



**HILLINGDON**  
LONDON

## **Substance Use and Misuse Guidance for Schools**

**London Borough of Hillingdon**

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# London Borough of Hillingdon

## SUBSTANCE USE AND MISUSE

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## **1. Introduction**

**1.1** This document provides guidance on what schools should consider when developing a substance use and misuse policy.

**1.2** It is based on the joint [Department for Education and Association of Chief Police Officers guidance](#) on how to approach creating a substance misuse policy within the school setting.

## **2. Aims and Principles**

**2.1** To support the development of a substance use and misuse policy which sets out the school's role in relation to all drug matters, which includes the content and organisation of drug education.

**2.2** To ensure the process of creating this policy is completed in consultation with the whole school community. The policy should reference the school ethos as context for its approach to substance use and to any drugs education programme.

**2.3** To support in understanding why substance and drugs education is important within a school setting.

**2.4** To provide a wraparound service for children who may be at risk of permanent exclusion because of substance misuse and ensure schools are supported regarding decisions on exclusions.

### 3. Definitions

**3.1** The definition of drugs given by the United Nations Office on Drugs and Crime is “a *substance people take to change the way they feel, think, or behave.*”

**3.2** In the UK, the term drugs are used to refer to:

- all illegal drugs (those controlled by the [Misuse of Drugs Act 1971](#))
- New Psychoactive drugs (former ‘legal highs’) controlled by New Psychoactive Substance Act, 2016
- all legal drugs, including tobacco, volatile substances (those giving off a gas or vapour which can be inhaled), alkyl nitrites (known as poppers) collection arrangements (if appropriate)
- All over the counter and prescription medicines

**3.3** It is worth noting that if school staff cannot identify a drug, it should automatically be treated as a controlled drug within the context of the substance use and misuse policy.

**3.4** Substance use refers to the consumption of drugs or alcohol. Substance use does not always lead to addiction; many people occasionally use alcohol or certain drugs without being addicted. However, substance use always comes with the risk that it might lead to addiction.

**3.5** Substance misuse refers to the consumption of drugs or alcohol regularly, even though it causes issues in an individuals’ life. The issues caused by abuse may be related to their job, their personal life, or even their safety. People who abuse drugs and alcohol continue to consume them, regardless of the consequences.

**3.6** Substance dependency is an addiction. There are many symptoms of substance dependency, including developing a tolerance and going through withdrawal symptoms without it.

## 4. Substance Use and Misuse Policy – School Responsibilities

**4.1** The school should clearly state its aims and objectives. It should include:

- a clear statement of the school's view on drug use or misuse and the role of drugs education,
- an explicit explanation of how they support pupils in their setting who require the administering of authorised medication, that sits separately from any *Substance Use and Misuse Policy*. This must be in line with the [\*Supporting pupils at school with medical conditions\*](#) statutory guidance.
- an outline of the need for a consistent approach to drugs education and managing incidents in line with its pastoral care, child protection and safeguarding policies,
- an outline of the need for procedures and protocols to be in place which the school will evaluate and review in line with all other school policies; and
- the processes of monitoring, evaluation and review to adopt within a defined timeframe.

**4.2** Schools should also outline the clear roles, responsibilities and legal duties of:

- the Board of Governors
- the Principal/Headteacher
- the designated teacher for drugs.
- all staff (teaching and non-teaching); and
- pupils
- parents/carers.

**4.3** Schools should name the specific member of the senior leadership team responsible for liaison with police and local support services in substance related incidents.

**4.4** Each school should define what constitutes a substance use or misuse incident from the school's perspective and in line with [\*DFE and ACPO drug advice for schools, 2012\*](#). It should also provide a range of responses based on the nature of the incident in question, which could involve:

- pupils.
- parents or carers.
- a member of teaching or non-teaching staff
- DWO-CYP officer (Dedicated Ward Officer–Child Young Persons Officer)

**4.5** Schools have a responsibility to deliver drug education via the curriculum which:

- provides information about how they will deliver drugs education
- links to the pastoral care programme throughout the school
- guides to local services that support young people with substance misuse
- links with other areas of learning
- provides advice on using external agencies to deliver drugs education.

**4.6** It should be made explicit that drug related incidents include any of the following:

- drugs or drugs paraphernalia found on school premises
- pupils in possession of illegal or unauthorised drugs
- pupils supplying unauthorised or illegal drugs or students under the influence of drugs or exhibiting signs of intoxication or illness
- disclosure of drug use
- information which would suggest pupil(s) involvement in substance misuse
- illegitimate sale/supply of drugs in the school vicinity
- involvement in 'county line' or gang related drug issues where there are any suspicions, observation, disclosures, or discoveries of situations involving illegal and unauthorised drugs (possession, supply or imbibing)
- outline the circumstances and procedures for searching and detaining pupils
- give guidance on confiscating suspected substances

- advise on handling, storing and disposing of suspected substances; and
- provide links to policy details.

