

# Substance Misuse: Children and Young People

National Assembly for Wales Circular No: 17/02

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Replaces: **Welsh Office Circular 54/95 -  
Drug Misuse: Prevention and Schools**

Guidance  
Circular



**Social  
Inclusion**



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Welsh Assembly Government



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## WELSH ASSEMBLY GOVERNMENT CIRCULAR

### Substance Misuse: Children and Young People

**Audience:** Organisations in the statutory, voluntary and independent sectors that offer educational opportunities to children and young people under the age of 18.

**Overview:** This document replaces Welsh Office Circular 54/95 Drug Misuse:

Prevention and Schools issued in October 1995. The new document provides guidance to schools, colleges and all youth settings whether statutory, voluntary or independent.

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**Related Documents:** Tackling Substance Misuse in Wales: A Partnership Approach. National Assembly for Wales, April 2000.



## SUMMARY

*Tackling Substance Misuse in Wales* published by the National Assembly for Wales in April 2000 sets the agenda for action on substance misuse up to 2008. One of the main aims of this strategy is to help children and young people resist substance misuse. This document provides good practice guidance for organisations in the statutory, voluntary and independent sectors that offer educational opportunities to children and young people. The key points raised within this document are:

- The need for effective policy within organisations to address substance misuse issues.
- Organisations should recognise the need for a co-ordinated approach to substance misuse and designate a member of staff to that role.
- Incidents involving children and young people and substances require appropriate and consistent responses within the wider educational environment.
- Continuing education programmes, which emphasise life skill approaches within a whole organisation context, can have an impact on substance misuse.
- The infrastructure, which supports the implementation of *Tackling Substance Misuse in Wales*, has a role in supporting organisations that provide educational opportunities for children and young people.
- The wide range of substances, both legal and illegal that are misused in Wales are included within this guidance e.g. tobacco, alcohol, illegal drugs, prescription only medicines, over the counter medicines and volatile substances.
- Misuse of substances is a common feature of the lives of a significant proportion of children and young people.
- There is an increasing volume of evidence about effective substance misuse prevention which guides best practice.



# CONTENTS

## PARAGRAPH NUMBER

### INTRODUCTION

### PART 1: THE NATURE AND EXTENT OF THE PROBLEM IN CHILDREN AND YOUNG PEOPLE IN WALES

Smoking	1.2
Alcohol	1.3
Illicit substances	1.6
Solvents	1.7

### PART 2: DEVELOPING AND MAINTAINING EFFECTIVE POLICY

Why have a policy	2.1
Building blocks of policy	2.6
Developing effective policy	2.16

### PART 3: GOOD PRACTICE IN SUBSTANCE MISUSE EDUCATION

When to educate	3.1
What to include	3.2
Knowledge framework	3.5
Attitudes and values	3.6
Skills	3.7
Youth Work	3.8
Approaches	3.9
Who are the educators	3.13
Which materials	3.17
Developing a programme	3.19
Monitoring and evaluation	3.23

### PART 4: MANAGING SUBSTANCE RELATED INCIDENTS

What is a substance misuse related incident	4.6
Dealing with an incident involving children and young people	4.7
Role boundaries	4.10
Incident check list	4.13
Interview check list	4.14
Incidents involving adults	4.15
Incidents involving staff	4.16
Recording incidents	4.17
Linked procedures	4.18
Litter disposal	4.19
Following up an incident	4.22

## PART 5: ADDITIONAL INFORMATION

DAAT contacts	5.1
Source material	5.2
Teaching resources	5.3
Useful websites	5.4
The law relating to substance misuse, children and young people	5.5
Police Drug Prevention Officers	5.6
Glossary	5.7

## INTRODUCTION

1. The Strategy for substance misuse in Wales ‘*Tackling Substance Misuse in Wales: A Partnership Approach*’ published in 2000 states that ‘substance misuse in Wales is a complex, dynamic and multifaceted problem. It involves both illegal and legal substances and its effects are far reaching’. The Strategy runs for the period up to 2008 and lays out key tasks for all sectors of society, some of which will require single organisations or agencies to act, but many require partnerships. The Strategy and this guidance document cover the wide range of substances, both legal and illegal that are misused in Wales e.g. tobacco, alcohol, illegal drugs, prescription only medicines, over the counter medicines and volatile substances.

*Further Information: Tackling Substance Misuse in Wales: A Partnership Approach. National Assembly for Wales . 2000. ISBN 0 7504 2438 9*

2. One of the main aims of this Wales Strategy is to help children and young people resist substance misuse in order to achieve their full potential in society. Action in support of this aim is the responsibility of many organisations that impact on the lives of children and young people. The ‘Strategic Prevention Action Plan for Wales’ is concerned with a collective effort to reduce substance misuse and provides detailed action plans and guidance for prevention activity at national, local, community, family and individual levels. This document provides good practice guidance for organisations in the statutory, voluntary and independent sectors that offer educational opportunities to children and young people. The guidance has been widely consulted upon between October and December 2001.

*Further information: ‘A Strategic Prevention Action Plan for Drugs and Alcohol in Wales. Welsh Drug and Alcohol Unit and Welsh Office.*

3. Effective substance misuse education enables children and young people to make responsible well-informed choices about their lives. It should not be delivered in isolation, this reflects the approach within the Personal and Social Education Framework for Wales which underpins this guidance.

4. Partnerships, which support the provision of educational opportunities for children and young people, will be supported by the structures created to implement the Substance Misuse Strategy. In Wales there are five Drug and Alcohol Action Teams( DAATs) currently coinciding with Health Authority boundaries. The DAATs link together the Local Action Teams (LATs) which are based within each Local Authority in Wales. These 22 LATs each have local plans and strategies to deliver the components of the National Strategy, this includes work with children and young people.

5. Many schools have made good progress in addressing the issue of substance misuse following the publication of Welsh Office Circular 54/95-Drug Misuse: Prevention and Schools. This new circular replaces 54/95 and provides up to date information and guidance for people who work within organisations in the statutory, voluntary and independent sectors who offer educational opportunities to children and young people. The purpose is to inform good practice in delivering education programmes, managing substance misuse related incidents and developing effective policy.



# PART 1: SUBSTANCE MISUSE: The Nature and Extent of the Problem in Children and Young People in Wales

## Key Points:

1. The misuse of substances is a common feature of the lives of a significant proportion of children and young people.
2. Smoking cigarettes causes the most harm to children and young people.
3. The trend in alcohol consumption by children and young people has been upwards since 1986, there is evidence for a small decline in frequent drinking since 1996.
4. Surveys carried out in the last decade indicate a general upward trend in substance misuse.
5. Specific groups of children and young people may be at greater risk of misusing substances.

1. The misuse of substances is a common feature of the lives of a significant proportion of children and young people.

## Smoking

2. Smoking cigarettes causes the most harm to children and young people. Half the children and young people who now smoke will die prematurely from smoking related diseases. Regular (weekly) smoking rose sharply between 1986 and 1996. However, recent data suggest that weekly smoking has stabilised among girls and fallen among boys. Smoking behaviour is measured on the responses to one question on whether they have ever smoked tobacco and a second question on their current smoking habits.

## Experimentation with Smoking

3. Between 1986 and 1996 the proportion of boys, aged 15-16, reporting experimenting with tobacco increased, this proportion has fallen from 69% to 60% between 1996 and 2000. An increasing proportion of girls, aged 15-16, continue to experiment reaching 74% in 2000.

	1986	1996	2000
Girls 15-16 years	65	73	74
Boys 15-16 years	62	69	60

## Regular Smokers

4. The proportion of young people reporting smoking at least weekly rose between 1986 and 2000. The most recent surveys suggest that the prevalence of regular smoking has stabilised and in older boys has fallen.

	1986	1996	2000
Girls 15-16 years	20%	29%	29%
Boys 15-16 years	16%	23%	20%

## Alcohol

5. Alcohol is widely used by children and young people, figures from surveys indicate that for older pupils, weekly drinking and reported drunkenness increased between 1986 and 1996. The HBSC survey suggests a reversal of the trend among boys; for girls the proportions have fluctuated since 1996. Alcohol use by children and young people is measured on the basis of regular (at least) weekly drinking and the number of reported drunkenness on four or more occasions.

