

Subject:	Drug, Alcohol and Tobacco Education Guidance for Educational Settings		
Dates of Meeting:	19 June 2017		
Report of:	Executive Director- Families, Children & Learning		
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Ward(s) affected:	All		

FOR GENERAL RELEASE

1. PURPOSE OF REPORT AND POLICY CONTEXT

- 1.1 This report is to present the final draft of the *Brighton & Hove Drug, Alcohol and Tobacco Education Guidance for Educational Settings Guidance (2017)* for comment and approval.

2. RECOMMENDATIONS:

- 2.1 That the Committee approve the final draft *Brighton & Hove Drug, Alcohol and Tobacco Education Guidance for Educational Settings Guidance (2017)*
- 2.2 That the Committee approve the stance on alcohol on school and college sites.
- 2.3 That Committee continues to support the continued improvement of drug, alcohol and tobacco education within a planned programme of PSHE Education.

3. CONTEXT/ BACKGROUND INFORMATION

- 3.1 The 2017 guidance is a revised version of the *Guidance for Schools: Drugs and Alcohol Education (2003)* and has been informed by a review of Brighton & Hove's drug, alcohol and tobacco education provision that was carried out by national charity Mentor UK in 2015-2016. The report of this review can be found [here](#). The guidance is also informed by latest research into what is effective in drug, alcohol and tobacco education.
- 3.2 Locally, the city has relatively high levels of smoking and alcohol use among young people as reported in the annual Safe and Wellbeing at School Survey (SAWSS), and is further reported in official Public Health England local alcohol profiles. While some of these figures are positively showing downward trends, the data still highlights the importance of an effective system of support for children and young people including universal provision of effective drug, alcohol and tobacco education (DATE) in schools.
- 3.2 This guidance is intended to be used by Brighton & Hove governors, school staff, parents, carers, and a range of educational and health professionals as they work in partnership to develop effective drug, alcohol and tobacco education

policies and curriculum in primary, secondary, special school and FE settings. Drug, alcohol and tobacco education is still subject to public debate and concern and this guidance will provide a framework for schools to work to support all children and young people to be safe and healthy.

- 3.3 Following the Mentor UK report on drug, alcohol and tobacco education referenced in 3.1, the primary and secondary school PSHE networks worked with PSHE Lead Teachers from the Standards and Achievement Team to share, develop and improve practice with a particular focus on skill development and normative approaches. Normative approaches encourage the use of data to make it clear to children and young people that using substances is not the 'norm' in their age group. This guidance provides support to the continuation of this good practice and is supported by a range of policy documents and curriculum resources. The dissemination of the guidance will be a further opportunity to promote best practice in drug, alcohol and tobacco education.
- 3.4 Advice for [Educational Settings on Responding to Drug and Alcohol Related Incidents](#) is in place, but currently under-review. This document is mainly an operational document and the review will be finalised when the re-design of substance misuse support for schools has been completed. Both parts of the guidance include the following statement about alcohol on school and college sites:

It is up to education settings to decide on their policy related to alcohol at events and social occasions, however it is highly recommended that discussions take place with Parent Teacher Associations and Senior Leaders about the place of alcohol in school or college events where children and young people are present.

The presence of alcohol at events such as Cheese and Wine or Summer Fayres may exclude some groups of parents and carers including those from faith backgrounds where alcohol is prohibited or those in recovery from alcohol related problems. For children whose parents and carers have issues with substance misuse the presence of alcohol is likely to also cause anxiety.

Schools and colleges could additionally reflect on the implicit and explicit messages being given about alcohol and its use to children and young people when for example, providing alcohol during school performances or as prizes in raffles.

Alcohol free sites or not having alcohol when children and young people are present would therefore be beneficial in reinforcing the message that alcohol does not support learning and would begin to challenge the prevalence and social acceptability of alcohol use in some parts of our society. This would then be of positive support to the messages of the drug, alcohol and tobacco education programme.

- 3.5 On Thursday 27 April the *Children and Social Work Bill* received Royal Assent, becoming the *Children and Social Work Act*. The new Act includes legislation that makes relationships and sex education (RSE) statutory in all secondary schools, and 'relationships education' in all primary schools. The Act also gives the Government power to make PSHE education statutory in its entirety, pending the results of a consultation. Educational settings following this guidance will be well-placed and ready for any developments in the status of PSHE and drug, alcohol and tobacco education within it.

4. ANALYSIS & CONSIDERATION OF ANY ALTERNATIVE OPTIONS

4.1 Not Applicable

5. COMMUNITY ENGAGEMENT & CONSULTATION

5.1 Focus groups with students in schools took place as part of the review of drug, alcohol and tobacco education in 2015-2016 and these have informed the development of the guidance.

5.2 The draft guidance has been disseminated widely to colleagues and partners in schools, colleges, health, the community and voluntary sector for comment and feedback. Many individuals and groups have responded.

5.3 The Youth Council was consulted on the guidance in December 2016 and their feedback is reflected in the guidance.

6. CONCLUSION

6.1 Provision of guidance for educational settings is supportive to them at a time when drug, alcohol and tobacco education is not part of the statutory curriculum. It is also an opportunity to state the Council commitment to this important curriculum area and to outline best practice in terms of models of delivery, curriculum content and safe learning environments in order to prevent harm related to substance misuse. It also supports effective and clear communication with the media on the Council stance.

7. FINANCIAL & OTHER IMPLICATIONS:

Financial Implications:

7.1 The design and printing of the Drug, Alcohol and Tobacco Education Guidance for Educational Settings can be managed within existing budget.

Finance Officer Consulted: Andy Moore

Date: 09/05/17

Legal Implications:

7.2 It is not a legal requirement for a local authority to have a Drug, Alcohol and Tobacco Education Guidance however this document will support settings in fulfilling their statutory duty to promote the wellbeing of pupils.

Lawyer Consulted: Serena Kynaston

Date: 09/05/17

Equalities Implications:

7.3 Due regard to the public sector duty of the Equality Act, 2010 has been shown in the development of this resource and its content has been checked by the Communities and Equalities Team.

Sustainability Implications:

- 7.4 This guidance will support schools to review, improve and sustain a quality drug, alcohol and tobacco education curriculum delivered by trained specialist teachers.

Any Other Significant Implications:

7.5 Public Health Implications:

Public Health fund the Secondary PSHE Adviser post in recognition of the important role drug, alcohol and tobacco education plays in preventing substance misuse and promoting positive health and wellbeing.

7.6 Crime & Disorder Implications:

Effective teaching and learning in drug, alcohol and tobacco education supports children and young people to become good citizens and has a role in preventing crime or criminal behaviour. It also makes children and young people aware of laws related to drugs, alcohol and tobacco.

SUPPORTING DOCUMENTATION

Appendices:

1. Drug, Alcohol and Tobacco Education Guidance for Educational Settings; DRAFT June 2017

Documents in Members' Rooms

1. None

Background Documents

1. None

**Drug, alcohol and tobacco
education and incident guidance
for educational settings in
Brighton & Hove – DRAFT FOR
COMMITTEE June 2017**

Improvements to lay out will be made at the design phase.

FOREWORD

Teaching children and young people about drugs and alcohol is incredibly important. Although it seems painfully obvious, especially to those whose job it is to do the teaching; this part of education is often underestimated in its value.

We think quality PSHE is essential in the wholesome development of children and young people, and in extreme cases potentially lifesaving. For some, this part of education is their sole resource of information on substance misuse if they lack a close peer group or supportive family environment. It is sometimes the only alternative to the internet, where despite best efforts there is still unreliable and false information available. As a result, emphasis in schools must be placed on allowing us to learn how to keep ourselves and others safe, most especially in primary schools, which is why this guidance is so crucial.

Providing a safe place of trust to discuss and explore issues such as underage smoking, drinking and illegal drugs allows young people to disprove stereotypes and learn together in a healthy way. When it is done well, drugs, alcohol and tobacco education is very effective, but it's not all plain sailing.

Young people can be ruthless in their reception of PSHE, slating it as boring or patronising before the lesson has even begun, but this is all the more reason to get it right.

The bottom line is that most of us know that drugs are bad and that drinking and smoking is illegal when you're underage. However, it would be naive to ignore the fact that some young people still smoke and drink. It is great that in the last few years there has been a movement towards making it more about practical advice than telling us things we already know. This guidance will help to build on the improvements, helping to further drug, alcohol and tobacco education in schools and colleges.

If only one pupil or student in the class learns something they didn't know before, you will have made a positive difference.

Wednesday Croft on behalf of Brighton & Hove Youth Council, April 2017

Contents page to add

INTRODUCTION

PURPOSE OF THE GUIDANCE

Children and young people are often curious and will learn ways of assessing and managing risk through their encounters with the world around them. Effective drug, alcohol and tobacco education (DATE) should support this process by providing pupils and students with accurate, age appropriate, normative information on medicines, drugs, alcohol and tobacco, while developing their skills in staying safe, managing risky situations and resisting pressure to try substances which may cause harm to their health and well-being now or in the future.

The importance of effective DATE was highlighted by a member of Brighton & Hove's Youth Council who stated in a consultation in December 2016:

Some young people rely on drugs and alcohol education to inform themselves as they may not have a reliable home support or peer group.

Effective DATE makes an important contribution to work in educational settings to ensure settings meet their duties to safeguard children and young people:

Governing bodies and proprietors should consider how children may be taught about safeguarding, including online, through teaching and learning opportunities, as part of providing a broad and balanced curriculum. This may include covering relevant issues through personal, social health and economic education (PSHE), and/or – for maintained schools and colleges – through sex and relationship education (SRE).

Keeping children safe in education, DfE ([2016](#))

Additionally, the Ofsted School Inspection Handbook (2016) states that school leaders will be judged on how they to keep pupils safe and support those who may be vulnerable.

Delivery of DATE takes place within a wider programme of Personal, Social, Health and Economic education (PSHE) with the expectation of settings delivering the subject as outlined in the introduction to the current national curriculum, and official Department for Education guidance on delivering PSHE:

“Personal, social, health and economic (PSHE) education is an important and necessary part of all pupils' education. All schools should teach PSHE, drawing on good practice”

Department for Education ([2013](#))

Drug, alcohol and tobacco education will be delivered within a whole setting approach to the issue which will include how any incidents involving drugs, alcohol or tobacco on site are dealt. Settings are additionally directed to the [Wave](#) for guidance on how to develop policy on managing medication and to put into place effective management systems to support individual pupils and students with their medical needs.

