



Substance Abuse Policy

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This policy has been written and implemented in accordance with the School's dedication to its Christian values. These are underpinned in the Stopfordian ethos and the message and example of Jesus Christ.

Context

The purpose of the school **substance abuse** 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 drug education programme
- enable staff to manage drugs 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
- manage drug related incidents in a way that safeguards and upholds the rights of the child as embodied in UN Convention and Human Rights Act

Aims and Objectives of Substance Misuse Education

- The school condones neither the misuse of illegal substances, nor legal drugs, including alcohol, tobacco and prescribed or over the counter medication.
- The school is committed to the health and safety of its pupils and will take action to safeguard their well-being.
- The school acknowledges the importance of its pastoral role in the welfare of young people, and through the general ethos of the school, will seek to persuade pupils in need of support to come forward.

As part of its care for the welfare of its pupils, the school believes it has a duty to inform and educate young people on the consequences of substance use and misuse. The school takes a pro-active stance on this matter, believing that health education is a vital part of the Personal and Social Education of every student.

Fundamental to Bishop Stopford's school's values and practice is the principle of sharing the responsibility for education of young people with parents/carers and governors by keeping them informed and involved at all times. Effective communication and co-operation is essential to the successful implementation of this policy.

Educational Aims

We believe and support the following educational aims in respect of our substance use and misuse education programme:

- to enable students to make healthy, informed choices by increasing knowledge, challenging attitudes and developing and practising skills;
- to provide accurate information about substances;
- to increase understanding about the implications and possible consequences of use and misuse;
- to encourage an understanding for those experiencing or likely to experience substance use;
- to widen understanding about related health and social issues, e.g. sex and sexuality, crime, HIV and AIDS;
- to seek to minimise the risks that users and potential users face;
- to enable young people to identify sources of appropriate personal support.

These aims are fulfilled through aspects of the students' experiences in the taught curriculum, the informal curriculum and through opportunities for extra-curricular activities. We deliver in the taught curriculum mainly through Citizenship, Science and English areas, but other opportunities to reinforce learning will occur in other parts of the teaching programme. The school actively cooperates with other agencies such as Youth and Community Police, LEA and Health Promotion to deliver its commitment to Drugs Education and to deal with incidents of substance use and misuse. Visitors who support the school will be informed of the values held within this policy.

Content Headings for a Drug Education Programme

As part of a broader, integrated, PSHE curriculum, in line with National Curriculum 2000 PSHE Framework and in line with DfES guidance, the following headings are used to ensure a comprehensive programme of Substance Misuse Education.

Every student in years 7 – 11 will follow this programme and thus develop knowledge, skills and attitudes. In years 12 – 13 Drug Education is taught through the tutorial programme.

Substance Misuse Education Programme Content

- School rules procedures relating to all substances.
- Information about legal and illegal drugs, their effects and associated health risks. Different categories of drugs.
- Attitudes and beliefs about drugs and drug users.
- Identifying and assessing risks to health.
- Decision making and assertiveness in drug related situations.
- The law relating to drugs. Legal responsibilities and rights.
- Services provided by local and national advice and support agencies.
- Communicating with peers, parents and professionals. Giving and securing help if needed.
- Individuals' responsibility for their actions, their own and others safety.

It is expected that a wide variety of teaching approaches will be used to deliver this programme. These approaches will be consistent with the aims of the PSHE programme and will ensure a balanced programme which enhances knowledge, skills and attitudes.

Early Intervention and Targeted Prevention

In addition to the above the school may provide early intervention programmes and /or targeted prevention strategies for identified groups of young people. These programmes will probably be carried out in consultation and collaboration with a variety of outside agencies including LA, PSHE Team – Drugs Adviser, Police, **Safer Schools Officers** (SSO's), Youth Offending Team (YOT).

The school will endeavour to identify students who have drug related needs. The process of identifying needs will aim to distinguish those who require additional information and education, those who could benefit from targeted prevention, and those who require a more detailed assessment of their needs. Students might require additional support if, for example:

- their knowledge about drugs is low
- they rely upon frequent use of drugs
- their drug use is affecting performance at school
- their drug use is causing problems such as conflict at home
- they feel under pressure to use drugs
- they fall into an identified vulnerable group or are experiencing one or number of risk factors □
their (or someone else's) drug use is impacting on their behaviour and/or emotional health.
- they live in a household where their parent / carer or other household member misuses drugs.

