



**Richmond upon
Thames College**

Policy Name: Student Substance Misuse and Prohibited
Items Policy

Policy Number/Version No: 1

Effective Date: September 2019

Review Date: August 2020

Policy Responsibility: Head of Student Services

Approved By: College Management Team

For Action By: All College staff and students

For Information to: All College staff, students and parents/carers

Version Control:

1 Introduction

- 1.1 The College is committed to meeting its safeguarding duties by providing a safe and secure environment for all its users and the application of this policy is intended to ensure that there is consistency in the way that the misuse of substances or possession of prohibited items by students, is treated. The College wishes to ensure that the health, safety and welfare of all its students are not jeopardized through misuse of alcohol or substances or the possession of weapons or other prohibited items in College.
- 1.2 The College accepts its legal responsibility under the Misuse of Drugs Act (1971) which states it is an offence for anyone who occupies, or is involved in the management of premises to knowingly allow the production or supply of controlled drugs or illegal substances on their premises. To that end the College expressly forbids any student on its premises to supply, possess or be under the influence of any substances as defined below and including, e.g. alcohol, inappropriately used prescription drugs and those substances regulated by COSHH, (control of substances hazardous to health). This includes psychoactive substances as described under the Psychoactive Substances Act 2016.

The Principal may, however, authorise College events at which alcoholic drinks may be available to learners over the age of 18 years. The named licensee of the College is Garod Barker.

2 DEFINITIONS

- 2.1 **Substance misuse** - drinking alcohol, taking drugs or a substance (either legal, illegal or 'recreational') either intermittently or continuously, such that it adversely interferes with an individual's health, work or study performance or conduct, or affects the work performance and/or safety of themselves or others.

2.2 Drugs

For the purposes of this policy, the term 'Drugs' refers to:

- All illegal drugs (those controlled by the Misuse of Drugs Act 1971 (as amended); and
- All psychoactive substances (incorrectly called "legal highs") as described in the Psychoactive Substances Act 2016; and
- All legal drugs, including alcohol, volatile substances which can be inhaled and alkyl nitrites ("poppers"); and
- All over the counter medicines and prescribed medicines used or offered for supply in a manner other than prescribed. This term includes prescription medicines where the prescription medicines have not been prescribed for the person possessing or using them and/or such prescription medicines which are not taken in accordance with the physicians guidelines
- Any substance (other than alcohol) either legal or illegal that produces physical, mental, emotional or behavioural changes in the user.
- Controlled Substances – Includes all chemical substances or drugs listed in any controlled substances acts or regulations applicable under law.

2.3 Possession

- “Being in possession of drugs” refers to carrying or holding drugs and will include carrying, holding or storing drugs for someone else.

2.4 Supplying

- “Supplying drugs on College premises” refers to the passing of drugs to others, even where no money has changed hands.

2.5 Prohibited Items

For the purpose of this policy, the term ‘prohibited item’ refers to:

- Any substance whether legal or illegal that is deemed to impair a student’s ability to study in a safe manner and /or may impact on the learning of other students.
- Any substance, such as a drug, etc, that is banned or forbidden by law or other authority.

3 Scope

- 3.1 The policy applies to all student drug use within, or having an effect within, the grounds and premises of the College. This includes all settings where College activity (including off site visits and residential visits) take place.

4 Objectives

- 4.1 To safeguard the health and wellbeing of students
- 4.2 To ensure the students have an appropriate learning environment
- 4.3 To ensure that all students are able to take advantage of the curriculum offered without the hindrance of themselves or their peers being under the influence of either drugs or alcohol.
- 4.4 To ensure students are made aware of any substance misuse issues and have access to the appropriate support.
- 4.5 To ensure students are made aware of any issues relating to youth violence and have access to the appropriate support.

5 Smoking

- 5.1 Smoking (including the smoking of ‘e-cigarettes’) is prohibited throughout the entire workplace without exceptions. This also includes college vehicles. All students who access the college are to be reminded that it is against the law to smoke in a smoke-free environment.

