

Drugs: Guidance for Schools

Consultation Response Form

The closing date for this consultation is:
15 February 2010

Your comments must reach us by that date.



department for
children, schools and families

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Please tick if you want us to keep your response confidential.

Name Jenny McWhirter
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If your enquiry is related to the policy content of the consultation you can contact Holly Turner on:

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If your enquiry is related to the DCSF e-consultation website or the consultation process in general, you can contact the Consultation Unit by e-mail: consultation.unit@dcsf.gsi.gov.uk or by telephone: 0870 000 2288.

If you have a query relating to the consultation process you can contact the Consultation Unit on:

Telephone: 01928 794888 Fax: 01928 794 311

e-mail: consultation.unit@dcsf.gsi.gov.uk

Please select one category which best describes you as a respondent.

<input type="checkbox"/> Teacher	<input type="checkbox"/> Local Authority/PCT	<input type="checkbox"/> Health Professional/Organisation
<input type="checkbox"/> School (Please state whether Primary, Secondary or Special)	<input type="checkbox"/> Governor	<input type="checkbox"/> Parent or Carer
<input type="checkbox"/> Voluntary Sector Organisation/Charity	<input type="checkbox"/> Young Person	<input type="checkbox"/> Pupil Referral Unit
<input checked="" type="checkbox"/> Other (Please specify)		

Please Specify: CHAIR OF A SMALL INDEPENDENT FORUM FOR DRUG EDUCATION PRACTITIONERS. DRUGSCOPE RECEIVES A SMALL GRANT FROM DCSF TO SUPPORT THE ADMINISTRATION OF THE FORUM.

Introduction

1 Is the introduction helpful?

Yes

No

Not Sure

Comments: The introduction is useful as it makes clear that drugs refers to any substance which affects how you think feel or behave, however the footer does not include legal drugs including stimulants, becoming more widely available and caffeine. DEPF members expressed particular concern about caffeine supplements being used by young people during exam times. The footer, running throughout the document should read: 'Drugs refers to all **legal** drugs including medicines, volatile substances, alcohol, tobacco and **illegal** drugs'.

However, the terminology throughout the document is not consistent with the footer and refers sometimes to drugs and alcohol, sometimes a range of substances. If the word drugs is to be all inclusive the text of the document should reflect and reinforce this.

DEPF members asked for a much clearer executive summary, rather than the brief overview provided. They requested this should be available as a separate document.

The summary re young people and drugs does not emphasise that children and young people need drug education to live confidently, safely and healthily in a world where drugs are used by many people, for a range of purposes. The emphasis is on illegal drug use by the minority, whereas universal drug education (needed by most young people) is about the range of 'drugs' in para 1.3.

The introduction introduces some terminology which might be unfamiliar to some teachers e.g. normative. It would be helpful to identify where in the document such terms are defined or use a footnote to explain/define.

There is no reference to training in drug education in the introduction which is a serious omission. The PSHE CPD programme has contributed to improving practice among teachers and expanding the range of practitioners working with young people in ways which incorporate good practice, especially since police and other practitioners have been eligible for the qualification.

The guidance should include extended schools as those offering these services have to deal with drug incidents.

Those working for a PRU might be frustrated by the first paragraph which says

This document is for PRUs and then says they should seek advice elsewhere. better to say in which ways PRUs would find this helpful - eg incident management, training and universal drug education and then refer to the need to seek additional advice and support.

Section 2: What is drug education and what should be taught

2 Is section 2 helpful in setting out the context of drug education and what should be taught?

Yes

No

Not Sure

Comments:

2.1 The first sentence of the first paragraph sets up drug education as a prevention tool. Unfortunately, but not surprisingly, the evidence does not support this and the stated aims of drug education do not include prevention. The DCSF advisory group recommended that the aims of drug education should be clear to everyone involved. It would be better for the second paragraph to come first to reflect this intention. Ideally the guidance would state that drug education alone cannot be expected to prevent drug use by all pupils at any time in their lives. The final paragraph in 2.2 mentions realistic outcomes - based on what is stated above, these do not include prevention.