In addition to the drug education they receive through the curriculum (see above), early intervention and support may involve any or all of the following:

- providing targeted information and advice in relation to specific drugs, perhaps in small groups or on a one-to-one basis
- developing self-esteem
- developing skills such as strategies for seeking support
- increasing their motivation to address their drug use
- facilitating access to activities of interest to them (such as youth clubs, extra-curricular activities and external provision as part of youth service provision) or vocational training, if appropriate

Storage and Handling of Medication

See Appendix 1 edits form : *Medicines for Children and Young People* (Department of Health/DfES, 2004)

Substance Related Incidents

School staff need to bear in mind that the word 'drug' covers a wide range of substances including medicines (prescription and over the counter medicines), solvents, alcohol, tobacco and illegal drugs. Incidents are likely to involve suspicions, observations, disclosures or discoveries of situations involving any substance or where possession or use of a substance may be the underlying cause of the incident.

They could fit into the following categories:

- drugs or associated paraphernalia are found on school premises;
- a student demonstrates, perhaps through actions or play, an inappropriate level of knowledge of drugs for their age;
- a student demonstrates sudden attitude and behaviour changes with falling academic attainment;
- a student is persistently late in the mornings which **may be** due to persistent substance misuse each evening;
- a student is found in possession of drugs or associated paraphernalia;
- a student shows a marked change of behaviour after lunch;
- **a student** is caught handing out prescription painkillers to a friend;
- a student is found to be supplying drugs on school premises;
- a student, parent/carer 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 student discloses that they or a family member/friend are misusing drugs.

Establishing the Nature of Incidents

A range of factors may be relevant and need exploring to determine the seriousness of the incident, the needs of those involved and the most appropriate response. For example:

- what does the student 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 student's motivation?
- is the student knowledgeable and careful or reckless as to their own or others' safety and how was the drug being used?
- what are the student's home circumstances?
- does the student know and understand the school policy and school rules?
- where does the incident appear on a scale from 'recreational / medicinal use possession of a small quantity' to 'persistent supply for profit'?

If supply of illegal drugs is suspected, how much was supplied, and was the student coerced into the supply role, or is there evidence that they have been involved in organised or habitual supply?

A Range of Responses

Any response must balance the needs of the individual with those of the wider school community, and aim to provide students with the opportunity to learn from their mistakes and develop as individuals. The needs of students in relation to drugs may come to light other than via an incident, for example, through the pastoral system. School staff will develop a range of responses in line with local guidance and consider all the factors before determining their response. Given that drug problems rarely occur in isolation, the school will take into account the needs of the student rather than focus solely on drugs. Some possible responses include early intervention and targeted prevention, referral, counselling, behaviour support plans, pastoral support. This may involve liaison with a range of services to explore what support (if any) is needed.

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

- the seriousness of the incident;
- the identified needs of the student 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).

Dealing with Substance Related Incidents

In order to support our aims and objectives, members of staff will on occasion need to take action with regard to a substance related incident.

In certain instances immediate action is required and staff will be expected to follow the procedures below.

Emergency

This situation is one where a person has lost consciousness as a result of drug use or has gone into a coma through overdosing.

- (a) Summon/call staff with first aid qualifications / Telephone 999 for an ambulance.
- (b) Do not panic or leave the person alone.
- (c) Place the person in the recovery position.
- (d) Inform senior member of staff / telephone parents/carers.

- (e) Effort should be made to determine which substance has been used. Evidence, e.g. tablets, bottles, syringes etc should be gathered. This may help hospital staff identify what substance has been consumed. Samples of any vomited material may also be needed. Seize items, seal in property evidence bag for security and preservation. (see also Collecting Evidence)