**4.7** Schools should explain to pupils that they can never guarantee confidentiality, and they are required to pass on any information about suspected criminal activity associated with drugs to the designated teacher, DWO-CYP officer (as necessary), health services and any other agencies involved.

**4.8** Schools should explain:

- how they would communicate any substance use or misuse policy to staff, parents or carers and other relevant agencies; and
- the school's response to specific incidents to staff, pupils, parents or carers and the media.

**4.9** Schools should make explicit that suspension or permanent exclusion should never be an automatic response to incidents involving substance use or misuse. Each case should be carefully considered, balancing the wellbeing and rehabilitation of the pupil with the safety and educational environment of the broader school community.

**4.10** Schools have a responsibility to be aware that substance misuse may often signal deeper underlying issues, including emotional distress, family challenges, or vulnerability to external pressures. An automatic exclusion risks further isolating a student who could significantly benefit from structured support, intervention, and education. Instead, the school should prioritise targeted pastoral care, engage relevant support agencies, and develop individualised intervention plans. An example of a return to school template that can be used to support a pupil following an incident of substance misuse can be found in [Appendix E](#).

**4.9** If a school receives information regarding shops or businesses selling drugs, alcohol or illegal substances to pupils then they should inform the Hillingdon Local Authority trading standards team at: [tradingstandards@hillingdon.gov.uk](mailto:tradingstandards@hillingdon.gov.uk).

## 5. Disciplinary and Pastoral Care Responses to Substance Use/Misuse

**5.1** Schools need to align any response to a drug-related incident with the school's *Discipline and Pastoral Care Policy*; and consider the pupil's health and well-being when making an appropriate response to a drug-related incident.

**5.2** Referral to drugs and alcohol services should be made so the service is able to recommend appropriate intervention(s) to address the specific concerns raised in relation to drugs and/or alcohol.

**5.3** Interventions delivered by drugs and alcohol services may include:

- Brief interventions by a drugs and alcohol worker when there is a low risk in relation to substance misuse
- Structured interventions by the drugs and alcohol worker when there is a concern of possible dependency to substances, and it is likely a care plan will need to be formulated

**5.4** It is an expectation that some form of drugs information pack or flyer is provided to parents/carers with regards to advice and guidance on how and where support on substance misuse can be accessed.

**5.5** If there is a reason to permanently exclude with substance misuse identified as a contributing factor, a referral to the drugs and alcohol service needs to be considered as part of a package of support. If there is a substance misuse incident and the decision is to suspend, the referral to drugs and alcohol service(s) needs to be considered as part of the reintegration process for the pupil.

**5.6** In various situations where a child is being excluded for anything other than substance misuse but there are risk factors associated with parental/family members and substance misuse, a referral to drugs and alcohol service should be considered. This support service can offer support via specialised counselling in relation to the impact this is having on someone else regarding their emotional health and well-being.

**5.7** The London Borough of Hillingdon currently has two drugs and alcohol support services:

- **SORTED** - A service for children who live in the borough. A referral for a child can be made by contacting 01895 277 222.
- **ARCH** – A service for adults who live in the borough. A referral form for this service can be found [here](#).

**5.8** A referral for substance misuse support focused on a child should be made to **SORTED** in the first instance. However, a small number of pupils may require medical support in relation to their substance misuse. In these cases, **SORTED** will liaise with **ARCH** to establish the most suitable pathway of treatment.

**5.9** A list of **SORTED**'s brief and structured interventions can be found in [Appendix A](#).

**5.10** The full list of targeted programmes (including drugs and alcohol services) offered in Hillingdon can be found [here](#).

**5.11** National helpline information can be found at:

- [FRANK](#)
- [NHS Smoking Service](#)
- [Drinkaware](#)

## 6. Guidelines for Administering Prescribed Medication

**6.1** When schools are responsible for administering prescribed medication they must refer to the DfE publication [Supporting Pupils with Medication Needs](#) and place this in a separate policy.

**6.2** This should include how schools will manage pupils engaged in smoking or vaping cessation programmes and who may be using licensed Nicotine Replacement Therapy (NRT) in school. Electronic cigarettes or vapes do not constitute NRT, unless they are licensed products that a health professional has specifically prescribed for smoking cessation.

**6.3** School staff should also be aware of procedures and protocols to follow in the event of a medical emergency. These should be included in the appendices of any school's substance use or misuse policy.

## 7. Staff Use of Alcohol, Smoking and Medication

7.1 A school staff code of conduct policy should draw on a range of resources when defining the use of alcohol and smoking (including electronic cigarettes) on school premises, on school trips and at other events:

- The NEU model drug and alcohol policy: [Staff drug and alcohol model policy | National Education Union](#)
- Don't Mix It: A Guide for Employers on Alcohol at Work from [www.hse.gov.uk](http://www.hse.gov.uk).
- Drugs Misuse at Work: A Guide for Employers from [www.hse.gov.uk](http://www.hse.gov.uk).
- The school smoking policy to include use of electronic cigarettes in school.
- The code of conduct for use of alcohol during school events.

