Community Safety Scrutiny Committee

Agenda

Date:	**Monday, 31st March, 2014**
Time:	**10.30 am**
Venue:	**The Capesthorne Room - Town Hall, Macclesfield SK10 1EA**

The agenda is divided into 2 parts. Part 1 is taken in the presence of the public and press. Part 2 items will be considered in the absence of the public and press for the reasons indicated on the agenda and at the foot of each report.

PART 1 – MATTERS TO BE CONSIDERED WITH THE PUBLIC AND PRESS PRESENT

1. **Apologies for Absence**

   To receive any apologies for absence

2. **Declarations of Interest**

   To provide an opportunity for Members and Officers to declare any disclosable pecuniary and non-pecuniary interests in any item on the agenda.

3. **Whipping Declarations**

   To provide an opportunity for Members to declare the existence of a party whip in relation to any item on the agenda.

For requests for further information
Contact: Katie Smith
Tel: 01270 686465
E-Mail: katie.smith@cheshireeast.gov.uk with any apologies

4. **Public Speaking/Open Session**

A total period of 15 minutes is allocated for members of the public to make a statement(s) on any matter that falls within the remit of the Committee.

Individual members of the public may speak for up to 5 minutes, but the Chairman will decide how the period of time allocated for public speaking will be apportioned, where there are a number of speakers.

Note: In order for officers to undertake any background research, it would be helpful if members of the public contacted the Scrutiny officer listed at the foot of the agenda, at least one working day before the meeting to provide brief details of the matter to be covered.

5. **Minutes of the Meeting Held on 20 February 2014** (Pages 1 - 4)

To approve the minutes as a correct record

6. **Management and Prevention of Drug Misuse in Cheshire East Secondary Schools** (Pages 5 - 40)

To receive a report on how secondary schools in Cheshire East manage and prevent drug misuse.

7. **Work Programme** (Pages 41 - 44)

To give consideration to the work programme

Agenda Item 5

CHESHIRE EAST COUNCIL

Minutes of a meeting of the **Community Safety Scrutiny Committee** held on Thursday, 20th February, 2014 at Committee Suite 1,2 & 3, Westfields, Middlewich Road, Sandbach CW11 1HZ

PRESENT

Councillors C Andrew, A Barratt, M Grant, G Merry, M Parsons, J Saunders and F Keegan

In attendance

G Borroghes – Board Secretary, Probation Service
S Cordon – Head of Communities
B McCrorie – Special Projects Manager, Probation Service

61 APOLOGIES FOR ABSENCE

An apology for absence was received from Councillor H Murray

62 APPOINTMENT OF CHAIRMAN

Due to the Chairman submitting his apologies for the meeting, it was necessary to appoint a Chairman for the meeting.

RESOLVED

That Councillor M Grant be appointed as Chairman.

Councillor M Grant took the Chair.

63 DECLARATIONS OF INTEREST

There were no declarations of interest.

64 WHIPPING DECLARATIONS

There were no whipping declarations.

65 PUBLIC SPEAKING/OPEN SESSION

There were no members of the public present wishing to speak.

66 MINUTES OF THE MEETING HELD ON 19 DECEMBER 2013

Consideration was given to the minutes of the meeting.

RESOLVED

That the minutes be approved as a correct record and signed by the Chairman.

67 CHANGES TO THE PROBATION SERVICE

Further to the last presentation on the changes to the Probation Service, Ben McCrorie, Special Projects Manager and Garath Burroghes, Board Secretary from Cheshire Probation, attended the meeting to give a presentation on the latest developments in the transforming rehabilitation strategic change programme and its implications for Cheshire. The presentation outlined:

- The timeline and proposed changes
- Transition and mobilisation phase – key priorities
- Implications for strategic partners
- National Probation Service
- Community Rehabilitation Company (CRC)
- Statutory partnerships and responsibilities
- Partnership transition plan
- CRC Competition – involvement of strategic partners

With regard to the transfer of case loads, it was noted that the police would be able to provide additional support to assist with the transition.

Case allocations and risk assessments on whether offenders should go through the company or probation service, would now be done through the courts, on the day, which would be more intensive but considered to be impartial. Lines of communication and procedures would therefore need to be watertight.

It was noted that the transfer of staff would be done through Cabinet Office Standard of Practice (COSOP) rather than through the TUPE process as the service sat within the Government Office. Performance would still be audited through the HM Inspectorate of Probation.

As all offenders would now have access to the Probation Service, it was envisaged that there would be around 54,000 more cases nationally with no additional resources available.

RESOLVED

That the representatives of the Probation Service be thanked for their presentation.

68 **WORK PROGRAMME**

It was agreed that the following issues would be added to the work programme:

- Reflective Review of domestic homicide in Cheshire East – date to be agreed
- Cheshire Sub Regional Review of Community Safety – date to be agreed.

AGREED

That the Reflective Review of domestic homicide and Cheshire Sub Regional Review of Community Safety be added to the work programme.

The meeting commenced at 10.30 am and concluded at 12.00 pm

Councillor (none)

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CHESHIRE EAST Community Safety Scrutiny Committee

Portfolio Holder:	Rachel Bailey Children and Families and Rural Affairs Les Gilbert Communities and Regulatory Services
Date:	31 March 2014
Report of:	Tony Crane, Director of Children's Services
Title:	Management and Prevention of Drug Misuse in Cheshire East Secondary Schools

1.0 Purpose of Report

1.1 The Paper has been requested by the Community Safety Scrutiny Committee in regard to how secondary schools in Cheshire East manage and prevent drug misuse.

1.2 The paper sets out the current context and the policy framework that schools work in and the support that is available to schools.

2.0 Decision Required

2.1 Note the paper and request further updates as appropriate.

3.0 Background

3.1 In 2012, the prevalence of illegal drug use amongst secondary pupils Aged 11-15 nationally was at its lowest, based on research conducted by the Health and Social Care Information Centre. The proportions of pupils who had ever tried drugs were generally higher in the south of England than elsewhere. In the North and Midlands between 15% and 17% of pupils reported having tried drugs. In the south, the proportion who had ever taken drugs varied between 18% (the South West) and 20% (London).

3.2 The prevalence of ever having taken drugs increased with age from 7% of 11 year olds to 31% of 15 year olds. There were similar patterns for drug use in the last year (from 4% to 24%) and in the last month (from 2% to 13%). Boys and girls were equally likely to have ever taken drugs.

3.3 Pupils who had taken drugs in the last year were most likely to have taken cannabis. In 2012, 28% of pupils had ever been offered drugs.

3.4 It is difficult to compare these national figures with local as the LA is not required collect information from schools on drug misuse use in schools. However information from the Joint Strategic Need Assessment (JSNA), Appendix A, estimated drug use amongst young people in Cheshire East;

- 3,648 11-15 year old have tried or used drugs
- 1,288 11-15 years olds have taken drugs and are at an early 'at risk' Stage
- Most clients in specialist misuse services are aged 15-18 and most are male
- Of the 36 young people who started a new treatment journey in 2012/13 the majority were referred via one of 5 routes Health and Mental Services, Youth Justice, Children and Family Services and Family , Friends and Self . Only 12% (3 Young People) were referred by education services

3.5 From these figures it is clear that the majority of young people of school age have never used an illegal drug. But there are specific risk groups including Cared for Children; Excluded from Schools or who truant on a regular basis; Involved with Youth Justice; Family member known to misuse substances. Of those who do experiment with illegal drugs very few will go on to become problem drug users. However, most will at some stage be occasional users of drugs for medicinal purposes and many will try tobacco and alcohol. Every school therefore has a responsibility to consider its response to drugs and all schools are expected to have a policy which sets out the school's role in relation to all drug matters. (Drugs: Guidance for Schools DFES 2004 updated 2012).

3.6 Tackling the problems of drug use among young people remains high on the government's agenda and schools are required to evidence both provision and impact on whether "learners are discouraged from smoking and substance abuse"

3.7 Whatever the health behaviour of young people, the reason for schools to teach about these issues to all pupils is to ensure they gain a greater understanding and develop informed decision- making skills. All young people will grow up needing to make decisions about substance use in a world where drug use whether medicinal or recreational, such as alcohol, or illegal drug use is common- place.

3.8 All secondary schools in Cheshire East have a policy that follows the guidance set out by Department or Education (DfE) and Association Chief Police Officers (ACPO)(appendix B). The guidance is **non-statutory** and has been produced to help school staff in this area, as

well as promoting understanding of the relevant powers and duties in relation to powers to search for and confiscate drugs, liaison with the police and with parents. This guidance does not focus on drug education. It covers broader behaviour and pastoral support, as well as managing drugs and drug-related incidents within schools.

3.9 As part of the duty on schools to promote pupils' wellbeing, schools have a clear role to play in preventing drug misuse as part of their pastoral responsibilities. To support this, the Government's Drug Strategy 2010 ensures that school staff has the information, advice and power to:

- Provide accurate information on drugs and alcohol through education and targeted information;
- Tackle problem behaviour in schools, with wider powers of search and confiscation;
- Work with local voluntary organisations, health partners, the police and others to prevent drug or alcohol misuse.
- The senior member of staff who is responsible for the school's drugs policy liaises with the police and has an agreed shared approach to dealing with drug-related incidents.

3.10 **The action schools currently take:**

3.10.1 They have developed drug and substance misuse policies that 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. It should be consistent with the school's safeguarding policy.

3.10.2 Have a designated named senior member of staff with responsibility for the drug policy and all drug issues within the school.

3.10.3 Have developed drug policies in consultation with the whole school community including pupils, governors, parents/carers, staff, and partner agencies.

3.10.4 Have established 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).

3.11 **Local Authority Support**

3.11.1 Historically, the Council directly supported schools regarding Personal Social Health Education (PSHE) but this provision is no longer available due to mainstreaming of various grants. The requirements of the former Healthy Schools initiative were for

schools to monitor drug related matters and much of the current programmes within schools relate to this initiative. The national review of PSHE leaves the emphasis with schools to deliver meaningful programmes involving school staff, school nurses and external expertise.

3.11.2 When specific issues arise in schools, if required the local authority can support schools through reviewing policies working with pupils, staff, parents, governors on issues t related to drug misuse.

3.12 **Youth Support Services**

All youth support provision includes generic sessions around substance reduction/misuse/harms and effect although this tends to be preventative work. If a Tier 2 referral is identified, appropriate support is offered based upon the specific need.