Within effective practice there is a statement about normative drug education - this does not go far enough, in the view of DEPF members. Normative drug education is about all norms including those about the perceived approval of peers to use drugs. Where perceived peer approval ratings are high then this can also influence young people's attitudes to drugs and drug use. This section should usefully refer to sources of support for the real facts (including the regular survey of drug use carried out in schools and the option of using anonymous surveys in their own school).

Para 2.4 should include a reference to SEAL.

Section 2.5: The heading should read 'start in the early years of primary school'. As it reads schools could follow this guidance by offering drug education in the last week before transition. The section in bold on transition is worthy but gives no guidance as to why transition is an important time, or examples of how this can be managed. Both are needed. There should be a recognition that transition occurs at different ages in different systems within England.

The harms of polydrug use are not sufficiently highlighted.

If the document is intended to promote normative education it should embrace that as a principle throughout the document - see comment above on the emphasis in the introduction on illegal drug use. The section on alcohol breaches this principle by beginning with what is worsening, rather than what is improving i.e. the trend is for fewer young people to use alcohol BUT for those who do to consume more. Again, it is not what is in the document but the order in which it appears which risks reinforcing some practitioner's misperceptions. See also: 'research tell us that 15% of young people [age not defined, no reference] think it is normal to get drunk once a week' - This could also be expressed as: 'Research tell us that 85% of young people do not think it is normal to get drunk once a week' - a much more positive - and truthful - message based on this unnamed source. The source should be identified. Practitioners should expect that children and young people will disbelieve this information so it should be included in more than one aspect of drug education.

Why is the aim of alcohol education a behavioural one when it is not for other forms of drug education? Surely it is an aim of society as whole to delay the age at which young people start drinking and alcohol education will play a part in this. The guidance refers to CMO guidance where the onus is (equally unhelpfully) on parents and carers. The guidance misses an opportunity here to emphasise the need for schools to work with parents and carers and other sources of support for young people in the wider community.

While some members of the DEPF consider the section on drugs (why 'and substances'?) of particular significance to be superfluous, the section remains valuable since the guidance also refers to rates of use by young people as well as consequences. However, these data become out of date, so trends should be shown, rather than the most recent data, and links given to enable practitioners to access the most recent figures.

2.6.3 should refer again to Joining Forces which states that arrest is not necessary. This document is being redrafted but it is unlikely that this advice will change despite the reclassification of cannabis. DEPF members recommend that the publication of these two documents is synchronised and statements like this, harmonised.

2.6.6 There is concern about the use of the term legal high (suggest 'new psychoactive substances') and the limited number of examples - methadone is not included, for example. In reality any list will quickly become out of date. This section particularly needs to refer to FRANK website, but also to give some idea of usage by young people (as in other subsections) as 'new' drugs tend to get a lot of attention in the press and this gives the, usually false, impression that many young people are using these substances/approve of their use, when this is unlikely to be the case.

There should be a reference here to caffeine products and 'energy' drinks which

contain high levels of caffeine, plus the combination of high caffeine with alcohol in some products marketed directly at younger drinkers.

The use of methylphenidate and other substances as cognitive enhancers has recently been highlighted and this could also be helpfully included.

On balance DEPF recommends retaining and enhancing this section, while making it clear that the FRANK and possibly DrugScope websites will provide up to date information on the sources, names, status and effects of a wide range of drugs.

Section 3: Planning and teaching of drug education

3 Is Section 3 helpful in setting out the range of processes that need to be in place and the roles that different partners have in planning and teaching effective drug education?

x Yes

No

Not Sure

Comments: Overall this is a strong section.

3.2 There could be a reference to the increasing use of vertical tutor groups in secondary schools and the added difficulty this presents for appropriate, normative drug education if the chosen model is to deliver PSHE/drug education through tutor groups.