This guidance is therefore in two parts and has two key purposes:

- Part 1 - to provide a supportive framework for educational settings so that they can plan and deliver effective DATE within the PSHE education curriculum

- Part 2 - to provide advice on how to deal with drug, alcohol and tobacco related incidents in and around the school or college community.

It is intended, therefore, to be a point of reference for Brighton & Hove governors, nursery, school and college staff, parents, carers, and a range of educational and health professionals as we work in partnership to develop effective drug, alcohol and tobacco education policies and practice in primary, secondary, special schools and FE settings.

Part 1 of this document should be read in conjunction with other local guidance and advice documents produced by Brighton & Hove City Council, including:

- [Relationship and sex education guidance](#)
- [PSHE education programme of study](#)
- [PSHE exemplar policy](#)
- Safeguarding children and young people
- [Administration of Medicines](#)

This guidance will be updated when required and the posted on www.pier2peer.org.uk / learning / PSHE education and via the school bulletin. This guidance is best used in an electronic format to access the hyperlinks.

This guidance sets out a framework and key principles for the teaching of DATE, but for further, age-related materials and resources to enhance teaching and learning in DATE go to www.pier2peer.org.uk / learning / PSHE Education. Consultancy, advice and training on DATE can be accessed by emailing pshe@brighton-hove.gov.uk and by following us on twitter @PSHEEdBH

Acknowledgements

The first draft of Part 1 of this guidance was written by Ian Macdonald, Mentor UK on behalf of Brighton & Hove City Council. This draft was then developed by Sam Beal, Helen Emerson, Sarah Jackson and Isabel Reid from Education and Skills, Brighton & Hove City Council. It has been distributed to a wide range partners for consultation including the Police, schools, colleges, health, youth, community and voluntary sector groups.

Part 2 of this guidance and accompanying flow-chart was originally written in 2013 and has been regularly updated since. It reflects the following national guidance:

Drugs and drug-related incidents; advice for local authorities, head teachers, school staff, and governing bodies (Department for Education and the Association of Chief Police Officers, January 2012)

Screening, Searching and Confiscation; Advice for Head Teachers, Staff and Governing Bodies. (Department for Education, March 2012)

Behaviour and discipline in schools; A guide for head teachers and school staff (Department for Education, 2012)

This guidance was agreed by the Brighton & Hove City Council's Children, Young People & Skills Committee on the **XXX**.

Particular thanks are extended to the following individuals and groups for providing an in depth response to the consultation:

- Aoife Tobin, BHASVIC
- Brighton & Hove Youth Council
- Rob Scoble, Brighton & Hove Youth Service
- Clara Nyman, Public health
- Clare Langhorne, Downs Park School
- Georgia Ramsay-Smith, Pavilions
- Helen Beaumont, Early Years Consultant
- Helen Cowling, Children's Centre Service Manager
- Hugh Garling, Longhill School
- Kate Lackenby, Brighton & Hove Youth Service
- Kerry Clarke, Public Health
- Police
- Natalie Johnston, Public Health
- Ru-ok?
- **More to add**

PART 1

Drug, alcohol and tobacco education guidance for educational settings in Brighton & Hove

1 THE CONTEXT FOR DRUG, ALCOHOL AND TOBACCO EDUCATION (DATE)

1.1 Definition of drug, alcohol and tobacco education

Brighton & Hove City Council documents consistently refer to 'drug, alcohol and tobacco education' to give equal emphasis to the legal, but still potentially harmful substances of alcohol and tobacco. Effective DATE develops skills, knowledge and understanding and provides opportunities to explore attitudes and values.

In this guidance a drug is defined as:

... any substance which, when taken into the body, alters the consciousness, mood and thoughts of those who use them. People often take them to change the way they feel, think or behave. The definition therefore includes illegal drugs, alcohol, tobacco, medicines, prescription medication, volatile substances (e.g. aerosols, solvents, glue or petrol) and novel psychoactive substances.

Novel psychoactive substances (NPS) are drugs that are designed to replicate the effects of other illegal substances. People may refer to these drugs as "legal highs", but all psychoactive substances are now either under the control of the Misuse of Drugs Act 1971 or subject to the Psychoactive Substances Act 2016. See [section X](#) for further information.

Effective drug, alcohol and tobacco education (DATE) in educational settings helps children and young people develop skills they need to make healthy and safe choices now and into the future. It enables them to recognise the positive protective factors present in their lives, and develop them further to prevent use and to build personal resilience, helping them to 'bounce back' from adversity and not seek substance use as a coping strategy.

The specific aims of drug, alcohol and tobacco education should match the age, maturity and needs of the children and young people the programme is aimed at. It should however start early – children need to know and understand for example about the safe use of medicines or that they should not pick up syringes.

1.2 National context

As part of the statutory duty on schools to promote pupils' wellbeing, schools have a clear role to play in preventing drug misuse as part of their pastoral responsibilities. Nationally DATE is identified as being an essential part of a school's PSHE provision, and has support across a range of government departments including the Department for Education (DfE), Department of Health (DH), Public Health England (PHE) and Ofsted. However, official alcohol and drug education guidance has not been updated since 2004, with joint guidance from DfE and the Association of Chief Police Officers (ACPO) on the management of drug related incidents last updated in 2012. Gaps in effective DATE nationally have since been identified in Ofsted's 2013 report on PSHE in English schools titled 'Not Yet Good Enough', including:

“Most pupils understood the dangers to health of tobacco and illegal drugs but were less aware of the physical and social damage associated with alcohol misuse, including personal safety”

“Eighteen per cent of panelists had not learnt about drugs, alcohol and tobacco until aged 14 although 95% had by the time they left school. This may be too late for some pupils because few wait until they are 18 to begin drinking and by the time they reach 15, more than eight in 10 have already tried alcohol”

“...too little emphasis on resisting peer-pressure in relation to drugs, alcohol, and sexual consent”

Ofsted (2013)

Educational settings following this locally developed guidance will be well-placed and ready for any developments in the national status of PSHE and drug, alcohol and tobacco education within it.

1.3 LOCAL NEEDS

The recent Joint Strategic Needs Assessment (2013) for Brighton & Hove identifies alcohol, tobacco and substance misuse as high impact social issues. It also identifies the 'strong curriculum programme for drugs and alcohol' as a particular strength of the local approach to reducing harm caused to young people. Building on this is identified as a recommended future priority through 'support(ing) primary, secondary and special schools to deliver a quality programme of drug and alcohol education...'. Therefore the further improvement of DATE is a key local priority.

Locally, the city has relatively high levels of smoking and alcohol use among young people as reported in the annual Safe and Wellbeing at School Survey (SAWSS), and is further reported in official Public Health England local alcohol profiles. While some of these figures are positively showing downward trends, the data still highlights the importance of an effective system of support for children and young people including universal provision of DATE in schools.

The SAWSS data tells us that since 2011 the percentage of children aged 11-16 who are regular or occasional smokers has decreased from 11% to 8% in 2015. However when only looking at pupils aged 14-16, 17% of this age group were regular or occasional smokers in 2015 (a decrease from 23% in 2011). In addition to older pupils, for the 14-16 age group, girls are also more likely to have smoked, as are lesbian, gay and bisexual pupils (but not those unsure of their sexual orientation); those who do not always identify with the gender they were assigned at birth (but not those who do not); young carers; those who receive extra help; those who have been bullied and those who have bullied someone else; those who say they are not happy; those who have truanted or been excluded; and those who have tried alcohol, drugs or had sex. There was little difference by ethnic group.

In addition to SAWSS, the 2014/15 What About YOUth national survey told us that 15% of 15 year olds in Brighton & Hove currently smoke, a rate which is significantly higher than those of the South East and England (8% and 9% respectively), and is the highest local authority rate in England.

The SAWSS data also tells us that the percentage of 11-14 year olds who have never tried an alcoholic drink has increased from 40% in 2010 to 74% in 2015. For 14-16 year olds, 15% had never tried an alcoholic drink in 2010, compared to 27% in 2015. In 2015, of those who have tried alcohol, 36% of 11-14 year olds, and 57% of 14-16 year olds had drunk alcohol in the last four weeks. Furthermore of these 14-16 year olds who

have drunk in the last four weeks, 61% have been drunk at least once in the last four weeks, and 19% reported 'drinking to get drunk' every time they drink.

Prevalence of substance use in Brighton & Hove was recognised by members of the Youth Council in a consultation in December 2016 with one young person commenting:

Living in Brighton & Hove we almost take it as 'daily life'. It shouldn't be a rite of passage.

Adults working within educational settings, youth services and health have also commented on the seeming normalisation of alcohol and cannabis use within some groups of young people and some groups of adults including some parents and carers. This guidance seeks to support educational settings to provide an evidence and needs based programme of DATE to support pupils and students in making these safe and informed choices, as well as responding appropriately to drug related incidents.

2 PRINCIPLES OF EFFECTIVE DRUG, ALCOHOL AND TOBACCO EDUCATION

Effective, high quality drug, alcohol and tobacco education:

- Is underpinned by a whole setting approach including how to support those who are affected by their own drug and alcohol use or that of family members
- Focuses on the development of social skills (such as assertiveness) and other skills (such as managing risk and getting help) that children and young people need to keep themselves healthy and safe now and in the future
- Is informed by research, data and normative approaches
- Is a partnership between home and setting, school or college
- Starts early, is relevant, needs based and revisited continually as experience, understanding and needs change
- Ensures children and young people's views are actively sought to inform, develop and evaluate the curriculum
- Has sufficient curriculum time to cover the breadth of issues in drug, alcohol and tobacco education and makes links with and to teaching and learning about other issues including relationship and sex education and mental health
- Uses active learning methods within a safe, learning environment and is rigorously planned, assessed and evaluated
- Is inclusive of difference for example includes discussion of different religious beliefs on alcohol use
- Is taught by professionals who are trained, skillful and know their pupils and students well, but also recognises teachers don't need to be drugs 'experts' to teach the subject
- Strengthens protective factors and minimises risk factors
- Teaches pupils and students about the law
- Teaches pupils and students about their rights to confidentiality inside and outside of the setting and signposts to services.

