also specified: through ‘a whole school approach’, illustrated below:



# Drug education – introduction and context

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Achieving national healthy school status enables a school to demonstrate its contribution to the five national outcomes for children and supports the targets within the following national priorities:

- improving behaviour and attendance
- improving performance in national assessment
- reducing and halting the increase in childhood obesity
- promoting positive sexual health and reducing teenage pregnancy
- reducing young people's drug, alcohol and tobacco use.

Evidence demonstrates that pupils who are healthy achieve well at school (NFER/TCRU, 2004). Pupils attending schools participating in the National Healthy Schools Programme reported a range of positive behaviours such as diminished fear of bullying and a reduced likelihood of using illegal drugs.

In addition there is evidence that:

- PSHE provision is enhanced
- there is more effective liaison between home and school, and school and external support agencies
- schools can use the NHSP whole school approach to bring about sustained school improvement
- schools with healthy school status have better results for all Key Stage 1 assessments and Key Stage 2 science compared with other schools
- schools involved in the NHSP provide evidence of a more inclusive ambience.

## Case study

In Windsor and Maidenhead the Healthy Schools Partnership has provided a framework for delivering multi-agency parents' drug awareness events. The events are run in collaboration with the police, school nurses, a substance misuse worker, the youth counselling service and HYPE (Helping Young People through Peer Education) peer tutors.

A few days before the event primary schools carry out the 'Draw and write' task with pupils. The school nurses show parents some of the children's drawings and the headteacher explains how drug education is taught in PSHE. The police talk about local drug and alcohol issues and how they support drug education in schools. The HYPE young people talk about their experience of growing up, pressures and influences, and explain to parents about the peer-led drug education programme in secondary schools. The school nurses, substance misuse workers and youth counsellors explain their roles, and the Adviser for Healthy Schools talks about the important role that parents play in supporting children and young people's personal and social development, and suggests helpful strategies for tackling sensitive issues like drug use.

## 3.4 Components of the drug education curriculum, statutory and non-statutory

The school curriculum is the means by which knowledge, understanding and skills are communicated to children and young people. The curriculum consists of formal and informal opportunities for teaching and learning.

The formal curriculum is outlined in the relevant national curriculum documents. The formal curriculum comprises both statutory and non-statutory components. The statutory components detail the minimum entitlement of every school-aged child. The non-statutory components consist of frameworks and guidance for best practice. Both statutory and non-statutory components of the curriculum are subject to assessment and inspection.

The informal curriculum consists of all the other ways in which young people learn, both planned and unplanned, including assemblies, school visits and how adults in school behave towards pupils.

Whether delivered through the formal or informal curriculum, drug education should:

- a. Increase pupils' knowledge and understanding and clarify misconceptions about:
  - the short and long term effects and risk 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.
- b. Develop pupils' personal and social skills so that they can 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.
- c. Enable pupils to explore their own and others' attitudes towards drugs, drug use, and drug users; challenge stereotypes; and examine the media and social influences.

(Adapted from DfES, *Guidance*)

Police can contribute to drug education through specific objectives about the law about drugs and about the impact of drugs on families and the wider community. They can also contribute to other aspects of drug education by reinforcing or complementing work done by teachers and other professionals on other aspects such as 'understanding the complex moral, social and political issues surrounding drugs'. The objectives of any drug education work by police should always be negotiated with the teaching staff who have planned the overall programme.

Further, more detailed information about drug education and its principles and practice can be found in Appendix 3. Appendix 4 discusses a number of key issues for practitioners.



A close-up portrait of a young person with light brown hair and blue eyes, looking directly at the camera with a neutral expression. They are wearing a white collared shirt. The background is blurred, showing other people in a crowd.

4

# Good management of drugs in schools and colleges

# Good management of drugs in schools and colleges

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This section specifically addresses the management of drugs in schools and colleges with respect to young people. Schools should also consider developing policies which address drug issues for staff (see DfES, *Guidance*: Appendix 12). This section includes: school drug policies; the Misuse of Drugs Act 1971 as it applies to schools; the Drugs Act 2005, controlled drugs as medicines in schools; the responsibilities of staff and police with respect to drugs in schools; sharing information between schools and the police under the National Intelligence Model; and the detection of drug use on school premises. Please refer to Appendices 1 and 2 for specific documents which apply in Wales and Northern Ireland.

In England, all schools and colleges are expected to have a drug policy, which sets out their role in relation to all drug matters including the school's drug education programme and how drug incidents are handled. The policy is expected to cover alcohol, tobacco, volatile substances, medicines and illegal drugs.

The aim of good management of drugs in schools is to enable all young people to access educational opportunities in a safe environment. Schools are required to 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 the wider school 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 medicines at school or in college, or because they have been excluded for smoking, drinking alcohol or using illegal drugs, are more likely to develop problematic drug use in the future. Thus good management of drugs in schools should also seek to ensure that the educational opportunities of those pupils are not irreparably damaged because of their drug use.

# Good management of drugs in schools and colleges

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## 4.1 School drug policies

*Drugs: Guidance for Schools* (DfES, 2004) describes the purpose of a school drug policy and the process of developing or reviewing such a policy, and provides a policy framework. *Drugs: Guidance for Further Education Institutions* (DrugScope / Alcohol Concern, 2004) provides similar advice for colleges. Local authorities also provide schools and colleges with guidance on developing their individual drug policies, and should liaise with partner agencies such as the local police force to develop local protocols for responding to drug-related incidents. This can help to ensure consistency in response from one school or college to another. Police will find the college or school drug policy invaluable when planning how to provide support on drug issues. The drug policy should be read in conjunction with other school policies such as those on discipline and behaviour management, exclusion and child protection.

### Case study

In Wolverhampton the police request a copy of the school drug policy when following up any request for the use of drugs dogs in schools. They also request copies of the schemes of work and procedures for supporting pupils with substance misuse issues. This is a vital key step in preparation for a multi-agency meeting to discuss what happens next.

The school or college policy should include the following issues:

- drug education
- relationship with partner agencies
- involvement with parents
- working with governors
- managing drug incidents in schools, including a description of how police may be involved.

See DfES, *Guidance* for a framework of the topics that a school drug policy should cover (S6.8).

Local police may contribute to the development or review of a school's drug policy, especially with regard to the management of drug incidents within schools.

### 4.1.1 Drug education in the school's drug policy

The school policy should include a section on drug education which covers:

- the aims and learning objectives of drug education
- the content of drug education (with reference to the frameworks for PSHE and citizenship and the Science Order within the national curriculum)
- arrangements for staffing, timetabling and teaching
- how the drug education needs of the young people will be identified and how young people will be involved in determining the content of the programme
- the provision for vulnerable young people, those with Special Educational Needs and how issues of diversity among young people will be addressed.

## 4.1.2 Relationships with partner agencies

The policy should also outline the relationship with partner agencies, such as the police, local drug education providers, providers of information, advice and guidance, early intervention and treatment services for young people, the youth service, D(A)ATs, and Child and Adolescent Mental Health Services (CAMHS). The policy should describe the roles negotiated with them for supporting young people and staff, and provide agreed protocols for referral to other agencies. This should also include the role and expectations of external contributors (e.g. the police) who may deliver aspects of drug education.

The model for partnership work provided by the Drug Alliance in Education was used in the recent Blueprint drug education programme to ensure a quality standard from external contributors such as police and others. This model involved a protocol that set standards and expectations for external contributors and the schools with which they worked, and was co-ordinated by the Schools Drug Adviser (see [www.drugs.gov.uk/blueprint](http://www.drugs.gov.uk/blueprint)).

## 4.1.3 Involving parents

The drug policy should outline how to engage with parents in their child's education about drugs, and how to inform parents about incidents involving young people and illegal or other drugs.

## 4.1.4 Involving governors

The policy should state the arrangement for ensuring that governors are well informed on drug issues as they affect the school. It may include the name of any governor with specific responsibility for drug issues.

## 4.1.5 Police involvement in managing drug incidents in schools

The policy should include a section on police involvement which outlines the agreed criteria for when police should be informed, consulted or actively involved in an incident, and what action – from a menu of options – is expected if police involvement is requested. The policy should name the police officer(s) or the key contact point for liaison on drug-related incidents. Police officers taking this role should have experience and access to training and support from senior management. They should be known to the school community and aware of the school's approach to drug-related issues. The school or college should also have a named senior manager responsible for such drug-related incidents. (See also 4.7 regarding the responsibility of police with respect to drugs in schools.)

# Good management of drugs in schools and colleges

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## 4.2 Schools and the Misuse of Drugs Act 1971

It is an offence under Section 8 of the Misuse of Drugs Act 1971 for the management of premises (including schools, colleges and youth centres) *knowingly* to permit the supply or production of any illegal substance on their premises. It is also an offence to allow premises to be used for the smoking of cannabis, opium and the preparation of opium. DfES, *Guidance* recommends that schools consult with the police about their policy and then:

- ensure that the drug policy is understood by pupils, parents/carers, staff and the whole community
- actively implement their drug policies
- maintain vigilance over school premises and grounds
- keep a record of all drug incidents
- follow any advice from the local police.

## 4.3 The Drugs Act 2005

The Drugs Act 2005 is an important piece of new legislation that aims to:

- increase the effectiveness of the Drugs Intervention Programme by getting more offenders into treatment
- introduce a new civil order to run alongside Anti Social Behaviour Orders (ASBOs) for adults to tackle drug-related antisocial behaviour
- enhance police and court powers against drug offenders
- clarify existing legislation in respect of magic mushrooms.

The Drugs Act 2005 requires courts to take into account aggravating factors – such as dealing near a school – when sentencing offenders. The Act also gives police the power in certain circumstances to test adult drug offenders (aged 18 and over) at the time of arrest, rather than when they are charged, and, in certain circumstances, to require a person with a positive test to undergo assessment by a drugs worker. The Act also creates a new presumption of intent to supply when a person is found in possession of a certain quantity of controlled drugs.

## 4.4 Medicines in schools

Schools are expected to have policies which describe how medicines are stored and administered in school.

Ritalin (methylphenidate) is similar to amphetamine and is a Class B, controlled drug. Ritalin may be prescribed for children and young people with Attention Deficit (Hyperactivity) Disorder (AD(H)D) to help them concentrate and pay attention in school. Some pupils need to take Ritalin during the school day and schools are recommended to follow stringent procedures for receiving, storing and recording pupils' use of Ritalin (DfES 2005, DrugScope / Alcohol Concern 2005).

DfES, *Guidance* states that 'messages about the importance of taking medicines in accordance with the prescriber's instructions, not sharing medicines with others and the risks associated with taking some medicines in combination with alcohol, volatile substances and illegal drugs, should be included within the drug education programme'.

# Good management of drugs in schools and colleges

## 4.5 The responsibility of school staff with respect to drugs on school premises

The procedure for school staff in regard to the use of alcohol, tobacco, volatile substances, illegal drugs and the illicit use of medicines should be set out in the school's drug policy.

Where staff suspect the use of illegal drugs on college or school premises, principals or headteachers may wish to conduct a search (bearing in mind that they may not undertake personal searches, or searches of personal property without consent) or invite police to search. This may involve drugs dogs or chemical detection methods such as ion tracking. DfES, *Guidance* gives detailed advice to schools about the use of drugs dogs and drug testing (see Appendix 8). Good relationships between schools, colleges and their local police are essential to the development and implementation of local protocols for detection of drugs on premises.

Staff may seize tobacco, alcohol, volatile substances such as lighter fuel and suspected illegal drugs from pupils. It is a defence to any charge of possession of a controlled substance if the purpose of that possession is to prevent a crime being committed, provided that all reasonable steps are taken to destroy or deliver it to a person lawfully entitled to take custody of it. (See DfES, *Guidance*, S4.7, for detailed guidance; S5(4), The Misuse of Drugs Act 1971, provides a defence to possession.)

All incidents of drugs being seized from pupils should be witnessed and recorded in an incident book or on a record form. An example of a drug incident form, used in schools and taken from DfES, *Guidance*, is given in Appendix 11, and includes such details as:

- **Illegal drugs:** substances suspected to be illegal drugs should not be disposed of by staff. The substance should be sealed in an envelope or drugs bag provided by the local police. The time, date, location and a description of the item should be written on the envelope as well as the name of the person seizing it, the name of a witness, and their signatures. The individual envelope or bag should be numbered and be identifiable. Pupils should be informed of the next steps, which should be decided after deliberation and as set out in the school's drug policy. A second member of staff should countersign both the envelope or bag containing the suspect materials and the incident book or record form.
- **Alcohol and tobacco:** parents and carers should normally be informed and given the opportunity to collect the alcohol or tobacco unless this would jeopardise the safety of the pupil involved.
- **Volatile substances:** given the danger posed by volatile substances, schools may arrange for their safe disposal.
- **Medicines:** disposal of medicines should be covered in the school's medicines policy. Parents and carers should collect and dispose of unused or date-expired medicines.

# Good management of drugs in schools and colleges

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DfES, *Guidance* recommends that schools should have a range of responses to drug incidents. In most cases parents or carers should be informed of the incident, and a meeting to discuss the incident arranged as soon as possible. However, should child protection issues be raised or where this disclosure could place the child at risk of harm, liaison should take place with local Child Protection staff in line with local child protection policies. The welfare of the child remains paramount.

