

Policy - Alcohol and Substance Misuse Children Universal

Policy Author	Laura Dickie
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Next Review	Nov 2028
Version No	5
Policy Level	Group
Staff Groups Affected	All Staff

Monitoring and Review

This policy will be subject to continuous monitoring, refinement and audit by the Head of Service.

The Proprietor/Responsible Individual will undertake a formal review of this policy for the purpose of monitoring and of the efficiency with which the related duties have been discharged, by no later than **three years** from the date shown above, or earlier if significant changes to the systems and arrangements take place, or if legislation, regulatory requirements or best practice guidelines so require.



Melissa McCarthy

Responsible Individual

01.09.2026

Terminology

Our aim is to use consistent terminology throughout this policy and all supporting documentation as follows:

'Establishment' or 'Location'	This is a generic term which means the Children's Home/school/college. The Forum School a school and residential home
Individual	Means any child or individual under the age of 18 or young adult between the ages of 18 and 25. At The Forum School we have young people attending and/or residing between the ages of 7 and 19 years.
Service Head	This is the senior person with overall responsibility for the school. At The Forum School this is the Principal who is Tracey Wilson. Kerry Byron who is Head of Care.
Key Worker	Members of staff that have special responsibility for Individuals residing at or attending the Establishment.
Parent	means parent or person with Parental Responsibility
Regulatory Authority	Regulatory Authority is the generic term used in this policy to describe the independent regulatory body responsible for inspecting and regulating services. At The Forum School this is Ofsted.
Social Worker	This means the worker allocated to the child/family. If there is no allocated worker, the Duty Social Worker or Team Manager is responsible.
Placing Authority	Placing Authority means the local authority/agency responsible for placing the child or commissioning the service
Local Authority	This means the local authority for the location. Our local authority is Dorset County Council.
Staff	All staff working at the Location including employed staff, students on placement, contractors, agency staff, volunteers and proprietors.

Purpose & Scope

This policy applies to all staff in residential homes and education settings across CareTech and CareTech owned services, covering both under-18s and over-18s. It sets out procedures for prevention, management, and response to alcohol and substance misuse incidents, ensuring compliance with safeguarding and legal requirements.

Section 1: Definitions

1.1 Drug

Any psychotropic (mind-altering) substance, including:

- Legal substances: Alcohol, cigarettes, vapes, tobacco.
- Psychoactive substances: Aerosols, gas, glue, petrol, solvents.
- Illegal drugs: Amphetamines, barbiturates, cannabis, cocaine, hallucinogens, hashish, narcotics.
- Medicines: Over-the-counter and prescription drugs.

1.2 Drug Use

Drug taking that may cause harm through:

- Intoxication.
- Breaches of the law.
- Future health problems (even if not immediately visible).

1.3 Drug Misuse

Drug taking that harms health or functioning, including:

- Physical addiction.
- Psychological dependence.
- Part of wider harmful behaviour patterns.

1.4 Drug Incident

Evidence or suspicion of an event involving unauthorised drugs or legal highs, requiring immediate staff action, which may include:

- Reporting to police (dependent on evidence of potential supply, county lines involvement, harm caused etc)
- Making a safeguarding referral.
- Contacting emergency services for urgent intervention.
- Informing next of kin or designated caregivers (where appropriate).

Section 2: Legislation

England Only

- Children's Homes (England) Regulations 2015 – Safeguarding and welfare duties for looked-after children in residential settings.
- Education Act 2002 (Section 175) – Duty on schools to safeguard and promote welfare.
- Keeping Children Safe in Education (KCSIE) – Statutory guidance for schools and colleges.
- Working Together to Safeguard Children – Multi-agency safeguarding framework.
- Care Act 2014 - Safeguarding and welfare duties for over 18s

Wales Only

- Social Services and Well-being (Wales) Act 2014 – Safeguarding duties and multi-agency boards.
- Keeping Learners Safe Guidance – Statutory guidance for schools.
- Education Act 2002 – Duty to safeguard learners.
- Regulation and Inspection of Social Care (Wales) Act 2016 – Standards for residential services

Scotland Only

- Children and Individuals (Scotland) Act 2014 – Corporate parenting duties and rights-based approach.
- National Guidance for Child Protection in Scotland (2023) – Core safeguarding framework.
- Education (Scotland) Act 1980 – Duties on education authorities.
- Adult Support and Protection (Scotland) Act 2007 – Safeguarding arrangements for over 18s