6 Student Support

- 6.1 Students seeking advice and guidance in relation to substance misuse or youth violence will be offered support from the Student Services Team who will assist them in utilizing one or more

agencies, both internal and external, as appropriate, to work towards resolving those issues. This will include advice and guidance on:

- Reducing their personal use of substances
- Dealing with the effects of the illegal use of substances by others
- Dealing with the effects of substance misuse by their family or friends
- Dealing with becoming victims of drug and/or alcohol related issues.
- Reducing their risk in relation to youth violence
- Dealing with the effects of the potential use of prohibited items by others
- Dealing with becoming victims of youth violence issues

NB: Students must notify the Health and Safety Manager and their tutor if they are taking prescribed medication that could affect their ability to work or study safely.

A student, who contravenes this policy, refuses support or whose performance and behaviour do not improve following support will be subject to the College Student Disciplinary procedure.

7. Procedure for the implementation of the substance misuse policy with students

The College has a zero tolerance to substance misuse but in the first instance the welfare of the student is the primary consideration. It recognises that a variety of responses will be necessary to deal with incidents initially. The College will consider very carefully the implications of any action it may take. It seeks to balance the interest of the learner involved, alongside those of other College members and the local community.

In responding to incidents of suspected drug use the primary concern is to protect individuals from harming either themselves or others.

In extreme situations, it may be necessary to call a first aider/security and/or an ambulance. Staff are urged to take this action as soon as it is deemed necessary and then seek support from the Safeguarding Team /Duty Officer.

If it is considered that the student's condition is likely to put themselves or others at risk, they must not be allowed to take part in College activities.

8. Staff

All staff are required to respond appropriately (see guidelines attached) when:

- 8.1 They suspect that a student is under the influence of any substance which is interfering with their ability or the ability of others to take a full and active part in learning.
- 8.2 They suspect that a student under the influence of any substance could potentially cause harm to themselves or others around them.
- 8.3 They discover any substance they suspect to be illegal
- 8.4 They observe any buying or selling activity of drugs or alcohol outside that for which the college is duly licenced.

9. Dealing with students who are under the influence of drugs or alcohol.

- 9.1 If it is suspected that someone is excessively intoxicated by drugs or alcohol then if possible staff should remove the student to a safe, secure environment e.g. the first aid room. A first aider and a Duty Officer should be contacted /summoned to assess the situation.
- 9.2 Staff should not try to discuss drug taking or alcohol abuse with users whilst they are under the influence other than to establish what they have taken and in what quantity, in case medical intervention is required.
- 9.3 If the behaviour of the student is cause for concern, please refer to the ***Use of Reasonable Force Policy***.
- 9.4 Intoxicated students should in general be asked to leave the premises, but consideration needs to be given to their ability to get home safely, without putting themselves or others in danger (e.g.

driving). It is essential to remember that a young person under the age of 18 years (or a vulnerable young adult) who is under the influence of drugs and/or alcohol may be much more vulnerable if asked to leave the relatively secure college premises, and they should be isolated but supervised, until a parent or carer is available to collect them.

9.5 If the student is under the age of 18 years of age, their parents/carers will be informed of the situation, (preferably by the Duty Officer) the best interests of the young student being the deciding factor.

9.6 Thereafter supportive strategies e.g. referral to the Student Services Team or disciplinary action (see college Student Disciplinary Policy) may be invoked according to the individual situation (see flow chart attached).

10 Dealing with the discovery of suspected illegal substances within the college premises:

10.1 Staff are required to report the finding of any illegal or suspected illegal substances and drug paraphernalia to the Community Liaison Manager. Drug detritus is potentially hazardous and must be removed from the persons immediately. It must then be kept in a secure location in security until a member of the senior management team advises of disposal methods. The College Leadership Team may seek advice from the Police in determining the nature of the substance.

11. Dealing with people suspected of carrying illegal substances/alcohol on college premises

11.1 Staff are required to inform security or the Student Liaison Assistants as soon as they are suspicious that a person or persons are carrying illegal substances or alcohol.

11.2 Searches of students can be made as outlined in the ***Screening and Searching for Prohibited Items Policy***.

11.3 If the person/s involved are under the age of 18 years of age then the Duty Manager must inform their parents and ask them to come and collect the immediately.