## Regular Drinking

6. There has been a decrease in the number of 11-12 year olds drinking since 1986. However in 15-16 year olds drinking has increased 1986-1996 then there is evidence of a small reduction in drinking between 1996 and 2000.

	1986	1996	2000
Girls 15-16 years	38%	54%	50%
Boys 15-16 years	49%	65%	58%

## Drunkenness

7. The numbers of girls reporting having been drunk on four or more occasions increased between 1986 and 2000. Boys reporting drunkenness has decreased since 1996.

	1986	1996	2000
Girls 15-16 years	24%	43%	44%
Boys 15-16 years	38%	53%	45%

*For further information and detail on these statistics: Young People in Wales: Findings from the Health Behaviour of School-Aged Children (HBSC) 1996-2000. Roberts et al. National Assembly for Wales, March 2002.*

8. There has been a moderate increase in drinking amongst 18-24 year olds measured between 1988 and 1996. This is most noticeable in young women where 24% are now drinking above sensible limits.

*Young People in Wales: Lifestyle Changes 1986-1996. Health Promotion Wales. Technical Report 24.1997.*

*REMINDER: There is little risk for adult men who drink no more than 3-4 units a day or for women who drink 2-3 units a day, but these limits may be too high for a younger person. The most damaging way to drink is to 'binge' or drink a lot in one session. The following normal pub measures each contain one unit of alcohol: one small glass of wine, half a pint of ordinary strength beer, cider or lager, one single measure of spirits. Alcoholic lemonades and colas are widely available.*

They are easy to drink but in fact they are often stronger than ordinary beer or lager.

For further information: the Files, National Assembly for Wales. See Part 5.

## Illicit Substances (Including Volatile Substances)

9. Overall there has been an increase in the numbers of 15 to 16 year old young people ever having used and currently using illicit substances during the 1990s, such that the proportions reporting drug use in 1998 were almost double those recorded in 1990. There is evidence to suggest a small reversal of this trend between 1996 and 1998 although further data will be required to assess whether this fall is a real one. Cannabis is by far the most common drug used by young people with 38% boys and 34% girls having experimented with the substance. Around 15% of girls and boys have experimented with amphetamine, nitrites or volatile substances.

### 10. Percentage Ever Having Used (Lifetime Use) Illicit Drugs

	1990	1994	1998
Girls 15-16 years	20%	40%	41%
Boys 15-16 years	24%	40%	42%

### 11. Percentage Having Used One or More Drugs in the Last Month (Current Use)

The most frequently used substance is cannabis with 20% of both sexes using during the last month. A small percentage (between 3% and 7%) has used amphetamine, nitrites or glue.

	1990	1994	1998
Girls 15-16 years	10%	23%	22%
Boys 15-16 years	12%	24%	23%

For further information and detail on these statistics: *Young People in Wales: Findings from the Health Behaviour of School-Aged Children (HBSC) 1996-2000*. Roberts et al. National Assembly for Wales March 2002.

## Solvents

12. St George's Hospital Medical School, London, is monitoring deaths resulting from the misuse of volatile substances (VSA) across Wales and England. The latest report published in July 2001 show an upward trend in deaths since 1997. However it is difficult to predict trends with small numbers and fluctuating figures.

- In 1997 there was 1 death from VSA in Wales, 3 deaths in 1998 and 7 in 1999.

## Vulnerable Children and Young People

**13.** Certain children and young people may be more at risk of substance misuse than others. The National Assembly for Wales circular on Pupil Support and Social Inclusion, which focuses on children who have behavioural difficulties or become disaffected, suggests these children may become engaged in substance and alcohol misuse and other forms of risk taking behaviour, such as smoking and early sexual activity. Children looked after by local authorities face particular difficulties. Research shows that Looked After Children are more likely to be exposed to substance misuse than are other young people. At the same time, they are much more likely to be excluded from school than their peers, which itself might be a contributory factor. Looked after children's health needs are greater, yet they do not have the same access to health care as other young people - they may not be registered with a GP and they may have pronounced mental health and health promotion needs which often go unmet. The National Assembly for Wales has published guidance on The Education of Looked After Children (Circular 2/2001) which should be read in conjunction with this guidance.

*For further information: Pupil Support and Social Inclusion. National Assembly for Wales Circular 3/99 (Amended April 2001) and The Education of Looked After Children. Circular 2/2001. National Assembly for Wales.*

## PART 2: DEVELOPING AND MAINTAINING POLICY FOR SUBSTANCE MISUSE

### Key Points:

1. Well written policy is a prerequisite for good practice.
2. Policy should include both the education and management of incidents components of substance misuse.
3. Policy demonstrates the organisation's approach to substance misuse.
4. Organisations should ensure that responsibility, for co-ordinating substance misuse policy and its implementation, is allocated to appropriate trained and experienced staff.
5. Effective policies are produced when the people affected by the policy are involved in the process.
6. Policies must be evaluated and subject to regular review.
7. Policy statements in relation to substance misuse should be consistent with other policies of the organisation.
8. Policy should include advice on dealing with the media.
9. Format and presentation should make the policy accessible to all potential users.
10. Use examples of good practice when drawing up policy documents.
11. Policy implementation will require training and awareness raising.

### Why Have a Policy Relating to Substance Misuse?

1. *Tackling Substance Misuse in Wales: A Partnership Approach*. Sets out two key tasks in relation to policy.
  - Ensure that all schools have policies on the management of incidents of substance misuse, which take into account the broad interests and welfare of individual pupils and of the school as a community.
  - Ensure that youth organisations have a prevention policy statement, policies on the management of incidents of substance misuse and engage in prevention activity, which reflects national good practice prevention guidelines.
2. It is generally agreed that well written policy is a prerequisite for good practice in organisations. In England reports by OFSTED show that 60% of Primary schools and 30% of secondary schools did not have a written policy that defined their drug education. 70% of primary schools and 25% of secondary schools had no clear policy for dealing with substance misuse related incidents. This report states that lack of policy can lead to schools moving too quickly to exclusion. There is no reason to suspect that the situation is significantly different in Wales. Research in relation to policies about smoking has suggested that 'the measure is desirable, not only because of its potential to enhance the impact of other interventions but also because the absence of policies in schools may convey the

hidden message that smoking is acceptable, thereby undermining classroom activity.’

3. Written policy clarifies what must be done by whom and in which circumstances. This includes clear lines of accountability and identifies responsible individuals.
4. Policy should include both the education and management of incidents components of substance misuse. The education policy should cover an outline of what will be taught with agreed methodologies including the resources to be used. Managing incidents policy statements should clarify who does what and when ideally as a flow chart or poster which is on display within the organisation. Many local authorities and /or Local Action Teams have produced guidance documents, which will help organisations develop policy.
5. Policy demonstrates the organisations approach to substance misuse, which will support partnership work with other organisations and links with the wider community. The organisation can use the policy as an opportunity to highlight its commitment to health e.g. a health promoting school or organisation.

### **What are the Building Blocks of Effective Policy?**

6. The basic building blocks of policy are:
  - A system of co-ordination across the organisation.
  - A rationale in relation to substance misuse.
  - A defined range of the substances included.
  - A system for evaluation and review.
  - An outline of substance misuse education
  - Procedures for dealing with substance misuse related incidents.
  - Guidance on when other agencies should be involved.
  - A statement about confidentiality.
  - The boundaries of the environment covered by policy.
  - Advice on dealing with the media.

The following paragraphs 7-15 expand on each of these points.

7. Effective policy should be co-ordinated within organisations by staff who have the delegated authority and responsibility to manage substance misuse issues. The suggested co-ordination roles are:
  - Oversee formulation and review of the policy
  - Implement monitoring systems
  - Ensure evaluation takes place

- Co-ordinate the components of substance misuse education
- Manage substance misuse related incidents
- Co-ordinate links with external agencies
- Liaise with other local organisations
- Keep up to date on substance misuse issues.

