

# Bitterne C of E Primary School



## Policy for Drug Education

Headteacher  
Andy Peterson

Last review- April 2017

Next review – April 2020

**Signed by Chairs of Governors**

Amanda Humby –

## Policy for Drug Education

Bitterne C of E Primary School is committed to the health and safety of its pupils, staff and visitors. It will take action to safeguard their well being in order to promote and sustain the school's ethos and pastoral role. We aim to help our pupils by ensuring that they have entitlement to drug education within the curriculum and are supported, if they experience drug related problems or concerns.

The term 'drug' is used to refer to a substance people take to change the way they feel, think or behave. Throughout the policy this refers to all illegal substances, legal drugs eg tobacco, alcohol, volatile substances such as solvents, NPS (new psychoactive substances), prescription and over the counter medicines. Statements in the policy refer to all adults and children on the school site and working with pupils off site.

### Reason for the policy

This policy has been written to:

- Make a clear statement of the school's values;
- Ensure there are agreed procedures regarding drug related incidents;
- Identify where responsibility lies;
- Provide guidance for all staff, parents, governors and inspectors of the provision of and approach to drug education;
- Establish an agreed approach for the teaching of drug education within the school
- Ensure continuity and progression across and between the key stages;
- To describe the purpose, nature and management of drug education taught and learnt in school;
- To explain that the first concern in managing drugs is the health and safety of the school community and meeting pastoral needs of pupils.

### How the policy was developed

The policy was originally developed in 1996 in accordance with *Hampshire's Drug Matters guidance for schools*. It has been revised in line with the latest guidance in 2012 *DFE and ACPO drug advice for schools*. This has been written by the PSHE ~~manager~~ Leader in consultation with staff and Governors in April 2011 and reviewed 2017.

### The Nature of Drug Education

*"All pupils, including those in primary schools, are likely to be exposed to the effects and influences of drugs in the wider community and be increasingly exposed to opportunities to try both legal and illegal drugs. Every school therefore has a responsibility to consider its response to drugs."*  
(PSHE association, 2010)

Within our school drug education is an opportunity to provide pupils with up to date and relevant information regarding drugs. Then to enable them to role play/ think about situations, which will involve making informed choices and decisions helping them to prepare for the responsibilities and experiences in life.

*"Evidence demonstrates that effective drug and alcohol education delivered by teachers trained to use normative, life-skills based approaches, and supported by wider communications campaigns and by parental and community involvement are shown to contribute to reduced substance misuse and improved outcomes."*  
(National Drugs Strategy, 2008)

## Drugs in School

Staff in school have regular training linked to the Safeguarding policy. This includes raising awareness in recognising children at risk from their own drug use or that within the family.

## Illegal drugs

This refers to any drugs controlled under the misuse of drugs act 1971. Illegal drugs have no place in school at any time or for any reason.

## Medicines

Some pupils may require medicines and the correct procedures must be followed. These should be understood by staff, parents/ carers and pupils. It is important that a long term medical condition that has a substantial and adverse effect on a pupil's ability to carry out activities is recognised as a disability. In this situation the school should have a school access plan under the Disability Discrimination Act 1995. [Please refer to the agreed Managing Medicines Policy for more information](#)

~~The following procedures should be followed:~~

- ~~➤ Managing medicines is not part of the teacher's duties. Any staff who take on the role should receive appropriate training: first aid course.~~
- ~~➤ The employer should ensure that insurance provides full cover for staff managing medicines.~~
- ~~➤ Medicines should only be administered in accordance with the prescription instructions. Parents/ carers should ensure these are displayed on the container/ packaging or a signed note with instructions is given to the office staff~~
- ~~➤ Some children are able to administer their own medicines. The school should ensure they have parental permission for the child to do this. In these circumstances pupils must have access to essential medicines eg inhalers, but they should only be accessible to the pupil it is prescribed for. For all medicines of this kind parents/ carers should give them to the office where the child will be able to access them at all times of the school day.~~
- ~~➤ All medicines should be stored appropriately: any needing a secure container, locked cupboard or fridge should be stored as so.~~
- ~~➤ Any medication administered must be recorded with the name of the child, the date and time given. If a child refuses their medication this must also be recorded.~~
- ~~➤ If a child is found taking medicine belonging to another child then the incident should be reported to the Head teacher as this is regarded as a misuse of medicines.~~
- ~~➤ With non-prescribed medicines (over the counter medicines) parents/ carers must provide a signed note explaining when and how much should be taken otherwise permission will not be given to for the child to take them.~~
- ~~➤ Staff should never give children medication that has not received parental permission first.~~
- ~~➤ When on a residential trip all medication should have a signed note of consent from the parent with conditions for usage. If the child is allowed to take care of this themselves eg inhalers, this should also be in the note. All other medicines should be in the care of a member of staff and preferably should be kept in a lockable storage box, or within a locked room. If the room is unlocked there should be a member of staff there at all times. Procedures for giving medicines are the same as above: a log should be kept with amount, time and date recorded.~~

