



Shropshire  
Council

## **Drug, Alcohol and Vaping Policy Toolkit for Schools**

## Contents

<b>Introduction</b>	<b>3</b>
<b>1. Policy Context</b>	<b>4</b>
<b>2. Developing a School Approach</b>	<b>5</b>
<b>3. Implementation</b>	<b>6</b>
<b>4. Managing Drug Related Incidents</b>	<b>6</b>
<b>5. What to do in an Emergency</b>	<b>7</b>
<b>6. Drug Incidents and the Police</b>	<b>8</b>
<b>7. Safeguarding and Confidentiality</b>	<b>9</b>
<b>8. Contextual Safeguarding</b>	<b>9</b>
<b>9. Definitions</b>	<b>9</b>
<b>10. Screening and Assessing Vulnerable Students at Risk of Substance Use and Related Harm.</b>	<b>10</b>
<b>11. Drug, Alcohol and Vaping Education</b>	<b>12</b>
<b>12. Student affected by someone else’s drug or alcohol use.</b>	<b>14</b>
<b>Appendix A Professional Curiosity</b>	<b>15</b>
<b>Appendix B Process and Service Flowchart 2024</b>	<b>16</b>
<b>Appendix C Support Services</b>	<b>17</b>

## Version Control

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<b>V1 (25/11/2024)</b>	<b>1 July 2025</b>	

# **DRUG, ALCOHOL AND VAPING POLICY TOOL KIT FOR SCHOOLS.**

## **Who this toolkit is for?**

- ❖ The toolkit is primarily for:
  - Head teachers, school staff and governing bodies in maintained schools, academies, free schools, independent schools, sixth form colleges, Pupil Referral Units (PRUs) and other forms of alternative education provision.
  
- ❖ It may also be useful for:
  - Local authorities.
  - Parents/Carers/significant other Family members
  - School nurses and other health professionals who have an input on drug issues.
  - The police and local agencies working with individual schools to prevent drug and alcohol use amongst students.

## **Aims of this toolkit:**

- ❖ To enable schools to develop their school approach to responding to students who are affected by drug, alcohol, or vaping use.
- ❖ To clarify the legal requirements and responsibilities of schools.
- ❖ To reinforce and safeguard the health and safety of students and the whole school community.
- ❖ To provide guidance and responses to managing any drug, alcohol and smoking/vaping related incidents with consistency, confidence and in the best interest of those involved.
- ❖ To promote best practice in respect of drug, alcohol, and smoking/vaping education.
- ❖ To provide guidance on evaluating and recording incidents to share learning and improve school approach.

## **Vision**

To ensure there is a consistent approach across the school community of Shropshire for providing drug, alcohol, and smoking/vaping education, and managing incidents to support and protect the whole school community.

## **Key Principles**

- ❖ Schools have a statutory duty to promote the welfare of students. This includes preventing drug, alcohol, and smoking/vaping use.
- ❖ Students affected by their own or other's drug, alcohol or smoking/vaping use should have prompt access to support through the school and other local services.
- ❖ Schools are strongly recommended to ensure that they have a school approach to respond to students who are affected by drug, alcohol, or smoking/vaping use.

- ❖ A senior member of staff has responsibility for the schools' approach to managing incidents.
- ❖ The School Designated Safeguarding Lead or appropriate Deputy Designated Safeguarding Lead is responsible for liaising with support services and local police on incidents.
- ❖ A named young person's drug and alcohol worker from the commissioned young person's treatment service will be available to all secondary schools.
- ❖ Support for young people for vaping is available through the School Nursing Service
- ❖ Where a substance related incident takes place, seek advice from the Inclusion Team (Education Access Service), who will ensure that appropriate Guidance is adhered to and offer advice around suspension and any consideration of a permanent exclusion. Involve the student and their parents or carers, (it would be appropriate to include Social Worker, Targeted Early Help Worker, and the Virtual School, where Child is Looked After) as appropriate, in any consultation and referral to external services.

## 1. Policy Context

1.1 The 2021 Drug Strategy from [Harm to Hope](#) sets out the government's ambition to tackle drug related harm. The aim of the strategy is to have fewer people use drugs in the first place and for those that do to have the opportunity to recover.

1.2 A key part of the strategy is building resilience and equipping young people with the skills to reduce early onset of drug and alcohol use through the delivery of school-based mandatory relationship, sex, and health education.

1.3 This toolkit also considers the pivotal role schools have in safeguarding and promoting the welfare of children as set out in statutory guidance: [Working together to safeguard children](#) and [Keeping children safe in education](#).