A model drugs and alcohol policy for staff can be found in [Appendix G](#).

7.2 Any member of school staff who is taking prescribed or over-the-counter medication that could impact their capability, conduct or overall performance at work (particularly their ability to safeguard pupils effectively) must inform their line manager at the earliest opportunity.

7.3 A disclosure allows for the assessment of any potential risks and for the appropriate support and/or reasonable adjustments to be implemented. It also ensures that the health, safety and wellbeing of pupils, staff and the wider school community are not compromised.

7.4 Any such information shared will be treated with sensitivity and confidentiality, in line with data protection principles and the school's staff wellbeing and safeguarding policies.

## **8. Procedures for Monitoring and Evaluating the Substance Misuse Policy**

**8.1** Schools should:

- develop criteria for evaluating the success of the policy and associated procedures
- implement timescales for monitoring and evaluating the policy
- emphasise the importance of post-incident evaluation and review
- consider who will be involved in the monitoring and evaluation of the policy and associated procedures; and
- provide resources to gather feedback from pupils, teachers and parents or carers.

**8.2** Schools should also evaluate the effectiveness of their drugs education programme within their school evaluation of the curriculum.

## **9. Staff Training**

**9.1** Schools should provide staff training on:

- implementing the school's drug policy
- delivering drugs education as part of the curriculum; and
- responding to a suspected drug-related incident.

They should also provide:

- training to the Board of Governors; and
- information on workshops for parents or carers.

**9.2** Training packages can be accessed through the *SORTED* programme by contacting [targetedprogrammes@hillingdon.gov.uk](mailto:targetedprogrammes@hillingdon.gov.uk)

## Appendix A: **SORTED** and **M-PACT** Interventions

<b>Brief Intervention</b>
<b>Drugs Box Information session</b> – this programme provides up to 3 one to one educational sessions to explore the student's current knowledge in relation to the substance of concern. During the session education will be provided on all aspects of using the substance, which includes, physical and mental health, impact on social skills, education employment and criminal record.
<b>Structured Intervention</b>
<b>MI (Motivational Interviewing)</b> - the programme consists of minimum 6 one-to-one sessions for young people identified with problematic substance misuse but not ready to engage in counselling. The aim of the sessions is preparation for change to be able to address their substance misuse.
<b>Specialist Drugs and Alcohol Counselling</b> – the programme consists of minimum of 6 one to one counselling sessions for <b>students</b> identified with problematic substance misuse who are ready to address their substance misuse.
<b>Specialist Drugs and Alcohol Counselling</b> – the programme consist of a minimum of 6 one to one counselling sessions for students identified with <b>family member(s)</b> whose substance misuse impacts on their emotional well-being.

### **M-PACT (Moving Parents and Children Together)**

This is an evidence based whole family programme and is now one of the longest standing interventions for parental substance misuse in the UK. It continues to be a unique and innovative programme, which puts children at its heart.

The overall objective of the programme is to improve the physical and psychological health of the children /young people effected by parental substance misuse. M-PACT supports families to address areas such as communication and coping strategies as well as educating family members on what addiction is and its impact on children and family life. M-PACT focuses on helping and supporting families to make positive changes. It puts children at its heart and ensures that children and young people living with parental substance misuse are safe, visible and their voices are heard.

### **Referral Criteria**

M-PACT is for families affected by parental substance misuse (illegals and/or prescribed substances) it offers a ten-session brief intervention that is suitable for families with children aged 8-17 years. Families work together in a friendly, safe, multi-family group environment.

## **Who Can Attend?**

- substance misusing adult (in treatment, recovery or willing to address the substance issue- must be sober on the days of delivery of the programme).
- not substance misusing adult affected by drug and/or alcohol use of another adult in the family.
- all children in the family age 8-17 years old.
- a guardian or grandparents.
- in some cases, with parental consent, child can attend on their own.

Please be advised that the programme can accept a combination of any of the above

## **Who Cannot Attend?**

- someone with diagnosis of serious mental health problems.
- family member where there is a possibility of increased risk of domestic violence to others due to taking part in the programme.

## **What is the Family Commitment?**

The programme structure consists of 10 sessions. An individual family assessment is followed by 8 core sessions and an individual family meeting to review the programme and make plans for the future. On week 10 families will be invited to an end of programme event.

## **Referral Process**

To refer to the MPACT in Hillingdon please follow the link below.