~~For other guidance please refer to Medicines policy.~~

## Volatile substances

The school should ensure any solvents or hazardous chemicals are legitimately needed in schools. Those that are should be stored securely, behind a locked door, preventing inappropriate access of use.

## Alcohol

It is acceptable to store this on the premises; however, it must be stored in a lockable cupboard. It is an offence to sell alcohol under the licensing Act 1964 without a license.

## **Tobacco**

We are a smoke-free school and do not permit smoking within the building or grounds.

## **NPS (new psychoactive substances)**

While not all of these are currently classified as illegal substances, they are not always safe to use and often contain controlled drugs making them illegal to possess. These are not permitted in school.

## Management of drug related incidents

Within the school an ethos will be encouraged that enables children to feel confident enough to discuss any problems or concerns with staff. Children will be made aware that staff have access to helping agencies and will deal with such matters in a professional and caring way.

What is 'in school'?

'In school' is taken to mean on school premises, including buildings and grounds. The head teacher's jurisdiction will extend beyond the school gates when a pupil is considered still to have a connection with the school. This policy will also apply to off-site activities, visits, school residential trips and the use of the school's facilities during out of school hours.

## Incidents

The school will respond to the following incidents:

- Rumours of drugs being used by adults or children;
- Reports of drugs being used by adults or children;
- Use of drugs by children on the premises;
- Children talking about the use of drugs;
- Children bringing drugs into school;
- Drugs or associated paraphernalia being found on the school premises;
- Children asking difficult questions about drugs or showing an unusual level of knowledge of drugs for their age;
- Staff concerns about individuals, families or staff;
- A pupil, parent/ carer or staff member is thought to be under the influence of drugs;
- Information that the illegitimate sale or supply of drugs is taking place in the local area.

## **Procedures**

### Drug related incidents log

The school will keep a record of all drugs related incidents using Cpoms. Each entry will be dated and only information given to the safeguarding lead will be logged.

The school will keep a record of all drugs related incidents. Each entry will be dated and a clear distinction will be made between evidence, hearsay and suspicious behaviour. This log is confidential to the Head teacher and Deputy Head teacher. The log will be reviewed regularly and any information no longer relevant removed. A copy of the incident form can be found in Appendix 1. Appendix 2 should be used where school staff take temporary possession of any drug within school.

### Reporting incidents

In the first instance all drugs related incidents should be referred to a safeguarding officer who will:

- Record details of the incident in the school's 'Drugs Related Incident Log',
- Inform the Head teacher/ Deputy Head teacher,

- If appropriate, contact parents, the police and other authorities.
- A full record of every incident will be kept. Records including notes of any discussions with pupils may be used in any subsequent court proceedings.

#### Parents/ carers under the influence of drugs on the school premises

If a situation like this occurs:

- Staff should attempt to maintain a calm atmosphere;
- Staff should always focus on the child's welfare and if there are concerns about discharging a pupil into their care they should consult the child protection officer (Head teacher/ deputy head teacher)
- Where the child is ~~repeatedly-believed to be~~ at risk, staff should ~~consider~~ following child protection procedures;
- Always report the incident.

#### Staff under the influence of drugs within school

All staff have a duty of care to pupils, including when on school trips. If a member of staff is deemed to possess a risk or potential risk to the health and safety of pupils and colleagues, then this should be reported to the Head teacher. The incident should be recorded and stored confidentially as mentioned above. The school should ensure that occupational health advice and personnel support are arranged to meet the welfare needs of their staff. (See staff dismissal guidelines for further information).

#### Pupil's and drug incidences

If a pupil is suspected of concealing illegal or other unauthorised drugs including NPS, schools are not required to inform parents before a search takes place or to seek their consent to search their child. Although consent is not needed, it is advisable to ask for it first, unless not in the best interests of the child. It is advisable to contact the parents/ carers if a search has taken place whether the result of the search was positive or negative again unless not in the best interests of the pupil.

Where two or more pupils are thought to be involved, they should be separated, and each child should be monitored. When questioned there should always be another member of staff there as a witness.