3 DRUG, ALCOHOL AND TOBACCO EDUCATION IN THE LAW AND IN THE GUIDANCE

This is a summary of guidance and law relevant to drug, alcohol and tobacco education and dealing with drug, alcohol and tobacco related incidents.

ALL REGISTERED EARLY YEARS PROVIDERS		
http://www.foundationyears.org.uk/files/2017/03/EYFS_STATUTORY_FRAMEWORK_2017.pdf		
<p>All Early Years providers must adhere to this framework. It includes specific requirements relating to the safety and wellbeing of children from birth to five years. There is also curriculum guidance in respect of children's health, personal, social and emotional development.</p>		
ALL STATE-FUNDED SCHOOLS		
Link to relevant statutory and other guidance	MAINTAINED SCHOOLS	ACADEMIES AND FREE SCHOOLS
Whole school Maintained & Academies	<p>Schools must provide a curriculum that is broadly based, balanced and meets the needs of all pupils. The curriculum must:</p> <ul style="list-style-type: none"> • promote the spiritual, moral, cultural, mental and physical development of pupils at the school and of society, and • prepare pupils at the school for the opportunities, responsibilities and experiences of later life. 	
Wellbeing	<p>Under Section 11 of the Children's Act of 2004, Governing bodies of maintained schools and FE colleges need to make arrangements to ensure that their functions are carried out with a view to safeguarding and promoting the wellbeing of children</p>	
National Curriculum	<p>The statutory Science National Curriculum includes references to drug, alcohol and tobacco education for example: Year 6: recognise the impact of diet, exercise, drugs and lifestyle on the way their bodies function KS3: the effects of recreational drugs (including substance misuse) on behaviour, health and life processes.</p>	<p>Academies are not obliged to follow the national curriculum however there are some requirements placed on them as part of their funding agreement. The current model funding agreement requires academies to include science in their curriculum; however there is no requirement that this should include drug, alcohol and tobacco education.</p>
PSHE	<p>The DfE states that personal, social, health and economic (PSHE) education is an important and necessary part of all pupils' education. All schools should teach PSHE, drawing on good practice, and this expectation is outlined in the introduction to the proposed new national curriculum.</p>	
Drug Advice for	<p>DfE and ACPO Drug Advice for schools has been used to inform</p>	

Schools	Part 2 of this guidance.
Safeguarding	Governing bodies and proprietors should consider how children may be taught about safeguarding, including online, through teaching and learning opportunities, as part of providing a broad and balanced curriculum. This may include covering relevant issues through personal, social health and economic education (PSHE), and/or – for maintained schools and colleges – through sex and relationship education (SRE).

4 SAFEGUARDING AND CONFIDENTIALITY IN DATE

4.1 GROUND RULES AND CONFIDENTIALITY

Effective drug and alcohol education needs to take place in a safe learning environment as discussed in more detail in section 6.1. Ground rules are key to supporting a safe, learning environment and provide an opportunity to explore with pupils and students what confidentiality means and to support learning about when and how to disclose personal information.

The classroom is never a confidential place to talk, and that remains true in drug, alcohol and tobacco education. School and college staff cannot and should not promise total confidentiality. Pupils and students must be reminded that lessons are not a place to discuss their personal experiences and issues – or to ask others to do so – through the establishment of ground rules or a working agreement. Younger pupils can be supported to use scripts such as ‘Someone I know...’ ‘My friend...’ so that they can share information safely.

In planning lessons, teachers will avoid activities that encourage personal disclosure related to behaviours or experiences in order to support keeping pupils and students safe.

Confidentiality as part of a working agreement or ground rules in a DATE lesson will therefore mean:

- respect for the privacy of the individual – no one will be pressured to answer questions or to share anything they do not want to, this could include a ‘right to pass’
- if personal information is disclosed then class members should do their best to ensure that this stays confidential to the group (unless there are safeguarding concerns)
- everyone taking responsibility for what they say and share (children and young people will need guidance on this issue)
- avoiding using names
- adults in the classroom being bound by the same rules, except where a child discloses something that the adult is obliged to report under safeguarding responsibilities and being clear what this means.

Children and young people should be informed of age appropriate sources of confidential help such as the school nurse (in a one-to-one setting), local services such as ru-ok? and national services such as ChildLine and FRANK.

Any visitor to the classroom is bound by the settings' policy on confidentiality, regardless of whether they or their organisation have a different policy. It is vital to make sure all visitors are aware of this. Pupils and students should be reminded of limitations to confidentiality as part of any session provided by external visitors in school and made aware of where to access further support after the lesson if they need it. For more information on visitors to DATE please go to [section X](#).

4.2 CONFIDENTIALITY AND DISCLOSURES OF SUBSTANCE USE WITHIN DATE LESSONS

Even with ground rules in place and reminders about the limits of adult confidentiality, drug, alcohol and tobacco education can give rise to disclosures from children and young people about themselves or friends and family. A statement on confidentiality should be included within every school's PSHE and or Drug, Alcohol and Tobacco Education Policy, or reference made to the school's general statement on confidentiality. This statement should help to clarify what happens following a disclosure.

For general guidance, the duty of confidentiality owed to a pupil or student is the same as that owed to any person, but school staff are not in a position to offer children and young people wholly unconditional confidentiality. However, the confidentiality of a pastoral discussion must be respected, as far as possible, unless there are strong reasons, such as serious risk to the pupil's or student's health or welfare, not do so, as informed by the setting's safeguarding policy. Pupils and students should be reassured that, if confidentiality has to be broken, they will be informed first and then supported as appropriate. Parents and carers should also be made aware of the school's stance on confidentiality.

Secondary School and College settings need to be clear with students about the consequences of being under the influence of or possessing drugs or alcohol on site whilst also informing students that if they seek support, advice, harm reduction information, referrals to substance misuse services etc., from support services on site, that they will not face any disciplinary action for that. Parents and carers do not have to be told about pupil and student disclosures, but settings will make decisions about this in the best interests of the child or young person.

Part 2 of this guidance provides further information on supporting vulnerable pupils and students.

4.3 KNOWING YOUR PUPILS AND STUDENTS

For some pupils and students and in particular for those where parents, carers or other family members misuse substances; drug, alcohol and tobacco education will present challenges and may cause them to feel anxious or distressed.

Where school or college staff are aware that the lesson content may increase pupil or student anxiety it is suggested that the staff talk with these pupils or students prior to the lesson and explain the learning planned and offer a 'right to pass' for all or some of the lesson. In some cases it may be appropriate for these pupils or students to receive some 1:1 support or input from the school nurse, youth worker or other service. Please

see the appendices in section 2 of the guidance for support provided in Brighton & Hove.

School and college staff may not always be aware of the past experiences of the pupils and students in their classes and so should give thought to how to introduce the lesson, be prepared to manage any disclosures and take note of any pupil or student who behaves differently or becomes withdrawn. Teachers can reflect prior to delivery on whether the lesson or learning will be safe for the most vulnerable child or young person in the class.

In primary schools care will need to be taken with how the health risks of smoking and alcohol are presented to pupils who may have adults at home who smoke or drink. It can be helpful to mention that sometimes grown-ups make choices, like smoking that might not be healthy for them. This can be used to contextualise the lesson as an opportunity to help us to make healthy choices in the future. Pupils should be reminded of question or worry boxes that they can use to report any concerns or who they can talk to if they are worried. We can also remind pupils that there are services to support adults who want to give up smoking for example.

As part of all drug, alcohol and tobacco education pupils and students will be reminded of where they can go for help if the lesson has triggered a concern.

As well as knowing our pupils and students it is important to be aware of our own attitudes to drugs, alcohol and tobacco and to ensure that in class these reflect school policy and or the core messages in Appendices 2 and 3.

4.4 Alcohol at social events

It is up to education settings to decide on their policy related to alcohol at events and social occasions, however it is highly recommended that discussions take place with Parent Teacher Associations and Senior Leaders about the place of alcohol in school or college events where children and young people are present.

The presence of alcohol at events such as Cheese and Wine or Summer Fair may exclude some groups of parents and carers including those from faith backgrounds where alcohol is prohibited or those in recovery from alcohol related problems. For children whose parents and carers have issues with substance misuse the presence of alcohol is likely to also cause anxiety.

Schools and colleges could additionally reflect on the implicit and explicit messages being given about alcohol and its use to children and young people when for example, providing alcohol during school performances or as prizes in raffles.

Alcohol free sites or not having alcohol when children and young people are present would therefore be beneficial in reinforcing the message that alcohol does not support learning and would begin to challenge the prevalence and social acceptability of alcohol use in some parts of our society. This would then be of positive support to the messages of the drug, alcohol and tobacco education programme.

5 DRUG, ALCOHOL AND TOBACCO EDUCATION POLICIES AND WORKING WITH GOVERNORS

5.1 GOVERNMENT ADVICE

The most up to date government advice on drugs in schools was released in 2012 and co-authored by DfE and the Association of Chief Police Officers (ACPO). While this only covers dealing with drug related incidents in schools, it reiterates the contribution of drug education and prevention programmes in supporting the statutory duty for schools to promote the health and wellbeing of pupils. It is worth noting this advice document relates to all schools, regardless of academy status. The key points from the guidance highlight:

- “Pupils affected by their own or other's drug misuse should have early access to support through the school and other local services;
- Schools are strongly advised to have a written drugs policy to act as a central reference point for all school staff;
- It is helpful for a senior member of staff to have responsibility for this policy and for liaising with the local police and support services.”

Department for Education & ACPO ([2012](#))

In order to best meet the needs of pupils and the wider school community, schools are recommended to:

- “Develop a drugs policy which sets out their role in relation to all drug matters – this includes the content and organisation of drug education, and the management of drugs and medicines within school boundaries and on school trips
- Have a designated, senior member of staff with responsibility for the drug policy and all drug issues within the school
- Develop drug policies in consultation with the whole school community including pupils, parents and carers, staff, governors and partner agencies
- Establish relationships with local children and young people's services, health services and voluntary sector organisations to ensure support is available to pupils affected by drug misuse (including parental drug or alcohol problems)”

Department for Education & ACPO ([2012](#))

5.2 BRIGHTON & HOVE POLICY ADVICE

Brighton & Hove City Council has developed an overarching PSHE Exemplar Policy which can be adapted to reflect policy and practice in any setting and covers drug, alcohol and tobacco education.