**8.** The rationale should express the approach and attitude to substance misuse held by the organisation.

**9.** Definitions of the range of substances covered by the policy.

- Tobacco
- Alcohol
- Over the counter medicines
- Prescription only medicines such as anabolic steroids and benzodiazepines
- Illegal substances such as heroin, cocaine, ecstasy, amphetamines, LSD, cannabis
- Volatile substances such as aerosol propellants, butane, solvents and glues

*Further Information: For details of individual substances refer to Drug Education: Handbook for Teachers and Youthworkers written by Graham T. Davies and Richard Pates. National Assembly for Wales .2000.*

**10.** Organisations should be clear about the environment, which is covered by their procedures. This is especially important when schools/ youth clubs etc have trips to other places. The procedures applicable on the premises of organisation/school should be the procedures that apply throughout.

**11.** A clearly expressed method for evaluation and review. This should include who is going to carry out any action and at what frequency. Clear objectives for action as part of the policy should enable evaluation questions to be answered e.g.

- Has the level of knowledge or the attitudes /values of the children and young people changed?
- How many incidents were there last year?
- What were the outcomes of the incidents?

Review of policies should be carried out at regular intervals, this ensures that the content is up to date and workable.

**12.** Detail of what is to be covered, when, how and by whom in substance misuse education.

*Further Information: Part 3 of this Guidance.*

**13.** Outline procedures for the management of substance misuse related incidents and their consequences.

*Further Information: Part 4 of this Guidance.*

**14.** Statements about when and how to involve other agencies including the police, substance misuse services etc.

**15.** A statement about confidentiality. Confidentiality within a relationship means that information shared in this environment of openness should not be in the public domain. It does not need to imply secrecy. An important criterion of a confidential conversation is to agree what will happen to the information disclosed. No guarantee of confidentiality can be made, and this should be made clear at the outset. There is no general duty in criminal law to disclose information about substance misuse except under the Misuse of Drugs Act 1971 where an offence is committed if an individual allows a premises to be used for smoking cannabis or opium, or the production, supply, administration or use of controlled drugs, and nothing is done to stop it. Confidentiality may be broken against the wishes of the person confiding the information when necessary:

- Where there is a child protection issue
- Where the life of a person is at risk or there is risk of serious harm to others.

**16.** Advice on dealing with the media. Substance misuse related incidents and local concerns about substance misuse provide good copy for local media. Most organisations will have a media policy stating who can and cannot speak directly to the media. The organisation may also wish to utilise the local media to highlight the work they are doing to prevent substance misuse among children and young people, or to bring to the attention of the community the launch of a new policy or procedure. In all cases a good relationship with local reporters and radio presenters is worth building. Treat any enquiries with respect and be aware of their deadlines. In general the following points make for success in working with the media:

- Have the key facts written down in front of you.
- Do not make off the cuff remarks, ask for 10 minutes to clear your mind and write some notes.
- Try to be consistent with other commentaries, especially if they are working partners.
- Keep names and fine detail confidential.
- Show that the organisation has acted according to procedures.

- Accept the serious nature of incidents.
- Do not make comments on the action of other organisations.
- Think of the audience the information is aimed at and make it interesting for them.

## How to Develop Effective Policy

**17.** Policy should be developed in consultation with representatives of the groups the policy will affect. This may include staff, children and young people, parents/carers, partner organisations and the wider community. The Local Action Teams whose local action plans may provide useful guidance for organisations developing policy are a good reference point. The contact details for the LATs are included in Part 5.

**18.** The policy should be consistent with other policies within the organisation e.g. Personal and Social Education, Exclusion, Equal Opportunities, Health and Safety etc.

**19.** Format and presentation should make the policy accessible to all potential users. The policy should be:

- Produced in the same format as other policy documents of the organisation.
- Quote from sections of the policy when compiling other documents and reports.
- All staff and managers of an organisation and any management committee members should receive a copy of the final policy.
- Copies should be made available for children and young people and their parents/carers to use.
- Sharing of policy documents through networks such as the Local Education Authority Advisory service, DAAT etc can help good practice.

**20.** Effective policies are those that are known and understood. Within organisations this will be the case if the following groups know about the procedures within the policy and have a role in development and monitoring:

- Staff...at induction and ongoing in-service
- Volunteers
- Children and young people
- Parents/Carers
- Managers
- Outside agencies to whom the organisation refers

**21.** Policy implementation should be preceded by appropriate information and training sessions for key users. A launch event can help raise awareness; regular agenda items about substance misuse at any meetings held within the organisation will keep the issue fresh. Increasing knowledge and understanding may involve a number of actions including:

- Publication
- Training at induction and ongoing in-service
- Meetings
- Discussion
- Formal review process

## PART 3: GOOD PRACTICE IN SUBSTANCE MISUSE EDUCATION

### Key Points:

1. Effective prevention should start early.
2. Use should be made of broad life skill approaches as part of a general personal and social education programme.
3. Substance misuse education aims to empower children and young people to make responsible, well informed decisions about substances.
4. Learning outcomes for substance misuse education should include the key components of the PSE Framework. These are knowledge and understanding, attitudes and values, skill development and contexts and experiences.
5. The values underpinning substance misuse work are; respect for self and others, trust, honesty and truth, independence of mind and the right to hold individual views, fairness and justice and sensitivity to the environment.
6. Responsibility for substance misuse prevention should be identified as a role for an individual within each organisation.
7. Substance misuse education should be non-judgmental, without stereotyping or stigmatisation.
8. Children and young people need to develop the relevant skills within a safe supportive learning environment.
9. Substance misuse education has been shown to be more effective when it is part of a whole organisation approach.
10. Teachers and youth workers are best placed to deliver effective educational programmes.
11. Ongoing training is an essential component of effective substance misuse education.
12. People from organisations external to the school or youth organisation can enhance the substance misuse programme.
13. Children and young people should be involved in designing and delivering educational programmes.
14. Programmes can be enhanced by the use of materials that support good practice
15. Substance misuse education should be monitored and evaluated.
16. The DAAT can facilitate consistent messages across a range of organisations.

### When?

1. Evidence suggests that effective prevention should start early, with broad life skill approaches at primary school, which can be built on over time. Substance misuse education needs to be included in the school curriculum and into youth programmes from an early age. Children and young people need a growing breadth and depth of information throughout their school career and beyond.

The use of broad life skill approaches, as part of a general personal and social education programme, supports effective substance misuse education. A recent review of smoking prevention initiatives supports these points and concludes that the uptake of smoking is a complex process, and there is no simple way to prevent children and young people from taking up the habit. The review also suggests that programmes should be implemented before regular patterns of smoking behaviour are formed, which may involve targeting children as young as 4-8 years of age.

## What?

2. Schools and youth organisations will be seen as more credible if they take a holistic approach to substance misuse education. This is reflected within schools in the purpose of Personal and Social Education. This includes the statement ‘all the planned learning experiences and opportunities which take place not only in the classroom but also in other areas of school experience’ It is important that internal policies and practices are seen to reinforce the teaching. This is the basis for the development of the Welsh network of healthy school schemes. Local co-ordinators are now in place in all areas of Wales.

3. The Youth Work Curriculum Statement for Wales states that one of the purposes of youth work in Wales is ‘to encourage young people to develop knowledge, understanding, attitudes and values which enable them to make purposeful use of their skills, resources and time.’

4. The aim of substance misuse education is to empower children and young people to make responsible, well informed decisions about substances used and/or misused within society. Children and young people require knowledge and information about substance misuse; this information should increase in breadth and depth over time. Understanding needs to accompany the acquisition of information, which should be partnered by skill development. These components of substance misuse education must be developed through reflection, discussion and experience. Substance misuse education requires a sensitive approach matched to the particular needs and concerns of the group of children and young people involved in the programme. The learning outcomes for substance misuse education should include the key components of the PSE Framework. These are:

- Knowledge and Understanding
- Attitudes and Values
- Skill Development
- Contexts and Experiences

5. Knowledge about substances and their misuse should grow and develop throughout the educational experience of children and young people. This knowledge should be accurate, credible and up-to-date and accompanied by understanding. Application of knowledge is of key importance. The table summarises the minimum content for schools; other youth organisations may develop this Post 16. Paragraph 8 of this guidance further develops the Youth Work Curriculum. *The Personal and Social Education Framework* for Key stages 1

to 4 in Wales was produced in 2000 by the Qualifications, Curriculum and assessment Authority for Wales (ACCAC) This document clearly sets the agenda for the teaching of substance misuse across the Key Stages. The Wales National Curriculum Science Order also has clear references to substance misuse. The guidance offered by these two documents is summarised in the table below.