11.4 The Duty Officer will liaise with Security/Student Liaison Assistants and view any CCTV that may be used as evidence. CCTV will only be released to the appropriate authorities under the direction of the College Leadership Team and in accordance with college CCTV and Data protection policy.

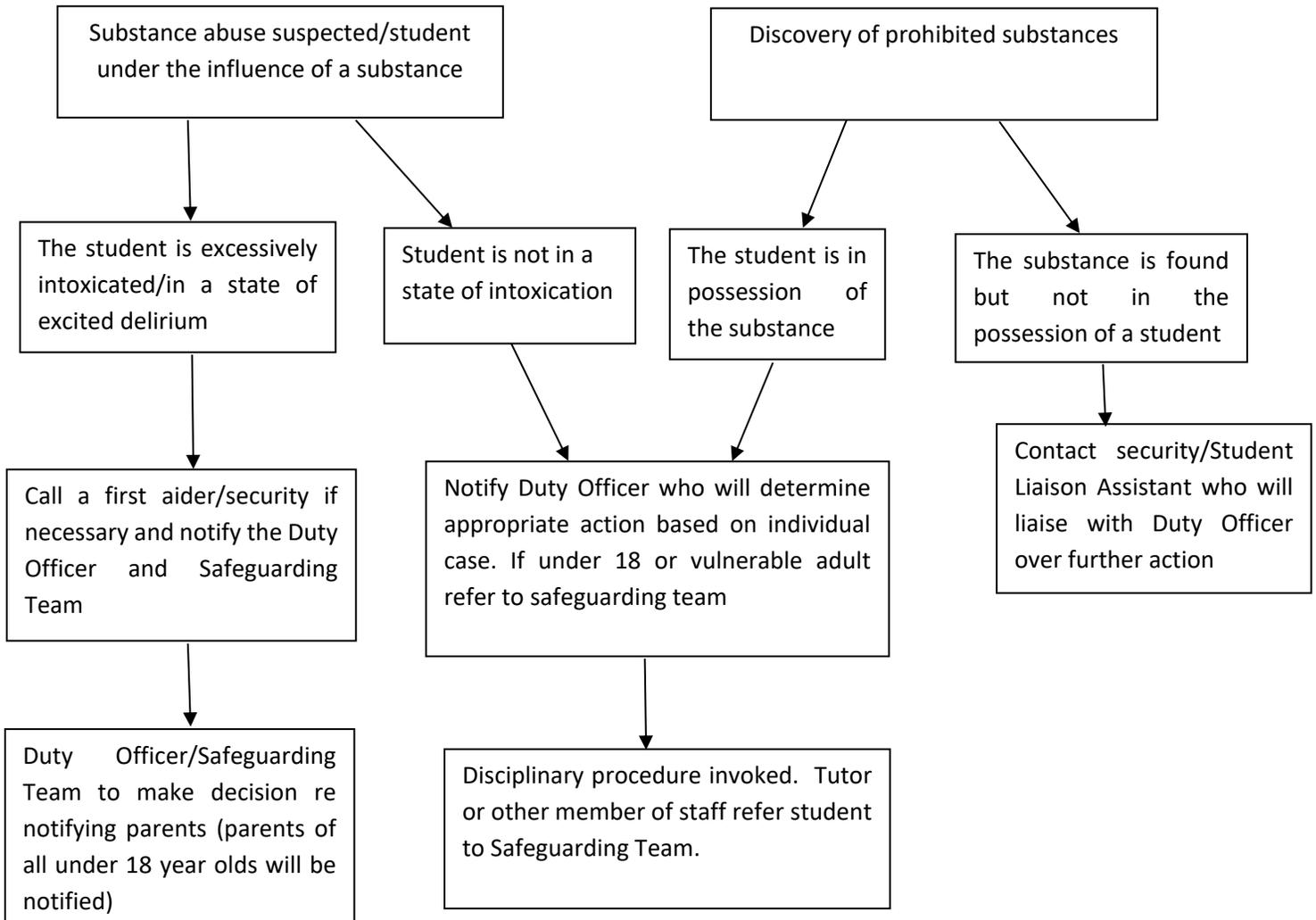
11.5 Staff should not attempt to detain the suspected person if they attempt to run away unless this puts them or others at risk.

