



## **Drugs, Alcohol and Tobacco Education Policy**

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This policy should be read in conjunction with Safeguarding Policy and the Health and Safety policy.

## 1. Introduction

- 1.1. Downs View Life Skills College is an independent specialist college which sits within the wider Downs View network, made up of Downs View School, Downs View Link College (both maintained specialist provision in Brighton and Hove for 2-19 year olds) and the Life Skills College. We support young people aged 19-25 years who have Education Health and Care (EHC) plans for a range of complex needs relating to their Cognition and Learning, such as profound and multiple learning difficulties (PMLD) and severe learning difficulties (SLD). Many of our students have additional needs such as a diagnosis of Autistic Spectrum Condition (ASC), sensory or physical impairment, epilepsy or other medical conditions. Many learners take prescribed medication.
- 1.2. In this context, a drugs and alcohol policy will have particular emphasis related to the needs of the college population. In other respects the policy will be similar to those of other colleges with learners in the same age range.
- 1.3. It is our intention that Downs View Life Skills College will provide a safe and healthy environment in which learning can be promoted. It is the responsibility of both staff and parents to help learners achieve a level of understanding about drug related behaviour that will support them in making informed choices. We believe that learners should be well informed about drugs. They should be able to distinguish medicines from legal and illegal drugs. They should have knowledge of drug related issues sufficient to help them live safely in a society where drug use is a complex and controversial activity. Learners should know how to access support, guidance and protection.
- 1.4. We recognise the need to balance an examination of harmful and potentially harmful substances both legal and illegal, with an understanding of the proper use of medicinal drugs. It is important that learners receive a consistent message from staff at Downs View through policy and practice. We are committed, therefore, to being a non-smoking college. We are very conscious of the vulnerability of our learners in relation to drugs issues. Their susceptibility to influence and limited ability to make informed choices, together with lack of

control over many aspects of their own lives, renders them vulnerable to abuse. We have a special duty to protect our learners, and in partnership with their parents and carers, to act in their best interests over complex issues such as smoking and prescribed drugs.

- 1.5. Any incidence of drug or alcohol misuse must be considered as a potential safeguarding issue and referred to or discussed with the Designated Safeguarding Lead (DSL). It is therefore important that this policy is read in conjunction with the organisational Safeguarding policy

## 2. Definitions

- 2.1. A drug is any substance people take to change the way they feel, think or behave. Therefore drugs include legally controlled substances such as:

- Caffeine
- Alcohol
- Tobacco
- Solvents
- Amyl nitrate
- Magic mushrooms

- 2.2. As well as substances used for specific purposes, whether sold over the counter or prescribed, such as:

- Pain killers
- Tranquillisers
- Anti-depressants
- Steroids
- Anti-convulsants
- Laxatives and stomach disorder drugs
- Anti-anxiety drugs

- 2.3. And illegal substances such as:

- Amphetamines
- Cannabis
- Ecstasy
- Heroin
- Crack
- Cocaine
- LSD

These lists are not definitive and there may be some overlap of the categories.

### 3. Aims and Objectives

- 3.1. The central aim of drug and alcohol education at Downs View is to provide opportunities for learners to develop their knowledge, skills and attitudes about drugs, alcohol and tobacco and to appreciate the benefits of a healthy lifestyle, taking account of their particular abilities, needs and experience.
- 3.2. All learners at DVLSC are more vulnerable than their non-disabled peers to unwelcome influence and peer pressure to smoke, drink or take other drugs. However, our learners are also more protected and more closely supervised than their non-disabled peers. DVLSC will seek to enhance these and other factors that reduce the probability of drug misuse. We will promote successful college experiences, strong relationships with staff, community activity, the development of social networks and good knowledge about drugs and health issues.
- 3.3. A drug, alcohol and tobacco education curriculum will support our learners towards the goal of being able to make informed choices through:
  - The provision of factual information and the development of an understanding of that information
  - The development of a range of personal skills
  - The clarification of their own attitudes and values, in the context of their peers, families, communities and wider society.
- 3.4. The specific learning intentions of drugs, alcohol and tobacco education will match the age, ability and special circumstances of our learners. The drawbacks and dangers of recreational drug use will be carefully addressed, in the context of a group of learners whose ability to understand complex issues is limited. The learners' families and social settings will be taken into account in setting educational objectives.
- 3.5. The learning objectives for drug and alcohol education include:

#### Attitudes and Values

- To examine own opinions and values and those of others
- To promote a positive attitude to healthy lifestyles and keeping self safe
- To enhance self-awareness and self-esteem

- To value and respect self and others
- To value diversity and difference within society
- To promote a sense of responsibility towards drugs

#### Personal and Social Skills

- To identify risks to health
- To communicate with peers and adults
- To learn how to give and secure help
- To develop decision-making, negotiation and assertiveness, particularly in situations associated with drug use
- To learn about how to make informed choices
- To develop an appreciation of the consequences of choices made
- To be able to cope with peer influences, and in resisting unhelpful pressures from adults and the media
- To make choices based on an understanding of difference (of points of view)
- To be able to communicate and/or listen and think about feelings and relationships.