Settings may wish to develop a separate, more detailed drug and alcohol education policy and the Mentor UK Policy Toolkit could be used to support this. Mentor UK recommends that a drug and alcohol policy:

- clarifies the legal requirements and responsibilities of the school;
- safeguards the health and safety of pupils and others who use
- the school;

- clarifies the school's approach to drugs for all staff, pupils, governors, parents/carers, external agencies and the wider community;
- gives guidance on developing, implementing and monitoring the drug education programme;
- enables staff to manage drugs, alcohol and tobacco on school premises, and any incidents that occur, with confidence and consistency, and in the best interests of those involved;
- clarifies the support available to pupils and students whose own drug or alcohol use, or that of a family member, is causing concern, including screening and referral or signposting to external agencies;
- ensures that the approach to drug education, incidents involving drugs, and pastoral support are all consistent with the values and ethos of the school;
- provides a basis for evaluating the effectiveness of the school drug education programme and the management of incidents involving illegal and other unauthorised drugs.

Whichever framework or exemplar is used consultation on the development or review of the policy is crucial.

5.3 CONSULTATION

Advice from national organisations including the DfE, Mentor UK and PSHE Association highlight the importance of wide consultation in developing PSHE and other policies – including staff, pupils, students, parents, carers, governors and local services. This helps ensure the policy represents the needs of those it seeks to serve, as well as securing wide ownership of it. In practice, a useful way to undertake this is to develop a working group. In some settings this may in part become the responsibility of an already existing group which looks at health and wellbeing, or it may prompt a new group to be formed. Indeed, in smaller primary schools with small staff teams it may be that this process can be undertaken as part of a wider staff meeting. As well as a member of the senior leadership team, it is recommended that this group has representation from:

- Pastoral / Inclusion / Behaviour / Safeguarding Lead (with responsibility for dealing with drug, alcohol and tobacco related issues)
- PSHE coordinator
- Teacher responsible for pastoral support or behavior
- A governor with responsibility for this area
- Parent and carer representative(s)
- Pupil or student representative(s) or links to pupil or student forums or councils

Mentor UK (2012)

The policy should be reviewed at least every three years.

5.4 ROLE OF THE GOVERNING BODY

The governing body will want to recognise that effective drug, alcohol and tobacco education contributes to:

- The school's statutory duty to promote wellbeing and safeguard children and young people
- Spiritual, moral, social and cultural development
- Personal development, behaviour and welfare

Governors therefore have a part to play in supporting policy review and development and in reflecting on data related to exclusions for drug and alcohol related incidents in secondary and college settings.

A PowerPoint presentation aimed at governors has been developed by Mentor-Adepis ([2013](#)).

6 THE PLANNING AND DELIVERY OF EFFECTIVE DATE

6.1 SAFE LEARNING ENVIRONMENTS FOR THE DELIVERY OF DATE

Creating a positive climate for delivery of PSHE and DATE should be considered crucial to its success. We know that when done in a supportive and well planned manner, pupils and students rate their DATE highly:

“Pupils consistently reported how they enjoyed the freedom to express ideas and explore key issues as a group. They felt this wasn't offered elsewhere in the school curriculum.”

Mentor UK & Brighton and Hove City Council (2016)

With this in mind, producing an agreed set of ground rules with pupils and students at the start of each programme of study should be considered essential practice. This will support the freedom of expression pupils and students have told us they appreciate, while also maintaining a safe and supportive environment for these discussions to take place as described in section 5.1. In the December 2016 consultation with the Youth Council one young person highly valued DATE because of its role in:

Creating an important safe space for young people to discuss drug and alcohol use.

Distancing techniques and the use of scenarios, photos, film or role play support the development of understanding and skills, but without any focus on an individual in the class. Distancing techniques depersonalise the situations under discussion. Being in a role, empathising with a character, speaking or writing in response to the actions of others (real or imaginary) allows pupils to explore their feelings about drugs, alcohol and tobacco safely, because they are not speaking or acting as themselves. Further advice on creating safe learning environments and ground rules can be found in section 8.1 and Appendix 5 of Brighton & Hove City Council's [Relationships and sex education guidance for educational settings](#).

6.2 CONTENT

The content of any programme of alcohol and drug education should seek to meet the needs of pupils and students in terms of their knowledge, skills and attitudes. The Brighton & Hove PSHE Education Programme of Study and relevant Curriculum Frameworks should be referred to for guidance on what could be delivered and when. However, it is recognised that the needs of pupils and students in each school or even in each class will be different, and lessons delivered should reflect this. Use of local Safe and Well School Survey (SAWSS) data is essential in this process, as well as responding to patterns in behaviour incidents, drug related incidents, or local knowledge derived from pupils, students, parents and the wider school community.

Intelligence from services such as ru-ok? or the police enable schools to focus on substances that pupils and students are most likely to come across rather than covering all substances in what is often a short amount of curriculum time. Settings can access this information via communications with those visiting and supporting settings including ru-ok?, youth workers and the Public Health Schools Programme or can email pshe@brighton-hove.gov.uk for advice.

To further support planning, Mentor-ADEPIS have produced a set of [Quality Standards for DATE](#) which are based on a set of academically evaluated European standards for drug prevention. These highlight how the key components of an effective programme should demonstrate:

- Clear and relevant learning objectives and learning outcomes are set and assessed
- Learning is interactive
- Positive social norms are reinforced (see section 4.4)
- Resources are appropriate for their audience, providing accurate and relevant information
- Clear strategies are in place to ensure a safe classroom environment
- Approaches are evaluated for effectiveness

Mentor-ADEPIS (2014)

When designing the content of your DATE programme, these components should be considered to ensure best practice is demonstrated in your school.

A DATE programme should develop pupil or student knowledge, skills and attitudes. **Section X** provides further information on the importance of a 'life-skills' approach to meeting these needs in terms of the skills pupils and students need to negotiate risky situations. The content of a school's programme in terms of drugs covered, should also be flexible enough to respond to any trends identified within the school via SAWSS or other local intelligence. As a broad outline, the following content would be expected at each key stage:

Key Stage	Suggested Content	Science National Curriculum (2015) (statutory)
Early Years Foundation Stage	Being healthy Keeping safe	Early Learning Goal: Children know the importance for good health of physical exercise, and a healthy diet, and talk about ways to keep healthy and safe.
1	Medicines, school rules	
2	Alcohol, tobacco, drug laws	recognise the impact of diet, exercise, drugs and lifestyle on the way their bodies function (Year 6)
3	Cannabis, energy drinks, drugs and their categories (stimulant, hallucinogen, depressant), risk	the effects of recreational drugs (including substance misuse) on behaviour, health and life processes (KS3)
4	NPS, drugs and their categories (stimulant, hallucinogen, depressant risk, laws) risk and	

Where possible and at all key stages links should be identified and explored with other topic areas of PSHE. For example, strong links can be made between alcohol use and relationships and sex education, the links between drug use and wider risk taking behaviours, and also links between drug use, self-esteem and mental health.

6.3 Special educational needs and disabilities

Children and young people with special educational needs and disabilities (SEND) may need additional support in understanding what sorts of behaviour are and are not acceptable and desirable, in resisting peer group pressure and in developing the confidence and skills to resist drugs and the curriculum content should reflect this need. This support could be provided through pre-teaching, speech and language services, additional input from the school nurse for example and teacher differentiation.

Some pupils and students with SEND may be particular vulnerable to persuasion and will need extra support to develop skills to say no and be assertive.

The Department for Education has [statutory guidance](#) about the support that pupils and students with medical conditions should receive at school. As part of support provided under this guidance settings will want to support all pupils and students to understand the role some medicines play in enabling people to remain well (asthma and diabetes for example) and participate fully in school.

For older students taking regular medication, schools will need to provide information and opportunities for them to understand the possible misuse of prescription drugs as well as that of recreational drugs and the dangers of mixing any drugs and alcohol.

6.4 Inclusive practice

Drug, alcohol and tobacco education, in line with all PSHE and citizenship, needs to reflect the range of social and cultural backgrounds within the school community and throughout Britain. Teaching resources should use have images and scenarios which reflect the diversity in the community and teachers should have developed strategies, such as the application of ground rules, to challenge prejudice and stereotypes. An understanding of the different values around drugs and alcohol of faith and cultural communities is important, as well as well as opportunities to challenge stereotypes related to some groups and drug and alcohol use. Further guidance on Alcohol and Drug Education in Multi-Cultural Settings has been written by Mentor-Adepis (2014).

Regardless of a family's cultural or religious background, children and young people living in Britain will come across alcohol and drugs. The use of alcohol and drugs may be perceived differently by young people to their own family's cultural values. However, all young people are at some risk from harm associated with their own or other people's alcohol or drug use.

In Brighton & Hove some groups of young people, are shown in the Safe and Well School survey to be engaging in riskier behaviours. Settings should consider how to particularly target and support these groups and ensure equal access to services.

6.5 RESOURCES

Using effective resources in the classroom is essential for the successful engagement of pupils and students and the development of their skills. A range of resources have been developed by local teachers and shared on the [Pier2Peer](#) website for others to adapt to suit their own needs. The PSHE Association runs a quality assurance scheme for resources produced by organisations for use in PSHE, and this should also be considered a good starting point for teachers looking for DATE resources.

Some research has shown that resources that aim to shock pupils and students (such as graphic pictures of diseased lungs) as a means of dissuading children and young people from substance misuse do not have the intended impact particularly if used as a 'one off intervention'. Evidence has shown that 'scare tactic' approaches may contain information which is biased, exaggerated or even fabricated and these approaches rarely provide children and young people with the skills they need to keep themselves safe.

When looking to devise classroom resources, it should be remembered that lesson content should be led by the needs of pupils and students and not necessarily by the resource being used. When teachers are using resources obtained from elsewhere, a key consideration should be how such resources meet the needs of pupils and students and how they can be adapted to better do so. Some questions to ask about the relevance of a resource could be:

- Will this resource engage pupils and students in the content of the topic?
- Is this resource interactive?
- Does the resource meet the needs of the pupils and students, if not how can it be adapted?
- Does the resource seek to develop pupil and student skills as well as their knowledge and understanding?
- Are there opportunities to discuss attitudes and values?
- Does the resource use references to current and wider life experiences which are relevant to pupils' and students' lives and represent the diversity of our school community?
- If I am using a resource with 'shock value' am I sure that it will have the intended educational impact? How will I evaluate this?