11.6 In consultation with the College Leadership Team, the Duty Officer or Community Liaison Manager will contact the Police if it is considered an offence has been committed.

12. Informing Parents/Carers

- 12.1 The decision to contact parents/carers should be made and agreed between the Duty Officer and the Head of School
- 12.2 Every encouragement should be given for the student to tell the parents themselves whenever possible.
- 12.3 Consideration should be given to the most appropriate manner of communicating with the parents/carers, e.g. by telephone or letter, time of day (i.e. whether they are at work) etc. Confidentiality for the student is important so it must be made clear during each level of communication what the college are doing.
- 12.4 Consideration should also be given to the likely support needs of parents/carers themselves, e.g. information on advice agencies they can contact for further help.

Flow Diagram of actions to be taken.



Typical signs of chronic abuse include any or all of the following:

- 1 Higher than average rate of absenteeism, with increasingly improbable excuses.
- 2 High rate of minor accidents.
- 3 Confusion
- 4 Erratic work patterns
- 5 Unwillingness to change
- 6 Difficulty in concentration
- 7 Generally lowered work efficiency
- 8 Problem in relating to others
- 9 Deterioration in personal appearance

Typical signs of acute impairment may include any of the following:

- 10 Excitement
- 11 Argumentative
- 12 Talkative
- 13 Aggression
- 14 Bravado
- 15 Loss of self-control
- 16 Slurred speech
- 17 Loss of co-ordination
- 18 Disorientation
- 19 Confusion
- 20 Hyper alertness
- 21 Paranoia

However, other medical conditions such as diabetes, psychiatric disorders, emotional disorders or strokes may show the same signs.

Useful Guidance and Contacts:

Assistant Principal Student Experience:

Sharon Cousins Tel: x115 Mob: 07415 648501

Head of Student Services:

Debbie Stephenson Tel: x151 Mob: 07415 240800

Community Liaison Manager:

Ged Boyer Tel: x161 Mob: 07825 021382

Safeguarding and Equalities Officer:

Cait Orton Tel: x150 Mob: 07983 523096

Safeguarding

safeguarding@rutc.ac.uk Tel: 0208 6078300

Specific Organizations:

Young People's Substance Misuse Service – Kingston and Richmond

Referrals for 13-19 year olds via the Single Point of Access Tel: 0208 5475008 (out of hours 0208 7705000)
Or Tel: 0208 5476920

Alcohol Issues

www.alcoholics-anonymous.org.uk Tel: 0207 352 3001

Support group/fellowship for those with problem drinking who want to stop. Provides lots of information on how to recognize you have a problem and what might help.

Al-Anon

www.al-anonuk.org.uk Tel: 0207 403 0888

Information and support for all the family.

Substance misuse issues:

FRANK

www.talktofrank.com Tel: 0800 776600 Text 82111

Information about drugs, their effects and their legal status – on line, on phone and by text

Narcotics Anonymous

www.ukna.org Tel: 0845 373 3366

Information and support for those who may have a drug problem.

Appendix 2 – Information about drugs and the law

There are two main statutes regulating the availability of drugs in the UK: the Misuse of Drugs Act, and the Medicines Act.

The Misuse of Drugs Act 1971

This act is intended to prevent the non-medical use of certain drugs. For this reason it controls not just medicinal drugs (which will also be in the Medicines Act) but also drugs with no current medical uses. Offences under this Act overwhelmingly involve the general public, and even when the same drug and a similar offence are involved, penalties are far tougher. Drugs subject to this Act are known as ‘controlled’ drugs. The law defines a series of offences, including unlawful supply, intent to supply, import or export (all these are collectively known as ‘trafficking’ offences), and unlawful production. The main difference from the Medicines Act is that the Misuse of Drugs Act also prohibits unlawful possession. To enforce this law the police have the special powers to stop, detain and search people on ‘reasonable suspicion’ that they are in possession of a controlled drug.