#### Knowledge and Understanding

- To develop an understanding of drugs and the effects and risks involved
- To gain an understanding of how the body functions
- To gain an understanding of what is safe and appropriate drug use
- To gain an understanding of the role of drugs in society and the laws and rules relating to their use
- To gain a knowledge of people who can help, if learners have worries, and an understanding of confidentiality
- To gain an understanding of the changing nature of relationships, including families and friends, and ways of dealing positively with change

## 4. Curriculum framework

- 4.1. The curriculum framework for drugs and alcohol education is based on the relevant sections of the National Curriculum, the non-statutory frameworks for

PSHE, DVLSC's own PSHE Scheme of Work/curricula and the accredited schemes used by classes at the college.

- 4.2. Our learners may need to revisit knowledge and skills - perhaps many times. Systems to record learning that do not rely on literacy skills or language will need to be used.

## 5. Co-ordination, Monitoring and Resources

- 5.1. The responsibility for co-ordinating the drugs and alcohol education curriculum rests primarily with the Lead Teacher for PSHE. The responsibility for delivering the curriculum rests with class teachers and other class staff working singly or in a team.
- 5.2. Outside agencies and individuals may be invited to join teaching sessions, where their expertise will help learning (e.g. Police Community Liaison Officer, drugs support agencies, specialist nurse).
- 5.3. Monitoring the delivery of drugs and alcohol education is the responsibility of the Lead Teacher for PSHE and the management team. Monitoring will be achieved by scrutiny of termly plans, direct observation of lessons and by perusal of progress made by individuals using Onwards and Upwards.
- 5.4. Materials will be available for general use by all classes. Class budgets may also be used for purchasing resources for drug and alcohol education. The Lead Teacher for PSHE is responsible for offering guidance on the purchase of resources.

## 6. Strategies for teaching and learning

- 6.1. The teaching of the drugs and alcohol curriculum will:
  - Involve both active and interactive strategies within the classroom
  - Include a variety of media in order to present issues
  - Acknowledge the range of ability
  - Recognise the different ways individuals learn
  - Respond to the particular special needs of each learner

- Include individual, group and whole class teaching as and when appropriate
- Use appropriate content from the schemes of work
- Involve teachers having high expectations of learners.

## 7. Drug related situations involving learners

7.1. Given the nature of the cohort of DVLSC, the probability of drug related incidents for most learners is low. The most likely drug related situation to arise might involve errors or accidents with prescribed drugs, or adult visitors to the college, rather than learner drug use/misuse. However, this policy addresses all eventualities, including learner drug misuse.

7.2. Our response to drug related incidents must complement policy and practice on drugs, alcohol and tobacco education. Therefore, the following principles will be applied in responding to any incident:

- Protect any learner concerned
- Protect other learners (and staff)
- Develop positive relationships
- Make the college's response proportionate
- Follow best practice

7.3. The following steps should be considered as a guide to the practical response to a drug related incident

- Ensure safety of learners and staff
- Take steps to prevent an offence being committed
- Investigate, establish basic facts, record
- Consult the named senior colleague the Headteacher and inform the Chair of Trustees
- Consider the response and whether to contact the police
- Contact parent/carers
- Contact the Local Authority and other support services

- Consider sanctions and support
- Draw up action plan
- Prepare approach to media

7.4. DVLSC accepts and adopts the policy guidance on search, confiscation and disposal of drugs and alcohol. The college safe is the designated storage point for suspected illegal drugs, should (brief) storage be necessary.

## 8. Drug related situations involving adults

### 8.1. Parents/carers

Where parent/carer is showing signs of intoxication, if safe to do so, the individual should be engaged in conversation, but certainly not left alone. Meanwhile, consideration should take place by senior staff as to whether the learner should be returned to the individual concerned or alternative arrangements made for travel home or removal of the learner to a safe environment. In the case where a learner is returned home on college transport and the receiving parent/carer appears to be intoxicated, the driver and escort should inform the Headteacher (who may institute safeguarding measures) and in extreme cases convey the learner to a place of safety by contacting the duty social work team.

### 8.2. Staff

A member of staff who appears to be intoxicated through drink or drugs will be asked to see the Headteacher. They should be monitored until it seems safe for them to leave college premises. Disciplinary proceedings may then be instituted. Any adult related incident will be reported to the Chair of Trustees.

### 8.3. College trips

The college policy on drugs and alcohol applies during all college visits. Provision should be made for staff who wish to smoke, which ensures that no smoking takes place in the presence or within sight of learners. No staff with responsibility for learners should drink alcohol at any time when on duty or in the workplace. Alcohol is not permitted on residential journeys.

### 8.4. Social Events

The consumption of cigarettes and alcohol may be permitted (where it is legal) at the discretion of the head teacher.

## 9. Confidentiality

9.1. The duty of confidentiality to a learner is the same as that owed to any person. However, members of college staff are not in a position to offer unconditional confidentiality. The confidentiality of pastoral discussions should be respected, unless there is serious risk to the learner's health and welfare.