6.6 CONSULTING PUPILS AND STUDENTS

All schools should ensure that pupils are included in planning their drug and alcohol education programme and thought given to ways of evaluating taught units with pupils. In a Youth Council consultation in December 2016 one young person asked that the Council:

Recommend[s] to schools that young people are involved in session planning.

Consultation with pupils can take a variety of forms, all with differing validity and application in PSHE. Effective consultation in PSHE should ask pupils what topics are important to them (not what they think teachers want to hear) and what approaches they engage with the most in the classroom.

Pupils and students can be consulted in a number of ways, but this should be a representative process which takes account of the views of all pupils – not just those engaged with activities like school councils. Effective methods of conducting this include ‘diamond 9’ activities, focus groups, and pupil surveys on methods of delivery and lesson content. Examples of how to do this are [on Pier2Peer](#) and using a combination of methods will help increase the validity of the feedback obtained.

Best practice also suggests that feeding back the results of consultations to pupils and students will help them value this approach, and support further engagement as they can see what actions and decisions have been made in response to their views.

6.7 CONSULTING AND INVOLVING PARENTS

The PSHE Association has suggested the vast majority of parents are in support of PSHE delivery, and recognise its importance in the school curriculum. As with relationships and sex education, any questions from parents and should be viewed as opportunities to engage with them in a positive way. In line with the social norms approach outlined in [section X](#), this is also an opportunity to stress the fact most young people do not engage in risky behaviours including alcohol and drug use, and a programme of DATE is there to reinforce this and equip pupils and students with the necessary skills.

Schools should make every effort to involve and inform parents and carers of the DATE curriculum as part of wider PSHE education curriculum and where and when appropriate provide support to parents and carers in supporting their children and young people.

These are some of the ways best practice schools involve parents and carers in a whole school approach to drugs, alcohol and tobacco:

- Consult them on DATE or PSHE Policy review and development as described in [section X](#)
- Inform parents and carers of what is being taught in PSHE education through the sharing of curriculum maps on the school website, newsletters or through parent workshops
- Invite parents and carers to assemblies or events when DATE is a focus
- Deliver workshops for parents and carers on talking with their children and young people about drugs and alcohol or signpost to websites that support this
- Signpost parents and carers to places they can get support for their own tobacco, drug or alcohol use (in conjunction with the Public Health Schools Programme) as well as places for support for young people.

The Mentor-Adepis website signposts to a range of [prevention resources](#) for parents and carers.

6.8 STAFF TRAINING AND SUPPORT

Having well trained and informed staff teams is essential for the delivery of a whole school approach to DATE. Alongside other topics such as RSE and e-safety, PSHE teachers should be supported to access specific CPD opportunities to support them in the classroom. Staff training and confidence is a common area of improvement for

schools around PSHE topics, as identified by Ofsted ([2013](#)), the Commons Education Select Committee ([2015](#)) and the PSHE Association ([2014](#)). Against this, we should remember that teachers do not have to be 'experts' in alcohol and drugs to deliver effective DATE – instead, their expertise in knowing the needs of pupils and responding with relevant teaching styles and activities is key to its success (Mentor-ADEPIS, [2015](#)).

For those co-ordinating PSHE within a school, it is recommended that a training needs analysis is conducted to identify strengths opportunities for development across the whole team. Mentor UK's report into local provision of DATE noted that pupils were able to pick up when a teacher had a lack of knowledge or confidence in delivering the subject, and were conversely more able to engage in lessons with a confident, honest teacher. The same report highlighted local need identified by teachers themselves, with 85% of respondents welcoming additional support, and only 56% reporting they had received any CPD around DATE.

Locally available training opportunities can be accessed via the Brighton & Hove Standards and Achievement Team. Regular PSHE Network and Consortium Meetings are a good opportunity to share good practice and resources across the area. Wider opportunities can be accessed via organisations including Mentor-ADEPIS and the PSHE Association.

Pastoral staff teams should also be supported to access their own CPD opportunities around the identification, support and onward referral of pupils and students who require further input. Staff should seek to build and maintain links with support services including School Nurses, Brighton & Hove Youth Service and ru-ok? Schools should have a named member of staff for liaison with drug related incidents in line with an up to date policy on handling these incidents, including supporting pupils and parents as part of a holistic response. This member of staff should ideally have received training in identification and screening of those vulnerable to substance use in order to identify the most appropriate support to offer.

All school staff and potentially governors require some training to support basic awareness of drugs (including alcohol), emergency aid procedures, actions in the event of a drug related incident, and an understanding of confidentiality and disclosure within school safeguarding policies. Pastoral staff would also benefit from opportunities to understand the support needs of children and young people from homes where there is substance misuse.

6.9 MONITORING AND EVALUATION OF DATE

Educational settings need to be thorough in their monitoring and evaluation of drug and alcohol education, within PSHE. Monitoring is an ongoing process that ensures that the scheme of work is being effectively delivered. Evaluation is the process that identifies how worthwhile the programme is.

The role of the PSHE coordinator is essential and requires non-contact time to be available to ensure these processes are carried out, together with opportunities to meet with colleagues to ensure effective monitoring and evaluation. Questions that can be asked about how the programme is monitored and evaluated include:

- Does the monitoring strategy include a check that the planned programme has been delivered by all teachers involved?

- Are there lesson observations to judge the quality of teaching?
- Is there scrutiny of pupil and student work?
- Is the PSHE programme evaluated and reviewed annually?
- Does the evaluation and development of the DATE curriculum involve pupils and students?

6.10 ASSESSMENT AND REPORTING TO PARENTS AND CARERS

Each setting should have a process in place to monitor pupil progress and achievement in PSHE education, including drug and alcohol education as part of this. This should be planned as an integral element of teaching and learning, and be active and participatory.

Examples of assessment opportunities include:

- Preparation and development of a talk, presentation or personal website
- Demonstrating skills through participation in a role play or simulation or through self-assessment
- Devise a quiz, board game, or produce resources for younger pupils
- Participation in an event or project or school council, use diary, photography or video to record involvement.

The inclusion of regular self-assessment, both individually and with peers, is also important for pupils to make sense of experiences, to identify what went well and what could have been improved and to thus inform target setting.

Reporting to parents and carers will ideally include PSHE education, including drug and alcohol education within this.

7 THE PLANNING AND DELIVERY OF EFFECTIVE DATE INCLUDING EVIDENCE BASED PRACTICE

7.1 RECOMMENDED DELIVERY MODELS INCLUDING CURRICULUM TIME

Decisions about how the PSHE curriculum is organised is ultimately for schools to decide. There are various pressures which currently exist in relation to the place of PSHE in the school curriculum. This means a variety of delivery models exist, not just in Brighton & Hove, but also nationally. In secondary schools this can vary from regular timetabled sessions for PSHE, through to delivery via tutor time, or delivery via drop-down days where pupils and students are taken off timetable for a day to cover a specific topic. In Brighton & Hove we agree with the recommendation from the PSHE Association:

“We believe PSHE education should be treated in the same way as any other subject, and should be consistent with the timetabling in individual schools. As a very rough guide, we suggest one hour per week of discrete PSHE education in key stages 1 to 4, as part of a whole school approach with opportunities to enhance the learning through other subjects and events”

PSHE Association (2016)

Mentor UK's report on local provision in Brighton and Hove (2016) stressed how students appreciate the flexibility offered by regular discrete sessions devoted to the subject, and subsequently rate them highly in terms of engagement and enjoyment. Furthermore, Ofsted also highlight the benefits of planned sessions and the limitations to learning offered when delivery is solely through drop-days (2013). In addition to this, the PSHE Association has produced a set of case studies which highlight the links between outstanding PSHE delivery and achieving outstanding Ofsted inspections (2015). This further highlights the importance of effective PSHE and DATE in supporting the academic and personal development of pupils.

Working towards regular timetabled provision of PSHE and therefore DATE also enables schools to maintain a more stable team of specialist trained teachers delivering the subject. This has a positive impact on the confidence and ability of staff to deliver effective lessons and obtain meaningful assessment. Indeed, recent research from the University of Hertfordshire and PSHE Association (2016) has further demonstrated a positive correlation between high quality PSHE and positive peer relationships. Schools should therefore be aware of the limitations of tutor time delivery which can include all teachers accessing appropriate CPD, less control over what is delivered in class, and wider influence of other pastoral responsibilities of the tutor role.

Limitations of delivery solely via drop-days include less opportunity for assessment of learning, staff and pupils and students treating them as a 'day off', and potentially raising questions about specific issues which cannot be answered. In this respect, there is a risk of 'some DATE doing more harm than no DATE'. There is also the issue for those pupils and students who may be absent and then miss all the input on DATE for that year, and perhaps only receive incoherent pieces of information from peers.

7.2 A needs led programme

Ensuring the DATE programme meets the needs of pupils and students is a key consideration, both in primary and secondary schools. It should be remembered however that this doesn't necessarily mean lengthy surveys and analysis:

“Day-to-day observation and knowledge of pupils' circumstances, backgrounds and values should be the starting point for an efficient needs assessment and an effective alcohol and drug education programme”

Mentor-ADEPIS (2014)

Having a well-supported team of PSHE teachers meeting regularly is therefore key in ensuring this knowledge is shared amongst the school and used to inform planning and delivery. On top of this, the Safe and Well School Survey (SAWSS) provides useful data to inform secondary school curriculum development. National data can be obtained from the 'Smoking, Drinking and Drug Use Among Young People in England' survey which is run annually and published each summer by the Health and Social Care Information Centre (HSCIC).

Draw and write activities are particularly useful in assessing where pupils and students are at, especially in primary schools. You can find examples of these on www.pier2peer.org.uk. The open ended questions which are a key component of this technique helps overcome some restrictions of more structured surveys, while also overcoming difficulties in comprehension which may exist for younger pupils. It should be noted that pupils and students can inadvertently disclose information about their home lives which may require further action. If this does occur, local safeguarding procedures should be followed.