If a child is found in possession of substances not considered illegal, a warning will be issued and in the event of a second incident, the pupil may be placed on a fixed term exclusion and appropriate support and guidance will be offered.

The pupil's parents should be invited in to discuss the incident and informed of the action taken; if there is concern that the child's safety may be at risk then the school will exercise caution and the school's child protection officer should be consulted. Where a member of school staff takes possession of any drug temporarily, this should be logged on Cpoms. Appendix 2 should be completed.

#### Finding substances

The school's general power to discipline, section 91 of Education and Inspections Act 2006, enables staff to confiscate, retain or dispose of a pupil's property where reasonable to do so. If a substance is removed from a pupil, this should be done in the presence of a second adult. Following a search, whether or not anything is found the school is advised to record:

- Date, time and place of search or retrieval,
- The names of those concerned including witnesses,
- Reason for search,
- Time and place of search,
- Outcome of search

If a substance is found these should also be recorded:

- Size and appearance of substance,
- What was said and the action taken.
- Any follow up action

Where confiscation of a drug has taken place, different methods of disposal are necessary depending on the type of drug this should be logged on Cpoms. **Appendix 2 should be completed.**

#### **Alcohol and tobacco**

Parents/ carers should be informed and be offered the opportunity to collect the alcohol or tobacco and discuss the matter, unless this would jeopardise the pupil's safety. The police do not normally need to be involved, however if there has been inappropriate sale to pupils in the local area then the police or trading standards should be informed.

#### **Volatile substances**

These can be dangerous and it may be necessary to arrange for their safe disposal. Small amounts can be placed in a bin which pupils do not have access to. Parent/ carers should be informed if appropriate to do so.

#### **Medicines**

Parents/ carers should be informed if a child has medicine that is not accompanied by a signed note. They should be invited in to discuss this and offered the opportunity to collect it.

#### **Illegal drugs**

School staff can take temporary possession of a suspected illegal substance and these should then be collected by/ delivered to the police to take custody of.

If a member of staff has taken possession of a suspected illegal substance certain steps should be followed:

- A second adult should be present at all times,
- It should be sealed in a plastic bag with details of the time date and place of seizure and the names of any witnesses present,
- It must be stored in a secure area within the school office and access limited to senior members of staff,
- Notify the police without delay. Schools do not need to name the pupil to the Police, although it is advisable to do so, and if their name is disclosed, the Police have to follow the internal procedures of the school,
- Record full details of the incident, including the Police incident reference number,
- Inform parents/ carers, unless this is not in the best interest of the pupil.

School staff should never attempt to analyse or taste unknown substances. **Appendix 2 should be completed where temporary possession is necessary.**

#### **NPS (new psychoactive substances)**

These are unauthorised drugs and the same procedures should be followed for these substances as for others. Again it is advisable to inform the police or trading standards if these have been sold to pupils.

### **School trips (including residential)**

The same procedures for the different categories of drugs should be carried out when on school trips

- Where illegal substances are found, the local Police should be called,
- For tobacco or alcohol the staff member in charge should take care of it until back at school where the parents should be contacted,
- For medicines see the section on medicines,
- With volatile substances a senior member of staff would need to locate somewhere safe to store/ dispose where pupils have no access.
- With NPS they should be removed and taken care of by a member of staff until back at school.

### Finding paraphernalia

In the event of discovering equipment, gear or paraphernalia associated with drug misuse the items should be handled with care and reported to the ~~caretaker~~ Site Manager who will ensure safe removal. Needles and syringes should not be disposed of in domestic waste; they should be placed in a secure and rigid container using gloves. They should be collected by the appropriate service.

If retrieved from a pupil, the pupil's parents should be informed of the action taken unless it would jeopardise the pupil's safety.

### Confidentiality

Confidentiality concerning drug use cannot be guaranteed and this should be made clear to the child. The school will inform the appropriate body if any child is involved in substance misuse as soon as possible.

### Support

Exclusion due to incidents involving drugs should not be an automatic response. Drug use can be a symptom of other problems and schools should be ready to involve or refer pupils to other services when needed. Any pupil affected by their own or other's drug misuse should have access to support through the school and other local services.

DASH- Southampton's youth Drugs and Alcohol Support and Health Project- provide support to young people under the age of 19. It would be unusual for a child still at primary school to need this support but they are available to give advice and support to professionals. 023 8022 4224 or at [www.nolimitshelp.org.uk](http://www.nolimitshelp.org.uk).