[MPACT Referral Form](#)

For more information about our programmes or get in touch with an advisor please email:

[mpact@hillingdon.gov.uk](mailto:mpact@hillingdon.gov.uk)

## Appendix B: School Response to Substance Use or Misuse

If there are any suspicions, observations, disclosures or discoveries of situations involving illegal or other unauthorised substances (possession, supply or imbibing), schools need to:

- define what constitutes an incident from the school's perspective and in line with [DFE and ACPO drug advice for schools, 2012](#).
- provide a range of responses based on the nature of the incident in question, which could involve:
  - pupils,
  - parents or carers, or
  - a member of teaching or non-teaching staff or
  - Safer Schools Officer
- ensure utmost priority will be placed on safety, meeting any medical emergencies with first aid, and summoning appropriate help before addressing further issues. If in doubt, medical assistance will be sought immediately.
- ensure the headteacher or any available member of SLT is informed of the situation immediately.
- ensure dialogue with the pupil(s) is undertaken by the Headteacher or a member of SLT as soon as possible to determine facts. The emphasis should be on listening to what individuals have to say and asking open rather than closed or leading questions. Consideration should be given to separating any pupils involved in the incident and ensure that a second adult witness is present.
- ensure the Headteacher or a member of SLT informs, consults, and involves others, as necessary. Careful attention should be given to respecting the confidentiality of those involved.
- be aware of the legal powers they have/do not have for searching students:
  - Staff may search outer clothing, pockets, possessions (including bags), desks, and lockers. However, they must not require the pupil to remove any clothing other than outer garments like coats, hats, shoes, boots, or scarves.
  - Staff are **not permitted** to conduct any form of strip search, defined as searches involving the removal of more than outer clothing. Such searches can only be carried out by police officers under the Police and Criminal Evidence Act 1984 (PACE) Code A. Even then, they must be conducted in appropriate settings with strict safeguards.
  - A pupil can be searched without consent if there is reasonable grounds to suspect the pupil has a prohibited item, such as illegal drugs in their possession.
- that when they have reasonable grounds for suspecting a pupil(s) may have an illegal or unauthorised drug, they will be escorted to a senior member of staff who will make every effort to encourage the individual to hand item(s) over voluntarily

in the presence of a second member of staff. Where a search is deemed necessary, the gender of the member of staff carrying out a search will correspond to the gender of the student. Where an individual refuses the headteacher, or member of staff authorised by them, may exercise their statutory power to search the pupil(s) or their possessions, without consent. [Education and Inspections Act 2006.](#)

- understand that staff may search school property, for example school lockers, if they believe drugs have been stored in there. Prior consent will always be sought with individuals made aware that if consent is refused the school may still wish to proceed with the search.
- Parents/carers will normally be contacted, regardless of whether the result of the search was positive or negative.
- ensure any substance suspected of being a drug will be confiscated. In taking temporary possession of a suspected substance, a second adult witness will be present, substances will be sealed in a plastic bag with details of the date, time, and witnesses present. This will be locked in a secure cupboard
- ensure that if the substance is suspected of being an illegal drug, the police are notified immediately in order that they may collect it for identification and then store or dispose of it in line with locally agreed protocols. In most cases, parents/carers will be notified immediately, unless this is not in the best interests of the student(s).
- in terms of notifying the police of an incident or reporting it to the DWO-CYP officer, schools are not legally required to divulge the name of the pupil(s) involved in the incident although this is advised.
- a detailed record of the incident will be made by the headteacher or DSL, with a copy kept only by the headteacher and DSL.
- records kept should clearly specify the date, time and any witnesses present during the confiscation of any substances.
- maintain vigilance about drug-related incidents in the local community through contact with police and other relevant agencies.

## Appendix C: Positive Practice Scenarios

### 1. Abdul

#### Overview of the incident:

Abdul is a year 10 student. During lunch time, Abdul and his friends moved away from the main outdoor sitting area towards an outbuilding by the football pitch. The lunchtime teacher followed them and found all 4 boys, appearing to be trying to make a joint. All boys are then taken to the year 10 office, and their bags are searched. Abdul has a lighter in his bag. Boys admit to purchasing a small bag of cannabis prior to school, but not to having the intention of using it during school hours. They stated that they were planning to smoke the joint later in the afternoon after school in one of the boys' houses. Boys explained that they just wanted to try it and it was the first time they had bought cannabis.

#### Immediate actions:

- Assess the situation for immediate dangers. I.e., environment, young person, situation, friendships, behaviour etc –
- Report the incident to the DWO-CYP officer

#### Follow up actions:

- Contact the parents to inform them about Abduls actions.
- Make a referral to *SORTED*, with all the information already gathered to enable *SORTED* to make initial assessment of the level of intervention required.
- *SORTED* to deliver up to 3 education sessions.
- Parents to be offered an information pack on teenage substance misuse.

### 2. Julia

#### Overview of the incident:

Julia is a year 11 student and is doing well with her schoolwork. Julia has a group of friends who were known to be attending school. Julia likes to party with a much older crowd. Julia is late for her morning lesson and appeared to not be herself. When the teacher spoke with her after the lesson, it became clear that Julia was under the influence of alcohol.

#### Immediate actions:

- Assess the situation, environment, young person, and the need for medical attention
- Julia to be moved to a safe place within school e.g., medical room.
- Contact the parents to collect Julia.
- Explore the circumstances of Julia drinking alcohol.