9.2. Learners should be reassured that if confidentiality is broken, they will be supported. Information disclosed to a member of staff should only be shared on a "need to know" basis. Disclosure about illegal drug use must be passed on to a member of the SLT (subject to the reassurance requirement above) and in all but the most exceptional circumstances, parents should be informed. Disclosure about substance misuse in the family home should be dealt with through safeguarding procedures. If parents are not to be informed, this decision can only be taken by the Designated Safeguarding Lead (DSL). Learners should be discouraged from making very personal disclosures during a lesson. Learners should be made aware of sources of confidential advice such as local young persons' advice service.

## 10. Staff Training

10.1. Training for staff on this policy and the issues contained therein will be made available through induction and twilight inset sessions.

## 11. Health and Safety Issues

11.1. The most important consideration when a learner, visitor or member of staff is thought to be under the influence of drugs or alcohol is the safety of that person and all others on the premises. In most cases this will entail their speedy removal to a place of safety, where they can be monitored until considered safe to leave the premises. The law allows for individuals to be removed from the college premises with police assistance if they are present without authority and causing a nuisance.

11.2. Drug paraphernalia should be handled within existing health and safety guidelines & policy.

11.3. Solvent and other hazardous chemicals will be stored and managed in a way to prevent inappropriate access or use. These arrangements are detailed in COSHH guidance.

## 12. Medicines

12.1. Medicine can be administered by staff in the following circumstances

1. When the medicine has been properly prescribed (if necessary) and is accompanied by a written permission from the parent or carer detailing times and dosages, and college has agreed to administer the drug.
2. When it has been properly prescribed and is accompanied by a written permission and a medical protocol for its use (Epistat, Rectal Valium, asthma inhaler, insulin) and the college has agreed to administer the drug.
3. Protocols for the administration of drugs should be on clear display in the classroom, and a copy kept in the learner file.
4. Where agreement has been sought and given by a parent or carer for one-off administration of analgesics.
5. Where written permission and a protocol (if necessary) have been received and agreed by the college for the administration of PRN medication.

12.2. A signed and witnessed record should be kept of the administration of all medicines. This record should be held in the learner's class file.

12.3. Medicines will be stored in the locked medicine cabinets in each class. Information on the box should indicate the location of the key.

12.4. Medicines must be stored in their original containers identifying for whom it is intended, dosages, and use-by dates.

12.5. The teacher/ staff in each class is responsible for the secure storage of medicines both at college and on visits.

12.6. The administration of medicines will involve training (and top-up training) of staff, particularly for the administration of Epistat and rectal valium, and EpiPen. This training will be conducted by a nurse at regular intervals.

## 13. Medical Support

13.1. Medical support may be given for learners if agreed by the college. Staff giving such assistance must be trained. This area includes hearing aids, surgical appliances, tube feeding, blood testing and the administration of insulin and other procedures.

### 13.2. Emergency Aid

If staff are concerned that a young adult in their care is under the influence of any substance, medical advice must be sought. Drug and substance use can lead to acute intoxication, unconsciousness or even coma. Staff should follow the following guidelines:

13.3. It is crucial to summon medical help. In the first instance a qualified first aider and an ambulance should be called. In the interim period, emergency aid should be applied as follows:

- Move the young person as little as possible
- Put into the recovery position
- Ensure the mouth is open and unobstructed
- Keep them warm and quiet
- Monitor breathing and heart beat
- CPR should be commenced if necessary, preferably by a qualified member of staff

[Note: this advice is taken from the relevant Local Authority document and is a summary. It should not be read as a definitive set of instructions].

13.4. If staff have any suspicions that a learner is intoxicated from inhaling a volatile substance, care should be taken not to chase or over-excite the learner. Strenuous activity for volatile substance mis-users can increase the risk of sudden death. The learners should be kept calm until the effects have worn off.

13.5. If the patient is unconscious, they should be placed in the recovery position. This allows them to breathe easily and stops them choking on any vomit. To do so, first check that they are breathing normally, then lie them on one side, with

a cushion at their back, bring their knee forward, and point their head downward to allow any vomit to escape without them swallowing it or breathing it in. Remember when you are moving the patient on to their side, make sure their neck and back do not move.

13.6. All members of staff are expected to undertake basic first aid courses with dated re-certification requirements.

## 14. Policy implementation

14.1. This policy will be implemented (subject to approval by the Board of Trustees) immediately with staff alerted to its requirements by induction and twilight training. The Lead Teacher for PSHE is responsible for the provision of this training. Parents will be made aware of the drug, alcohol and tobacco policy by (the circulation of a parents' briefing document summarising this policy) and the availability of senior staff to discuss issues arising from it at our parents' consultation evenings. Implementation targets will be included in a revised PSHE development plan.

## 15. Process/monitoring/ review

15.1. This policy was drafted by Downs View School's Lead Teacher for PSHE in consultation with the Headteacher, together with the DVLSC SEND Consultant. Training on the policy will be included in the PSHE development plan.

15.2. The policy will be considered by the Trustees before implementation and reviewed every three years from the date of implementation.