Intoxication

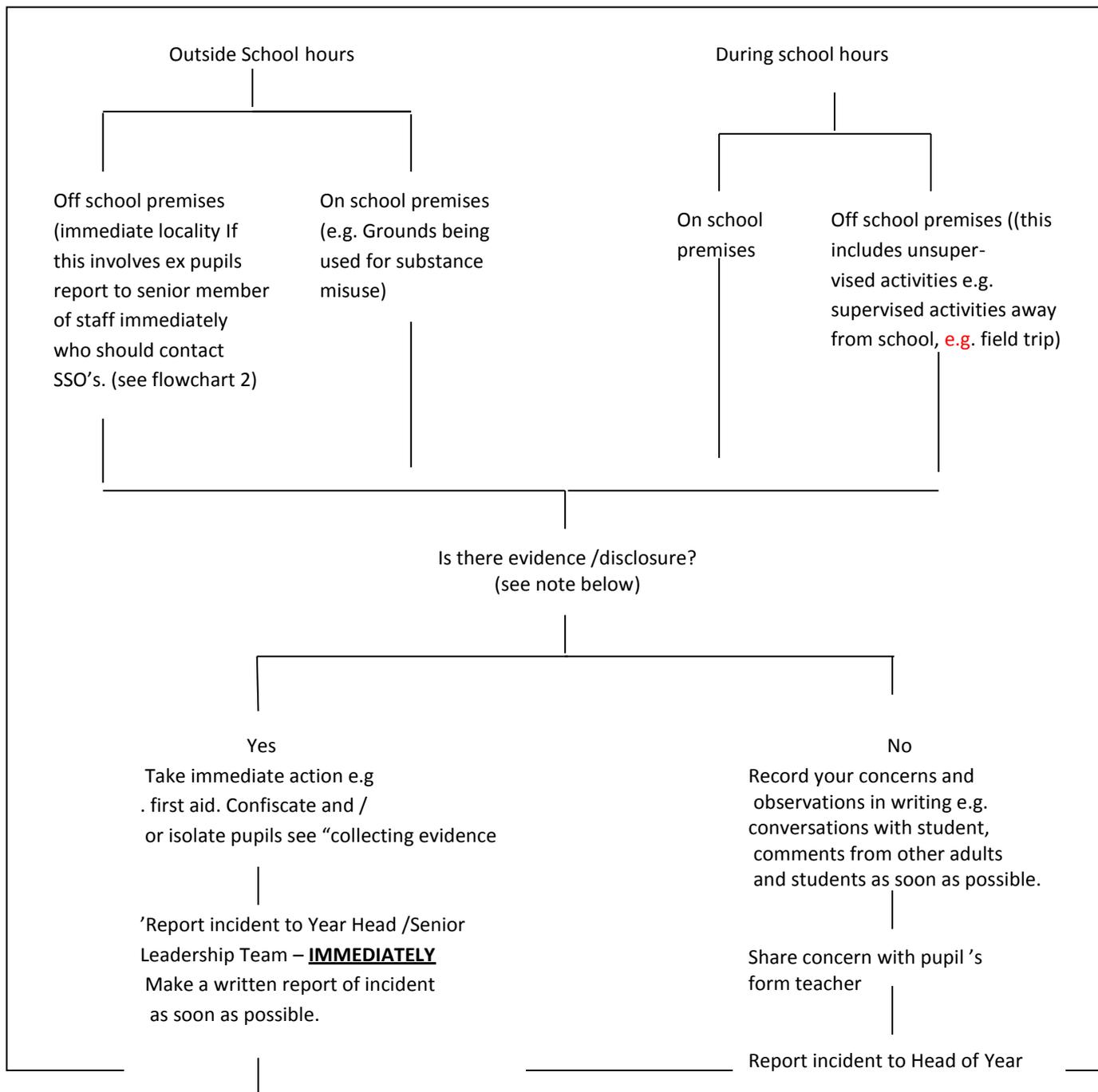
It is difficult to talk to a person who is intoxicated or 'high' and in such a situation it is important to keep the person under observation so they do not wander off and get into dangerous situations. If a person is intoxicated but conscious do the following:

- (a) Sit them down in a quiet room or area.
- (b) Ensure good ventilation – open a window.
- (c) Remain calm, do not shout or issue threats.
- (d) Help calm them down if they are distressed.
- (e) First aid should be administered if necessary.
- (f) Call help if necessary.
- (g) Telephone parents/carers.

The action to be taken by ANY MEMBER OF STAFF in a drug related incident which is not an emergency is shown on the following diagram – FLOWCHART 1

FLOWCHART 2 IS A SUGGESTED PROCEDURE FOR THE SENIOR DESIGNATED MEMBER OF STAFF.

FLOWCHART 1 - Action to be taken by all members of staff re substance related incident



Disclosure: This situation is one in which a student discloses to a member of staff that he/she has been using drugs. The member of staff must bear in mind the likely desire of the student for total confidentiality and should react positively to this expression of trust. However, it is important to make clear to the student that confidentiality may not be possible. The needs of the student and school community will be paramount.