3.2.1 strongly recommend that the words non-statutory are removed if PSHE becomes statutory before the publication of this document.

The term progressive (paragraph above the Table) in this context is ambiguous and could mean, for example 'unorthodox' or 'reforming'. The term most commonly used in education is spiral curriculum or refer to progression and continuity rather than 'cohesive and progressive'.

The PSHE framework limits drug education and there should be more emphasis on teaching to the needs of the pupils within and beyond this overall framework.

It is hard to resist commenting on the exhortation in 3.2.2 for teaching to be evidence based when so much of our national drugs strategy is not.

There is a helpful section on pupils who have missed substantial amounts of schooling. It is worth considering a section about children and young people who transfer to a new school at different times of the year and who may not be

as aware of the school's approach to drugs or drug education or who may have missed particular inputs. Likewise parents of such pupils may benefit from a brief introduction to the school's approach and policy. Children who transfer at unusual times of the year are particularly focused on forming new friendship groups and this may make them vulnerable to risk taking behaviour in order to fit in with a peer group.

3.4 Agree with the introductory bullet points . However what we know about effective drug education is based on specific evidence and this should be emphasised.

3.6 Insert the word planning in the second line. The teacher remains responsible for planning the learning even if the session is delivered by an external contributor.

This section should be clear that there is little evidence to support the use of ex-users in drug education. There should be clear guidance to schools that such inputs need to be carefully planned, monitored and evaluated to ensure the benefit to pupils. Teachers should be present throughout all sessions delivered by external providers.

Overall in this section there is insufficient emphasis on drug education as part of PSHE.

4 Do you find the table at section 3.2.1 helpful in setting out some of the key issues we suggest are explored with pupils? Are there other issues that should be explored with pupils as part of drug education?

x Yes

No

Not Sure

Comments:

See above:

The National Curriculum Key Stage table is a helpful guide but may be over-prescriptive as it does not reflect the spiral curriculum - surely children of all key stages will learn how to recognise, and respond to pressure, bullying etc, not just to challenge bullying at KS4

Needs led approaches conflict with this framework and teachers need to feel able to respond to the needs of pupils if they anticipate the guidance given in the framework (see 3.3).

Section 4:

5 Is Section 4 helpful in setting out good practice in relation to school drug policies? We would particularly welcome comments on what issues should be added to the policy framework.

Yes

No

Not Sure

Comments:

The involvement of the senior management in the drafting of the policy needs to be emphasised more.

The link to Joining Forces (Drugs: guidance for police working with schools and colleges could be made here).

This section should include a paragraph defining a drug or drug related incident, and there should be a flow chart helping staff to identify the range of actions which could follow drug incidents, including immediate first aid, police involvement, referral to other agencies etc. This was omitted from the draft.

4.8 there should be a definition of school boundaries or at least examples to help schools clarify these.

4.3.2 DEPF members have found parents reluctant to attend meetings about drug policy development or drug education, but when the emphasis is on wider pupil safety issues and drug education is addressed as part of this, there is greater engagement.

The drug policy framework would be more helpful as an Appendix. DEPF members found that the previous guidance was read once by key staff and the Appendices used or adapted more frequently. The drugs policy should cross refer to other relevant policies e.g. safeguarding/confidentiality, equality and diversity as well as medicines.

There should be clarification of the term 'screening' at this stage in case this is misinterpreted by teachers and senior managers to include drug testing.

The next three questions relate to Section 5: Good management of drugs within the school community

6 Is Section 5 helpful in setting out good practice in the management of drugs within the school community? Are there any other areas of particular concern to schools that should be covered in the guidance?

x Yes

No

Not Sure

Comments.

5.1 Although the guidance states that there should be a clear message about the possession use etc of unauthorised drugs is for the whole community it should also refer to sections which address the use of alcohol on school premises for social or other purposes by staff, visitors to the school or those hiring school premises. Although the paragraph refers to the whole school community it reads as though you are really only thinking about pupils.