3.13 **Family Information Service**

The Council has a very detailed list of support services which identifies a range of resources which individuals/groups can contact. This is a useful reference point when considering local services and needs.

3.14 There are number of Commissioned Services that provide support and intervention for example:

- Xenzone – online counselling
- Just Drop in – a drop in facility for young people
- Visyon- local counselling service
- Cre8 – Macclesfield base young people support service
- FRANK – Government Specialist Advice Service

3.14 **Preventing Offender Panels (POP)**

3.15 Schools utilise the Youth Prevention Team (YPT) attached to the Youth Offending Service by referring any concerning children and young people to one of the two POP panels. This multi-agency group consider how best to intervene in ways that reduce the risks from drug and alcohol use, whilst looking to support and challenge them appropriately. Once a plan is in place the YP Team employ a range of specialist staff from health, education, police, social work, parenting, anti-social behaviour staff, youth work, drugs work and the voluntary sector to ensure that young people avoid harmful drug or alcohol use and potential criminality or anti-social behaviour in the future. They are encouraged to learn how to keep themselves well and happy without resort to substance misuse.

3.16 The Youth Offending Team also work with young people convicted in the courts with the same range of professionals to minimise further offending and harm to the public through continued and problematic substance misuse.

3.15 **Cheshire Young Person's Substance Misuse Service**

3.15.1 The service offer the following support for young people and families

- Telephone advice
- Drug education / Harm reduction advice
- Assessment
- Brief Intervention
- Care planned treatment for problematic substance use

3.16 In addition they offer the following for Professionals working with young people:

- Telephone consultation / advice
- Supporting professionals to develop their knowledge of substances
- Guidance on educating young people on the risks of substance use

3.18 **Future Actions**

- LA is planning a conference for schools on range of 'safeguarding' issues including drug and alcohol misuse
- Governor training is being developed
- Refinement of audit tools for schools
- Commission of an integrated adult and young people preventative and recovery service

4.0 **Background Documents**

4. 1 Background papers relating to this report can be inspected by contacting the report writer:

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Cheshire East JSNA

March 2014

At a glance: Estimated alcohol and drug use amongst young people in Cheshire East.

Fewer numbers of young people are seen at each stage of substance use

3,648 11-15 year olds have tried/used drugs

11,671 16-19 year olds are 'lower-risk' drinkers

2,761 16-19 year olds are 'increasing-risk' drinkers

2,830 16-19 year olds & **1,288** 11-15 year olds have taken drugs in the last year

682 16-19 year olds per year with active alcohol-seeking behaviour

186 9-17 year olds per year engage at harmful levels with drugs and alcohol

Young peoples (aged 19 and under) substance misuse

Substance misuse is often a symptom rather than a cause of vulnerability among young people. Many have broader difficulties that are compounded by drugs and alcohol and that need addressing at the same time.

This JSNA is split into four parts:

Key findings .....Page 1

Section 1
Prevalence of smoking, alcohol and drug use amongst young people.....Pages 2 ,3, 4 & 5

Section 2
Risk factors & Safeguarding.....Pages 6, 7 & 8

Section 3
Care pathways and Interventions.....Pages 9 & 10

Section 4
Treatment.....Pages 11, 12 & 13

References.....Page 14

Smoking: Approximately 300 young people aged under 15 in Cheshire East are regular smokers (defined as smoking at least one cigarette a week). They are potentially at greater risk than their peers of becoming dependent on drugs and alcohol.

Any young person under 15 who is regularly smoking should be assessed for other risk factors associated with substance misuse.

The Need: The number of young people who require specialist substance misuse services nationally are falling. Very few young people who use drugs or alcohol develop dependency and most will only need appropriate health messages or brief interventions. However, some young people are at greater risk than others. **Age of initiation is often the strongest predictor of the length and severity of substance misuse problems.** The younger the age at which a person starts to use, the greater the likelihood of them becoming adult problematic drug users.

Key findings

Alcohol: The evidence suggests that higher numbers of young people (aged 14-19) in Cheshire East compared to nationally or the North West are drinking to harmful levels. This JSNA could be enhanced if local surveys of 11-17 year olds included questions on their attitudes to drinking alcohol, and the amounts they drink. This would provide a better understanding of young people's drinking patterns and behaviours and ensure appropriate services are available to support them.

1. **It is estimated that 682 16-19 year olds a year in Cheshire East have alcohol-seeking behaviour and are 'higher-risk' drinkers (over 50 units per week).**
2. **More young people aged 14-17 in Cheshire East drink alcohol once a week and binge drink occasionally compared to the North West.**
3. **Fewer young people aged 14-17 in Cheshire East have never drunk alcohol compared to the North West.**
4. **Cheshire East has significantly higher alcohol-specific admissions amongst those under the age of 18 years compared to England.**

Drugs: The evidence suggests that there is considerable unmet need in Cheshire East amongst young people who are using drugs and alcohol to harmful levels who require specialist substance misuse treatment but who are not currently accessing it. The evidence suggests that at a minimum only 1 in 5 young people who need specialist substance misuse services are accessing them. But this could be as high as only 1 in 24.

Cheshire East JSNA

March 2014

Drugs and alcohol have been voted as one of the top three issues affecting young people in Cheshire East.

In February 2014, 1,595 11- 18 year olds took part in the *Make Your Mark* ballot. Through this ballot, young people in Cheshire East highlighted their top concerns locally which included drugs and alcohol.

11-18 year olds suggested that more needs to be done to raise awareness of the problems that alcohol and drugs cause young people.

This will now form one of the campaigns for the Cheshire Youth Parliament in 2014/15.

Table 1. Stages of substance (alcohol and drugs) use and suggested interventions: a pragmatic classification (adapted from Mirza and Mirza, 2008, 2011, Gilvarry et al, 2001, published in Practice Standards for Young People with Substance Misuse Problems, June 2012 Royal College of Psychiatrists). [13]

Stage	Behaviour	Suggested Interventions	Estimated Population in Cheshire East	
Experimental Stage	No active alcohol or drug seeking behaviour	Universal prevention (drug and alcohol education - formal or informal)	3,648 young people (aged 11-15) have ever tried/used drugs[a]	11,671 16-19 year olds are 'lower-risk' drinkers (up to 21 units a week)[b]
Social Stage	No active alcohol or drug seeking behaviour	Universal prevention (drug and alcohol education - formal or informal)		
Early 'At Risk' Stage	No active alcohol or drug seeking behaviour - but develops a regular pattern of drug/alcohol use	* Targeted intervention/treatment by non-specialist services (e.g. GP, school health worker, young people's counselling services, health care staff working in CAMHS, paediatrics etc)	1,288 young people (aged 11-15) have taken drugs in the last year[a]	2,761 16-19 year olds are 'increasing-risk' drinkers (between 21-50 units per week)[c]
Late 'At Risk' Stage	Active alcohol or drug seeking behaviour is a key indicator of this stage	Treatment by specialist services (see below) - for both mental health issues and progression of substance use to further serious stages	2,830 16-19 year olds have taken drugs in the last year[e]	682 16-19 year olds per year with active alcohol-seeking behaviour ('higher-risk' drinkers over 50 units per week)[d]
Stage of harmful use or substance abuse	Active alcohol or drug seeking behaviour, despite negative consequences across many areas of life	* Treatment by specialist services (e.g. specialist substance misuse treatment services for young people and specialist substance misuse professionals within CAMHS)	186 young people (aged 9-17) per year engaging at harmful levels with drugs and alcohol[f]	
Stage of dependence	Active alcohol or drug seeking behaviour, often loss of control over use, pre-occupation with alcohol/drug use, craving, and behaviour may involve criminality	* Treatment by specialist services including detoxification and for some residential rehabilitation		

*** Some young people will require additional help from agencies and services other than substance misuse services**

Table 1 presents a breakdown of the different stages of substance misuse and appropriate interventions. It also shows an estimate of how many young people in Cheshire East fall into each stage. Most young people in Cheshire East are not drinking alcohol or taking drugs. Of those that have tried them, the majority will not develop any level of dependency nor will they require anything other than universal prevention in the form of either formal or informal drugs and alcohol education.

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There is considerable overlap between drug use and other behaviours

6% of pupils aged 11-15 (nationally) reported taking drugs in the last month and most of those (4% of all pupils) had smoked or drunk alcohol in the last week, or had done both.[1]

In Cheshire East, 73% of those in treatment in 2012/13 used two drugs (including alcohol)[4]

Drugs

In 2012 it was reported that nationally 17% of secondary school pupils aged 11 to 15 had ever taken drugs, 12% had taken them in the last year and 6% in the last month.[1]

Nationally, boys and girls were equally likely to have taken drugs, and older pupils were more likely than younger ones to have done so. The prevalence of ever having taken drugs increased with age from 7% of 11 year olds to 31% of 15 year olds.[1] Locally, most (86%) clients in young people's specialist substance misuse services are aged between 15-18 and 61% are male.[4]

Although cannabis is the main drug used by young people in Cheshire East, all drugs both legal and illegal ranging from Class A drugs to 'legal highs' and volatile substances such as gas, glue, aerosols and other solvents, and 'other' drugs (not obtained from a doctor or chemist) are included under this heading.

Alcohol

Nationally, less than half of pupils (43%) aged 11 to 15 had ever drunk alcohol. Boys and girls were equally likely to have done so. The proportion of pupils who have had an alcoholic drink increases from 12% of 11 year olds to 74% of 15 year olds.[1]

A 2013 local survey[5] reports that 25% of 14-17 year olds drink alcohol once a week. This is higher than the North West (17%). The survey also reported that 19% of 14-17 year olds said they never drank alcohol which is lower than the North West (32%). In both Cheshire East and the North West 11% of 14-17 year olds reported binge drinking (five or more alcoholic drinks on one occasion) at least once a week. But more 14-17 year olds in Cheshire East (52%) compared to the North West (43%) were occasional binge drinkers (3 times a month or less). Alcohol use by under 18s is considered in more detail on page 4.

Smoking

In 2012 less than a quarter (23%) of 11 to 15 year old secondary school pupils nationally had tried smoking at least once. 4% of pupils said that they smoke at least one cigarette a week (the survey definition of regular smoking). Boys and girls were equally likely to smoke. The prevalence of regular smoking increased with age, from less than 0.5% of 11 year olds to 10% of 15 year olds. Being a regular smoker was associated with other risky behaviour, such as drinking alcohol, taking drugs and truancy.[1]

Locally, 12% of 14-17 year olds reported smoking in 2013. This is lower than the North West figure (15%). These young people reported starting smoking at a later age; 14% started smoking at age 12 or younger (23% in 2011). 27% of 14-17 year olds in Cheshire East claimed to have tried shisha smoking; higher than the North West figure of 20%.[5]

Smoking by under 18s is considered in more detail on page 5.