Key Stage	PSE Framework	Wales National Curriculum Science Order
1	Understand that medicines are taken to make them better, but that some drugs are dangerous.	Pupils should be taught about the role of drugs as medicines.
2	Know the harmful effects, both to themselves and others of tobacco, alcohol, solvents and other legal and illegal substances.	Pupils should be taught that tobacco, alcohol solvents and other drugs can have harmful effects.
3	Know the effects of and risks from use of the range of legal and illegal drugs (including alcohol and tobacco) and the laws governing their use.	Pupils should be taught that the abuse of alcohol, and other drugs affects health.
4	Know the pattern of drug use (including alcohol and tobacco) in their community and beyond and where to get help, information and advice.	Pupils should be taught the dangers of contracting HIV and hepatitis by the use of intravenous drugs.

6. Educational opportunities in relation to substance misuse should encourage children and young people to develop and explore values. The personal values that children and young people hold determine their attitude in relation to substance misuse. In turn, these attitudes and values affect the way in which children and young people behave. Children and young people may be experimenting with substances and may come from homes where parents/carers or siblings may have experience of substance misuse. Where substance misuse is prevalent in the local community, children and young people may have personal experience of the death of a member of the family or friends from substance misuse. Statistically, the impact of tobacco smoking will be greater than the impact of illicit substances. Cultural 'norms' must also be considered sensitively. The following values of PSE are consistent with the values underpinning substance misuse work:

- Respect for self and others
- Trust
- Honesty and truth
- Independence of mind and the right to hold individual views
- Fairness and justice
- Sensitivity to the environment

7. Skill development is an essential part of substance misuse education. Children and young people need to develop the relevant skills within a safe supportive learning environment. The skills are not unique to work on substance misuse, but are common to all work within PSE and fit within the wider health education and health promoting schools context. Some of the skills most relevant to substance misuse are:

- Listening
- Assertiveness, including resistance skills.
- Coping with stress
- Problem solving
- Simple First Aid
- Peer working
- Thinking skills

8. The Youth Work Curriculum Statement for Wales sets out the opportunities that should be offered by the youth service through its voluntary relationships with young people. It offers inclusive opportunities to learning, that are:

- **Educative:** enabling young people to gain skills, knowledge, understanding, attitudes and values needed to identify, advocate and pursue their rights and responsibilities as individuals and as members of groups and communities, locally, nationally, and internationally.
- **Participative:** where young people are encouraged to share responsibility and to become equal partners, fundamental to the learning processes and decision making structures which affect their own and other people's lives and environments.
- **Empowering:** encouraging and enabling young people to understand their rights and responsibilities so that they are able to act on the personal, social and political issues which affect their lives and the lives of others as responsible citizens of the communities of which they are a part.
- **Expressive:** encouraging and enabling young people to express their emotions and aspirations, through creative, sporting and challenging opportunities which raises an awareness of: -

Cultural identity  
Bilingualism and the value of ones own language  
Heritage  
Respect for diversity  
Citizenship and respect for others

These opportunities should be designed to promote equality for all.

## How?

**9.** The approaches used for substance misuse education should provide opportunities for issues to be explored as well as information to be gained. Account should be taken of:

- The knowledge children and young people already have
- What they need
- What they are able to say and do
- What responsibilities they can take
- How they feel
- What anxieties they might have

**10.** Good substance misuse education has the same characteristics as good teaching across the curriculum. It is most effective when it is part of a whole organisation approach. This includes policy statements supported by a well-resourced programme of action. Evidence from research on the effectiveness of substance misuse education shows that no single method is effective alone and multi faceted sustained approaches are more productive. The methods used should:

- Identify clear learning outcomes.
- Emphasise enquiry and investigation rather than formal presentations.
- Offer structured opportunities for discussion in pairs and groups of various sizes.
- Involve an appropriate balance of planned learning activities, including questionnaires, games, surveys, role-play, case study and discussion.
- Allow for graphic as well as written and oral responses.
- Stimulate interest and motivation without resorting to sensationalism.

**11.** Research shows that young people value approaches that provide:

- Consistent accurate information presented simply and clearly.
- Informative and accessible reading material.
- Access to peers and credible adult experts, in addition to teachers/youth workers.
- Stimulating and enjoyable tasks.
- Appropriate challenges in an atmosphere, where they feel secure enough to play a full and active part.

**12.** Evidence suggests that substance misuse education is not effective when it relies solely upon:

- Stand-alone or one off talks and sessions which are not part of a whole organisation programme.
- Fear arousing approaches. Reliance on using this approach alone has been shown to lack credibility and may at worst glamorise substance misuse. Research has shown such approaches are not effective particularly in the long term.
- Information only. Evidence shows that information approaches alone will not change behaviour. Information does have a role as part of a broader life skills approach.
- Single messages e.g. just say no. Such approaches may limit open, honest debate and discussion, which are building blocks of effective substance misuse education.

*Further information: A Strategic Prevention Action Plan for Drugs and Alcohol in Wales. Welsh Drug and Alcohol Unit.*

## Who?

**13.** Responsibility for substance misuse education lies with each organisation in the statutory, voluntary or independent sector that works with children and young people. Each organisation should ensure effective programme planning and co-ordination of the education programme. Details of the co-ordination role within policy for substance misuse can be found in Part 2. Paragraph 6 of this guidance. Within schools the PSE co-ordinator is ideally placed to manage the substance misuse curriculum.

**14.** It is essential that those people planning, co-ordinating and/or delivering substance misuse education should be well trained and confident about the subject material and competent using the interactive methodologies. Appropriate in-service training for teachers and youth workers is essential. It can be particularly valuable for teaching staff and youth workers to train alongside other professionals concerned locally with substance misuse, such as school nurses, police, health and social services personnel and staff from specialist agencies. Local action plans developed by the Local Action Teams (LATs) across Wales contain objectives, which support multi-agency working in substance misuse education. Support is available to all local authorities towards the cost of in-service training for teachers and youth workers on substance misuse. Organisations should consider in service substance misuse training as an issue for all staff. Any induction training that is offered to new staff joining an organisation may cover the approach to delivering substance misuse education within the policy for managing substance misuse.

**15.** People from organisations external to the school or youth organisation can enhance the substance misuse programme. The local arrangements for the co-ordination of action in relation to substance misuse via the Local Action Teams (LAT) and ultimately the Drug and Alcohol Action Teams (DAAT) is the starting

point. The partner organisations within the DAAT will have useful contributions to make in designing a programme, especially in relation to the local picture of substance misuse and the services and facilities available locally. The external experts may be used to consult on policy development or to increase teacher/youthworker knowledge and understanding. The development of inter agency protocols for joint working is an area of good practice. A small number of secondary schools have begun to develop good partnerships with youthworkers as part of local Youth Access initiatives.

**16.** Where people from external agencies are invited into the organisation they are ‘visitors’ and should be seen as contributing to the school/ youth organisation’s agreed programme and not replacing it. Visitors delivering substance misuse programmes should be involved in planning the whole programme and contributing their specific expertise. The following good practice guidance for the use of outside agencies is drawn from Drug Education: A Handbook for Teachers.

- Programmes are the responsibility of the organisation
- Programmes are the result of joint planning between the visitor, the children and young people and the organisation.
- Visits are not one off talks or a crisis response
- Topics should be within the expertise of the visitor
- Teachers/youthworkers remain part of the session
- Sessions are complementary to the whole programme

*Further information: Drug Education: Handbook for Teachers and Youthworkers written by Graham T. Davies and Richard Pates. National Assembly for Wales. 2000*

## Which Education Materials?

**17.** Programmes can be enhanced by the use of materials that support good practice. Materials should support the approach of the organisation and be consistent with policy. Research has suggested that the following checklist is a useful evaluation tool to use when assessing potential teaching support materials.

- Clear, underpinning beliefs and values.
- Existing awareness of substances by children and young people is identified.
- A range of activities and styles of activity offered.
- Facts given are accurate and balanced, not aiming to arouse fear.
- Recommendations for assessing if aims and objectives have been achieved.
- The materials link or refer to agreed curricula e.g. PSE/Youth work.