Table on risk and protective factors: DEPF members felt the inclusion of prostitutes is not helpful and suggested sexual exploitation would be more appropriate for the school age group. The term 'deviant peers', while understood by members to mean those whose behaviours 'differs from the norm' could be misunderstood and should be rephrased. The table should be accompanied by a statement that these risk and protective factors are cumulative but not necessarily causal. I.e. there is an association between the misuse of drugs by a parent/carer and the early first use of drugs by children. However misuse by parents does not automatically lead to use by children. However the more risk factors and the fewer protective factors, the more likely a young person will be vulnerable to the harms drugs cause.

The document should also make it clear that vulnerability is a dynamic process and not static. Children and young people can become more or less vulnerable with time, with little or no change in the risk factors identified.

While there is no epidemiological evidence, anecdotal evidence suggests that the reference to lesbian, gay, bisexual and transgender should also include reference to intersex young people as being a risk factor for substance misuse. There is evidence that a range of threats/challenges to identity formation affect adolescent risk taking behaviour.

5.5 Is there a need to refer specifically to the storage and administration of methylphenidate - perhaps as a case study? In strict legal terms methylphenidate is a controlled drug and yet it is often stored on school premises. DrugScope has issued guidance for schools on this topic, based on practice in Tower Hamlets.

Reference to alcohol use on school premises should emphasise that alcohol cannot be 'given away' at school events as part of a ticket sale (i.e. ticket will entitle holder to free drink). Alcohol should not be offered as a prize in competitions open to under 18s. DEPF members advise that licensing acts are checked with respect to raffles and other competitions where alcohol is included as a prize (bottle stalls etc.) as to whether these need a license.

5.6 Please include a link to Joining Forces as it is not readily accessible from the ACPO website.

5.7 Schools should be made aware that destruction of a substance (illegal or not) may prevent its proper identification and may lead to challenge.

Arrest for possession:

In this paragraph the guidance states that arrest should be an exceptional circumstance and in 2.6.3 it states that arrest is likely if a pupil is in possession of cannabis on school premises. Guidance in Joining Forces remains that a decision about arrest is not automatic and will depend on a range of circumstances, including the best interests of the young people involved. 2.6.3 should be amended accordingly. If a young person is not arrested they may still be dealt with by attending a police station and warned, cautioned or charged. All of these sanctions have serious consequences for young people, of which they should be made aware through their drug education programme. See also reference to arrest in Appendix 2. Overall the guidance is inconsistent on this issue and should be aligned with advice from ACPO.

Re school trips: It would be helpful to include advice that drugs dogs at airports and other transport hubs may detect medicines as well as other substances and staff and pupils carrying medicines in their luggage should be made aware of this.

7 Is the guidance on confiscation and disposal of illegal and unauthorised drugs workable?

Yes

No

x Not Sure

Comments:

See comments above re 5.7. Also earlier comments about clearer reference to Joining Forces and working with police to agree protocols and procedures. Some members had concerns about the security of storage and the time drugs would be on the premises before police could collect, but agree that for a variety of reasons disposal should not be the norm.

8 What are your views on the guidance relating to the use of drug dogs in schools? How could the guidance be improved in this area?

Comments:

DPEF members strongly oppose the use of drugs dogs in schools. There is no evidence for the effectiveness of drugs dogs in preventing drug use by young people. Drugs dogs used for educational purposes should not be a cover for a search. It should be clear that the use of intrusive searches to 'frighten' young people into not bringing drugs onto school premises is likely to be ineffective. If police drugs dogs are used they should be part of a warrant led operation (see Joining Forces).

Schools using private companies should be wary of the intentions of such companies which are likely to be motivated by profit and have an adverse effect on the 'safe and supportive learning environment' in which young people can discuss drug issues. PSHE and other drug education sessions. There should be a clear policy with respect to detection of drugs used by teaching staff. However, it is an offence to allow premises to be used for the consumption of illegal drugs, so senior managers have a responsibility to ensure their premises are drug free. Overall the use of drugs dogs, *except where there is evidence for possession on school premises*, is likely to be counterproductive. Hence the recommendation for warrant led operations.