The laws controlling drug use are complicated. The Misuse of Drugs Act (MDA) regulates what are termed controlled drugs. It divides drugs into three classes as follows:

Class A:

These include, cocaine and crack (a form of cocaine), ecstasy, heroin, LSD, methadone, methamphetamine (crystal meth), magic mushrooms containing ester of psilocin and any Class B drug which is injected.

Class B:

These include amphetamine (not methamphetamine), barbiturates, codeine, ketamine and cannabis. All cathinone derivatives, including mephedrone, methylone, methedrone and MDPV were brought under control as Class B substances in 2010.

Class C:

These include anabolic steroids, minor tranquillisers, GBL and GHB, and khat.

Class A drugs are treated by the law as the most dangerous. Offences under the Misuse of Drugs Act can include:

- Possession of a controlled drug.
- Possession with intent to supply another person.
- Production, cultivation or manufacture of controlled drugs.
- Supplying another person with a controlled drug.
- Offering to supply another person with a controlled drug.
- Import or export of controlled drugs.
- Allowing premises you occupy or manage to be used for the consumption of certain controlled drugs (smoking of cannabis or opium but not use of other controlled drugs) or supply or production of any controlled drug.
- Certain controlled drugs such as amphetamines, barbiturates, methadone, minor tranquillisers and occasionally heroin can be obtained through a legitimate doctor’s prescription. In such cases their possession is not illegal.

Exceptions

The law is even more complicated by the fact that some drugs are covered by other legislation, are not covered at all, or treated in an exceptional way under the Misuse of Drugs Act.

Alcohol is not illegal for an over 5 year old to consume away from licensed premises. It is an offence for a vendor to knowingly sell to an under 18 year old. A 14 year old can go into a pub alone but not consume alcohol. A 16 year old can buy and consume beer, port, cider or perry (but not spirits) in a pub if having a meal in an area set aside for this purpose. In some areas there are by laws restricting drinking of alcohol on the streets at any age. Police also have powers to confiscate alcohol from under 18s who drink in public places.

GBL (gamma-Butyrolactone) is a colourless, odourless liquid which comes in a small bottle and has sedative and euphoric effects. While it is controlled under the Misuse of Drugs Act, it does have legitimate industrial uses and is therefore available to people with the appropriate business registration. However, someone is committing an offence if it is supplied with the knowledge that it will be swallowed and ingested.

Poppers (liquid gold, amyl or butyl nitrite) are not covered by the MDA and are not illegal to possess or buy. They are often sold in joke and sex shops but also in some pubs, clubs, tobacconists and sometimes music or clothes shops used by young people. Though not fully tested in court, the Medicines Control Agency has stated that poppers is regarded by them as a medicine and so falls under the Medicines Act 1968. This allows only licensed outlets, such as chemists, to sell the drug.

Solvents (aerosols, gases, glues etc.) are not illegal to possess, use or buy at any age. In England and Wales it is an offence for a shopkeeper to sell them to an under 18 year old if they know they are to be used for intoxicating purposes. The Government has extended this legislation to make it illegal for shopkeepers to sell lighter fuel (butane) to under 18s whether or not they know it will be used for intoxicating purposes. This law came into force on 1st Oct 1999, although it was not an 'extension' to the Intoxicating Substances Supply Act, but an amendment to the Consumer Protection Act

Anabolic Steroids are controlled under the Misuse of Drugs Act as class C drugs but their legal status is complicated. In most situations the possession offence is waived meaning that people who possess or use steroids without a prescription are unlikely to be prosecuted. However, in some areas of the UK police have successfully prosecuted people for possession of steroids when the steroids have not been in the form of a medicinal product. It is always an offence to sell or supply steroids to another person. People can also be prosecuted for possession with intent to supply if they have large quantities of steroids without a prescription for them.

Tobacco It is not an offence for people of any age to use cigarettes or other tobacco products. It is an offence for a vendor to sell tobacco products to someone they know to be under 18 years old. Since 1st July 2007 smoking in public places has been banned in the UK.