If there is a governor with responsibility for drug issues, this person or the chair of governors should be informed of the incident (see S2.2 on confidentiality and ISAPs).

Schools and police should be aware that drugs seized in schools could be potentially used as evidence where appropriate.

## 4.6 Responding to drug incidents on or around school premises

DfES, *Guidance* sets out the legal requirements for managing school or college-based drug incidents and gives advice about good practice, discipline and the development of local protocols with the police. Locally agreed protocols for managing drug incidents should be set out in the school drug policy. From January 2006 dealing drugs on school premises or in the vicinity of a school is an aggravating factor when sentencing decisions are made. Note that this applies only to those over the age of 18.

From time to time schools may wish to draw on police officers' particular expertise and resources with respect to identification of substances, searches, and detection of illegal drugs. Schools and colleges are under no legal obligation to report drug-related incidents to the police, or to name individuals involved. However, a locally agreed protocol may encourage staff to share information with the police which would contribute to community intelligence and to more effective detection and enforcement of the law with respect to supply of illegal drugs. This in turn will contribute to a community-based model of drug prevention and to more effective neighbourhood policing.

## 4.6.1 Contacting the police

There is no obligation on schools or colleges to inform the police about drug-related incidents or to disclose the name of a pupil involved in a drug incident on their premises. Nevertheless, police officers may seek the names of individuals involved in drug-related incidents and should consider sharing with the principal, headteacher or nominated member of staff, information which is relevant to the welfare of the child (see Section 2.2 concerning confidentiality and information sharing). DfES, *Guidance* recommends that police should be asked to identify and store or dispose of any suspected illegal drug, according to local protocols.

## 4.7 The responsibility of police with respect to drugs in schools

The police have a duty to uphold and enforce the law. However, for school staff and other partners as well as the police, there are further priorities for those dealing with drug-related offences and matters related to alcohol, tobacco and volatile substances on school premises.

These priorities include:

- the welfare of the pupil or pupils involved
- the safety of staff and other pupils
- the human rights of the pupil or pupils involved
- the seriousness of the offence
- identification of substances
- priority given to tackling drugs within the local Crime and Disorder Reduction Partnership (CDRP).

The first two of these priorities should be covered by the school or college drug policy, based on locally negotiated agreements (see Appendix 6). In keeping with guidance issued by the Home Office, ACPO and the DfES in *Crime Recording in Schools* (2004), it is not necessary for police to record drug-related offences which they witness or which are reported to them, unless the offence is serious or they are asked to do so by a headteacher, parent or guardian. Pupils found in possession of illegal drugs on school premises might not be arrested, but should be assessed, referred for advice, counselling or treatment, as appropriate, and may be dealt with through the school or college's own disciplinary procedures. The school or college should keep a record of any decisions made. Substances suspected of being illegal drugs should be seized for analysis and the substances and quantity can be recorded.



# Good management of drugs in schools and colleges

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## 4.7.1 Searches

School staff may carry out neither personal searches of pupils nor their clothing nor personal property, e.g. rucksacks or bags, without the pupil's consent (DfES, *Guidance*, S4.10.1). If efforts to persuade a pupil to hand over a suspected illegal substance have failed, and the school wishes to proceed on formal lines, then the police must be informed. Schools may not detain a person without their consent unless a 'citizen's arrest' is made (see Appendix 7). Police officers may undertake limited personal searches on school premises where they have reasonable suspicion, or detain those suspected for the purposes of doing so, under the Misuse of Drugs Act 1971.

School or college property used by pupils and students (e.g. lockers or desks) may be searched by members of staff. Prior permission should be sought from the pupil. Property should normally be searched in the presence of the pupil or student to whom the locker or desk has been allocated, or if this is not possible, by two members of staff to record the search and any findings. Schools and colleges will need to balance the likelihood that an offence has been committed against the risk of infringing an individual's privacy without good reason to believe that it is both necessary and proportionate.

## 4.7.2 Use of drugs dogs in schools

Each police force should have their own policy on the use of dogs in schools, locally negotiated in agreement with the partners. Schools in England may request the use of police passive drugs dogs for educational or demonstration purposes (DfES, *Guidance*, 2004). Consideration should be given to individual and cultural sensitivities in the context of diversity and inclusion. If passive dogs do visit schools, the aims and objectives of such visits should be clarified with staff in advance. The use of drugs dogs to 'frighten' pupils into not bringing drugs onto school premises should be resisted. If passive dogs are to be used for demonstration or educational purposes there should be clear procedures agreed between staff and police officers about what will happen if a dog indicates a trace on a pupil, a member of staff or a visitor to the school (see Appendix 8).

**However, the ACPO recommends that drugs dogs should not be used for searches where there is no evidence for the presence of drugs on school premises. Demonstration and educational visits should not be used as a covert detection exercise.**

If there is sufficient intelligence to suggest that a criminal offence is being committed on school or college premises, police officers may obtain a warrant to use proactive dogs to search premises. The co-operation of the headteacher or principal should normally be sought before a decision is taken to apply for a warrant, unless evidence may be lost by delaying the search.

Some forces have used drugs dogs to search for drugs in schools without a warrant. DfES, *Guidance* advises schools to exercise extreme caution when considering the use of drugs dogs without a warrant. The intelligence on which such searches are based should be carefully assessed and the likely benefit weighed up against the potential harm to individuals, the school and the community as whole. Consideration should be given to the damage that such operations might cause to previously established trust. (See Appendix 12 for information on Human Rights considerations.)

Police officers who find pupils in possession of illegal drugs on school premises should draw this to the attention of the headteacher and locally agreed protocols for further action should be followed (see Section 4.5).

# Good management of drugs in schools and colleges

## Case study

A police officer based in a school in Greater Manchester was aware that there had been several incidents of young people being found in possession of cannabis while on their school premises. Each incident had been dealt with in line with local protocols. However the headteacher requested a passive drugs dog be used in the school when pupils were present. The intelligence and information gathered by the officer was assessed and a decision was taken for information to be presented to the magistrates to consider issuing a search warrant, in line with DfES and local guidance. The magistrates agreed and a warrant was issued. Seven officers from Community Affairs were involved along with two dog handlers and were briefed about the aims of the search. The headteacher was in full agreement. The Director of Education, school senior managers and the school drug education co-ordinator were also informed.

Although the drugs dog indicated traces on two youths, no drugs were found. One youth did have what appeared to be a list of several pupils' names with street drug names and cost next to them. This was used as intelligence in relation to who the pupil associated with while in school, in order to deter any possibility of drug dealing. No arrests were made. There were no issues raised by either the parents or school regarding the powers used by the police. The magistrates were informed of the result and were satisfied with the procedures adopted. Pupils and teachers were surprised by the action but were compliant and satisfied with the authority of the warrant, which was explained prior to the search of the classrooms.

### 4.7.3 Testing for illegal drugs in schools

DfES, *Guidance* advises headteachers who are considering introducing drug testing to consult with local partners including the police. Widespread random drug testing can be an expensive use of resources and there is no evidence that it impacts on drug use by young people. There are concerns that drug testing may lead to a breakdown of trust between staff and pupils, as well as conflict with the supportive learning environment on which effective drug education relies. Young people who are using drugs may truant from school when drug taking. When absent from school, young people are at greater risk of harm from drugs and may become involved in other illegal activity.

Drug testing for those under the age of 16 requires prior parental consent to the act of testing. Where a school has introduced drug testing, police may consider requesting specific information to assist in operations against drug suppliers. However, an individual's drug test result is confidential, personal information which the school must not disclose in any way which identifies the individual except under the child protection policy or with consent. At present, only a very small number of schools have expressed an interest in drug testing and the decision to introduce testing is left to them.

# Good management of drugs in schools and colleges

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## 4.8 Negotiating local protocols for drug-related incidents in schools

Police should be encouraged to support schools to manage drug-related incidents internally where appropriate. There are several key factors to consider, and a local protocol should address the following checklist of issues:

- When can schools be confident they would have police support for managing an incident internally?
- When should schools inform police about an incident?
- When should schools consult police as to how to proceed and whether police involvement might be helpful or necessary?
- When should the police be involved, owing to the seriousness of the incident or following other incidents?
- When should police initiate their own warrant-led investigations at school or with school pupils?
- How will risks to the health and safety of pupils and staff be assessed and managed?
- How should the risks from drug paraphernalia found on school premises or grounds be managed? (See DfES, *Guidance*, S4.9)
- What will happen if drugs are found on premises, but not in the possession of a particular individual?
- How will pupils be questioned about their suspected possession of illegal drugs?
- How will drug incidents be recorded and followed up?
- How will suspected illegal substances be stored for identification and/or disposal by police?

Where an incident involves illegal drugs, there will often be a need to inform the police of the incident, but with the expectation that further involvement will not be required, unless the incident is serious (see Appendix 6).

The school may be able to provide important intelligence about the suspected illegal supply of alcohol, tobacco or over-the-counter prescription medicines. For example, if an incident involved illegally purchased alcohol or tobacco, it would suggest that underage purchases may be taking place. The school's drug policy should allocate responsibility for making these kinds of decisions.

See Appendix 6 for examples of locally negotiated protocols.

# Training and quality issues for the police working in schools and colleges



# Training and quality issues for the police working in schools and colleges

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This section includes a description of the training options for police working with schools and colleges on drug issues.

The training received by police who work with schools on drug issues varies. Some police programmes for schools are supported by extensive training, while others receive training by observing and modelling the ways that others deliver sessions for pupils, teachers or parents. Initial police training offers basic information about illegal drugs and alcohol and has a necessary focus on the law, penalties for breaking the law and powers to arrest and search those who are suspected of using illegal drugs. Dealing with drunken behaviour and its impact on crime and antisocial behaviour are also routinely covered in initial police training. However, most serving officers receive little training about the effects of illegal drugs on health and behaviour or how to recognise drug use. Police training does not routinely include an understanding of how young people learn, or the educational context for drug education and incident management. Nor does it delineate the importance of partnership in the development or effective implementation of drug policies in schools.

## Case study

Through the University of Wales, Swansea Institute offers School Liaison Officers from Wales specific accredited training for their role.

The training results in the officers achieving a Post Graduate Diploma in Education (PGDE). This qualification is above degree level and can result in the officers achieving 120 points which would exempt them from one year of a Masters degree if they should choose to continue. It is a two-year course consisting of two residential inputs, one per year. The course comprises 6 modules which are supported by practical application and critical analysis to encourage professional development. The modules cover personal and social education, behavioural management, emotional literacy, thinking skills, learning styles and social awareness, the last of which is supplemented by inputs from local community groups. These inputs include topical issues such as drugs, personal safety, domestic abuse, diversity, etc. This qualification enables officers to teach in post-compulsory education.

# Training and quality issues for the police working in schools and colleges

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## 5.1 Workforce development

It is likely that police training will change significantly in the future as a result of the changes to children's services under the Children Act 2004. The Children Act imposes an expectation that the children's workforce will share common competencies. These will enable them to identify children most at risk of harm and to facilitate the sharing of relevant information between agencies. The competencies are:

- child and young person development
- safeguarding children and promoting welfare
- effective communication and engagement
- supporting transitions
- multi-agency working
- sharing information.

In addition the children's workforce should also develop competencies to enable them to identify and address the needs of young people with respect to substance misuse. The Home Office, working with the National Treatment Agency, has developed a workforce planning strategy.

## 5.2 The police as part of the children's workforce

The successful implementation of the Young People's Delivery Plan outlined in the *Updated Drug Strategy* (Home Office, 2002) depends on the capability of the whole children's workforce to work effectively across a range of substance misuse issues. It is recognised that the children's workforce includes many practitioners who do not traditionally see themselves in this role, but who frequently interact with children and young people. Police fall into this category, whether they are helping and supporting young people as victims of crime, as perpetrators of crime or in an educational role which has direct or indirect impact on young people. It is important that managers recognise the importance of training for the police to enable them to contribute to the implementation of the *Updated Drug Strategy*.

# Training and quality issues for the police working in schools and colleges



## 5.3 Substance misuse training

Three ranges of activity have been identified with respect to substance misuse and young people. Training should be based on relevant sections of the Drug and Alcohol National Occupational Standards which have been developed for adult services. See [www.skillsforhealth.org.uk/danos/](http://www.skillsforhealth.org.uk/danos/)

1. Basic knowledge and understanding of substance misuse. This will build on the child-focused competencies expected of all those who work with young people. All police officers should be able to apply a basic knowledge and understanding of substance misuse when working with young people. It is expected that all local Drug Action Teams will develop workforce training strategies to provide access to this level of training. Employers should ensure that all staff have the opportunity to attend this type of training. In the long term, basic substance misuse training should be incorporated into core professional training for the police.

2. Working with young people at risk from substance misuse. Police who work with schools can come into this category and should be able to demonstrate their understanding of procedures to support young people at risk from substance misuse. All those who work with vulnerable young people should be able to raise awareness about substances, their uses and effects; develop and disseminate information and advice about substance misuse; carry out a basic assessment (screening); and be able to make referrals to appropriate services. Police officers working with schools should also be able to demonstrate an understanding of strategies and interventions which can delay or prevent first use of drugs as well as prevent the escalation of experimental use to more problematic use. This level of training is currently available from a number of specialist providers. Police officers may also wish to consider accessing Development Awards being developed by the Drug Strategy Directorate.