#### Follow up actions:

- Make a referral to *SORTED* with all the information gathered to enable *SORTED* to make initial assessment of the level of intervention required.
- *SORTED* to provide an intervention to address the substance misuse, which includes counselling.
- Parents to be offered an information pack on teenage substance misuse.
- Referral made to Adolescent Development Services, to support Julia with making

### 3. Ben

#### **Overview of the incident:**

The teacher was notified about some suspicious activities going on in the area by the school sports hall. He found Ben and 2 other students. He saw something being tossed in the corner. When he came closer, the teacher saw a small amount of cannabis in the corner. None of the boys owned up to it being theirs. When in the office their bags were then checked and Ben is found with a razor, lighter and small empty bag of cannabis. The head of year is aware that there are concerns regarding Ben as he regularly receives behaviour points for disruptive behaviour and does not participate in some lessons. Ben is known to be friends with older students who are known for association with groups related to drug dealing. Ben denies any cannabis use and states that he was framed.

#### **Immediate actions:**

- Headteacher or senior leadership to discuss the incident with the DWO-CYP officer.
- Gather more information about Ben and his friendships, behaviour etc which could indicate concerns around substance misuse.

#### **Follow up actions:**

- Contact the parents to inform about Ben's actions.
- Make a referral to *SORTED* with all the information to enable *SORTED* to make an initial assessment of the level of intervention required.
- *SORTED* to provide motivational interviewing intervention of a minimum of 6 sessions.
- Parents offered information pack on teenage substance misuse.
- Referral to *AXIS* for information sharing [axis@hillingdon.gov.uk](mailto:axis@hillingdon.gov.uk)
- Referrals to Adolescent Development Services to support Ben with making better choices.

## **4. Alfie**

### **Overview of the incident:**

Alfie is a year 9 student. He is a LAC (Looked After Child) young person who regularly goes missing from his foster placement. This is his third school within the last 12 months due to moving foster placements. Alfie is regularly late to school and appears very sleepy and did not engage in lessons. Alfie was late again, and the teacher reported that he could easily smell fresh cannabis on Alfie's clothes. When being asked, he admitted to smoking a cannabis joint first thing in the morning. A lighter and some razor papers were found in his bag. Alfie openly admitted to smoking cannabis on a regular basis. When asked how he funded the habit he just said he has good friends who share their cannabis with him.

### **Immediate actions:**

- Report the incident to the DWO-CYP officer.
- Gather more information about Alfie and his friendships, behaviour etc which indicated concerns around substance misuse.

### **Follow up actions:**

- Contact the foster parents to inform about Alfie's actions.
- Inform all professionals involved with Alfie about the incident.
- Make a referral to *SORTED* with all the information gathered to enable *SORTED* to make initial assessment of the level of intervention required.
- *SORTED* to provide MI/counselling intervention for a minimum of 6 sessions.
- Foster parents offered information pack on teenage substance misuse.
- Referral to *AX/S* for information sharing.
- Referral to Adolescent Development Services to support Alfie with making better choices, if they are not already working with Alfie.

## **5. Shayne**

### **Overview of the incident:**

Shayne is a year 9 student. He regularly gets himself into trouble in class for not following teachers' instructions and not submitting homework. During a maths lesson, Shayne was disturbing the class by throwing paper planes across to another student. When asked to stop he carried on with the behaviour. The teacher, after several warnings, asked him to leave the class. Shayne picked up his bag, used inappropriate language towards the teacher, and left the class, slamming the door shut. During a discussion with his head of the year, Shayne discloses that his dad's drinking has increased recently, and that his parents argue regularly.

### **Immediate actions:**

- Assess the situation, environment, young person, and the safeguarding risks
- Follow the procedure for disruptive behaviour as per behaviour school policy.
- Gather more information about Shayne's family situation (allow for a safeguarding understanding of whether a referral to MASH should be made).

**Follow up actions:**

- Contact parents to inform about Shayne's actions.
- Make a referral to *SORTED* with all the information gathered to enable *SORTED* to make initial assessment of the level of intervention required.
- *SORTED* to provide counselling for a minimum of 6 sessions to support Shayne with the impact of parental substance misuse.
- If there are safeguarding concerns in relation to parental substance misuse, referral to MASH to be made.
- Referral to Adolescent Development Services to support Shayne with making better choice

## Appendix D: Substance Misuse Risk Assessment

This Drug Abuse Screening Test (DAST) for adolescents should be used appropriately by schools to assess the risk of continued substance misuse by a pupil.