1.4 The toolkit has been developed with reference to and should also be read in conjunction with:

- [Youth vaping | Shropshire Council](#)
- [Behaviour in Schools. Advice for headteachers and school staff.](#)
- [School suspensions and permanent exclusions: statutory guidance](#)
- [When-to-call-the-police: National Police Chief's Council Guidance-for-schools-and-colleges](#)
- [Relationships and sex education \(RSE\) and health education: Statutory Guidance](#)
- [DfE and ACPO drug advice for schools. Advice for local authorities, headteachers, school staff and governing bodies.](#)
- ASH Guidance on Vaping for schools and colleges and associated resources for schools available at: [ASH resources on youth vaping - ASH](#)

## 2. Developing A Schools' Approach

2.1 A schools' approach to students who are affected by drug, alcohol or smoking/vaping use should:

- ✓ Reflect the school setting and community needs.
- ✓ Ensure the school's approach to children and young people's welfare and dealing with incidents is outlined/referenced in relevant policies (including Behaviour and Safeguarding/Child Protection).
- ✓ Clarify to whom the approach applies: for example, all students, school staff, parents/carers/other significant family members, governors, and other organisations or visitors working for/at the school or on the school site (even when the school is not open to children).
- ✓ Clarify when and where the procedures apply. For example, during the school day, while travelling to and from school, journeys in school time, work experience, day and residential trips, outside of school hours and when the school is in loco parentis.
- ✓ Involve and consult with students, parents/carers/other significant family members and staff members during the development and/or review of the approach. To support this, it is suggested a task and finish group is established who will be responsible for developing and consulting on the policy with all the key stakeholders involved in the school community.

2.2 The school approach should:

- ✓ Indicate the first concern in managing a drug, alcohol or smoking/vaping incident is meeting the health and pastoral needs of the child. Use **professional curiosity** to identify what may be going on in the student's life and don't make assumptions (see Appendix A). Consider if there are safeguarding concerns and balancing this with the health and safety of the school community in general.
- ✓ Include a statement that it is inappropriate and unacceptable to bring any illicit or illegal drug or substance (including alcohol, nicotine or vaping produce) or over the counter medicines (unless under the medications in school policy) into school, have them on their person, consume them during the school day and any school planned excursions.
- ✓ define the terms clearly and include references to medicines, volatile substances, alcohol, tobacco, illegal drugs, other unauthorised substances, and novel psychoactive substances (legal highs).
- ✓ Outline how incidents will be managed, including the investigation process and what sanctions may be applied in case of an incident.
- ✓ Reference the management of prescribed medication during the day.
- ✓ Specify the named member of staff who will oversee and co-ordinate drug, substance and alcohol incidents within the school including their role and responsibilities.

- ✓ Describe the school's policy on dealing with drug paraphernalia and suspected illegal and unauthorised drugs, alcohol, tobacco or vaping products, including storage, disposals, and safety guidance for staff.
- ✓ Make clear the school's policy on searches, including personal searches and searches of school and student property (which should be in line with [Searching, screening and confiscation in schools: Government Guidance](#)).
- ✓ Outline procedures for managing parents/carers/other significant family members/other significant family members or other visitors (including contractors) under the influence of drugs and alcohol on school property.
- ✓ Confirm the criteria for when police will become involved, consulted, or actively involved in an incident, and what action is expected.
- ✓ Outline the mechanism for addressing the wider needs of the student, how they will be made aware of the support available to them and their family.
- ✓ Describe how parents/carers/other significant family members will be informed of the incident.
- ✓ State the agreed criteria for involving external agencies in the incident and list the partner agencies.

### **3. Implementation.**

3.1 Schools should ensure that all staff, students, parents/carers/other significant family members, and governors are aware of the school approach.

3.2 A member of staff should be responsible for the day-to-day management and co-ordination of drug and alcohol incident. They should be familiar with all local services that support young people and what the referral processes so they can support a young person and their family.

3.3 Keeping records of all incidents helps to find common themes or trends and can be reviewed regularly to see if anything new is emerging, either in the type of substance or the context of the incidents.

3.4 All incidents should be investigated thoroughly before any decision is made on the form of action the school will take. Schools need to consider a contextual safeguarding approach to the investigation, accessing support from the Local Authority to enable a multi-agency response (see appendix/flow chart Appendix B)

3.6 Staff training is advisable, further support can be accessed via the [Leap into Learning: Log in to the site \(learningpool.com\)](#)

### **4. Managing a drug related incident.**

4.1 School procedures should have due regard to relevant advice and guidance as outlined in policy context section above.