3. Extensive drug and alcohol knowledge and understanding. Those who work specifically with young people with substance misuse problems should be able to demonstrate the ability to support young people with substance misuse problems. This is unlikely to include the police unless they are part of a multi-agency team offering intensive support to young drug offenders.

More information about the Development Awards is available at [www.skillsforjustice.net/document/REPORT\\_CDA\\_main\\_doc.pdf](http://www.skillsforjustice.net/document/REPORT_CDA_main_doc.pdf)

*Those developing training for police working in schools and colleges should also refer to Section 2 and Appendices 3 and 4, to inform the development of appropriate learning outcomes.*

# Training and quality issues for the police working in schools and colleges

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## Case study

Nottingham Trent University offers police officers specific training for their role in school liaison. The course attracts members of forces from England, Scotland, the Channel Isles and the Isle of Man.

The course offers 60 credits at higher education level three – equivalent to a final year undergraduate course. It consists of two residential inputs about six months apart and an intermediate schools/community-based set of ‘teaching’ activities. Successful candidates gain a Professional Certificate for Police Schools Liaison Officers. The qualification has enabled some officers to progress to a teaching certificate for working in post-compulsory education, and a small number have gained teaching certificates to work in schools.

The course addresses a wide portfolio of topics, including drugs and the law, which are regularly requested by community groups and by schools for inclusion in their Personal, Social and Health (and Religious) Education (PSH(R)E) programmes.





Appendices

This Appendix covers the following:

- the legislation relating to drugs which applies in Wales
- guidance to schools about drug education and managing drug-related incidents, including arrest of young people, use of drugs dogs and searches
- police policies and practice relating to young people and drugs on school premises.

Education in Wales is managed centrally by the Welsh Assembly Government (WAG). Local education authorities work in partnership with local schools and colleges to ensure delivery of educational provision.

### Guidance to schools about drug education

The main document in this area is *Substance Misuse: Children and Young People* (National Assembly for Wales Circular 17/02, 2002). This includes detailed guidance on a drug education curriculum (within the Personal and Social Education Framework), and on managing substance misuse related incidents. It lays out clear protocols, including when other adults such as parents are involved, and when an incident involves school staff. Responsibility for dealing with drug-related incidents is likely to be the responsibility of a pastoral deputy head in schools in Wales.

### Drug education

In Wales, drug education is covered both by the Personal and Social Education Framework for Key Stages 1–4 (Qualifications, Curriculum and Assessment Authority for Wales [ACCAC], 2000) and by the Wales National Curriculum Science Order. Detailed information about the provision is given in *Substance Misuse: Children and Young People* (2002), Part 3.

# Appendix 1

## Context of drug education in Wales

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### School–police liaison

The All Wales Schools Liaison Core Programme covers the whole of Wales and is delivered by the police in partnership with schools.

The Programme is delivered by Police School Liaison Officers, working in partnership with PSHE teachers in schools.

The Programme consists of 3 main strands – Drug and Substance Misuse; Social Behaviour and Community; and Safety. There are 5 lessons in each strand. The Programme, and individual lessons, comply with good practice as outlined in Welsh Assembly Government Circular 17/02, ‘Substance Misuse: Children and Young People’.

Police School Liaison officers have a dual role. Roughly 80 per cent of their time is devoted to delivering the All Wales Schools Programme in Welsh primary and secondary schools. The remainder of their time is devoted to supportive school policing, though this also includes valuable work in terms of substance misuse education and prevention. For example, in July 2005 an All Wales Police campaign to address solvent abuse among young people was launched. Following the launch, the network of School Liaison Officers was used to rapidly circulate campaign materials prior to the summer holidays.

The All Wales Schools Programme is intended to be delivered in all Welsh primary and secondary schools. Work to develop and roll it out across the other police force areas in Wales began in 2004–5.

### Inspection

Estyn is the office of Her Majesty’s Chief Inspector of Education and Training in Wales. It exists to raise standards and quality of education and training in Wales through inspection and advice, in support of the vision and strategic direction set out by the Welsh Assembly Government. In 2001, Estyn produced a report, *Standards and Quality in Personal and Social Education in Primary and Secondary Schools in Wales*.

### Safer School Partnerships

There is no equivalent of Safer School Partnerships in Wales, but police forces in Wales have Schools Liaison Officers.

### The Welsh Network of Healthy Schools Schemes

It is planned that all schools in Wales will participate in the Welsh Network of Healthy Schools Schemes by 2010.

### The Children Act 2004 in Wales

The Welsh Assembly Government is implementing the Children Act through local Children and Young people's Partnerships. The Young People's Partnership will be set up within this framework to improve services to those aged 11–25 in the context of Extending Entitlement. See *Improving Services for Children and Young people: A framework for partnership* (Wales Assembly Government, 2002), <http://www.wales.gov.uk/subchildren/content/partnership/>

### Drugs dogs

As in England, schools in Wales have the power to introduce drugs dogs in schools. The Welsh Assembly Government feels it is appropriate that schools and LEAs should make the decision whether to take this approach based on their own assessment of whether it is felt to be an appropriate and efficient approach for their local needs.

### Legislation

The main legislation referred to in the National Assembly for Wales Circular 17/02 in this area comprises:

the Misuse of Drugs Act 1971, Children and Young Persons (Protection from Tobacco) Act 1991, the Licensing Act 1964, Children and Young Persons Act 1933, and the Intoxicating Substances (Supply) Act 1985.

Most legislation that applies in England also applies in Wales. This includes the Serious Organised Crime and Police Act, the Children Act 2004 and the Drugs Act 2005.

# Appendix 2

## Context of drug education in Northern Ireland

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This Appendix covers the following:

- the legislation relating to drugs which applies in Northern Ireland
- guidance to schools about drug education and managing drug-related incidents, including arrest of young people, use of drugs dogs and searches
- police policies and practice relating to young people and drugs on school premises and to responding to requests for drug education.

### Definition

*Drugs: Guidance for Schools in Northern Ireland* (CCEA\*, 2004) states, 'the term "drugs" includes alcohol, tobacco, over-the-counter and prescribed medication, volatile substances, controlled drugs and other substances such as amyl/butyl nitrite and unprocessed magic mushrooms [now a controlled drug].'

### Legislation

The main pieces of legislation in force in Northern Ireland relating to drugs and young people are:

- Misuse of Drugs Act 1971
- Criminal Law Act (Northern Ireland) 1967
- Police and Criminal Evidence (PACE) (Northern Ireland) Order 1989
- The Medicines Act 1968
- Children and Young Persons Act 1933 (as amended by the Children and Young Persons (Protection from Tobacco) Act 1991)
- Children and Young Persons Act (Northern Ireland) Act 1968
- Intoxicating Substances (Supply) Act 1985
- Cigarette Lighter Refill (Safety) Regulations 1999

See *Drugs: Guidance for Schools in Northern Ireland* (CCEA, 2004), Appendix 8, for further details of this legislation.

### Guidance to schools about drug education and managing drug-related incidents

The two key documents in this area are:

- *Drugs: Guidance for Schools in Northern Ireland* (CCEA, 2004)
- *Drugs: Guidance for Schools*, Circular 2004/9, Department of Education for Northern Ireland [DENI], 2004

\* Council for the Curriculum, Examinations and Assessment

### The CCEA Guidance states:

From September 1996 it has been a statutory requirement for all schools in Northern Ireland to:

- have a drugs policy [which outlines the school's drug education programme and their procedures for managing suspected drug-related incidents] and publish it in their prospectus
- teach drug education as part of the health education cross-curricular theme
- inform the police where they believe or suspect a pupil to be in possession of a 'controlled' drug [listed in Appendix 1 of the CCEA Guidance].

A school's drug policy should be consistent with guidance from the local Education and Library Board (ELB) and, if appropriate, the Council for Catholic Maintained Schools (CCMS).

The CCEA guidance sets out in detail what the policy should cover. Specific mention is made of 'procedures for managing specific incidents of suspected drug misuse ...'.

The guidance states that 'schools should ... report all incidents involving controlled drugs ... to the designated officer in their ELB, the Police Service for Northern Ireland (PSNI) and, if appropriate, the CCMS'.

### The role of the principal

It is the principal's responsibility to determine the circumstances of all incidents but it is the responsibility of the PSNI to investigate any criminal offence. In any suspected drugs-related incident the principal should make every effort to contact the parents / guardians of those pupils concerned. The principal should ensure that in any incident involving a controlled drug there is close liaison with the police. After contacting the police, principals should confine their responsibilities to the welfare of the pupil(s) involved in the incident, the other pupils in the school and the handling / storage and safe disposal of any drugs / drugs-related paraphernalia.'

### Legal responsibilities and involvement of the police

Section 2 of the CCEA guidance gives detailed information about the legal responsibilities and involvement of the police:

- The police must be notified in all instances where it has been alleged or suspected that a crime has been committed.
- Contacts should be established and maintained with the Community and Schools Involvement Officer (CSIO) in the local PSNI District Command Unit to ensure that there are agreed procedures for dealing with the range of suspected drugs-related incidents which might arise in school.
- The local CSIO must be notified in every case where controlled drugs are suspected to be involved. However, in circumstances involving the misuse of solvents, alcohol or prescription medication, while there is no legal obligation to notify the police, it is recommended that the CSIO is notified.
- In exceptional circumstances the police may interview a pupil on school premises, with the principal's agreement. All possible efforts should have been made to contact the parents or guardian before allowing a police interview to take place without a parent or guardian [being present].
- A pupil in possession of substances which are not controlled, such as alcohol, solvents, tobacco, are not committing a crime and should be dealt with under the school's disciplinary procedures and parents / guardians notified. There is no legal obligation to notify the police. Where a principal feels that there are issues relating to the source or origin of these substances, they could notify the CSIO for advice and guidance.

## Appendix 2

# Context of drug education in Northern Ireland

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### Drug education in the curriculum

In Northern Ireland the statutory 4–16 curriculum includes Health Education as a cross-curricular theme. This theme includes knowledge and understanding of;

- use, misuse, risks and effects of drugs and other potentially harmful substances
- their effects on health and lifestyle
- the personal, social and economic implications.

Drugs education is also specifically included within the Programmes of Study for Science and Technology (Key Stages 1 and 2) and the Programmes of Study for Science (Key Stages 3 and 4). Further details of these and of opportunities for consideration of drug-related issues within other subjects are given in the CCEA guidance.

The CCEA document also gives detailed guidance on the purpose of a drug education programme and its development and implementation.

### Role of the police

#### *Community Safety Partnerships*

Community Safety Partnerships (CSPs) in Northern Ireland are the closest equivalent to Crime and Disorder Partnerships (CDRPs). CSPs are made up of police along with statutory and voluntary agencies (e.g. the Probation Board or Housing Executive) and they deal with Community Safety issues within the local council/police area. There is no statutory basis for the partnerships, which are funded by the Northern Ireland Office.

#### *Safer School Partnerships*

At present there is no Northern Ireland equivalent to the Safer School Partnerships (SSPs). However, some District Command Units (DCUs) have been piloting a version of the initiative in their respective localities. These will be evaluated by the Community Safety Branch of PSNI. The evaluation will endeavour to identify best practice with regards to the implementation of SSPs, and to assess the feasibility of introducing the initiative across Northern Ireland.

#### *Involvement of police in schools*

Depending on the model used by the school for including drug education in the curriculum, it may be appropriate for the police to be one of the external agencies involved in delivering drugs education to young people.

The Citizenship and Safety Education (CASE) Programme has been developed by the PSNI and is a vehicle through which young people can develop personal skills while encouraging them to make informed choices about their actions.

The CASE programme is delivered by specially trained police officers and contains lesson plans on drug education for pupils in Key Stages 1, 2 and 3. A teacher seconded to work with the PSNI has drafted these plans.

Police should be notified in all cases where it is suspected or alleged that a drugs-related crime has been committed within a school. Plain-clothes police officers will carry out initial enquiries into such incidents.

There are no specific sanctions applied to drug-related incidents in schools. Principals retain responsibility for deciding how to respond to particular incidents, taking account of factors such as the pupil's age, whether the incident involved one pupil or a group, whether there has been evidence of peer group pressure and the level of involvement, e.g. using, supplying. At all times the needs of the individual pupils must be considered and appropriate interventions and support mechanisms put in place.

## Appendix 3

# Drug education in schools and colleges: principles and practice

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In England drug education is a statutory part of the National Curriculum Science Orders, but many schools also deliver drug education through the non-statutory framework for PSHE and the Citizenship curriculum, which is statutory for Key Stages 3 and 4.

See Appendices 2 and 3 for information on drug education in Wales and Northern Ireland respectively.

There is no statutory provision for drug education for students at Further Education (FE) colleges or sixth-form colleges. However, many colleges do offer drug education (see DrugScope, Drugs: Guidance for FE colleges, 2004).

### Classroom practice and drug education

Successful drug education shares the same features of well-taught lessons in any subject. The core principles of teaching and learning in any subject are:

- ensuring every pupil succeeds: provide an inclusive education within a culture of high expectations
- build on what learners already know: structure and pace teaching so that learners know what they are expected to learn and how
- make learning vivid and real: develop understanding through examples, enquiry, e-learning and group problem solving
- make learning an enjoyable and challenging experience: stimulate learning by matching teaching techniques to a range of learning styles (including opportunities for pupils who prefer to learn by looking, listening and doing)
- enrich the learning experience
- use assessment for learning: make children and young people partners in their learning.