### DAST- A (Drug Abuse Screening Test – Adolescent)

Name: _____		
Date: _____		
Score: _____		
<p>1. Have you used drugs other than those required for medical reasons?      <b>Yes</b>      No</p> <p>2. Have you abused prescription drugs?      <b>Yes</b>      No</p> <p>3. Do you abuse more than one drug at a time?      <b>Yes</b>      No</p> <p>4. Can you get through the week without using drugs (other than those required for medical reasons)?      Yes      <b>No</b></p> <p>5. Are you always able to stop using drugs when you want to?      Yes      <b>No</b></p> <p>6. Do you abuse drugs on a continuous basis?      <b>Yes</b>      No</p> <p>7. Do you try to limit your drug use to certain situations?      <b>Yes</b>      No</p> <p>8. Have you had "blackouts" or "flashbacks" as a result of drug use?      <b>Yes</b>      No</p> <p>9. Do you ever feel bad about your drug abuse?      <b>Yes</b>      No</p> <p>10. Does your boyfriend/girlfriend or parents ever complain about your involvement with drugs?      <b>Yes</b>      No</p> <p>11. Do your friends or relatives know or suspect you abuse drugs?      <b>Yes</b>      No</p> <p>12. Has drug abuse ever created problems between you and your boyfriend/girlfriend or parents?      <b>Yes</b>      No</p> <p>13. Has any family member ever sought help for problems related to your drug use?      <b>Yes</b>      No</p> <p>14. Have you ever lost friends because of your use of drugs?      <b>Yes</b>      No</p> <p>15. Have you ever neglected your family or missed work because of your use of drugs?      <b>Yes</b>      No</p> <p>16. Have you ever been in trouble at work because of drug abuse?      <b>Yes</b>      No</p> <p>17. Have you ever been kicked out of school or lost a job because of drug abuse?      <b>Yes</b>      No</p> <p>18. Have you gotten into fights when under the influence of drugs?      <b>Yes</b>      No</p> <p>19. Have you ever been arrested because of unusual behavior while under the influence of drugs?      <b>Yes</b>      No</p> <p>20. Have you ever been arrested for driving while under the influence of drugs?      <b>Yes</b>      No</p> <p>21. Have you engaged in illegal activities to obtain drugs?      <b>Yes</b>      No</p> <p>22. Have you ever been arrested for possession of illegal drugs?      <b>Yes</b>      No</p> <p>23. Have you ever experienced withdrawal symptoms as a result of heavy drug intake?      <b>Yes</b>      No</p> <p>24. Have you had medical problems as a result of your drug use (e.g., memory loss, hepatitis, convulsions, or bleeding)?      <b>Yes</b>      No</p> <p>25. Have you ever gone to anyone for help for a drug problem?      <b>Yes</b>      No</p> <p>26. Have you ever been in hospital for medical problems related to your drug use?      <b>Yes</b>      No</p> <p>27. Have you ever been involved in a treatment program specifically related to drug use?      <b>Yes</b>      No</p> <p>28. Have you been treated as an outpatient for problems related to drug abuse?      <b>Yes</b>      No</p>		

**Scoring:** Each item in bold = 1 point  
6 or more = substance use problem (abuse or dependence)

## Appendix E: Student-School Substance Misuse Contract

This contract template should be used to support a student following a substance misuse incident. Schools should not use suspensions and permanent exclusion as an automatic response to an incident of substance misuse or abuse. Permanent exclusion should be reserved for the most severe cases. Any period of suspension or exclusion from school for a substance misuse or abuse incident should always align closely with safeguarding and supportive measures.

By signing this contract, the pupil will agree to work with XXXX (school) to access support. XXX (school) will ensure this support is accessed without barriers and XXX (school) will keep the agreement and support in strict confidence. The school will agree to explore support measures to eliminate risks of continuing behaviour.

**Pupil's Name:**

**Dates of Exclusion:**

**Reason for Exclusion:**

On my return to XXXX (school) I (student name) will agree to the following:

1. To attend and engage in XXX session with a substance misuse worker, from *SORTED* on a regular basis at XXXX (school).
2. Not to engage in any drug related activity whilst under the jurisdiction of XXXX (school).
3. This will include involvement in the purchase, possession, supply, intent to supply, being concerned in supply or consumption of drugs or abuse.
4. Not to use, and/or be under the influence of illegal drugs whilst under the jurisdiction of XXXX (school).
5. Not to carry any drug paraphernalia such as oversized rizla cigarette papers.
  
6. To read the *Drugs Policy* for XXXX (school).
7. I understand that if there is any further involvement with drugs then I may be at risk of permanent exclusion from XXXX (school).

**Pupil Signed:**

**Name:**

**Teacher Signed:**

**Named:**

**Parent Name:**

**Signed:**

**Date:**

- This document should not be used with children who are Looked After. In this instance schools should liaise with the Virtual School for advice and guidance.

- Schools must make referrals to Sorted via: [bit.ly/targetedprogrammes](https://bit.ly/targetedprogrammes)

#### **Appendix F: Examples of Substance Use and Misuse Policies**

These are a selection of primary and secondary substance use and misuse policies that can be referenced by schools developing their own such policies.

### **Community school in Stockton-on-Tees**

Tilery Primary School has a [Drugs & Alcohol Policy](#) that includes:

- The definition of a 'drug.'
- The roles and responsibilities of staff members.
- Details of the school's approach to drugs education.