4.2 School procedures should be clear about how it will manage students who are intoxicated or suspected to be in possession of illegal and illicit substances on school premises. The school may also want to consider how it will manage any information

about drug, alcohol smoking or vaping use outside of school hours  
[Behaviour and discipline in schools guidance for governing bodies.pdf](#)

4.3 In the event of a drug, alcohol tobacco or vaping incident in school, it is important the student is supported in the first instance. Children should not be subject to a suspension or exclusion from school for drug or alcohol, tobacco, or vaping use, unless it is associated with other disruptive or potentially illegal behaviour which justifies this. Permanent exclusion should only be used as a last resort.

4.4 Where an incident does come to the attention of the local authorities or police, statutory intervention will be offered by Youth Justice Services who will work with the school to address inclusion and risk management. For further info access [West Mercia Youth Justice Service](#).

4.5 Where parallel criminal proceedings are underway, the school should not postpone taking a decision on a suspension or permanent exclusion. Statutory guidance states the headteacher needs to take the decision based on the evidence available to them at the time [Suspension and permanent exclusion guidance September 2023 \(publishing.service.gov.uk\)](#).

4.6 Following any incidents or concerns about problematic drug and alcohol use, the [SMARTER](#) screening tool should be used either at the time or, if intoxicated, as soon as after the event is possible. Completion of this tool will indicate when specialist drug and/or alcohol advice should be sought for a young person and enable the identification of risk factors; to inform the school pastoral response.

4.7 If the student declines to give consent for further support following completion of the SMART screening tool, the staff member can tick the 'meet and greet' box to request a drug and alcohol practitioner meet the student if they still have concerns about the student's substance use. The service has found a 'meet and greet' conversation can allay concerns the student might have.

4.8 If a student is known to the local authority's children's services, it is recommended the details of the incident is shared with the named social worker as soon as is possible or any other practitioner that is working with the student.

#### Tobacco or vaping incidents

4.9 Following any incidents or concerns about tobacco or vaping use, consideration should be given to accessing further advice or enable the student to obtain support from the [School Nursing Service](#).

## **5. What to do in an emergency.**

5.1 Any excess consumption of any drug or substance (including over the counter medications) can result in an overdose.

Signs of overdose: -

- ❖ Drowsiness, loss of co-ordination and collapse
- ❖ Altered breathing or breathing difficulty.
- ❖ Mood changes, including excitability, aggression, or depression.
- ❖ Pale, cold, and clammy skin.
- ❖ Nausea or vomiting
- ❖ seizures
- ❖ abdominal pain
- ❖ evidence of poisons, containers, smells, etc.

5.2 In a medical emergency call an ambulance and tell the crew everything you know about the drugs/substances/alcohol taken, including the quantity if known. Please give any drugs found to the ambulance crew as this will help identify and respond to the emergency. The [FRANK](#) website has further information on dealing with an emergency.

5.3 Where a situation requires first aid or medical assistance this should be dealt with immediately as per the school's usual policy and procedures. The NHS recommends [Use the Right Service](#).

## 6. Drug Incidents and Police.

6.1 The School Designated Safeguarding Lead (DSL) or appropriate Deputy Designated Safeguarding Lead (DDSL) appropriate is expected to liaise with the police as required to agree a shared approach to dealing with any incidents involving illegal activity. The [NPCC When-to-call-the-police--guidance-for-schools-and-colleges](#) should be referred to.

6.2. The police will not normally need to be involved in incidents involving legal drugs, but schools may wish to inform [trading standards](#) or police about the inappropriate sale or supply of tobacco, alcohol, or volatile substances to students in the area. If the incident involves a prescribed drug that is controlled (for example an opiate-based drug such as tramadol), then the same procedures for illegal drugs should be followed. For incidents involving vaping; schools should refer to the Shropshire Position Statement on vaping amongst children and young people available at [Youth Vaping | Shropshire Council](#).