Section 3: Principles

Core Principles

- **Safety First:** In any drug-related incident, the physical and mental wellbeing of the individual is the primary consideration.
- **Duty of Care:**
 - Residential homes and schools must provide safe environments and safeguard welfare.
 - Acting to deter or prevent ongoing drug use is part of this duty.
- **Partnership Working:**
 - Collaborate with professionals and those with parental responsibility to promote safety and wellbeing.
- **Balanced Response:**
 - Following an incident, equal attention should be paid to help and support as to consequences.
 - Punitive-only approaches often create more problems than they solve.
- **Context Matters:**
 - Experimentation may occur without long-term harm and is often a natural stage of development. But dependent or problematic misuse as indicated by frequency, amounts used and adverse presentation/events that occur whilst under the influence usually signals deeper social or emotional issues.
- **Individualised Support:**
 - Different levels of vulnerability require tailored support.
 - After assessment (including the individual's voice), create a care plan and risk assessment, reviewed regularly in multidisciplinary meetings.
- **Staff Competence:**
 - Staff need access to information, training, and specialist support to respond effectively.
- **Education & Prevention:**
 - Individuals encounter drugs through peers, family, or culture.
 - Staff must educate on health risks and legal consequences.
 - Possession, use, or supply of illegal drugs or legal highs is never condoned.
- **Compliance with Law:**
 - Cooperate with external agencies to prevent criminal activity.
 - Confiscated drugs must be destroyed by two staff unless police request retention.
 - Staff must always where possible protect individuals from unnecessary criminalisation. Identities of individuals will only be provided to Police when there are concerns regarding potential supply, county lines, exploitation etc.

- **Alcohol Risks:**
 - Excessive drinking is common among youth and can lead to health problems and risky behaviours (violence, sexual risk, poor choices).
 - Alcohol misuse should be addressed positively and supportively, not punitively.
- **Role Modelling:**
 - Carers and staff must model healthy behaviours and promote positive lifestyles.

Best Practice Notes

- Always link substance misuse management to safeguarding and contextual harm.
- Ensure risk assessments include triggers, vulnerabilities, and protective factors.
- Use non-punitive, restorative approaches alongside education and support.
- Embed substance misuse education in PSHE/RSHE and residential care approaches.

Section 4: Aims and Objectives

Core Aims

- Comply with good practice guidance (e.g., DrugScope, Public Health England).
- Make explicit the framework for managing drug-related incidents in homes and schools.
- Ensure individuals who take drugs receive help and support.
- Uphold zero-tolerance policy for illegal drugs and legal highs.
- Promote a multi-agency approach for problematic substance misuse.
- Clarify expectations for alcohol consumption by staff and individuals.
- Ensure staff understand their responsibilities for:
 - Role modelling appropriate behaviours.
 - Managing concerns about alcohol use.
 - Responding to intoxication safely.
- Educate individuals on:
 - Dangers of underage drinking and binge drinking.
 - Risks and legal consequences of drug misuse.
- Establish partnerships with local substance misuse and alcohol prevention services.
- Ensure all staff attend substance misuse training to reduce incidents and support individuals effectively.

Section 5: Policy

Prevention – Alcohol

- **Legal Position:**
 - It is illegal for anyone under 18 to buy or be supplied alcohol (Licensing Act 2003).
 - Staff must never allow individuals to drink or possess alcohol in the home or school – this also applies to over 18 years
- **Staff Conduct:**
 - Staff must not drink while on duty (inside or outside the home).
- **Action if Alcohol Found:**
 - Confiscate and dispose of alcohol with a witness.
 - Record incident on:
 - **Information Record Sheet**
 - **Substance Misuse Form**
 - **Room Search Record** (if applicable).
- **Placement Planning:**
 - Address alcohol use in each individual's placement/education plan.
 - Include risk management strategies if problematic.
 - Provide calm, factual education on risks (avoid scare tactics).
 - Work with health professionals or prevention services.
- **Referral:**
 - If alcohol misuse persists, consult social worker and consider referral to specialist services.

Prevention – Drug Use

- **Risk Factors for Looked-After Children:**
 - Abuse or neglect history.
 - Living away from family.
 - Domestic violence exposure.
 - Bullying victimisation.
 - Mental health issues (CAMHS involvement).
 - School exclusion.
 - Bereavement or loss.
 - Family drug use history.
 - County Lines exposure.
- **Education:**
 - Provide drug education through PSHE/PSE and care planning.
 - Offer additional support for those who missed school-based programs.
 - Use local agencies

- **Support Strategies:**
 - Additional drug education.
 - Befriending and mentoring schemes.
 - Counselling.
 - Increased monitoring and support.
 - Social skills/assertiveness training.
 - Referral to specialist agencies.
- **Placement Planning:**
 - Discuss drug use at initial placement meeting.
 - Include in placement/education and risk management plans.
 - Review regularly.
- **Staff Approach:**
 - Remain positive and supportive.
 - Encourage informed choices.
 - Follow reporting and escalation procedures for all incidents.
- **Access Control:**
 - Restrict access to solvents and similar substances.
 - Ensure safe use only.

