

# Drugs Policy

For Beverley Grammar School

Date Approved and adopted: March 2007

This policy has been developed and implemented in consultation with the whole school community including pupils, parents/carers, staff, governors and partner agencies.

Staff Coordinator of  
Drug policy

Rebecca Taylor

Head Teacher

Christopher Goodwin

Governor with responsibility for  
Drug policy

Gary Proud/Jackie Fairbairn

Reviewed: July 2010

## 1. Philosophy

*We believe every child has a right to be safe and healthy.*

*The school plays an important role in supporting and promoting attitudes, practices and understanding which encourage the child to make informed decisions enabling them to choose a healthy lifestyle.*

*We therefore strive to create an atmosphere which the child feels safe and able to discuss the problems and concerns whilst developing an understanding of drugs and their use and misuse.*

## 2. The School's stance towards drugs, health and the needs of pupils

**2.1** The possession, use or supply of illegal and other unauthorised drugs within school boundaries is unacceptable.

**2.2** Illegal drugs (See appendix 5) have no place in schools. However, there are instances where other drugs may legitimately be in school.

- Medicines – See Medicine Policy.  
<http://publications.teachernet.gov.uk/eOrderingDownload/1448-2005DCL-ENV3final.pdf> for guidance on developing a medicine policy
- Non-prescribed medicines – See Medicine Policy
- Volatile substances – must be securely stored to prevent inappropriate access or use, arrangements are set out in the Health and Safety Policy
- Alcohol is not permitted on school premises unless permission is given by the school governors for a special school event. The arrangements for storage and use must be agreed and adhered to.
- Tobacco – See Smoking Policy

**2.3** In every case of an incident involving drugs, the schools priority is on the health and safety of the pupils and staff, meeting any medical emergency with first aid and summoning appropriate help before addressing further issues.

## 3. Location and dissemination of policy

**3.1** The Drug Policy is located with the head teacher, main office and governors etc.

**3.2** It will be disseminated via staff meetings, parents open days, school publications, school councils, staff induction etc.

## 4. Links with other School Policies

**4.1** Our school drugs policy links to other policies – namely Behaviour, Child Protection, Medicines, Emotional Health and Wellbeing, Health and Safety, Pastoral Support, PSHE, Citizenship, School Visits.

## 5. Links with local and national guidance

**5.1** The links with local and national guidance

- The Government's National Strategy - Prevent today's young people from becoming tomorrow's problem drug users. [www.drugs.gov.uk/young-people/strategy/](http://www.drugs.gov.uk/young-people/strategy/)
- Drugs: Guidance for schools (DfES Spring 2004) (of which this draft guidance is based and which the numbers at the side of the policy headings refer to)
- Drug, alcohol and tobacco education: curriculum guidance for schools at Key Stages 1 – 4 (QCA, 2002) See appendix 3

- East Riding's Healthy Schools Programme
- National Healthy School Status See appendix 2

## 6. Purpose of the Policy (6.2)

6.1 The purpose of this Drug Policy is to:

- Clarify the legal requirements and responsibilities of the school
- Reinforce and safeguard the health and safety of pupils and others who use the school
- Clarify the school's approach to drugs for all staff, pupils, governors, parents/carers, external agencies and the wider community
- Give guidance on developing, implementing and monitoring the school's drug education programme
- Enable staff to manage drug-related issues on school premises, and any incidents that occur, with confidence and consistency, and in the best interests of those involved
- Ensure that the response to incidents involving drugs complements the overall approach to drug education and the values and ethos of the school
- Provide a basis for evaluating the effectiveness of the school's drug education programme and the management of incidents involving illegal and other unauthorised drugs
- Reinforce the role of the school in contributing to local and national strategies

## 7. Where and to whom the policy applies (4.1)

7.1 This policy applies to staff, pupils, parents/carers, governors and partner agencies working with the school on the premises and the within the perimeters and also includes:

- Journeys in school time
- Work experience
- Residential trips
- During the school day
- Those pupils educated in further education or other provision

## 8. Staff with key responsibility for drugs (3.7 & 4.2)

8.1 The designated senior member of staff with overall responsibility for all drug issues within the school is **Rebecca Taylor** Her responsibility includes overseeing the planning and co-ordination of drug education and the management of drug incidents in accordance with the procedure laid out in this policy.

