



MISUSE OF NON- PRESCRIBED DRUGS POLICY (INCLUDING SMOKING)

Previous Date of Policy	September 2024
Reviewer(s)	Director of Safeguarding, Mental Health and Wellbeing
Approved by	Principal September 2025
Review by Date	January 2027

Roles & Responsibilities:

Principal
Director of Safeguarding, Mental Health and Wellbeing
Counsellor
School Nurse / Nursing Team

Dr Ian Gross
Mr Martyn Rogers
Ms Laura Barten-Coker
Ms Rosanna Westwater / Ms Mia Bhola

Contents

Introduction	3
Purpose.....	3
Drug Education in the Curriculum	4
Approach	5
The Role of the Police.....	6
Searches.....	6
Responding to Drug Incidents	6
Immediate Action to Take When There is a Suspicion That a Student May Have Consumed Drugs (inc. Alcohol).....	7
Follow on Actions	7
Staff Conduct and Drugs.....	9
The Needs of Students	9
Confidentiality	9
Related Policy	10
Appendix 1: External Agencies (National)	11
Appendix 2: Guide to Corresponding symptoms and ACTIONS of Breath Alcohol Content (BrAC).....	12

INTRODUCTION

The Worthgate School actively seeks to provide an environment where all members of the community are safe from harm. As such, The Worthgate School aims to ensure that the School community is protected, supported and educated regarding drug related issues (which includes alcohol and nicotine). Students are encouraged to respect their bodies and exercise control over consumption, in an informed and health promoting manner.

The school plays an important role in supporting and promoting attitudes, practices and understanding which encourage students to make informed decisions enabling them to choose a healthy lifestyle. We therefore strive to create an atmosphere in which students feel safe and able to discuss the problems and concerns, whilst developing an understanding of drugs and their use and misuse.

The School reserves the right to adopt a zero-tolerance policy in respect of the misuse and supply of drugs. The possession, use or supply of illegal and other unauthorised drugs (such as those which are legal in other countries but are controlled substances in the UK) both within and beyond school boundaries is unacceptable. **Illegal drugs or substances have no place in The Worthgate School and its community.**

In every case of an incident involving drugs, the school's priority is the health and safety of the students and staff. If necessary, the situation should be dealt with as a medical emergency, administering any first aid, and summoning appropriate support. Depending on the circumstances, parents or the police may need to be contacted. The Safeguarding Policy must be followed where relevant.

This policy has been developed regarding Department for Education advice and guidance: DfE and ACPO drug advice for schools (2012) which is non-statutory and was produced to help answer some of the most common questions raised by school staff in this area.

PURPOSE

This policy applies to staff, students, parents/carers and partner agencies working within the School premises and it's the perimeters and includes:

- Journeys in School time
- Work experience
- Residential trips
- During the school day
- Outside of the school day and in all residential accommodation

The overall responsibility for all misuse of drug issues within the school community lies with the Principal. Their responsibility includes overseeing the planning and co-ordination of drugs education and the management of the misuse of drugs incidents in accordance with the procedure laid out in this policy.

All staff should be fully aware of the procedures for managing incidents, including whom they should inform and who has authority regarding issues such as searching school property and involving the police.

Definitions

A drug is a substance people take to change the way they feel, think, or behave. The term 'drugs' and 'drug education', unless otherwise stated, as used throughout this document to refer to all drugs:

- All illegal drugs (Misuse of Drugs Act 1971)
- All legal drugs*, including alcohol, nicotine and volatile substances (those that do or can emit a gas or vapour which can be inhaled) and "legal highs"
- All over the counter and prescription medicines

*CBD oil is a fairly new supplement to the UK. This oil is an extract from the cannabis derivative, hemp, so it contains very small traces of THC (in the UK there is a threshold of permitted THC in CBD oil of 0.2%). If a student is taking CBD oil, they won't experience any psychoactive effect and if they were to be drug tested, they will not give a positive result, so long as the recommended dose is adhered to. The tests used at The Worthgate School test for a minimum of 50ng/ml of THC, so any CBD oil bought legally in the UK would not show up in a test as the legal limit of THC allowed in CBD oil is 0.2%.

Urine Testing: Surescreen Diagnostics

Drug metabolites begin appearing in urine a couple of hours after a substance is taken. These metabolites can be detectable in a urine sample for several days and up to a maximum of 2 weeks after use.