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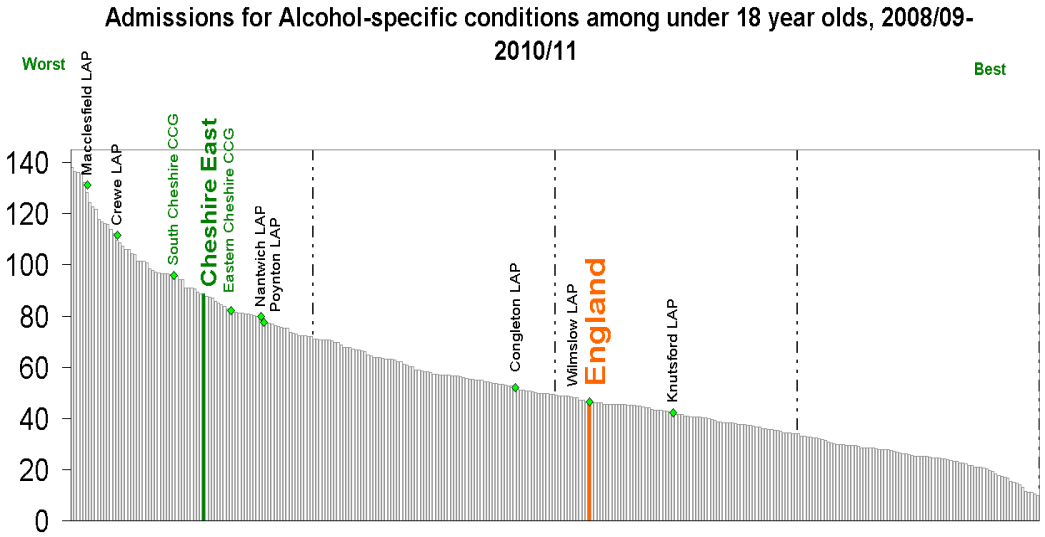
Despite an improvement in the numbers of under 18 year olds in Cheshire East being admitted to hospital for alcohol-specific conditions, the Council remains in **the worst quartile nationally** for this indicator.

This suggests that other areas are improving at a faster rate than Cheshire East. **Cheshire East needs to focus on those young people who are drinking regularly to excess and provide them with appropriate treatment.**

Cheshire East Trading Standards carry out Test Purchasing for underage alcohol purchases. Between 2010-2013 only 15% of attempts to purchase alcohol were successful.



Around 70 under 18 year olds each year in Cheshire East are admitted to hospital due to alcohol-specific conditions. Cheshire East has significantly higher (88.6 admissions per 100,000) alcohol-specific admissions in under 18 year olds than the England average (55.8 admissions per 100,000).[6]

Alcohol-specific conditions include those conditions where alcohol is causally implicated in all cases of the condition; for example, alcohol-induced behavioural disorders and alcoholic liver cirrhosis.[7]

Table 2. Alcohol-specific admissions among under 18s by LAP and CCG, 2008/09-2010/11 (Source: Inpatient Minimum Dataset)

				How many fewer alcohol-specific admissions among under 18s needed to achieve?		
	Number of admissions	Under 18 year olds	DSR Alcohol-specific admissions	Average	Best Quarter	England Best
Congleton LAP	15	18903	77.6	4	8	12
Crewe LAP	21	18536	111.5	11	14	18
Knutsford LAP	2	4738	42.2	0	0	1
Macclesfield LAP	18	13711	131.3	10	13	16
Nantwich LAP	6	7095	79.9	2	3	5
Poynton LAP	2	4497	51.9	0	1	1
Wilmslow LAP	4	7866	46.6	0	1	3
Eastern Cheshire CCG	32	38544	82.2	12	18	26
South Cheshire CCG	35	36803	96.0	15	22	30
Cheshire East	67	75347	88.6	**27**	**40**	**56**

Both local CCGs and four Local Area Partnerships (LAPs) have alcohol-specific admissions rates for under 18 year olds higher than the England average.

However, all LAPs and both CCGs need to reduce admissions to achieve the England best; overall 56 fewer admissions are needed.

Currently there is no requirement for schools to report data on alcohol or drug use of pupils to the Local Authority. Cheshire East Council will be working with schools to review how intelligence from schools can be captured and used to assess and target needs across the Borough.

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Smoking is the primary cause of preventable morbidity and premature death. There is a large body of evidence showing that smoking behaviour in early adulthood affects health behaviours later in life

Those who start smoking before the age of 16 are twice as likely to continue to smoke as those who begin later in life – and are more likely to be heavier smokers .[8] (NICE Feb 2010)

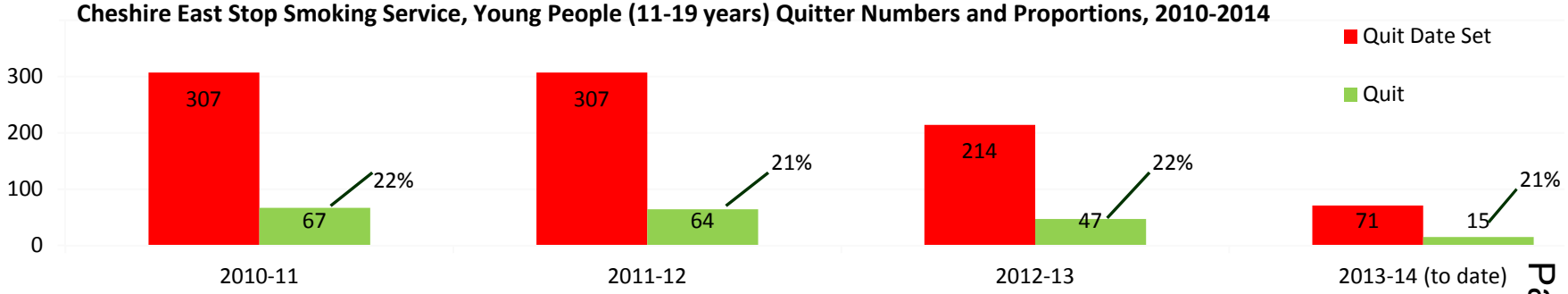
Cheshire East Trading Standards carry out Test Purchasing for underage cigarette purchases. Successful attempts to purchase these products by under 18 year olds are low. Between 2010-2013 only 8% of attempts to purchase cigarettes were successful.

Smoking and children's health

The younger the age of uptake of smoking, the greater the harm is likely to be. Early uptake is associated with subsequent heavier smoking, higher levels of dependency, a lower chance of quitting, and higher mortality.

Child and adolescent smoking causes serious risks to respiratory health both in the short and long term. Children who smoke are two to six times more susceptible to coughs and increased phlegm, wheeziness and shortness of breath than those who do not smoke. Smoking impairs lung growth and initiates premature lung function decline which may lead to an increased risk of chronic obstructive lung disease later in life. The earlier children become regular smokers and persist in the habit as adults, the greater the risk of developing lung cancer or heart disease. [9](ASH fact sheet – young people and smoking January 2014)

Cheshire East Stop Smoking Service, Young People (11-19 years) Quitter Numbers and Proportions, 2010-2014



Cheshire East Stop Smoking Service has seen a consistent rate of 21-22% of young people (aged 11-19) who set a quit date successfully achieving it between 2010 and 2014. This is due to all young people being seen in the Stop Smoking Core Service rather than being supported only by school nurses; there is national evidence that people seen in Stop Smoking Core Services are more likely to quit compared to those supported by other services e.g. pharmacies, GPs etc.[10] (NICE Nov 2013).

As the graph above shows, until 2013-14 the numbers of 11-19 year olds entering the service was significantly higher. The reduction appears to be due to capacity issues in the school nursing service limiting their ability to identify and support young smokers. The numbers seen in previous years shows that there is a demand for this service by 11-19 year olds and that these young people want to quit even if the numbers successfully quitting have been relatively low. Between 2010-2013, there were 119 12-14 year olds who set quit dates (10, 12 year olds; 25, 13 year olds; 84, 14 year olds); 19% of them successfully quit. All young smokers, but especially those under 15, should be identified and supported to quit through the core smoking cessation service where the number of successful quits are higher. [11](local service data)

27% of 14-17 year olds in Cheshire East claimed to have tried shisha smoking; higher than the North West figure of 20%.[5]
Contrary to popular belief, shisha (waterpipe) smoking is equally or more harmful to health as cigarettes. There are both short-term (substantially increased expired air carbon monoxide levels, plasma nicotine and heart rate after smoking for 45 minutes) and long-term (doubled risk of lung cancer, respiratory illness, low birth weight and periodontal disease) health consequences. There is also some evidence that sharing a waterpipe mouthpiece poses a serious risk of transmission of communicable diseases, including tuberculosis. [12]

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"Most young people do not use illicit drugs or binge drink, and among those who do only a minority will develop serious problems"[13]

Risk factors increasing the likelihood of a young person abusing drugs and alcohol include:

- abuse and neglect
- truancy
- crime
- early sexual activity
- anti-social behaviour
- parental substance misuse
- age of initiation[15]

43% of Initial Child Protection Conferences held in November - January 2013-14 identified parental drug misuse as a contributing factor (this is about 31 children)

Table 3. Cheshire East, Estimated Smoking, Alcohol and Drug Use in 11-15 year olds by Town and CCG (Source:[1])

Location in Cheshire East (Town/Rural/CCG)		Drugs Ever	Drugs Year	Alcohol Ever	Smoking Ever	Smoking Regular
	Total population of 11-15 year olds	National Prevalence (17%)	National Prevalence (12%)	National Prevalence (43%)	National Prevalence (23%)	National Prevalence (4%)
Crewe	4,499	765	540	1,935	1,035	180
Nantwich	654	111	78	281	150	26
Alsager	717	122	86	308	165	29
Congleton	1,409	240	169	606	324	56
Middlewich	867	147	104	373	199	35
Sandbach	1,042	177	125	448	240	42
Knutsford	716	122	86	308	165	29
Macclesfield	3,446	586	414	1,482	793	138
Poynton	810	138	97	348	186	32
Wilmslow	1,883	320	226	810	433	75
NHS Eastern Cheshire CCG Rural	2,908	494	349	1,250	669	116
NHS South Cheshire CCG Rural	2,510	427	301	1,079	577	100
Cheshire East Total	21,461	3,648	2,575	9,228	4,936	858
NHS Eastern Cheshire CCG	11,172	1,899	1,340	4,804	2,570	447
NHS South Cheshire CCG	10,289	1,749	1,235	4,424	2,366	411
Cheshire East Total	21,461	3,648	2,5765	9,228	4,936	858

Based on national prevalence figures large numbers of young people in Cheshire East will try smoking and alcohol before they are legally allowed to buy these substances at age 18. Also, nearly 1 in 5 (17%) will have tried drugs at some point. However, most of these young people will fall into the experimental and social stages of substance use outlined in Table 1. These young people are not at increased risk of becoming dependent and only require minimal universal prevention in the form of informal or formal drugs and alcohol education.