8.2 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.

**The guidance is for all staff and those responsible for providing guidance and support to pupils/students of the school**

## 9. Definitions

9.1 A drug is a substance people take to change the way they feel, think or behave.

9.2 The term 'drugs' and 'drug education', unless otherwise stated, is used throughout this document to refer to all drugs:

- All illegal drugs (those controlled by the Misuse of Drugs Act 1971) (see appendix 4)
- All legal drugs, including alcohol, tobacco, volatile substances (those giving off a gas or vapour which can be inhaled), ketamine, khat and alkyl nitrites (known as poppers)
- All over-the-counter and prescription medicines

## 10. Drug Education (2.1)

10.1 Drug education is a major component of drug prevention.

10.2 Drug prevention aims to: minimise the number of young people engaging in drug use; delay the age of onset of first use; reduce the harm caused by drugs; and enable those who have concerns about drugs to seek help.

10.3 The aim of drug education is to provide opportunities for pupils 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.

10.4 Therefore drug education in Beverley Grammar School allows opportunity for children/young people to:

10.4.1 Increase their **knowledge** and understanding and clarify misconceptions about

- the short- and long-term effects and risks of drugs use
- 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 and political issues surrounding drugs

10.4.2 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

10.4.3 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

(See Appendix 3 for **Content and progression in drug, alcohol and tobacco education** from QCA (2003) *Drug Alcohol and Tobacco Education Curriculum Guidance for Schools at key stages 1 – 4*)

10.5 Drug Education in the curriculum...

10.5.1 Drug education is an entitlement for every pupil 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 pupils at the school and of society
- Prepares pupils at the school for the opportunities, responsibilities and experiences of adult life

10.6 Drug education is delivered through:

- The non statutory framework for PSHE and Citizenship at KS1 and KS2
- PSHE at KS3 and KS4
- The statutory citizenship programme of study at KS3 and KS4
- Statutory National Curriculum Science Orders for all phases

10.7 Issues considered when planning:

- In each year, the needs of children/young people are first identified through, for example: draw and write activities: circle time; questionnaires/surveys; class or school council
- Provision is made for vulnerable pupils by assessing individual needs and working with external agencies to give the correct support

- Drug education of pupils with special educational needs is designed to be appropriate to their level of learning

To access planning see Rebecca Taylor for medium term plans

### 10.8 Approach (3.2.1)

- Drug education will be taught in a safe, secure and supportive learning environment
- Ground rules will be agreed, established and reviewed periodically through discussion with pupils
- Teachers will use a selection of active learning approaches – action research/mind-mapping/case studies/circle time/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.
- External contributors are always interviewed by Rebecca Taylor before their first input. The class teacher will always share teaching the lesson and always be in the classroom. A copy of the drug policy will be made available to all outside speakers.

10.9 Drug Education resources are to be found in the SPACE cupboard outside the History office

### 10.10 Staff Support and Training

- Initial Teacher Training – NQTs should be familiar with the programme of study for citizenship and the framework for PSHCE, relevant to the age range they teach. This also prepares teachers for pastoral responsibilities.
- In school induction – all school staff should have general drug awareness and a good understanding of the school drug and other related policies. This should include first steps in managing drug related incidents and identifying and responding to pupils' needs.
- CPD Staff will be given opportunity access further training when appropriate funding and training is available

## 11 Assessment, monitoring, evaluation and reviewing

11.1 Assessment - the elements of drug education that form part of the science curriculum are assessed in accordance with the requirement of the national curriculum.

Learning from the other elements of drug education will also be assessed as part of overall PSHE provision and is in line with QCA Guidance on PSHE key stages 1 to 4 end of key stage statements see appendix 4

11.1.2 Assessment should identify:

- Knowledge and understanding pupils have gained and its relevance to them
- Skills they have developed and put into practice
- How their feelings and attitudes have been influenced during the programme

11.1.3 Assessment should include:

- Assessment for learning – pupil's review and reflection on their progress
- Assessment of learning – measuring what pupils know, understand and can do

11.1.4 Progress and achievement in drug education forms part of the PSHE section of the school's annual report to parents/carers.