FLOWCHART 2 - Action to be Taken by Nominated Senior Teacher

Receive Report of Incident

Incident involves supply / dealing

other incident

Enquire into facts. Try to identify source and accuracy of information. Enquiries should be made by nominated Contact SSO's **IMMEDIATELY** teacher and another senior member of staff. **DO NOT INVESTIGATE** Notes should be taken. As a result of these enquires

Further. Collect evidence is there evidence of possession, paraphernalia or (see notes page 10 & 11), make notes other related incident?

No

Yes – Consider

Consider notes of interview • Informing parents /Carers if appropriate • advising EWO/YOT 's informing parents Keep talking to SSO's for information re possible

Make decision officially to involve SSO's for Consider proceedingser informing

appropriate resolution.

Yes

Not at this stage

available for

advice the action.

discipline policy.[NB. The fact that certain behaviour could devise a plan of action. Police can offer as to appropriate legal action. It should be noted that any delay may reduce options

line with

Make a record of incident and action taken

discipline policy.[NB. The fact that certain behaviour could

Contact No.s Safer Schools Team Enfield Police Station Baker Street. EN1 3EU 0208 345 1159

Enfield Borough Police Control Room 020 83454421

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Specific Issues

It is not realistic to guarantee complete confidentiality for a student who may have been involved in a substance related incident. The school staff will consider carefully the student's best interest when notifying parents or carers.

The student should always be told what information is going to be passed on, and to whom, and the consequences e.g. if the police are informed this could lead to criminal proceedings

If there is a risk of harm to the student or other people, teachers are obliged to inform one of the Designated Teachers for Child Protection.

If the law is being broken, the Nominated Senior Teacher is to be informed.

Pastoral Care and Support for Students at Risk

If a student becomes ill, medical or nursing staff need to know about all factors that may be relevant, including any suspicions of drug taking.

Where a student has been identified by the staff as having experimented with drugs or as being at risk of doing so, he or she will be offered appropriate counselling and support within the school's general arrangements for the pastoral care of its students. The school has a responsibility to support the needs of vulnerable students.

Schools have no legal obligation to inform police about an incident that amounts to a criminal offence, and identifying a student as the offender, which may lead to that student being criminalised. In such circumstances schools have to strike a balance between the needs of that student and the needs of the whole school and wider community. However it should be remembered that SSCO's and other agencies have a variety of ways of resolving such incidents and supporting the young person.

- Police – SSO – Restorative justice
Pastoral care strategies
One to one
Home visits
- YOT Screening and assessment referral
Support to access appropriate help
- LA – Drug Adviser Early intervention projects
Support to vulnerable young people
- Education Welfare Service

The school will aim to be aware of the range of specialist agencies, support and counselling services available in the area which may be in a position to support an at risk student.

When a crime is actually occurring or immediate danger is present, when police response is required urgently then the 999 system must be used.

If the incident is of a less urgent nature but a police response is still required then Enfield Borough Police Control Room 020 8345 4421 will be contacted. An officer will be dispatched to report and investigate the matter fully.

Recording of Incidents and Collecting Evidence

Recording of Incidents

The School will make a full record of every incident. Storage of sensitive information about students or staff should be secure and should accord with the requirements of the Data Protection Act 1998. The School is aware that records, including notes of any discussions with students, may be used in any subsequent court proceedings. Notes should include the time, date, place and people present, as well as what was said.

Schools should consider carefully whether the incident is to be recorded on the child's record. It is the responsibility of the Nominated Senior Teacher to notify the parents/carers concerned that it will be recorded on the child's record.

An anonymous record of the total of substance related incidents should be kept centrally by each school, and is the responsibility of the Nominated Senior Teacher. This is a means of keeping track of the number of incidents occurring. The School understands that any information passed to the LA PSHE team will be used for statistical purposes only.

Collecting Evidence

If a young person is discovered to be using or holding a substance that is not permitted on school premises or is thought to be illegal, the substance(s) will be confiscated. It is important to have a senior colleague present to act as a witness to the confiscation and sealing of the evidence.