Some young people are more at risk than others of becoming dependent upon alcohol or drugs; this can be measured. The "Risk Harm Profile" identifies the vulnerabilities of young people entering specialist treatment. The profile consists of 10 items designed to show risk of escalation or vulnerability. The number of risk factors that the Young Person has is added together to give each young person a 'score' out of 10. The higher the score, the more complex the need and the more likely these young people will be to go on to misuse drugs and alcohol as adults.[14]

The ten items measured in the Risk Harm Profile are:

- Opiate and/or crack user
- Alcohol user
- Using 2 or more substances
- Early onset (age of first use is under 15)
- No Fixed Abode/unsettled housing
- Not in education, employment or training
- Involved in self harm
- Involved in offending
- Pregnant and/or a parent
- Looked after child

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Other main key risk factors affecting young people attending specialist substance misuse services:

NEETS (16-18 yr olds not in employment, education and training)

In 2011/12 670 (5.6%) young people were NEETS

1 in 4 young people entering local specialist substance misuse services in 2012/13 were NEETS

Cared for Children (looked after children)

In 2012/13 there were 566 cared for children in Cheshire East

18% of young people entering local specialist substance misuse services in 2012/13 were cared for children

Involved in Offending

From April 2013 – January 2014 there were 85 young offenders.

Over a third of young people entering local specialist substance misuse services in 2012/13 were involved in offending

Involved in self harm

1 in 5 young people entering local specialist substance misuse services in 2012/13 were involved in self harm

Age of initiation is often the strongest predictor of the length and severity of substance misuse problems. The younger the age at which a young person starts to use, the greater the likelihood of them becoming adult problematic drug users.[15]

One of the 10 key risk-harm items which is used to gauge the vulnerability of young people entering specialist substance misuse services is 'early onset' (age of first use being under 15). The figures reported in Tables 3, based on national proportions, show an estimate of the number 11-14 year olds in Cheshire East trying or using alcohol and/or drugs and smoking.

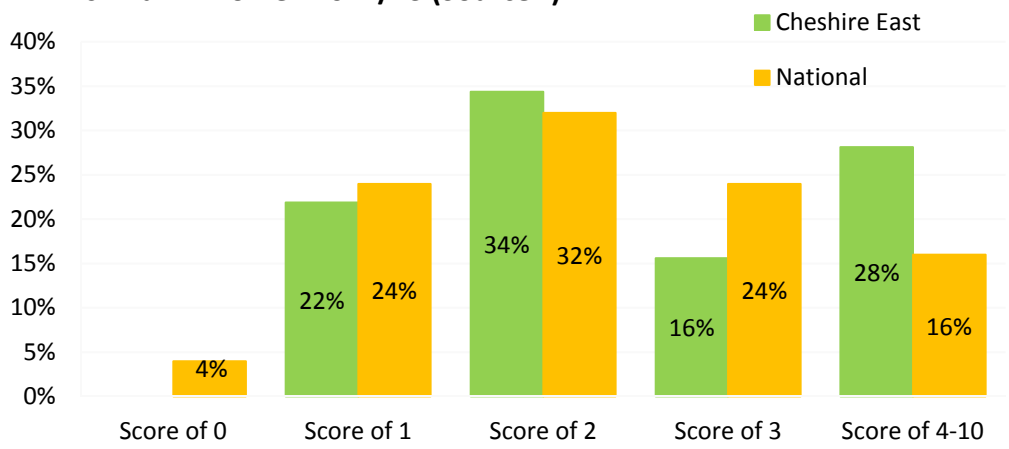
The figures for alcohol and drug use are based on a single snapshot in time. However, the smoking figures provide information on level of use. Being a regular smoker was associated with other risky behaviours, such as drinking alcohol, taking drugs and truancy.[1] The approximately 300 Cheshire East under 15 year olds who regularly smoke are potentially at greater risk than their peers of becoming dependent on drugs or alcohol.

Table 3. Cheshire East, Estimated Smoking, Alcohol and Drug Use in 11-14 year olds (Source:[1])

	Age			
	11	12	13	14
Drugs				
Ever taken	282 (7%)	335 (8%)	649 (15%)	836 (19%)
In the last year	161 (4%)	167 (4%)	389 (9%)	572 (13%)
In the last month	80 (2%)	84 (2%)	216 (5%)	308 (7%)
Smoking				
Ever smoked	161 (4%)	377 (9%)	865 (20%)	1,276 (29%)
Occasional smoker*	0 (0%)	42 (1%)	130 (3%)	220 (5%)
Regular smoker**	0 (0%)	0 (0%)	87 (2%)	220 (5%)
Alcohol				
Ever had an alcoholic drink	483 (12%)	754 (18%)	1,601 (37%)	2,551 (58%)
In the last year	442 (11%)	670 (16%)	1,514 (35%)	2,507 (57%)
In the last month	121 (3%)	209 (5%)	649 (15%)	1,232 (28%)

* less than once a week
** at least once a week

Risk Harm Profile - 2012/13 (Source:[4])



Cheshire East has a similar Risk Harm Profile to the national picture, with the majority of young people who are receiving specialist substance misuse treatment having a score of 1 to 3. However, more young people in Cheshire East (28%) have a higher number of risk factors (4 to 10) compared to nationally (16%) which may reflect an unmet need for specialist services.

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Legal Highs

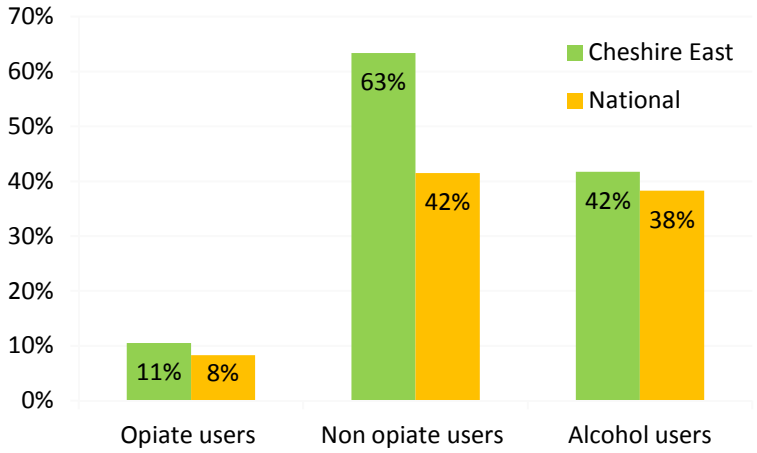
'Legal highs' are substances which produce similar effects to illegal drugs but that are not controlled under the Misuse of Drugs Act. The fact that a substance is sold as "legal", does not mean that it is safe. Regardless of any "brand name", the actual contents can vary greatly and it is not possible to be sure what is in a 'legal high' or what effect it is likely to have on a person.[16]

There are a number of shops in Cheshire East which sell legal highs. These can be bought by anyone – they are often sold as plant food or bath salts to get around the law. **There are no age restrictions**.

Legal highs can and have killed – they are NOT a safe alternative to illegal drugs.

Parental substance misuse is a risk factor which increases the likelihood of young people using drugs or alcohol. It can also be a safeguarding issue, though it is recognised that the use of drugs and/or alcohol does not preclude the possibility of good parenting. Drug and/or alcohol use by itself will not lead to a child being considered at risk of abuse or neglect but professionals should positively ascertain why they think a parent's drug and/or alcohol use is at a "safe" or "manageable" level and does not constitute a child protection issue. The long term effect of substance misuse may not be immediately apparent but the continued absence, emotional or physical unavailability, of a parent through substance misuse can be very detrimental to children and young people in numerous ways. [17]

Proportion of adults successfully completing treatment who have children living with them (1/1/2013-31/12/2013) [18]



The above graph illustrates that in Cheshire East adults who successfully complete treatment for opiates are much less likely to have children living with them than adults who complete treatment for non-opiate drugs and alcohol.

Becoming a parent is the spur for many drug users to seek treatment and stop using drugs. For the children involved, having a parent in treatment can be a protective factor.[19]

In 2013, nationally 30% of all adults in specialist substance misuse treatment for drugs or alcohol were living with their own or someone else's children; in Cheshire East the figure is 27%.[18]

2% of females (over 18) starting treatment for drugs and alcohol between 1 April and 31 December 2013 both nationally and in Cheshire East were pregnant.[18]

These figures only include those who are in specialist substance misuse treatment. The true proportion of children or young people who are living with an adult with a substance misuse problem is therefore likely to be higher.

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67% of young people (aged 13-18) surveyed locally in 2011/12 reported they would not know where to go if they needed advice about the use of drugs or alcohol[20]

Universal and targeted services have a role to play in providing substance misuse support at the earliest opportunity.

Specialist services should be provided to those whose use has escalated and is causing them harm.

Both aspects must be integral to the future substance misuse service model, currently being re-tendered.

Universal services and programmes[13]:
Available to all children and young people who '*do not seek help, and no one within the population is singled out for the intervention*' (Offord, 1994). **Young people in any given geographical area should receive consistent preventative advice through their contact with staff in universal services** (e.g. school staff and teachers, youth centre workers, social care staff, GPs, emergency services – A&E, police). In this context these services may include universal prevention and drug education programmes (formal and informal) or school-based (or youth/uniformed groups), PHSE (personal, health, social and education) programmes, basic drug information and signposting to services.