At secondary level, in addition to the SAWSS it can also be helpful to use more informal methods to appreciate the differences which may exist both within and between year groups. Graffiti walls, body maps and diamond 9 activities can be used as starter activities to assess the extent of knowledge students already have at the start of a programme, as well as what they may have gained by the end too.

7.3 A PROTECTIVE BEHAVIOURS APPROACH – nursery and primary schools

Using a protective behaviours approach to DATE programmes particularly in nursery and primary school settings, enables pupils to learn skills to keep themselves safe and to ensure they can get help if they need it. This approach would provide opportunities for pupils to reflect on situations and scenarios where they might feel unsafe and experience early warning signs and to practice using the Stop, Think, Go technique to plan what to do next.

For younger pupils this approach might include scenarios where they find some pills or a syringe in the park and then participate in activities to understand what is risky about this situation and think up actions would help them to keep safe.

For older key stage 2 pupils this might include coping with how they feel about passing street drinkers when they are out and about independently.

Support for the development of protective behaviours approaches in the curriculum can be accessed by emailing pshe@brighton-hove.gov.uk and for training to support whole school approaches to protective behaviours please contact Brighton & Hove Charity [Safety Net](#).

7.4 Developing a ‘life-skills’ approach

Responding to the needs of employers and a modern employment market has seen increased focus from central government on the concept of ‘life-skills’ (House of Lords, [2016](#)) and the role PSHE topics can play in their development. This approach is also being applied and promoted to health education topics including DATE (Mentor UK, [2016](#)), RSE (Brook, [2015](#)), and also through reports looking into parental views on PSHE (PSHE Association, [2015](#)):

“Life skills help children, youth and adults to assess risky situations and behaviours and make rational choices in front of everyday challenges”

(Mentor UK, [2016](#))

Adopting a DATE programme which seeks to address life skills as measurable outcomes can therefore contribute to moving it from something which is knowledge based to one which is skill based – thus making it more relevant to the real life situations children and young people are likely to find themselves in. In particular, this will ensure that children and young people have a greater awareness of how to keep themselves and others safe, the skills to assess and manage risk and the ability to seek help and support if they or others need it.

In Brighton & Hove we have developed a PSHE skills framework to support this approach and encourage all lessons to have a skill development element that can be practiced, revisited and assessed.

7.5 HARM REDUCTION (OFTEN REFERRED TO AS HARM MINIMISATION)

‘Harm reduction’ is an approach recognised as useful for those who are smoking (NICE, [2013](#)), drinking alcohol (Alcohol Concern, [2010](#)) or using NPS or other drugs at risky levels (Public Health England, [2014](#)). The general premise of this approach is an acceptance that some people will choose to use certain substances, whether through informed choices or not, and that for those individuals information on how to use these in less risky ways is therefore beneficial. This can often take the form of reducing the amount someone is using, moving to a safer location, or changing the route of delivery (eg injecting to smoking). It should be noted that this approach would be in addition to continued information and intervention around general risks and the benefits of being drug-free. To put this into context, NICE define this approach in relation to tobacco as:

“...reducing the illnesses and deaths caused by smoking tobacco – among people who smoke and those around them. People who smoke can do this by:

- stopping smoking altogether
- cutting down prior to quitting
- smoking less
- abstaining from smoking temporarily

These changes in behaviour might involve completely or partially substituting the nicotine from smoking with nicotine from less hazardous sources that do not contain tobacco. (Examples include pharmaceutical nicotine and ‘electronic cigarettes’.)”

NICE ([2013](#))

Whilst harm reduction approaches are entirely appropriate for those already using or at risk of using substances, care does need to be taken in how this message is delivered

and conveyed to all pupils and students in a universal setting. Too strong a focus on harm reduction can create misperceptions among them that most young people are drinking alcohol or using drugs. To negate this, these messages need to be delivered where a specific need is identified amongst a group and also in a depersonalised way. For example, messages should not be delivered using personalised language such as 'you can minimise risks by...'. Instead, for example say 'a person could minimize risks by...'. Where harm reduction approaches are deemed necessary, these should be delivered in conjunction with further targeted sessions to develop skills in assessing and negotiating risk for those who are engaging in high risk behaviours.

7.6 SOCIAL NORMS

Practice in PSHE has often been to start from the position of the behaviours we want pupils and students to challenge or avoid – for example unsafe sex, 'binge' drinking, or using strong cannabis strains. Taking this as the basis for a DATE programme means that we can unintentionally reinforce the behaviours we want to avoid, at the expense of those we want pupils and students to adopt, for example being smoke free, delaying sex, refraining from alcohol use until they are an adult and refraining from risky alcohol use. The social norm approach seeks to challenge this unintended effect by focusing on the positive behaviour as part of a whole school approach. This approach should be evident therefore in classroom delivery, communications with parents and carers, posters around school, messages on interactive screens etc. For example, if we use the numbers of young people binge drinking as a method of raising awareness, we can give a false impression that most young people are doing this, prompting pupils to question whether it is something they should be doing to 'fit in'. The social norms approach however, suggests we should focus on the numbers who are alcohol free or not drinking regularly as part of classroom activities. This means we are able to cover alcohol as an issue while promoting the fact that most young people do not drink alcohol regularly or heavily (HSCIC, [2015](#)).

Results from the SAWSS gives us the opportunity to adopt this approach at both school and city wide levels. Further advantages are that the relevance of messages to students can be increased by making them about students in their school, local area or year group. This approach has already been adopted locally in 2016, with resources produced on smoking, alcohol and further resources and support planned. Some of these are presented below as examples of how this can be brought to life. Further information on this approach can be found on the Mentor-ADEPIS website, including case studies and video clips to explain the benefits of this approach.

Only 2 out of 50 young people aged 11-16 years in Brighton & Hove smoke regularly

SAWSS 2016

It seems more because you notice the smell

www.brighton-hove.gov.uk/smokefree

Brighton & Hove City Council

7.7 THE 'LANGUAGE' OF DATE

In addition to the content and style of delivery in universal settings, PSHE staff should also consider the language they adopt when delivering sessions on alcohol or drug use. Addressing a class using personalised terms like 'you' can mean pupils receive this information as something they should be engaging in, whether or not that is the intention. Effectively, this normalises the behaviour of the topic which is being delivered. An example could be 'when you choose to drink alcohol, you should be aware of the risks'. While this isn't directly condoning alcohol use, and rightly accepts that most young people will at some time decide to drink alcohol, the fact the statement refers to 'you' is likely to make a pupil think 'does this mean I am expected to drink alcohol?' Adapting this statement to 'if a young person chooses to drink alcohol, they should be aware of the risks' can depersonalise the subsequent discussion and produce a safer environment for exploring the topic.

Arguably, there is a bigger risk of slipping into this terminology when delivering harm reduction messages to groups (see section 5.4). While this method of delivery certainly has its role within an effective DATE programme, it should be stressed these messages should be delivered only after assessing the specific needs of a group, rather than delivering it 'cold' or in isolation. Indeed, if a group of pupils are demonstrating increased need for harm reduction messages, this would suggest more focused or targeted support is required via youth work or ru-ok? rather than via PSHE.

7.7 The use of visitors in the DATE classroom

First and foremost, educational setting will need to ensure that they have robust policies and processes for supporting the use of visitors to enhance DATE and that these appropriately safeguard children and young people.

Visitors to DATE should enhance rather than replace teacher-led delivery. Visitors are often invited to give 'expert' information about dangers of alcohol and drugs. However, the value of such narrow information-giving is often severely limited, and as soon as exploration and discussion are added, the teacher is usually a better expert.

Young people often ask to hear from ex-users however there is not evidence to show that this method of DATE is effective and it may even serve to normalise drug use.

Mentor-Adepis has produced a guide to *Involving families affected by substance use in alcohol and drug education* ([2014](#)) which makes clear the challenges and potential advantages in involving those affected by substance use in the curriculum. The guidance contains the following key messages:

- If managed with care, families with direct experience of a relative's substance use, and the community services which support them, can make positive contributions to alcohol and drug education sessions and whole school responses to drugs and alcohol.
- Visits from external experts (or 'experts of experience') must be appropriately and collaboratively planned, delivered and followed up with regard to existing good practice and knowledge of 'what works'.
- Teaching methods like shock tactics and scare stories are not effective ways to deliver alcohol and drug education, even if delivered by people who have lived through substance use themselves or in their family.

- External contributors to alcohol and drug education should be approached or selected based on an appropriate assessment of the skills and knowledge they can offer.

Schools additionally need to take care with offers from external organisations to deliver sessions in schools and give out resources and ensure this input support the values and ethos of the school and uses the evidence-based methods described in this guidance. The Mentor-Adepis website offers these words of [caution](#) about an organisation that regularly offers to come into schools in the UK including Brighton & Hove and suggests how important it is to check the accuracy of content and the style of delivery. Any visitor input will need to be planned with the teacher who provides the context and follow-up. Teachers should always be present when classes have visitors and take responsibility for behaviour management.

Visitors should additionally feel confident to say no to any input which they feel does not support their idea of best practice. For example a request to deliver on a sensitive issue to an assembly of one hundred or more students may not support effective learning. Theatre in Education (TIE) can be a powerful learning experience for pupils and students, but can be an expensive option. To maximise impact and learning teachers need to plan carefully in preparation for the visit and how learning is consolidated following the input. All visitor and TIE inputs should be evaluated with the pupils and students.

If you have questions about visitors or TIE programmes please email pshe@brighton-hove.gov.uk .

8. Vulnerable pupils and students

The [Mentor-Adepis](#) website states that

‘Research over the last two decades means there is a very strong idea of the risk and preventative factors that affect behaviour by young people; including drug misuse.

However, if risk factors are lowered and protective factors heightened the evidence suggests fewer young people will have drug problems. It is where these factors are severely out of balance that a young person’s ongoing well-being may be at great risk.

It is worth noting that:

- risk factors work more powerfully in combination
- risks factors cannot by themselves accurately predict which young people will, or might, take drugs; rather, they may indicate the possibility of an early start to any drug use, may herald a worrying pattern of use, and may accompany motives for use that are more related to seeking comfort from distress, than looking for the fun, enjoyment and kicks often sought by a recreational user.’