- Targeted at Key Stages and /or age groups.
- Flexible lesson plans that allow for different timetables and work plans.
- The material is explicit about the knowledge understanding and skills needed to deliver it.
- Acknowledgement of the roles of parents/carers and the wider community.
- Evidence of successful use within the relevant context.

**18.** A list of specific educational material and activities that support substance misuse education within Wales is included in Part 5: Additional Information.

### Who Needs to be Involved?

**19.** The development of an educational programme as outlined in preceding paragraphs has focussed on the role of the co-ordinator in engaging staff within their organisation and within the locality. There are other groups whose involvement is necessary for effective educational outcomes:

- Children and young people
- Parents/carers
- Governors, managers and leaders of organisations

**20.** Engaging children and young people in the process of drawing up a programme is an uncommon but desirable practice. Involving children and young people in the development of programmes that affect them is part of the National Assembly for Wales stated goals within the report 'Extending Entitlement'. This report states that 'Experience has shown that information services meet young people's needs most effectively when young people are themselves involved in both the design and the delivery of the services'.

**21.** Parental involvement can enhance substance misuse education. The challenge for schools and youth organisations is how to involve parents/carers in the development, delivery and evaluation of programmes. It is important that schools explain their approach to substance misuse education fully to parents/carers in order to gain their understanding and support.

*Further information: Extending Entitlement: Supporting Young People in Wales. Consultation on the draft direction and guidance. National Assembly for Wales 2001*

**22.** Organisations should actively involve management teams/committees/ governing bodies in the development of their policy for substance misuse education.

## Is Your Programme Effective?

**23.** A report 'Drug Education in English Schools (OFSTED.)', states that ' Schools are not taking the monitoring and evaluation of drug education programmes... sufficiently seriously'. There is no reason to suspect that the situation is significantly different in Wales. Monitoring and evaluating a substance misuse programme for children and young people involves two distinct processes.

- Monitoring answers the question ' Are agreed procedures being followed?' Examples of measurements include:

Have children and young people, parents/carers/governors been involved?

Have training needs of staff been assessed and met?

Has the organisation's policy on substance misuse education been followed?

Have all components been delivered?

- Evaluation answers the question ' What effect is the programme having on children and young people?'. Examples of measurements might be:

The knowledge base of the children and young people measured at the start and end of the programme.

Surveys examining attitudes and behaviour.

Feedback from the children and young people on individual sessions and/or topics.

Feedback from teachers/youthworkers/parents/carers etc?



## PART 4: MANAGING SUBSTANCE MISUSE RELATED INCIDENTS

### Key Points:

1. Organisations should have a clear procedure for the management of substance misuse related incidents within their policy documents.
2. Organisations should ensure that responsibility for managing incidents is delegated to appropriate trained and experienced staff.
3. Incidents may relate to children and young people, a staff member or other adult.
4. Assess each incident individually according to the needs of the children and young people.
5. Action, responses and exclusions should follow agreed guidelines.
6. Staff should know the boundaries of their role and who to turn to for help.
7. Gather evidence carefully and use an agreed record keeping tool.
8. Action should be consistent with other policies of the organisation that relate to criminal or potentially criminal acts e.g. theft, fighting.
9. Organisations should have procedures in place to protect the welfare of any children and young people after a substance misuse incident
10. Confidentiality guidance should be followed.

**1.** This guidance covers the wide range of substance related incidents and reflects best practice. A wide range of substances may be involved, including alcohol and tobacco, as well as illegal drugs. Most local authorities in Wales have published documents and flow charts that identify which actions are to be taken. Contact your local authority or DAAT for information. An example of a flow chart follows paragraph 27.

*For further information see lists of DAAT Co-ordinators in Part 5 of this guidance.*

**2.** Most children and young people will go through life without being involved in any incident involving substance misuse. However, substances are readily available and accessible within communities and it is good practice for organisations to prepare for managing incidents involving legal and illegal substances.

**3.** The policy document which sets out the procedure for managing an incident should be clear about what actions are taken by whom and when. The policy will:

- ensure consistent and appropriate action is taken
- reduce the impact of the incident on children and young people
- keep from harm those who use substances

- discourage continued misuse
- provide children and young people with support to address their substance misuse

4. Guidance on best practice on a range of school based actions to address pupil disaffection and challenging behaviour difficulties is set out in the National Assembly for Wales Circular 3/99 'Pupil Support and Social Inclusion. Guidance on the legal aspects and 'best practice'.

*Further Information: Pupil Support and Social Inclusion. Guidance on the legal aspects and 'best practice'. National Assembly for Wales Circular 3/99. Sept 1999. Amended April 2001*

5. Management of a substance misuse related incident should be undertaken within the agreed policy for substance misuse of that organisation. Agreed, written procedures should ensure that all staff of an organisation take consistent action. An agreed hierarchy of responsibility will ensure the right action at the right time.

### **What is a Substance Misuse Related Incident?**

6. The types of incidents will vary from an early warning of suspected misuse e.g. of cigarette smoking, to overt illegal substance misuse with the consequent threats to the health of children and young people. Organisations must be prepared for these possibilities and have a range of responses that are appropriate within their setting. The types of incidents include:

- Litter related to substance misuse around premises e.g. cans, syringes etc.
- Suspicion and allegations about an individual's activities.
- Disclosure about substance misuse on the premises or whilst the children/young people are the responsibility of the organisation e.g. school/youth club trip. Where more than one youth club/school are involved e.g. a sports team then the overarching organisation, the Local Education Authority, should have an agreed procedure.
- Children and young people clearly displaying signs of substance misuse.
- Possession of substances while children and young people or adults are the responsibility of the organisation.
- Use of substances while children and young people or adults are the responsibility of the organisation.
- Selling or dealing in substances while children and young people or adults are the responsibility of the organisation.

## What to do when Involved in an Incident

### 7. Procedures for dealing with incidents involving children and young people:

Each case should be carefully considered in the light of the individual circumstances and the best interests of the child/young person.

All incidents of substance misuse should be treated seriously and should be reported to the responsible staff member. Procedures should identify how to respond to different types of incident. The guiding principle must be that the appropriate response protects or safeguards the welfare of the child/young person and/or any other individuals involved in the incident. Staff should be aware that confidentiality is not an option if children and young people are at risk. The deciding factor is the degree of risk to the child/young person. Incidents can be classified according to speed of action required. Some incidents require immediate action; others require time for assessment of information, seeking advice and the involvement of other agencies.

### 8. Immediate action is needed when there is a clear risk to safety. For example:

- An adult collecting a child or young person appears to be under the influence of drink or drugs;  
Action: apply locally agreed child protection procedures, involve the police if adult is aggressive.
- A child or young person/adult appears ill or unsafe as a result of substance misuse;  
Action: consider obtaining medical advice, note relevant facts and inform parent/carer.
- Substances are being supplied on, or near premises;  
Action: contact police.
- There is ready access to controlled drugs;  
Action: contact police.
- The premise has potentially hazardous substance misuse related litter e.g. needles, syringes; Action: arrange safe removal of litter according to Health and Safety policy, involve police if related to illegal substance misuse.
- Substance misusers behaving aggressively;  
Action: seek urgent police assistance to remove.
- A child /young person discloses that they are misusing drugs or their parent or other family members are misusing drugs;  
Action: Contact social services or specialist substance misuse service for advice on how to respond.

### 9. Less immediate action e.g. observation, interview, consultation with other agencies, continued monitoring, may be appropriate when there are for example:

- Generalised allegations or concerns about a particular child / young person or family;
- Refuted/inconsistent disclosures;
- Concerns but no evidence of substance misuse or related harmful or criminal conduct (such as supply of drugs or other harmful substances);
- Concerns but no evidence of immediate risk to safety.

**10.** Staff and volunteers who work with children and young people should be aware of the boundaries of their role and when and how to refer on to other agencies. The organisation will also determine what level of support they can give the child/young person within the school/ youth club and what action requires referral to specialist services.

**11.** Actions requiring referral to other organisations include:

- Investigation of criminal activity, including searching persons or personal property.
- Apart from immediate first aid, any health or medical emergency which should be attended by appropriate medical personnel,
- Assessment and providing support and services to vulnerable or troubled children and families are matters for social services.
- Counselling and drug treatment programmes require trained staff, normally accessible through social services, health or specialist substance misuse services.