Targeted services and programmes[13]:
For young people who are not necessarily seeking help but are identified as being at '*risk on the basis of a characteristic they themselves have, or on the basis of the group to which they belong*' (Offord, 1994). **Targeted early interventions are offered by staff working in non-specialist services** such as young people's counselling services, services working with Improving Access to Psychological Therapies (IAPT) for young people, youth offending teams, and targeted youth support programmes. These may include:

- drop-in sessions with young people in hostel accommodation or children's homes
- group sessions or psycho-education with groups identified by schools as being at risk or vulnerable – for instance when young people in a school have developed a specific local culture of heavy or dangerous drug use
- drug education sessions with groups in youth offending services
- brief interventions e.g. assessment, feedback, planning and information-giving delivered by health care staff in emergency A&E departments to young people brought in with drug or alcohol related problems. Such interventions may be supervised by specialist drug and alcohol workers.

Specialist services and programmes[13]:
Young people identified as likely to have complex, sometimes profound, and persistent needs are offered a comprehensive assessment and evidence-based intervention(s) by **professionals qualified to undertake the assessment and provide the intervention(s) offered**. These coordinate help across health, education, social care and youth offending, and work with children and young people with the highest level of need. In this context professional staff are likely to be based in specialist substance misuse treatment services specifically designated for young people, or child and adolescent mental health services (CAMHS) based specialist substance misuse services. These may have a range of configurations but tend to include staff from CAMHS, adult addiction services, statutory agencies such as social services, GP practices with specialist skills and the voluntary sector. There is a broad consensus and official guidance that promotes the value of close collaboration and a systemic framework across these agencies to support the quality of care provided to treat the whole range of substance related problems (Mirza et al, 2007). Coordinated by specialist substance misuse treatment services for young people, which have a specialist assessment framework, the goal is to skilfully deliver a range of interventions from brief motivational interviewing through to complex multi-modal packages.

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At risk groups

- Cared for Children
- Excluded from school, or who truant on a regular basis
- Involved with the youth justice system
- Involved with safeguarding
- Has a learning difficulty
- Mental health problems
- Family member known to misuse substances

At risk situations

- Being homeless
- Involved in anti-social behaviours or crime
- Involved in an accident or who repeatedly presents with a minor injury
- Under the influence of a substance at school or other settings
- When their behaviour raises concerns about risk
- Regular attendance at a genito-urinary medicine clinic or repeatedly seeks emergency contraception

Recommended care pathways for Young People in At Risk Groups and Situations[13]

Identification by all staff working with young people in universal, targeted and specialist services (see definitions on page 7)

No concerns identified
No action required

Concerns identified
Who? Young people viewed to be at risk of developing problematic use (see 'at risk' groups and situations), who actively seek drugs and alcohol

If aged 15 or over: Continue to question or offer a further assessment to explore substance misuse, safeguarding concerns, and other risks by a trained professional in order to assess their need for advice or an extended brief intervention or comprehensive assessment.

If under 15: Offer a comprehensive assessment by a trained professional

Offer advice or extended brief intervention to those who are not dependent and who do not have any other complex needs and are doing well. For the majority of over 15s this is all that will be required

Comprehensive assessment by professionals specifically trained to assess substance misuse and related risks, a young person's development and mental health, physical health, risks and safeguards, family history and functioning, and all other health, education and social care needs

Integrated care plan and intervention supported by professionals and services trained to treat the young person's identified needs

Planned completion or transfer of care that includes an overlap of care during transition from one service to another and active follow-up to detect further need for support or an intervention

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The numbers* of young people (19 years and under) receiving specialist substance misuse treatment in Cheshire East[4]:

2011/12
- Under 18 years: 89
- 18-19 year olds**: unavailable for Cheshire East as collected for NHS Cheshire

2012/13
- Under 18 years: 58
- 18-19 year olds: 10 (at 30/9/12)

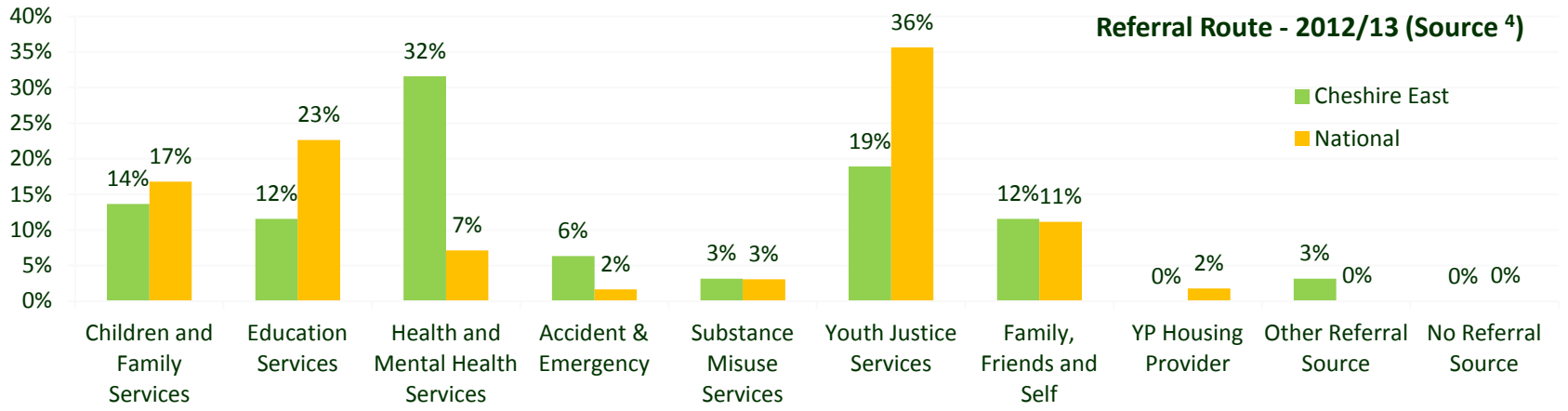
2013/14 (YTD - December 2013)
- Under 18 years: 65
- 18-19 year olds: 13 (at 30/9/13)

*The numbers reflect the total number of young people who receive services in a given year – not solely the number of young people starting their treatment that year. Some young people's treatment will cross years and they will be counted in both years.
**data on 18-19 year olds collected via adult services reporting

Specialist substance misuse services for young people (under 18 year olds) are distinct from adult services because young people's alcohol and drug problems tend to be different to adults' and need a different response. The role of specialist substance misuse services is to support young people to address their alcohol and drug use, reduce the harm caused by it and prevent it from becoming a greater problem as they get older. They should operate as part of a wider network of universal and targeted services (universal services include schools, colleges and youth clubs; targeted services include youth offending teams and non-mainstream education). (PHE, December 2013)

Young people under 18 are less likely to self refer for treatment (6%[4] compared to 40%[21] for adults). It is therefore vitally important that treatment services have strong links and pathways with mainstream services.

Of the 36 young people (under 18) who started a new treatment journey in 2012/13, the majority (89%) were referred via one of five routes: Health & Mental Health Services, Youth Justice, Children & Family Services, Education Services and Family, Friends & Self.



The 2010 Drug Strategy aims that "specialist substance misuse interventions should be delivered according to a young person's age, their level of vulnerability and the severity of their substance misuse problem, and should help young people become drug and alcohol-free". Specialist substance misuse interventions should exist within a wider service structure that meets young people's range of needs. Patterns of young people's drug and alcohol use often change, so specialist services need to be flexible and be able to respond effectively to changing needs. Evidence suggests that vulnerable young people are best cared for at or near home, and that outcomes are improved due to less disruption.[22]

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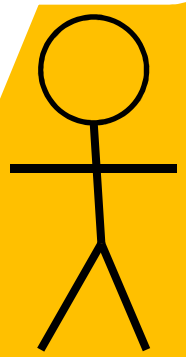
Unmet Need

It is estimated that **186** young people (aged 9-17) in Cheshire East are using drugs and alcohol to harmful levels that require specialist substance misuse services.

However **only 1 in 5*** of these young people who need services are accessing them in Cheshire East.



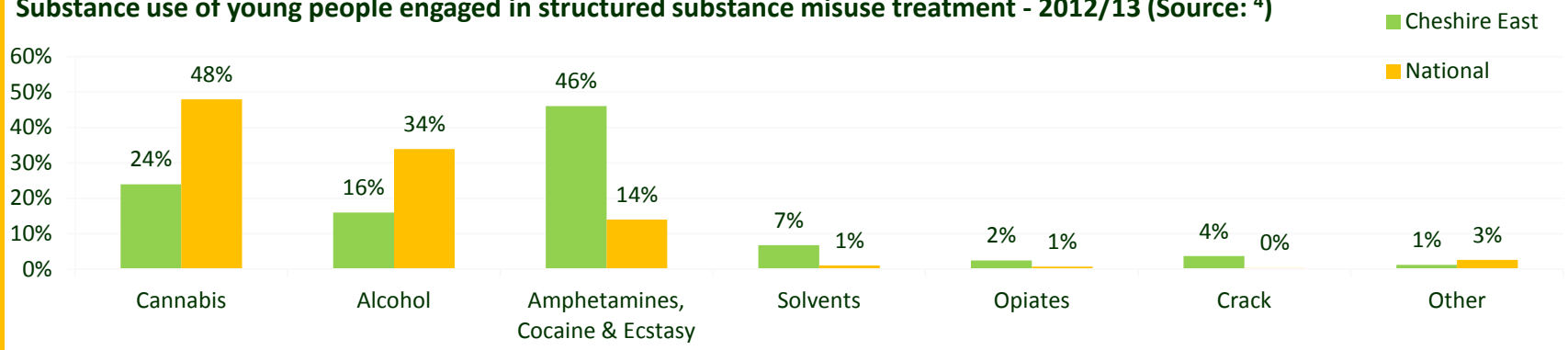
* Calculated using 2012/13 treatment entry figures (186/36=5.2)

Substances used

Forty per cent of young people (under 18) engaged in treatment in Cheshire East report cannabis or alcohol use. This is less than half the nationally reported cannabis or alcohol use (82%).

More young people (under 18) engaged in treatment in Cheshire East highlight stimulant use compared to the nationally reported use. **46% report amphetamine, cocaine and/or ecstasy use in Cheshire East compared to 14% nationally**. Cheshire East also has a slightly higher rate of solvent misuse. Solvents were highlighted by 7% of young people engaged in structured substance misuse treatment in East Cheshire, compared to 1% nationally.