Managing Incidents (Refer to Appendix 1)

- **Safety First:**
 - Prioritise physical and mental wellbeing.
 - Treat severe intoxication or medical emergency as urgent.
- **Incident Types:**
 - Intoxication or medical emergency.
 - Discovery of substances.
 - Disclosure by individual.
- **Medical Risks:**
 - Mixing alcohol and Class A drugs (e.g., cocaine) is a medical emergency.
 - Combining substances increases risk of overdose and death.
- **Immediate Actions:**
 - Assess risk and cause of intoxication.
 - Remain calm; avoid blame.
 - Seek medical advice (NHS helpline) or call ambulance if necessary.
 - Monitor and document physical observations.
 - If aggressive or unsafe, use behaviour management and involve police if needed.
- **Post-Incident:**
 - Debrief individual using supportive approach.
 - Update risk assessment and placement/education plan.
 - Record all details and consider referral to specialist services.

Best Practice Notes

- Always link incident management to safeguarding policy/procedure.
- Use multi-agency support for persistent misuse.
- Ensure staff training covers emergency response and de-escalation.

Section 6: Standard Forms, Related Policies & Useful Contacts

6.1 Standard Forms

- **Substance Related Form** – For recording all incidents involving drugs, alcohol, or psychoactive substances.
- **Information Record Sheet** – For general incident details.
- **Room Search Record** – When searches are conducted under policy guidelines.

6.2 Related Policies

- Health Policy – Covers general health and wellbeing.
- Alcohol Misuse Policy – Specific guidance on alcohol-related incidents.
- Smoking Policy – Rules on tobacco and vaping.
- Admin of Medication Policy – Safe administration and storage of prescribed drugs.
- Police Liaison Policy – Procedures for involving law enforcement.
- Search Policy – Guidelines for property and room searches.

6.3 Useful Contacts

- **Home Office** – www.gov.uk
- **DrugScope** – www.drugscope.org.uk
- **National Drug Helpline** – www.ndh.org.uk
- **Release** – www.release.org.uk
- **FRANK** – www.talktofrank.com
- **Eclipse** – www.lifelineproject.co.uk
- **Alcohol Concern** – www.alcoholconcern.org.uk
- **Drinkaware** – www.drinkaware.co.uk

Best Practice Notes

- Ensure forms are completed promptly and accurately after every incident.
- Cross-reference incident records with placement/education plans and risk assessments.
- Maintain secure storage of records in compliance with GDPR.
- Display key contacts in staff areas for quick access during emergencies.

Equality Statement

Our service is committed to respect, inclusion, and equal opportunities for all of those we care for. We follow the Equality Act 2010, ensuring a safe and welcoming environment free from discrimination. Our staff promote fairness and diversity, helping every individual feel valued and supported.

Review Statement

This policy will be reviewed on a three yearly basis to ensure it remains effective and compliant with current regulations.

However, if there are changes in guidance, legislation, or operational needs, an earlier review will be undertaken. Updates will also incorporate lessons learned from practice and inspections.

Our commitment is to continuous improvement and ensuring the best possible outcomes for all individuals in our care.

Last Review – Nov 2025 by Laura Dickie, Head of Policy, Jo Dunn (Director of Compliance, Quality and Regulation) and Managing Directors of Residential, Education and Clinical portfolios.

Appendix 1 – Dealing with a medical emergency

Dealing with Medical Emergencies

This procedure applies when a young person is at immediate risk of harm. A person who is unconscious, having trouble breathing, seriously confused or disoriented or who has taken a harmful toxic substance, should be responded to as an emergency.

Some symptoms from using legal highs may settle after a little time, however, medical help will have to be sought as described below.

Your main responsibility is for any young person at immediate risk, but you also need to ensure the well-being and safety of others. Put into practice your first aid procedures. If in any doubt, call for medical help.

Always

Assess the situation

If a medical emergency, send for medical help and ambulance

If there is suspicion or a confirmed incident of drug and/or alcohol misuse then medical assistance / guidance should be sought every time.

Before assistance arrives

If the person is conscious:

Ask the person what has happened and try to identify what substance has been taken

Collect any drug sample

Do not induce vomiting but if the young person has vomited, collect some in a sample pot for medical analysis

Do not chase or in any way excite the young person as this can simulate the reaction to the substance

Keep the person under observation, warm and quiet

If the person is unconscious:

Ensure that the person can breathe and place in recovery position

Do not move the person if a fall is suspected. Falls can cause spinal or other serious injury, which may not be obvious by just looking at them.

Do not give any liquids, medication or food by mouth at this time. Await medical assistance.

Do not attempt to make the person sit or stand

Do not leave the person unattended or in the charge of another young person

When medical help arrives:

Try to provide a timeline of events, which would include: when discovered, time they have been under observations, rough time since they took drugs, time they may have been unconscious any obvious injuries to their body.