Section 6: Responding to drug incidents

9 Is Section 6 helpful in setting out good practice on responding to drug incidents?

Yes

No

Not sure

Comments:

6.1 needs to come earlier or be flagged earlier in the text.

All bullets should include reference to staff and parents and carers. 6.6 should come sooner in the text. Reference could then be made to staff policy as a separate document. 6.3 should then be headed 'Establishing the nature of incidents involving pupils', for clarity.

The reference to screening tools is helpful as is the whole of 6.4.

6.4.9 seems to predetermine the decision a governing body or independent appeal might come to with regard to permanent exclusion. The governing body or independent panel may be in possession of additional evidence than when the exclusion decision was taken and should in any case be able to review all the evidence impartially. To state the Secretary of State's expectations prior to any hearing is against natural justice and could lay an *independent* panel or process open to judicial review.

Overall there should be clearer reference to pupil and family involvement in identifying solutions to drug related problems.

The impact of permanent exclusion on ECM outcomes should be emphasised.

The next two questions relate to Case Studies

10 Case studies have been included. Are they sufficient or do we need to cover other areas? Do you have any case studies that can be included?

Comments:

DEPF members have been asked to provide further examples of case studies.

11 What mechanisms have schools successfully used to engage with parents/carers, particularly those who are harder to reach, on issues related to drugs? Do you have any case studies of successful engagement?

Comments:

See comments above.

The next question relates to the Appendices

12 Can you suggest any improvements to the appendices? Please state clearly the number of the appendix which you are commenting on.

Comments:

Appendix 2; there is a note that raw magic mushrooms are not illegal, but since 2005 it is illegal to possess magic mushrooms in their raw state - see also section headed Drugs Act 2005.

Section on changes in the law on cannabis do not mean that in practice a young person will be arrested. See following extract from ACPO guidance on policing cannabis:

The procedures for reporting for persons 17 or under in possession of cannabis are as follows:

If an officer finds a young person 17 or under in possession of cannabis they can either arrest them or report them for summons. The decision is at the discretion of the officer depending on the circumstances. If the decision is to report for summons the officer must do this in the presence of the young person's parents, guardian or an appropriate adult. The officer then passes a file on to the CPS who will make decisions as to the course of action to take – a warning being a likely disposal if the individual has not been cautioned or convicted in the 2 years previously. If there is police involvement in the previous 2 years the CPS will take this into account in making the final decision – a warning or caution could still be the final outcome.

And advice from South Wales Police responsible for revising Joining Forces:

[Even though the Classification of Cannabis has changed, the powers of arrest under Code of](#)

Practice G, section 24 of the Police and Criminal Evidence Act 1984 as substituted by section 110 of the Serious Organised Crime and Police Act 2005 remain the same.

An officer must determine if the arrest is necessary under all of the circumstances. The fact that the possession offence would be committed whilst on school premises would necessitate the active involvement and consultation with the school. As a straight forward possession would predominantly result in a caution for a first offence, an arrest would not normally be necessary. However, a repeat offender or a dealer would probably constitute an offence for which an arrest would be deemed necessary. I would suggest that the existing wording remains fit for purpose.

Please refer to earlier comments regarding arrest of a young person.

Appendix 3 is very large and could helpfully be divided into sections such as drug information, government departments with responsibility for drugs, agencies who support young people etc. It should include organisations to support professional development of teachers of drug education e.g. PSHE Association, NHEG and DEPF (although it is mentioned as part of the reference to DrugScope).

Appendix 4 does not make it clear that the teacher is responsible for the learning outcomes or the assessment for/of learning.

Appendix 8: DEPF members asked for clarification of who should hold drug incident records i.e. should these remain with the school or returned to the Local Authority. Review of this information could trigger training for staff.

P48 current Joining Forces would be a useful Appendix in the schools guidance.