Substance use of young people engaged in structured substance misuse treatment - 2012/13 (Source: [4])



During 2012/13 there were no young people under the age of 13 receiving specialist treatment for substance misuse in Cheshire East. The majority (86%) of young people receiving treatment were aged between 15 and 18 years of age. Only 1% of young people receiving treatment were aged 19. [4]

However, a further 13% were aged 13 and 14 years of age. As noted previously, early initiation (before the age of 15) into regular drug or alcohol use is a key risk factor to becoming dependent on either substance as adults. Nationally, 18% of those attending specialist substance misuse treatment were aged 13-14.[4] It is possible that this younger age group may not be fully able to access Cheshire East substance misuse services.

The length of time young people spent in treatment during 2012/13 varied greatly on an individual level. The average length of time in treatment nationally for all substances was 22 weeks.

In Cheshire East similar average lengths of treatment were seen for opiates/crack, other stimulants and cannabis. Longer average treatment lengths were seen for alcohol and 'other', however information to show the local average treatment length for all substances is not currently available.

Average length of time in treatment in weeks[4]	
Opiates/ Crack	23
Other Stimulants	24
Cannabis	25
Alcohol	35
Other	47

Universal and targeted youth support services are commissioned under the early help programme. Working with approximately 1,000 young people the providers deliver both preventative and targeted work to raise awareness about the dangers of substance misuse.

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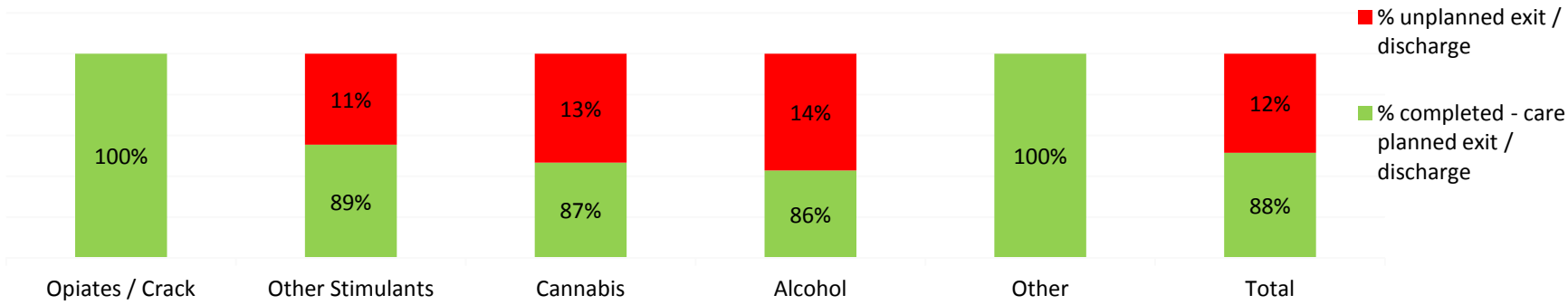
The behaviour/risk change data reflects changes made while young people are engaged with specialist services. Not all of the risks identified are substance specific; if no change is noted it does not necessarily point to a failure of specialist services. The data should, instead, inform a review of the care pathways and joint working arrangements between specialist services and other children's and young people's support services.

Onward referrals for planned exits in 2012/13[4]:

- 43% to original referrer
- 33% no onwards referral
- 10% to a Lead Professional
- 7% required no referral
- 3% to Children's Mental Health.
- 3% to Adult Treatment Providers

Number of young people (under 18) exiting the system / discharged from Cheshire East providers - 2012/13 (Source: [4])

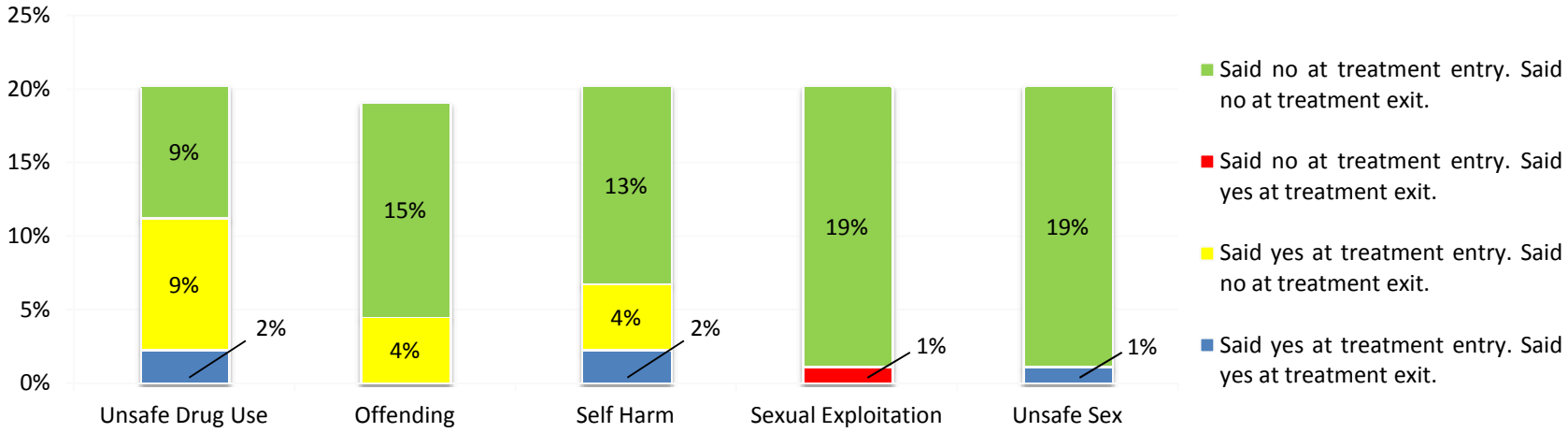


88% of young people (under 18) that left treatment during 2012/13 did so in a planned way. Cheshire East is ahead of national performance (79%).[4]

Seven percent (fewer than 5 people) of those who successfully completed treatment subsequently re-presented to treatment within 6 months which is in line with national performance.

Young peoples circumstances can change, as does their ability to cope. If they re-present to treatment, this is not necessarily a failure and they should rapidly be re-assessed. A new care plan should identify what is likely to help them this time. This should include wider needs, as substance misuse is unlikely to be their only problem and any reduction in substance misuse needs to be sustained by addressing other issues.

Behaviour/risk change from treatment start to treatment exit (Planned Exits) - 2012/13 (Source: [4])



Although the numbers will be small, the above graph shows that some young people under 18 (2%) are leaving specialist substance misuse services through a planed exit whilst still experiencing unsafe drug use. These may be young people who are part of the three percent of those discharged from young peoples specialist misuse services to Adult Treatment Providers. It should be noted that during transition to adult services young people often withdraw from services.

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Table 1 Data Sources

a. 17% of pupils aged 11-15 in 2012 had ever taken drugs (Ref. 1)

Estimated weekly alcohol consumption of 16-19 year olds (Ref. 2):

b. 70% males up to 21 units & 65% females up to 14 units
c. 16% males more than 21, up to 50 units & 16% females more than 14, up to 35 units
d. 3% males more than 50 units & 5% females more than 35 units
e. 16.4% 16-19 year olds have used drugs in the last year (Ref. 3)
f. 0.4% of the total England population of young people aged 9-17 years accessed specialist alcohol or drug services in 11/12 (Ref. 4)

Note: Source 4 and source 14, 2012/13, data is only available Cheshire wide. For this JSNA it has been assumed that all young people in CWP East Cheshire YP & Cheshire East Youth Offending Service are all Cheshire East residents and that two thirds of Central Cheshire YP are Cheshire East residents. Data for 2013/14 will be available for Cheshire East exclusively.

1. Survey of Smoking, Drinking and Drug Use among young people in England 2012
Fuller E (2013), National Centre for Social Research

2. Health Survey for England 2011
ONS & Health & Social Care Information Centre

3. Drug Misuse: Findings from the 2012 to 2013 Crime Survey for England and Wales
(25 July 2013)

4. Young People's Statistics from the National Drug Treatment Monitoring System (NDTMS) – 1 April 2012 to 31 March 2013
Public Health England, NDEC The University of Manchester & Department of Health (4 December 2013)

5. Young Persons' Alcohol and Tobacco Survey 2013, Cheshire East Local Authority Results
Auton, C (15 July 2013), Mustard

6. Local Alcohol Profiles for England
http://www.lape.org.uk/

7. Local Alcohol Profiles for England 2012 – User Guide
North West Public Health Observatory, Liverpool JMU Centre for Public Health (August 2012)

8. NICE PH23- School-Based Interventions to Prevent Smoking
NICE (February 2010)

9. Young People and Smoking
ASH Fact Sheet (January 2014)
http://www.ash.org.uk/files/documents/ASH_108.pdf

10. NICE PH10 – Smoking Cessation Services
NICE (November 2013)

11. Local Data 2010-2014
Cheshire East Stop Smoking Service

12. Waterpipe (Shisha)
ASH Fact Sheet (October 2013)
http://www.ash.org.uk/files/documents/ASH_134.pdf

13. Practice Standards for Young People with Substance Misuse Problems
Gilvarry E, McArdle P, O'Herlihy A, Mirza KAH, Bevington D, Malcolm N (June 2012), Publication Number CCQI 127

14. Using the 2012/13 Young People Partnership (of Residence) Local Assurance Report
National Treatment Agency for Substance Misuse (2013)

15. Alcohol and Drugs: JSNA Support Pack – Key data to support planning for effective young people's specialist substance misuse interventions
Public Health England (December 2013)

16. Frank website - http://www.talktofrank.com/drug/legal-highs
(accessed 3/3/14)

17. Safeguarding Children with Drug and Alcohol Misusing Parents (DAAT)
Cambridgeshire LSCB - http://www.cambslscb.org.uk/prof_drugs.html

18. Diagnostic Outcomes Monitoring Executive Summary (DOMES) Report Quarter 3 2013/14
Public Health England (February 2014)

19. National Treatment Agency/Public Health England website (Steps to put children and families first) - http://www.nta.nhs.uk/families.aspx
(accessed 3/3/14)

20. Step4ward Research with young people aged 13-18 from across Cheshire (published in JSNA Young People and Substance Misuse, September 2012)
Commissioned by Cheshire Drug and Alcohol Team & Cheshire Youth Offending Service (2012)

21. Alcohol Statistics from the National Drug Treatment Monitoring System (NDTMS) – 1 April 2012 to 31 March 2013
Public Health England, The University of Manchester & Department of Health (16 October 2013)

22. Alcohol and drugs: JSNA support pack – Good practice in planning young people's specialist substance misuse interventions.
Public Health England (September 2013)

Department for Education

ASSOCIATION OF CHIEF POLICE OFFICERS

DfE and ACPO drug advice for schools

Advice for local authorities, headteachers, school staff and governing bodies

September 2012

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Summary

About this departmental advice

This is advice from the Department for Education and the Association of Chief Police Officers. It is non-statutory and has been produced to help answer some of the most common questions raised by school staff in this area, as well as promoting understanding of the relevant powers and duties in relation to powers to search for and confiscate drugs, liaison with the police and with parents.