In addition, in drug education it is particularly important to create a safe, secure and supportive learning environment and to respect pupils' rights to confidentiality.

Those training police to deliver drug education should ensure that officers are aware of and able to employ these principles in their work with young people.



## Appendix 3

# Drug education in schools and colleges: principles and practice

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The following subsections address principles and practice which are particularly relevant to drug education:

### Methodology

There is good evidence from a range of studies that drug education is most effective when pupils are active participants in their own learning. Pupils respond well to an opportunity to discuss social and moral dilemmas in large and small groups, practising skills in role-play, contributing ideas in 'thought showers', mind mapping and circle time. Pupils should have genuine opportunities to express their own views and to make real choices and decisions within the context of the lesson and to engage in information seeking and sharing.

### Classroom climate

DfES, *Guidance* gives advice to teachers about establishing a safe, secure learning environment. This includes negotiating and reinforcing a set of ground rules in which both teacher and pupils know the boundaries of discussion. This will help to ensure that pupils feel comfortable and ready to listen to and discuss each other's opinions in a climate of mutual respect. Police should familiarise themselves with the ground rules for the group with which they are working, and may wish to clarify these with a group or remind pupils of the ground rules as they apply to the particular session. Teachers should assist with this process.

### Confidentiality

Aspects of confidentiality apply both to those working with pupils and to pupils themselves. Police delivering drug education should be discouraged from sharing personal experiences which they wish to remain confidential. Controversial or sensitive issues can be managed by using distancing techniques, for example anonymous case studies, anonymous question boxes and depersonalised discussions. See also Section 2.2 on information sharing and young people.

### Case study

Under the 'Choices' initiative Lancashire police use the problem-oriented policing model to stimulate discussion by pupils about victims, offender and location of crime including drug-related crime, antisocial behaviour, tobacco, alcohol and solvent abuse. Pupils can use the interactive model to suggest scenarios. This enables the police officers and pupils to discuss examples of drug offences without referring to actual cases.

Pupils have a right to their confidentiality being respected where they have shared personal information in a situation where confidentiality has been offered. Pupils should be made aware of the limits of confidentiality which should be covered within the school's Child Protection Policy. Pupils should be reminded that, if they disclose information about a criminal offence to a police officer, that officer may have to take action based on that information. Pupils should be advised that they can pass on information about any crime in complete confidence to Crimestoppers (0800 555 111).

If a pupil asks a question or offers information which suggests they may be at risk of significant harm, any adult should follow the school's Child Protection Policy.

Should a young person disclose personal drug-related issues that may require further intervention, it is essential to gain consent prior to making a third-party referral, unless it is a child protection referral. School drug policies should be adhered to, as should local Area Child Protection Committee (soon to be called Local Safeguarding Children Board) protocols. Confidentiality may be breached where it is necessary to act on concerns that the child is or may be at risk of significant harm. All children's views and wishes should be taken into account and their welfare is paramount in decision making (The Children Act 1989). See Section 2.2 for further guidance.

# Appendix 3

## Drug education in schools and colleges: principles and practice

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### Continuity and progression in drug education

Drug education should begin in the primary school and the primary classes of special schools and continue throughout a child's development, with increasing specificity and complexity according to the age and maturity of the pupil. The overall drug education programme should be co-ordinated across subjects of the curriculum and from year to year. Those planning drug education need to pay particular attention to the stages at which pupils transfer from primary to secondary school. Ideally, feeder primary schools will liaise closely with their receiving secondary schools to ensure continuity in drug education for all pupils. This may involve sharing schemes of work, and in some cases may even involve developing schemes of work jointly between primary and secondary schools. However, police working with a number of schools in the same area may be aware of differences in planning and delivery from school to school.

Although drug education is not statutory for those aged 16+, colleges of further education and sixth-form colleges are expected to follow similar guidance to that issued to schools. Young people aged 16+ are most likely to use drugs of all kinds and may have specific needs with respect to sources of advice, support and harm reduction. Many colleges have students who are part-time, and for this reason the planning and delivery of drug education may be concentrated into modules within general studies courses or health weeks to ensure all students have access to drug education opportunities.

### Estimating needs with respect to drug issues.

All those involved in drug education and prevention should be equipped to do an assessment of the needs of the group with which they are working, whether the group is children and young people, other professionals or parents. Needs assessment can take many forms, from large-scale surveys, to quizzes and discussion groups, according to the purpose of the assessment.

#### (i) Young people's needs

Young people's needs with respect to drug issues will vary with their age, developmental stage, the community in which they live, the culture of the school, and family, among other things. Police working with schools and colleges should be aware of the young people's needs generally, and may be involved in finding out their specific needs with respect to young people's knowledge and understanding, for example by using a quiz at the beginning of a lesson on the law relating to drug use.

Other forms of needs assessment may rely on information collected by other professionals as part of their work in preventing the harm drugs cause. D(A)ATs and CDRPs may collect data about the prevalence of drug use and drug-related incidents in their area. Schools and colleges may carry out anonymous surveys of the prevalence of alcohol, tobacco and illegal drug use by their pupils and students. This information may inform the relative importance to attach to harm reduction, for example, and may also provide a baseline against which to measure the effectiveness of drug education or prevention programmes. Similarly a teacher or PSHE co-ordinator may carry out a survey of pupils' knowledge and understanding with respect to drugs, using a questionnaire or 'draw and write' activity. This information, shared anonymously with police and those delivering drug education in schools, should inform the aims and objectives of any intervention.

### Case study

Schools in Essex took part in an action research project to identify what young people aged 4–18 knew and understood about the world of drugs using two illuminative research strategies. The pupils' responses were analysed by local teachers and shared anonymously among schools, with parents, governors, the youth service and police. School policies and local schemes of work were developed based on the findings.

## Appendix 3

# Drug education in schools and colleges: principles and practice

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### (ii) The needs of adults (teachers, parents, governors)

Police working with parents, teachers and governors will be equally concerned to meet the specific needs of these groups. Once again, needs can be assessed in a variety of ways to ensure that the materials used and the information provided is appropriate.

### Setting aims and objectives for police working with schools on drug issues

Establishing the needs of a group with respect to drugs issues is an important step in deciding the aims and objectives of drug prevention or drug education programmes, and for shaping policies to ensure that those needs are addressed.

Police forces will also wish to set aims and objectives for their involvement with schools on drug issues in line with the National Intelligence Model control strategy. These objectives could include ensuring that children and young people are aware of the law with respect to illegal drugs. These objectives should be agreed with schools and complement the school's drug education programme. The objectives may also include more generic aims such as developing positive relationships with young people. For example the ACPO Youth Strategy *Never Too Early, Never Too Late* includes the following aims and objectives:

**Aim:** To build and maintain positive relationships between all young people and the police.

**Objective:** To treat all children and young people with appropriate understanding and respect.

### Setting clear and appropriate learning outcomes

All those planning drug education, whether a single lesson, a module, part of a health week or other form of delivery should be clear about the intended learning outcomes. Police offering a discrete part of a larger programme will need to know the aims and objectives of the overall programme in order to know how their contribution can be most effective (see above). The learning outcomes should relate to the aims and objectives of the programme and to the pupils' needs, and should be clearly explained to the group before beginning.

The learning outcomes should also be appropriate for delivery by the police. Police should not be expected to deliver aspects of drug education which are beyond their area of expertise. It is advisable to negotiate the content and methodology so that the officer is able to make a useful contribution. This may involve some team teaching or co-facilitation.

### Selecting resources

Many police forces have developed their own resources for working with schools, which include aspects of drug education. Others may use resources developed by outside agencies with police in mind. These resources are used most effectively when they fit with the needs of the pupils and the expectations of the person responsible for co-ordinating drug education in the school. Inflexible delivery of pre-planned lessons is unlikely to be appropriate for the needs of every group of pupils. DfES, *Guidance* includes a useful checklist for selecting resources which has been reproduced here in Appendix 10, and which can be used when planning with teaching staff.

# Appendix 3

## Drug education in schools and colleges: principles and practice

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### Assessment

Even when learning outcomes have been based on an assessment of pupils' needs, and delivered in a way that is inclusive and appropriate for a range of learning styles, it cannot be assumed that pupils will have learned what was intended. Learning is enhanced by appropriate forms of assessment and thus assessment is an equally important part of drug education, as it is in any subject.

Assessment should include:

- assessment for learning (known as formative assessment), which involves pupils reviewing and reflecting on their progress and understanding, and how they can improve their learning
- assessment of learning (known as summative assessment) which measures what pupils know, understand and can do.

Assessment can be used to identify:

- what knowledge and understanding pupils have gained, and its relevance to them
- what skills they have developed and put into practice
- how their feelings and attitudes have been influenced.

Methods for assessment include:

- pupil self-assessment
- peer group assessment
- adult-led assessment.

The Qualifications and Curriculum Authority (QCA) has produced end of Key Stage statements and assessment guidance for PSHE (see [www.qca.org.uk/9473.html](http://www.qca.org.uk/9473.html)). These relate directly to the non-statutory framework which includes drug education across all Key Stages. The end of Key Stage statements set out the skills, knowledge and understanding that children are expected to have at each stage.

While teachers may be responsible for assessment, police should expect feedback on their involvement based on the teacher's assessment of pupils' achievements in drug education.

# Appendix 4

## Issues for drug education practitioners

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### Issues for drug education practitioners

This Appendix sets out further guidance on a series of issues that will be useful to police and other practitioners working in schools and colleges.

See also Appendix 3, which sets out principles for practice of drug education in schools and colleges.

### Settings for drug education

Drug education is delivered in a number of different settings within the education system in the UK. The setting may influence the nature of drug education being carried out. Police should consider the educational setting when responding to requests for drug education and when planning drug education.

#### (i) Drug education in Pupil Referral Units

Pupil Referral Units (PRUs) provide education and support for pupils for whom mainstream education is not suitable or who need particular help and support in order to be able to return to mainstream education. Pupils attending PRUs may have been excluded from other schools because of a wide range of behavioural problems including drug use. While some pupils attending PRUs may appear to have good knowledge of illegal drugs and their availability, they will have specific needs with respect to drug education, which should be addressed. Where pupils attending PRUs have had a poor attendance record in mainstream schools they may have difficulties with literacy and numeracy, and resources may need to be adapted so that they are appropriate for their abilities, while recognising their physical and emotional maturity. Police can have considerable credibility with pupils in PRUs because of their experience in enforcing the law with respect to illegal drugs. However, officers should be aware of and sensitive to the particular needs of the pupils who have had contact with the police because of drug-related incidents.

#### (ii) Independent schools

Independent schools are not obliged to follow the National Curriculum. Nevertheless, these schools have a responsibility for the social, moral, mental, emotional and spiritual well-being of their pupils, just as those within the state sector. Independent schools are inspected and are likely to have drug education and incident management policies that are similar in many respects to those in the maintained sector. Some independent schools take a zero-tolerance approach to drugs on their premises, which is supported by the use of drug testing before pupils are allowed to return to school after being involved in a drug-related incident.

#### (iii) Residential and other settings

Many residential schools are independent but there are also residential schools within the maintained sector, including schools for pupils with behavioural difficulties or with special needs.

Residential schools have particular responsibilities with respect to those young people who are in their care for 24 hours a day, especially those from overseas who may not have had drug education as part of their earlier educational experience. Police working with residential schools should be made aware of these differences and adapt the way they work accordingly.

### Vulnerable young people

Some young people are more vulnerable to problems with drugs than others (see Section 1.7.7). Police should consider how they plan and deliver drug education for young people who may be more at risk from problems with drugs.

#### (i) Pupils with special educational needs

All pupils with special educational needs (SEN) are entitled to drug education. Those planning and delivering drug education for pupils with SEN may need to focus more on pupils' confidence and skills to manage drug-related situations, including the safe use of medicines. The framework described earlier should form the basis of planning and delivering drug education.

A significant percentage of young people with special needs do not access police programmes designed to prevent substance misuse. Many of these young people are vulnerable to crime, exploitation and unplanned involvement in the misuse of drugs. This is due to a number of reasons.

Some special needs pupils have limited problem solving and conflict resolution skills, and they may not be confident with the most effective strategies for responding to potentially hazardous situations. Many have never met a police officer and may not call the police when being offered drugs through fear of victimisation or getting into trouble themselves.

#### Case study

The Nottinghamshire Police are committed to young people with learning difficulties or disabilities, and their 'Safety Focus Programme' has branched into the area of training and education in crime and substance misuse prevention.

For example, the programme works with disabled young people who may live apart from their families, and who, while encountering the same difficulties as the general population, have less experience and knowledge with which to cope.

The Safety Focus Programme is a direct result of established partnerships and several co-operative projects between the police. An important element is addressing – through discussion, role-plays and demonstrations – how to stay away from those who are using illicit drugs, how to recognise the difference between legal and illegal drugs, and how the use of drugs and alcohol can have a negative impact on life.