6.3. If an unknown substance is suspected to be an **Illegal or controlled drugs (including Novel Psychoactive Substances NPS and potential synthetic opioids)**, schools must have a procedure for disposing of the substance in place with the police and this process is outlined in their school policy. The Local Drug Information System (LDIS) uses the Professional Information Network (PIN) to gather intelligence on local drug market activity and raise awareness of any potential threats in the County. If you have an incident, please complete the Drug Alert Form (Appendix C) as far as possible and email to: [drugalerts@shropshire.gov.uk](mailto:drugalerts@shropshire.gov.uk)



## **TIP: Process for safe storage of a suspected controlled drug.**

- Ensure that a second adult witness is present throughout.
- Follow your own health and safety policy for handling unknown substances, wear appropriate PPE. Seal the substance in a plastic bag and record details of the substance found, date, time and who the witness is, present.
- Store it in a secure location, such as a safe or other lockable container with access limited to senior members of staff. **Do NOT dispose of the substance.** Notify the police immediately who will collect it and then store or dispose of it in line with locally agreed protocols. The law does not require a school to inform the police of the name of the pupil(s) from whom the drugs were taken. The school should decide their position on this in advance to ensure consistency of approach.
- Record full details of the incident, including the police incident reference number if they are involved.
- Inform parents/carers/other significant family members, unless this is not in the best interests of the student.
- Identify any safeguarding concerns and respond appropriately.
- If there is a significant seizure of a suspected illegal substance, schools should inform the police at an early stage; and take steps to minimise handling to aid future forensic investigations.

## **7. Safeguarding and confidentiality**

7.2 Schools are a useful source of support for young people, and it is important the limitation of confidentiality is understood by all staff (teaching and non-teaching) in respect of their duty to safeguard and promote the welfare of the young person and others.

7.3 All staff should be familiar with the [Information sharing advice for safeguarding practitioners - GOV.UK \(www.gov.uk\)](http://www.gov.uk).

7.4 It is good practice to explain to a young person before or during a disclosure the duty to share and encourage them to give informed consent. Where consent is not given the Data Protection Act 2018 allows personal information to be shared if there is an overriding public interest to do so, or the Crime and Disorder Act 1998 allows the sharing of information without consent if it to prevent crime and disorder.

7.5 If a decision to share confidential information is made without the young person's consent, a written record should be kept of the reasons for breaching the student's confidentiality and the concerns that led to the sharing of information.

## 8. Contextual Safeguarding

8.1 Contextual safeguarding is an approach that recognises and responds to the harm that can occur to young people outside of the familial home. As children transition from childhood to adolescence, they spend increasingly more time socialising independently. Children of all ages can be at risk of harm in the online world; particularly when unsupervised/unmonitored. The experiences and the relationships young people form outside of the family home (whether online or in person) can be both positive and negative.

8.2 The relationships children have with others outside of the family home set social norms that can influence the choices young people make. The theory behind a contextual safeguarding approach is that if children form relationships that are characterised by unsafe social norms, such as violence and anti-social behaviour, then they will adopt problematic social norms as a way of surviving within those relationships. If, however, a child develops relationships in safe protective online, community settings and schools, they will form safe and protective relationships with others.

8.3 Understanding contextual issues when there has been an incident in school is important as the student's behaviour may be linked to wider environmental factors in the student's life, for example bullying, abuse or exploitation (criminal and sexual). The Contextual Safeguarding Network have produced [a school assessment toolkit](#) to support schools, promote a safe school environment involving the whole school community.

## 9. Definitions

9.1 The definition of a drug given by the United Nations office on Drugs and Crime is: "A substance people take to change the way they feel, think or behave." For the purposes of this toolkit drug are defined as:

- ❖ all illegal drugs (those controlled by the [Misuse of Drugs Act 1971](#)).
- ❖ all legal substances, including **alcohol, tobacco, volatile substances** (those giving off a gas or vapour which can be inhaled),
- ❖ all over the counter and prescription medicines that have not been prescribed to the person taking them.

9.2 Drug Paraphernalia refers to items that can be used in the consumption of drug and substance use, such as cannabis grinders, rolling papers, filters, matches, lighters, and pipes etc.

## 10. Screening and Assessing Vulnerable Students at Risk of Substance Use and Related Harm.

10.1 Substance use in young people rarely occurs in isolation and is often symptomatic of wider problems including other risky behaviours. An important

guiding principle for dealing with incidents is young people are likely to have a range of needs that should be addressed holistically.

10.2 Some young people are particularly vulnerable to using drugs and alcohol, those with poor mental and emotional health, young offenders, those living in homes with domestic abuse or parental substance use and those experiencing child exploitation. It is important young people at risk of drug and alcohol use receive targeted interventions.