### Smoking- parents as role models.

Please refer to the 'Smoke Free Policy'. The entire site has a no smoking policy (including e cigarettes). This is also in force up to 10 metres from any school building. The school understands that outside the school gates it is not possible to enforce no smoking but encourages parents not to congregate and smoke outside the school gates.

### Other policies

Staff will also need to be aware of the guidance contained within the following policies when making decisions regarding drug related incidents: Child Protection and Health and Safety, Managing medicines and Smoke Free Policy.

When a child discloses to an adult in school about drug use within the family the adult should not ask leading questions. They should allow the child to talk and follow the guidelines within the Child Protection Policy.

## Drug Education Curriculum

### Aims

Drug education is most effective when it is delivered as part of a wider personal, social and health education programme. In order to maintain its effectiveness the pupil's needs will be addressed at each stage of development and built on in a long-term, sustained approach.

Drugs education aims to develop the following:

- To increase pupil knowledge and understanding of the risks and consequences of drug misuse and clarify misconceptions;
- To understand the impact of drugs on individuals, families and communities;
- To know the moral, social, emotional and political issues surrounding drugs;
- To increase personal and social skills to make informed decisions to keep themselves and others safe and healthy;
- To teach pupils' the skills needed to resist pressures to misuse drugs;
- To make the misuse of drugs less culturally acceptable to pupils;
- To know where to find information, help, advice and support;
- To promote healthy lifestyles and positive activities not involving drugs and other substance misuse;
- To ensure that pupils from all backgrounds, whatever their culture, gender or race, have access to the school's drug education programme.

“Drug education plays an important part in preparing pupils in their present lives and in the future to make informed choices and contributes to their wellbeing. All schools should provide drug education within a planned PSHE curriculum which is developmental and appropriate to the age, ability and needs of pupils.”

(PSHE Association, 2010)

### Cross- curricular links

The key topics and areas will be delivered through PSHE –led topics. There are clear links with other subjects, such as **SS**cience and the moral, spiritual and cultural beliefs and values within RE. It is not sufficient to rely on these links alone for the effective provision of **D**.**d**rug education, but valuable and genuine connections can be made within other subject areas.

### Entitlement

Every child is entitled to **D**.**d**rug education regardless of race, gender, ability and ethnic background. This is achieved through time allocated within the PSHE and Citizenship curriculum. If a pupil misses a substantial or particularly important aspect of the **D**.**d**rug education programme then efforts should be made for the pupil to receive this learning in order to meet the aims of the school in our commitment to ensure that pupils know how to lead a safe and healthy lifestyle.

### Diversity

Teachers need to be sensitive to the fact that pupils will have varying attitudes towards drugs, which can be influenced by their cultural or religious backgrounds and their life experiences, values and beliefs.

### Approaches to teaching and learning

Teachers' need to:

- Provide developmentally appropriate and culturally sensitive information,

- Be aware of the individual's experiences and relationships,
- Encourage the children to evaluate their learning,
- Enable pupils to be involved in making decisions in order to apply their knowledge and skills,
- Encourage pupils to engage in open discussion,
- Ensure they provide a supportive environment.

Teachers will need to select a variety of teaching styles and methods to maximise the potential learning of each child:

- Variety of whole class, groups or individually;
- Opportunity for role play and other drama-based type activities;
- ~~Using first hand experience, eg source materials of various types;~~
- Visits from members of the community;
- Games that enable the children to understand and absorb learning;
- Responding to secondary data, eg case studies;
- Technical stimulus, eg online resources, film footage;
- Creating and asking questionnaires and surveys;
- Problem solving activities;
- Discussions and debates;
- Open-ended questions;
- Circle Time.

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#### Role of the PSHE Leader manager:

- Be responsible for ensuring Drug education is covered appropriately within the PSHE long and medium term planning;
- Support staff with the planning of Drug education and organize resources;
- Ensure continuity and progression across the Key Stages;
- Develop links between KS1, KS2 and KS3;
- Ensure resources and information are kept up to date,
- To monitor and evaluate the school's drug education programme.

#### Delivery

Classroom teachers who have a clear understanding of the school's policy and an established and continuing relationship with the pupils will mainly deliver the programme. Planned and integrated contributions from visitors may, at times, complement the school's approach. All staff should ensure they have an up to date knowledge (FRANK is highly recommended by DFE and ACPO).

#### Working with parents/ carers and governors

The school will encourage parental and governor participation in drug education by:

- Involving them in the school curriculum policy and development,
- Run informal meetings which provide information about drugs and related issues,

#### Evaluation

This policy will be reviewed in April 2020, or earlier if there are changes to the law relating to drugs or new guidance is received.