#### (ii) Pupils not attending school

Young people who are vulnerable to developing problems with drugs include those with poor attendance and low achievement at school. Pupils who do not attend school at all are therefore an important group for whom drug education remains an entitlement. Drug education for this group may be offered through the youth service, including outreach work, and is likely to be informal and opportunistic. Police may be able to support youth workers with information and guidance which can be shared with young people who are not in contact with formal education, and they can assist them with developing protocols for the good management of drugs on premises (Section 4).

# Appendix 4

## Issues for drug education practitioners

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### (iii) Other vulnerable young people

Police need to be aware of the particular needs of vulnerable young people, for instance young people in local authority care, whose parent or parents may be in prison, or whose family may include drug users. See the checklist in Appendix 9.

### Case study

Some young people are more at risk of being involved in a drug-related incident than others. In West Berkshire police are part of a multi-agency team supporting young people at risk of exclusion because of substance misuse. Initially the secondary schools involved the local police school liaison officer in planning and reviewing a protocol for managing drug-related incidents.

Following this the schools asked for support for pupils at risk of exclusion because of drug-related concerns. This led to the formation of the multi-agency group which includes the police to deliver a series of 5 sessions to vulnerable pupils after school. The programme runs twice per term.





This Appendix is intended to provide a framework for the development of local protocols to establish effective programmes of joint working between schools, local police and partnership agencies.

The purpose of the protocol is:

- to help promote dialogue and further develop effective partnerships between schools, police and other agencies that are based on co-operation and shared understandings
- to set expectations for local partnerships, while allowing police services and schools to address service-delivery arrangements and local circumstances
- to define the respective roles and responsibilities for the police, schools and partnership agencies.

It should deliver:

- young people feeling safe and valued
- young people engaged in education, actively learning and achieving at higher levels
- the lowest possible levels of bullying, intimidation and crime experienced by groups of young people.

Protocols should not be an end in themselves, but a reflection of genuine understanding that enables the involvement of police in schools to be based on regular, visible and well-supported contacts, and promoting positive outcomes for school staff and pupils as well as the police and wider community.



## Appendix 5

# Principles of school–police protocols

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The following should be considered when drawing up a protocol:

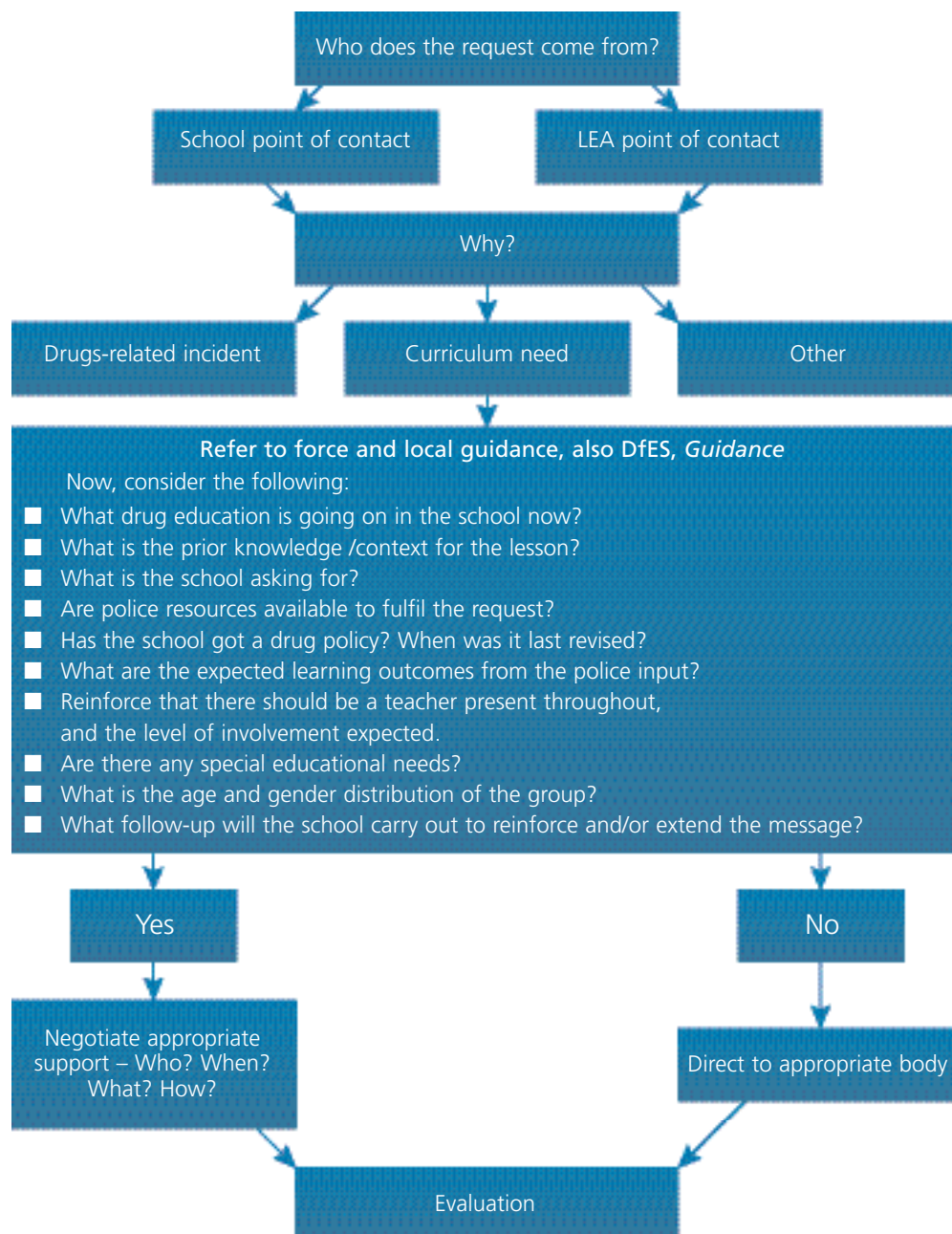
- reflection of local circumstances building on successful existing agreements and practice, while taking account of relevant national guidance and legislative requirements
- activities and programmes targeting the social inclusion of young people, both within schools and outside formal education, including Connexions, Youth Offending Teams and any other relevant school/community-based programmes, as well as those of the police, schools and local authorities
- links to the school development plan and school support structures
- the protocol should name those with responsibility for managing the relationships, including:
  - a senior manager in the school
  - a police officer as the link with the local police division
  - an officer of the local authority for each school on crime reduction issues, and a senior manager with responsibility for contacts with the police (usually through the relevant CDRP)
- setting out the arrangements for information sharing and disclosure in line with the provisions of the Data Protection Act and the Crime and Disorder Act
- including the circumstances in which information will be shared, the purpose of sharing it, the types of information that will be shared, who will have access and how access may be obtained, and any commitments about confidentiality; also, setting out mechanisms for who to contact in cases of uncertainty about the use of data
- the need to record the senior level signatories to the protocol
- setting out who has been consulted in drawing up the protocol and who will be consulted on changes and informed about activities – including school staff, governors, parents, school councils and young people
- the purposes and rationale for the relationship between police and schools; some guiding principles on which the terms of the agreement are based; and key objectives linked to outcomes
- clarity about roles and responsibilities – what the partners to the agreement commit to do, including their formal roles and mandates
- resources to be made available by each local authority, school/ educational establishment, and the police in support of this partnership approach
- clarity and definition of the role(s) that the police will play while in and around schools, in support of the curriculum, in terms of improving school security as well as staff and pupils' safety and well-being, and in the event of incidents; the protocol should also state the role(s) that school and LEA staff will play in and around schools as part of the partnership, and it is equally advisable to include a process to resolve any misunderstanding or dispute over roles, responsibilities or the provision of resources
- recognition that the head (or another senior colleague) is sometimes required to act as the responsible or appropriate adult when police officers are interviewing pupils
- building in a light touch in arrangements for monitoring, evaluation and review of the programme.

## Locally negotiated agreements about the responsibility of police regarding drugs in schools

This Appendix contains examples of three locally negotiated agreements. It should be read in conjunction with Appendix 5 on the principles that should be followed when negotiating local school–police protocols.

### Part 1. Request for drug education

This flow-chart is an illustration of the considerations and decisions that will need to be made when responding to a request from a school or college for drug education input.



# Appendix 6

## Locally negotiated agreements about the responsibility of police regarding drugs in schools

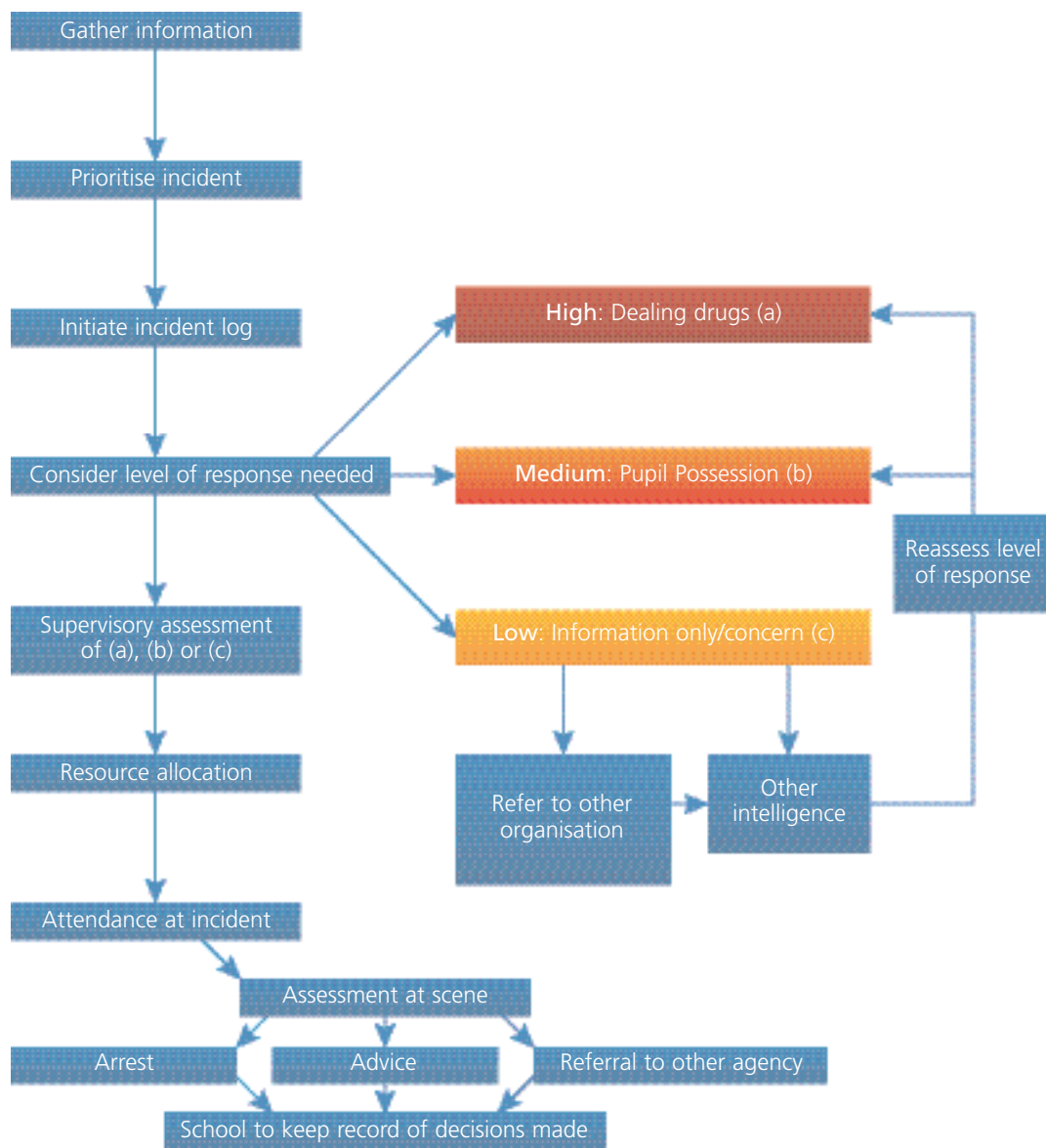
### Part 2. Call to a drug-related incident

See also Section 4.8 for questions relating to when and how police should become involved in a drug-related incident at school or college.

First, ask these questions:

1. What is the purpose of the request?
2. What is the nature of the incident?
3. What is the appropriate and proportionate response?

### Response to drug incidents



*This flow-chart is based on responses given by stakeholders attending a consultation event during the development of this document.*

# Appendix 6

## Locally negotiated agreements about the responsibility of police regarding drugs in schools

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### What is the nature of the incident?

The following examples show differing levels of severity:

Possession – may be dealt with as a minor incident (see below).

Dealing – a more serious offence requiring more affirmative police action.

### What is the appropriate and proportionate response?

A number of documents provide helpful guidance:

The following extract is adapted from a protocol developed by Devon and Cornwall Police with partners, which reflects current practice in many forces:

#### Minor Offence

In respect of illegal drugs, the interpretation of the term 'minor' will be left loose. This is to allow some flexibility and to avoid legislating for every conceivable seizure.

A minor offence is defined as possession of a small amount of Cannabis Resin for personal use only and first offence. Possession of all other drugs, i.e. Cocaine, Heroin and Amphetamine, Ecstasy and/or possession with intent to supply Cannabis is not a 'minor' offence. If this is not a first offence and the young person has previous involvement in drugs the matter may be subject to the Youth Offending Policy.