Where the document refers to drugs, this includes alcohol, tobacco, illegal drugs, medicines, new psychoactive substances ("legal highs") and volatile substances, unless otherwise specified.

This guidance does not focus on drug education. It covers broader behaviour and pastoral support, as well as managing drugs and drug-related incidents within schools.

Who is this advice for?

The advice is primarily for:

- Head teachers, school staff and governing bodies in maintained schools, academies, free schools, independent schools, sixth form colleges, Pupil Referral Units (PRUs) and other forms of alternative education provision.

It may also be useful for:

- Local authorities;
- Parents;
- School nurses and other health professionals who have an input on drug issues;
- The police and local agencies working with individual schools to prevent drug misuse amongst pupils.

Key Points

These are the key points from the document.

- 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.

The Role of Schools

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. To support this, the Government's Drug Strategy 2010 ensures that school staff have the information, advice and power to:

- Provide accurate information on drugs and alcohol through education and targeted information, including via the FRANK service;
- Tackle problem behaviour in schools, with wider powers of search and confiscation;
- Work with local voluntary organisations, health partners, the police and others to prevent drug or alcohol misuse.

What Schools Can Do

- 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. It should be consistent with the school's safeguarding policy. A drug policy framework can be found at Annex A.
- 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/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). Links to supportive national organisations are included at the end of this document.

Searching and Confiscation

Advice on searching and confiscations can be found in Screening, searching and confiscation; advice for head teachers, staff and governing bodies.

Following a search, whether or not anything is found, the school is advised to make a record of the person searched, the reason for the search, the time and the place, who was present and note the outcomes and any follow-up action. There is no legal requirement to do this.

General power to confiscate

Schools' general power to discipline, as set out in Section 91 of the Education and Inspections Act 2006, enables a member of staff to confiscate, retain or dispose of a pupil's property as a disciplinary penalty, where reasonable to do so.

Where the person finds other substances which are not believed to be controlled drugs these can be confiscated where a teacher believes them to be harmful or detrimental to good order and discipline. This would include new psychoactive substances or 'legal highs'. If school staff are unable to identify the legal status of a drug, it should be treated as a controlled drug.

Involving parents and dealing with complaints

Schools are not required to inform parents before a search takes place or to seek their consent to search their child. There is no legal requirement to make or keep a record of a search.

Schools would normally inform the individual pupil's parents or guardians where alcohol, illegal drugs or potentially harmful substances are found, though there is no legal requirement to do so.

Complaints about searching should be dealt with through the normal school complaints procedure.

Working with the Police

A senior member of staff who is responsible for the school's drugs policy should liaise with the police and agree a shared approach to dealing with drug-related incidents. This approach should be updated as part of a regular review of the policy.

Legal drugs

The police will not normally need to be involved in incidents involving legal drugs, but schools may wish to inform trading standards or police about the inappropriate sale or supply of tobacco, alcohol or volatile substances to pupils in the local area.

Young people are becoming increasingly aware of, and in some cases using, new psychoactive substances (NPS). These are designed to mimic the effect of illegal drugs but are structurally different enough to avoid being classified as illegal substances under the Misuse of Drugs Act. Despite being labelled as legal these substances are not always safe to use and often contain controlled drugs making them illegal to possess. New psychoactive substances should be included in the school drug policy as unauthorised substances and treated as such. If there is uncertainty about what the substance is, it should be treated as a controlled drug.

Controlled drugs

In taking temporary possession and disposing of suspected controlled drugs schools are advised to:

- ensure that a second adult witness is present throughout;
- seal the sample in a plastic bag and include details of the date and time of the seizure/find and witness present;
- store it in a secure location, such as a safe or other lockable container with access limited to senior members of staff;
- notify the police without delay, who will collect it and then store or dispose of it in line with locally agreed protocols. The law does not require a school to divulge to the police the name of the pupil from whom the drugs were taken but it is advisable to do so;
- record full details of the incident, including the police incident reference number;
- inform parents/carers, unless this is not in the best interests of the pupil;
- identify any safeguarding concerns and develop a support and disciplinary response (see below).

Drug Dogs and Drug Testing

The Association of Chief Police Officers (ACPO) recommends that drug dogs and drug testing should not be used for searches where there is no evidence for the presence of drugs on school premises. However schools may choose to make use of drug dogs or drug testing strategies if they wish. It is advisable that the school consults with the local police.

Responding to Drug Related Incidents

School staff are best placed to decide on the most appropriate response to tackling drugs within their school. This is most effective when:

- it is supported by the whole school community;
- drug education is part of a well-planned programme of PSHE education delivered in a supportive environment, where pupils are aware of the school rules, feel able to engage in open discussion and feel confident about asking for help if necessary;
- staff have access to high quality training and support.

Schools should ensure that pupils have access to and knowledge of up-to-date information on sources of help (Annex B). This includes local and national helplines (including FRANK for drugs, NHS Smoking Services for tobacco and Drinkline for alcohol), youth and community services and drug services. These sources can be used as part of, or in addition to, the school's own drug and alcohol education.

If a pupil is suspected of being under the influence of drugs or alcohol on school premises, the school must prioritise the safety of the young person and those around them.If necessary it should be dealt with as a medical emergency, administering First Aid and summoning appropriate support. Depending on the circumstances, parents or the police may need to be contacted. If the child is felt to be at risk the Safeguarding Policy will come into effect and social services may need to be contacted.

When evaluating the behaviour and safety of pupils under the new Ofsted inspection framework, inspectors will consider pupils' ability to assess and manage risk appropriately and to keep themselves safe. In supplementary PSHE guidance for subject survey visits, pupils awareness of the dangers of substance misuse is included in the criteria for inspectors when grading the quality of PSHE delivery.

Discipline

Any response to drug-related incidents needs to balance the needs of the individual pupils concerned with the wider school community. In deciding what action to take schools should follow their own disciplinary procedures.

Exclusion should not be the automatic response to a drug incident and permanent exclusion should only be used in serious cases. More detail on excluding pupils can be found in the DfE Exclusion Guidance.

Drug use can be a symptom of other problems and schools should be ready to involve or refer pupils to other services when needed. It is important that schools are aware of the relevant youth and family support services available in their local area.

Sources of advice and local services should be listed in the school drug policy for reference. Some local authorities may also provide lists of sources of support for schools. The senior member of staff responsible for drugs should have established relationships with local agencies to understand what support is available.

Early Intervention

Schools can have a key role in identifying pupils at risk of drug misuse. The process of identifying needs should aim to distinguish between pupils who require general information and education, those who could benefit from targeted prevention, and those who require a detailed needs assessment and more intensive support.

Pupils whose parents/carers or family members misuse drugs

Schools will be alert to behaviour which might indicate that the child is experiencing difficult home circumstances. Most are pro-active in the early identification of children's and young people's needs and in safeguarding the children in their care. Screening is important in assessing needs. Where problems are observed or suspected, or if a child chooses to disclose that there are difficulties at home and it is not deemed a safeguarding issue, the school will follow the procedures set out in its drug policy. This should include protocols for assessing the pupil's welfare and support needs and when and how to involve other sources of support for the child such as Children's Services, services commissioned by the Drug and Alcohol Action Teams (DAAT) programmes and, where appropriate, the family.

Confidentiality

Schools need to have regard to issues of confidentiality (although staff cannot promise total confidentiality to pupils). More information on confidentiality can be found in Working Together to Safeguard Children.

Tobacco – Smoke Free Schools

The minimum age for smoking is 18 and schools are subject to the same smoke free legislation as other premises.

In most schools:

- The school is a smoke-free site (though if there is a caretaker's house this may be excepted);
- Children, young people, staff, parents/carers and governors have been involved in the development and implementation of a smoke-free site;
- The school provides information and support for smokers to quit e.g. promoting access to smoking cessation classes, which may be provided on the school site.

Children and young people should understand the non-smoking policy.

The National Institute for Clinical Excellence (NICE) have developed guidance on school based interventions to prevent the uptake of smoking amongst young people.

Managing Medicines

Some pupils may require medicines that have been prescribed for their medical condition during the school day. More detailed information can be found in Managing Medicines in Schools and Early Years Settings

Annex A – Suggested Drug Policy Framework

Development process

- State the date of approval and adoption, and the date for the next major review.
- Describe the development process and how the whole school community was involved.
- Insert the signatures of the head teacher, a governor, key personnel (and pupil representative if appropriate).

Location and dissemination

- Outline the dissemination plans and where a reference copy of the policy can reliably be found. Parts of the policy may be replicated or referred to in other school publications.

The context of the policy and its relationship to other policies

- Outline the links with other written policies on, for example, the school mission/ethos statement, behaviour, health and safety, medicines, confidentiality, pastoral support, healthy schools, school visits and safeguarding.

Local and national references

- Specify useful national and local documents, for example, this and other government advice, local authority information and local healthy schools or similar documentation on which the policy has drawn.

The purpose of the policy

- Identify the functions of the policy, showing how it reflects the whole school ethos and the whole school approach to health.

State where and to whom the policy applies

- For example, all staff, pupils, parents/carers, governors and partner agencies working with schools.
- Specify the school's boundaries and jurisdiction of the policy's provisions.
- Clarify how the policy applies to pupils educated in part within further education or other provision.

Definitions and terminology

- Define the term ‘drugs’ and clarify the meanings of other key terms. The definition should include reference to medicines, volatile substances, alcohol, tobacco, illegal drugs, new psychoactive substances and other unauthorised substances.

The school’s stance towards drugs, health and the needs of pupils

- Include a clear statement that illegal and other unauthorised drugs are not acceptable within the boundaries identified within the policy.
- Outline school rules with regard to authorised drugs and make links to the school policy on medicines.
- Explain that the first concern in managing drugs is the health and safety of the school’s community and meeting the pastoral needs of pupils.