Minor Tranquillisers (librium, valium etc) are controlled under the Misuse of Drugs Act as Class C drugs but the possession offence is waived so that it is not illegal to possess or use them without a prescription. It is an offence to sell or supply them to another person. The exception is temazepam and rohypnol tranquillisers which are illegal to be in possession of without a prescription.

Recent changes in drug classification

July 2003 – GHB classified as a Class C drug.

January 2004 – Reclassification of cannabis from a Class B to a Class C drug under the Criminal Justice Act 2003.

July 2005 – Raw magic mushrooms classified as a Class A drug. Previously, only prepared (such as dried or stewed) magic mushrooms were classified as Class A drugs.

January 2006 – Ketamine classified as a Class C drug.

January 2007 – Methamphetamine (commonly known as “Crystal Meth”) reclassified from a Class B to a Class A drug.

January 2009 – Reclassification of cannabis from a Class C to a Class B drug.

December 2009 – GBL classified as a Class C drug.

December 2009 – Spice, a synthetic cannabinoid, classified as a Class B drug.

April 2010 – Mephedrone and other cathinone derivatives classified as Class B drugs.

July 2010 – Naphyrone, a stimulant drug closely related to the cathinone family, and often marketed as NRG-1, classified as a Class B drug.

April 2012 – Methoxetamine, a ketamine substitute, is given the first of a new kind of drug control, a Temporary Class Drug Order (TCDO), which bans its sale, but not possession, for up to 12 months while further classification is considered.

November 2012 – Methoxetamine, as well as a new group of synthetic cannabinoids including ‘Black Mamba’, are classified as Class B drugs.

June 2013 – NBOMe, a related drug to the hallucinogen 2CI, and ‘Benzo Fury’, a related drug to ecstasy, given TCDOs.

July 2013 – Classification of khat, a herbal stimulant, as a Class C drug announced.

June 2014 – Ketamine reclassified from Class C to Class B in response to concerns about damage to the bladder from long term use. A number of substances are classified, including NBOMe and related compounds which are now Class A, and ‘Benzo Fury’ and related Benzofuran compounds which are Class B. Lisdexamphetamine, a medicine which converts into amphetamine in the body, is classified as Class B. Tramadol, an opioid painkiller, is classified as Class C, as are Zaleplon and Zopiclone, which are sedatives similar to the already-classified Zolpidem.

Penalties

Maximum penalties under the Misuse of Drugs Act:

Drug class	Possession	Supply
Class A	7 years + fine	Life + fine
Class B	5 years + fine	14 years + fine
Class C	2 years + fine	14 years + fine

Maximum sentences differ according to the nature of the offence – less for possession; more for trafficking, production, or for allowing premises to be used for producing or supplying drugs. They also vary according to how harmful the drug is thought to be.

Class A has the most severe penalties (seven years and/or unlimited fine for possession; life and/or fine for production or trafficking). This class includes the more potent of the opioid painkillers, hallucinogens, such as LSD and ecstasy, and cocaine.

Class B has lower maximum penalties for possession (five years and/or fine) and includes cannabis, less potent opioids, other synthetic stimulants and sedatives. Trafficking can result in up to 14 years in prison, an unlimited fine, or both. Any Class B drug prepared for injection counts as Class A.

Class C has the lowest penalties (up to two years and/or fine) for possession, but for trafficking the penalties are now the same as for Class B drugs. The classification includes tranquillisers, some less potent stimulants, ketamine and dextropropoxyphene, a mild opioid analgesic.

Less serious offences are usually dealt with by magistrates' courts, where sentences can't exceed six months and/or a £5,000 fine, or three months and/or a fine. Most drug offenders are convicted of unlawful possession. Although maximum penalties are severe, only around one in five people convicted of possession receive a custodial sentence and even fewer actually go to prison, with the majority of fines £50 or less.

Regulations

Most controlled drugs have medical uses, others may be of scientific interest, so the Act allows the government to authorise possession, supply, production and import or export of drugs to meet medical or scientific needs. These exemptions to the general prohibitions are in the form of 'regulations' made under the Act.