## Drug Education Guidelines

### Planning

#### **Long-term planning**

The long term planning for Drug education can be found on the school's website.

#### **Medium-term planning**

There is a detailed unit for the teaching of Drug education in year 4, 5 and 6 and these have been planned following the format used for all subjects. Each unit highlights differentiation and levels for pupils. Planning can be found in the year group folders on the server and in the PSHE subject manager folder. An annotated paper copy can be found in the subject leader folder showing how the needs of all children have been met based on the needs of the year group based on ongoing assessment.

#### **Resources**

Year groups should update as necessary and purchase out of their own budget.

#### Content of the D drugs education programme

The school's drugs education programme will:

- Take account of what pupils already know and be matched to their individual needs and concerns;
- Provide opportunities to explore attitudes and values;
- Be aware of trends in drug misuse;
- Provide a credible and consistent message (informing not lecturing);
- Warn about the dangerous effects of misuse of drugs whilst aiming to remove the mystique often associated with such substances;
- Clarify the law;
- Enable the acquisition and development of appropriate skills (communications, social skills, self-esteem, assertiveness, responsibility for oneself and others).

#### Knowledge and understanding

- School rules relating to drugs, health and safety
- Rules and laws relating to drugs: legal or illegal/ effects and risks
- Different types and roles of medicines
- General effects of drugs on the body and behaviour and the link with personal health
- What makes a healthy lifestyle
- Pressure to behave in an unacceptable or risky way can come from a variety of sources and techniques for resisting pressure
- Where to ask for help, support or advice for individuals, families and groups
- How to ask for help
- Understand why rules and laws are made
- Giving and getting help
- Safety procedures when using medicines

#### Skills

- Explain views on issues that affect themselves and society
- Recognise different risks in different situations and decide how to behave responsibly
- Cope with peer influences
- Communicate with adults
- Use decision making and assertiveness in situations relating to drug use

## Attitudes

- Self-esteem
- Attitudes towards – drugs/ medicines
  - Health professionals
  - Hospitals
  - Media
  - People's misuse of drugs
  - Personal safety

## What children want

When asked, pupils have said they want the following:

- Their views and opinions listened to;
- To engage in discussion and debate;
- Their drug education to be interesting, involving drama, true-to-life stories and external contributors;
- Drug education to be taught by people who know what they are talking about;
- As much information as possible, they do not want to be told just to 'say no';
- To know the range of effects and risks of drugs and why people use them;
- How to cope with an emergency;
- Drug education to be given greater emphasis in primary schools.

## Overview of drug education

### Year R- Spring 2

There is not particular unit focus; however, they will be covering issues that the children need. The focus is on, such as safety whilst out and about/hygiene e.g. don't pick up things off the floor that you don't recognise. Check with an adult first before picking up litter.

### Year 1-- Keeping safe/ Spring 2

This includes a focus on knowing some of the rules for staying safe around the home: medicines, tablets and household substances. Healthy eating topic that incorporates awareness of what we eat/drink. Looking at containers to find safety instructions and symbols and identifying potential risks in surrounding these. Again, not eating things that you don't recognise or find on the floor.

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### Year 2- My body is important / Spring 1/Autumn 2

This Topic focus is relates to on-being fit and healthy, This involves looking at over the counter and prescribed medicines and their safety information and labels. introducing medicines. Thinking about what goes in your body and why e.g. vaccinations, calpol. They will also look at the fact that some people need drugs in order to lead a normal life.

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### Year 3 – Healthy living/ Spring 1

Although there is no planned focus for drug education in this the children look at what makes a healthy/ unhealthy lifestyle and some discussion of drugs e.g. smoking may be touched on within this.

### Year 4 – Drugs that help and drugs that harm – Autumn 1

This is a focus on medicines and how to use them safely/ what happens if we take too much/ how they help – the effects/ that all medicines are drugs but not all drugs are medicines.

### Year 5 – Smoking – Summer 1

This unit focuses on smoking such as what cigarettes contain/ why laws have changed around cigarettes/ what effect smoking can have.

**Year 6 – Solvents/ alcohol/ illegal drugs – Autumn 2**

This unit looks at the the effects of solvents/ alcohol/ and certain illegal drugs as well as caffeine. They will look at how products on the market can be aimed at children/ how peer pressure can occur and ways of dealing with this.