10.3 The [SMARTER](#) screening tool can be used with any student staff believe is suspect is involved in substance use and, with consent, a referral made to We Are With You (see section 6). Parents /Carers do not need to be informed of this if the student does not wish them to, however, it is better if they are informed of the concerns and involved with the action taken. Teachers, support staff and young people's substance use workers should encourage young people to involve their parents/carers/other significant family members at the earliest opportunity.

10.4 Commonly in Shropshire secondary schools one or more of the situations below will result in the need for a student to be screened:

- ❖ Student's drug or alcohol use is significantly affecting performance at school, work, or home.
- ❖ Drug or alcohol use is causing problems such as conflict at school.
- ❖ They feel under unwanted pressure to use drugs or are being [coerced to use or obtain drugs for others](#).
- ❖ The student is involved in the organised or habitual supply of drugs to others.
- ❖ The student falls into an identified vulnerable group or is experiencing one or more of several risk factors (e.g., lack of parental or peer support, being looked after, other risk behaviours such as risky sexual behaviour, emotional or behavioural problems)
- ❖ The student's drug or alcohol use is 'out of control.'
- ❖ The student's health is suffering because of their drug or/and alcohol use, or their life could be at risk.
- ❖ The student could be at risk of violence from others if their drug or/and alcohol use continues.
- ❖ The student has an earlier history of problematic drug or/and alcohol use (or their families)
- ❖ The student is using any Class A drugs or injecting any non-prescribed drugs.
- ❖ Other staff or students could be exposed to significant danger.
- ❖ The student's (or someone else's) drug or/and alcohol use is affecting their behaviour and/or emotional health.

10.5 Staff will also take into consideration:

whether the student's use is a one-off incident or longer-term use of a drug or alcohol

- ❖ The quantity of the drug or alcohol involved.
- ❖ The student's motivation in disclosing their use to you.

- ❖ The young person's knowledge and attitude to their own or others' safety.
- ❖ How the drug or/and alcohol is being used.
- ❖ Where the incident appears on a scale from 'possession of a small quantity' to 'persistent supply for profit.'

10.6 Not every instance of drug or alcohol use will place a young person at risk of significant harm. The Toolkit will help staff assess the seriousness of the substance use and the actual or likelihood of immediate or probable future risk and harm, so that a referral can be made to the Young Peoples Substance Treatment Service.

10.7 It is important that staff know how to assess the likelihood of significant harm to a young person (or others) because of their involvement with drugs and/ or alcohol and how best to help them to access other services (see Appendix D). If you have any concerns a student has been exploited or any other safeguarding concerns, you can ring COMPASS on **03456 789 021**. Shropshire Council has [a suite of Early Help tools](#) to help teachers and practitioners identify concerns and make an appropriate referral for service.

## 11. Drug, Alcohol and Vaping Education

11.1 Schools must adhere to the requirements relating to drugs, alcohol and tobacco education as outlined in statutory guidance: [Relationships and sex education \(RSE\) and health education - GOV.UK \(www.gov.uk\)](#). Evidence based educational tools should be used to teach children about the facts, laws, risks and consequences associated with alcohol and other drug use (including smoking and vaping). Children should learn how to manage influences and pressure, and keep themselves healthy and safe. Examples of such tools include those made available by the [PSHE Association](#).

### TIP: At Key Stage 1-2 (Primary)

- ✓ Students learn about the difference between a medicine to help people stay healthy and the rules about keeping safe around medicines and other household products.
- ✓ Students learn that that caffeine, cigarettes, e-cigarettes/vaping and alcohol can affect people's health.
- ✓ Students learn the facts about legal and illegal harmful substances and associated risks, including smoking (as well as vaping), alcohol use and drug-taking.
- ✓ Students learn the reasons why people use drugs (situations and peer influence) and how messages about drugs, alcohol and vaping in the media exist and can influence opinions and decisions.

### TIP: At Key Stage 3

- ✓ Students learn about the effects and risks of drugs, alcohol and vaping and the laws relating to drug possession, the sale of alcohol and vapes to children.
- ✓ Learn skills to manage risks and resist pressure from peers and others.
- ✓ Develop skills to make healthy lifestyle choices.
- ✓ Learn where they can get help.

**TIP: At Key Stage 4**

- ✓ Students build on their previous knowledge and learn more about the effects of drugs, alcohol and smoking/vaping use on friends, family, community, and society.
- ✓ Programme should clarify knowledge and understanding through debates and discussions considering the consequences of use.

11.2 It is recognised that inviting external agencies into a school is a useful and informative part of the students learning, but equally for visits to be successful there needs to be shared understanding about the nature and content of the sessions and they should complement the wider curriculum. Schools may wish to refer to the “Teacher Guidance: Using ‘visitors’ in the classroom to support teaching about substances” section of PSHE Association [Drug and alcohol education](#) .