### **Community school in Coventry**

Manor Park Primary School has a [Drugs and Substance Misuse Policy](#) (found under the *Safeguarding and Inclusion* section) which covers:

- Curriculum organisation and planning for drugs education.
- The use of external agencies and services.
- Managing drug-related incidents.

### **Academy in Bracknell Forest**

Ranelagh School has a [Drugs Education Policy](#) that covers:

- The school's approach to drugs education.
- How the school manages and responds to drug-related incidents.

### **Academy in Oxfordshire**

The [Drugs Policy](#) from The Cherwell School includes:

- Information about how the school supports pupils.
- Information on the right to search.

## **Appendix G: Model Drug and Alcohol Policy (staff)**

The NEU have proposed a model *Staff Drug and Alcohol Policy* that schools may wish to use or adapt.

### **1. Introduction**

**1.1** This policy forms part of the employer's overall commitment to safety, good employee relations and the promotion of health, safety and welfare at work. As a responsible employer, they recognise the need for a constructive and preventative strategy designed to encourage early identification of alcohol- and drug-related problems among employees. The employer is also firmly committed to encouraging the type of open dialogue that is required between an employee and their line manager.

**1.2** The inappropriate use of alcohol or drugs can damage the health and wellbeing of employees and have far-reaching effects on their personal and working lives.

**1.3** At work, alcohol or drug misuse can result in reduced levels of attendance, substandard work performance, and increased health and safety risks, not only for the individual concerned, but also for others such as work colleagues, students, members of the public and contractors. Furthermore, the effects of alcohol or drug misuse are likely to be detrimental to the employee's ability to deliver high quality education to students.

### **2. Purpose**

**2.1** This policy aims to:

- raise staff awareness of the risks and potential harm to health associated with the use of intoxicating substances
- set out the rules regarding the use of intoxicating substances, so that employees are aware of the likely consequences for their employment of misusing them
- create a climate that encourages employees who may be misusing drugs or alcohol to come forward and seek help
- provide a framework to enable instances of substance misuse by employees to be handled in an appropriate, fair and consistent manner
- achieve a balance between supporting employees who come forward with a problem and the overriding need to preserve:
- the health, safety and welfare of employees and others with whom they come into contact
- the organisation's reputation.

### **3. Scope**

**3.1** This policy covers the use and misuse of intoxicating substances, which include alcohol, solvents, legal and illegal drugs, prescription and over-the-counter medicines, and other substances that could adversely affect work performance and/or health and safety.

**3.2** This procedure applies to all employees, including all agency and casual workers, contractors, volunteers and others working on the employer's behalf.

**3.3** The policy is not intended to apply to 'one-off' incidents or offences where there is no evidence of an ongoing problem, which are more appropriately dealt with under the disciplinary procedure, when applicable.

#### **4. Equal opportunities**

**4.1** The drugs and alcohol policy must always be applied fairly and in accordance with employment law and the employer's equal opportunities policy.

#### **5. Responsibilities**

**5.1** The employer is responsible for maintaining fair, consistent and objective procedures for matters relating to the inappropriate use of alcohol or drugs.

**5.2** Within the limits of what is practicable and within the law, strict confidentiality will be maintained when dealing with alcohol- and drug-related problems among employees.

**5.3** The head teacher/principal has overall responsibility for the internal organisation, control and management of each school/academy.

**5.4** The members of the senior leadership team have responsibility for the internal organisation, control and management of their area of responsibility.

**5.5** Managers are required to:

- be aware of the signs of alcohol and substance misuse and the effects on performance, attendance and health of employees, and take reasonable and appropriate steps
- ensure the health, safety and welfare of employees and others with whom they come into contact
- ensure that staff are aware of the policy and the rules and consequences regarding the use of alcohol, drugs and other intoxicating substances
- treat such matters confidentially as far as is legitimately and legally possible
- monitor the performance, behaviour and attendance of employees as part of the normal supervisory relationship
- intervene at an early stage, where changes in performance, behaviour, sickness levels or attendance patterns are identified, to establish whether alcohol or drug misuse is an underlying cause. Such investigation should be supportive and non-judgemental
- provide support and assistance where appropriate and for a reasonable period, and ensure that staff are aware of the support that is available to them
- seek advice from the employer's human resources (HR) department where the manager has concerns or is aware that an employee is adversely impacted due to drugs and/or alcohol.