Where possible the substance will be placed in a property evidence bag and kept in a safe place. If there is any doubt about the legality of the substance then the police, via the Youth and Safer School Officers and/or Edmonton Police Station will be contacted. They can be called to remove a suspected illicit substance and organize its destruction; this is permitted under the 'Misuse of Drugs Act', 1971.

The school will decide any further action to be taken in line with the procedures given and in accordance with particular set of circumstances pertaining.

Staff should not act on the basis of rumours of drugs within the school. If there is a suspicion, evidence should be collected over a period before a decision is made to confront a young person or group about concerns over drug use. Drug users cannot be spotted from physical or behavioural signs alone; many physical and behavioural changes may have more to do with adolescent growth than with substance use.

The law permits school staff to take possession of a substance suspected of being a controlled drug for the purposes of protecting a student from harm and committing the offence of possession. The substance should be handed to the police who will be able to identify if it is an illegal drug; school staff should not attempt to analyze or taste an unidentified substance. Where students are suspected of concealing illegal drugs, every effort should first be made to secure the voluntary production of any unlawful substances by, for example, asking them to turn out their pockets/open their bags. In the event that voluntary agreement is withheld a member of staff can search school

property in the company of a witness. If a teacher judges that the student is concealing a substance that is likely to be a controlled drug, they should warn the student that they may need to arrange to have the student searched. In this event, a member of the Senior Leadership team will be called and will warn the student that it may be necessary for the student to be searched. Every attempt will be made to ensure the co-operation of the student (e.g. asking him/her to empty pockets etc). Any teacher who decides that it is necessary to search a student must be careful to ensure that there is no opportunity for allegations of assault or improper conduct to arise, and therefore a witness should always be in attendance. If the student refuses to cooperate, the student will be warned that the police may be called.

School staff must consider carefully whether the students is able to understand what is being asked of them and able to respond appropriately if they are suspected of being intoxicated for example or where there may be speech, language or other communication difficulties. In these instances the student should not be spoken to until they are fit and / or an appropriate adult can interpret.

Dealing with the Media

When faced with media interest, it is important that the school seeks advice from the LA press officer. When the Police are involved their press office will also be informed and will liaise with the LA press office and school. It will be important to make clear that procedures outlined in the School Policy and adopted by the Governing Body are being followed. The Headteacher should not go into any details before contacting the Chair of Governors and parents/carers.

Working with Outside Agencies

Outside agencies will at various times be involved in the school with regard to substance misuse. The following guidelines will be followed:

- Visits by outside agencies will be co-ordinated by the Nominated Senior Teacher, or where part of PSHE curriculum by PSHE co-ordinator, who will inform the Nominated Senior Teacher.
- Outside agencies working in schools should be sent a copy of the school policy, and expected to follow school procedures.
- Outside agencies will be invited to have an input in the school curriculum provided that the input is educationally sound and supports the educational aims as described in this policy.

Appendix 1 - Storage and Handling of Medication

Taken from *Medicines for Children and Young People* (Department of Health/DfES, 2004)

Storage and Handling of Medication

Medicines should only be taken to school when essential, that is where it would be detrimental to a child's health if the medicine were not administered during the **school 'day'**.

Particular attention must be paid to the safe storage, handling and disposal of medicine and health and safety training for staff should include guidance in appropriate procedures.

Some medicines may be harmful to anyone for whom they are not prescribed. In these cases there is a duty to ensure that the risks to the health of others are properly controlled. This duty derives from the Control of Substances Hazardous to Health Regulations 1994 (COSHH).

Schools should only accept medicines that have been prescribed by a doctor, dentist, nurse prescriber or pharmacist prescriber. Medicines should always be provided in the original container as dispensed by a pharmacist and include the prescriber's instructions for administration.

Schools should never accept medicines that have been taken out of the container as originally dispensed nor make changes to dosages on parental instructions.

It is helpful, where clinically appropriate, if medicines are prescribed in dose frequencies which enable it to be taken outside school hours. Parents could be encouraged to ask the prescriber about this. It is to be noted that medicines that need to be taken three times a day could be taken in the morning, after school hours and at bedtime.

The Medicines Standard of the National Service Framework (NSF) for Children¹ recommends that a range of options are explored including:

- Prescribers consider the use of medicines which need to be administered only once or twice a day (where appropriate) for children and young people so that they can be taken outside school hours

- Prescribers consider providing two prescriptions, where appropriate and practicable, for a child's medicine: one for home and one for use in the school or setting, avoiding the need for repackaging or **re-labelling** of medicines by parents

Controlled Drugs

The supply, possession and administration of some medicines are controlled by the Misuse of Drugs Act and its associated regulations. Some may be prescribed as medication for use by children, e.g. methylphenidate.