**Appendix 1- Drug incident report form BPS page 1**

**CONFIDENTIAL**

This form should be completed within 24 hours of a drug related incident by the person reporting the incident. The HT/ DHT will usually have already been informed. This form must be used when anyone ( child, parent, staff or visitor) on school grounds at any time is suspected to have taken drugs/ have drugs on their person.

Date \_\_\_\_\_ Time \_\_\_\_\_

Location \_\_\_\_\_

Has HT/ DHT already been informed?

**Summary of incident( brief notes using bullet points)**  
**use separate sheet if needed.**

**Please give names of any other witnesses?**

**Did you take temporary possession of drugs/ drug related equipment ?**

**YES / NO**

**IF YES- please complete Appendix 2- removal of drugs/ drug related equipment form.  
THIS MUST BE DONE WITH ANOTHER STAFF MEMBER AS A WITNESS.**

Have any other agencies been informed already? As appropriate

- Police
- Children's services
- HR
- LADO

Have parents been informed?

Signed \_\_\_\_\_

Print name \_\_\_\_\_

Please hand this form to the HT/DHT.

The contents of the form are confidential and should not be discussed.

**Drug incident report form BPS page 2**

**Actions taken by HT/ DHT**

- Have relevant agencies been informed, if appropriate.
- Was Appendix 2 – removal of drugs attached?
- Have parents been informed?
- If report relates to member of staff- see whistle blowing policy, contact HR and LADO ( If needed)

Was Drug Policy implemented effectively? Any changes needed?

Signed \_\_\_\_\_ Date \_\_\_\_\_  
Headteacher/ Deputy Headteacher

**This form is confidential and should be filed in the ' Drug related Incident' log.**

**Appendix 2- Removal of drugs/ drug related equipment form**  
**Bitterne CE Primary School**  
**CONFIDENTIAL**

This form should be completed where temporary possession is taken of suspected drugs or drug related equipment.  
The form should be handed to HT/ DHT within 24 hours of the incident in order to monitor effective policy implementation. Appendix 1 should be completed and attached.

Date \_\_\_\_\_ Time \_\_\_\_\_

Location \_\_\_\_\_

**Names of child(ren) involved**

**Name of second adult present as a witness**

**Size and appearance of substance/ items**

**Disposal of substance/ items**

- Returned to parents? Medicines without consent form/ alcohol/ cigarettes
- Specialist disposal? Volatile substances/ needles
- Police collected? Illegal drugs

Were the police involved?  
What was the incident number?

Were items sealed in a plastic bag with details of time, date, place of seizure and name of witness?

Was bag with items secured in the school office until safe disposal?

Was the guidance on searching adhered to fully through out this incident?( see Drug Ed policy page 4)

Signed by person taking temporary possession \_\_\_\_\_

Signed by person witnessing temporary possession \_\_\_\_\_

**This must be handed to HT along with Appendix 1 and filed as part of Drug Related Incident Log.**

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### Appendix 3 Vulnerable groups

<b>Vulnerable Groups</b>	<b>Risk factors</b>	<b>Protective factors</b>
Homeless  'Looked after' by local authorities  School truants, excluded children or those unmotivated at school  Pupils excluded from school  Young people who live in difficult family circumstances including those that are abused  Those involved in prostitution  In contact with mental health and criminal justice system  Children of parents with drug problems  Young people who have physical disabilities or learning difficulties	Home: <ul style="list-style-type: none"> <li>• Chaotic home environment</li> <li>• Parents who misuse drugs or suffer from mental illness</li> <li>• Lack of parental nurturing</li> </ul> School: <ul style="list-style-type: none"> <li>• Inappropriate and/ or aggressive classroom behaviour</li> <li>• School failure</li> <li>• Low commitment to school</li> </ul> Behaviour: <ul style="list-style-type: none"> <li>• Behavioural disorders</li> <li>• Poor coping skills</li> <li>• Friendship with</li> </ul>	Supportive family environment: <ul style="list-style-type: none"> <li>• Strong family bonds</li> <li>• Experiences of strong parental monitoring with clear family rules</li> <li>• Family involvement in the lives of children</li> </ul> Systems that support and encourage positive values: <ul style="list-style-type: none"> <li>• Successful school experiences</li> <li>• Strong bonds with local community activities</li> </ul> A caring relationship with at least one adult  A positive personality and intelligence

Those in an environment where drugs are easily available.	deviant peers Low socio-economic status Early age of first drug use Being labelled as a drug misuser	
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Taken from

[www.drugscope.org.uk](http://www.drugscope.org.uk)