**12.** Action appropriate for staff of an organisation:

- Providing support for young children and those with limited understanding;
- Supporting children and young people involved in experimenting with solvents, alcohol or controlled drugs;
- Applying a range of responses appropriate to the incident.
- Referring children/young people to agencies outside the organisation for support, advice, assessment and treatment.
- Referring to agencies outside the organisation for advice and guidance for themselves.

*For further information regarding the law see Part 5 of this Guidance.*

**13.** Action checklist for a substance misuse incident involving children and young people:

- The immediate priority is welfare of the child or young person.

- Provide first aid as necessary, minimise risk of harm to him/herself or others.
- Send for an ambulance if required. Arrange for appropriate adult to accompany children and young people to hospital.
- Inform parent/carer of incident, invite parent/carer to come to the premises.
- If medical treatment is not required the child/young person (and belongings) should be taken to a private room and supervised by preferably two members of staff or one member of staff plus a third individual.
- The manager or member of staff with responsibility for substance misuse has to quickly establish the facts and take action following clear, written procedures. The manager should be satisfied that the appropriate steps have been carried out and recorded.
- Contact police for advice and/or involvement as necessary.
- Arrange an interview of the child/young person with witnesses, to establish the facts of the incident, level of involvement and, whether others were involved. Records must be kept of this interview. Where medical intervention has been necessary this will follow recovery.
- Arrange interview of staff and other children and young people involved, with witnesses, to further establish the facts of the incident and obtain corroboration. Records must be kept of this.
- Arrange for staff and other children and young people involved to be interviewed, with witnesses, to establish the facts of the incident and obtain corroboration. Records of these meetings must be kept.
- Inform line management as soon as possible, in accordance with policy.
- Once investigation has finished, assess the appropriate response and involve other organisations as required by policy

#### **14.** Checklist for Interview with Children and Young People:

- Remind child/young person of the policy regarding substance misuse and the procedures to be followed to investigate the incident, including the intention to contact parents/carers and police.
- Ask child/young person to hand over any substances. If reluctant to do so, explain that request will be repeated in presence of parents/carers and possibly police. It is not legal to carry out personal searches.
- Once investigation has finished, give consideration to the guidance, which has been given in terms of sanctions and the involvement of other agencies.

- Parents/carers should be allowed access to the child/young person with a member of staff present at all times.
- Where police involvement is necessary every attempt should be made to have parents/carers present.

*Further Information: Pupil Support and Social Inclusion. National Assembly for Wales Circular 3/99. Amended April 2001.*

## **Procedure for Dealing with Incidents Involving Adults**

**15.** When responding to situations involving adults, safety should be a priority. Some situations will require action in collaboration with other agencies to ensure the safety and protection of any children and young people. Other incidents will require observation, data collection and discussion before proceeding. See paragraphs 8 and 9 in this section of the Guidance.

## **Procedure for Dealing with Incidents Involving Staff**

**16.** Substance misuse related incidents involving staff should be covered by the organisations Employment and Disciplinary Policy and procedures. All organisations should ensure Guidance and procedures are in place to respond to allegations, concerns about, or evidence of substance misuse by staff, or supply of substances to children and young people. These should set out the separate processes, which may be initiated in response to any such allegations, concerns or evidence. The primary concern should be the welfare of the children and young people in the care of the organisation. Child protection is of greater urgency than staff disciplinary procedures.

## **How are Incidents Recorded?**

**17.** It is good practice to ensure that a system for recording an incident of substance misuse is in place. Accurate, factual records of all substance misuse related incidents are essential. Such records may be required by other agencies such as health professionals, police and social workers. Records should be completed and filed as soon possible after the incident.

**18.** The sharing of information between professionals about individuals was identified as a difficult and sensitive issue in the report, *Extending Entitlement*, published in November 2000. The Learning and Skills Act 2000, which provides the legal framework for putting into practice *Extending Entitlement*, provides educational institutions with new powers to enable information to be shared. Guidance has been produced by the National Assembly for Wales to clarify the issues about the sharing of personal information.

*For further information: Additional Guidance for Young People's Partnerships 'Information Sharing'. National Assembly for Wales 2002.*

## A Sample Recording Form Created by Pembrokeshire LEA

### RECORD OF DRUG RELATED INCIDENT (Exemplar Form for Information)

School:	Date of Incident:	Date & Time Reported:	
		Reported by:	
Pupil(s) Involved:	Name(s):	Date of Birth	Home Contact Nr:
Description of Incident:			
Category of Incident	Action Taken	By Whom	Contacted
Drug-related litter on or near school premises			
Suspicion, allegation & disclosure in & out of school activities			
Symptoms of drug misuse			
Pupils/parents with drugs on school premises/trip/transport			
Pupils/parents taking drugs on school premises/trip/transport			
Pupils/parents selling/supplying drugs on school premises/trip/transport			
	Removed By	Where Retained	Receipt Given & Countersigned

Contacts made (where appropriate):

Category of Incident	Contact Nr	By Whom/ Time	Contact Time	Arrival
Police				
Ambulance				
Other health professionals				
Health Promotion Department				
Social Services Child Protection Team				
Youth Offending Team				
Environmental Health				
Education Department				
Local Drug Support Agency				

Pupil Interview Details (as appropriate):  
If a member of staff is required to be present a summary should be detailed below:

RECORD OF EVENTS:

TIME	DETAILS
OUTCOME	

Signed: \_\_\_\_\_ Witnessed by: \_\_\_\_\_

Title: \_\_\_\_\_ Title: \_\_\_\_\_

Date: \_\_\_\_\_ Date: \_\_\_\_\_

## Which Other Procedures Should be Linked?

**19.** Managing substance misuse incidents will cross the boundaries of other procedures carried out by the organisation. The following list suggests those that need to be cross referenced to substance misuse incident procedure:

- Administration of medication
- Bullying
- Arrangements for reporting absence and keeping confidential records
- Extra-curricular activities including residential excursions
- Child protection, including contact with health, social services and police
- Support for pupils, discipline and exclusion

- Staff welfare and disciplinary arrangements
- Health and Safety at Work
- Handbooks or other information produced by the organisation for children and young people and/ or their parents/carers
- Lone worker policies

## What to do with Litter Related to Substance Misuse

**20. Needles and syringes.** Discarded needles and used syringes present health and safety implications. Advice should be obtained from the Local Authority Environmental Health Department who will be able to provide guidance, training and equipment relating to the safe disposal of needles and syringes. Children and young people must be strongly directed to avoid contact with needles and syringes and should report any incident to appropriate members of staff.

**21. Suspected controlled drugs.** A teacher/youth worker may take possession of a suspected substance if that action has the purpose of preventing another person from committing, or continuing to commit, an offence. The substance should be removed to a secure place if it constitutes a threat to safety. Ideally the secure place will have access limited to a defined number of staff of the organisation. The best practice may be for the teacher/youth worker to inform the local police and ask advice on the action to be taken regarding destruction etc. This is especially relevant when an individual may be required to transport a substance to a police station in their vehicle. The local police should in this instance be given the travel details and vehicle details of the teacher/youthworker.

**22. Alcohol and tobacco.** The procedure for disposal of cigarettes, cans, bottles should be laid down within policy. Care must be taken with broken glass.

## Following up an Incident Involving Substance Misuse

- 23.** The five groups of people who may require follow up are:
- The children and young people involved and their parents/carers
  - The staff of the organisation
  - The management of the organisation
  - Other children and young people and their parents/carers who are involved with the organisation
  - The wider community

All follow up action should keep confidentiality in mind.