DfES, *Drugs: Guidance for Schools* (2004) provides further advice:

*'However, there may be a very small number of incidents where the police need to take action, irrespective of agreed protocols or the wishes of the school.'*

In Devon and Cornwall this has been interpreted as:

In the case of all incidents in school involving illegal drugs, the local Neighbourhood Beat Manager or Youth Interventions Officer should be informed of the incident, even if it is considered minor and the school deals with the matter internally, which may include assessment, referral and / or disciplinary procedure. This is to enable substances to be clearly identified.

## Appendix 6

# Locally negotiated agreements about the responsibility of police regarding drugs in schools

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Police should consult current operational guidance, which should be read in conjunction with this document.

The note *Crime Recording by Police Officers Working in Schools* (2004) states in Section 5:

*[5] In order to sustain the disciplinary authority of schools, this guidance clarifies the general principles of NCRS as they apply specifically to incidents on school premises. Police Officers who witness or who have reported to them an incident which took place on school premises and which they would normally record as a notifiable offence will, in the first instance, not create a crime record for such an incident until or unless:*

*(a) They judge it to be a serious incident;*

*(b) Having brought the matter to the attention of the school in line with good practice (see references to guidance papers below), they receive a formal request from the school to create a crime record; or*

*(c) The child, parent or guardian or the child's representative asks the Police to create a crime record.*

'*Crime Recording by Police Officers Working in Schools, February 2004*' – DfES, Home Office and ACPO.

[See also Appendix 7.]

Where a young person is found in possession of a suspected illegal drug on school or college premises and police are involved the following questions can be asked:

- Is the young person still on school premises or in a place of safety?
- Is the name and address of the young person known?
- Can parents or carers be contacted if appropriate?
- Is there a range of responses available including information, advice and guidance, referral options and/or school or college disciplinary procedures in place?

If the answers to all these questions are 'Yes', then it may not be necessary or proportionate to arrest a young person and take them to a police station.

When considered together, current guidance and practice suggest that a police officer does not have to arrest for minor possession if the school or college can deal with the incident in an alternative way.

## Locally negotiated agreements about the responsibility of police regarding drugs in schools

Even if the school or college requests that a crime record is created, or the incident is reported by a parent with a request that a crime record is created, arrest should not be on school premises unless unavoidable.

Where a school has dealt internally with a minor offence and does not wish an individual to be named, there remain opportunities for staff to pass information to the Police. For example, the age and gender of the young person and the suspected substance involved, which may assist the Police in building up a local picture.

This is consistent with the *Drugs: Guidance for Schools, DfES(2004)*.

More serious offences may require further investigation by police. For example a protocol agreed between Devon and Cornwall police and their partners states:

Where the circumstances surrounding a finding of illegal drugs indicate more serious, widespread or persistent offences, the Police will formally investigate the incident, with assistance from the school. This will normally be conducted by Sector Patrol Officers or Neighbourhood Beat Managers. In addition, where it is suspected that such offences are being committed, other resources may be considered to assist in the detection of these offences. These measures may include the use of drugs dogs and surveillance, for which a warrant should be obtained. Specific operations undertaken at schools to determine the extent of a perceived illegal drugs problem will only be planned following full consultation with the Head Teacher of the school.

'Serious offences' would include where the substance is suspected to be a Class A drug such as Ecstasy, Heroin, Cocaine, LSD and Crack Cocaine, or Amphetamine (Class B). Supply of any illegal drug could also constitute a serious offence. It should be noted that 'supply' does not necessarily require that payment be made.

In these more serious cases, Police Officers will attend the school, evidence will be seized, statements taken and the young person may be arrested. The home address may be searched and the young person interviewed at a Police Station in the presence of an appropriate adult.

Source: Devon and Cornwall Police

When children under the age of 10 years are found in possession of illegal drugs, this should be considered an 'at risk' incident prompting the appropriate referrals to other agencies through the child protection team.

### Part 3. Request to conduct a search / use drugs dogs

Police should consider the following questions when deciding how to respond appropriately to a request from a school to conduct a search or use drugs dogs.

#### What is the purpose of the request?

- If it is to act solely as a deterrent, and unless there is evidence of illegal drugs on the school premises, the request should generally be refused.
- If the purpose is a demonstration of the use of drugs dogs, care should be taken in accordance with the DfES, *Guidance*, S4.10.2.
- If there is suspicion, or the school has evidence of, illegal drug use, police should discuss the situation with the headteacher and, after assessing the evidence available, should consider obtaining a warrant.

# Appendix 7

## Young people and arrest

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A police officer contemplating making an arrest of a young person in school for possession of illegal drugs should consider whether this action is absolutely necessary and reasonable in the surrounding circumstances. These tests apply whether the suspected drug is Class A, B or C.

### Proportionality

- Is depriving a young person of their liberty, removing from school and stigmatising that person a reasonable way of dealing with the incident?
- Does a local protocol provide an alternative way of handling the incident?
- Is the young person a persistent offender or suspected of dealing drugs? This may lead the officer to consider that an arrest is more likely to be reasonable.

### Legality

- Powers of arrest are provided by the Police and Criminal Evidence Act 1984 (as amended, most recently by the Serious Organised Crime and Police Act 2005, SOCPA) for police and members of the public.
- A lawful arrest by a constable requires two elements:
  1. A person's involvement or suspected involvement or attempted involvement in the elements of a criminal offence; and
  2. Reasonable grounds for believing that the person's arrest is necessary.

### Necessity

An officer must have reasonable grounds for believing that, for any of the reasons given below, it is necessary to arrest:

- a. to enable the name of the person in question to be ascertained (in the case where the constable does not know and cannot readily ascertain the person's name, or has reasonable grounds for doubting whether a name given by the person as his name is his real name)
- b. correspondingly as regards the person's address
- c. to prevent the person in question
  - i causing physical injury to himself or any other person
  - ii suffering physical injury
  - iii causing loss of or damage to property
  - iv committing an offence against public decency (subject to sub-section 6 which applies only where members of the public going about their normal business cannot reasonably be expected to avoid the person in question)
  - v causing an unlawful obstruction of the highway
- d. to protect a child or other vulnerable person from the person in question
- e. to allow the prompt and effective investigation of the offence or of the conduct of the person in question
- f. to prevent any prosecution for the offence from being hindered by the disappearance of the person in question.

For example, where the identity of the child is known, they are in a place of safety, and the drugs have been seized, what would be achieved by making an arrest at that time?

Even if a later decision to prosecute the young person is made, this can be achieved without having to arrest on school premises.

### Accountability

Whatever the outcome of this arrest decision-making process, the officer must make a proper record of their action. They must make records of interviews and other evidence in accordance with the Police and Criminal Evidence Act 1984, accompanying codes of practice and local force procedures, in addition to any action required under local protocol arrangements.

### 'Citizen's arrest'

The Police and Criminal Evidence Act (S.24A as inserted by SOCPA) states that a person other than a constable may arrest without a warrant:

- anyone in the act of committing an indictable offence
- anyone who they have reasonable grounds for suspecting to be committing an indictable offence
- where an indictable offence has already been committed, anyone who is guilty of the offence or who they have reasonable grounds for suspecting to be guilty of it.

This power of arrest is only applicable if it is not practicable for police to make the arrest, and it is necessary to make the arrest in order to prevent the person in question:

- a. causing physical injury to himself or any other person
- b. suffering physical injury themselves
- c. causing loss or damage to property
- d. making off before police can assume responsibility for them.

An indictable offence is defined as a criminal offence which, if committed by an adult, would be tried either:

1. in the Crown Court
2. either in the Crown Court or the Magistrates' Court

but not an offence which is triable only in the Magistrates' Court. Such offences are known as summary offences.

It would be wise for schools to liaise with local police to consider whether, and if so, how, a citizen's arrest could be appropriately carried out by school staff, ensuring that such considerations include due regard to child protection issues.



## Appendix 8

# Guidance on the use of sniffer [drugs] dogs and drug testing in schools

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The content of this Appendix is taken from DfES, *Drugs: Guidance for Schools* (2004), Appendix 10.

**‘Headteachers are within their rights to invite the police or private companies to bring sniffer dogs onto school premises or employ drug testing. They should, however, involve local partners, including the police and consider the factors outlined below.’**

### Involvement of sniffer dogs at the request of the headteacher

Where a school believes that there is reasonable evidence of possession or supply of suspected illegal drugs they should consult their local police. The advice from ACPO is that local police, if they are to respond with the use of sniffer dogs, should do so as part of a warrant-led operation, unless evidence may be lost by delaying the search.

However, schools considering sniffer dog searches without the authority of a police warrant should exercise extreme caution before doing so. They should consider very carefully whether such action:

- is consistent with the pastoral responsibility of the school to create a supportive environment
- is culturally insensitive – for example, dogs are considered unclean in Muslim and Buddhist cultures
- will lead to labelling and be damaging to pupils concerned
- will result in appropriate support for pupils most in need
- is feasible and an effective use of school resources, and those of the police, where involved.

The above considerations apply equally to drug testing.

Where such action is planned for the purposes of detection, schools are advised to make sure, in advance, that:

- the intention to use such an approach is clearly stated in the school’s drug policy developed in consultation with pupils, parents, staff, governors and the whole school community
- parents/carers have given their consent (usually in writing) to the proposed use of sniffer dogs at the request of the headteacher; this is good practice rather than a legal requirement
- procedures are in place to remove pupils for whom consent is not given
- they have considered what action will be taken if drugs are found on any member of the school community (including staff and visitors), and that this has been communicated clearly and is consistent with responses to other drug incidents
- they are able to be sensitive to and respect the right to privacy of pupils whom the dog may identify either because they are taking prescription medicines or have been exposed to an environment where others have used drugs
- plans are in place to deal with potential media interest.

## Appendix 8

# Guidance on the use of sniffer [drugs] dogs and drug testing in schools

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In addition to informing parents/carers of the intention to use such an approach (and seeking their consent – see above), parents/carers should be notified immediately after such action has taken place.

### Involvement of sniffer dogs purely as a deterrent

A headteacher requesting the use of sniffer dogs solely as a deterrent, where there are no reasonable grounds for suspicion and where prior consent has not been sought, will need to consider possible challenges by parents and pupils under the Human Rights Act.

**Schools should ensure that if sniffer dogs are used for detection or as a deterrent, they form part of an ongoing whole school approach to managing drugs on school premises rather than an isolated action.**

# Appendix 9

## External contributors' checklist

Copies of this checklist can be held by the school and external contributor/partner (and local authority where appropriate).

Time and place	
Date _____	From _____ hrs to _____ hrs
Venue _____	External contributor arrival time _____ hrs
Furniture layout _____	Welcome/reception arrangements _____
_____	_____
_____	_____

Equipment	
TV _____	OHP _____
Video _____	Projector _____
Sound _____	Screen _____
Flip-chart _____	Pens and paper _____

People	
School _____	external contributor(s) name _____
Organiser _____	Introduce as _____
Class teacher _____	Specialism (if different) _____
Other teacher(s) _____	Agency _____
Additional staff _____	
Number of pupils _____	

Preparation	
Have you discussed the visit and the schools citizenship and PSHE policies?	Yes/No _____
Have you discussed materials or resources that the external contributor(s) / partnership(s) will give to the pupils?	Yes/No _____
Have you discussed any gender, racial, cultural or special educational issues to be addressed?	Yes/No _____
Class(es) _____	
Age of pupils _____	

Learning	
Session title _____	Subject area _____
Most relevant policies _____	Lesson context (previous work covered) _____
Learning outcomes _____	Level of teacher involvement _____
Lesson outline (attached) _____	Special needs _____
Evaluation, including involvement of external contributor _____	Any follow-up with external contributor _____

Agreements	
Expenses: Have you discussed and agreed any relevant expenses and fees? <b>Yes/No/NA</b> _____	Profile: In the case of an ongoing partnership with the external contributor/agency have you both created a profile? <b>Yes/No</b> _____
Agreement: Have you and your external contributor signed an agreement for this visit? <b>Yes/No</b> _____	Quality standards: Have the school and partner/agency signed any joint agreement to ensure quality standards? <b>Yes/No/NA</b> _____

## Appendix 10

### Checklist for selecting resources

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The following checklist (see following page) is given to teachers as a guide to selecting appropriate resources for use in schools and colleges. It may be that it is not possible to answer all the questions from current knowledge or awareness, so it may be sensible to consult with the local authority School Drugs Adviser or other drug education specialist.

Police should use this checklist as a guide and work with a teacher, School Drug Adviser or other education partner when using the template to assess resources.

It is unlikely that any one resource will 'tick all the boxes', but a high proportion of positive responses is desirable. As you get to know resources and what they can offer, you will be able to form your own judgements about what is suitable for different school and college settings.