Staff with key responsibility for drugs

- Specify the named members of staff who will oversee and coordinate drug issues and their key roles and responsibilities. Head teachers may also wish to record those members of staff with the authority to search pupils, although there is no legal requirement to keep such a record.

Staff support and training

- Outline induction and drug awareness training arrangements for all staff working at the school and relevant governors.
- Outline specific continuing professional development opportunities for drug education teachers and how this will be cascaded.

Management of drugs at school and on school trips

- Describe the policy on dealing with drug paraphernalia and suspected illegal and unauthorised drugs.
- Outline storage, disposal and safety guidance for staff.
- Make explicit the school’s policy on searches, including personal searches and searches of school and pupils’ property.
- Outline strategies for thorough investigation of events and personal circumstances. Outline strategies for responding to any incidents involving illegal and other unauthorised drugs, including initiating screening, a common

assessment framework and the range of options for responding to the identified needs of those involved.

- Outline procedures for managing parents/carers under the influence of drugs on school premises.

Police involvement

- Outline the agreed criteria for if and when police should be informed, consulted or actively involved in an incident, and what action is expected if police involvement is requested.
- Include name and contact details for the school's liaison officer.

The needs of pupils

- Outline the mechanisms for addressing the wider support needs of pupils and how pupils are made aware of the various internal and external support structures.

Working with external agencies

- Outline the relationship with local partner agencies and the roles negotiated with them for supporting pupils and their families and agreed protocols for referral.
- List local services and national helplines/websites.

Information sharing

- Specify the school's approach to sharing information and how it will secure pupils'
- and, where necessary, parent/carers' agreement for this.
- Specify the school's approach to ensuring that sensitive information is only disclosed internally or externally with careful attention to pupils' rights and needs.
- Outline local safeguarding to be followed if a pupil's safety is considered under threat, including incidences of parental drug or alcohol misuse (or make links to relevant school policy).

Involvement of parents/carers

- Include the policy for informing and involving parents/carers about incidents involving illegal and other unauthorised drugs.
- Outline the school's approach to encouraging parental involvement in developing and reviewing the policy and in their child's drug education.

The role of governors

- State the arrangements for ensuring that governors are well informed on drugs issues as they affect the school.
- Outline the role of governors (or a designated governor if appointed) in policy development and overseeing the drug education programme, and contributing to any case conferences called, or appeals against exclusions.

Liaison with other schools

- Explain where schools are working together, for example: the drug education curriculum, the management of incidents, training opportunities and transitions between schools.

Liaison with other agencies

- State negotiated and agreed procedures for collaborating with local agencies that can offer targeted and specialist support to pupils needing either.

Staff conduct and drugs

- State the arrangements for ensuring that staff are aware of their responsibilities in relation to drinking and other drug use in school hours and on school trips.

Annex B – Useful Organisations

Addaction is one of the UK's largest specialist drug and alcohol treatment charities. As well as adult services, they provide services specifically tailored to the needs of young people and their parents. The Skills for Life project supports young people with drug misusing parents.
Website: www.addaction.org.uk

ADFAM offers information to families of drug and alcohol users, and the website has a database of local family support services.
Tel: 020 7553 7640 Email: admin@adfam.org.uk
Website: www.adfam.org.uk

Alcohol Concern works to reduce the incidence and costs of alcohol-related harm and to increase the range and quality of services available to people with alcohol-related problems
Tel: 020 7264 0510. Email: contact@alcoholconcern.org.uk
Website: www.alcoholconcern.org.uk

ASH (Action on Smoking and Health) A campaigning public health charity aiming to reduce the health problems caused by tobacco.
Tel: 020 7739 5902 Email: enquiries@ash.org.uk
Website: www.ash.org.uk

Children's Legal Centre operates a free and confidential legal advice and information service covering all aspects of law and policy affecting children and young people.
Tel: 01206 877910 Email: clc@essex.ac.uk
Website: www.childrenslegalcentre.com

Children's Rights Alliance for England - A charity working to improve the lives and status of all children in England through the fullest implementation of the UN Convention on the Rights of the Child.
Email: info@crae.org.uk Website: www.crae.org.uk

Drinkaware - An independent charity that promotes responsible drinking through innovative ways to challenge the national drinking culture, helping reduce alcohol misuse and minimise alcohol related harm.
Tel: 020 7307 7450 Website: www.drinkaware.co.uk/

Drinkline - A free and confidential helpline for anyone who is concerned about their own or someone else's drinking.
Tel: 0800 917 8282 (lines are open 24 hours a day)

Drug Education Forum – this website contains a number of useful papers and briefing sheets for use by practitioners:
Website: www.drugeducationforum.com/

DrugScope is a centre of expertise on illegal drugs, aiming to inform policy development and reduce drug-related risk. The website includes detailed drug information and access to the Information and Library Service. DrugScope also hosts the Drug Education Practitioners Forum.
Tel: 020 7520 7550 Email: info@drugscope.org.uk
Website: www.drugscope.org.uk

FRANK is the national drugs awareness campaign aiming to raise awareness amongst young people of the risks of illegal drugs, and to provide information and advice. It also provides support to parents/carers, helping to give them the skills and confidence to communicate with their children about drugs.
24 Hour Helpline: 0800 776600 Email: frank@talktofrank.com
Website: www.talktofrank.com

Mentor UK is a non-government organisation with a focus on protecting the health and wellbeing of children and young people to reduce the damage that drugs can do to their lives.
Tel: 020 7739 8494. Email admin@mentoruk.org
Website: www.mentoruk.org.uk

National Children's Bureau promotes the interests and well-being of all children and young people across every aspect of their lives.
Tel: 020 7843 6000 Website: www.ncb.org.uk

Family Lives - A charity offering support and information to anyone parenting a child or teenager. It runs a free-phone helpline and courses for parents, and develops innovative projects.
Tel: 0800 800 2222 Website: http://familylives.org.uk/

Re-Solv (Society for the Prevention of Solvent and Volatile Substance Abuse)
A national charity providing information for teachers, other professionals, parents and young people.
Tel: 01785 817885 Information line: 01785 810762
Email: information@re-solv.org Website: www.re-solv.org

Smokefree - NHS Smoking Helpline: 0800 169 0 169
Website: http://smokefree.nhs.uk

Stars National Initiative offers support for anyone working with children, young people and families affected by parental drug and alcohol misuse.
Website: www.starsnationalinitiative.org.uk

Youth Offending Teams – Local Youth Offending Teams are multi-agency teams and are the responsibility of the local authority, who have a statutory duty to [prevent offending by young people under the age of 18.
Website: https://www.gov.uk/youth-offending-team

Any enquiries regarding this publication should be sent to us at: www.education.gov.uk/contactus.

This document is available for download at: www.gov.uk/government/publications

Reference: DFE-00001-2012

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CHESHIRE EAST COUNCIL

REPORT TO: COMMUNITY SAFETY SCRUTINY COMMITTEE

Date of Meeting: 31 March 2014
Report of: Head of Governance and Democratic Services
Subject/Title: Work Programme update

1.0 Report Summary

1.1 To review items in the 2013/2014 Work Programme listed in the schedule attached, together with any other items suggested by Committee Members.

2.0 Recommendations

That the 2013/2014 work programme be reviewed.

3.0 Reasons for Recommendations

3.1 It is good practice to agree and review the Work Programme to enable effective management of the Committee's business.

4.0 Wards Affected

4.1 All

5.0 Local Ward Members

5.1 Not applicable.

6.0 Policy Implications including - Carbon reduction
- Health

6.1 Not known at this stage.

7.0 Financial Implications

7.1 Not known at this stage.

8.0 Legal Implications

8.1 None.

9.0 Risk Management

9.1 There are no identifiable risks.

10.0 Background and Options

10.1 The schedule attached has been updated to reflect the decisions taken by the Committee at its previous meeting.

10.2 Members are asked to review the schedule attached to this report, and if appropriate, add new items or delete items that no longer require any scrutiny activity. When selecting potential topics, Members should have regard to the Council's new three year plan and also to the general criteria listed below, which should be applied to all potential items when considering whether any Scrutiny activity is appropriate.

The following questions should be asked in respect of each potential work programme item:

- Does the issue fall within a corporate priority;
- Is the issue of key interest to the public;
- Does the matter relate to a poor or declining performing service for which there is no obvious explanation;
- Is there a pattern of budgetary overspends;
- Is it a matter raised by external audit management letters and or audit reports?
- Is there a high level of dissatisfaction with the service;

10.3 If during the assessment process any of the following emerge, then the topic should be rejected:

- The topic is already being addressed elsewhere
- The matter is subjudice
- Scrutiny cannot add value or is unlikely to be able to conclude an investigation within the specified timescale

11 *Access to Information*

The background papers relating to this report can be inspected by contacting the report writer:

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Community Safety Scrutiny Committee Work Programme – Last Updated (18/03/2014)

Future Meetings				
	Date: 31/03/2014 Time:10.30am Venue: Capesthorne Room, Macclesfield	Date: 24/04/2014 Time:10.30am Venue: Committee Suite, Westfields	Date: 29/05/2014 Time:10.30am Venue: Committee Suite, Westfields	Date: 26/06/2014 Time:10.30am Venue: Committee Suite, Westfields

Item	Notes	Lead Officer/ Portfolio Holder	Action to be Taken	Key Dates/Deadlines
Drugs in schools	To scrutinise whether or not there is a problem with drug use in schools and what the council can do to assist in tackling the problem.	F Bradley	Scrutiny Committee	31 March 2014
Reflective Review of Domestic Homicide	To investigate what happened and what the various agencies could have done to prevent it	S Cordon J Gibson Cllr Gilbert	Scrutiny Committee	TBA
Vision for the Fire Authority	To give consideration to the actions taken in relation to youth safety support, road safety and youth education about being safe generally	Cllr L Gilbert M Cashin, Assistant Chief Fire Officer	Presentation at Committee	24 April 2014
Flood Risk Management strategy	To review the strategy	P Reeves	Scrutiny Committee	24 April 2014
Cheshire Sub Regional Review of Community safety	To comment on the review of ASB, drugs,	S Cordon Cllr Gilbert	Scrutiny Committee	24 April 2014

	alcohol and Domestic Violence			
Anti Social Behaviour	What is Cheshire East doing to address anti social behaviour. Future plans/budget	Cllr L Gilbert L Woodrow-Hurst	Scrutiny Committee To outline the Local Authority's role as lead organisation for Anti Social behaviour	TBA