Protective factors	Risk factors		
	Belonging to a vulnerable group	Social and cultural factors	Interpersonal and individual risk factors
Positive temperament	Looked after children	High levels of neighbourhood poverty	Physiological and psychological factors

Intellectual / academic ability	School non-attenders	High levels of neighbourhood crime	Family dysfunction
Positive and supportive family environment	Mental health problems	Easy drug availability	Behavioural difficulties
Social support system	Drug use by parents carers	Widespread social acceptance of alcohol and drug use	Academic problems
Caring relationship with at least one adult	Abuse within in the family	Lack of knowledge and perception drug-related risks	Association with peers who use drugs and alcohol
In education / employment and training	Homeless		Easy onset of tobacco smoking
	Young offenders		Early onset of alcohol and drug use
	Those being sexually exploited		

Therefore schools can play a role in developing protective factors by:

- helping pupils and students develop supportive and safe relationships
- insisting on regular school attendance
- providing pupils and students with strategies to cope well with academic and social demands at school
- allowing strong and supportive social networks
- encouraging good social skills
- developing self-knowledge and esteem
- building good knowledge of legal and illegal drugs, their effects and their risks
- building good knowledge of general health and how to ensure their good mental health.

Some pupils and students will need targeted support in addition to the universal provision of drug, alcohol and tobacco education through PSHE education. This support is described in part 2 of this guidance.

8 SPECIFIC TOPICS AND ISSUES

This section does not deal with all substances that will be covered as part of DATE, but picks out some key relevant issues. Reliable information about the full range of substances can be found at: <http://www.talktofrank.com/>

Locally Brighton & Hove's young person's substance misuse service ru-ok? produces a monthly newsletter which provides updates on substances that are being used by young people in the service. To sign up for this newsletter please email - ru-ok@brighton-hove.gov.uk

8.1 DRUGS, ALCOHOL, TOBACCO AND THE LAW

The laws on drugs and alcohol are complex. Illegal drugs are divided into different 'classes' by the Misuse of Drugs Act and the punishment for being caught with a substance depends on what class the drug is. Punishments are additionally dependent on whether someone was just in possession of it, or if there was intent to supply it to others.

Educational settings should give clear messages that there will be sanctions for bringing drugs and alcohol onto school site including consequences that could involve the Police and criminal charges. This can be done through PSHE education and additional through school assemblies, tutor time and other opportunities which clarify school rules and values.

Teaching that something is illegal may not prevent a young person in using, but the law and the wider social and future implications and consequences of a drugs conviction should be explored as part of DATE including the impact on freedom to travel and do certain jobs.

Police officers attached to schools can potentially provide support to teachers in understanding the law and in giving clear messages to pupils and students.

The YouGov website provides useful pages related to drugs and alcohol and the law and these can be used to update knowledge on this area of the curriculum:

<https://www.gov.uk/penalties-drug-possession-dealing>

<https://www.gov.uk/alcohol-young-people-law>

8.2 NOVEL PSYCHOACTIVE SUBSTANCES (NPS)

NPS are drugs that are designed to replicate the effects of other illegal substances. People may refer to these drugs as "legal highs", but all psychoactive substances are now either under the control of the Misuse of Drugs Act 1971 or subject to the Psychoactive Substances Act 2016.

The advent of novel psychoactive substances (NPS) has resulted in a range of responses at national and local levels to tackle an incredibly fast moving market. Despite increased media coverage, prevalence of use among young people is still considered to be low. More specifically, we know that nationally only 2.5% of pupils say they have taken NPS (HSCIC, [2015](#)), although this doesn't account for pockets of the country where use may be higher, or for young people with multiple risk factors which increases their likelihood to be using them.

The Psychoactive Substances Act, 2016 made it illegal to supply, produce, distribute and sell these substances. Sellers will face a (maximum) seven years prison sentence; there is currently no personal possession offence, unless personal possession is with intent to supply. The key messages for young people therefore are:

- From 26th May 2016, it is illegal to sell or supply drugs known as so called “legal highs
- Sharing these drugs with your friends means you are putting them at risk and danger;
- The changes in the law mean you could face legal consequences for giving or selling any drugs to anyone.

In delivering lessons about NPS, it should be recognised that expecting students (and therefore teachers) to be aware of all NPS is neither productive nor practicable, particularly when the range of substances on the market changes so drastically. Effectively, as soon as a resource is produced it is also likely to be out of date. This should therefore prompt settings to focus less on the specific substances and more on the skills associated with resisting any pressure to try these substances – regardless of what it is, the skills needed are essentially the same. Additionally students can be reminded of the unpredictability of NPS a ‘brand name’ can be used for a variety of substances and can vary widely. A key message is that similar to other illegal substances there is no way of knowing what is in a packet or the effect it will have on any one individual. Teachers should also highlight the normative message that the vast majority of young people have never tried any NPS.

Mentor UK has produced briefing papers on NPS ([2014](#), [2016](#)) and life-skills education ([2016](#)) to support schools in tackling this issue in an appropriate and effective way. Further information can also be found in the Home Office toolkit on NPS prevention in wider youth settings ([2015](#)), along with some activities which could be delivered in the classroom.

8.3 E-CIGARETTES

The use of electronic cigarettes, or e-cigarettes, has resulted in a range of responses from the public, media and policy makers. This has moved from suspicion of the ‘big tobacco’ companies in producing these products, through to fears on the re-normalising of smoking and encouraging young people to try them, and finally to their use as effective smoking cessation tools. Indeed, it should be noted that Public Health England has recently updated its stance on these products to reflect their potential to reduce the harm caused by smokers who are unsuccessful with traditional smoking cessation techniques and therefore at sustained risk of harm from their smoking (Fenton, [2014](#)). However, research also shows that while tobacco control strategies have been largely successful in reducing the numbers of people smoking, those who continue to smoke are likely to present later for cancer diagnoses, thus inadvertently reducing their chances of recovery.

While the long term effects of e-cigarettes are still unclear, we are starting to gain more knowledge around the awareness and prevalence of use among young people. By age 15, 95% of boys and 90% of girls are aware of e-cigarettes nationally (HSCIC, [2015](#)). By the same age, 22% of pupils have tried them although only 7% claim to be occasional or regular users (HSCIC, [2015](#)). Locally, 19% of pupils in KS4 who claim to have smoked report using e-cigarettes. That equates to 4.5% of all KS4 pupils

(SAWSS, 2015), which is broadly in line with the national picture of relatively low-level use.

When covering e-cigarettes, schools should be aware of the numbers of pupils or students who may have family members who use them as smoking cessation tools, so taking a wholly negative stance towards these products may prove problematic. In the classroom, the topic could be covered by a debate on whether e-cigarettes are beneficial to smokers in reducing harm, or another way for ‘big tobacco’ companies to make money and introduce people to smoking. Skills in analysing the media could also be developed by comparing how cigarettes were marketed in the post-war period, through to restrictions once the harms were known, through to current marketing of e-cigarette products. Mentor UK has produced briefing papers for schools on e-cigarettes which may be of use when planning activities ([2014](#), [2015](#)).

Part 2 of this guidance deals with policies around the use of e-cigarettes on school sites.

8.4 SEXUAL RISK TAKING AND DRUGS AND ALCOHOL

The relationship between sexual risk taking and drugs and alcohol is well-documented and effective PSHE programmes will explore the relationships between these two. For example, drugs and alcohol are often used as part of grooming and sexual exploitation. Taking a skills based approach to managing risk and keeping safe will be beneficial to both these aspects of PSHE. When students get the opportunity to practice the skills used in one area it is essential that they look at how these can be transferred to other situations, therefore being able to recognise risk and respond appropriately.

‘Chemsex’ describes the practice of having intentional sex while under the influence of drugs. In particular, this relates to the use of ‘party’ drugs including mephedrone, GHB, and crystal meth. The practice is increasing in men who have sex with men. While motivations for this practice include perceived heightened pleasure, arousal and loss of inhibitions, it has also been associated with increased risk of unprotected sex and a rise in HIV and STI infections. In this respect, while in terms of the overall population this represents a small proportion, the increased risks are prevalent for the gay community and men who have sex with men. Local anecdotal reports are suggesting this practice is occurring in Brighton and Hove, so while this may not warrant dedicated sessions, it is something which should be raised as part of wider discussions on assessing risk in both DATE and RSE.

8.5 DRUGS, ALCOHOL TOBACCO AND HEALTH AND WELLBEING

Physical health

The short-term and long-term impacts of drug, alcohol and tobacco use on physical health are well-documented and well known. For example regularly drinking too much can cause [liver disease](#), an increased risk of [heart attack](#), weight gain and a number of different [cancers](#). These problems are now occurring at younger ages as alcohol use has increased. These risks will be covered as one aspect of a DATE programme.

Mental and emotional health and wellbeing

All drugs and alcohol will have some affect on the mental health of people who use them. These effects may:

- be pleasant or unpleasant
- be short-lived or longer-lasting
- be similar to those you experience as part of a mental health problem
- go away once the drug has worn off
- continue once the drug has worn off

For some people, taking drugs can lead to long-term mental health conditions and others may use substances to help them cope with mental health issues. Drugs or alcohol may additionally interrupt sleep patterns which can then lead to mental health issues. Research also suggests that the use of more than one substance or 'polydrug use' may be related to mental health problems.

National charity [Mind](#) has the following two messages about drugs and mental health which may be useful for DATE:

- If someone has a history of poor mental health, they maybe more likely to experience negative effects with illegal drugs.
- If someone previously had no mental health problems, they may still develop symptoms of a mental health problem from using these drugs.

8.6 Prescription medications

Primary school DATE will support pupils to understand safe use of prescription and over the counter medications and how for some children and adults medication supports them to participate fully in school and work.

Building on this DATE in key stage 3 and 4 will look at the potential harms of misuse of over the counter medicines such as paracetamol. All drug, alcohol and tobacco education will make clear that possession of certain drugs (such as Xanax) without a prescription is illegal.

If needs assessment in key stage 4 or 5 shows that prescription medications are being swapped, sold and or used then the curriculum will need to address this and the legal, health and other risks.