11.2 Monitoring – is essential to ensure the quality, relevance and effectiveness of the drug education programme. The designated member of staff for co-ordinating drug issues should be responsible for the overall monitoring of drug education.

**11.2.1** This monitoring includes:

- Lesson observations with feedback to teachers
- Looking at a sample of pupils work
- Teachers providing regular feedback on the scheme of work/lesson plans
- Monitoring curriculum plans weekly, mid-term and termly, with feedback to teachers
- Feedback from curriculum co-ordinators, heads of year, class teachers and pupils about what has been covered
- Including drug education as a regular agenda item at year teams/pastoral team/Governor curriculum meetings.

**11.3** Evaluation – will take place every 3 years.

**11.3.1** Changes to the drug education provision – possibly in response to changing local needs, will be implemented when and where appropriate.

**11.4** Review – drug education provision will be reviewed on a regular basis to tie in with the schools healthy school audit and action plan.

## **12. Management of Drugs at school**

**12.1** Beverley Grammar School has adopted the guidance for responding to incidents involving drugs **Appendix 8 DfES-Drugs: Guidance for schools 2004** and Drug situations – medical emergencies see **Appendix 9 Drugs: Guidance for Schools 2004** Flow charts are displayed in the school

**12.2** The role of the police

**12.2.1** Legal drugs:

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

**12.2.2** Illegal drugs:

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. **The police should, however, be involved in the disposal of suspected illegal drugs.**

Local officer                      PC Chris Hughes

Contact Number                [christopher.hughes@humberside.pnn.police.uk](mailto:christopher.hughes@humberside.pnn.police.uk)

**12.3** Taking temporary possession of and disposal of suspected illegal drugs (4.7)

**12.3.1** The law permits school staff to take temporary possession of a substance suspected of being an illegal drug for the purposes of preventing an offence from being committed or continued in relation to that drug providing that all reasonable steps are taken to destroy the drug or deliver it to a person lawfully entitled to take custody of it.

**12.3.2** In taking temporary possession and disposing of suspected legal drugs schools are advised to:

- Ensure that a second adult witness is present throughout
- Seal the sample in a plastic bag and include details of the date and time of the seizure/find and witness present

- Store in secure location, such as the school safe or other lockable container with access limited to two senior members of staff
- Without delay notify the police, who will collect it. **The law does not require a school to divulge to the police the name of the pupil from whom the drugs were taken.**
- Record full details of the incident
- Inform parents/carers, unless this would jeopardise the safety of the pupil

#### 12.4 Disposal of drug paraphernalia (4.9)

Needles or syringes found on school premises should be placed in a sturdy, secure containers (e.g. a tin with lid) using gloves. Plastic bottles and soft drink cans should not be used.

#### 12.5 To record incident involving unauthorised drug

For an example of a form - see Appendix 11 of Drugs: Guidance for schools

#### 12.6 Detection

Always ensure that a second adult witness is present. The police may need to be called in.

##### 12.6.1 Personal Searches:

- **It is not appropriate for a member of staff to carry out a personal search.** Every effort should be made to persuade the person to hand over voluntarily any drugs. Where the child/young person refuses, the drug is believed to be illegal and the school wishes to proceed along formal lines, then the police must be called.
- The police can conduct a personal search if they believe a crime has taken place, or to prevent harm to themselves or others following an arrest.
- Searches of school property – staff may search the pupils' locker or desk if they believe drugs to be stored there. **Prior consent from the pupil should always be sought.**
- Searches of personal property – **schools must not search personal property without consent.**
- Where consent is refused consider notifying parents/carers, who may persuade their child to give consent or if they wish to proceed along formal lines call the police.
- After any search involving pupils, the school, regardless of whether the result of the search is positive or negative, must contact parents/carers.