Any member of staff may administer a controlled drug to the child for whom it has been prescribed. Staff administering medicine should do so in accordance with the prescriber's instructions.

A child who has been prescribed a controlled drug may legally have it in their possession. It is permissible for schools to look after a controlled drug, where it is agreed that it will be administered to the child for whom it has been prescribed.

Schools should keep controlled drugs in a locked non-portable container and only named staff should have access. A record should be kept for audit and safety purposes.

A controlled drug, as with all medicines, should be returned to the parent when no longer required to arrange for safe disposal (by returning the unwanted supply to the local pharmacy). If this is not possible, it should be returned to the dispensing pharmacist (details should be on the label).

¹ *National Service Framework for Children and Young People and Maternity Services: Medicines for Children and*

Young People (Department of Health/DfES, 2004)

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Misuse of a controlled drug, such as passing it to another child for use, is an offence. Schools should have a policy in place for dealing with drug misuse.².

Pupils with medical needs should know where their medicines are stored and who holds the key. Staff should also know this.

However, some medication must be readily available in an emergency, e.g. Asthma inhalers, and should not be locked away. (Many schools allow pupils to carry their own inhalers and this approach, where appropriate, is encouraged by the LA). Schools may need to make special access arrangements for emergency medication. However, it is important to try to ensure that medicines are only accessible to those for whom they are prescribed.

Some medicines may need to be refrigerated. They can be kept in a refrigerator containing food but should be kept in an airtight container, clearly labelled. Access to the refrigerator should be restricted where possible.

If a pupil is allowed to carry and administer their own medication consideration needs to be taken about the safety of other pupils. A clear agreement must be made with the pupil and a parental consent form completed.

Hygiene and infection precautions would be included in training given to staff volunteering to administer medication. Staff should have access to protective disposable gloves and receive guidance on care when dealing with spillages of blood and other body fluids and disposing of dressings or equipment.

Non Prescription Medication

Staff should **never** give a non-prescribed medicine to a child unless there is specific prior written permission from the parents.

There is no legal or contractual duty on most school staff to administer medicine or supervise a pupil taking it. This is a voluntary role although some support staff may have specific duties to provide medical assistance as part of their contract. However, it is acknowledged that all staff use their best endeavours for pupils at all times, particularly in emergencies.

A child under 16 should never be given aspirin or medicines containing ibuprofen unless prescribed by a doctor.

Refusal to take medication

If a child refuses to take medicine, staff should not force them to do so, but should note this in the records and follow agreed procedures. The procedures may either be set out in the policy or in an individual child's health care plan. Parents should be informed of the refusal on the same day. If a refusal to take medicines results in an emergency, the school's emergency procedures should be followed.

² *Drugs: Guidance for Schools (DfES/0092/2004)*

Appendix 2 - Summary of Relevant Laws

The Misuse of Drugs Act 1971 (amended in January 2004)			
	Class A	Class B	Class C

Principal drugs included	Opium Heroin/methadone Cocaine/Crack cocaine LSD Ecstasy Magic mushrooms (processed)** Class B drugs prepared for injection Methamphetamine (commonly known as “Crystal Meth”)	Amphetamines Barbiturates Cannabis resin Cannabis herb and spice Codeine Ritalin Mephedrone (MCAT) and other cathinone. Naphyrone, a stimulant drug closely related to the cathinone family, and often marketed as NRG-1. Methoxetamine, as well as a new group of synthetic cannabinoids including 'Black Mamba'. Ketamine	Anabolic steroids Benzodiazepines (minor tranquillisers e.g. temazepam). GHB (gamma-hydroxy butyrate) Some stimulant, anti-depressant and anti-obesity Medicines. GBL Khat, a herbal stimulant. NBOMe and related compounds Bzp and related piperazines (often seen as an alternative for ecstasy)
Maximum penalty for possession	7 years and/or a fine	5 years and/or a fine	2 years and/or a fine
Maximum penalty for trafficking, supply or production	Life imprisonment and a fine	14 years and/or a fine	14 years and/or a fine

Many of the “legal highs” are currently being reviewed subject to parliamentary agreement and are under the temporary Class Drugs Order.