9 LOCAL AND NATIONAL SOURCES OF FURTHER SUPPORT FOR DATE

Brighton & Hove

Teaching training and consultancy for the development of DATE can be accessed by emailing pshe@brighton-hove.gov.uk

Resources for teaching and learning about DATE can be found in the primary and secondary areas of Pier2Peer www.pier2peer.org.uk / learning / PSHE

Support for children and young people can be found in section 2 of this guidance.

National

PSHE Association: <https://www.pshe-association.org.uk/>

This is the national body for PSHE, and produces regular updates on practice and resources related to the subject. Membership increases access to resources including online training.

Mentor-ADEPIS: <http://mentor-adepis.org/>

This is the leading source of evidence-based information for DATE in schools

Public Health England: <https://www.gov.uk/government/organisations/public-health-england>

This is the government body responsible for alcohol, drug and tobacco information and prevention of harm to the wider population. They provide regular briefings and updates on drugs and alcohol and support local public health teams in the commissioning and delivery of services

Ofsted: <https://www.gov.uk/government/collections/ofsted-examples-of-good-practice-in-schools#pshe-and-citizenship>

As well as producing PSHE specific reports, Ofsted also has good practice case studies relating to PSHE.

Talk to Frank: <http://www.talktofrank.com/>

This is a government website aimed at improving the knowledge of drugs and alcohol among 11-18 year olds. It has a directory of drug related information and signposts to services offering support

Rise-Above: <http://riseabove.org.uk/>

This is a Public Health England web-based initiative aimed at building resilience among young people aged 11-16

Appendix 1 – Quality assurance of drug, alcohol and tobacco education

1.1 Quality Assurance Tools

Quality Assurance is the process by which drug, alcohol and tobacco education can be assessed against evidenced based criteria within a continuous improvement cycle to ensure that the provision of RSE is of the highest possible standard. Quality assurance is already used across a number of professions, including business and health, in order to improve standards and ensure quality. In schools this is often done through subject reviews and PSHE / RSE should be part of this process.

Settings wishing to audit and review their DATE could do so against the [Quality standards for effective drug and alcohol education](#) developed by Mentor-Adepis.

Brighton & Hove City Council recommends a three-yearly review at the same time as the policy is reviewed.

1.2 Preparing to teach drugs, alcohol and tobacco education (DATE)

A checklist for (primary) teachers developed by PSHE Lead Teacher Sarah Jackson, St Luke's Primary School

	Preparation	Notes ✓
1.	Familiarise yourself with the school's Drug, Alcohol and Tobacco Education or PSHE Education Policy and scheme of work. Remind yourself of the school's safeguarding policy and procedures and who to speak to, if you have any concerns about individual pupils as a result of the lessons.	
2.	Reflect on your own experiences, values and attitudes with regards to drugs, alcohol and tobacco as these could inadvertently affect responses to questions or could give rise to strong and unexpected feelings during the lesson.	
3.	Ensure that parents and carers are informed of the DATE programme planned through usual routes of communication including newsletters and the website.	
4.	Participate in any training available for DATE and check in with your PSHE co-ordinator for any updates on local and national guidance.	
5.	Familiarise yourself with resources being used including film clips and make changes to the lesson plan if needed to support your style of teaching	
6.	Reflect on the learning and other needs of pupils in your class. Are there any children who will need particular support in these lessons?	
7.	DATE can elicit responses from pupils you were not expecting. Ensure you are clear with pupils about the limits of adult confidentiality and include a child -friendly version of this in your class ground-rules.	
8.	Consider questions that could arise in the course of the lesson and develop scripts or responses to these – perhaps with a colleague	
9.	Use distancing language and techniques. For example ask 'What might a child in Year 6 be worried about?' 'Rather than	

	what are you worried about?’	
10.	Avoid sharing or asking for personal information or experiences in these lessons.	
	Supporting pupil readiness to learn in DATE	
11.	Provide pupils with a clear rationale for why they are receiving DATE	
12.	Establish and agree set of class ground rules and explain the limits of adult confidentiality	
13.	Offer different ways to ask and answer questions (thought walls, question boxes, puppets etc)	
14.	Reflect the diversity of the class and community in resources.	
15.	Regular remind pupils where they can go for help and support inside or outside of school if needed.	

Appendix 2 Core messages – primary schools

Brighton & Hove Council in consultation with children and young people and in line with guidance and research has developed a set of core messages to ensure that discussions with young people about drugs and alcohol in primary, secondary and post-16 settings contain consistent messages. School staff should work within their school's PSHE or Drug, Alcohol and Tobacco Policy and when appropriate reinforce these core messages.

1. **Some drugs are legal**

A drug is a chemical which changes how your mind or body works, for example caffeine in tea or cola can make you feel more alert. Some drugs, such as alcohol and nicotine in cigarettes are legal but only for grown-ups over 18, because of the risks involved in using them.

2. **Some drugs are medicines.**

Some medicines, like Calpol, can be brought by grown-ups in shop and others must be prescribed to you by a doctor. Most medicines should be given to you by a grown-up, and it is not safe to take medicines meant for someone else.

3. **Drugs, medicines and other chemicals (cleaning products, glue and paint) need to be stored safely.**

Don't handle these things without asking a grown-up. If you find any of these things in or out of your home, do not touch or pick them up, but tell a grown-up. Do not pick up sharp objects or needles if you see them lying around.

4. **Not all grown-ups drink alcohol or use drugs.**

Despite what you might see on the TV or on social media not all grown-ups are taking drugs and using alcohol. Grown-ups can choose not to use drugs, alcohol or legal highs and still have a good time. Taking risks can be exciting but there are other ways to get thrills or to relax without using drugs or alcohol.

5. **Taking any drugs, alcohol, tobacco or legal highs can affect the growing brain**

As a young person, the brain and body are still developing. Taking any drugs, alcohol or legal highs can harm this development.

6. **Safe drinking recommendations**

Government and health experts say that alcohol affects grown-ups in a range of ways different ways, and can be damaging to health and wellbeing. They recommend that grown-ups do not drink every day and have set small amounts which can be drunk safely. Some people in their 20s are starting to develop life-threatening health problems because of the amount of alcohol they've drunk during their teens.

7. **Some drugs are illegal**

Some drugs, such as cannabis and cocaine are illegal because the risks to people's health are too high. Grown-ups who chose to take illegal drugs are risking their health and wellbeing, and are breaking the law.

8. **Being caught with illegal drugs can seriously affect future plans**

Grown ups who are caught with illegal drugs will have a criminal record and may go to prison. This may impact on what they do with their lives.

9. **Just because something is legal, it doesn't mean it's safe**

Drinking caffeine drinks for example can be damaging to health if taken in large amounts.

10. **Know where to get help**

If you're worried about anything to do with drugs, alcohol or tobacco, talk to someone on your helping hand, or call CHILDLINE on 0800 1111 for advice. If someone you know is drinking or taking drugs think about who is on your helping hand and pick a trusted adult to talk to about your worries,. **Always** call an ambulance on 999 if someone passes out or seems very ill.

Appendix 3 Core messages – secondary schools

1. It's OK not to drink or use drugs.

It's good to have a social life and have fun with friends. Despite what can be seen on the TV or read in the papers and magazines not everyone is taking drugs and using alcohol. It is possible to have a good time without using drugs, alcohol or novel psychoactive substances (NPS - previously known as "legal highs"). Taking risks can be exciting but there are other ways to get thrills or to relax without using drugs or alcohol.

2. Why rush, wait until you are 18.

As a young person, your brain and body are still developing. Use of any drugs, alcohol or NPS can harm this development. Remember; everyone is different, so the effects will be different for each individual. Just because friends say it's enjoyable does not mean it will be for everyone. The effects will be dependent on someone's state of mind, r physical health and build, and brain and body development.

3. Safe drinking limits?

Alcohol affects people in very different ways, and is a powerful and dangerous drug. Drinking too much in a single session can kill, and more often can lead to hangovers, loss of control, accidents, risky behaviour, getting into trouble with the Police or being a burden to friends. More and more people in their 20s are starting to develop life-threatening health problems because of the amount they've drunk during their teens.

4. Look after your mates

If someone in your group is drinking or taking drugs, steer clear of trouble, stay alert when crossing roads, and don't leave anyone by themselves or with people they don't know. Plan how you're all getting home before you go out. **Always** call an ambulance if someone passes out or is seriously sick and then put them in the recovery position. Always tell the truth to ambulance crews.

5. Mixing drugs (poly-drug use), and mixing drugs with alcohol, is especially dangerous

Taking drugs is never risk-free. It increases the risks if drugs is mixed with alcohol. For example, mixing depressant like alcohol and GBL can result in overdosing, mixing stimulants and depressants like cocaine and alcohol results in coca ethylene, a highly toxic chemical reaction which puts enormous pressure on the heart.

6. Stay in control and stay protected

Using alcohol, drugs or legal highs can affect judgement, and can make people do things that you wouldn't do normally. Drugs and alcohol can loosen inhibitions. The advice is to carry condoms and for people using drugs never share snorting or injecting equipment; sharing can lead to HIV and Hepatitis.

7. Being caught with illegal drugs can seriously affect future plans

Getting a criminal record can prevent people from working in certain jobs, stop travel to certain countries (including the USA and Australia) or affect chances of getting into some colleges or universities.

8. Just because something is legal or was being legal until recently, it doesn't mean it's safe.

Most NPS, which are sometimes still referred to, as "legal highs", have never been properly medically tested so no-one really knows what the effects could be to your physical or mental health. The Police will always take **any** powder or capsules from you as suspected illegal drugs. Prescription medication is illegal to take if not prescribed to you, and may put your life at risk if not taken in the way it was prescribed.

9. If you do drink or take drugs, look after your body and mind and know what you are taking

Eat properly, drink enough water to keep you hydrated and make

sure you get enough sleep. Don't drink or use drugs if you're down, angry or depressed – it will only make those feelings worse. There are a lot of myths about what is and is not safe; if you want to know more go to www.talktofrank.com

10. Know where to get help

If you're having problems to do with drugs, alcohol or **NPS**, there are people who can help. If you are under 18 contact ru-ok for friendly, confidential advice on 293966 or visit www.ruokservice.co.uk. Or ask a member of staff at your school that you trust to see the Drugs Education Worker. If you are over 18 contact CRI for non-judgmental, confidential advice on 01273 607575 or visit www.cri.org.uk.