#### 12.7 Responding to drug incidents

##### 12.7.1 Drug incidents may include:

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

**12.7.2** 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 pupil have to say?
- Is this a one-off incident or longer-term situation?
- Is the drug legal or illegal?
- What quantity of the drug was involved?
- What was the pupil's motivation?
- Is the pupil knowledgeable and careful or reckless as to their own and others' safety and how was the drug being used?
- What are the pupil's home circumstances?
- Does the pupil 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 pupil 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 course of the investigation the school decides that the police should be involved they should cease immediately to enable the police to conduct a full detailed enquiry.*

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

**12.8.1** Possible responses include:

- Early intervention and targeted prevention
- Referral
- Counselling
- Behaviour support plans
- Inter-agency programmes
- Fixed-period exclusion
- Pastoral support programmes
- A managed move
- Permanent exclusion

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

- The seriousness of the incident
- The identified need of the pupil and the wider school community
- Consistency with published school rules, codes and expectations
- Consistency with disciplinary action for breaches of other school rules (such as theft, violence, bullying)

### **13. Parents/Carers under the influence of drugs on school premises**

**13.1** When dealing with parents/carers under the influence of drugs on school premises, staff should attempt to maintain a calm atmosphere. On occasion, a teacher may have concerns about discharging a pupil into the care of a parent/carer. In such instances, discuss with the parent/carer if alternative arrangements could be made, for example, asking another parent/carer to accompany the child home. 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.

Where the behaviour of a parent/carer under the influence of drugs repeatedly places a child at risk or the parents/carer becomes abusive or violent, staff should consider whether to invoke child protection procedure and/or the involvement of police.

### **14. Staff conduct and drugs**

**14.1** Tobacco – See school Smoking Policy

**14.2** Alcohol – Restriction of drink and other drug use in school hours and on school trips. There should be no consumption of alcohol by any staff while they have care of children/young people.

**14.3** Staff misuse/abuse – if this is known or suspected the appropriate East Riding policy and procedures should be followed.

### **15. The needs of pupils**

**15.1** The school will ensure that pupils have access to up-to-date information on sources of help. Local and national help lines (including FRANK, NHS Smoking Helpline and Drinkline), youth and community services and drug/health services will be prominently displayed so that those in need of help and who are reluctant to approach school staff can easily access it. Drug education

programmes will also include details of services and helplines, explain how they work and develop pupil confidence in using them.

## 16. Referral and external support

**16.1** In every case of an incident involving drugs, the school will place the utmost priority on safety, meeting any medical emergencies with first aid and summoning appropriate help before addressing further issues.

**16.2** Referral. Possible agencies include:

- The LEA, for example, the Welfare Service
- The Connexions Service
- The School Health Team
- The Youth Service
- The Youth Offending Team
- Agencies providing specialist help, for example, young peoples drugs services, family support and child protection teams. See Appendix 1

## 17. Confidentiality

**17.1 Teachers cannot and should not promise total confidentiality.** The boundaries of confidentiality should be made clear to the pupil. If the pupil discloses information that is sensitive, not generally known and which the pupil asks not to be passed on, the request should be honoured unless this is unavoidable in order for teachers to fulfil their professional responsibilities in relation to:

- Child protection and Inclusion
- Co-operating with a police investigation
- Referral to external agencies

**17.2** Every effort should be made to secure the pupil's agreement to the way in which the school intends to use any sensitive information.

## 18. Involvement of parents/carers

**18.1** The school will ensure that parents/carers are:

- **Made aware of the school's approach and rationale for drug education**, for example, through the school prospectus or handbook and/or via drug awareness evenings
- **Involved in the planning and review of the drug education programme and policy**, for example, through questionnaires, mail shots or newsletters, focus group sessions, drug awareness evenings.
- **Given information about their child's drug education and school rules in relation to drugs**, for example, through newsletters, parent/carer notice boards. It is essential that all parent/carers understand how the school will respond to drug incidents and allay parental concerns following any serious incidents.
- **In any incident involving illegal and other unauthorised drugs the school will involve the parents/carers**, unless this would jeopardise the pupil's safety.
- **Able to access information about drugs and local and national sources of help.**

## 19 The role of governors

**19.1** As part of their general responsibilities for the strategic direction of the school, governors have a key role to play in the development of the school's policy on drugs.

In accordance with the recommendations of the National Healthy School Status, a governor will be appointed with specific responsibilities relating to the provision of drug education and policy development, although this is not a statutory requirement. The designated governor will also contribute to any case conferences called, or appeals against drug-related exclusions. Governor training will be arranged if required.