The most restricted drugs can only be supplied or possessed for research or other special purposes by people licensed by the Home Office; these drugs are not available for normal medical uses and can't be prescribed by doctors who don't have a licence (e.g., LSD). All the other drugs are available for normal medical uses. Most are Prescription Only, so they can only be obtained if they've been prescribed by a doctor and supplied by a pharmacy (e.g., strong analgesics like morphine, stimulants like amphetamines or cocaine, tranquillisers and most sedatives). Some very dilute, non-injectable preparations of controlled drugs – because they are so unlikely to be misused – can be bought over the counter without a prescription, but only from a pharmacy (e.g., some cough medicines and anti-diarrhoea mixtures containing opiates). Medicines available in this way can also legally be possessed by anyone. The same also applies to benzodiazepine tranquillisers and hypnotics (except temazepam and Rohypnol) even though these drugs can only be legally obtained on prescription. Additional regulations effectively restrict the ability to prescribe heroin, dipipanone and cocaine for the treatment of addiction to a few specially licensed doctors.

Schedule 1

These drugs are the most stringently controlled. They are not authorised for medical use and can only be supplied, possessed or administered in exceptional circumstances under a special Home Office licence, usually only for research purposes. Examples include cannabis, coca leaf, ecstasy, LSD, raw opium and psilocin (when extracted from magic mushrooms).

Schedules 2 and 3

These drugs are available for medical use and can be prescribed by doctors. It is illegal for people to be in possession of these drugs without having been prescribed them by a doctor. It is not an offence to be in possession of these drugs if a doctor has prescribed them to you. Schedule 2 drugs include amphetamines, cocaine, dihydrocodeine (DF 118s), Diconal, heroin, methadone, morphine, opium in medicinal form, pethidine and Ritalin. They are subject to strict record keeping and storage in pharmacies. Schedule 3 drugs

include barbiturates, flunitrazepam (Rohypnol) and temazepam tranquilisers and are subject to restrictions on prescription writing.

Schedule 4

These drugs have recently been divided into two parts. Part 1 comprises most minor tranquilisers (other than Rohypnol and temazepam) and eight other substances. This new scheduling means that it is now illegal to be in possession of all minor tranquilisers without a prescription. Part 2 drugs comprise anabolic steroids, which can be legally possessed in medicinal form without a prescription but are illegal to supply to other people.

Schedule 5

At the other end of the scale is schedule 5, listing preparations of drugs considered to pose minimal risk of abuse. Some of these dilute, small-dose, non-injectable preparations are allowed to be sold over-the-counter at a pharmacy without a prescription, and all may be possessed by anyone with impunity. But once bought they cannot legally be supplied to another person, a restriction that is probably ignored more often than it is enforced. Among these schedule 5 preparations are some well-known cough medicines, anti-diarrhoea agents and mild painkillers.

A copy of the original Misuse of Drugs Act 1971 is available online [here](#)

Psychoactive Substances Act 2016

The Psychoactive Substances Act received Royal Assent on 28 January 2016. The act applies across the UK and will come into force on 26 May 2016.

The act:

- makes it an offence to produce, supply, offer to supply, possess with intent to supply, possess on custodial premises, import or export psychoactive substances; that is, any substance intended for human consumption that is capable of producing a psychoactive effect. The maximum sentence will be 7 years' imprisonment
- excludes legitimate substances, such as food, alcohol, tobacco, nicotine, caffeine and medical products from the scope of the offence, as well as controlled drugs, which continue to be regulated by the Misuse of Drugs Act 1971
- exempts healthcare activities and approved scientific research from the offences under the act on the basis that persons engaged in such activities have a legitimate need to use psychoactive substances in their work
- includes provision for civil sanctions – prohibition notices, premises notices, prohibition orders and premises orders (breach of the 2 orders will be a criminal offence) – to enable the police and local authorities to adopt a graded response to the supply of psychoactive substances in appropriate cases
- provides powers to stop and search persons, vehicles and vessels, enter and search premises in accordance with a warrant, and to seize and destroy psychoactive substances

A copy of the original Psychoactive Substances Act 2016 is available online [here](#)