## Managing Children and Young People After an Incident.

**24.** Organisations should have procedures in place to protect the welfare of any children and young people after a substance misuse incident. They may require support in the period following a substance misuse incident or disclosure of illegal substance misuse, as they may feel extremely vulnerable at this time. Monitoring and support should be based on a behavioural contract agreed by the child/young people and his or her parents/carers. Some children and young people will be attending school and also having additional specialist support or treatment provided by outside agencies. In these cases the school will need to liaise closely with the social services and/or other service providers and agencies involved. The range of responses applied by the organisation for substance misuse incidents should be consistent with responses for other reasons. Action should not be harsher than that imposed by law. These responses may include:

- Pupil assistance programmes
- Counselling referrals
- In house counselling
- Behaviour contracts
- Fixed term exclusion
- Permanent exclusion

*Further Information: Pupil Support and Social Inclusion. National Assembly for Wales Circular 3/99. Amended April 2001. Paragraph 6.17*

## The Organisation

**25.** Appropriate staff and management within the organisation need, in accordance with policy:

- To be informed of a substance-related incident
- To know which substance was involved
- To be informed, in some circumstances, of the name(s) of the child/children and young people involved
- To consider whether any change is needed to the procedure following the incident
- To consider any educational needs highlighted by the incident
- De-briefing and evaluation of procedures by all agencies involved. This should be recorded
- The results of such de-briefs will assist in fine tuning local arrangements and responses

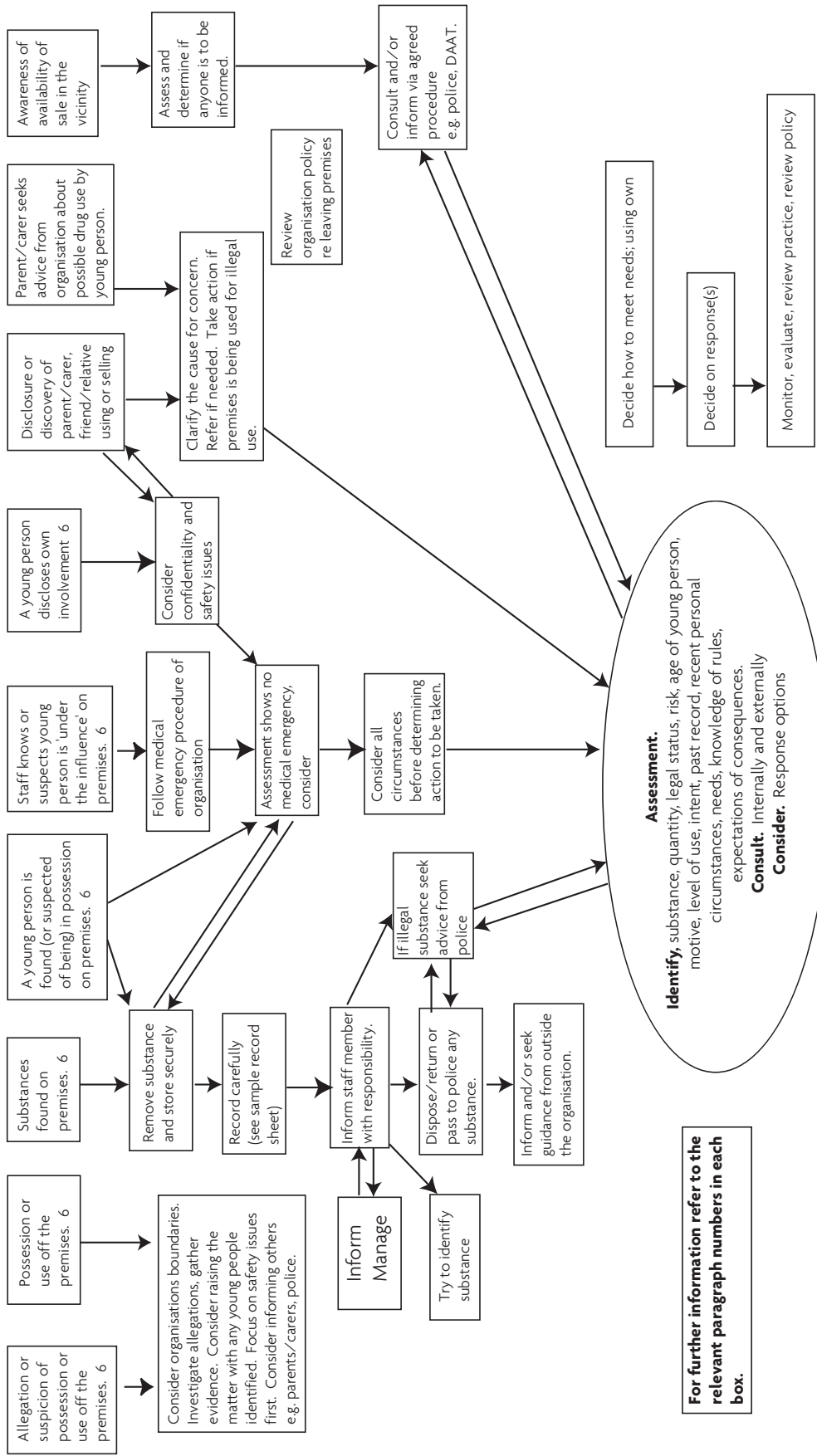
**26.** Children and young people their parents/carers may need:

- To be told the facts about the incident, including the consequences
- To have the policy on substance misuse reinforced
- To have a substance misuse education programme which can be responsive to incidents when appropriate

**27. The wider community.** Others may need to be involved depending on the nature and extent of the seriousness of the incident. If management think that this is necessary it should be done as soon as possible after an incident has occurred in order to prevent the circulation of misinformation. The name(s) of children and young people involved **must** be kept confidential. Involvement with the media may be a useful way of informing the local community and avoiding sensationalisation. See Part 2 of this guidance for pointers on dealing with the media.

**28.** Organisations should have clear and explicit confidentiality policies, which can be applied to substance misuse incidents. Staff, parents/carers, children and young people should be aware of the policy. The National Assembly for Wales has published detailed guidance on inter-agency working to safeguard and promote the welfare of children.

*Further information: Working Together to Safeguard Children. National Assembly for Wales. March 2000*



Sample Flow chart:  
Adapted from **The Right Responses**, managing and making policy for drug-related incidents in schools. Standing Conference on Drug Abuse 1999.  
Drugscope kindly granted permission for the insertion of this chart into this document.

## PART 5: ADDITIONAL INFORMATION

### 1. Drug and Alcohol Action Teams ( DAATs) and Related Local Action Teams (LATs).

In the first instance contact the local DAAT Co-ordinator

**GWENT i.e.** Blaenau Gwent, Caerphilly, Monmouthshire, Newport, Torfaen.

**Co-ordinator Gwent DAAT**

Torfaen County Borough Council

Civic Centre

Torfaen NP4 6Y

Tel: 01495 766061

Fax: 01495 766059

**NORTH WALES i.e.** Conwy, Denbighshire, Flintshire, Gwynedd, Isle of Anglesey, Wrexham.

**North Wales DAAT Co-ordinator**

North Wales Police Force

68 Conwy Road

Colwyn Bay

Conwy

LL29 7LD

Tel: 01492 523504

Fax: 01492 523555

**BRO TAF i.e** Cardiff, Merthyr Tydfil, Rhondda Cynon Taf, Vale of Glamorgan.

**DAAT Co-ordinator**

Bro Taf DAAT

Bro Taf Health Authority

Temple of Peace and Health

Cardiff CF1 3NW

Tel: 029 2040 2468

**MORGANNWG i.e.** Bridgend, Neath Port Talbot, Swansea.

**Co-ordinator Morgannwg DAAT**

Iechyd Morgannwg Health

Authority

41 High Street

Swansea SA1 1LT

Tel: 01792 458066 x 7324

Fax: 01792 655364

**DYFED POWYS i.e.** Carmarthenshire, Ceredigion, Pembrokeshire, Powys.

**Co-ordinator Dyfed Powys DAAT**

Unit 13

Anthony Way

Cillefwr Road West Industrial Estate

Alltucnap Road

Johnstown

Carmarthen SA31 3RD

Tel: 01267 231 955 or 231 991

Fax: 01267 222 907

## 2. Source material

### Part 1

Health Behaviour of School-Aged Children. National Assembly for Wales 2002.

Drug Education: Handbook for Teachers and Youthworkers. Graham T. Davies and Richard Pates. National Assembly for Wales. 2000.

Pupil Support and Social Inclusion. National Assembly for Wales Circular 3/99 (Amended April 2001).

The Education of Looked After Children. National Assembly for Wales Circular 2/2001.

### Part 2

\*Drug Education in Schools. A report from the Office of Her Majesty's Chief Inspector of Schools. OFSTED 1997. ISBN 0 11 350092 0

\*Preventing Adolescent Smoking: a Review of Options. M. Stead , G. Hastings and C. Tudor-Smith. Health Education Journal 1996 55(1): 31-54.