## **20. Liaison with other schools**

**20.1** Continuity progression and relevance are essential elements of drug education therefore the local drug situation, the content of drug education, the management of incidents, training opportunities and transitions between schools will be routine elements of liaison between the partnership schools.

## Appendix 1

### External Agencies (Local)

#### School Community Police Officer PC Chris Hughes

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##### Specialist Substance Misuse Workers

Tracey Ellis for Cottingham and Beverley area  
Tel : 899962 or 07917585130

Chris Rigg for Goole area  
Tel: 07845-034109

Sarah Thrussell for Holderness area  
Tel: 01262-602612 or 07866-391901

##### Local agencies

Hull and East Yorkshire Council for Drugs Problems  
6 Wright St  
Hull  
Tel 225868

Alcohol and Drug Advisory Service  
82 Spring Bank  
Hull  
Tel: 320606

East Riding County Council Education Welfare Services

### External Agencies (National)

| DRUGS   | SMOKING                    | ALCOHOL  |
|---|----------------------------|--|
| National drugs helpline<br>0800 776600<br>(24 hour)   | Quit line<br>0800 00 22 00 | Alcohol Concern<br>020 7928 7377<br><a href="http://www.alcoholconcern.org.uk">www.alcoholconcern.org.uk</a>                       |
| Drugscope<br>Information 020 7928 1211<br><a href="http://www.drugscope.org.uk">www.drugscope.org.uk</a>    | NHS helpline 0800 1690196  | Drinkline 0800 917 8282<br>(24 hour free helpline)   |
| Resolve 01785 817885<br>Information service on all aspects of<br>solvent abuse                              |                            | Al –Anon 0171 403 0800<br>Gives free confidential advice and<br>support to people who have to live with<br>someone else's drinking |
| Adfam 020 7928 8898<br>Gives free confidential advice and<br>support to friends and family of drug<br>users |                            |  |

##### Useful Web sites

|  |                                       |
|--|---------------------------------------|
| <a href="http://www.wrecked.co.uk">www.wrecked.co.uk</a>             | Alcohol information                   |
| Talktofrank.com<br>Also 0800 776600                                  | Government website about drugs        |
| <a href="http://www.cannabishelp.org.uk">www.cannabishelp.org.uk</a> | For reducing or stopping cannabis use |
| <a href="http://www.wiredforhealth">www.wiredforhealth</a>           | National Healthy School Standard      |

## Appendix 2

### National Healthy School Standard (NHSS)

**DRUG EDUCATION CRITERIA FOR NATIONAL HEALTHY SCHOOL STATUS IS SET WITHIN  
THE PSHE THEME**

## 1. Personal Social and Health Education including SRE and drug education (including alcohol, tobacco and volatile substance abuse)

PSHE provides pupils with the knowledge, understanding, skills and attitudes to make informed decisions about their lives.

A Healthy School:

1. uses the PSHE framework to deliver a planned programme of PSHE, in line with DfES/QCA guidance
2. monitors and evaluates PSHE provision to ensure the quality of teaching and learning
3. assesses pupils' progress and achievement in line with QCA guidance
4. has a named member of staff responsible for PSHE provision with status, training and appropriate senior management support within the school
5. has up-to-date policies in place – developed through wide consultation, implemented and monitored and evaluated for impact - covering Sex and Relationship Education, Drug Education and Incidents, Child Protection, and Confidentiality
6. has an implemented non-smoking policy, or is working towards being smoke-free by September 2007
7. involves professionals from appropriate external agencies to create specialist teams to support PSHE delivery and to improve skills and knowledge, such as a school nurse, sexual health outreach workers and drug education advisers
8. has arrangements in place to refer pupils to specialist services who can give professional advice on matters such as contraception, sexual health and drugs.
9. uses local data and information to inform activities and support important national priorities such as reducing teenage pregnancies, sexually transmitted infections and drug/alcohol misuse
10. ensures provision of appropriate PSHE professional development opportunities for staff - such as the Certification Programmes for teachers and nurses offered by DH/DfES
11. has mechanisms in place to ensure all pupils' views are reflected in curriculum planning, teaching & learning and the whole school environment, including those with special educational needs and specific health conditions, as well as disaffected pupils, young carers and teenage parents