DRUG EDUCATION IN THE CURRICULUM

Drug education is a major component of drug prevention. Drug prevention aims to, a) minimise the number of young people engaging in drug use, b) delay the age of onset of first use, c) reduce the harm caused by drugs, and d) enable those who have concerns about drugs to seek help.

The aim of drug education is to provide opportunities for students to develop their knowledge, skills, attitudes and understanding about drugs and appreciate the benefits of a healthy lifestyle, relating this to their own and others' actions. Therefore, drug education in Worthgate School allows an opportunity for children/young people to.

- Increase their knowledge and understanding, as well as clarifying misconceptions about the short-and long-term effects and risks of drugs use
- Rules and laws relating to drugs
- Impact of drugs on individuals, families and communities
- Prevalence and acceptability of drug use among peers

- Complex moral, social and political issues surrounding drugs
- Develop their personal and social skills to make informed decisions and keep themselves safe and healthy, including:
 - Assessing, avoiding and managing risk
 - Communicating effectively
 - Resisting pressures
 - Finding information, help and advice
 - Devising problem solving and coping strategies
 - Developing self-awareness and self esteem
- Enable them to explore their own and other people's attitudes towards drugs, drug use and drug users, including challenging stereotypes, and exploring media and social influences.

Drug education is an entitlement for every student and is supported by Section 351, of the Education Act 1966 which requires every school to provide a balanced curriculum which:

- Promotes the spiritual, moral, cultural, mental and physical development of students at the school and of society
- Prepares students at the School for the opportunities, responsibilities and experiences of adult life

APPROACH

Drug education will be taught in a safe, secure and supportive learning environment. Ground rules will be agreed, established, communicated and reviewed periodically through discussion with students. Teachers may use a selection of active learning approaches, e.g. action research, mind-mapping, case studies, creative writing, literature, discussion, external contributors, drama visits, formal debate, group work, interactive ICT, local surveys, media analysis, peer education, questionnaires, role-play, simulations, structured games, theatre-in-education, video supported by follow-up discussion etc.

The class teacher will always be in the classroom and will deliver content in line with the UK's legal requirements as well as the School's values and Student Charter. A copy of this policy will be made available to all outside speakers.

All students should be able to:

- Seek help if they have a problem. Within the school and accommodation help is available from the welfare team (including the school Nurse), Counsellor, PTs, teachers and House Parents.
- Encourage other students to seek appropriate help if they have a problem.
- Access information about the effects of misuse on other people and on the quality of their own study/work

- Alert appropriate members of staff to any problems they see developing within the school, particularly where legal or health and safety obligations are paramount.
- Co-operate with any investigation of suspected drugs misuse.
- Seek help or advice if they have been asked, or if they seek help voluntarily, to co-operate fully with the support and advice offered.

Staff should:

- Offer information and advice concerning the services available to students who are experiencing misuse problems.
- Support and offer educational events, awareness campaigns and activities that promote health and wellbeing in conjunction with other departments.
- Encourage a positive approach to health and wellbeing through sport, recreation and other activities.
- Ensure there is no misuse of or pressure to misuse, drugs/alcohol at any time but particularly at social functions or presentations:
 - If provision of alcohol on these occasions is allowed, then it should be moderate and plenty of non-alcoholic drinks should be available.
 - Publicity for social events must not focus on alcohol or encourage its misuse.

THE ROLE OF THE POLICE

Legal Drugs:

The police will not expect to be routinely involved in incidents involving legal drugs, but the school will inform and work with the police about the inappropriate sale or supply of tobacco, alcohol, or volatile substances to students in the local area.

Illegal Drugs:

The Worthgate School has no legal obligation to report an incident involving drugs to the police. Nevertheless, not informing the police may prove to be counter-productive for the School and wider community so the School may choose to do so. The police should, however, be involved in the disposal of suspected illegal drugs.

Police Interviews:

In the event of a student being arrested, a responsible adult needs to be present with the student, regardless of their age.

SEARCHES

All searches will be conducted under the guidance of the Screening Search and Confiscation Policy.

RESPONDING TO DRUG INCIDENTS

Drug incidents may include:

- A student, parent/carer or staff member (including volunteers and governors) is thought to be under the influence of drugs/alcohol.
- A student is found in possession of drugs or associated paraphernalia.
- A student is found to be supplying drugs/alcohol on school premises (friends sharing drugs, student being coerced to supply drugs, a group of friends taking it in turn to bring drugs in for their own use).
- A student discloses that they or a family member/friend are misusing drugs.
- Drugs or associated paraphernalia found on school premises.
- A student demonstrates, perhaps through actions or play, an inappropriate level of knowledge for their age.
- A student / staff member has information that the sale/supply of drugs is taking place in the local area.