\*Smoke Free Policies in Schools: a Qualitative Investigation of the Benefits and Barriers. J. Hartland, C. Tudor-Smith and S. Bowker. Health Education Journal 1998. 57:51-59.

\*The Right Responses: Managing and Making Policy for Drug Related Incidents in Schools. SCODA. 1999. ISBN 0 948970 32 4

### Part 3

Tackling Substance Misuse in Wales: A Partnership Approach. The National Assembly for Wales. April 2000. ISBN 0 7504 2438 9.

A Strategic Prevention Action Plan for Drugs and Alcohol in Wales. Welsh Office/Welsh Drug and Alcohol Unit.

Personal and Social Education Framework. Key Stages 1 to 4 in Wales. Qualifications, Curriculum and Assessment Authority for Wales ( ACCAC). 2000. ISBN 1 86112 222 5

Drug Education: Handbook for Teachers and Youthworkers. Graham T. Davies and Richard Pates. National Assembly for Wales, 2000.

Wales National Curriculum Science Order.

The Youth Work Curriculum Statement for Wales 2002

\*The Right Choice: Guidance on Selecting Drug Education Materials for Schools. SCODA . 1998. ISBN 0 948970 21 9

## Part 4

Pupil Support and Social Inclusion: Guidance on the Legal Aspects and Best Practice. National Assembly for Wales Circular 3/99. Sept 99 Amended April 2001.

Teachers and Youthworkers Dealing with Drug Related Incidents. A Reminder. Written by Cathy Weatherup. National Assembly for Wales 2000.

Extending Entitlement: Supporting Young People in Wales. Additional Guidance for Young Peoples Partnerships' Information Sharing' National Assembly for Wales 2002.

\*The Right Responses: Managing and Making Policy for Drug Related Incidents in Schools. SCODA. 1999. ISBN 0 948970 32 4

\*The Right Approach: Quality Standards in Drug Education. SCODA .1999. ISBN 0 948970 31 6

Note: The publications marked with \* are only available in English

### 3. Teaching Resources

Primary Schools:	Talk Health. Drugs and the Primary School. National Assembly for Wales.  Smoke Signals/Arwyddion Mwg. National Assembly for Wales 2002.
Secondary Schools	Drug Education: Handbook for Teachers and Youth Workers. Graham T. Davies and Richard Pates. National Assembly for Wales. 2000.  Teachers and Youth Workers Dealing with Drug Related Incidents. A Reminder. Cathy Weatherup. National Assembly for Wales 2000( an insert in the above handbook)  Burning Issues: Health Promotion Wales
Youth Work	Introducing Health to Youth Workers: A Practical Manual to Help Youth Workers Introduce a Variety of Health Issues to Young People. Health Promotion Wales 1996.  But You Stand Over Six Foot Tall. A Teaching Manual to Develop Basic Skills Needed by Young People to Work in a Peer-Led Way. Health Promotion Wales 1996.

These youth work resources can be loaned from: Wales Youth Agency,  
Leslie Court,  
Lon-y-Llyn,  
Caerphilly. CF83 1BQ.  
Tel No. 029 20 855701

## Video

### Know Your Poison

BBC Wales

## Leaflets

### The A files

An alcohol leaflet for young people aged 11-16.

### Lets Talk

A series of six comic strip postcards to be used as discussion triggers with the 10-14 age group.

### Drugs, alcohol and solvents: Your questions answered

A general guide to substances.

### Drugs, alcohol and solvents: What are the facts?

Up to date information about substances for 10-14 age group. Designed to complement Let's Talk and Talk Health.

### Drugs, what you need to know:

Information on substances for 11-16 year olds.

### Brown

An information leaflet on heroin for young people.

All the above leaflets are available in Welsh and English or bilingually.

## 4. Websites

Government sites:

National Assembly for Wales

<http://www.wales.gov.uk>

Health Promotion Division of the NafW

<http://www.hpw.wales.gov.uk>

Scottish Executive

<http://www.scotland.gov.uk>

Drug Prevention Advisory Service (DPAS)

<http://www.dpas.gov.uk>

Healthy School

<http://www.healthschool.org.uk>

<http://www.eysgoliach.org.uk>

## 5. The Law on Substances

### Illegal Drugs

It is an offence under the Misuse of Drugs Act 1971:

(i) to supply or offer to supply a controlled drug to another in contravention of the Act;

(ii) to be in possession of, or to possess with intent to supply to another, a controlled drug in contravention of the Act; it is a defence to the offence of possession that, knowing or suspecting it to be a controlled drug, the accused

took possession of it for the purpose of preventing another from committing or continuing to commit an offence and that as soon as possible after taking possession of it he took all such steps as were reasonably open to him to destroy the drug or to deliver it into the custody of a person lawfully entitled to take custody of it;

(iii) for the occupier or someone concerned in the management of premises knowingly to permit or suffer on those premises the smoking of cannabis, or the production, attempted production, supplying, attempting to supply or offering to supply of controlled drugs to take place on those premises.

## **Tobacco**

### **The Children and Young Persons (Protection from Tobacco) Act 1991**

strengthened the existing law on illegal sales of tobacco products to children under the age of 16, greatly increasing the penalty for doing so, making illegal the sale of unpackaged cigarettes and requiring warning statements to be displayed in all retail premises and on cigarette vending machines. A voluntary code operates to prevent tobacco advertising in the vicinity of schools or which is designed to encourage young people to smoke.

## **Alcohol**

**It is an offence under the Licensing Act 1964** to sell intoxicating liquor without a licence. This would prevent the sale of alcohol at school events unless an occasional licence had been obtained under the Licensing (Occasional Permissions) Act 1983. It is also an offence to sell alcohol to anyone under the age of 18. No licence would be needed by the school to offer alcohol at school events (ie. where no sale takes place) or to store alcohol on school premises.

**It is an offence under Section 6 of the Children and Young Persons Act 1933** to give any child under the age of 5 intoxicating liquor.

**It is an offence under the Intoxicating Substances (Supply) Act 1985** for a person to supply or offer to supply a substance other than a controlled drug to a person under the age of 18 if he knows, or has reasonable cause to believe, that the substance is, or its fumes are, likely to be inhaled by the person under the age of 18 for the purpose of causing intoxication (eg. this applies to the sale of glue, solvents, gases etc. to young people).

## 6. Police Regional Drug Prevention Officers

### **DYFED-POWYS POLICE**

Drug Prevention Unit,  
Dyfed-Powys Police Headquarters,  
Llangunnor,  
Carmarthen.  
SA31 2PF.  
(01267) 222020

### **GWENT POLICE**

Drug Education Officer,  
Gwent Police Headquarters,  
Croesyceiliog,  
Cwmbran.  
NP44 2XJ.  
(01633) 642485 or (07779) 147313 Mobile

### **NORTH WALES POLICE**

Drug & Alcohol Reduction,  
Community Safety Section,  
North Wales Police Headquarters,  
Glan-y-Don,  
Colwyn Bay.  
LL29 8AW.  
(01492) 511916

### **SOUTH WALES POLICE**

Drug Prevention Unit,  
Community Safety Department,  
Port Talbot Police Station,  
Station Road,  
Port Talbot,  
SA13 1JB.  
(01639) 889176 or (01639) 889141

## 7. Glossary of Terms

Best practice: most effective.	Practice supported by evidence as being
Children and young people:	People under the age of 18
DAAT	Drug and Alcohol Action Teams were set up as part of the Forward Together strategy. They are partnerships in planning, whose role it is to co-ordinate substance misuse action across a defined geographic area.
DAAT Co-ordinator	These are individuals who support local DAAT and LAT processes. They provide the link between local and national.
LAT	Local Advisory Teams are the implementation arms of the DAAT. Each local authority has action plans drawn up by the LAT to address the specific challenges within their locality.
Learning outcome:	A learned verified element of knowledge or understanding, or a skill the learner has developed.
Organisation:	Any statutory, voluntary or independent organisation that provides educational opportunities for young people.
Substances	The range of substances available within communities in Wales that may be subject to misuse. This includes:  Tobacco Alcohol Amphetamines Barbiturates Cocaine Ecstasy Benzodiazepines Opiates Anabolic steroids LSD Cannabis Volatile substances

Further copies of this document are available from:

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