# Appendix 10

## Checklist for selecting resources

<b>Good practice principles</b>	Yes ✓	No ✗
Are the underpinning values and beliefs clearly stated, and are they consistent with those of the school?		
Are drugs defined to include medicines, alcohol, tobacco, volatile substances and illegal drugs?		
Is there guidance on identifying pupils' levels of knowledge and experience of drug use, and how to incorporate this into planning?		
Do the activities cover a range of teaching and learning styles?		
Is there guidance on evaluating activities?		
Are the materials free from racial, gender and sexist stereotypes?		
Do the materials take account of religious, cultural and physical diversity, and special educational needs?		
Does the material suggest ways of involving parents, families and the community in drug education?		
Has the material been developed in consultation with pupils and teachers and has the effectiveness been evaluated?		
Does the material include guidance on the knowledge and skills needed for effective delivery and help build teacher confidence?		
<b>Teaching and learning</b>		
Does the material outline processes for establishing a safe learning environment?		
Is active learning promoted?		
Are discussion and reflection encouraged?		
Do the activities cover the development of knowledge, skills and attitudes?		
Is the content differentiated and can it be adapted for use with particular groups of pupils?		
Is guidance given on assessing learning outcomes?		
<b>Content</b>		
Does the range of drugs covered meet with pupils' needs for information?		
Is the content factually accurate and balanced?		
Are learning outcomes clearly stated?		
Are the learning outcomes sufficiently challenging?		
Is the content appropriate to the needs of pupils in terms of language, images, attitude, maturity, understanding and knowledge required?		
Does it avoid racial, sexist and gender stereotyping?		
Does it include positive images of a range of people and will the imagery and language appeal to pupils?		
Do the activities encourage pupils to think about drug use, evaluate evidence and take account of a range of perspectives?		
<b>Curriculum issues</b>		
Does it contribute to broad and balanced PSHE and citizenship provision?		
Does the material say how it covers statutory and non-statutory learning outcomes?		
Does the resource support continuity and progression across Key Stages and curriculum subjects?		
Can the material be adapted to differing curriculum models and school timetables?		

Adapted from DrugScope, *The Right Choice – Guidance on selecting drug education materials for schools* (1998), and from DfES, *Guidance*, Appendix 4

# Appendix 11

## Drug-related incident checklist and record form for school staff

**Tick to indicate the category:**

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

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

First Aid given? <input type="checkbox"/> Yes <input type="checkbox"/> No	Ambulance/Doctor called? (Delete as necessary) <input type="checkbox"/> Yes <input type="checkbox"/> No
First Aid given by:	Called by:
Drug involved (if known): (e.g. Alcohol, Paracetamol, Ecstasy)	Time:
Senior staff involved:	Drug found/removed? <b>Yes/No</b>
	Where found/seized:
	Name and signature of witness:
	Disposal arranged with (police/parents/other):
	At time:
	If police, incident reference number:

Name of parent/carer if informed*:	(*For school records only)
Informed by:	At time:

Brief description of incident (including any physical symptoms):

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Other action taken: (e.g. Connexions or other agency involved, Educational Psychologist report requested, case conference called, pupils/staff informed, sanction imposed, local authority/GP/Police consulted)

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(continue on blank sheet if necessary)

\*\* Categories: British, Irish, other white, white and black Caribbean, white and black African, white and Asian, other mixed, Indian, Pakistani, Bangladeshi, other Asian, Caribbean, African, other black, Chinese, any other, not stated.

From DfES, *Drugs: Guidance for Schools* (2004), Appendix 11, p. 122 Adapted from: DrugScope, *The Right Responses* (1999)



# Appendix 12

## Human Rights documents

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This Appendix details the provisions of two key human rights documents that are of particular relevance to school- and college-age pupils and students.

### UN Convention on Rights of the Child

The United Nations Convention on the Rights of the Child decrees that every child has the right to:

- be protected against all forms of punishment or discrimination on the basis of the status, activities, expressed opinions or beliefs of the child's parents, legal guardians or family members
- their best interests being a primary consideration
- the protection and care that is necessary for their well-being, taking into account the rights and duties of the parents, legal guardians or other individuals legally responsible for the child
- not to be separated from their parents against their will, except if the separation is in the child's best interests
- express their views freely in all matters affecting them, and those views being given due weight in accordance with the age and maturity of the child
- freedom of expression: including freedom to seek, receive and impart information and ideas of all kinds (subject to certain restrictions as provided by law) such as: respect of the rights or reputations of others or the protection of national security, public order or public health or morals
- freedom of thought, conscience and religion
- freedom of association and peaceful assembly
- the protection of their privacy, family, home or correspondence and against unlawful attacks on their honour or reputation
- access to information and material from a diversity of national and international sources, especially those aimed at the promotion of their social, spiritual and moral well-being and physical and mental health
- protection from information and material harmful to the child's well-being, bearing in mind the right to the freedom to access information
- protection from all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation
- (if mentally or physically disabled) enjoy a full and decent life in conditions that ensure dignity, promote self-reliance and facilitate the child's active participation in the community
- the enjoyment of the highest attainable standard of health and to facilities for the treatment of illness and rehabilitation of health
- education
- enjoy their own culture, to profess and practice their own religion, and to use their own language
- rest and leisure, to engage in play and recreational activities.

Information on, and the full text of, the Convention can be found at [www.unicef.org/crc](http://www.unicef.org/crc).  
Summary taken from *Journeys – When parents take drugs*, published by Adfam.

### European Convention on Human Rights and Fundamental Freedoms ('ECHR')

The United Kingdom is one of 45 countries that have signed the European Convention on Human Rights, which was established soon after World War II. Countries that have signed up to the Convention comprise the Council of Europe (which has no connection with the European Union).

The Human Rights act 1998 creates 'convention rights' drawn from the following Articles of the ECHR:

1. The right to life.
2. Prohibition on torture.
3. Prohibition on slavery and forced labour.
4. The right to liberty and security.
5. The right to a fair trial.
6. No punishment without law.
7. The right to respect for private and family life.
8. Freedom of thought, conscience and religion.
9. The right to freedom of expression.
10. Freedom of assembly and association.
11. The right to marry and found a family.
12. Prohibition on discrimination.

Protocol 1, Article 1: *Protection of Property*.

Protocol 1, Article 2: *Right to Education*.

Protocol 1, Article 3: *Right to Free Elections*.

Further information on the Convention is available on the Council of Europe website, [www.coe.int](http://www.coe.int).



# Appendix 13

## *Every Child Matters: Change for Children*

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*Every Child Matters: Change for Children* is a new approach to the well-being of children and young people from birth to age 19. The government's aim is for every child, whatever their background or their circumstances, to have the support they need to:

- be healthy
- stay safe
- enjoy and achieve
- make a positive contribution
- achieve economic well-being.

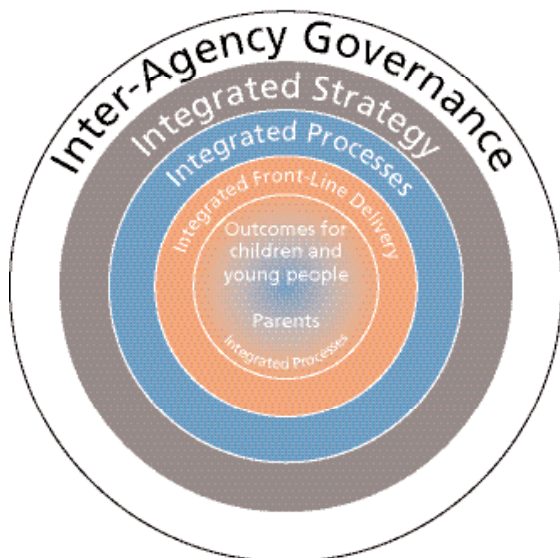
The five outcomes are universal ambitions for every child and young person, whatever their background or circumstances. Improving outcomes for all children and young people underpins all of the development and work within children's trusts.

This means that the organisations involved with providing services to children – from hospitals and schools, to police and voluntary groups – will be working together in new ways, sharing information and working together, to protect children and young people from harm and to help them achieve what they want in life. Children and young people will have far more say about issues that affect them as individuals and collectively.

Every local authority will be working with its partners, through children's trusts, to find out what works best for children and young people in its area and to act on it. They will need to involve children and young people in this process, and when inspectors assess how local areas are doing, they will listen especially to the views of children and young people themselves.

In March 2005 the first Children's Commissioner for England was appointed, to give children and young people a voice in government and in public life. The Commissioner will pay particular attention to gathering and putting forward the views of the most vulnerable children and young people in society, and will promote their involvement in the work of organisations whose decisions and actions affect them.

In addition, the Children's Fund was launched in November 2000 to tackle disadvantage among children and young people. The programme aims to identify at an early stage children and young people at risk of social exclusion, and make sure they receive the help and support they need to achieve their potential.



Improved outcomes for all children and young people depend on the action taken in the 150 local change programmes. This will be driven by an analysis of local priorities, and secured through more integrated front-line delivery, processes, strategy and governance. This model of whole-system change, the children's trust in action, is illustrated by the 'onion diagram'.

Adapted from [www.everychildmatters.gov.uk](http://www.everychildmatters.gov.uk)

**Circle time** - Activities or discussion where everyone sits facing into a circle including the teacher or tutor. Used extensively in PSHE.

**Controlled drugs** - Controlled drugs are those drugs controlled under the Misuse of Drugs Act 1971 (also known as illegal drugs).

**Draw and Write** - The Draw and Write strategy was first devised by Noreen Wetton as part of *Health for Life* (second edition, Nelson Thornes, 2000). Draw and Write strategies invite pupils, without prior information, to draw a picture about a particular issue/situation and then write a sentence or notes explaining the drawing. Supplementary questions are asked to help ascertain their prior knowledge and beliefs. This can be used as a research strategy to ascertain pupils' knowledge of drugs and how they explain the world of drugs (only the written statements can be used as quantifiable data, rather than the drawings). As an evaluation tool, the strategy can be used to discover how far children's perceptions and explanations have developed as they work through the drug education programme. The technique can be used with pupils at all Key Stages and also with pupils with low literacy skills.

**Drug and Alcohol Action Teams (DAATs)** - These are multi-agency teams within every English local authority, with responsibility for the local delivery of the drug strategy. They involve education, health, police, social services, youth services and the voluntary sector.

**Drug incident** - Suspicion or evidence of any situation or specific event involving a drug. This could relate to a pupil, student, parent / carer or staff member.

**Drugs [sniffer] dog** - A specially trained police dog which can detect the scent of drugs.

**Drug misuse** - Drug misuse is drug taking which leads a person to experience social, psychological, physical or legal problems related to intoxication, regular excessive consumption and / or dependence. It may be part of a wider spectrum of problematic or harmful behaviour and require specific interventions, including treatment.

**Key Stages** - Key Stages represent a child's progression through school. Key Stage 1 covers pupils from age 5 to age 7; Key Stage 2 from 7 to 11; Key Stage 3 from 11 to 14; and Key Stage 4 from 14 to 16. Key Stage 5 is an informally used term for school or college education over the age of 16.

**Mind mapping** - A form of written 'word association' which helps individuals to clarify and show how their ideas link together.

**National Healthy School Programme (NHSP)**. This is an established national programme delivered by local education and health partnerships through local Healthy Schools Programmes. It aims to support schools to promote physical and emotional health and to provide a physical and social environment that is conducive to learning.

**PSHE framework** - The PSHE framework sets out, through all the four key Stages (age 5-16) a structured programme of learning opportunities through which pupils can be taught the knowledge, skills and understanding to take responsibility for themselves, show respect for others and develop the self-awareness and confidence needed for life.

**Prevalence** - The extent of a disease or activity in a population at any given time.

**Protective factors** - These are factors which may play some part in reducing the risk of problematic drug use (see 1.7.7).

**Risk factors** - These are factors which, particularly in combination, may make children and young people more vulnerable to drug misuse and / or play a role in the later development of drug problems (see 1.7.7).

**Role play** - A teaching and learning technique frequently used in PSHE involving pupils and students acting out given roles within the context of a scenario and, through this process, thinking about what a person in that role would think, feel and do. Pupils should not be encouraged to act out roles which could enhance risk taking, e.g. persuading someone else to use drugs.

**Safer School Partnerships** - see 2.6

**Sanction detection** - Detection of a crime which leads to a formal sanction.

**Thought showers** - A strategy for collecting and recording ideas rapidly and openly. A facilitator scribes what members of a group say in response to a question or stimulus, e.g. what the word 'drug' means. The facilitator writes down exactly what is said without comment. All ideas are accepted and discussion of the ideas takes place at a later stage.

**Volatile substance abuse (VSA)** - Volatile substance abuse refers to the inhalation (sometimes referred to as 'sniffing') of gas or vapours from volatile substances, including butane and propane (as found in cigarette lighter fuel), aerosol propellants, some glues and solvents, petrol etc., for intoxicating purposes. This can also be referred to as 'solvent abuse'.

**Vulnerable groups** - Vulnerable groups are those at increased risk of the misuse of drugs. Pupils found to be more vulnerable may include those who are in local authority care, truants and pupils excluded from school, those who have been physically or sexually abused, homeless young people, those in contact with mental health services or the criminal justice system, and those involved in prostitution. See also 1.7.7.

# Appendix 15

## Bibliography and references

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### Bibliography

The following is a list of official documents and reports that may be useful to police and other practitioners working on drug education and drug-related issues in schools and colleges. The list is not exhaustive but is intended as a guide.