## Appendix 3

### Content and progression in drug, alcohol and tobacco education (from QCA (2003) *Drug Alcohol and Tobacco Education Curriculum Guidance for Schools at key stages 1 – 4*)

The table below shows how the statutory requirements of the science ('Sc') and citizenship ('Ct') programmes of study and the PSHE frameworks ('PSHE and Ct' and 'PSHE') can provide the basis for a drug, alcohol and tobacco education programme. It illustrates the opportunities for progression as pupils develop their knowledge, understanding, skills and attitudes.

| TABLE 1                                   | Key stage 3  | Key stage 4  |
|---|--|--|
| <p><b>Knowledge and understanding</b></p> | <p>Pupils should be taught:</p> <ul style="list-style-type: none"> <li>• Ct 1a about the legal and human rights and responsibilities underpinning society, basic aspects of the criminal justice system, and how both relate to young people</li> <li>• Ct 1f about the work of community-based, national and international voluntary groups</li> <li>• PSHE 2b how to keep healthy and what influences health, including the media</li> <li>• PSHE 2c that good relationships and an appropriate balance between work, leisure and exercise can promote physical and mental health</li> <li>• Sc2 2m that the abuse of alcohol, solvents and other drugs affects health</li> <li>• PSHE 2d basic facts and laws, including school rules, about alcohol and tobacco, illegal substances and the risks of misusing prescribed [<i>and over-the-counter</i>]* medicines</li> <li>• PSHE 2h basic emergency aid procedures and where to get help and support</li> </ul> <p>During the key stage, pupils should be taught the <b>Knowledge, skills and understanding</b> through opportunities to:</p> <ul style="list-style-type: none"> <li>• PSHE 4h find information and advice</li> </ul> | <p>Pupils should be taught about:</p> <ul style="list-style-type: none"> <li>• Ct 1a the legal and human rights and responsibilities underpinning society and how they relate to citizens, including the role and operation of the criminal and civil justice systems [<i>eg in relation to drug, alcohol and tobacco laws</i>]*</li> <li>• Ct 1c the work of Parliament, the Government and the courts in making and shaping the law [<i>eg laws on use, misuse and supply, the reclassification of substances, etc</i>]*</li> <li>• PSHE 2a to think about the alternatives and long- and short-term consequences when making decisions about personal health</li> <li>• Sc2 2m the effects of solvents, alcohol, tobacco and other drugs on body functions</li> <li>• PSHE 2e about the health risks of alcohol, tobacco and other drug use, early sexual activity and pregnancy, different food choices and sunbathing, and about safer choices they can make</li> <li>• PSHE 3j to know about the statutory and voluntary organisations <i>that relate to drug, alcohol and tobacco use</i>*</li> </ul> |

\* denotes examples (*in italics*) that are not included in the frameworks or national curriculum programmes of study