## **5.6 Employee responsibilities**

- to familiarise themselves with this policy and comply with its provisions
- to present a professional, courteous and efficient image to those with whom they come into contact at work. They therefore have a personal responsibility to adopt a responsible attitude towards drinking and taking prescribed and over-the-counter drugs
- not to possess, store, trade or sell controlled drugs on school/academy premises or bring the school/academy into disrepute by engaging in such activities outside of work
- to seek help if they have concerns regarding their alcohol or drug consumption. It is recommended that they approach their GP, and also their line manager, so that the school/academy can assist in the provision of appropriate support to help speedy rehabilitation, for example referral to the occupational health service, medical professionals, professional drug/alcohol treatment agencies etc
- to co-operate with any support and assistance provided by the school/academy to address an alcohol or drug misuse problem
- not, even with the best of motives, to 'cover up' for, or collude with, a colleague with an alcohol or drug-related problem but instead should encourage the individual to seek help
- where the individual concerned does not wish to come forward to seek help, and their colleague(s) genuinely suspects that the individual may be misusing drugs or alcohol, colleagues have a responsibility to raise their concerns with the employee's line manager.

## **5.7 At work**

**5.7.1** Employees must report for work, and remain throughout the working day, in a fit and safe condition to undertake their duties and not be under the influence of alcohol or drugs.

**5.7.2** Where the employee is required to drive for work purposes, they have a responsibility for ensuring they are not under the influence of alcohol or drugs.

**5.7.3** Employees must notify their manager immediately should they be prescribed medication or plan to take over-the-counter medicines that may cause side effects that impair their ability to undertake their duties safely and effectively. This is particularly important if they occupy a post where it is not only their own personal safety but those of others that could be jeopardised.

**5.7.4** Similarly, employees who experience side effects as a result of taking prescribed or over-the-counter medicines that impair their ability to perform their duties safely and satisfactorily must notify their line manager immediately.

**5.7.5** Employees are not obliged to disclose the actual medical condition being treated nor the medication – simply the impact/side effects.

**5.7.6** The employer will take all reasonable steps to prevent employees carrying out work-

related activities if they are considered to be unfit/unsafe to undertake work as a result of alcohol or drugs.

**5.7.7** If a manager reasonably believes that an employee has arrived at work under the influence of alcohol or drugs, they shall immediately contact the head teacher/principal and the employee may be sent home. Their absence will be treated as sick leave and any pay will be in accordance with the appropriate sick leave/pay policy. The head teacher/principal, with advice from HR, will review whether the employee requires any support or if it is appropriate that the disciplinary investigation process should commence.

**5.7.8** It is important to be aware that those suffering from diabetes, epilepsy and other conditions, including brain injuries/brain diseases, can at times appear drunk and thus due care should be taken to identify and respond to these individuals appropriately.

## **5.8 Outside working hours**

**5.8.1** Employees must not consume intoxicating substances before coming on duty or when they may be required to attend work at short notice, for example, when they are on call.

**5.8.2** Intoxicating substances, such as alcohol, may remain in the system for some time and even small amounts can impair performance and jeopardise safety. Employees are personally responsible for allowing sufficient time for the intoxicating substance to leave their system before reporting for work.

## **5.9 *Treatment***

**5.9.1** The employer treats drug and alcohol dependency as a health problem that requires special treatment and help and recognises that early identification is more likely to lead to successful treatment.

**5.9.2** Employees are strongly encouraged to discuss any problems they have at an early stage with their GP and their line manager.

**5.9.3** If an employee seeks help with an alcohol or drug-related problem directly from HR or occupational health and wishes to keep matters confidential from their manager and colleagues, this will be respected unless there is reason to believe that this could put the employee, their colleagues, students or anyone else at risk. In those circumstances, occupational health or HR will encourage the employee to inform their manager and will give the employee sufficient time to do so before discussing the matter with them.

**5.9.4** For employees undergoing treatment, this absence will be covered under the absence management policy.

## **6. Breaches of the policy**

**6.1** The employer will, adopt a constructive and supportive approach when dealing with employees who may be experiencing drug or alcohol dependency/addiction.

**6.2** This means that employees seeking assistance for a substance misuse problem will not be subjected to disciplinary procedures simply because of their dependence/addiction.

**6.3** Notwithstanding the above, there may be circumstances in which breaches of the policy, whether dependency-related or not, will be treated as a disciplinary matter. Examples of issues that may be subject to disciplinary action are:

- deliberate disregard for personal safety and that of others associated with the use of intoxicating substances
- serious unacceptable behaviour in the workplace associated with the use of intoxicating substances
- being found incapable of performing normal duties satisfactorily and safely as a result of consuming alcohol or taking drugs, whether or not this is as a result of dependency
- possession, consumption, dealing/trafficking, selling, storage of illegal drugs either on work premises or engaging in such activities outside of work
- being disqualified from driving as a result of alcohol- or drug-related offences (if employees are required under their contract of employment to drive a vehicle)
- making malicious or vexatious allegations that a colleague is misusing intoxicating substances.

This list is illustrative only and should not be regarded as exclusive or exhaustive. Any disciplinary action will be in all cases proportionate to the circumstances of the breach of the policy.

**6.4** Where evidence warrants, the employer will inform the police of illegal drug use or any activity or behaviour over which there are concerns as to its legality. For example, it would be necessary to report criminal behaviour associated with alcohol abuse, such as having a drink-driving accident in a work vehicle.