11.3 It is recommended schools use the following measures when inviting external agencies into school to deliver on this curriculum:

- ✓ negotiate content with the visitor to take account of class needs and ensure relevance.
- ✓ ensure that visitors have a clear understanding about the aims and goals of the session and understand the school’s approach to drug, alcohol, and vaping.
- ✓ brief visitors on any sensitivities within the student group including drug, alcohol and vaping use by students or their families – as well as any broader needs within the group.
- ✓ Where visitors are used that the content of the session is linked back to the broader drug, alcohol and vaping education delivered within PSHE.
- ✓ Always be present when a visitor is in the class and be ready to be an active participant in these sessions.
- ✓ follow up any unresolved issues and, whenever needed, extend the learning begun by the visitor, in a later lesson.
- ✓ be alert to any distress caused or concerns raised in the session and ensure appropriate support is given or available after the session.

**TIP: Do**

- ✓ use a whole school approach to create a positive environment and relationships between students, the school, and the local community.
- ✓ Consider aligning drug and alcohol education to other related topics that can contribute to protective factors:
  - Heathy Lifestyles and health related decisions
  - Managing risks and personal safety
  - Mental Health and emotional well-being
  - Forming and maintaining positive relationships
- ✓ Ensure resources are age appropriate.
- ✓ Challenge myths and stereotypes using data and other evidence.
- ✓ Share positive social norms.

## **TIP: Don't**

- ✓ Use shock or fear arousal tactics. For some students this may be too close to home or may inspire thrill-seeking behaviour for students who are attracted to danger or new experiences.
- ✓ Use external visitors in isolation; this includes ex-service users and police. The former as their experience can unintentionally glamourise substance use and draw attention away from the types and patterns on use that may be more relevant to the students. Similarly, whilst local police have a part in supporting the prevention agenda the evidence base finds single session police input to be ineffective.
- ✓ Refer to 'addicts' or 'addiction' as this is stigmatising. Use language such as problematic use and dependency. When challenging stigma teachers should use the clinical diagnosis of substance use disorder that includes:
  - A strong internal drive to use substances.
  - Ability to control use is impaired.
  - Increasing priority is given to use over other activities.
  - Use of substances persists despite harm or negative consequences.
  - Experiences are often accompanied by a subjective sensation of urge or craving to use the drug.
  - Physiological features of dependence may also be present including: -
    - Tolerance to the effects of the drug
    - Withdrawal symptoms following cessation or reduction in the use of the drug.
    - Repeated use of the drug or pharmacologically similar substances to prevent or alleviate withdrawal symptoms (adapted from the DSM-5).

## **12 Student affected by someone else's drug or alcohol use.**

12.1 The school approach should apply the Safeguarding Children affected by someone's drug and alcohol use guidance and tools available at [Substance misuse tools and pathways](#) .

### Professional Curiosity

#### Professional curiosity is

- A combination of looking, listening, asking direct questions, checking out and reflecting on information received.
- Testing out your professional hypothesis and not making assumptions.
- Triangulating information from different sources to gain a better understanding of individuals.
- Obtaining multiple sources of information and not accepting a single set of details you are given at face value.
- Having an awareness of your own personal bias and how that affects how you see those you are working with.
- Being respectfully nosy.

### LOOK:LISTEN:ASK:CHECK OUT

#### LOOK

- Is there anything about what you see when you interface with this student which prompts questions or makes you feel uneasy?
- Are you observing any behaviour which is unusual for them/ out of character?
- Does what you see support or contradict what you're being told?

#### LISTEN

- Are you being told anything which needs further clarification?
- Are you concerned about what you hear students say to each other?
- Is a peer trying to tell you something but is finding it difficult to express themselves?

If so, how can you help them to do so?

#### ASK

Are there direct questions you could ask when you meet this student which will provide more information about the vulnerability of individual?

Here are some examples - How do you spend a typical day? – How do you feel today? - Do you feel safe in school – Do you feel safe at home? Do you feel safe in the community? - What do you look forward to? - Why are you not at lesson?