**TABLE 1 cont.**

|               | <b>Key stage 3</b>  | <b>Key stage 4</b>   |
|---------------|---|--|
| <b>Skills</b> | <p>Pupils should be taught:</p> <ul style="list-style-type: none"> <li>• PSHE 2f to recognise and manage risk and make safer choices about healthy lifestyles, different environments and travel</li> <li>• PSHE 2g to recognise when pressure from others threatens their personal safety and well-being, and to develop effective ways of resisting pressures, including knowing when and where to get help</li> <li>• PSHE 3a about the effects of all types of stereotyping, prejudice, bullying, racism and discrimination and how to challenge them assertively</li> <li>• PSHE 3d to recognise some of the cultural norms in society, including the range of lifestyles and relationships [<i>eg recognising that not all young people use drugs, alcohol or tobacco</i>]*</li> <li>• PSHE 3k to communicate confidently with their peers and adults</li> </ul> <p>During the key stage, pupils should be taught the <b>Knowledge, skills and understanding</b> through opportunities to:</p> <ul style="list-style-type: none"> <li>• PSHE 4c participate [for example, in developing and putting into practice school policies <i>about drugs and alcohol</i>]*</li> <li>• PSHE 4e meet and work with people [for example, people who can give them reliable information about health and safety issues, such as school nurses, community drug awareness workers]</li> <li>• PSHE 4h find information and advice [<i>for example about drug misuse</i>] *</li> </ul> | <p>Pupils should be taught:</p> <ul style="list-style-type: none"> <li>• PSHE 1d to recognise influences, pressures and sources of help and respond to them appropriately</li> </ul> <p>Pupils should be taught to:</p> <ul style="list-style-type: none"> <li>• Ct 2a research a topical political, spiritual, moral, social or cultural issue, problem or event by analysing information from different sources, showing an awareness of the use and abuse of statistics</li> <li>• PSHE 2b to use assertiveness skills to resist unhelpful pressure</li> <li>• PSHE 2g to seek professional advice confidently and find information about health</li> <li>• PSHE 2h to recognise and follow health and safety requirements and develop the skills to cope with emergency situations that require basic aid procedures, including resuscitation techniques</li> <li>• Ct 3a use their imagination to consider other people’s experiences and be able to think about, express, explain and critically evaluate views that are not their own</li> <li>• Ct 3b to negotiate, decide and take part responsibly in school and community-based activities</li> <li>• PSHE 3c to challenge offending behaviour, prejudice, bullying, racism and discrimination assertively and take the initiative in giving and receiving support</li> </ul> <p>During the key stage, pupils should be taught the <b>Knowledge, skills and understanding</b> through opportunities to:</p> <ul style="list-style-type: none"> <li>• PSHE 4c participate [<i>eg in an initiative with local shopkeepers to highlight the law on selling tobacco to young people</i>]* <ul style="list-style-type: none"> <li>• PSHE 4h find information and provide advice</li> </ul> </li> </ul> |

\* denotes examples (*in italics*) that are not included in the frameworks or national curriculum programmes of study

**TABLE 1 cont**

|                  | <b>Key stage 3</b>   | <b>Key stage 4</b>   |
|------------------|--|--|
| <b>Attitudes</b> | <p>Pupils should be taught</p> <ul style="list-style-type: none"> <li>• Ct 1a the legal and human rights and responsibilities underpinning society, basic aspects of the criminal justice system, and how both relate to young people <i>[eg by considering attitudes towards law-breaking and the criminal justice system in relation to drugs, alcohol and tobacco]</i>*</li> <li>• PSHE 3b how to empathise with people different from themselves</li> </ul> <p>During the key stage, pupils should be taught the <b>Knowledge, skills and understanding</b> through opportunities to:</p> <ul style="list-style-type: none"> <li>• PSHE 4b feel positive about themselves</li> <li>• PSHE 4g consider social and moral dilemmas</li> </ul> | <p>Pupils should be taught</p> <ul style="list-style-type: none"> <li>• Ct 1a the legal and human rights and responsibilities underpinning society and how they relate to citizens, including the role and operation of the criminal and civil justice systems <i>[eg by considering attitudes towards the law and the role of the criminal justice system in relation to drugs, in the UK and elsewhere]</i>*</li> <li>• Ct 2a research a topical political, spiritual, moral, social or cultural issue, problem or event <i>[eg young people's attitudes and values in relation to substance use]</i>* by analysing information from different sources, including ICT-based sources, showing an awareness of the use and abuse of statistics</li> </ul> <p>During the key stage, pupils should be taught the <b>Knowledge, skills and understanding</b> through opportunities to:</p> <ul style="list-style-type: none"> <li>• PSHE 4b feel positive about themselves</li> <li>• PSHE 4g consider social and moral dilemmas</li> </ul> |

\* denotes examples (*in italic*) that are not included in the frameworks or national curriculum programmes of study