These incidents will initially be treated as a safeguarding concern and should be reported as such and subsequent action should align with safeguarding considerations.

IMMEDIATE ACTION TO TAKE WHEN THERE IS A SUSPICION THAT A STUDENT MAY HAVE CONSUMED DRUGS (INC. ALCOHOL)

During boarding hours, the Boarding Team Leads must assess whether the student or staff are at risk. If the student is at risk, then they must immediately remove the student from the area of risk, wherever possible. If it is not possible then the Boarding Team Leads should immediately call the SLT member on call. The DSL and Deputy DSLs should be informed within a suitable time frame by email. Notable events are to be recoded in iSAMS, with relevant members of staff alerted.

In cases of suspected consumption, the student(s) should be breathalysed / drugs tested, to better assess the level of consumption and actions then taken in accordance with the table shown in Appendix 2. Should a student refuse to be breathalysed / drugs tested, the Boarding Team Leads should consider whether to take actions in line with the highest levels of consumption. During daytime hours any concerns should be reported as with any student welfare concern by informing the DSL or one of the Deputy DSLs.

FOLLOW ON ACTIONS

A careful investigation will take place to judge the nature and seriousness of each incident, the needs of those involved and the most appropriate response. For example:

- What does the student have to say?
- What do any witnesses have to say?
- Is this a one-off incident or longer-term situation?
- Is the drug legal or illegal?
- Is the drug listed in the student's medical care plan / has it been declared to nurses?

- What quantity of the drug was involved?
- What was the student's motivation?
- Is the student knowledgeable and careful/reckless as to their own and others' safety and how was the drug being used?
- What are the student's home circumstances?
- Does the student know and understand the School policy and School rules?
- Where does the incident appear on a scale from 'possession of a small quantity' to 'persistent supply for profit'?
- If supply of illegal drugs is suspected, how much was supplied, and was the student coerced into the supply role, were they 'the one whose turn it was' to buy for others, or is there evidence of organised or habitual supply?

If during the investigation the school decides that the police should be involved, the school should cease immediately to enable the police to conduct a full detailed enquiry.

Any response will balance the needs of the individual with those of the wider school community and aim to provide students with the opportunity to learn from their mistakes and develop as individuals.

If because of a misuse problem (or for any other reason) a student acts in such a way as to endanger themselves or others, the school will take corrective action to prevent injury/ damage or other serious risk. In this situation a dependency issue may be considered, but it will not automatically exempt the student concerned from the normal consequences of his/her serious misconduct.

Possible responses include:

- Early intervention and targeted prevention
- Referral
- Counselling
- Behaviour Support Plan
- Inter-agency programmes
- Fixed-period exclusion
- Pastoral support programmes including specific 'Drugs Awareness Programme' and 'Alcohol Awareness Programme'.
- A managed move
- Permanent exclusion

Some responses may serve to enforce and reinforce school rules. Any sanctions will always be justifiable in terms of:

- The severity of the incident
- The identified need of the student and the wider school community
- Consistency with published school rules, codes and expectations

All students are to be made aware each year that The Worthgate School reserves the right to impose a zero-tolerance policy towards drug use. Any student who has been found in possession of, using or supplying illegal drugs, may be permanently excluded with no refund of that term's fees. Should a student be allowed to return it will be on strict conditions which will include an appropriate 'Awareness Programme' delivered by the nurses and may include additional counselling and drugs testing.

Parents/Carers under the influence of drugs on School premises

When a member of staff suspects that they are dealing with parents/carers under the influence of drugs on school premises, staff should attempt to maintain a calm atmosphere. In such instances, a member of the welfare team or a member of the senior management team must be called to discuss with the parent/carer if alternative arrangements could be made. The focus for staff will always be the maintenance of the child's welfare, as opposed to the moderation of parent's/carer's behaviour. Any incident involving concern for the safety of a child must be treated as a safeguarding concern and staff must follow the school Child Protection and Safeguarding policy.

STAFF CONDUCT AND DRUGS

Refer to the Staff Code of Conduct policy for further details.