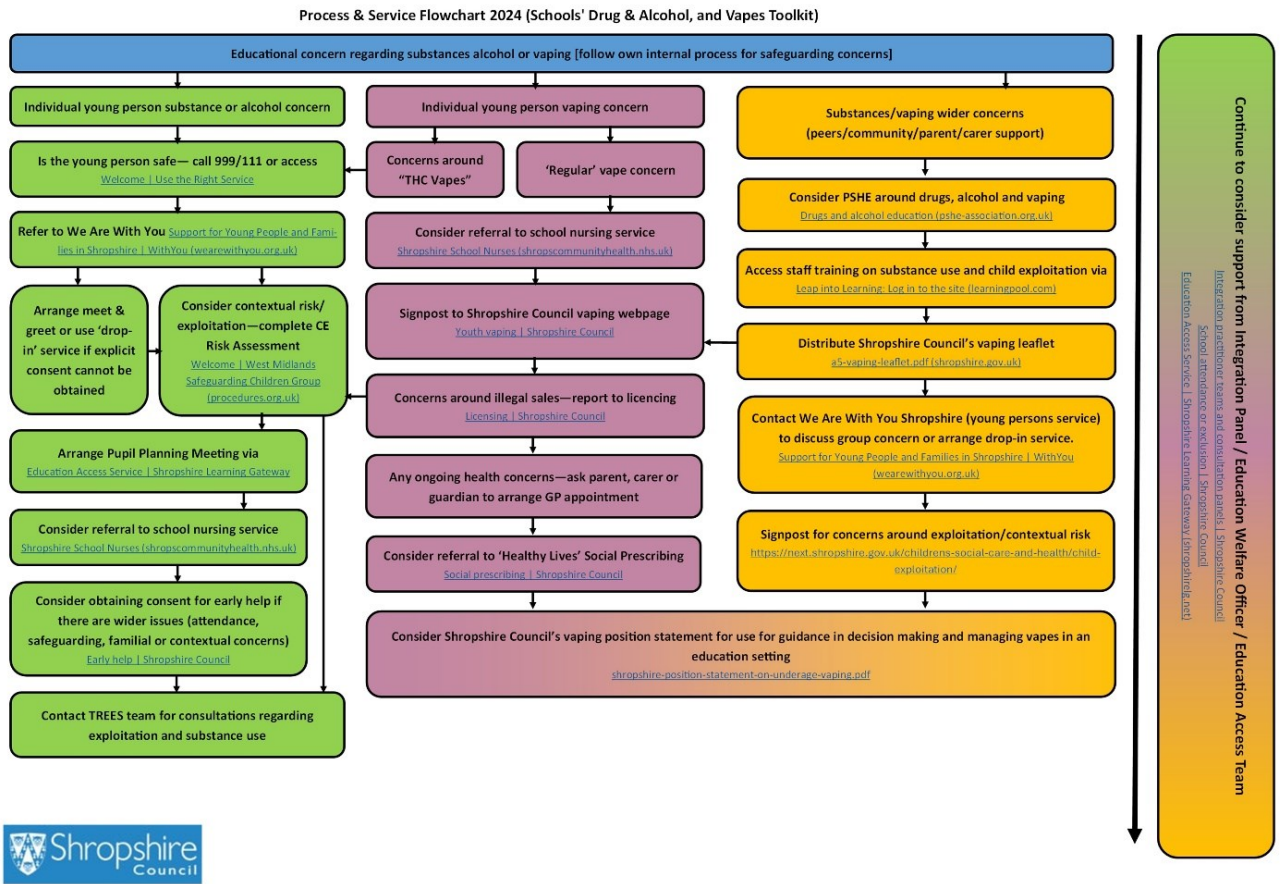
#### CHECK OUT

Are other professionals involved?

Have other professionals seen the same as you?

- Are professionals being told the same or different things?
- Are others concerned? If so, what action has been taken so far and is there anything else which should or could be done by you or anyone else.

## Process and Service Flowchart 2024





## Drug Alert Form

Please complete as much of the form as possible and return to [drugalerts@shropshire.gov.uk](mailto:drugalerts@shropshire.gov.uk)