## Appendix 4

### PSHE key stages 3 and 4 end of key stage statements

#### Key stage 3

- Pupils can reflect on and evaluate their achievements and strengths in all areas of their lives and recognise their own worth.
- They demonstrate respect for differences between people.
- They can recognise some strong emotions and identify ways of managing these emotions positively (*for example talking with a friend or teacher about their feelings on divorce or falling in love*).
- They can plan realistic targets for key stage 4, and start relating career plans to qualifications and skills (*for example in their choice of course options*).
- They can demonstrate competency in managing their personal finances (*for example by joining a school saving scheme*).
- Pupils can explain how to stay physically and mentally healthy.
- They can make informed choices to maintain their health and well-being, and can explain reasons for these choices (*for example by being well informed in relation to sexually transmitted infections*).
- They can assess the element of risk attached to making choices about healthy lifestyles, travel, personal safety and personal finances.
- They can state the basic facts and laws about alcohol, tobacco and legal and illegal drugs.
- They can demonstrate effective ways of resisting negative pressure, including from their peers (*for example knowing where to get help, knowing that there is an option to delay, showing resilience*).
- Pupils can recognise difference and diversity (*for example in culture, lifestyles, sexuality or relationships*), and can demonstrate understanding and empathy towards others who live their lives in different ways.
- They can assertively challenge prejudice and discrimination (*for example that related to gender, race, disability, etc*).
- They can recognise and discuss the importance of relationships to sexual activity (*for example in terms of human reproduction, using contraception and sexually transmitted infections including HIV*), and to marriage, parenthood and family life.
- They can discuss ways that relationships change over time, and how to negotiate within relationships (*for example agreeing a curfew time with a parent or carer*).

#### Key stage 4

- Pupils can assess their personal qualities, skills and achievements and use these to set future goals (*for example in public performance, in challenging physical activities*).
- They can present themselves confidently and use praise and criticism effectively.
- They can identify the range of post-16 options available to them and can use careers advice and support networks to plan and negotiate their career pathways, setting realistic targets.
- They can use some of the financial tools and services available to them to manage their personal finances (*for example using bank machines, identifying different types of bank and savings accounts*).
- Pupils can describe the short- and long-term consequences of personal health choices, and can make decisions based on this knowledge.
- They can identify some of the causes, symptoms and treatments of mental and emotional health disorders such as stress and depression, including the link between eating disorders and self image, and can identify strategies for preventing and addressing these.
- They can assess the risks and benefits associated with lifestyle choices such as sexual activity or using alcohol, tobacco and illegal drugs, and can make safer choices based on this assessment.
- They can state where to find professional health advice and are confident in seeking it (*for example from their GP or other support services*).
- Pupils can compare the diversity of ethnic and cultural groups.
- They can take the initiative in challenging and giving support in connection with offensive behaviour (*for example by seeking help from the appropriate authorities*).
- They can develop appropriate relationships with a range of adults (*for example during work experience*).
- Pupils can discuss relationships, feelings and emotions, and can analyse ways of managing these in connection with family events (*for example the arrival of a new baby or parental separation*).
- They can explain the importance of different relationships and associated responsibilities, including those of marriage, parenthood and family life.

Qualifications and Curriculum Authority 2005

Appendix 5

**MISUSE OF DRUGS ACT 1971 – MAXIMUM PENALTIES**

| <b>CLASS</b> | <b>DRUG</b>   | <b>POSSESSION</b>                                | <b>SUPPLY</b>                                  |
|--------------|---|--|--|
| <b>A</b>     | Heroin (Diamorphine)<br>LSD<br>Psilocybin Mushrooms (Magic Mushrooms)<br>Methadone<br>Ecstasy<br>Cocaine<br>Crack   | Up to 7 years imprisonment<br>or<br>Fine or Both | Up to Life imprisonment<br>or<br>Fine or Both  |
| <b>B</b>     | Amphetamines (Speed, Whizz)<br>Methamphetamine<br>Codeine<br><b><i>Any of these prepared for injection become Class A</i></b>   | Up to 5 years imprisonment<br>or<br>Fine or Both | Up to 14 years imprisonment<br>or Fine or Both |
| <b>C</b>     | Cannabis (Bush and Resin)<br>Minor Tranquillisers:<br><ul style="list-style-type: none"> <li>• Valium</li> <li>• Librium</li> <li>• Mogadon</li> <li>• Temazepam</li> </ul> Some Anabolic Steroids<br>GHB<br>Ketamine | Up to 2 years imprisonment<br>or<br>Fine or Both | Up to 14 years imprisonment<br>or Fine or Both |