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*Every Child Matters: Change for Children – Young People and Drugs*, DfES, 2005

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Misuse of Drugs Act 1971

Race Relations (Amendment) Act 2004

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# Appendix 16

## Useful organisations

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### ACCAC [Qualifications, Curriculum and Assessment Authority for Wales]

The Qualifications, Curriculum and Assessment Authority for Wales (ACCAC) is the National Assembly for Wales' principal advisory body on all aspects of the school curriculum, examinations, assessment and vocational qualifications.

Castle Buildings  
Womanby Street  
Cardiff CF10 1SX  
Tel: 029 2037 5400  
Email: [infor@accac.org.uk](mailto:infor@accac.org.uk)  
Website: [www.accac.org.uk](http://www.accac.org.uk)

### ADFAM

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

ADFAM  
Waterbridge House  
32-36 Loman Street  
London SE1 0EH  
Tel: 020 7928 8898  
Email: [admin@adfam.org.uk](mailto:admin@adfam.org.uk)  
Website: [www.adfam.org.uk](http://www.adfam.org.uk)

### Alcohol Concern

Works to reduce the incidence and costs of alcohol-related harm and to increase the range and quality of services available to people with alcohol-related problems.

Alcohol Concern  
Waterbridge House  
32-36 Loman Street  
London SE1 0EE  
Tel: 020 7928 7377  
Email: [contact@alcoholconcern.org.uk](mailto:contact@alcoholconcern.org.uk)  
Website: [www.alcoholconcern.org.uk](http://www.alcoholconcern.org.uk)

### Children's Legal Centre

The Centre operates a free and confidential legal advice and information service covering all aspects of law and policy affecting children and young people.

Children's Legal Centre  
University of Essex  
Wivenhoe Park  
Colchester  
Essex CO4 3SQ  
Education enquiries: 0845 3454345  
Email: [clc@essex.ac.uk](mailto:clc@essex.ac.uk)  
Website: [www.childrenslegalcentre.com](http://www.childrenslegalcentre.com)

### Children's Rights Alliance for England

This charity works to improve the lives and status of all children in England through the fullest implementation of the UN Convention on the Rights of the Child.

Children's Rights Alliance for England  
94 White Lion Street  
London N1 9PF  
Tel: 020 7278 8222  
Email: [info@crae.org.uk](mailto:info@crae.org.uk)  
Website: [www.crae.org.uk](http://www.crae.org.uk)

### Council for the Curriculum Examinations and Assessment (CCEA)

The CCEA was established on 1 April 1994 and is a non-departmental public body reporting to the Department of Education in Northern Ireland.

CCEA  
29 Clarendon Road  
Clarendon Dock  
Belfast BT1 3BG  
Tel: 028 9026 1200  
Email: [info@ccea.org.uk](mailto:info@ccea.org.uk)

### Drug Concern

This organisation provides a range of services for parents/carers who may be concerned about their children in relation to drug use. It recruits, trains and supports volunteers to help with service delivery, and provides a helpline, support groups and training.

Drug Concern  
2nd Floor  
Ruskin Chambers  
191 Corporation Street  
Birmingham B4 6RP  
Tel: 0121 200 2008  
Helpline: 0845 120 3745  
Email: [info@drug-concern.co.uk](mailto:info@drug-concern.co.uk)  
Website: [www.drugconcern.org](http://www.drugconcern.org)

### Drug Education Forum (DEF)

DEF is a forum of national organisations in England which provide drug education to children and young people or offer a service to others who do so.

Drug Education Forum  
C/o Mentor UK  
4th Floor  
74 Great Eastern Street  
London EC2A 3JG  
Tel: 020 7739 8494  
Email: [def@mentoruk.org](mailto:def@mentoruk.org)  
Website: [www.drugeducationforum.com](http://www.drugeducationforum.com)

### DrugScope

DrugScope is a centre of expertise on illegal drugs, aiming to inform policy development and reduce drug-related risk. The website includes detailed drug information and access to the Information and Library Service. DrugScope also hosts the Drug Education Practitioners Forum.

DrugScope  
Waterbridge House  
32-36 Loman Street  
London SE1 0EE  
Tel: 020 7928 1211  
Email: [info@drugscope.org.uk](mailto:info@drugscope.org.uk)  
Website: [www.drugscope.org.uk](http://www.drugscope.org.uk)

### Drug and Alcohol Education and Prevention Team

A partnership between DrugScope and Alcohol Concern, the Drug and Alcohol Education and Prevention Team aims to identify, develop and promote good practice in alcohol and drug education and prevention.

Tel: 020 7928 1211  
Email: [ed&prev@drugscope.org.uk](mailto:ed&prev@drugscope.org.uk)

### Estyn

Estyn aims to raise standards and quality of education and training in Wales through inspection and advice, in support of the vision and strategic direction set out by the Welsh Assembly Government.

Estyn  
Anchor Court  
Keen Road  
Cardiff CF24 5JW  
Tel: 029 2044 6446  
Website: [www.estyn.gov.uk](http://www.estyn.gov.uk)

### FRANK (replaces the National Drugs Helpline)

FRANK is the national drugs awareness campaign aiming to raise awareness among young people at risk of illegal drug taking. It provides details of sources of information and advice.

Tel: 24 Hour Helpline 0800 77 66 00  
Email: [frank@talktofrank.com](mailto:frank@talktofrank.com)  
Website: [www.talktofrank.com](http://www.talktofrank.com)

### Giving Up Smoking

Giving Up Smoking is an online resource for advice, information and support, and supports the Department of Health's initiative Smokeline.

NHS Smoking Helpline: 0800 169 0169  
Campaigns: 0131 536 5500  
Website: [www.givingupsmoking.co.uk](http://www.givingupsmoking.co.uk)

### National Assembly for Wales

National Assembly for Wales  
Cardiff Bay  
Cardiff CF99 1NA  
Tel: 029 20 825111  
Website: [www.wales.gov.uk](http://www.wales.gov.uk)

### National Children's Bureau (NCB)

The NCB promotes the interests and well-being of all children and young people across every aspect of their lives.

National Children's Bureau  
8 Wakley Street  
London EC1V 7QE  
Tel: 020 7843 6000  
Website: [www.ncb.org.uk](http://www.ncb.org.uk)

### National Health Education Group

This membership group is open to professionals whose work has a primary focus of supporting health and/or drugs education with children and young people in formal and informal educational settings.

Website: [www.nheg.org.uk](http://www.nheg.org.uk) (has links to regional contact details)

# Appendix 16

## Useful organisations

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### Parents Against Drug Abuse (PADA)

PADA supports parents of drug users. A large percentage of helpline workers have experienced drug use within their own families.

Tel: 08457 023 867

Website: [www.pada.org.uk](http://www.pada.org.uk)

### Qualifications and Curriculum Authority (QCA)

The QCA is committed to building a world-class education and training framework that meets the changing needs of individuals, businesses and society. It leads developments in curriculum, assessments, examinations and qualifications.

QCA

Customer Relations

83 Piccadilly

London W1J 8QA

Tel: 020 7509 5555 / 020 7509 5556

Email: [info@qca.org.uk](mailto:info@qca.org.uk)

Website: [www.qca.org.uk](http://www.qca.org.uk)

QCA Northern Ireland

2nd Floor

Glendinning House

6 Murray Street

Belfast BT1 6DN

Tel: 028 9033 0706

Email: [infony@qca.org.uk](mailto:infony@qca.org.uk)

### RELEASE

Established in the 1960s, RELEASE provides advice and referral on drug-related legal problems.

RELEASE

388 Old Street

London EC1V 9LT

Tel: 020 7729 5255

Email: [ask@release.org.uk](mailto:ask@release.org.uk)

Website: [www.release.org.uk](http://www.release.org.uk)

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

Re-Solv is a national charity providing information about solvent abuse for teachers, other professionals, parents and young people.

Re-Solv

30A High Street

Stone

Staffordshire ST15 8AW

Tel: 01785 817885 / Helpline: 0800 8002345

Email: [information@re-solv.org](mailto:information@re-solv.org)

Website: [www.re-solv.org](http://www.re-solv.org)

### YOUNG PEOPLE'S WEBSITES

#### Connexions Direct

Connexions Direct can help young people with information and advice on issues relating to health, housing, relationships with family and friends, career and learning options, and money, as well as helping young people find out about activities they can get involved in. Connexions Direct advisers can be contacted by phone, email, text or webchat.

Tel: 080 800 13219

Website: [www.connexions-direct.com](http://www.connexions-direct.com)

Other information websites for young people:

D-World - a drugs information website for 11-14 year-olds, provided by DrugScope

[www.drugscope.org.uk/wip/24](http://www.drugscope.org.uk/wip/24)

Mind, Body and Soul – for young people

aged 14-16: [www.mindbodysoul.gov.uk](http://www.mindbodysoul.gov.uk)

Lifebytes – for young people aged 11-14:

[www.lifebytes.gov.uk](http://www.lifebytes.gov.uk)

Galaxy – for young people aged 7-11:

[www.galaxy-h.gov.uk](http://www.galaxy-h.gov.uk)

Welltown – for young people aged 5-7:

[www.welltown.gov.uk](http://www.welltown.gov.uk)

Pupil Line – featuring information and advice for all issues affecting school pupils:

[www.pupilline.net](http://www.pupilline.net)

Think About Drink – informative site about

alcohol aimed at young people:

[www.wrecked.co.uk](http://www.wrecked.co.uk)

### INFORMATION FOR TEACHERS INCLUDING PSHE/CITIZENSHIP

#### Citizenship Foundation

The Citizenship Foundation supports teachers delivering citizenship education.

Citizenship Foundation

63 Gee Street

London EC1V 3RS

Tel: 020 7566 4130

Email: [info@citizenshipfoundation.org.uk](mailto:info@citizenshipfoundation.org.uk)

Website: [www.citizenshipfoundation.org.uk](http://www.citizenshipfoundation.org.uk)

#### Drugs Education & Prevention Information Service (DEPIS)

DEPIS informs planners and providers of drug education and prevention in both school and community settings. The website lists drug education resources which have been reviewed, and evaluations of drug education and prevention projects.

Tel: 01274 323556

Email: [joanne.bell@bradford.nhs.uk](mailto:joanne.bell@bradford.nhs.uk)

Website: [www.info.doh.gov.uk/doh/depisusers.nsf/main?readform](http://www.info.doh.gov.uk/doh/depisusers.nsf/main?readform)

### Institute for Citizenship

The Institute provides support for teachers delivering citizenship education.

Institute for Citizenship  
Crown House  
51-52 Aldwych  
London WC2B 4AX  
Tel: 020 7844 5444  
Website: [www.citizen.org.uk](http://www.citizen.org.uk)

### National Healthy School Standard

Information can be obtained from this organisation about the national healthy school standard, local healthy school partnerships, and healthy schools.

National Healthy School Standard  
Holborn Gate  
330 High Holborn  
London WC1V 7BA  
Tel: 020 7061 3072 - check  
Website: [www.wiredforhealth.gov.uk](http://www.wiredforhealth.gov.uk)

### The National PSE Association for advisers, inspectors and consultants

NSCoPSE is the professional organisation for LEA advisers, inspectors and advisory teachers with responsibility for all aspects of personal social and health education, including citizenship.

Email: [info@nscopse.org.uk](mailto:info@nscopse.org.uk)  
Website: [www.nscopse.org.uk](http://www.nscopse.org.uk)

### NHS Responseline

Various drug resources and materials can be ordered on:  
Tel: 08701 555 455

### Ofsted

Ofsted Publications gives access to reports and inspectors' guidance on all subjects including PSHE. The entire PSHE framework can be found at [www.nc.uk.net/home.html](http://www.nc.uk.net/home.html)

Ofsted  
Alexandra House  
33 Kingsway  
London WC2B 6SE  
Tel: 020 7421 680  
Website: [www.ofsted.gov.uk/publications](http://www.ofsted.gov.uk/publications)

### Qualifications and Curriculum Authority (QCA)

For updates, guidance and schemes of work:  
Tel: 01787 884444  
Website: [www.qca.org.uk/ca/subjects/pshe](http://www.qca.org.uk/ca/subjects/pshe)

### TeacherNet

TeacherNet is the government site for teachers. Use this site to access resources, training, professional development and support.

Website: [www.teachernet.gov.uk/pshe](http://www.teachernet.gov.uk/pshe)

## GOVERNMENT

### Connexions

This site provides information about the Connexions Service, with links to Connexions sites aimed specifically at young people and at personal advisers.

Website: [www.connexions.gov.uk](http://www.connexions.gov.uk)

### Department for Education and Skills (also see Teachernet)

For government updates and publications, go to:  
Website: [www.dfes.gov.uk](http://www.dfes.gov.uk)

Teachers may also wish to refer parents/carers to the parents' portal:

Website: [www.dfes.gov.uk/parents](http://www.dfes.gov.uk/parents)

### Department of Health

This website includes drug-related information such as the annual survey on young people's drug use.

Website: [www.dh.gov.uk](http://www.dh.gov.uk)

### Home Office (also see the National Drugs Strategy)

The Research Development and Statistics Directorate (RDS) of the Home Office collects data about drug use.

Website: [www.homeoffice.gov.uk/rds](http://www.homeoffice.gov.uk/rds)

### National Drugs Strategy

The strategy website contains information for DATs and interested individuals to find out about the Government's national illegal drug strategy.

Website: [www.drugs.gov.uk](http://www.drugs.gov.uk)