<b>Your Contact Details:</b> If appropriate role and service	
<b>Location where incident occurred:</b> geographical area and location if known (ie, home, street, nightclub, hostel, hospital)	
<b>Name of drug:</b> if known, indicate if brand name on packet, street name, chemical name etc.	
<b>Route of administration:</b> how was the drug taken? (Tick or highlight if known)  Smoked <input type="checkbox"/> Swallowed <input type="checkbox"/> Sniffed <input type="checkbox"/> Injected <input type="checkbox"/>  If Injected? IV <input type="checkbox"/> IM <input type="checkbox"/> Skin Pop <input type="checkbox"/>  Other: Please specify:	
<b>Effect of drug:</b> the effect of drug as described to you	
<b>How was this effect different from what expected?</b> (eg, lasted longer, was more potent)	
<b>Polydrug use?</b> Was the drug used with any other drugs or alcohol?  No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown <input type="checkbox"/>  If 'Yes' please list others.	
<b>Dosage:</b> how much was taken; if more than one type of drug please list amount for each	
<b>Cost:</b> please specify if price is for weight, per bag, pill etc.	<b>Appearance of drug:</b> (i.e., white powder, pill) If available, please attach photograph (next to coin for scale)
<b>Concern:</b> please indicate concern (i.e., adverse effect, altered behaviour, violence, overdose)	
<b>Did the incident involve a hospital admission?</b>	If known please specify which hospital, when this occurred, whether still ongoing?

### Support Services

#### Local Support

Young People's Substance Use Service provided by With You

Providing psychosocial and emotional support for young people using substances.

[Support for Young People and Families in Shropshire | WithYou \(wearewithyou.org.uk\)](http://wearewithyou.org.uk)

Young Carers [Young Carers Service Shropshire | Crossroads Together](#)

Service for young people aged 18 years and under who have caring responsibilities including parents/carers/other significant family members who use substances.

#### Bee U Emotional Health and Wellbeing

Provides emotional wellbeing and mental health service for children and young people (0-25) in Shropshire., Telford and Wrekin.

[BeeU :: Midlands Partnership University NHS Foundation Trust \(mpft.nhs.uk\)](http://mpft.nhs.uk)

#### Child Exploitation

Shropshire Safeguarding Partnership [Child Exploitation - Shropshire Safeguarding Partnership \(safeguardingshropshireschildren.org.uk\)](http://safeguardingshropshireschildren.org.uk)

Professionals Learning Briefing: [Criminal Exploitation and County Lines](#)

Shropshire School Nurses. [Shropshire School Nurses \(shropscommunityhealth.nhs.uk\)](http://shropscommunityhealth.nhs.uk)

#### National Support

Alateen is a resource for teenage relatives affected by a family members problematic drinking <https://www.al-anonuk.org.uk/alateen/>

Alateen information for staff <https://www.al-anonuk.org.uk/teachers/>

National helpline and online chat function from We are With You [Home - With You \(wearewithyou.org.uk\)](http://wearewithyou.org.uk)

[Talk to Frank](#)

## **Additional Useful Resources:**

### **Guidance**

Alcohol Interventions in secondary schools and further education colleges

<https://www.nice.org.uk/guidance/ng135>

### **Drug and Alcohol Education Support**

In the Public Health England review, [\*The International Evidence base on drug and alcohol prevention\*](#) cites school interventions, including programmes to improve the school environment

### **PSHE Association**

Resource packs developed in conjunction with Public Health England (PHE) to support the national curriculum Key Stage 1 to Key Stage 4 for drug and alcohol education. The packs include lesson plans for each key stage, evidence review as well as a full teaching guide.

[KS1 –KS4 Lesson Plans](#)

[Police in the classroom \(pshe-association.org.uk\)](#)

[Vaping Year 9 Lesson Pack](#)

[ASH resources on youth vaping - ASH](#)

**Alcohol Education Trust** supplies [free resources](#) to schools and youth services to support young people aged 11-25 years of age to make informed choices. Their web site also has a [parent's / carers area](#)

**Child Centred Policing** [CYP police in the classroom handbook.pdf \(hubspotusercontent00.net\)](#)

### **European Drug Prevention Quality Standards: A Quick Guide**

[https://www.emcdda.europa.eu/system/files/publications/792/TD0113424ENN\\_451473.pdf](https://www.emcdda.europa.eu/system/files/publications/792/TD0113424ENN_451473.pdf)

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[Contextual Safeguarding Network](#) – provides a range of resources, with a member's site that provides further information on interventions to create safer places within the community and school environment.

Contextual Safeguarding Network – [Schools | Contextual Safeguarding](#)

TED talk by Dr Carlene Firmin [Rewriting the rules of child protection](#). Interesting talk on how the schools and communities can keep people safe.

### **Signs of Safety and contextual safeguarding**

[Signs of Safety and Contextual Safeguarding | Contextual Safeguarding](#)

### **Adverse Childhood Experiences**

[Understanding trauma and adversity | Resources | Young Minds](#)

A-Trauma-Informed-Schools-Relationship-Policy.pdf (trevithick.cornwall.sch.uk)