- **Tobacco** – The Worthgate School site is a 'no smoking' and 'no vaping' area
- **Alcohol** – There should be no consumption of alcohol by any staff during the working day, or while they have care of children/young people, for example in boarding houses or on school trips. Staff must ensure they are not under the influence of alcohol whilst on-site and/or working with students
- **Staff misuse/abuse** – if this is known or suspected the appropriate staff policy and procedures should be followed

THE NEEDS OF STUDENTS

The school will ensure that students have access to up-to-date information on sources of support through publicised through our internal welfare portal: [Support Services - Substance Misuse](#)

Drug education programmes will also include details of services and help lines, explain how they work and develop student confidence in using them. Substance Misuse (including alcohol, smoking, vaping and illegal drugs) will be covered in the schools' PSHE/RSE curriculum.

Additionally, relevant mental health support for students can be found here:
[Self-Care - Being Proactive](#)

CONFIDENTIALITY

Please refer to the Confidentiality Policy.

RELATED POLICY

Medical Care Policy

Student Behaviour Policy

Safeguarding and Child Protection Policy

Screening Search and Confiscation Policy

APPENDIX 1: EXTERNAL AGENCIES (NATIONAL)

• DRUGS	• SMOKING	• ALCOHOL
National drugs helpline  0800 776 600 (24 hour)	 https://smokefree.gov/	Alcohol Change/ DrinkAware  03001231110  www.alcoholchange.org.uk
Re-solv  01785 810 762 Information service on all aspects of solvent abuse  Solvent abuse advice and support - Re-Solv: UK's solvent abuse charity	NHS helpline  111	AI –Anon  0800 0086 811 Gives free confidential advice and support to people who have to live with someone else's drinking
Adfam Gives free confidential advice and support to friends and family of drug users  For Families - ADFAM		OpenRoad  01634 566285 Open Road support young people up to the age of 18 or (21 if looked after and in care) who are affected or are experiencing issues with drugs and/or alcohol. They are a free and confidential service.
FRANK  0300 1236600  Honest information about drugs FRANK (talktofrank.com)		WithYou Provide free, confidential support to people facing challenges with drugs, alcohol or mental health.  Drug and Alcohol Support WithYou (wearewithyou.org.uk)

For more live and active signposting see: [Support Services - Substance Misuse](#)

APPENDIX 2: GUIDE TO CORRESPONDING SYMPTOMS AND ACTIONS OF BREATH ALCOHOL CONTENT (BRAC)

mg/l = .10 = Drinkers begin to feel moderate effects.

mg/l = .20 = Most people begin to feel relaxed, mildly euphoric, sociable, and talkative.

mg/l = .25 = Judgment, attention, and control are somewhat impaired. Ability to drive safely begins to be limited. Sensory-motor and finer performance are impaired. People are less able to make rational decisions about their capabilities (for example, about driving.)

mg/l = .35 = This is legal level for intoxication in the UK. There is a definite impairment of muscle coordination and driving skills.

Students should be informed of college rules/ procedure and sent to room for the rest of the evening. Monitored and checked again in 1 hour time.

mg/l = .45 = This is legally drunk. There is a clear deterioration of reaction time and control.

mg/l = .50 - .70 = Vomiting usually occurs, unless this level is reached slowly or a person has developed a tolerance to alcohol. Drinkers are drowsy.

Drinkers display emotional instability, loss of critical judgment, impairment of perception, memory, and comprehension. Lack of sensor-motor coordination and impaired balance are typical. Decreased sensory responses and increased reaction times develop. The vision is significantly impaired, including limited ability to see detail, peripheral vision, and slower glare recovery.

Student should be escorted to their room and asked to remain there for the rest of the evening. Monitored and checked again in 1 hour time.

mg/l = .70 = This level means the equivalent of 1/2 pint of whiskey is circulating in the blood stream.

mg/l = .80 – 1.20 = Drinkers are disoriented, confused, dizzy, and have exaggerated emotional states. Vision is disturbed, as is perception of colour, form, motion, and dimensions.

Drinkers have increased pain threshold and lack of muscular coordination. Drinkers stagger or lose the ability to walk and have slurred speech. Apathy and lethargy are typical.

Student should be escorted to their room and asked to remain for the rest of the evening. Monitored and checked hourly throughout the night. If condition worsens – Emergency services need to be called.

mg/l = 1.20 – 1.40 = Drinkers display general inertia, near total loss of motor functions, little response to stimuli, inability to stand or walk, vomiting, and incontinence. Drinkers may lose consciousness or fall into a stupor.

mg/l = 1.40 and over = Symptoms are complete unconsciousness, depressed or absent reflexes, subnormal body temperature, incontinence, and impairment of circulation and respiration.

Death may occur at 1.60 or higher.

Emergency services need to be called and advice from them documented and followed.