13 We have used the term "drugs" throughout to refer to all drugs including medicines, volatile substances, alcohol and tobacco and have put a note in the terminology section of the introduction and a footer on each page explaining this. Is the use of the generic term useful? If not what would be more helpful?

Yes

No

Not Sure

Comments:

See comments in Introduction. This terminology is not yet consistent throughout the document.

14 Are there any particular issues the guidance needs to add/highlight?

Yes

No

Comments: There is concern among DEPF members that as this document is schools guidance it may not be taken up by FE colleges, even though pupils of secondary school age will be on their premises or receiving part of their education from staff trained in FE. There is the potential for such pupils to be more exposed to drugs of all kinds as they may be taught in a less structured environment, with different policies to those at school and among students of an older age range. They may also miss drug education sessions in school because of their attendance at the FE college. The advisory group emphasised the need for a suite of guidance or a single document which addressed the needs of practitioners in both settings(an indeed in the youth service).. Now that it seems this guidance will not be 'interim' the opportunity seems to have been lost to harmonise the guidance across the sector.

There was agreement that the importance of developing community links (i.e. with parents and other agencies) were not as well developed as they could be.

Members identified a need for more on assessment of and for learning.

DEPF members felt there should be more diagrams and illustrations to make the meaning of the text clearer.

15 We will provide an index. How could the document be improved to make navigation easier?

Comments:

DEPF members asked that the font and layout be similar to the previous guidance, and that sections have coloured tabs to locate individual sections easily. An index and contents pages are essential for such a large document. Members also suggested that print copies be available of similar quality as previously.

16 If you have further comments to make on the content of this draft or on how we might publish and disseminate the final document, please give them below.

Comments:

DEPF welcomes the revised guidance.

DEPF members highlighted the need for more checklists, not just those included. Examples were: storage of medicines, alcohol in school. It would be helpful to publish and disseminate this guidance and the ACPO guidance Joining Forces together via regional events. Dissemination events should be free and open to all those responsible for training and development of staff in schools e.g. healthy schools co-ordinators, PSHEE coordinators, those delivering PSHE CPD training for teachers, and initial teacher education.

Thank you for taking the time to let us have your views. We do not intend to acknowledge individual responses unless you place an 'X' in the box below.

Please acknowledge this reply x

Here at the Department for Children, Schools and Families we carry out our research on many different topics and consultations. As your views are valuable to us, would it be alright if we were to contact you again from time to time either for research or to send through consultation documents?

xYes No

All DCSF public consultations are required to conform to the following criteria within the Government Code of Practice on Consultation:

Criterion 1: Formal consultation should take place at a stage when there is scope to influence the policy outcome.

Criterion 2: Consultations should normally last for at least 12 weeks with consideration given to longer timescales where feasible and sensible.

Criterion 3: Consultation documents should be clear about the consultation process, what is being proposed, the scope to influence and the expected costs and benefits of the proposals.

Criterion 4: Consultation exercises should be designed to be accessible to, and clearly targeted at, those people the exercise is intended to reach.

Criterion 5: Keeping the burden of consultation to a minimum is essential if consultations are to be effective and if consultees' buy-in to the process is to be obtained.

Criterion 6: Consultation responses should be analysed carefully and clear feedback should be provided to participants following the consultation.

Criterion 7: Officials running consultations should seek guidance in how to run an effective consultation exercise and share what they have learned from the experience.

If you have any comments on how DCSF consultations are conducted, please contact Donna Harrison, DCSF Consultation Co-ordinator, tel: 01928 794304 / email: donna.harrison@dcf.gov.uk

Thank you for taking time to respond to this consultation.

Completed questionnaires and other responses should be sent to the address shown below by 15 February 2010

Send by post to: Consultation Unit, Area 1A, Castle View House, East Lane, Runcorn, Cheshire, WA7 2GJ.

Send by e-mail to: DrugsGuidance.CONULTATION@dcf.gov.uk