Definition of Classes

Class A has the most severe penalties (seven years and/or unlimited fine for possession; life and/or fine for production or trafficking). This class includes the more potent of the opioid painkillers, hallucinogens, such as LSD and ecstasy, and cocaine.

Class B has lower maximum penalties for possession (five years and/or fine) and includes cannabis, less potent opioids, other synthetic stimulants and sedatives. Trafficking can result in up to 14 years in prison, an unlimited fine, or both. Any Class B drug prepared for injection counts as Class A. **Class**

C has the lowest penalties (up to two years and/or fine) for possession, but for trafficking the penalties are now the same as for Class B drugs. The classification includes tranquillisers, some less potent stimulants, ketamine and dextropropoxyphene, a mild opioid analgesic.

Offences under the Misuse of Drugs Act

Possession, possession with intent to supply another person a controlled drug, supplying another person a controlled drug. The law does not differentiate between supplying/giving drugs to friends and supplying for profit. Supplying drug paraphernalia, production, cultivation or manufacture of controlled drugs, allowing premises you occupy or manage to be used for the supply, production or cultivation of a controlled drug, also, to allow premises to be used for the smoking of cannabis or opium and the preparation of opium.

The Law on Cannabis

Cannabis (resin and herb and spice) is a Class B drug with penalties for supply and possession. First time possession in England and Wales would probably result in a warning. The retained power of arrest may not be used in all circumstances of cannabis possession. Each case will be judged on its own merit. However, youth offenders will continue to be dealt with through the Crime and Disorder Act, which requires offenders to be dealt with at the police station. In practice, this means that persons aged 17 years or under who are in possession of cannabis for personal use will be arrested. They will then be dealt with through the Youth Justice System with options of a reprimand, final warning, and then a charge.

The Medicines Act 1968

The Medicines Act divides medicines into three categories: restricted medicines or prescription-only medicines, pharmacy medicines, which can be sold without a prescription but only by a pharmacist (also called over-the-counter medicines) general sales medicines, which can be sold without a prescription by any shop.

Tobacco laws

Under section 7 of the Children and Young Persons Act 1933 (as amended by the Children and Young Persons (Protection from Tobacco) Act 1991) it is an offence for a vendor to sell tobacco products to anyone under the age of 16.. Children under age 16 who purchase tobacco products are not themselves committing an offence. However, police have the power to confiscate tobacco products from under-16s who are found smoking in a public place.

Alcohol laws

It is an offence under the Children and Young Persons Act 1933 to give alcohol to any child under the age of 5. Children over 5 can legally consume alcohol in a private environment, although police have powers to confiscate alcohol from under-18s who are drinking in a public place. Children aged over 14 or over may enter the bar area of licensed premises. It is illegal for the staff of licensed premises to knowingly sell alcohol to anyone under the age of 18 or allow them to consume alcohol in the bar area of their premises. It is also an offence for a child to buy or attempt to buy alcohol on licensed premises. It is illegal for an adult to purchase alcohol on behalf of a person under 18. However, an exception allows young people aged 16 and 17 accompanied by an adult to consume beer, porter, and cider with a meal on licensed premises. At present it is lawful for children over the age of 14 to purchase or be supplied with alcohol in registered members clubs (such as ex-services, working men's and sports clubs). Changes to the law on alcohol as set out in the Licensing Act 2003 are unlikely to be brought into force before May 2005.

Laws Relating to Volatile Substances

In England and Wales it is an offence to sell solvent products to any person under 18 if the retailer has reason to suspect that the substances will be misused.

The Road Traffic Act 1988

It is an offence to be in charge of a motor vehicle while 'unfit to drive through drink or drugs'. This includes alcohol, illegal drugs, prescribed medicines and solvents. The legal limit for alcohol levels in the blood while driving is 80 mg of alcohol per 100 ml of blood.

Responsibility for Children

School staff have a legal duty of care towards pupils in their care. This is interpreted in case law as the duty to act as a careful parent would. This duty of care is interpreted as a duty to exercise adequate supervision, which will depend on the maturity and age of the pupils involved, whether they are affected by a disability, and the precise circumstances. Supervision could mean giving adequate advice and instructions rather than constantly watching a pupil, although some activities, for example, while on school trips, may require greater supervision.